Protection for your Personal Loan

Single Premium Creditor's Group Insurance
(Life, Disability and Critical Illness)

Product Guide and Certificate of Insurance

CUMIS®

Customer Service – 1.800.263.9120
www.cumis.com

Single Premium Creditor's Group Insurance is underwritten by CUMIS Life Insurance Company

CUMIS Life Insurance Company, 151 North Service Rd.,
P.O. Box 5065, Burlington, ON L7R 4C2

Single Premium - Creditor's Group Insurance

This Product Guide and Certificate of Insurance (together, the "Product Guide") describes the optional insurance coverage for which you have enrolled and also acts as your certificate of insurance. Please read it together with a copy of your completed Insurance Enrolment provided to you by the Group Policyholder.

This Product Guide contains important information about your insurance, including terms and conditions which may exclude, restrict or limit your coverage or benefits. This Product Guide includes information on all insurance coverage available under the Group Policy, including those that you may not have selected.

A summary of the principal provisions of the Group Policy is outlined in the following pages. If there is any conflict between the terms and conditions of the Product Guide and those described in the Group Policy, the terms and conditions of the Group Policy shall govern.

In this Product Guide, certain words and phrases have specific meanings. These terms are explained under the heading "Definitions" and in other places throughout this document.

For the purpose of this Product Guide, the terms "you" and "your" reference each individual:

a) who is eligible for insurance under the Group Policy, meaning a natural person (or persons) who has (or have) obtained a Loan with the Group Policyholder:
   i) for which they are liable and have a legal obligation to repay, either in whole or in part, as a borrower, co-borrower, co-signer, guarantor or endorser; or
   ii) in the case of a Business, have a legal obligation to repay the Loan to the Group Policyholder either as a Business owner, key person, or any person associated with the Business who is obligated to the debt;
b) who is named on the Insurance Enrolment and has enrolled for one or more types of insurance under the Group Policy;
c) for whom we have received the Single Premium; and
d) to whom we have issued a Product Guide.

The terms "we", "us", "our", "CUMIS" and "CUMIS Life" refer to the CUMIS Life Insurance Company.

You may, at any time, request a copy of the Group Policy and any amendments made to it by contacting the Group Policyholder.

Please read this carefully and keep it in a safe place. You may need to refer to it later if you have questions about your insurance or if you need to make a claim.

Questions

About Your Insurance
If you have any questions about your insurance, please call CUMIS Life Insurance Company at 1.800.263.9120.

About Your Loan
If you have any questions about your Loan, please contact the Group Policyholder Contact shown on your Insurance Enrolment.

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Introduction

The Group Policy

CUMIS Life Insurance Company has issued a creditor's group insurance policy to the Group Policyholder specified on your Insurance Enrolment. The Group Policy provides creditor's group insurance, as described in this Product Guide, to eligible borrowers of the Group Policyholder who enrol and pay the required Single Premium.

The Group Policy and this Product Guide are non – participating. This means your insurance coverage has no cash value and pays no dividends.

Your Certificate of Insurance

You are receiving this Product Guide because you chose to enrol in one or more types of insurance available to you under the Group Policy. It acts as your certificate of insurance and, along with your Insurance Enrolment is proof of your coverage under the Group Policy.

NOTE: The Group Policyholder may not offer all types of insurance described in this Product Guide. Please see your Insurance Enrolment to confirm the type of insurance for which you have enrolled.

The terms and conditions of your insurance are found in:

- your Insurance Enrolment;
- this Product Guide; and
- the Group Policy and any amendments.

All rights and obligations under the Group Policy will be governed by the laws of Canada and the provincial jurisdiction in which you reside at time of enrolment.

You have the right to examine and obtain a copy of the Group Policy and certain other written statements or records you have submitted to us (if any), subject to certain access limitations.

The Importance Of Single Premium Insurance

The Single Premium Creditor's Group Insurance underwritten by CUMIS is an optional insurance product which offers security during times of financial hardship caused by certain life events.

If the information you provided upon Enrolment is complete and accurate, insurance benefits will be payable, subject to the applicable terms, conditions and exclusions, as set out in this Product Guide.

Insurance Benefits At A Glance

- **Life Insurance:** pays off or reduces your Outstanding Balance on your Insured Loan if you die.
- **Critical Illness Insurance:** Pays off or reduces your outstanding Insured Loan if you are Diagnosed with a covered critical illness
- **Disability Insurance:** covers your Insured Loan payment if you become Totally Disabled.

Payment Of Insurance Benefits

If payable, insurance benefits will be paid to the Group Policyholder. As the creditor for your Insured Loan, the Group Policyholder will apply the benefits towards the Outstanding Balance of your Insured Loan or otherwise to your credit.

Eligibility Requirements – All Insurance

NOTE: You must meet the eligibility requirements explained below. If you do not, you will not have any insurance coverage under this Product Guide.

You are eligible to enrol for life insurance, critical illness insurance and disability insurance on your Loan if, as of the Effective Date of Insurance shown on your Insurance Enrolment:

- you are a Canadian resident (living in Canada at least six months out of the year);
- you have a legal obligation to repay your Loan to the Group Policyholder, either as a borrower, co-borrower, co-signer, guarantor or endorser;
- you have a legal obligation to repay your Loan to the Group Policyholder either as a Business owner, key person, or any person associated with the Business who is obligated to the debt;
- your age is within the Minimum/Maximum Eligibility Age for each type of insurance for which you have enrolled, as shown on your Insurance Enrolment; and
- you have not made a claim for a living benefit (accelerated death benefit) under any creditor's group insurance policy or certificate of insurance issued by us.

When Does Your Insurance Coverage Begin?

Your Effective Date of Insurance for Single Premium Creditor's Group Insurance coverage begins on the Effective Date of Insurance as stated on your Insurance Enrolment. If you would like to enrol for additional benefits which were previously waived, or make any changes to your existing coverage, you may contact the Group Policyholder for more information.

When Does Your Insurance Coverage End?

