



# Application for Insurance

## Creditor Life, Total Disability and Job Loss



150 West Beaver Creek Rd.  
 Richmond Hill, ON L4B 1E1  
 Customer Service: 1-888-363-1101

Policy # 60312

Certificate Number:

APPLICANT INFORMATION					
Last Name	First Name			Date of Birth (D/M/Y)	Gender
Street	City	Province	Postal Code	Telephone	
CO-APPLICANT INFORMATION (applies to life insurance only)					
Last Name	First Name			Date of Birth (D/M/Y)	Gender
Street	City	Province	Postal Code	Telephone	
DEALERSHIP INFORMATION					
Dealer Name	Telephone			Dealer Number	
Street	City	Province	Postal Code		
LOAN/LEASE INFORMATION					
Lender/Leasing Company Name				Telephone	
Street	City	Province	Postal Code		
Amount Financed \$	Residual Amount \$	Monthly Amount \$	Term of Loan/Lease (months)	Interest Rate (%)	
INSURANCE COVERAGE DETAILS					
<input type="checkbox"/> Loan <input type="checkbox"/> Lease		Loan/Lease Start Date (D/M/Y)	Effective Date of Insurance (D/M/Y)	Expiry Date of Insurance (D/M/Y)	Term of Insurance (months)
<b>LIFE INSURANCE</b> Age 18-69 Maximum Coverage: \$200,000 <input type="checkbox"/> Applicant <input type="checkbox"/> Joint			<b>Maximum Term of Coverage</b>  _____ months	<b>Amount of Insurance</b> Principal Amount \$ _____ Residual Amount \$ _____	
<b>TOTAL DISABILITY INSURANCE</b> Single Coverage ONLY Age 18-65 Maximum Monthly Payment: \$3,500/claim Waiting period: 30 day elimination Non-Retroactive Maximum benefit period: Maximum Term of Loan/Lease Less 30 Day Waiting Period <input type="checkbox"/> Applicant			<b>Maximum Term of Coverage</b>  Equal to Term of Loan/Lease	<b>Amount of Insurance</b>  Monthly Amount Insured \$ _____	
<b>JOB LOSS INSURANCE</b> Single Coverage ONLY Not available to residents of Newfoundland and Labrador Combined with Life, or Life and Total Disability Age 18-65 Maximum Monthly Payment: \$3,500/claim Waiting period: 30 day elimination Non-Retroactive <input type="checkbox"/> Applicant			<b>Maximum Term of Coverage</b>  Equal to Term of Loan/Lease	<b>Amount of Insurance</b>  Monthly Amount Insured \$ _____	
<b>IMPORTANT:</b> Insurance is voluntary and not a condition of the Loan or lease. It may be cancelled at any time by the Applicant with written notification to this address: <b>Sym-Tech Dealer Services</b> <b>150 West Beaver Creek Rd, Richmond Hill, ON L4B 1E1</b> <b>Customer Service Number: 1-888-363-1101</b>				<b>Premium Subtotal</b>	\$ _____
				<b>Total Tax</b>	\$ _____
				<b>TOTAL PREMIUM</b>	\$ _____

## HEALTH QUESTIONS

If the total of the amount of insurance exceeds \$100,000 You must complete the Health Questions. If You answer "Yes" to any of the questions, You will not be insured for this insurance unless and until Your Application is approved by Canada Life in writing.	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
	Yes    No	Yes    No
1. <b>Do You</b> suffer, or have You suffered in the past five (5) years from physical impairment or had any indication of heart, lung, liver, kidney or intestinal trouble, cancer, acquired immune deficiency disease (AIDS), AIDS related complex (ARC), diabetes or abnormal blood pressure, convulsions, fainting spells, alcohol or other substance abuse, nervous breakdown or any other disorder of the brain or nervous system, or consulted a Physician for any of these physical impairments?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. <b>Have You</b> ever been refused for life, health or disability insurance or charged a higher rated premium for such insurance?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. <b>Have You</b> in the past 24 months, received any treatment for, or consulted a Physician or other health care provider for, or been diagnosed as having sprains, strains or other problems or conditions of the neck, back, shoulder, elbow or other joints, muscles, ligaments or tendons?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. <b>Are You</b> currently receiving or have You ever received disability or workers' compensation benefits for a period longer than one month?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

