



**Important Information about**

**Walmart Rewards™  
Mastercard® Balance  
Protection Plan**

**Certificate of Insurance**

**Walmart Rewards Mastercard  
Balance Protection**

**Plan Policyholder:  
Duo Bank of Canada**

("Duo Bank of Canada")

**Insurer:**

**The Canada Life  
Assurance Company**

("Canada Life" or "the Insurer")

®/™Mastercard and the Mastercard Brand Mark are registered trademarks of Mastercard International Incorporated. The Walmart Rewards Mastercard® is issued by Duo Bank of Canada. All Walmart trademarks are the property of Walmart Apollo, LLC, and are used by Duo Bank of Canada under license.

## Important

The details of your insurance are important. The Insurer refers to all of your insurance documents as the Certificate of Insurance (the “Certificate”). Once coverage begins, your Certificate will consist of the following:

- this Certificate; and
- correspondence indicating Our approval of Your coverage.

Keep all your insurance papers as a package in a safe place. You may need to refer to them in the future.

Please read this Certificate carefully. It explains the terms and conditions of the Walmart Rewards Mastercard Balance Protection Plan from Canada Life.

Your coverage is voluntary. If for any reason You are not satisfied, You can cancel Your insurance by notifying Us within 30 days of receiving this Certificate. All premiums paid will be credited to Your Walmart Rewards Mastercard account and your coverage will be void.

Premium refunds due to cancellation within the first 30 days of receiving this Certificate will be limited to Walmart Rewards Mastercard Cardholders enrolling in the plan for the first time.

## Table of Contents

Definitions.....	4
General Information.....	10
Eligibility to Enroll.....	10
Effective Date of Coverage.....	10
Termination of Coverage.....	10
Premium Calculation .....	11
Submitting a Claim .....	12
Multiple Claims.....	12
Appeal of the Insurer’s Decision .....	12
Legal Action.....	13
Privacy and Confidentiality.....	13
How to Cancel Walmart Rewards Mastercard Balance Protection Plan .	14
Reinstating Your Insurance Coverage	15
What happens to Your Insurance when You transfer Your Walmart Rewards Mastercard account.....	15
Payment of Benefits .....	15
Life Insurance .....	16
Limitations and Exclusions .....	17
Terminal Illness.....	18
Limitations and Exclusions .....	19
Hospitalization .....	20
Limitations and Exclusions .....	21
Critical Illness .....	22
Limitations and Exclusions .....	23
Disability .....	25
Limitations and Exclusions .....	26
Job Loss .....	28
Limitations and Exclusions .....	30

## Definitions

Where used in this Certificate, these terms have the following meaning:

**Accident.** A sudden, unexpected and unforeseeable cause of injury from an external, visible and violent outside source.

**Accidental Injury.** Bodily injury caused directly and independently of all other causes by purely Accidental means.

**Account Agreement.** The agreement that governs the terms of issue of Your Walmart Rewards Mastercard card.

**Authorized User.** The Spouse of the Primary Cardholder to whom a card has been issued under the Walmart Rewards Mastercard account at the request of the Primary Cardholder.

**Cardholder(s).** The Primary Cardholder or Authorized User.

**Cancer.** The diagnosis of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Such diagnosis must be confirmed by a histological examination of a tissue sample. Cancer includes leukemia and Hodgkin's Disease. Please refer to the Critical Illness Benefit for specific limitations and exclusions.

**Certificate.** This Certificate of Insurance.

**Critical Illness.** Cancer, Heart Attack or Stroke that is First Diagnosed no earlier than 90 days after the Effective Date of Coverage.

**Diagnose or Diagnosed.** The written confirmation by a Medical Doctor who is recognized as a specialist in the field of medicine relating to the applicable Critical Illness or Terminal Illness by the Medical Doctor's licensing body, of the existence of the Critical Illness or Terminal Illness. The Diagnosis must be supported by objective medical evidence.

**Disabled and Disability.** The condition of being prevented by Illness or Accidental Injury from performing the regular duties of employment and the inability to engage in any other employment or occupation for compensation or profit.

**Effective Date of Coverage** means the date Your insurance begins as specified in the notice sent to You confirming Your coverage.