All insurance coverage, that is, life insurance, critical illness and/or disability insurance coverage, for which you have enrolled, will end on the earlier of the following:

a) the expiry of the Maximum Term of Insurance, as shown on your Insurance Enrolment;
b) the expiry of the Term for your Insured Loan as shown on your Insurance Enrolment;
c) the date you reach the Coverage Termination Age as shown on your Insurance Enrolment;
d) the Expiry of Insurance, as shown on your Insurance Enrolment;
e) the date we receive your written cancellation request, or, where insurance coverage is provided for more than one person, the date we receive a written cancellation request from all Insureds;
f) the date your Insured Loan is paid in full, refinanced, discharged or assumed by another person;
g) the date you are released, by operation of law, from your legal obligation to repay your Insured Loan (whether upon discharge from bankruptcy or otherwise);
h) the date you transfer or assign your Insured Loan to a creditor other than the Group Policyholder;
i) the date you have missed more than six consecutive payments, on your Insured Loan;
j) the date we pay a life insurance benefit, a living benefit, or a critical illness insurance benefit under this Product Guide;
k) the date the Group Policy is terminated in accordance with its terms; and
l) the date of your death.

Limitations On Insurance Benefits

For all insurance, there are limits on the total amount of insurance you can obtain and how long your insurance will remain in force. For disability insurance, there are also limits on how long we will pay benefits if a claim is made.

Maximum Benefit Period Per Occurrence means the maximum limit on the total number of months for which we will pay disability insurance benefits for a single claim, as shown on your Insurance Enrolment.

Maximum Cumulative Benefit Payable means the maximum limit on the total amount of disability insurance benefits we will pay for any Loan, as shown on your Insurance Enrolment.

If your life insurance coverage amount or, if applicable, critical illness insurance coverage amount is less than the Maximum Cumulative Benefit Payable, your disability insurance benefit payments will be capped at the life or critical illness insurance coverage amount.

Maximum Insurance Available means the maximum limit on the amount of life insurance and critical illness insurance coverage we will issue for any Loan as shown on your Insurance Enrolment.

NOTE: If you have added Single Premium Insurance to your Loan, any life insurance or critical illness insurance benefit payable will include the Single Premium, even if the "Amount of Insured Loan" shown on your Insurance Enrolment exceeds the "Maximum Insurance Available".

Maximum Monthly Benefit Payable means the maximum limit on the monthly amount of disability insurance benefits we will pay for any Loan, as shown on your Insurance Enrolment.

Maximum Term of Insurance means the maximum period of time of which we will provide insurance on any Loan, as shown on your Insurance Enrolment.

NOTE: The Maximum Term of Insurance may be less than the term of your Loan. This means that when the Maximum Term of Insurance expires, your insurance coverage will end and we will not pay any benefits after that time. If the term of your Loan is longer than the Maximum Term of Insurance, you may enrol for new insurance coverage when the Maximum Term of Insurance expires. Please refer to the heading Refinancing Your Loan for additional information.

Your Loan will not be insured for the full duration of the Loan term if:

- the term of your Loan extends beyond the Coverage Termination Age shown on your Insurance Enrolment; or
- the disbursement of funds for your Loan is after your Effective Date of Insurance.

Once your insurance coverage has expired, we will not pay any benefits after that time.

If your Approved Loan Amount and/or monthly payment amount is greater than the Maximum Insurance Available and/or the Maximum Monthly Benefit Payable amount shown on your Insurance Enrolment, your Insured Loan will be capped at these stated values.

These capped insured coverage amounts will be used to calculate the Single Premium and pay insurance benefits at the time of claim.

Reduced Insurance Benefits

If the "Amount of Insured Loan" shown on your Insurance Enrolment is less than the total amount of your Loan, then the amount of the insurance benefit will be reduced proportionately. The benefit will be calculated based on the Outstanding

Balance of your Loan multiplied by the proportion of the "Amount of Insured Loan" to your total Loan (expressed as a percentage).

For Example:

If your Loan is $80,000 and the "Amount of Insured Loan" shown on your Insurance Enrolment is $40,000, then for a life insurance claim, we will pay 50 per cent (that is, $40,000 divided by $80,000) of the outstanding loan balance plus 50 per cent of the Accrued Interest and Settlement Interest.

Pre-Existing Condition Exclusion

NOTE: We will not pay any insurance benefits or refund your Single Premium if your life, living benefit, critical illness or Total Disability claim results directly or indirectly from, or is in any way related to, a Pre-Existing Condition.

A **Pre-Existing Condition** is any illness, disease, bodily injury, condition or symptom (regardless of whether or not a Diagnosis has been made) for which you sought or received, or a prudent person would have sought or received, Medical Advice or Treatment within the specified Pre-Existing Condition (PEC) Exclusion Period (in months) as shown on your Insurance Enrolment, immediately preceding the Effective Date of Insurance.

For this definition of Pre-Existing Condition:

- **Medical Advice or Treatment** means consultation with a Licensed Physician or registered Health Care Practitioner. This includes, but is not limited to, medical or paramedical treatment and investigative tests, taking pills or any prescription medication, or receiving injections, for any condition related to the illness, disease or bodily injury for which you have made a claim.
- **Heath Care Practitioner** means a person lawfully entitled to provide insured health services, as defined under the Canada Health Act.

How Does The Pre-Existing Condition Exclusion Work?

If you had symptoms or were treated for a medical condition within a specified period of time before your insurance coverage began, we will not pay any insurance benefits if your life, living benefit, critical illness or Total Disability claim occurs within a specified period of time after your insurance coverage began. These specified periods of time are shown together on your Insurance Enrolment (in months) as the Pre-Existing Condition Exclusion Period.

For Example:

Your Pre-Existing Condition Exclusion Period shown on your Insurance Enrolment (in months) is "6/6". You had symptoms and were treated for a heart condition five months before your coverage began. If your life, living benefit, critical illness or Total Disability claim occurred as a result of your heart condition, and your coverage had been in effect for less than six full months, we would not pay insurance benefits.

However, as long as you met all eligibility requirements for enrolment on the Effective Date of Insurance shown on your Insurance Enrolment, we would pay insurance benefits if your life, living benefit, critical illness or Total Disability claim occurred as a result of your heart condition, any time after your coverage has been in effect for six full months.

However, if your claim for critical illness insurance benefits or disability insurance benefits was denied due to a Pre-Existing Condition, your insurance would remain in effect and continue.

Pre-Existing Condition Exclusion Period
The Pre-Existing Condition exclusion applies during the Pre-Existing Condition Exclusion Period shown on your Insurance Enrolment. We would pay insurance benefits if, after the Pre-Existing Condition Exclusion Period expired, your life, living benefit, critical illness or Total Disability claim was related to a Pre-Existing Condition.

Life Insurance

What Is The Life Insurance Benefit?

If you have enrolled for life insurance coverage and you meet the terms and conditions of this Product Guide, when you die, we will pay a life insurance benefit, which will be equal to the Outstanding Balance of your Insured Loan as of the date of your death, plus any reasonable pre-payment penalties associated with early payout if allowed under your Loan agreement, as calculated by the Group Policyholder.