### TO BE READ AND UNDERSTOOD BY THE APPLICANT AND CO-APPLICANT

1. I/We hereby apply for coverage under the Group Policy issued by The Canada Life Assurance Company and have received, read and understood the Application and Certificate of Insurance.
2. By signing this Application I/We hereby agree to the collection, use and disclosure of information about me by the Insurer, its agents and administrators for insurance purposes such as but not limited to administering this Application and any insurance coverage that is issued, and to investigate and administer any claims that may arise. This may involve the exchange of information about me with third parties,
3. I am eligible to apply for this insurance and satisfy the conditions of eligibility outlined in the terms and conditions of this Certificate.
4. If I answer "Yes" to any of the questions above, my Application will be underwritten. The Insurer may request a medical examination or tests which will be made at no expense to me. After reviewing my Application and/or the additional information provided, the Insurer may decline the insurance that I have applied for by sending me written notification by regular mail at the address shown on this Application. Any premiums paid will be fully refunded. If my Application is approved, the Insurer will send me written notification by regular mail. The Effective Date of Insurance will be the date my Application is approved. The Applications of the Applicant and Co-applicant (if Applicable) are considered separately, and it is possible that one may be approved for the insurance while the other is declined.
5. I authorize any Physician, the Medical Information Bureau, dealership, any agents or any government agency that has any records or knowledge of my health to provide any such information to the Insurer, its administrators or reinsurers for the purposes of this Application and any subsequent claims.
6. Benefits under the Group policy are payable solely to the creditor to reduce or extinguish the Loan.
7. I understand the concealment, misrepresentation, or false declaration on this Application could cause my insurance to be void.
8. A photographic copy of this Application shall be as valid as the original.
9. The parties have agreed this Application and the Certificate be drafted in English. Les parties ont convenu que cette demande ainsi que le certificat soit rédigés en anglais.
10. If I am a Quebec resident, I certify that I have received the Distribution Guide.

### SIGNATURES of Applicant and Co-Applicant

Applicant Signature	Date	Co-applicant Signature	Date
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### WAIVER

Having considered and understanding the benefits offered, I have declined	Applicant	Life:	Total Disability:	Job Loss :
	Co-applicant (only available as joint with Applicant)	Life:		

# Certificate of Insurance

Group Policy # 60312

The Canada Life Assurance Company (the "Insurer") has issued a Group Policy and agrees to provide insurance in accordance with and subject to the terms and conditions of the Group Policy. The important terms and conditions are summarized in the Application for Insurance ("Application") and this Certificate of Insurance (the "Certificate"). In a case of a discrepancy between these documents and the Group Policy, the Group Policy shall prevail.

## SECTION 1 – DEFINITIONS

**"Applicant"** means a customer(s) of the Policyholder who applies to enroll for coverage under the Group Policy and who satisfies the condition of eligibility.

**"Creditor"** means either the Dealer or a lending or leasing institution or organization who has granted a Loan to an Applicant. For all purposes, a reference to Policyholder shall include the Creditor.

**"Effective Date of Insurance"** means the latest of:

- a) the date Loan funds are advanced;
- b) the date the Application is signed, if no medical underwriting is required; or
- c) the date the Application is approved by the Insurer, if medical underwriting is required.

**"Gainfully Employed"** means working for salary or wages on a permanent basis for at least 25 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.

**"Group Policy"** means the Group Policy for life, Total Disability and Job Loss insurance, issued by the Insurer to the Policyholder.

**"Indebtedness"** means either the unpaid balance of the Loan or the remaining payments under a lease agreement. However, any amount in default is not part of the Indebtedness and is therefore not covered by the insurance.

**"Injury"** means bodily injury which is caused solely by an accident occurring and which causes the Insured Person to be Totally Disabled.

**"Insured Person"** includes the Insured Debtor named on the schedule (the "Insured Debtor") and if insurance is indicated on the schedule to be in force on the Insured Co-Debtor, the Insured Co-Debtor named on the schedule (the "Insured Co-Debtor") provided that each such person satisfies the condition of eligibility.

**"Job Loss"** or **"Loss of Employment"** means that Your employment was involuntarily terminated by Your employer (not for cause), including permanent layoff, and You are eligible to receive Government of Canada Employment Insurance Benefits. Job Loss or Loss of Employment does not include strike or layoff where:

- a) the employment relationship has not been completely and permanently terminated, or
- b) You have not been provided with an employment end date.

**"Loan"** means the amount owing to the dealership in respect of the purchase of a vehicle under a contract of purchase or sale, or in the alternative, the loan or lease contract issued to the Applicant by the Creditor as specified on the Application.