**Employer.** Any firm, establishment or individual providing Gainful Employment for compensation or profit.

**First Diagnosed and First Diagnosis.** The date on which a Medical Doctor first establishes the diagnosis of a Critical Illness. Diagnosis is defined as the written confirmation by a Medical Doctor who is recognized as a specialist in the field of medicine relating to the applicable Critical Illness by the Doctor's licensing body, of the existence of a Critical Illness. The Diagnosis must be supported by objective medical evidence.

**Gainfully Employed and Gainful Employment.** Working for salary or wages on a permanent full-time basis for at least 30 hours per week, or on a permanent part-time basis for at least 20 hours per week, for at least 6 consecutive months with the same Employer. Self-employment, contract or seasonal employment is not included in this definition.

**Good Standing.** Your Walmart Rewards Mastercard Account is considered to be in good standing for Balance Protection Plan coverage as long as the payments are not past due 91 days and the account is not charged-off, suspended, or in or cancelled status.

Group Policies means the Group Policy Number 60475 and 60471 issued by the Insurer to Duo Bank of Canada.

**Heart Attack (Myocardial Infarction).** The acute presentation of heart symptoms accompanied by the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be based on all three of the following criteria occurring at the same time:

- chest pain;
- new Electrocardiographic (“ECG”) changes indicative of an acute myocardial infarction (electrocardiographic readings are a graphic record of the electrical impulses that make the heart beat. Myocardial infarction also means Heart Attack); and
- elevation of cardiac enzymes (proteins appearing in the blood as a result of damaged heart tissue).

**Hospitalization.** The admission into a legally constituted institution for the care and treatment, on an in-patient basis, of sick and injured persons. Such a facility must be staffed by licensed physicians with 24-hour nursing services provided by licensed, certified and registered nurses operating under the direction of a licensed physician. The term “Hospitalization” as used in this Certificate does not include admission into a nursing or rest home, home for custodial care of the aged or chronically ill, a sanatorium or detoxification facility for the treatment of alcohol or substance abuse. “Hospitalized” has a corresponding meaning.

**Illness.** Injury, sickness, disease, mental infirmity or complications of pregnancy.

**Insured.** The Primary Cardholder and/or Authorized User when the Primary Cardholder has applied for and has paid the applicable premium for this insurance coverage. (NOTE: For residents of Quebec and Saskatchewan, coverage is only applicable to the Primary Cardholder.)

**Insurer.** The Canada Life Assurance Company.

**Loss of Employment.** Ceasing to be Gainfully Employed as a result of involuntary layoff or dismissal without cause.

**Medical Doctor.** A person who is legally licensed to practice medicine by the licensing authority of the jurisdiction in which he or she practices and who is practicing within the scope of his or her licensed authority. A Medical Doctor

must be a person other than Yourself or a member of Your immediate family.

**Minimum Monthly Payment.** The amount required to be paid, as set out in Your Account Agreement, excluding any previous unpaid minimum monthly payments and any amount by which the total new balance shown on your monthly statement exceeds your credit limit.

**Monthly Benefit.** The lesser of:

- the full balance of Your Walmart Rewards Mastercard account balance, or
- 5% of Your Walmart Rewards Mastercard account balance as of the most recent Statement Date occurring before or on the date of your Disability, Hospitalization or Loss of Employment.

**Office.** The Canada Life Assurance Company Creditor Insurance, Claims Department at 330 University Avenue, Toronto, ON, M5G 1R8.

**Policyholder.** Duo Bank of Canada.

**Primary Cardholder.** The person with whom Duo Bank of Canada has entered into a Walmart Rewards Mastercard cardholder agreement.

**Proof of Loss.** Proof, satisfactory to Us that an Insured sustained a loss covered under this Certificate; and that the loss occurred while his or her insurance was in force.

**Seasonal Employment.** A situation in which normal employment is subject to seasonal conditions, and lay-off or work suspension are a regular and anticipated part of the work schedule.



**Spouse.** The person who is legally married to or who has been living in a conjugal relationship with the Primary Cardholder for a continuous period of at least one (1) year and who resides in the same household as the Primary Cardholder. You cannot have more than one Spouse insured under the Group Policies at the same time.

**Statement Date.** The Statement Date indicated on Your Walmart Rewards Mastercard monthly account statement. This is the date the statement is printed.