The amount of life insurance benefit payable will be the lesser of:

- the Outstanding Balance of your Insured Loan at the date of your death; or
- the Outstanding Balance calculated based on the original payment schedule and term of your Insured Loan.

We will also pay Accrued Interest on the Outstanding Balance of your Insured Loan as well as Settlement Interest.

Life insurance benefits payable will not exceed:

- the Outstanding Balance of your Insured Loan; or
- the Maximum Insurance Available shown on your Insurance Enrolment.

Note: If the amount of insurance for which you have enrolled and we have issued is less than your Loan amount, your life insurance benefit will be reduced proportionately as described in the heading Reduced Insurance Benefits.

This life insurance benefit is subject to the limitations and exclusions described in this Product Guide.

What Is A Living Benefit?

If you have enrolled for life insurance coverage, then you are eligible for the living benefit (accelerated death benefit).

If you are Diagnosed with a terminal illness (your life expectancy from that terminal illness is 12 months or less) as determined by a Licensed Physician we consider appropriate to make such a Diagnosis, you are eligible to make a living benefit claim.

NOTE: A living benefit claim must be made prior to death occurring.

We will pay an insurance benefit equal to the Outstanding Balance of your Insured Loan as of the date of your Diagnosis of your terminal illness, plus any reasonable pre-payment penalties associated with early payout if allowed under your Loan agreement, as calculated by the Group Policyholder.

The amount of living benefit payable will be the lesser of:

- the Outstanding Balance of your Insured Loan as of the Date of Diagnosis of your terminal illness; or
- the Outstanding Balance calculated based on the original payment schedule and term of your Insured Loan.

We will also pay Accrued Interest on the Outstanding Balance of your Insured Loan as well as Settlement Interest.

The amount of insurance payable for a living benefit will not exceed:

- the Outstanding Balance of you Insured Loan; or
- the Maximum Insurance Available shown on your Insurance Enrolment.

Note: If the amount of insurance for which you have enrolled and we have issued is less than your Loan amount, your living benefit insurance amount will be reduced proportionately as described in the heading Reduced Insurance Benefits.

This living benefit is subject to the limitations and exclusions described in this Product Guide.

EXCLUSIONS: When Your Life Insurance Benefit Will Not Be Paid

Your life insurance benefit or living benefit is not payable if your cause of loss results directly or indirectly from or is an any way related to:

- any Pre-Existing Condition;
- you committing Suicide within two years after the Effective Date of Insurance (applicable to life insurance benefit only);
- you committing or attempting to commit a criminal offence;
- you using or ingesting any drug, alcohol, poisonous substance, intoxicant and/or narcotic other than as prescribed and administered by or in accordance with the instruction of a Licensed Physician;
- your operation or control of any motorized vehicle or watercraft with blood alcohol concentration in excess of legal limits in the applicable jurisdiction; or
- you or your estate representative not providing us with notice and proof of your claim within the time limits specified in this Product Guide.

Critical Illness Insurance

Applying for Coverage

You are eligible to enrol for critical illness insurance on your Loan if, as of the "Effective Date of Insurance" shown on your insurance enrolment:

a) you have also enrolled for life insurance on your Loan; and
b) you have not made a claim for a critical illness insurance benefit under any creditor's group insurance policy or certificate of insurance issued by us

What is the Critical Illness Insurance Benefit?

If you have enrolled for critical illness insurance coverage and you meet the terms and conditions of this Product Guide, we will pay an insurance benefit as of the date of your Diagnosis with a critical illness as confirmed by appropriate results, plus any reasonable pre-payment penalties associated with early payout if allowed under your Loan agreement, as calculated by the Group Policyholder.

To be eligible for a critical illness insurance benefit, your Diagnosis of heart attack, stroke or cancer must be made after the Effective Date of Insurance and before your insurance ends.

The amount of critical illness insurance benefit payable will be the lesser of:

- the Outstanding Balance of your Loan as of the Date of Diagnosis of your critical illness; or
- the Outstanding Balance calculated based on the original payment schedule and term of your Loan.

We will also pay Accrued Interest on the Outstanding Balance of your Insured Loan as well as Settlement Interest.

Critical Illness insurance benefits payable will not exceed:

- the amount of insurance coverage which we have issued to you; or
- the Maximum Insurance Available shown on your Insurance Enrolment.

NOTE: If the amount of insurance for which you have enrolled and we have issued is less than your Loan amount, the amount of your critical illness insurance benefit will be reduced proportionately as described in the pro-rated insurance calculation example.

This critical illness insurance benefit is subject to the limitations and exclusions described in this Product Guide.

What is a Critical Illness?

Critical illnesses are Heart Attack, Stroke and Cancer, which are defined as follows:

Heart Attack (acute myocardial infarction) means the definite Diagnosis of death of heart muscle, due to obstruction of blood flow, that results in a rise and fall of cardiac biomarker to levels considered diagnostic of acute myocardial infarction, with at least one (1) of the following:

- heart attack symptoms;
- new electrocardiogram (ECG) changes consistent with a heart attack; or
- development of new pathological Q waves on ECG following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and or angioplasty.

Heart Attack Exclusions:
Heart Attack does not include, and we will not pay a critical illness insurance benefit for, any of the following:

a) ECG changes suggestive of a prior myocardial infarction;
b) other acute coronary syndromes, including angina pectoris and unstable angina; or
c) elevated cardiac biomarkers and/or symptoms that are due to medical procedures or diagnoses other than heart attack

The Diagnosis of Heart Attack (acute myocardial infarction) must be made by a Specialist.

Stroke (cerebrovascular accident resulting in persistent neurological deficits) is defined as a definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis, hemorrhage, or embolism, with:

- acute onset of new neurological symptoms, and
- new objective neurological deficits on clinical examination, persisting continuously for more than 30 days following the Date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing showing changes that are consistent in character, location and timing with the new neurological deficits.

For the purpose of this Product Guide, neurological deficits must be detectable by a Specialist and may include, but are not restricted to, measurable loss of hearing, measurable loss of vision, measurable changes in neuro-cognitive function, objective loss of sensation, paralysis, localized weakness, dysarthria (difficulty with pronunciation), dysphasia, (difficulty with speech), dysphagia (difficulty swallowing), impaired gait (difficulty walking), difficulty with balance, lack of coordination, or new-onset seizures undergoing treatment. Headache or fatigue will not be considered a neurological deficit.