**"Maximum Number of Benefit Payments"** means for Total Disability insurance, the number of months entered in the term of loan/lease box less (i) one (1) month Waiting Period, and (ii) less the number of months that have elapsed from the Effective Date of Insurance.

**"Non-Retroactive"** means the benefit period begins after the (30) thirty day Waiting Period from the date of Total Disability or the date of Job Loss, as applicable.

**"Physician"** means a person who is licensed and practicing in Canada within the scope of his license as a doctor of medicine (M.D.) and is not the Applicant or related by blood or marriage to or in a business relationship with the Applicant.

**"Policyholder"** means an organization that has been issued a Group Policy on behalf of a Creditor and is authorized by the Insurer to offer coverage to the Applicant(s). For all purposes, a reference to Creditor shall include the Policyholder.

**"Pre-Existing Condition"** means any illness, disease, injury or physical condition for which medical advice, consultation, diagnosis or diagnostic measures or treatment was required or recommended by a Physician during the twelve (12) months prior to the Effective Date of Insurance and where such condition caused, directly or indirectly, death or Total Disability to occur within the twelve (12) months following the Effective Date of Insurance.

**"Residual Amount"** means a lump sum payment due at the end of the term of the Loan.

**"Seasonal Worker"** means a natural person working at least 25 hours per week in the current working season, or if Application is made outside of the working season, in the most recent working season, and immediately prior to the Effective Date of Insurance, capable of performing his or her regular duties, working or having worked in the current or most recent working season, as applicable, and in each instance, having a proven work history.

**"Sickness"** means illness or disease which occurs and which causes the Insured Person to be Totally Disabled.

**"Total Disability"** or **"Totally Disabled"** means that an Insured Person is not able to perform for compensation or profit, directly or indirectly as a result of Injury or Sickness, the duties of any occupation for which the Insured Person is qualified by education, training or experience.

**"Waiting Period"** means a period of 30 days an Applicant must remain continuously Totally Disabled or subject to Job Loss in order to qualify for benefits.

**"We", "Our", "Us" and "Company"** refers to The Canada Life Assurance Company.

**"You"** or **"Your"** means in respect of life insurance, each Insured Person who has selected this coverage if named on the schedule and in respect of Total Disability insurance and Job Loss insurance, the Insured Debtor, who has selected one or both of these coverages, as applicable, if named on the schedule.

## SECTION 2 – CONDITIONS OF ELIGIBILITY

To be eligible for any insurance under the Group Policy, the Applicant, on the Effective Date of Insurance shown on the Application, must:

- a) be a natural person (partnerships, corporations or other forms of business entities are not eligible for insurance);
- b) be a resident in Canada;
- c) be at least 18 years of age;
- d) be under 70 years of age for life insurance; and
- e) be under 66 years of age for any Total Disability insurance or Job Loss insurance.

In addition to the general conditions listed above, to be eligible for Total Disability insurance, the Insured Debtor:

- a) must NOT be receiving disability benefits from any source, on the Effective Date of Insurance; and
- b) must be either:
  - i) Gainfully Employed, immediately prior to the Effective Date of Insurance; or
  - ii) a Seasonal Worker, immediately prior to the Effective Date of Insurance.

In addition to the general conditions listed above, to be eligible for Job Loss insurance, the Insured Debtor:

- a) must NOT be receiving disability benefits from any source, on the Effective Date of Insurance;
- b) must be Gainfully Employed, immediately prior to the Effective Date of Insurance;
- c) must NOT be a Seasonal Worker, immediately prior to the Effective Date of Insurance; and
- d) must NOT be self-employed, an independent contractor, a controlling shareholder of the company that employs the Insured Debtor, or employed by a member of the Insured Debtor's immediate family or a company either owned or controlled by an immediate family member.

### SECTION 3 – LIFE INSURANCE

Life insurance will only be in effect for an Applicant if such person satisfies the conditions of eligibility and has paid the required insurance premium.

#### Benefits

The payment of any benefit provided for under life insurance is subject to the terms and conditions of this Certificate and the Group Policy.

#### Life Insurance

Upon receipt of satisfactory proof of the death of the Applicant, the Insurer shall pay the life insurance benefit to the Creditor. This benefit will be an amount equal to the indebtedness insured as of the date of death, plus the Residual Amount insured, if any. This benefit shall not exceed the lesser of the principal amount insured shown on the Application, or \$200,000.