**Stroke (Cerebrovascular Accident).** The diagnosis of a cerebrovascular event producing neurological sequelae (abnormality) following or resulting from an intracranial thrombosis (blood clot), intracranial or subarachnoid hemorrhage (internal bleeding) or embolism from an extracranial source (resulting in blood flow blockage) and with objective evidence of a new and permanent neurological deficit persisting for more than 30 days. Transient ischemic attacks and minor strokes, where the neurological deficit lasts for less than 30 days, as well as neurological deficits caused by external trauma, are excluded from this definition.

**Terminal Illness.** Sickness or disease diagnosed by a Medical Doctor that he or she expects will cause the death of the Cardholder within 12 months of the date of First Diagnosis.

**Waiting Period.** The number of consecutive days an Insured's Disability, Critical Illness, Hospitalization or Job Loss, must continue before the applicable benefit becomes payable.

**“We”, “Us” or “Our”.** “We”, “Us” or “Our” when used with reference to all coverage means The Canada Life Assurance Company.

**“You” or “Your”.** “You” or “Your” refers to a Primary Cardholder and/or Authorized User, who qualifies as an Insured. (NOTE: For residents of Quebec and Saskatchewan, coverage is only applicable to the Primary Cardholder.)

## **General Information**

### **Eligibility to Enroll**

To be eligible to enroll for coverage under the Walmart Rewards Mastercard card Balance Protection Plan You:

- must have entered into a Walmart Rewards Mastercard cardholder agreement and be the Primary Cardholder, and
- must be at least 18 years of age and under age 75.

### **Effective Date of Coverage**

An Insured's coverage commences on the day We receive Your request for insurance.

## Termination of Coverage

### Primary Cardholder's insurance ceases on the earliest of:

Your next Walmart Rewards Mastercard card Statement Date following Your notification or request of cancellation of Your coverage;

- the date the Primary Cardholder reaches age 65, in the case of:
  - Critical Illness Insurance
  - Disability Insurance
  - Job Loss Insurance, and
- the date the Primary Cardholder reaches age 75, in the case of:
  - Life Insurance
  - Terminal Illness Insurance
  - Hospitalization
- the date Your Walmart Rewards Mastercard account is no longer in Good Standing with Duo Bank of Canada; or
  - the date of your death or;
  - the date of diagnosis of a Terminal Illness for which a benefit is paid;
  - the date of termination of the Group Policies.

Coverage for an Authorized User ceases on the date the Primary Cardholder's coverage ceases.

### Premium Calculation

The cost for Balance Protection Plan is \$0.95 per \$100 of Your monthly statement balance on Your monthly Walmart Rewards Mastercard account statement, plus any applicable taxes.

The current month ending balance will be multiplied by 0.0095 to determine your monthly premium charge.

### **Submitting a Claim**

No benefit will be paid without Proof of Loss. In the event of a claim, contact Our Office. Proof of Loss forms will be forwarded to You for completion, and will form part of the Proof of Loss.

Notice and Proof of Loss should be provided as soon as reasonably possible. In all cases, Proof of Loss must be given to Us no later than one year after the date of Your loss, otherwise the Claim will not be payable. In Quebec, for a Life Insurance Claim, notice of Proof of Loss must be made to Us within (3) years from the date of death, otherwise the Claim will not be payable.

**NOTE:** You are responsible for continuing to make Your Minimum Monthly Payment until the claim submitted under this Certificate is approved by Us.

### **Multiple Claims**

In the event of two or more claims with respect to any Insured, only one such claim will be payable at any one time.

Procedures for handling multiple and concurrent claims are governed by the terms of the Group Policies.

### **Appeal of the Insurer's Decision**

Should you disagree with Our decision of your claim for benefits, You or Your representative may appeal the decision. The appeal must be in writing and include your reasons for appealing Our decision. Any new medical documentation for an appeal will be at

your own expense and needs to include a detailed medical history from your treating physician(s), outlining all dates of visits, diagnosis, limitations and restrictions and treatment prescribed (including test results and specialist assessments) throughout the period of time that is under investigation.

