

Protection for your Credit Card Balance

Credit Card Balance Protection Creditor's Group Insurance

(Life, Critical Illness, Accidental Dismemberment/Paraplegia, Disability, Loss of Employment and Strike)

Product Guide and Certificate of Insurance

This Product Guide and Certificate of Insurance contains important information about your insurance, including terms and conditions which may exclude, restrict or limit your coverage or benefits. Please read this carefully and keep it in a safe place. You may need to refer to it later if you have any questions about your insurance or if you need to make a claim.

Product Guide

This Product Guide describes your insurance and also acts as your Certificate of Insurance.

Questions

If you have any questions about this Product Guide or your credit card, please speak to a Card Services Representative 24 hours a day, 7 days a week at 604.877.4999 or toll-free at 1.800.611.8472.

CUMIS®

Client Services - 1.800.263.9120

www.cumis.com

CUMIS, A Division of Co-operators Life Insurance Company
P.O. Box 5065, 151 North Service Road, Burlington, ON L7R 4C2

Credit Card Balance Protection Creditor's group insurance is underwritten by Co-operators Life Insurance Company. Supporting services, such as enrolment intake, medical underwriting and claims administration, are provided by the employees of CUMIS Services Incorporated, a subsidiary of Co-operators Life Insurance Company. CUMIS® is a registered trademark of CUMIS Insurance Society, Inc., and is used with permission.

Benefit Summary

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|---|--|--|
| Group Policy Number: | 85201293 | |
| Policy Holder: | Vancouver City Savings Credit Union™ | |
| Covered Cards: | All Eligible Credit Cards | |
| Life Insurance*, Critical Illness Insurance and Accidental Dismemberment/Paraplegia Insurance (Primary Cardholder only) *Spousal Cardholders on Certificates of Insurance effective prior to July 2, 2014 are eligible for Life Insurance and Accidental Dismemberment/Paraplegia Insurance only | Maximum Insurance Benefit Payable: | \$25,000 |
| | Maximum Issue Age for Life and Accidental Dismemberment/Paraplegia: | 69 |
| | Maximum Issue Age for Critical Illness: | 59 |
| | Coverage Termination Age: | 70 |
| | Pre-Existing Conditions Exclusion for Critical Illness: | 12 months prior to insurance / 12 months of insurance in effect |
| | Dismemberment means: | Loss of one or both hands or feet / 1Loss of sight of both eyes |
| | Paraplegia means: | Total and permanent loss of function of both legs |
| Disability, Job Loss and Strike Insurance (Primary Cardholder only) | Maximum Cumulative Benefit Payable: | \$25,000 |
| | Maximum Issue Age: | 69 |
| | Coverage Termination Age: | 70 |
| | Retroactive Elimination Period for Disability and Job Loss: | 30 days |
| | Pre-Existing Conditions Exclusion for Disability: | 6 months prior to insurance/ 6 months of insurance in effect |
| | Actively At Work (Disability): | 20 hours per week in the two week period immediately prior to enrolment |
| | Actively At Work (Job Loss and Strike Insurance): | 20 hours per week for six consecutive months immediately prior to enrolment |
| | Monthly Benefit Calculation for Certificates effective prior to July 2, 2014: Vancity enviro™ Classic* Visa* card | The greater of \$10 or 5% of the outstanding balance on your insured credit card |
| | Monthly Benefit Calculation for Certificates effective prior to July 2, 2014: Vancity enviro Gold™ Visa card | The greater of \$50 or 5% of the outstanding balance on your insured credit card |
| Monthly Benefit Calculation for Certificates effective July 2, 2014 and thereafter: All Eligible Credit Cards | 5% of the outstanding balance on your insured credit card | |
| Monthly Premium Rate: | \$0.83 per \$100 of the outstanding balance on your insured credit card | |

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Introduction

The Group Policy

Co-operators Life Insurance Company has issued a creditor's group insurance policy to the Group Policyholder. The Group Policy provides creditor's group insurance, as described in this Certificate of Insurance, to eligible cardholders of the Group Policyholder who enrol and pay the required premium. The Group Policy and this Certificate of Insurance are non-participating. This means your insurance coverage has no cash value and pays no dividends.