#### Limitations

- a) In no event shall any life insurance benefit exceed a maximum amount of \$200,000.
- b) In respect of a Loan granted to a joint Applicant, and there is death of both Insured Person(s), the Insurer shall pay only one benefit.

#### Exclusions

No life insurance benefit shall be paid for an event that results directly or indirectly from or is associated with:

- a) a Pre-Existing Condition;
- b) war or act of war (declared or undeclared);
- c) Your death, resulting from intentional self-inflicted injury, suicide or attempted suicide (whether You are aware or not aware of the result of Your actions, regardless of Your state of mind), **and** Your insurance coverage has been in force for less than 2 years;
- d) flight in a non scheduled aircraft;
- e) poisoning, intoxication, or abuse of any alcohol or drug; or
- f) the commission or attempted commission of a criminal offence.

### SECTION 4 – TOTAL DISABILITY INSURANCE

Total Disability insurance will only be in effect for an Applicant if the Applicant satisfies the conditions of eligibility and has paid the required insurance premium.

#### Benefits

The payment of any benefit provided for under Total Disability insurance is subject to the terms and condition of this Certificate and the Group Policy.

#### Total Disability Insurance

Subject to the terms and conditions of this Certificate and the Group Policy, the Insurer shall pay a benefit to the Creditor equal to 1/30th of the monthly amount insured, for each day of continuous Total Disability upon receipt of proof satisfactory that an Insured Person is Totally Disabled. The benefit shall be paid monthly.

The benefit period begins on the date following a 30 day Non-Retroactive Waiting Period.

The benefit period ends on the earliest of the following dates:

- a) the date the Insured Person is no longer Totally Disabled or returns to partial or full time work, or is no longer able to work in Canada;
- b) the date that the Maximum Number of Benefit Payments allowed, has been paid;
- c) the date the Insurer requires the Insured Person to submit proof of continued Total Disability and such proof is not provided within thirty (30) days;

- d) the date the Insurer asks the Insured Person to be examined by a Physician or other practitioner named by the Insurer and the Insured Person does not submit to such examination within thirty (30) days;
- e) the date that all scheduled Loan payments have been made excluding any arrears and any accrued interest thereon;
- f) the date the term of insurance applicable to the Total Disability insurance for this Insured Person is expired; or
- g) the date of Your 66<sup>th</sup> birthday.

#### Limitations

- a) The monthly amount insured as shown on the Application shall not exceed \$3,500 per month.
- b) Recurrent Total Disability occurring within 180 days of a previous period of Total Disability for which an Insured Person has received benefit payments and resulting from the same cause will be considered a continuation of the previous period and any benefits remaining unused from the first period will not be subject to a second Waiting Period.

#### Exclusions

No Total Disability insurance benefit shall be paid if resulting directly or indirectly from or associated with:

- a) a Pre-Existing Condition;
- b) war or act of war (declared or undeclared);
- c) Your death, resulting from intentional self-inflicted injury, suicide or attempted suicide (whether You are aware or not aware of the result of Your actions, regardless of Your state of mind), **and** Your insurance coverage has been in force for less than 2 years;
- d) flight in a non scheduled aircraft;
- e) poisoning, intoxication, or abuse of any alcohol or drug;
- f) the commission or attempted commission of a criminal offence; or
- g) childbirth, abortion, pregnancy, complication of pregnancy, or miscarriage.

### SECTION 5 – JOB LOSS INSURANCE

Job Loss insurance will only be in effect for an Applicant who is not a resident of Newfoundland and Labrador, who satisfies the conditions of eligibility and has paid the required insurance premium.

#### Benefits

The payment of any benefit provided for under Job Loss insurance is subject to the terms and conditions of this Certificate and the Group Policy.

Upon receipt of proof satisfactory to Canada Life, We will pay the monthly benefit to the Creditor for the period of the Loss of Employment, up to six months, if:

- a) the Insured Person ceases to be Gainfully Employed due to Loss of Employment;
- b) the date of such Loss of Employment is more than 90 days after the Effective Date of Insurance;
- c) the Loss of Employment continues beyond the 30-day Waiting Period;
- d) the Insured Person is registered and eligible for Employment Insurance (EI) Benefits;
- e) the Job Loss did not result from one or more of the events listed in the exclusions; and
- f) the Insurer receives satisfactory proof of claim within 90 days after Job Loss commenced.