NOTE: Obtaining copies of the above information from other insurance carriers may aid in Your appeal. If the initial decision is maintained and You are still unsatisfied with the outcome of Your appeal, You or Your authorized representative may make a further appeal to Canada Life's Ombudsman by writing to:

Group Insurance Ombudsman  
Canada Life  
P.O. Box 6000  
Winnipeg, MB. R3C 3A5

### **Legal 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 (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

### **Privacy and Confidentiality**

Canada Life may provide information regarding Your insurance coverage to You, Duo Bank of Canada, its agents

and affiliates. At Canada Life, We recognize and respect the importance of privacy. When You apply for coverage, We establish a confidential file that contains Your personal information. This file is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life. You may exercise certain rights of access and rectification with respect to the information in Your file by sending a request in writing to Canada Life's address listed below. We limit access to personal information in Your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties and to persons to whom You have granted access. In addition, as personal information may be collected, used, disclosed or kept in or outside Canada, it may be subject to disclosure under applicable Canadian or foreign law. We collect, use and disclose the personal information to process this application and, if this application is approved, provide and administer the financial product(s) applied for, investigate and process claims, and create and maintain records concerning Our relationship.

The Canada Life Assurance Company,  
Creditor Insurance, Claims Department  
330 University Avenue, Toronto, ON,  
M5G 1R8

## **Important Information about Your Insurance**

### **How to Cancel Walmart Rewards Mastercard Balance Protection Plan**

This insurance coverage can be cancelled at any time. To cancel this insurance You can call Canada Life at 1-866-995-8705. Duo Bank of Canada has the right to cancel insurance

coverage in the event that Your account is not in Good Standing for any reason.

### **Reinstating Your Insurance Coverage**

If Your Walmart Rewards Mastercard account is not in Good Standing Your insurance coverage will be cancelled from that date. Once You bring Your account back into Good Standing Your insurance coverage will automatically be reinstated from the first day after Your next Walmart Rewards Mastercard Statement Date. This will become Your new Effective Date of Coverage and You will be subject to all the applicable benefit Waiting Periods, Limitations and Exclusions associated with all coverages.

### **What happens to Your Insurance when You transfer Your Walmart Rewards Mastercard account**

If Your Walmart Rewards Mastercard card number is changed for any reason, the insurance coverage will be automatically transferred to Your new Walmart Rewards Mastercard card number upon receipt by Us of notification of change from Duo Bank of Canada. Your coverage will remain the same including Your Effective Date of Coverage.

## **Payment of Benefits**

### **Lump Sum Benefits**

Once a claim has been approved for Life, Critical Illness or Terminal Illness, a lump sum benefit equal to Your Walmart Rewards Mastercard statement balance at time of loss to a maximum of \$20,000 will be paid on the Statement Date immediately following the date Proof of Loss is approved by Us.

The lump sum benefit payment will be made to the Primary Cardholder's Walmart Rewards Mastercard account.

## **Monthly Benefit Payments**

Once a claim has been approved,

- For Disability or Job Loss, We will pay Monthly Benefits (to a maximum of \$20,000) as of the Statement Date coinciding with or immediately before Disability or Loss of Employment, to a maximum of 24 months provided You continue to qualify for the benefit.
- For Hospitalization, We will make one payment equal to the Monthly Benefit (to a maximum of \$500) as of the Statement Date coinciding with or immediately before Hospitalization.

All applicable Waiting Periods, Limitations and Exclusions will be applied in the determination of the Monthly Benefit payment. All payments made by Us are made to the Primary Cardholder's Walmart Rewards Mastercard account.

In no event will the sum of the Monthly Benefits paid be greater than \$20,000. Additional purchases posted to Your Walmart Rewards Mastercard account after Your date of loss will not be covered under the current claim.

## **Life Insurance**

**Insured.** Primary Cardholder and Authorized User under age 75 (NOTE: For residents of Quebec and Saskatchewan, coverage is only applicable to the Primary Cardholder.)

**Waiting Period.** Not Applicable



**Amount of Insurance Benefit.** If the Primary Cardholder or Authorized User dies, We will pay, subject to the Limitations and Exclusions, an amount equal to Your Walmart Rewards Mastercard account balance as of the date of death of the Insured, including all in-transit retail sales and cash advances incurred prior to death, to a maximum of \$20,000.