Your Certificate of Insurance

You are receiving this Certificate of Insurance because you chose to enrol in the voluntary insurance available to you under the Group Policy. The terms and conditions of your insurance are found in this Certificate of Insurance and the Group Policy.

The Meanings of the Words we use

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

What does your Insurance Cover?

If you die, are diagnosed with a critical illness or suffer accidental dismemberment or paraplegia, your insurance will pay, subject to certain limits, the outstanding balance on your credit card.

If you become totally disabled, lose your job or go on strike, your insurance will pay, subject to certain limits, a monthly benefit as described under the heading disability insurance, job loss insurance and strike insurance benefits.

Who Receives the Insurance Benefits?

If insurance benefits are payable, we will pay them to the Group Policyholder as the beneficiary of your insurance coverage and the creditor for your credit card. The Group Policyholder will apply the benefits towards the outstanding balance on your credit card.

What does your Insurance Cost?

The cost of your insurance is called the "premium". Your premium is payable monthly, so it is referred to as "monthly premium" in the Certificate of Insurance.

Based on Monthly Outstanding Balance

The monthly premium you pay is based on the outstanding balance indicated on your monthly credit card statement, as calculated by the Group Policyholder.

Method of Payment

Each month, you pay your monthly premium, plus applicable taxes, as charged by the Group Policyholder to your credit card.

Monthly Premium Rate

Premium rates are expressed in dollars and/or cents for every \$100 of outstanding balance on your credit card. Your monthly premium, before applicable taxes, can be calculated by multiplying the applicable premium rate per \$100 of outstanding balance on your credit card.

Premium Rate Changes

Under the terms of the Group Policy, we may change monthly premium rates on written notice to the Group Policyholder. You will also be notified in advance of any premium rate increases that apply to your insurance.

Premium Payments

Each month, your monthly insurance Premium, plus applicable taxes, as charged by the Group Policyholder is added to your monthly Insured Credit Card statement. To keep your insurance in force, your premium must be paid when due.

When are you Eligible to Enrol?

NOTE: You must meet the eligibility requirements explained below on the date you enrol. If you do not, you will not have any insurance coverage under this Certificate of Insurance.

Eligibility Requirements

As the Primary Cardholder, you are eligible to enrol for insurance if, on the date you enrol, you have a legal obligation to repay your indebtedness to the Group Policyholder as a cardholder and your age is within the maximum issue age for this insurance.

If your Spouse is a Spousal Cardholder, and his/her age is within the maximum issue age for this insurance, he/she will also be enrolled for Life and Accidental Dismemberment/Paraplegia Insurance only if the Effective Date of Insurance is prior to July 2, 2014. Spouses are not eligible for any coverage after July 1, 2014.

Disability Insurance (Primary Cardholder only) – Additional Eligibility Requirements

You are eligible for disability insurance if, on the date that you enrol, you are:

- a. actively at work for a minimum of 20 hours per week in the two week period immediately prior to enrolment; or
- b. not actively at work, solely because you are:
 - i) a seasonal employee;
 - ii) affected by a work stoppage; or
 - iii) on a statutory leave of absence (for example, pregnancy leave or parental leave).

NOTE: If you are affected by a work stoppage or are on a statutory leave of absence when you enrol, you will only be eligible to claim disability insurance benefits when you have once again been working for at least 20 hours per week for two consecutive weeks.

Job Loss Insurance and Strike Insurance (Primary Cardholder only) – Additional Eligibility Requirements

NOTE: If you are self-employed, you are not eligible for job loss insurance or strike insurance.

You are eligible for job loss insurance or strike insurance if on the date you enrol:

- You are employed and have been continuously working at your principal occupation for a minimum of 20 hours per week for six consecutive months prior to enrolment; and

For the purposes of this eligibility requirement:

- Employed means working for an employer who pays you wages or a salary. Employed does not include being self-employed as described below.

- 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.

When does your Insurance Coverage Begin?

If you meet the eligibility requirement to enrol as described above, your coverage begins on the last day of the Statement Period following the enrolment. If you originally waived this insurance, but you would later like to enrol, you may contact the Group Policyholder for information on how to enrol.