Stroke Exclusions:
Stroke does not include, and we will not pay a critical illness insurance benefit for, any of the following medical conditions:
a) Transient Ischaemic Attacks (TIA);
b) intracerebral vascular events due to trauma;
c) ischaemic disorders of the vestibular system;
d) death of tissue of the optic nerve or retina without total loss of vision of that eye; or,
e) lacunar infarcts which do not meet the definition of stroke as described above.

The Diagnosis of a Stroke must be made by a Specialist.

Cancer means the definite Diagnosis of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cancer includes: carcinoma, melanoma, leukemia, lymphoma, and sarcoma.

For the purpose of this Product Guide:

- T1a or T1b prostate cancer means a clinically inapparent tumour that was not palpable on digital rectal examination and was incidentally found in resected prostatic tissue
- the term gastrointestinal stromal tumours (GIST) classified as AJCC Stage 1 means:
  i) gastric and omental GIST that are less than or equal to 10 cm in greatest dimension with five or fewer mitoses per 5 mm^2, or 50 per HPF; or
  ii) small intestinal, esophageal, colorectal, mesenteric and peritoneal GISTs that are less than or equal to 5 cm in greatest dimension with 5 or fewer mitoses per 5 mm^2, or 50 per HPF;
- the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 1 are as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 8th Edition, 2018.

- the term Rai stage 0 is as defined in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pastemack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.

Cancer Exclusions:
Cancer does not include, and we will not pay a critical illness insurance benefit for, any of the following medical conditions:

a) lesions described as benign, non-invasive, pre-malignant, of low and/or uncertain malignant potential, borderline, carcinoma in situ, or tumours classified as Tis or Ta;
b) malignant melanoma of skin that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
c) any non-melanoma skin cancer, without lymph node or distant metastasis. This includes but is not limited to, cutaneous T cell lymphoma, basal cell carcinoma, squamous cell carcinoma or Merkel cell carcinoma;
d) prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
e) papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest dimension and classified as T1, without lymph node or distant metastasis;
f) chronic lymphocytic leukemia classified as Rai stage 0 without enlargement of lymph nodes, spleen or liver and with normal red blood cell and platelet counts;
g) gastro-intestinal stromal tumours classified as AJCC Stage 1;
h) grade 1 neuroendocrine tumours (carcinoid) confined to the affected organ, treated with surgery alone and requiring no additional treatment, other than perioperative medication to oppose effects from hormonal over secretion by the tumour; or
i) thymomas (stage1) confined to the thymus, without evidence of invasion into the capsule or spread beyond the thymus.

The Diagnosis of Cancer must be made by a Specialist and must be confirmed by a pathology report.

EXCLUSIONS: When Your Critical Illness Insurance Benefit Will Not Be Paid

The critical illness insurance benefit will not be payable if your medical condition is a result of:

- your Diagnosis:
  a) not fully meeting the requirements for the definitions of heart attack, stroke or cancer, described above; or
  b) is specifically listed under the headings Heart Attack Exclusions, Stroke Exclusions or Cancer Exclusions, described above;
- your medical condition results directly or indirectly from you self-inflicting an injury or attempting to take your own life, regardless of your state of mind and whether you are aware or not of the result of your actions;
- you committing or attempting to commit a criminal offence;
- you using or ingesting any drug, alcohol, poisonous substance, intoxicant and/or narcotic other than as prescribed and administered by or in accordance with the instruction of a Licensed Physician;

- your operation or control of any motorized vehicle or watercraft with blood alcohol concentration in excess of legal limits in the applicable jurisdiction; or
- you or your estate representative not providing us with notice and proof of your claim within the time limits specified in this Product Guide.

Cancer within 90 days

A Critical Illness benefit will not be payable if within 90 days following the Effective Date of Insurance, you have any of the following:

- signs, symptoms or investigations leading directly or indirectly to a Diagnosis of any cancer (covered or not covered under this Product Guide); or
- a Diagnosis of any cancer (covered or not covered under this Product Guide).

If this happens, we will cancel your critical illness insurance coverage and provide a full refund of any Premium paid for this coverage.

Pre-Existing Cancer Exclusion

We will not pay a critical illness insurance benefit for a Diagnosis of cancer if you had any cancer at any time before the Effective Date of Insurance.

NOTE: For critical illness insurance, the Pre-Existing Condition Exclusion Period shown on your Insurance Enrolment does not apply if you have ever had any form of cancer (that is, not just a form of cancer covered by critical illness insurance available under this Product Guide). If this applies to you, we will not pay a critical illness insurance benefit for any Diagnosis of cancer. We explain this further below

If at any time prior to the Effective Date of Insurance:

- you were Diagnosed with any cancer; or
- if you were not yet Diagnosed with any cancer, but:
  a) you had apparent signs or symptoms of any cancer; or
  b) you sought or received, or a prudent person would have sought or received, Medical Advice or Treatment relating to the apparent signs or symptoms of any cancer;

Then we will not pay a critical illness insurance benefit for:

- your Diagnosis of a covered cancer;
- any recurrence of that covered cancer; or
- any future Diagnosis of any other covered cancer.

For the purposes of this pre-existing cancer exclusion:

- **Any cancer** means any form of cancer (that is, not just a form of cancer covered by critical illness insurance under this Product Guide).
- **Covered cancer** means a form of cancer covered by critical illness insurance under this Product Guide, subject to this pre-existing cancer exclusion.
- **Non-covered cancer** means a form of cancer that is not covered by critical illness insurance under this Product Guide.

Disability Insurance

What Is The Disability Insurance Benefit?

If you have enrolled for disability insurance coverage and you meet the terms and conditions of this Product Guide, when you become Totally Disabled and your Total Disability insurance claim is approved, we will pay a monthly disability insurance benefit equal to the Monthly Disability Benefit as shown on your Insurance Enrolment.

The Monthly Disability Benefit payable will not exceed the Maximum Monthly Benefit Payable shown on your Insurance Enrolment.

Disability insurance benefits will not exceed:

- the amount of insurance coverage for which you have enrolled; or
- the Maximum Cumulative Benefit Payable shown on your Insurance Enrolment; or
- the Maximum Monthly Benefit Payable shown on your Insurance Enrolment.

You are responsible to make up any deficiency between your Loan payment amount and the disability insurance benefit.

This disability insurance benefit is subject to the limitations and exclusions described in this Product Guide.

What Is A Disability?

A **Disability** is a medical impairment due to injury or illness which prevents you from performing the regular duties of your Principal Occupation for the first 12 months of disability, and following this, prevents you from performing the duties of any occupation.

