

In addition to the above exclusions, if Involuntary Unemployment occurs within 12 months of the Effective Date of Insurance, no Insurance benefit shall be payable for Involuntary Unemployment that results directly or indirectly from:

- (a) any staff reduction program announced by an employer prior to the Effective Date of Insurance;
- (b) any layoff which includes either in a general or specific manner the position of an Insured and which is initiated prior to the Effective Date of Insurance; or
- (c) Involuntary Unemployment pursuant to notice of possible Involuntary Unemployment provided prior to the Effective Date of Insurance.

Limitations and Exclusions specific to CI Insurance:

In addition to the general Limitations and Exclusions listed above, no CI benefit will be paid if:

- (a) the Insured does not survive 30 days following the Diagnosis of the CI; or
- (b) the Insured is diagnosed with Cancer, had any signs and/or symptoms or medical problems commence, or had investigations leading to the Diagnosis of any cancer covered or excluded under the Group Policy initiated within 90 days following the Effective Date of Insurance.

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. 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, a benefit will only be made if you are regularly attending a licensed Specialist such as a psychiatrist, 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 regularly attending a licensed Specialist such as a neurologist, a neurosurgeon, a physiotherapist, a plastic surgeon, an orthopedic surgeon, 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 onset of Involuntary Unemployment, Diagnosis of CI, Accidental Dismemberment or Total Disability for which a claim is made, and thereafter as required by us. If it is not reasonable to complete and submit claim forms within 90 days, they must be furnished as soon as reasonable, but not later than two weeks from the time claim forms are otherwise required. In the event disability or Involuntary Unemployment claim forms are received after 90 days from the onset of a claim, benefits will be retroactively considered for the 90 days prior to the receipt of the claim form. The Insured must complete and submit to the Insurer once it is reasonably possible, the expense of providing the proofs of claim is the responsibility of the Insured.
2. In adjudicating any claim, you are entitled to receive necessary proof of eligibility and proof of the following: a) date of death; b) date of diagnosis; c) Involuntary Unemployment; d) Accidental Dismemberment; 5) CI; 6) Total Disability; and (b) the circumstances causing or contributing to it; and c) any treatment both before and after the Effective Date of Insurance from the finance source(s) that the Insured Amount has not been paid in writing.
3. You must be under the medical supervision and treatment of a physician (M.D.) considered appropriate by us to be 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 Insurance is claimed. If you fail to submit to such an examination within a reasonable period, we are entitled to terminate payment of your Insurance.
5. You are responsible to make any payments that fall due while the claim is being adjudicated, subject to our reimbursement through the finance source(s) for the period of time for which we are responsible 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, Accidental Dismemberment, CI Diagnosis or Total Disability.
7. In the event you were not eligible 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 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. The recording of the call constitutes sufficient proof of the request;
 - (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, Disability, or Accidental Dismemberment benefit.
2. Specific Insurance coverages will terminate if any of the following events occur:
 - (a) Life, Involuntary Unemployment, CI and Accidental Dismemberment (if selected) will terminate for all Insured(s) upon the 74th birthday of the eldest Applicant.
 - (b) Disability Insurance (if selected) will terminate for all Insured(s) upon the death of the Aggregate Maximum benefit under this Certificate and any other insurance policies issued by us to you;
 - (c) Disability and/or Involuntary Unemployment Insurance (if selected) will terminate for an Insured upon the date of retirement from regular or Seasonal employment;
 - (d) Disability Insurance (if selected with a Variable Insurance Option) will terminate for an Insured upon payment of the Maximum Number of Insured Monthly Payments;
 - (e) Involuntary Unemployment Insurance (if selected) will terminate for an Insured upon payment of the Maximum Number of Insured Monthly Payments stated on this Certificate.
3. If you request, we will continue to provide coverage, at our option, under your Certificate upon payment of the Financed Amount, even after such coverage, the Effective Date of Insurance, the Expiry Date of Insurance, Insurance coverage, and other terms and conditions will remain the same.

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

If the amount in respect of the Financed Amount is still outstanding at the date of cancellation the premium refund will be payable to the Financial Institution (or to 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 CI or Accidental Dismemberment 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).

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.