The Insured Person must verify to the satisfaction of Canada Life that they 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 Loss of Employment.

Benefit payments begin on the first scheduled Loan repayment date that occurs after the Waiting Period (the Waiting Period is the first 30 days following Your date of Job Loss). You are responsible for Your regular Loan payments during the Waiting Period.

The benefit period ends on the earliest of the following dates:

- a) the date You begin receiving Total Disability insurance benefits under the Group Policy;
- b) the date of Your 66th birthday;
- c) the date You return to partial or full-time employment, or engage in any business or occupation for wages or profit, or are no longer available for work in Canada, whichever is earlier;
- d) the date the term of insurance applicable to the Job Loss insurance for the Insured Person is expired;
- e) the date that all scheduled Loan payments have been made excluding any arrears and any accrued interest thereon.

#### Additional Conditions

As a condition of payment of Job Loss benefits, the Insured Person whose Job Loss is the basis of the claim for such benefits must:

- a) submit an application for unemployment benefits under the Employment Insurance Act (Canada) within 15 days of being eligible to do so;
- b) be eligible to collect benefits under the Employment Insurance Act (Canada);
- c) be actively seeking employment during the period of Job Loss;
- d) submit copies of their weekly stubs from benefit payments received under the Employment Insurance Act (Canada); and
- e) provide a copy of record of employment.

#### Limitations

An insurance benefit is not payable:

- a) for any Loss of Employment that occurs within 90 days after the Effective Date of Insurance;
- b) if You were not Gainfully Employed by the same employer for 6 consecutive months immediately prior to Your Loss of Employment date;
- c) for Loss of Employment that occurs after the termination of coverage date, as described in the Termination section of this Certificate;
- d) for Loss of Employment that occurs after the date the Insured Person reaches age 66;
- e) if You gave false or incomplete information or a false declaration on the Application or to any subsequent request for information, and Canada Life determines based on the correct or complete information that You would not have qualified for this creditor insurance. In this case, Your insurance coverage will be void and will be considered never to have been in force;
- f) if the insurance is not in force on the date of Job Loss; or
- g) if You did not meet the eligibility requirements when You applied;

#### Exclusions

No benefit shall be payable for Job Loss of an Insured Person if such Job Loss results or is associated with any of the following:

- a) You do not provide satisfactory proof of Your continuing receipt of Government of Canada Employment Insurance benefits to Canada Life;
- b) You are terminated by Your employer for cause;
- c) You quit, resign or voluntarily terminate Your employment;
- d) You retire, whether mandatorily or voluntarily;
- e) You have received notice or otherwise become aware of Your pending unemployment prior to applying for Job Loss;
- f) You are receiving Total Disability insurance benefits under this Group Policy;
- g) You are laid-off from seasonal work, or are terminated from contract work, or experience a strike or lockout;
- h) You are on maternity or parental leave or leave of absence; or
- i) You are self-employed, an independent contractor, a controlling shareholder of the company who employs You, or employed by an immediate family member or a company or entity controlled or owned by an immediate family member.

## SECTION 6 – CLAIMS

To claim benefits under the Group Policy, the Insured Person or his/her agent must request a claim form from the administrator. Notice of claim may be given in writing or by telephone.

Within one (1) year from the date of death for a life claim and within ninety (90) days following the waiting period for any other claim, the Insured Person or his/her agent must furnish the administrator with such proof satisfactory to the Insurer as is reasonably possible in the circumstances of the occurrence of the event giving rise to the claim, the loss occasioned thereby and the right of the Creditor to receive the applicable benefits.

Failure by the Insured Person to perform any actions required by the Insurer, or to provide the Insurer with such information or documentation as may be required, shall release the Insurer from making any payment for benefits. Until such failure has been remedied by the Insured Person, the Insured Person shall be solely responsible for making the required payments for the indebtedness.

When an Application does not need to be underwritten, failure by the Policyholder to submit the Application and/or the premium to the Insurer will not prejudice or abrogate the Insured Person's rights provided that:

- a) the failure results from an inadvertent error or omission;
- b) the Policyholder is in possession of a completed and signed Application; and
- c) upon becoming aware of the error or omission, the Policyholder promptly forwards to the Insurer the Application and/or the premium, as the case may be.