Life Insurance Benefit

Amount of your Life Insurance Benefit

If you die, we will pay a life insurance benefit, which will be equal to the outstanding balance on your credit card on the date of your death. This includes any in-transit retail sales and cash advances incurred prior to death and settlement interest. This life insurance benefit is subject to the limitations and exclusions described in this Certificate of Insurance.

Critical Illness Insurance Benefit

When will we pay a Critical Illness Insurance Benefit?

If you have a diagnosis of heart attack, stroke or cancer, we will pay a critical illness insurance benefit as described further below. 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.

What does Heart Attack Mean?

Heart attack means the death of a portion of the heart muscle, resulting from the blockage of adequate blood supply as evidenced by new electrocardiographic changes which support the diagnosis of a heart attack and by elevation of cardiac enzymes, typical chest pain, cardiac troponins and any other cardiac biological markers.

What does Stroke Mean?

Stroke means a cerebrovascular incident resulting in irreversible death of brain tissue due to cerebral haemorrhage, cerebral embolism, cerebral thrombosis or subarachnoid haemorrhage. This event must result in significant neurological functional impairment that must be present on physical examination by a neurologist at least three months after the event and be permanent with no hope of recovery. The diagnosis must also be supported by findings on magnetic resonance imaging, computerized tomography or cerebral spinal fluid examination and must be consistent with the diagnosis of stroke.

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. Reversible Ischaemic Neurological Deficit (RIND);
- c. brain damage due to an accident or injury, infection, vasculitis, inflammatory disease or migraine;
- d. disorders of the blood vessels affecting the eye including infarction of the optic nerve or retina;
- e. ischaemic disorders of the vestibular system; and
- f. asymptomatic silent stroke found on imaging.

What does Cancer Mean?

NOTE: Not all types of cancer are covered by this critical illness insurance. The types of cancer that are covered and those that are not covered are described further below.

Cancer means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. Cancer includes leukemia, lymphoma, Hodgkin's disease and metastatic tumors.

Cancer Exclusions

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

- a. all tumors which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential or non-invasive;
- b. any lesion described as carcinoma in-situ;
- c. Cervical Dysplasia or Intra-epithelial Neoplasia (CIN);
- d. Prostatic Intra-epithelial Neoplasia (PIN);
- e. any form of cancer in the presence of HIV infection, including but not limited to lymphoma or Kaposi's sarcoma;
- f. thin melanomas with pathology report showing Clark's level less than III or Breslow thickness less than 1.5 mm;
- g. all non-melanoma skin cancers; and
- h. micro-carcinoma of the thyroid less than one cm in diameter.

Amount of your Critical Illness Insurance Benefit

If you are diagnosed with a critical illness, we will pay a critical illness insurance benefit equal to the outstanding balance of your insured credit card as of the date of diagnosis of your critical illness. We will also pay any in-transit retail sales and cash advances incurred prior to the date of diagnosis and settlement interest. We will pay the total critical illness insurance benefit in a lump sum to the Group Policyholder. This critical illness insurance benefit is subject to the limitations and exclusions described in this Certificate of Insurance.

Accidental Dismemberment/Paraplegia Insurance Benefit

If you suffer accidental dismemberment or paraplegia within 90 days of the date of an accidental bodily injury causing loss, we will pay a benefit, which will be equal to the outstanding balance on your credit card on the date of your accidental dismemberment or paraplegia. This includes any in-transit retail sales and cash advances incurred prior to the date of the accident as well as settlement interest.

Accidental dismemberment means the loss of one hand or both hands if completely severed through or above the wrist, the loss of one foot or both feet if completely severed through or above the ankle, or the entire and irrevocable loss of sight of both eyes.

Paraplegia means the total and permanent loss of use of both legs.

This accidental dismemberment/paraplegia insurance benefit is subject to the limitations and exclusions described in this Certificate of Insurance.

Disability Insurance Benefits

We will pay disability insurance benefits if you become totally disabled and remain totally disabled throughout the “Retroactive Elimination Period” of 30 consecutive days. The “Retroactive Elimination Period” is like a waiting period and is counted as a consecutive number of days beginning on the date of your total disability. We will start paying disability insurance benefits as of the expiry of the “Retroactive Elimination Period”. We will also pay benefits retroactively to the start of your total disability.

