







**SECTION 7 – 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.
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.
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.
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.
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 Applicant.

**SECTION 8 – 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, and thereafter as required by us.
2. In adjudicating any claim, we shall be entitled to receive satisfactory proof of eligibility and proof of the following: a) date of 1) birth, 2) death, 3) Involuntary Unemployment or Total Disability; and b) the circumstances causing or contributing to it; and c) any treatment both before and after the Effective Date of Insurance and proof from the finance source(s) that the Insured Amount was not received, was not repaid, or revised.
3. You must be under the continuing medical supervision and treatment of a physician (M.D.) considered appropriate by us while Totally Disabled.
4. We will have the right to have you medically examined by a licensed physician of our choice as often as is reasonably required during the period for which a claim is made.
5. You are responsible to make any Monthly Payments due when being adjudicated, subject to our reimbursement through the finance source(s) within a period of 30 days.
6. We will not pay any overdue payments or additional interest charges on any amount payable under the Financed Amount at the date of death, Involuntary Unemployment or Total Disability.
7. In the event you have agreed to purchase the Insurance, your 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) named in this Certificate.
8. As a condition of payment of Insurance benefits, the Insured must also:
(a) submit a claim for unemployment benefits under the Employment Insurance Act (Canada) immediately upon becoming 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 benefit payments received under the Employment Insurance Act (Canada).

**SECTION 9 – 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.
(g) upon payment of a premium refund, if any is owing under paragraph 4 of this section;
(h) upon the date of death of the Insured Debtor for joint coverage, or both Insured Debtor and Co-Debtor for joint coverage; or
(i) upon our payment of the Life Insurance benefit for an Insured upon payment of the Total Cost of the premium, if different.
2. Specific Insurance coverages will terminate if any of the following events occur:
(a) Life, Involuntary Unemployment, CI and/or Disability Insurance (if selected) will terminate for all Insured(s) upon the 74th birthday of the eldest Insured;
(b) Disability Insurance (if selected) will terminate for all Insured(s) upon the attainment of the Aggregate Maximum benefit under this Certificate and any other Insurance certificates issued by us to you;
(c) Disability and/or Involuntary Unemployment Insurance (if selected) will terminate for an Insured upon the date of permanent removal from regular or Seasonal employment;
(d) Disability Insurance (if selected with a Variable Insurance option) will terminate for an Insured upon payment of the Total Cost of the premium, if different;
(e) Involuntary Unemployment Insurance (if selected) will terminate for an Insured upon payment of the Total Cost of the premium, if different.
3. Upon request, we will provide the coverage, at our option, under your Certificate upon financing of the Financed Amount. If you do not wish to accept such coverage, the Effective Date of Insurance, Expiry Date of Insurance, Insurance amount and all other terms and conditions will remain the same.
4. If the Insured(s) under your Certificate is terminated before the Expiry Date of Insurance, you must apply in writing or otherwise to be paid a premium refund. The premium refund will NOT be calculated pro-rata but will be based on the unearned premium reserve held in respect of your Certificate by us, less an administration fee (\$75) and less any amount already paid. We will require the request for 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 required to pay an additional administration fee.
5. If the date of payment of the Financed Amount is still outstanding at the date of cancellation the premium refund will be 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. (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 provide Life or CI Insurance benefit or for amounts of less than \$15.

**INSURER'S CONTACT INFORMATION**

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://iadealerservices.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.
[Empty box for certificate number]