

SECTION 6 – SPECIAL LIMITATIONS

In addition to the Limitations and Exclusions listed above, the following Special Limitations apply:

1. If the Debtor and Co-Debtor die simultaneously and they were both insured, only one Life Insurance benefit payment will be made.
2. The Life and CI Insurance benefits payable under your Certificate combined with any other creditor group insurance certificates issued by us to you will not exceed the maximum allowable life or CI benefit amount as stated on the certificate with the highest maximum allowable life or CI benefit listed. In this event, the liability under this Certificate will be adjusted on a pro-rata basis with your other creditor group insurance certificates.
3. The Accident & Sickness Disability Insurance monthly payment payable under your Certificate combined with any other creditor group insurance certificates issued by us to you will not exceed the maximum allowable monthly disability benefit amount as stated on the certificate with the highest maximum allowable monthly disability benefit listed. In this event, the liability under this Certificate will be adjusted on a pro-rata basis with your other creditor group insurance certificates.
4. The Accident & Sickness Disability Insurance benefits payable under your Certificate and any other creditor group insurance certificates issued by us to you will not exceed the Aggregate Maximum amount as stated on the certificate with the highest maximum allowable Aggregate Maximum listed. In this event, the liability under this Certificate will be adjusted on a pro-rata basis with your other creditor group insurance certificates.
5. If the Debtor and Co-Debtor are Totally Disabled or experience Involuntary Unemployment at the same time and they were both insured, no more than one Insured Monthly Payment per month will be made for any Insurance benefit(s) claimed under Disability or Life Insurance.
6. If the Recurring Insurance option is selected on page 1 of this Certificate, the total amount of benefit payable for each claim shall not exceed 6 times the Monthly Insured Payment amount stated on this Certificate. A subsequent claim would require that the Insured has returned to work for a minimum of 90 days.
7. If your Total Disability is caused or contributed to by:
 - (a) mental, nervous or psychiatric condition or disorder, after a benefit period of three months, payments will only be made if you are regularly attending a licensed Specialist such as a psychiatrist, a psychologist or a neurologist and the benefit period will never exceed (6) months per claim.
 - (b) Sickness or Injury of the neck or back including but not limited to lumbar, thoracic or cervical spine, after a benefit period of two months, payments will only be made if you are under the care of a licensed Specialist such as a neurologist, a neurosurgeon, a physiatrist, an orthopaedic surgeon or a rheumatologist and the benefit period will never exceed (6) months per claim.
8. The maximum amount of Insurance is governed by the age of the eldest Insured.

SECTION 7 – CONDITIONS OF PAYMENT

1. Claim forms must be completed and submitted to the Insurer within 90 days of the date of Involuntary Unemployment, Diagnosis of CI or Total Disability for which a claim is made thereafter as required by us. If it is not reasonably possible to complete and submit claim forms within 90 days, they must be furnished as soon as reasonably possible. No event of loss on two years from the time claim forms are otherwise required. Life Insurance and Involuntary Unemployment claim forms are received after 90 days from the date of the event, they will only be retroactively considered for the 90 days prior to the receipt of the claim form. After the date of Insurance, claims forms must be completed and submitted to the Insurer as soon as it is reasonably possible to do so. The expense of providing the proofs of claim is the responsibility of the Insured.
2. In adjudicating any claim, we shall be entitled to receive satisfactory proofs of liability and proof of the following: a) date of 1) birth; 2) Involuntary Unemployment; 3) Total Disability; and b) the circumstances causing the event; and c) any treatment received both before and after the Effective Date of Insurance, and proof of the insurance source(s) that the Insured Amount has not been paid out, re-written or revised.
3. You must be under the continuing medical supervision and care of a licensed physician (M.D.) considered appropriate by us while Totally Disabled.
4. We will have the right to be medically examined by a licensed physician of our choice as often as is reasonably required during the period in which Insurance is claimed. If you fail to submit to such examination within a reasonable period, we will be entitled to terminate payment of Insurance.
5. You are responsible to make all payments due while the claim is being adjudicated. We will continue to make payments to the finance source(s) for the period of time for which we are required to make the Insured Monthly Payment. We will not pay any overdue payments or additional interest charges.
6. We will not pay any overdue payments or additional interest charges under the Financed Amount at the date of death, Involuntary Unemployment, CI Diagnosis or Total Disability.
7. In the event you were not to purchase the Insurance, our only obligation is to refund any premium which has been paid. This refund will be forwarded to the Financial institution (or the finance source that financed the Total Cost of the premium, if different).
8. As a condition of payment of Involuntary Unemployment benefits, the Insured must also:
 - (a) submit an application for unemployment benefits under the *Employment Insurance Act* (Canada) immediately upon being eligible to do so;
 - (b) be eligible to collect and receive regular benefits under the *Employment Insurance Act* (Canada);
 - (c) be actively seeking employment during the period of Involuntary Unemployment;
 - (d) submit copies of their weekly stubs from benefit payments received under the *Employment Insurance Act* (Canada).