To qualify for disability insurance benefits and to continue to receive these benefits, you must:

- be considered Actively at Work;
- be receiving Appropriate Medical Care, by a Licensed Physician we consider appropriate, for a medically determined sickness, disease, bodily injury, or donation of an organ or tissue;
- not be engaged in any activity for wages or expectation of profit. However, at our sole discretion and judgement, we may continue to pay disability insurance benefits while you engage in gradual Return to Work program or rehabilitative employment we consider appropriate; and
- provide initial satisfactory proof your Total Disability insurance claim and ongoing proof when requested.

At any time during the process of claiming or paying disability insurance benefits, we may require you to be assessed as we consider appropriate.

Actively at Work means you were working at any occupation for wages or profit and were capable of carrying out the substantial and material duties of that occupation for at least 20 hours per week for two consecutive weeks immediately preceding the Effective Date of Insurance or, if not, at any time between the Effective Date of Insurance and the date of Total Disability.

Terms Specific To Disability And What They Mean

Elimination Period

The Elimination Period is like a waiting period, counted as a consecutive number of days between the beginning of your Total Disability and the time you are eligible for benefits; and can be either **Non-Retroactive** or **Retroactive**. You must become Totally Disabled and remain Totally Disabled throughout the Elimination Period which is shown on your Insurance Enrolment, before you are eligible for benefits.

a) **Non-Retroactive Elimination Period** means we will not pay benefits retroactively to the start of your Total Disability.
b) **Retroactive** means we will pay insurance benefits retroactively to the start of your Total Disability.

Totally Disabled and Total Disability

If you are Employed, Self-Employed or are a Seasonal Employee as of the date you become Totally Disabled, then Totally Disabled and Total Disability mean:

- for the first 12 consecutive months from the date you became Totally Disabled, that:
  a) you are not able to perform the substantial and material duties of your Principal Occupation; and
  b) you are receiving Appropriate Medical Care; and
- after the first 12 consecutive months of Total Disability, then Totally Disabled and Total Disability mean that:
  a) you are not able to perform the duties of any occupation for which you are reasonably qualified by education, training or experience; and
  b) you are receiving Appropriate Medical Care.

If you are unemployed, not working, retired, or receiving provincial, federal or any other benefits at the time you became Totally Disabled, then Totally Disabled and Total Disability mean:

a) the definite Diagnosis of your total inability, due to disease or injury, to perform independently;
   i) with or without the aid of assistive devices;
   ii) at least 3 of 6 Activities of Daily Living; and
   iii) the Diagnosis must be made by a Physician supported by an independent home care assessment made by an occupation therapist or equivalent
b) you are receiving Appropriate Medical Care.

Activities of Daily Living means the ability to perform all the basic needs of: eating, bathing, dressing, toileting, transferring and continence. The Activities of Daily Living are defined as follows:

- bathing: washing oneself in a bathtub, shower or by sponge bath;
- dressing: Putting on and removing necessary clothing, braces, artificial limbs or other surgical appliances;
- toileting: getting on and off the toilet and maintaining personal hygiene;
- bladder and bowel continence: managing your bladder and bowel function with or without protective undergarments or surgical appliances so that hygiene is maintained;
- transferring: moving in and out of a bed, chair or wheelchair; and
- feeding: consuming food or drink that already have been prepared and made available

You are responsible for making your regular Loan payments during the Elimination Period and while your claim is under review.

Recurring Disabilities

A Recurring Disability means if your Total Disability recurs within six months after you recover from the same or related Total Disability, we will consider this to be a continuation of your previous Total Disability. If this happens, the Elimination Period shown on your Insurance Enrolment will not apply to your claim for recurrence.

The Recurring Disability benefit, whether paid consecutively or in aggregate, will not exceed the Maximum Benefit Period Per Occurrence as shown on your Insurance Enrolment.

Concurrent Disabilities

A Concurrent Total Disability means you sustain a second Total Disability while you are already receiving disability benefits for an unrelated condition.

If this happens, a new Total Disability insurance claim can be submitted subject to the following:

- the medical condition causing the Concurrent Total Disability must be unrelated, (directly or indirectly) to the initial Total Disability; and
- if your Concurrent Total Disability insurance claim is approved and you are still Totally Disabled by it, we will begin payment of benefits on this new claim immediately after your initial Total Disability has ended. A new Maximum Benefit Period Per Occurrence will begin.

When Do Disability Benefits Begin?

Once we have approved your claim, we will start paying disability insurance benefits as of the expiry of the Elimination Period.

Your Monthly Disability Benefit is shown on your Insurance Enrolment. This amount will not exceed the Maximum Monthly Benefit Payable shown on your Insurance Enrolment. The total amount of disability benefits paid will not exceed the Maximum Cumulative Benefit Payable and is subject to the Maximum Benefit Period Per Occurrence also shown on your Insurance Enrolment.

EXCLUSIONS: When Your Disability Benefit Will Not Be Paid

The disability insurance benefit will not be payable if your Total Disability:

- is related to any Pre-Existing Condition;
- began prior to the Effective Date of Insurance;
- results from your normal pregnancy (that is, your pregnancy is not Diagnosed as high risk by a Licensed Physician we consider appropriate);
- began when you were confined, as a result of criminal proceedings against you, to a penal institution, government detention facility, hospital or similar institution;
- began after your insurance coverage ended;
- is related to you directly or indirectly self-inflicting an injury or attempting to take your own life, regardless of your state of mind and whether you are aware or not of the result of your actions;
- is related to you committing or attempting to commit a criminal offence;
- is related to you using, ingesting or enrolled in a rehabilitation program for ingesting any drug, alcohol, poisonous substance, intoxicant and/or narcotic other than as prescribed and administered by or in accordance with the instruction of a Licensed Physician;
- is related to your operation or control of any motorized vehicle or watercraft with blood alcohol concentration in excess of legal limits in the applicable jurisdiction;
- is related to an elective surgery; or
- you or your estate representative not providing us with notice and proof of your claim within the time limits specified in this Product Guide.

When Do Disability Insurance Benefits End?

Disability benefits will be paid until the earliest of the following:

- the date you are no longer Totally Disabled;
- the date disability benefit payments have reached the Maximum Benefit Period Per Occurrence in months shown on your Insurance Enrolment;
- the date the cumulative total of all disability insurance benefits we have paid equals the Maximum Cumulative Benefit Payable shown on your Insurance Enrolment;

- the date you become confined as a result of criminal proceedings against you, to a penal institution government detention facility, hospital or similar institution;
- the date you participate in any Business or occupation for wages or profit;
- the date you are no longer under the active care of a Physician;
- the date you refuse to submit a medical exam by a Physician selected by us;
- the date your insurance ends, as described under the heading: When does your Insurance Coverage End?;
- the date you fail to provide satisfactory proof of continuing Total Disability; or
- for any reason, your life insurance ends.