### **Limitations and Exclusions**

The life benefit will not be paid:

- for death occurring within 90 days after the Effective Date of Coverage; or
- If Your death is a result of events directly or indirectly related to, arising from, following Your participation or attempted participation in, caused by or contributed to by, or associated with:
  1. Your use of any drug, poisonous substance, intoxicant (other than alcohol) or narcotic, unless taken according to the instructions of Your Medical Doctor;
  2. Your operation of any motorized vehicle or watercraft while Your ability to do so is impaired by drugs or alcohol, or with blood alcohol concentration in excess of legal limits in the jurisdiction where the operation occurred; or
  3. Your commission or attempted commission of a criminal offence; or
- for death resulting within the first 6 months of coverage that results directly or indirectly from, or

related to a pre-existing medical condition whether diagnosed or undiagnosed which existed in the 6 months prior to the Effective Date of Coverage or for which medical treatment or consultation was received or recommended within the 6 months prior to the Effective Date of Coverage.

## **Coverage Ceases**

**On the earliest of:**

- the termination of coverage date described in the Termination of Coverage section of this Certificate; or
- the date the Insured reaches age 75.

## **Terminal Illness**

**Insured.** Primary Cardholder and Authorized User under age 75 (NOTE: For residents of Quebec and Saskatchewan, coverage is only applicable to the Primary Cardholder.)

**Waiting Period.** Not applicable.

**Amount of Insurance Benefit.** If the Primary Cardholder is First Diagnosed with a Terminal Illness for the first time in his or her life, and if such First Diagnosis is made more than 90 days after the Effective Date of Coverage, then subject to the Limitations and Exclusions, We will pay an amount equal to Your Walmart Rewards Mastercard account balance, as at the date of First Diagnosis of the Terminal Illness, including all in-transit retail sales and cash advances incurred prior to the date of First Diagnosis, to a maximum of \$20,000.

## Limitations and Exclusions

The Terminal Illness benefit will not be paid:

- with respect to a Terminal Illness, if that type of Terminal Illness was existing, or First Diagnosed, prior to the Effective Date of Coverage or within 90 days after the Effective Date; or
- for Terminal Illness caused or contributed to by one or more of the following risks not covered: medical or surgical treatment or complications thereof; experimental services or treatments; use of new procedures or new treatments that are not approved for use in Canada or are being used for a research project; suicide, attempted suicide or self-inflicted injury (whether You are aware or not aware of the result of their actions, regardless of Your state of mind);; or inhalation of gas or absorption of poison, whether voluntary or involuntary; or
- if Your Terminal Illness is a result of events directly or indirectly related to, arising from, following Your participation or attempted participation in, caused by or contributed to by, or associated with:
  1. Your use of any drug, poisonous substance, intoxicant (other than alcohol) or narcotic, unless taken according to the instructions of Your Medical Doctor;

2. Your operation of any motorized vehicle or watercraft while Your ability to do so is impaired by drugs or alcohol, or with blood alcohol concentration in excess of legal limits in the jurisdiction where the operation occurred; or
- Your commission or attempted commission of a criminal offence; or
  - more than once with respect to any Insured regardless of the number of Terminal Illnesses diagnosed.

Coverage Ceases On the earlier of:

- the termination of coverage date described in the Termination of Coverage section of this Certificate; or
- the date the Primary Cardholder reaches age 75.

## Hospitalization

**Insured.** Primary Cardholder under age 75.

**Waiting Period.** Must be Hospitalized for more than 2 consecutive days.

**Amount of Insurance Benefit.** If You become Hospitalized for more than 2 consecutive days as the result of Accidental Injury or sickness, We will pay a benefit equal to the lesser of \$500 or one Monthly Benefit payment. During a period when benefits are payable, additional purchases posted to Your Walmart Rewards Mastercard account after Your date of loss will not be covered under the current claim.

In order to qualify for the Hospitalization benefits provided under this Certificate, You must submit, at Your expense, proof of Hospitalization

from the hospital that confirms, to the satisfaction of Us, that You were Hospitalized during the period covered under the claim.