What do Totally Disabled and Total Disability Mean?

Totally disabled and total disability mean:

- a. You are not able to perform the substantial and material duties of your principal occupation; and
- b. You are receiving appropriate medical care.

For this definition of totally disabled and total disability:

- Principal occupation means the occupation from which you derived at least 75 percent of your gross pay for the six month period immediately preceding the date of your total disability.
- 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.

At all times, your total disability must be caused by a medically determined sickness, disease or accidental bodily injury for which you are receiving appropriate medical care by a licensed physician we consider appropriate.

We will not consider you to be totally disabled if at any time you are working at any occupation for pay or profit. However, in our sole discretion and judgment, we may permit you to engage in a gradual return to work program or rehabilitative employment while we continue to pay disability insurance benefits. At any time during the process of claiming or paying disability insurance benefits, we may require you to be assessed as we consider appropriate.

Amount of your disability insurance benefits

Your “Monthly Disability Benefit” is described in the Benefit Summary found at the front of this Product Guide and Certificate of Insurance. For the purpose of calculating benefits, the balance used is the outstanding balance indicated on your monthly credit card statement immediately preceding the date of loss, as calculated by the Group Policyholder. This amount will not exceed the “Maximum Cumulative Benefit Payable” described in the Benefit Summary found in the front of this Product Guide. This disability insurance benefit is also subject to other limitations and exclusions described in this Product Guide and Certificate of Insurance.

Recurrence of Total Disability

If your total disability recurs within 21 days after you recover from the same or a directly related total disability, regardless of whether or not a claim was submitted, we will consider this to be a continuation of your previous total disability.

Job Loss Insurance Benefits

When will we Pay Job Loss Insurance Benefits?

We will pay job loss insurance benefits if you experience an involuntary job loss and remain unemployed throughout the “Retroactive Elimination Period” of 30 consecutive days.

The “Retroactive Elimination Period” for job loss insurance is counted as a consecutive number of days beginning on the later of:

- a. The effective date of your involuntary job loss; and
- b. If applicable, the end of the period of time for which any severance payments apply.

For job loss insurance benefits:

- Involuntary job loss means your employment has ceased directly and solely as a result of:
 - a. A complete and permanent severance of your employment without cause; or
 - b. A layoff by your employer.
- Layoff means a suspension of your employment initiated by your employer, with a possibility of resumption, during which your employer does not pay you any compensation.

Amount of your Job Loss Insurance Benefits

Your “Monthly Job Loss Benefit” is described in the Benefit Summary found at the front of this Product Guide and Certificate of Insurance. For the purpose of calculating benefits, the balance used is the outstanding balance indicated on your monthly credit card statement immediately preceding the date of loss, as calculated by the Group Policyholder. This amount will not exceed the “Maximum Cumulative Benefit Payable” described in the Benefit Summary found in the front of this Product Guide. This job loss insurance benefit is also subject to other limitations and exclusions described in this Certificate of Insurance.

Strike Insurance Benefits

When will we Pay Strike Insurance Benefits?

We will pay strike insurance benefits from the first day you go on strike or experience a lockout by your employer.

Amount of your Strike Insurance Benefits

Your “Monthly Strike Insurance Benefit” is described in the Benefit Summary found at the front of this Product Guide and Certificate of Insurance. For the purpose of calculating benefits, the balance used is the outstanding balance indicated on your monthly credit card statement immediately preceding the date of loss, as calculated by the Group Policyholder. This amount will not exceed the “Maximum Cumulative Benefit Payable” described in the Benefit Summary found in the front of this Product Guide. This strike insurance benefit is also subject to other limitations and exclusions described in this Certificate of Insurance.

Limitations on Insurance Benefits

NOTE: 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, job loss and strike insurance, there are also limits on how long we will pay benefits if a claim is made.

Limitations – All Insurance

Maximum Insurance Limits

There are maximum limits on the amount of insurance benefits we pay and for how long we will pay certain benefits. These are explained below and elsewhere throughout this Product Guide and Certificate of Insurance.

Maximum Insurance Available

The maximum limit on the amount of life insurance, critical illness insurance and accidental dismemberment/paraplegia insurance we will provide is described in the Benefit Summary found in the front of this Product Guide.