Note: If the Maximum Cumulative Benefit Payable, shown on your Insurance Enrolment, for disability insurance benefits has been reached, your disability insurance coverage will be terminated.

Refinancing Your Loan

Refinance means you and the Group Policyholder agree to Refinance, replace, renew, extend or otherwise amend (collectively, "Refinance") your Insured Loan.

Your coverage under this Product Guide will automatically end at the same time as your Insured Loan is Refinanced. Unless you enrol for replacement insurance coverage with the Group Policyholder, you will not have any insurance on your Refinanced Loan.

What Happens On Refinancing?

If you enrol for insurance coverage on the new Loan amount, you will be issued a new Product Guide, which will replace all of the terms and conditions of your previous Product Guide.

All exclusions, restrictions and limitations for your new insurance coverage will apply as of the Effective Date of Insurance for your new insurance coverage amount(s). These will include, but will not be limited to, any applicable Pre-Existing Condition exclusion and, for disability insurance, any applicable Elimination Period.

Reduced Benefits At Time Of Claim

If we decline your claim for insurance benefits on your Refinanced Loan due to an exclusion under the new Product Guide, but we would have paid benefits under your original Product Guide had your insurance coverage not ended due to the refinancing of your Loan, we may pay limited life insurance or disability insurance benefits. These benefits will be based on the type and amount of insurance coverage that we would otherwise have paid under the original Product Guide. If applicable, the disability insurance coverage amount will be the monthly Loan payment amount prior to refinancing. However, the insurance coverage amount will not exceed your current monthly Loan payment amount.

Refinancing Your Loan While On Disability

If you are receiving disability benefits and you Refinance your Loan, you may apply for disability insurance coverage on your new Loan amount. As long as you are Totally Disabled, we will continue to pay disability insurance benefits to the extent of coverage under your previous Product Guide, and disability insurance coverage remains in force. However, your disability benefit will not exceed:

- the amount of the new Loan payment;
- the Maximum Term of Insurance on your new Loan; or
- the amount specified under the Maximum Monthly Benefit Payable.

Continuation of claim payments from a prior certificate does not apply if you are transferring your Loan to another financial institution or to a different Creditor's Group Insurance product issued by CUMIS Life.

How To Make A Claim

Notice Of Claim – Important Time Limits

NOTE: In the event of a claim, please contact us as soon as possible. You must provide us with notice and proof of your claim within the time limits specified in this Product Guide. If you do not do so, we may decline your claim and not pay any insurance benefits.

The insurance claims process is different for each type of claim as described in the Proof of Claim section below. You may also obtain information on submitting a claim by visiting www.cumis.com or by contacting us directly for assistance.

CUMIS Life Insurance Company
151 North Service Road, P.O. Box 5065
Burlington, ON L7R 4C2
Attention: Claims Centre

Toll-free telephone:	1.800.263.9120
Toll-free confidential fax:	1.800.897.7065
Confidential email:	claims.centre@cumis.com

Proof Of Claim

Life Insurance Claim

To make a life insurance claim, the Group Policyholder is the first point of contact for your next of kin or your estate representative. The Group Policyholder has access to the required claim forms, will assist in completing those forms and will know what supporting Loan information we require. Once completed, the Group Policyholder will submit the necessary documents to us and initiate the claim. We will coordinate obtaining the required information with the Group Policyholder and your estate representative. The Group Policyholder will be notified when a claim decision has been made who will then notify your estate representative. At any time, your estate representative may contact us or the Group Policyholder for the status of the claim.

NOTE: Your estate representative must submit notice and proof of claim within one year of the date of your death. This includes proof of your death and all other supporting documentation which we require.

Living Benefit, Critical Illness Or Disability Insurance Claim

To make a living benefit, critical illness or disability insurance claim, contact CUMIS. When you make the initial call, we will start by asking you for information so we can identify you and your Loan. The information we require to establish your entitlement to benefits may be different for each type of claim.

After your claim is submitted, we will let you know if we require additional documentation or information. We will also ask you to complete and return to us an authorization form so we may obtain information directly from your Physician(s), employer or other sources we consider appropriate.

Please note you will remain legally responsible to make your Loan payments to the Group Policyholder throughout the course of any claim. We will notify you and the Group Policyholder in writing if we approve or decline your claim. If we approve your claim, we will pay the benefits described in this Product Guide. If we decline your claim, we will provide you with reasons.

NOTE: You must provide us with written notice within 30 days of the date your claim first arises (that is, the date you were Diagnosed with a terminal illness, critical illness, or you first became Totally Disabled). You must also submit proof of your claim, in a form we consider acceptable, within 90 days of the date your claim first arises. If we do not receive notice of claim within the specified time limits, you must provide a written reasonable cause for delay within one year of the date of claim, or as set out in provincial insurance legislation.

Other Important Claim Information

Appealing Your Claim

If the insurance claim is declined and there is disagreement with our decision, a formal written request to appeal may be submitted. The written request to appeal must explain why there is disagreement, and supporting documentation must be provided. Upon receipt, we will review the request and advise on our decision of the appeal.

If our decision of the appeal is not satisfactory, we will provide information on the steps which can be taken to have concerns reviewed further. This may include, if desired, contacting our designated OmbudService.

Mail: Ombuds Office
The Co-operators Group Limited
130 Macdonell Street
Guelph, ON N1H 6P8

Email: ombuds@cooperators.ca
Phone: 1.877.720.6733
Fax: 1.519.823.9944

If you reside in Saskatchewan, you may also contact the Superintendent of Insurance:

Mail: Financial and Consumer Affairs Authority of Saskatchewan
Insurance and Real Estate Division
Attention: Superintendent of Insurance
Suite 601-1919 Saskatchewan Drive
Regina, SK S4P 4H2

Email: fcaa@gov.sk.ca
Phone: 1.306.787.6700

Fax: 1.306.787.9006

Important Time Limits For Taking Legal Action

Provincial Insurance legislation states:

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.

This means, if we decline your claim or terminate your insurance benefits, provincial laws strictly limit the time periods within which you may commence legal proceedings against us. This time period starts on the date we initially decline your claim or terminate insurance benefits.