## **Limitations and Exclusions**

The Hospitalization benefit will not be paid for:

- any period during which You are not under the regular care, attendance and treatment of a Medical Doctor; or
- Hospitalization that results directly or indirectly from, or related to, abuse of drugs or alcohol, unless You are participating in a program of rehabilitation and the confinement program is supervised by a licensed physician.
- Hospitalization that results directly or indirectly from, or related to: a normal pregnancy; intentionally self-inflicted injuries or attempted suicide (whether You are aware or not aware of the result of their actions, regardless of Your state of mind); or
- Hospitalization that is a result of events directly or indirectly related to, arising from, following Your participation or attempted participation in, caused by or contributed to by, or associated with:
  1. Your use of any drug, poisonous substance, intoxicant (other than alcohol) or narcotic, unless taken according to the instructions of Your Medical Doctor;
  2. Your operation of any motorized vehicle or watercraft while Your ability to do

so is impaired by drugs or alcohol, or with blood alcohol concentration in excess of legal limits in the jurisdiction where the operation occurred; or

3. Your commission or attempted commission of a criminal offence; or

- Hospitalization within the first six months of coverage resulting from a pre-existing medical condition whether diagnosed or undiagnosed which existed in the 6 months prior to the Effective Date of Coverage or for which medical treatment and/or consultation was received or recommended within the 6 months prior to the Effective Date of Coverage; or
- Hospitalization which commences on or after the First Diagnosis of a Critical Illness for which the Critical Illness Benefit has been paid or is payable.

**Coverage Ceases On the earlier of:**

- the termination of coverage date described in the Termination of Coverage section of this Certificate; or
- the date the Primary Cardholder reaches age 75.

## **Critical Illness**

**Insured.** Primary Cardholder and Authorized User under age 65 (NOTE: For residents of Quebec and Saskatchewan, coverage is only applicable to the Primary Cardholder.)

**Waiting Period.** 90 consecutive days for Cancer, 30 consecutive days for Heart Attack or Stroke.

**Amount of Insurance Benefit.** If the Primary Cardholder or Authorized User is diagnosed with a Critical Illness for the first time in his or her life, and if such First Diagnosis is made more than 90 days after the Effective Date of Coverage, and the Insured survives the First Diagnosis for at least 30 days (90 days in the case of Cancer), then subject to the Limitations and Exclusions, We will pay an amount equal to Your Walmart Rewards Mastercard account balance, as at the date of First Diagnosis of the Critical Illness, including all in-transit retail sales and cash advances incurred prior to the date of First Diagnosis, to a maximum of \$20,000.

## **Limitations and Exclusions**

The Critical Illness benefit will not be paid:

- with respect to a Critical Illness, if that type of Critical Illness (i.e., heart attack, cancer or stroke) was existing, or First Diagnosed, prior to the Effective Date of Coverage or within 90 days after the Effective Date of Coverage. In such case, no benefits will be paid for any subsequent Critical Illness of that type with respect to that Insured; or
- for any illness, injury or symptom other than Cancer, Heart Attack or Stroke; or
- for Stroke causing neurologic sequelae for 30 days or less; all non-invasive Cancers in situ and all skin Cancers other than invasive malignant melanoma; stage T0 or any stage T1 prostate cancer (early stage of prostate cancer as described by the 1997 revision of

TNM system); Duke's stage A colon cancer; pre-malignant lesions, benign tumours or polyps; acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) or illness related to HIV-positive status; any illness other than Cancer, Heart Attack or Stroke even if such condition(s) may have been complicated by Cancer, Heart Attack or Stroke; or

- for Critical Illness caused or contributed to by one or more of the following risks not covered: medical or surgical treatment or complications thereof; experimental services or treatments; use of new procedures or new treatments that are not approved for use in Canada or are being used for a research project; suicide, attempted suicide or self-inflicted injury, (whether You are aware or not aware of the result of their actions, regardless of Your state of mind); inhalation of gas or absorption of poison, whether voluntary or involuntary;
- if Your Critical Illness is a result of events directly or indirectly related to, arising from, following Your participation or attempted participation in, caused by or contributed to by, or associated with:
  1. Your use of any drug, poisonous substance, intoxicant (other than alcohol) or narcotic, unless taken according to the instructions of Your Medical Doctor;
  2. Your operation of any motorized vehicle or watercraft



while Your ability to do so is impaired by drugs or alcohol, or with blood alcohol concentration in excess of legal limits in the jurisdiction where the operation occurred; or

3. Your commission or attempted commission of a criminal offence;

- more than once with respect to any Insured regardless of the number of Critical Illnesses diagnosed.