Maximum Cumulative Benefit Payable

The maximum limit during the life of the certificate or duration of your insurance on the total combined amount of disability insurance, job loss insurance and strike insurance coverage is described in the Benefit Summary found in the front of this Product Guide.

Maximum Monthly Benefit Payable

The maximum limit on the monthly amount of disability insurance, job loss insurance and strike insurance is described in the Benefit Summary found at the front of this Product Guide.

Only one Benefit Payable for Insured Credit Card

If more than one insured dies and an insurance benefit is payable, we will pay only one benefit for your insured credit card.

Additional Limitations – Disability Insurance If not Actively at Work on Effective Date

NOTE: If you are affected by a work stoppage or are on a statutory leave of absence when you enrol, you will only be eligible to claim disability insurance benefits when you have once again been working for at least 20 hours per week.

When will Disability Insurance Benefits Stop?

We will stop paying disability insurance benefits upon the earliest of:

- a. The date you are no longer totally disabled;
- b. The date that we have paid the Maximum Cumulative Benefit;
- c. The date you become confined, as a result of criminal proceedings against you, to a penal institution, government detention facility, hospital or similar institution; and
- d. The date your insurance ends, as described under the heading “When does your Insurance Coverage End”?

Additional Limitations – Job Loss Insurance

To be eligible to claim, receive and continue receiving job loss insurance benefits, you must:

- a. Have been employed and have been continuously working at your principal occupation with the same employer for a minimum of 20 hours per week for six consecutive months as of the effective date of your involuntary job loss.
- b. Job Loss benefits will cease on the date that you resume any gainful employment.

Additional Limitation – Strike Insurance

To be eligible to claim, receive and continue receiving strike insurance benefits, you must have been employed and have been continuously working at your principal occupation with the same employer for a minimum of 20 hours per week for six consecutive months before being on strike or lockout from that employer.

Exclusions – When we will not Pay Insurance Benefits

Pre-Existing Condition Exclusion

What is 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 Exclusion Period” shown in the Benefit Summary found at the front of this Product Guide immediately preceding the date your coverage commences. For this definition of pre-existing condition:

- Medical advice or treatment means consultation with any 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.
- Health 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 death, total disability or critical illness 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”.

However, if your claim for disability insurance benefits or critical illness insurance benefits was excluded 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, the “Pre-Existing condition Exclusion Period” expired, you died, became totally disabled or were diagnosed with a critical illness relating to a pre-existing condition.

General Exclusions and Limitations – All Insurance

Misstatement of Age Exclusion

If you misstate your age on your insurance enrolment, and if based on your correct age you would not have been eligible for insurance, your insurance coverage will be void from the beginning and treated as if never in force. If this happened, we would decline your claim and refund your premium, less our applicable processing fee.

Additional Benefit Exclusions – Critical Illness Insurance

If your Medical Condition is not Covered or is Self Inflicted.

We will not pay a critical illness insurance benefit if:

- a) the diagnosis of your medical condition:
 - i) does not fully meet the requirements for the definitions of heart attack, stroke or cancer, described above; or
 - ii) is specifically listed under the headings Stroke Exclusions or Cancer Exclusions, described above; or
- b) your medical condition results directly or indirectly from you self-inflicting an injury or attempting to take your own life, whether sane or insane.

If Cancer Diagnosed within 90 Days

If you are diagnosed with cancer within 90 days following the “Effective Date of Insurance”, we will not pay a critical illness insurance benefit. If this happens, we will cancel your critical illness insurance and provide a full refund of any premium paid for this coverage.

Additional Benefit Exclusions – Accidental Dismemberment/Paraplegia Insurance

We will not pay an accidental dismemberment insurance benefit or paraplegia insurance benefit for a loss caused by or contributed to by:

- a. Any attempted suicide or self-destruction while sane or insane; or
- b. Any intentionally self-inflicted injury while sane or insane; or
- c. The commission of or the attempted commission of a criminal offence; or
- d. Disease or bacterial infection; or
- e. War or any act of war; or
- f. Medical or surgical treatment; or
- g. The operation of a motor vehicle under the influence of alcohol or drugs; or
- h. The use of narcotics or other drugs not prescribed by a licensed physician or surgeon.