Simultaneous Claims

Life, Critical Illness and Living Benefit
If more than one Insured's death or Diagnosis of a terminal illness or critical illness occurs on the same date, only one benefit will be paid based on the first Insured to claim; at which time all insurance under this Product Guide will be terminated. In no circumstances will we pay more than the Outstanding Balance on your Insured Loan; nor will the benefit payable exceed the Maximum Insurance Available.

Disability
If more than one Insured has a Total Disability claim at the same time, under the same Insured Loan, only one benefit will be paid at a time, regardless of the number of individuals on the Loan. The benefit paid will be limited to the Maximum Benefit Period Per Occurrence and the Maximum Monthly Benefit Payable.

Rights Of Examination

We may ask you to have a medical examination by a Physician of our choice. We will pay for this examination, but will not pay any benefits if you refuse to have the examination.

Additional Information About Your Insurance

About Your Insurance Premium

Single Premium means the one-time, lump sum, total premium for all insurance coverage(s) for which you have enrolled. The Single Premium is considered to be the cost of your insurance.

Premium Payments

Your Single Premium and applicable taxes are shown on your Insurance Enrolment as a lump sum for each type of insurance for which you have enrolled.

You may choose to add the Single Premium to your Loan. If you do, this amount is included in the "Amount of Insured Loan" shown on your Insurance Enrolment. If you wish to pay cash for your insurance, the Single Premium is not included in the "Amount of Insured Loan".

Multi Insured Discount

If more than one Insured, as shown on the Insurance Enrolment, has enrolled for the same type of insurance coverage on the Insured Loan, a discount will be applied to the Single Premium for that coverage.

Cancellation Of Certificate Or Policy

We reserve the right to cancel the Group Policy. If this happens, your Group Policyholder will notify you at least 30 days before the effective date of cancellation, and we will honour all valid claims arising before that date.

Currency

All amounts payable to or by us shall be in Canadian dollars.

Material Misrepresentation

If you misrepresent information at time of claim (that is, if you provide incorrect information or fail to disclose information), which is material or important to your insurance, your insurance may be void from the beginning and treated as if never in force. In case of misrepresentation, we would decline your claim and, except for fraud, refund your Single Premium, less our applicable processing fee.

Misstatement Of Age

If you misstated your age when you enrolled for insurance coverage, and as a result your correct age would have made you ineligible for Single Premium Creditor's Group Insurance coverage, the liability of CUMIS Life is limited to a refund of the Single Premium paid, and your insurance will be void as if it never existed.

If you would have been eligible for coverage based upon your correct age, we will make any adjustments to insurance benefits, premium or term that are necessary to continue coverage.

Conformity With Statutes

If, on the Effective Date of Insurance, any part of this Product Guide conflicts with the statutes governing this Product Guide, the provisions of such statutes shall govern.

Contestability Of Coverage

Contestability Period

If you make a claim for insurance benefits within the first two years of coverage, we will review the information you provided in your Insurance Enrolment to confirm that it is correct and complete. We will determine whether or not material misrepresentation is applicable.

Except if you misstate your age on your Insurance Enrolment, once your insurance has been in force for more than two years, we will generally only review your information if there is evidence of fraud. This two-year period is sometimes referred to as the Contestability Period and is a concept set out in the provincial insurance legislation.

If you have a complaint

There may be times when you feel we haven't met your expectations, and we welcome the opportunity to try to make things right. If you have a concern about your claim, policy or the service you've received, there are simple steps you can take to have your voice heard. To get started, please visit our company website for further details on our complaint handling process. https://www.cumis.com/en/about-cumis/Pages/credit-mortgage-protection-complaint-resolution-process.aspx

How To Cancel Insurance Coverage

Your insurance coverage with CUMIS Life is entirely voluntary and you may cancel it at any time.

However, you should keep in mind any conditions on your Loan which may require you to obtain insurance for the security of the Group Policyholder.

To cancel your insurance, please contact the Group Policyholder Contact shown on your Insurance Enrolment.

If you cancel your insurance coverage within 30 days of your Effective Date of Insurance, provided no claim has been made, you will receive a full refund of any Premium that you have paid, and the insurance coverage will be deemed never to have been in force.

You may also cancel this insurance any time after the 30-day review period, in accordance with this Product Guide, and a partial refund of the Single Premium will be provided.

Refund Of Single Premium On Cancellation

If you request cancellation of your insurance after your 30-day review period and before the last day of the "Maximum Term of Insurance" shown on your Insurance Enrolment, we will pay a partial refund of your Single Premium to the Group Policyholder.

If you have added the Single Premium to your Loan, the Group Policyholder will apply your refund to reduce or pay off your Insured Loan. If you have paid the Single Premium to the Group Policyholder in cash, the Group Policyholder will pass on the refund to you along with a refund of any applicable taxes.

We will calculate your Single Premium refund according to "the Rule of 78" formula shown below, unless a different calculation is required by law.

Rule of 78 Refund Formula:

$$\frac{(SP-CF) * T * (T+1)}{N * (N+1)}$$

In the formula above:

a) "SP" is the Single Premium for your insurance coverage, less applicable taxes;
b) "CF" is any certificate fee included in the Single Premium when your Insurance Enrolment was first processed;
c) "T" is the total number of months remaining in your original insurance coverage period, rounded up or down to the nearest whole month; and
d) "N" is the total number of months in your original insurance coverage period.

If you would like to obtain a quote for the amount of your Single Premium refund, you may contact the Group Policyholder.

We will not refund any premium to you if we have rescinded your insurance coverage due to fraud.

Definitions

In this Product Guide, certain words and phrases have specific meanings. These terms are explained in this section and in other places throughout this document.

Accrued Interest is the interest owning on the Outstanding Balance of your Insured Loan from the date of the last payment, as determined by the Group Policyholder, to the date of your death or the date of diagnosis or your terminal illness or critical illness, depending on the insurance benefit payable, not to exceed 180 days.

Actively at Work has the meaning ascribed to it under section "What Is A Disability?".

Activities of Daily Living has the meaning ascribed to it under section "Terms Specific To Disability And What They Mean".

Appropriate Medical Care means you are undergoing available medical treatment. This includes, but is not limited to, taking pills or any prescription medication, receiving injections for any condition, and undergoing investigative medical tests for the illness, disease or bodily injury for which you have made your claim. The treatment must be effective, as determined by us, in assisting you with rehabilitation and restoration of functional capacity on a timely basis, including, but not limited to, participation in an occupational therapy program, physiotherapy, psychological or psychiatric counseling, or a pain behaviour modification program.