Coverage Ceases On the earliest of:

- the termination of coverage date described in the Termination of Coverage section of this Certificate; or
- the date the Insured reaches age 65.

## Disability

**Insured.** Primary Cardholder under age 65

**Waiting Period.** The Disability must occur for at least 30 consecutive days for a Primary Cardholder who is Gainfully Employed on the date of Disability.

**Amount of Insurance Benefit.** If the Primary Cardholder becomes Disabled and the Disability continues beyond the 30-day Waiting Period, then subject to the Limitations and Exclusions, We will pay a Monthly Benefit for each month of Disability. During a period when benefits are payable, additional purchases posted to Your Walmart Rewards Mastercard account after Your Date of Loss will not be covered under the current claim.

The Monthly Benefit is payable from the first day of Disability after You satisfy the 30-day Waiting Period.

The Monthly Benefit will continue for as long as You are Disabled; however, in no event will the total payments continue for longer than 24 months, or exceed the lesser of the sum of:

- Your Walmart Rewards Mastercard account balance as at the Statement Date coinciding with or immediately before Disability and related interest charges, or
- \$20,000.

### **Successive Periods**

Successive periods of Disability after the Monthly Benefit has become payable will be considered a single period, if:

- the interval between successive periods of Disability is less than 21 days; and
- the Disability is due to the same or related causes.

In such cases there will be no new Waiting Period and the amount of Monthly Benefit will be based upon the same balance as for the initial Disability and payable in total for no longer than the maximum benefit period at the time of the initial Disability.

### **Limitations and Exclusions**

No Disability benefit is payable for:

- any period during which You are not under the regular care, attendance and treatment of a Medical Doctor; or
- Disability that results directly or indirectly from, or related to,

abuse of drugs or alcohol, unless You are confined in a Hospital or satisfactorily participating in a program of rehabilitation satisfactory to Us; or

- Disability that results directly or indirectly from, or related to: a normal pregnancy or intentionally self-inflicted injuries or attempted suicide (whether You are aware or not aware of the result of their actions, regardless of Your state of mind); or
- Disability that is a result of events directly or indirectly related to, arising from, following Your participation or attempted participation in, caused by or contributed to by, or associated with:
  1. Your use of any drug, poisonous substance, intoxicant (other than alcohol) or narcotic, unless taken according to the instructions of Your Medical Doctor;
  2. Your operation of any motorized vehicle or watercraft while Your ability to do so is impaired by drugs or alcohol, or with blood alcohol concentration in excess of legal limits in the jurisdiction where the operation occurred; or
  3. Your commission or attempted commission of a criminal offence.
- Disability that occurs within the first 6 months of coverage and that results directly or indirectly from, or related to a pre-existing medical condition whether diagnosed

or undiagnosed which existed in the 6 months prior to the Effective Date of Coverage or for which medical treatment and/or consultation was received or recommended within the 6 months prior to the Effective Date of Coverage;  
or

- Disability that commences on or after the First Diagnosis of a Critical Illness for which the Critical Illness Benefit has been paid or is payable, unless in the interval between the First Diagnosis and the commencement of Disability You have continuously performed each and every duty of your employment for at least 21 days.

**Coverage Ceases On the earlier of:**

- the termination of coverage date described in the Termination of Coverage section of this Certificate;  
or
- the date the Primary Cardholder reaches age 65.

## **Job Loss**

**Insured.** Primary Cardholder under age 65

**Waiting Period.** The Loss of Employment must continue for at least 30 consecutive days.

**Amount of Insurance Benefit.** If the Primary Cardholder ceases to be Gainfully Employed due to Loss of Employment and if:

- such Loss of Employment Date is more than 90 days after the Effective Date of Coverage; and
- the unemployment continues beyond the 30-day Waiting Period; and
- You are registered and eligible for Employment Insurance (EI) Benefits, then subject to the Limitations and Exclusions, We will pay a Monthly Benefit for each month of unemployment including a Monthly Benefit for Your Waiting Period. During a period where benefits are payable, additional purchases posted to Your Walmart Rewards Mastercard account after Your date of loss will not be covered under the current claim.