## SECTION 7 – TERMINATION

Insurance in respect for each Insured Person shall automatically terminate on the earliest of the following dates:

- a) the date the Loan is fully discharged;
- b) the date the Loan is in default in an amount equal to or exceeding two (2) consecutive monthly payments;
- c) the date on which the Insured Person turns 70 years of age for life insurance;
- d) the date on which the Insured Person turns 66 years of age for Total Disability or Job Loss;
- e) the date the administrator receives the Insured Person's written request to terminate insurance;
- f) the date of death of the Insured Person;
- g) the date the Group Policy terminates; or
- h) the date the Insured Person retires for Total Disability.

If Your insurance terminates for any of the reasons specified from a) to e) above, any unearned premium less any benefits already paid will be refunded to the Creditor. The Creditor will apply this refund to the balance of the Loan, or will pay it back directly to You if there is no balance left on the Loan.

Such refund will be calculated using the Rule of 78 formula and will be subject to a minimum retained premium of \$100.00 which will be deducted from the refund. Refunds of less than \$10.00 shall not be made. If the Loan is fully discharged prior to the end of the term of insurance, the Insured must contact Us to request a refund of any unearned premiums.

#### How to calculate the premium refund using Rule of 78

The rule of 78 takes into account the initial term of the Loan as well as the period of time that has elapsed between the beginning and termination of coverage. The formula is as follows  $(U \times (U + 1) \times P) / (T \times (T + 1)) - F =$  Premium Refund.

U = Term of Insurance – Number of months Insurance was in force

T = Term of Insurance

P = Premium Paid for Coverage

F = Minimum Retained Premium

For example: The term of Your coverage is 24 months and the premium was \$200. If Your coverage is cancelled or terminated after 6 months, the refund would be calculated as follows:

$$(18 \times (18 + 1) \times 200) / (24 \times (24 + 1)) - 100 = \$14$$

Claims submitted for any event that occurred prior to the termination date as determined above will be processed in accordance with the terms of the insurance even if the termination date has passed.

## SECTION 8 – GENERAL

Any statement, other than a fraudulent statement, made by the Insured Person relating to his/her insurability under the Group Policy may be used to contest the validity of the Insured Person's insurance for the first two (2) years that the initial insurance, or any increase in insurance, is in force during the Insured Person's lifetime. Any fraudulent statement may be used to contest the validity of insurance at any time. Any provision of the Group Policy applies to the insurance described in the Certificate whether mentioned in this Certificate or not.

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 in 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.

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 Canada Life (if any), subject to certain access limitations

The Insurer has the right to conduct necessary investigations relating to applications or claims, and to obtain independent medical or vocational assessments if required.

Should You disagree with the Insurer's 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 the 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  
The Canada Life Assurance Company  
Ombudsman's Office T 262  
255 Dufferin Avenue London, ON N6A 4K1

Only the Creditor may assign or transfer any rights or benefits provided by the insurance to another creditor. No assignment or transfer will be effective until such written notice is received by the administrator.

### **30 Day Free Look and How to Cancel Coverage**

This insurance coverage is voluntary. If after reviewing this Certificate, You cancel Your insurance coverage within 30 days of the date Your Application is approved, then a full refund of Your premiums will be issued if any have been collected, provided no claim has been made. To cancel this insurance, You must send a written request signed by the Insured Person(s) to Sym-Tech Dealer Services (see *Contact information*). In the event You cancel Your insurance, Your final premium will be adjusted to reflect insurance costs up to and including the date Your request is received by Sym-Tech Dealer Services.

### **Privacy & Confidentiality**

At The Canada Life Assurance Company (Canada Life), We recognize and respect the importance of privacy. When coverage is applied for, We establish a file that contains personal information that 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. Canada Life may use service providers located within or outside Canada. We limit access to personal information in such files to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom You have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. We collect, use

and disclose the personal information to process applications and, if such applications are approved, provide and administer the financial product(s) applied for, including investigating and assessing claims, and creating and maintaining records concerning Our relationship. For a copy of Our Privacy Guidelines, or if You have questions about Our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to [www.canadalife.com](http://www.canadalife.com).

### **Contact Information**

If You have any questions, call Sym-Tech Dealer Services at 1-888-363-1101, weekdays, 9am to 5pm ET. By mail, 150 West Beaver Creek Rd, Richmond Hill, ON L4B 1E1. You can also find information online at [www.sym-tech.ca](http://www.sym-tech.ca). You may also contact The Canada Life Assurance Company at 1-800-380-4572 or by mail, 330 University Avenue, Toronto ON, M5G 1R8.

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