Approved Loan Amount means the initial balance of your Loan approved by the Group Policyholder as of the Effective Date of Insurance shown on your Insurance Enrolment.

Business means a sole proprietorship, partnership, corporation or other entity operating a Business or farm that is indebted to the Group Policyholder under a Loan.

Concurrent Disabilities has the meaning ascribed to it under section "What Is A Disability?".

Date of Diagnosis means the date in which a final Diagnosis is made following the completion of testing and, in the presence of cancer, the date confirmed through biopsies, in order to determine the presence and extent of a certain disease or condition.

Diagnosis and **Diagnosed** mean a definitive written Diagnosis of a medical condition made by a Licensed Physician qualified to make that Diagnosis.

Disability has the meaning ascribed to it under section "What Is A Disability?".

Effective Date of Insurance means the Effective Date of Insurance indicated on your Insurance Enrolment.

Elimination Period has the meaning ascribed to it under section "What Is A Disability?".

Employed and **Employment** mean working for an employer who pays you wages or a salary. Employed does not include being Self-Employed.

Group Policy means the creditor's group insurance policy issued by CUMIS Life to the Group Policyholder which makes life insurance and disability insurance available to all eligible individuals who choose to enrol and pay the required Single Premium.

Group Policyholder means the Group Policyholder specified on your Insurance Enrolment.

Health Care Practitioner has the meaning ascribed to it under section "Pre-Existing Condition Exclusion".

Insurance Enrolment means the form completed and signed by you to enrol for one or more types of insurance available under the Group Policy.

Insured means an individual, including you, who has enrolled and has met all eligibility requirements for one or more types of insurance under the Group Policy.

Insured Loan means the amount of your Loan for which we have issued insurance coverage for you and for which you have paid the Premium. The amount of insurance coverage on your Loan may be less than your Approved Loan Amount.

Licensed Physician or **Physician** means a person who is legally licensed to practice medicine by the licensing authority of the provincial jurisdiction in which he or she is practicing within the scope of his or her licensed authority.

Life insurance means the creditor's group insurance provided to you under this certificate of insurance which pays a benefit to the Group Policyholder if you die.

Loan means the principal amount the Group Policyholder has agreed to extend to you for a fixed term under the terms of the Loan agreement between you and the Group Policyholder, as of the Effective Date of Insurance for which you have a legal obligation to repay.

Loan Pre-Payment Penalty means, if provided by the terms of your Loan contract with the Group Policyholder, a monetary penalty which the Group Policyholder may assess if your Loan is prepaid, in full or in part, within a specified time period.

Maximum Benefit Period Per Occurrence has the meaning ascribed to it under section "Limitations On Insurance Benefits".

Maximum Cumulative Benefit Payable has the meaning ascribed to it under section "Limitations On Insurance Benefits".

Maximum Insurance Available has the meaning ascribed to it under section "Limitations On Insurance Benefits".

Maximum Monthly Benefit Payable has the meaning ascribed to it under section "Limitations On Insurance Benefits".

Maximum Term of Insurance has the meaning ascribed to it under section "Limitations On Insurance Benefits".

Medical Advice or Treatment has the meaning ascribed to it under section "Pre-Existing Condition Exclusion".

Outstanding Balance means the Outstanding Balance of your Insured Loan, as calculated by the Group Policyholder, upon which the Single Premium is calculated and payable.

Pre-Existing Condition Exclusion Period has the meaning ascribed to it under section "Pre-Existing Condition Exclusion".

Principal Occupation means the occupation from which you derived at least 75 per cent of your gross pay for the 12 month period immediately preceding the date of your Total Disability.

Recurring Disabilities has the meaning ascribed to it under section "What Is A Disability?".

Refinance means you and the Group Policyholder agree to Refinance, replace, renew, extend or otherwise amend your Insured Loan.

Return to Work means the date the Insured returns to work part-time, full-time or progressively, or on a temporary assignment, whether to carry out his or her normal duties, or any other duties.

Seasonal Employee means your occupation is solely and directly subject to specific, identifiable and predictable periods of time during each calendar year when work is unavailable due to seasonal changes in the weather or other natural, non-economic factors which limit the period of time during which you are able to perform your occupation.

Self-Employed means working for income derived directly from a Business you own, including a trade, occupation, profession, partnership, corporation or other entity in which you have an ownership interest of sufficient magnitude to influence, control or direct your continuing and future Employment.

Settlement Interest means interest on the Outstanding Balance of your Insured Loan which we will pay as part of the insurance benefit. It is calculated, at a rate and for a term as determined by us, from the date of your death or the date of Diagnosis of your terminal illness or critical illness, depending on the insurance benefit payable, not to exceed 90 days.

Single Premium has the meaning ascribed to it under section "About Your Insurance Premium".

Specialist means a Licensed Physician who has been trained in the specific area of medicine relevant to the covered critical illness condition for which a benefit is being claim and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist and as approved by us, a condition may be Diagnosed by a qualified Licensed Physician practicing in Canada.

Suicide means you die as a result of attempting to take your own life, regardless of your state of mind and whether you are aware or not of the result of your actions, within two years after the Effective Date of Insurance

Totally Disabled and **Total Disability** has the meaning ascribed to it under section "What Is A Disability?".

Your Privacy Matters To Us

At CUMIS Life, we recognize and respect the importance of privacy. When you enrol for insurance coverage, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering and servicing your insurance. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other persons we have authorized who have a need to know it to perform their duties. We may store or process your personal information in Canada, the United States or other countries and, under applicable law, governments, courts, law enforcement or regulatory agencies may, by lawful order, obtain disclosure of your personal information.

We may also share your personal information with the Group Policyholder and its affiliates, affiliates of CUMIS Life or with entities with whom the Group Policyholder or CUMIS Life have made arrangements to advise you of products and services that may be of interest to you. You may choose not to have your personal information shared or used for these additional purposes by contacting us.

For more information about our privacy practices please visit www.cumis.com. If you have questions about your privacy you may call us, toll-free, at 1.800.263.9120, send an email to us at privacy.officer@cumis.com or write to us at CUMIS Life Insurance Company, 151 North Service Road, P.O. Box 5065, Burlington, ON L7R 4C2, Attention: Privacy Officer

CUMIS®

Customer Service – 1.800.263.9120
www.cumis.com

Single Premium Creditor's Group Insurance is underwritten by CUMIS Life Insurance Company

CUMIS Life Insurance Company, 151 North Service Rd., P.O. Box 5065, Burlington, ON L7R 4C2