In order to be eligible for benefits, You must verify to the satisfaction of Canada Life that You are registered and eligible for benefits with Human Resources Development Canada (“HRDC”), or its successor. Registration must be made within 15 days after the date of Loss of Employment. Benefits under this Certificate will be payable only while the Insured Person remains eligible for EI Benefits. Payment of benefits beyond the period of the Insured Person’s eligibility for EI benefits will be subject to provision by the Insured Person, at his/her own expense, of evidence satisfactory to Canada Life, of the Insured Person’s continuing and complete involuntary unemployment.

Subject to the above, the Monthly Benefit will continue for as long as You remain unemployed; however, in no event will the total payments continue for longer than 24 months, or exceed the lesser of the sum of

1. Your Walmart Rewards Mastercard account balance as at the Statement Date coinciding with or immediately before the Loss of Employment Date and related interest charges, or
2. \$20,000.

### **Limitations and Exclusions**

No Job Loss benefit is payable:

- for any Loss of Employment that occurs within 90 days after the Effective Date of Coverage; or
- if You were not Gainfully Employed by the same Employer for 6 consecutive months immediately prior to Your Loss of Employment date.

No benefit is payable for unemployment that results directly or indirectly from, or related to:

- voluntary resignation; a normal pregnancy; dismissal with cause; or
- normal seasonal unemployment or self-employment; temporary or contract employment; retirement; strike or lockout; or
- intentionally self-inflicted injuries or attempted suicide (whether You are aware or not aware of the result of their actions, regardless of Your state of mind); or

- Job Loss that is a result of events directly or indirectly related to, arising from, following Your participation or attempted participation in, caused by or contributed to by, or associated with:
  1. Your use of any drug, poisonous substance, intoxicant (other than alcohol) or narcotic, unless taken according to the instructions of Your Medical Doctor;
  2. Your operation of any motorized vehicle or watercraft while Your ability to do so is impaired by drugs or alcohol, or with blood alcohol concentration in excess of legal limits in the jurisdiction where the operation occurred; or
  3. Your commission or attempted commission of a criminal offence.

**Coverage Ceases On the earliest of:**

- the termination of coverage date described in the Termination of Coverage section of this Certificate; or
- the date the Primary Cardholder reaches age 65

**This Certificate of Insurance is a valuable document. Please keep it in a safe place.**

**Group Policy Number 60475 and 60471**

(the “Group Policies”) Canada Life

Certificate Number is Your Walmart Rewards Mastercard Card Number.

The Canada Life Assurance Company (Canada Life) has issued policies of Group Insurance, numbers 60475 and 60471 to Duo Bank of Canada.

This Certificate sets out the benefits provided by the Group Policies. The terms of the Group Policies will govern.

Possession of this Certificate is not proof that You are insured under the Group Policies. The requirements for becoming insured along with an explanation of the dates when insurance commences and ceases are in the section: GENERAL INFORMATION.

Duo Bank of Canada receives an administration fee for distributing Walmart Rewards Mastercard Balance Protection Plan.



## Other Information:

You have the right to examine and obtain a copy of the Policies and certain other written statements or records You have submitted to Canada Life (if any), subject to certain access limitations.

Note: All premiums, terms and conditions are subject to change with 30 days written notice.

## For Claims and Inquiries

Canada Life offers Walmart Rewards Mastercard Cardholders a toll-free telephone service to assist You in submitting a claim or to answer any questions You may have about the plan. Before You call, review the portions of this Certificate that relate to Your concern.

It is always a good idea to have Your Walmart Rewards Mastercard card number available and Your questions listed on a sheet of paper.

Call Toll-Free:

1-866-995-8705

Monday to Friday

(8:00 am to 6:00 pm Eastern Standard Time)

**You may also write to us at:**

The Canada Life Assurance Company

Creditor Insurance, Claims Department

Walmart Rewards Mastercard Balance  
Protection Plan

330 University Avenue

Toronto, ON M5G 1R8

or

e-mail: [creditor\\_info@canadalife.com](mailto:creditor_info@canadalife.com)

fax: (416) 552-6557

**Ce certificat est aussi disponible en  
français.**