SECTION 8 – TERMINATION OF INSURANCE

1. This Certificate will terminate for all Insured(s), when any of the following events occur:
 - (a) upon the discharge of the debt in respect of the Financed Amount;
 - (b) upon the Expiry Date of Insurance;
 - (c) the terms of payment, or the amount payable, under the Financed Amount have been increased or extended (subject to paragraph 3 of this section);
 - (d) the Financial Institution (or the finance source that financed the Total Cost of the premium, if different), has demanded payment of the full amount due under the Financed Amount because of default;
 - (e) the property which is the subject of the Financed Amount has been repossessed or become the subject of a court action;
 - (f) upon our receipt of written notice, signed by the Debtor and the Co-Debtor, if named, requesting cancellation of the Insurance coverage; or receipt of a phone call (which shall be recorded), made by the Debtor and the Co-Debtor, if named, requesting the cancellation of the Insurance coverage. The recording of the call constitutes sufficient proof of the request;
 - (g) upon payment of a premium refund, if applicable, under paragraph 4 of this section;
 - (h) upon the date of death of the Insured(s) for single coverage, or both Insured Debtor and Co-Debtor for joint coverage;
 - (i) upon our payment of the Life Insurance or CI Insurance benefit.
2. Specific Insurance coverages will terminate if the following events occur:
 - (a) Life Insurance (if selected) will terminate for all Insured(s) upon the birthday of the eldest Insured;
 - (b) CI Insurance (if selected) will terminate for all Insured(s) upon the 65th birthday of the eldest Insured;
 - (c) Disability Income (if selected) will terminate for all Insured(s) upon the payment of the Aggregate Maximum benefit under this Certificate and any other group insurance certificates issued by us to you;
 - (d) Recurring and/or Involuntary Unemployment Insurance (if selected) will terminate for all Insured(s) on the date of payment from the Insurer of Seasonal employment;
 - (e) Disability Insurance (if selected) will terminate for all Insured(s) upon the payment of the Insured Maximum Number of Insured Monthly Payments;
 - (f) Involuntary Unemployment Insurance (if selected) will terminate for an Insured upon payment of the Insured Maximum Number of Insured Monthly Payments as specified on this Certificate.

Upon our written request, we may continue to offer coverage, at our option, under your Certificate upon refinancing of the Financed Amount. In the event we offer such coverage, the Expiry Date of Insurance, Expiry Date of Insurance, Insurance amounts and all other terms and conditions will remain the same.

If the Insurance under your Certificate is terminated before the Expiry Date of Insurance, you must apply in writing or by phone to be paid a premium refund. The premium refund will NOT be calculated pro-rata but will be the actuarial reserve held in respect of your Certificate by us less an administration fee (\$75) and less any claims paid. We will require the request for a premium refund to be submitted within 180 days following Termination of Insurance. If such a request is received more than 180 days following termination, you may be subject to an additional administration fee.

If the debt in respect of the Financed Amount is still outstanding at the date of cancellation the premium refund will be made payable to the Financial Institution (or the finance source that financed the Total Cost of the premium, if different). If the termination was as a result of the circumstances described in paragraph 1. (d) or (e) of this section the premium refund will be made payable to the Financial Institution (or the finance source that financed the Total Cost of the premium, if different). No premium refund will be payable if we pay the Life or CI Insurance benefit or for amounts of less than \$15.

INSURER'S CONTACT INFORMATION

P.O. Box 5900, Vancouver, B.C., V6B 5H6

Administration: 1 877 671-9009 (Tel)

Claims: 1 800 549-7227 (Tel) 1 (604) 733-9519 (Fax)

Cancellations: 1 877 671-9009 (Tel) 1 (450) 671-2525 (Fax)

cancellation.iasc@ia.ca (E-mail)

For procedures on how to file a complaint, please visit: <https://idealerservices.ca/complaints>

MONEY BACK GUARANTEE

You have 20 days after you sign this Certificate to decide if you still want the coverage. If you do not, return it to the Insurer or to the Creditor/Group Policyholder from whom you bought it. We will cancel your coverage from the Effective Date of Insurance and will refund any premium paid to the Financial Institution (or the finance source that financed the Total Cost of the premium, if different) named in this Certificate.

LIMITATION OF ACTION

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation.

CERTIFICATE NO.