Additional Benefit Exclusions – Disability Insurance

We will not pay disability insurance benefits if your total disability:

- a. Began prior to the date of your insurance enrolment;
- b. Results directly or indirectly from you self-inflicting an injury or attempting to take your own life, whether sane or insane; or
- c. Results from the commission of or the attempted commission of a criminal offence; or
- d. Results from pregnancy, childbirth, abortion or miscarriage.

General Benefit Exclusions – Job Loss Insurance

We will not pay job loss insurance benefits if your job loss is due to or results from:

- a. Your resignation, retirement or voluntarily surrender of your employment; or
- b. Your employment being terminated with cause; or
- c. Your employment terminates due to a seasonal work stoppage; or
- d. The expiration of a specific contract of employment.

General Benefit Exclusions – Strike Insurance

We will not pay strike insurance benefits if the reason for being on strike is due to or results from:

- a. Your strike or lockout beginning prior to the date of your insurance enrolment.

When does your Insurance Coverage End?

Your insurance will end on the earliest of the following:

- a. The date you reach age 70;
- b. The beginning of the Statement Period immediately following the date upon which the group policyholder received your cancellation request in writing or over the phone;
- c. The date upon which your required credit card payments have been delinquent for 90 consecutive days;
- d. The date the Group Policy is terminated in accordance with its terms;
- e. The date that your Visa account is closed or suspended by the Group Policyholder;
- f. The date you cancel your Visa account;
- g. The date of your death.

Spousal Cardholder insurance will end on the earliest of the following:

- a. The date you cease to be insured; or
- b. The date the Spouse ceases to qualify as a Spousal Cardholder; or
- c. The date the Spousal Cardholder reaches age 70.

Critical Illness Insurance Also Ends When...

Your critical illness insurance will also automatically end if we pay a critical illness insurance benefit.

Disability Insurance, Job Loss Insurance, and Strike Insurance Also Ends When...

The total cumulative amount of disability insurance, job loss insurance, and strike insurance benefits we have paid reaches the Maximum Cumulative Benefit described in the Benefit Summary as the front of this Product Guide.

Job Loss Insurance Also Ends When...

- a. The date that you become self-employed; or
- b. The date you become a homemaker.

If you wish to Cancel your Insurance

Your insurance coverage with Co-operators Life is entirely voluntary and you may cancel it at any time. Before cancelling, please remember the benefits. If you died, were diagnosed with a critical illness, suffered an accidental dismemberment/paraplegia, became totally disabled, experienced an involuntary job loss or went on strike and you did not have insurance coverage, would your family be able to repay your outstanding credit card balance or make your monthly credit card payments?

30-Day Free Look

You have a 30-day free look, beginning on the date you receive this Product Guide and Certificate of Insurance, within which you may review your insurance and, for any reason, cancel it and receive a full refund of any premium you have paid. If this Product Guide and Certificate of Insurance was mailed to you, your 30-day free look will begin on the fifth business day after the postmark date. If we have sent it to you by email or another form of electronic transmission, your 30-day free look will begin on the date of transmission.

How to Cancel

To cancel your insurance, please contact the Group Policyholder at 604.877.4999 or toll-free at 1.800.611.8472.

How to make a Claim

Notice and Proof of Claim – Important Time Limits

NOTE: If you think you may have a claim for insurance benefits, 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 Certificate of Insurance. If you do not do so, we may decline your claim and not pay any insurance benefits.

The Claims Process

The insurance claims process is different for each type of claim. Please see the following sections for the process that applies to your specific type of claim. You may also obtain information on submitting a claim by visiting www.cooperators.ca or by contacting us directly for assistance.

Our Claims Contact Information

CUMIS, A Division of Co-operators 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

How to make a Life Insurance Claim

Start by Contacting Us

To make a life insurance claim, CUMIS is the first point of contact for your next of kin or your estate representative. We will contact the Group Policyholder to co-ordinate claim forms as well as the supporting credit card information required.

Important Time Limit for Submitting a Life Insurance Claim

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

What Happens After a Life Insurance Claim is Submitted?

We will coordinate obtaining the information we require with the Group Policyholder or, where necessary, with your estate representative. We will notify the Group Policyholder once we make our claim decision. The Group Policyholder will then notify your estate representative. Your estate representative may contact us or the Group Policyholder at any time for the status of the claim.

How to make a Critical Illness, Accidental Dismemberment/Paraplegia, Disability Insurance, Job Loss Insurance or Strike Insurance Claim

Start by Calling Us

You, as the insured, should make this call yourself. When you make the initial call, we will start by asking you for information so we can identify you and your credit card. The information we require to establish your entitlement to benefits may be different for each type of claim.

Important Time Limits for Submitting a Critical Illness, Accidental Dismemberment/Paraplegia, Disability Insurance, Job Loss Insurance or Strike Insurance Claim

NOTE: Accidental Dismemberment/Paraplegia claims must be reported to us within one year of the date of loss, including proof of loss and supporting documentation which we may require. If you wish to make a disability insurance claim, a job loss insurance claim or a strike insurance claim, you must provide us with written notice within 30 days of the date your claim first arises (that is, the date you first become totally disabled, experience an involuntary job loss or go on strike). You must also submit proof of your claim, in a form we consider acceptable, within 120 days of the date your claim first arises, if not reasonably possible within that time, no later than one year from that date.

What Happens After you Submit a Critical Illness Insurance, Accidental Dismemberment/Paraplegia Insurance, Disability Insurance, Job Loss Insurance or Strike Insurance 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 credit card 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 Certificate of Insurance. If we decline your claim, we will provide you with reasons.

Appealing your Claim

If we decline your insurance claim and you disagree with our decision, you may send us a formal written request to appeal your claim explaining why you disagree with our decision and providing us with supporting documentation.

Upon receipt, we will review your request and advise you of our final decision. If you are not satisfied with our final decision, we will provide you with information on the steps you can take to have your concerns reviewed further. This may include, if you wish, 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

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

If we decline your claim or terminate your insurance benefits, you should know provincial laws strictly limit the time periods within which you may commence legal proceedings against an insurer to recover insurance benefits. 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.

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.cooperators.ca/en/have-an-insurance-concern/compliments-concerns/life-insurance-resolution.aspx>

Definitions

Accidental Dismemberment/Paraplegia 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 experience accidental dismemberment or paraplegia.

Actively at work is explained under the heading *Actively at Work*.

Appropriate medical care is explained under the heading *What do Totally Disabled and Total Disability Mean?*

Cancer is explained under the heading *What does Cancer Mean?*

Cash advance means a cash-like transaction using your insured Visa card at a branch or through an Automated Teller Machine (ATM) including advances and balance transfers.

Certificate of Insurance means this Product Guide and Certificate of Insurance issued to you which, along with your insurance enrolment, is proof of your insurance coverage under the Group Policy.

Critical illness means a heart attack, stroke or cancer, as specifically described under the heading *Critical Illness Insurance Benefit*.

Critical Illness 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 are diagnosed with a critical illness.

Diagnosis and **diagnosed** mean a definitive written diagnosis of a medical condition made by a licensed physician qualified to make that diagnosis.

Disability 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 become totally disabled.

Employed and **employment** are explained under the heading *Job Loss Insurance and Strike Insurance – Additional Eligibility Requirements*.

Group Policy means the creditor's group insurance policy issued by Co-operators Life to the Group Policyholder which makes life insurance, accidental dismemberment/paraplegia insurance, disability insurance, critical illness insurance, job loss insurance, and strike insurance available to all eligible individuals who choose to enrol.

Group Policyholder means the group policyholder specified on the Benefit Summary.

Health care practitioner is explained under the heading *What is a Pre-Existing Condition?*

Heart attack is explained under the heading *What does Heart Attack Mean?*

Insurance enrolment means the completed process for insurance enrolment under the Group Policy.

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

In-transit retail sales means purchases made at a merchant, either in person or remotely, using your insured Visa card or Visa Cheques.

Involuntary loss of employment is explained under the heading *When will we Pay Job Loss Insurance Benefits?*

Job Loss Insurance means creditor's group insurance provided to you under this Certificate of Insurance which pays a benefit to the Group Policyholder if you experience an involuntary loss of employment.

Labour dispute is explained under the heading *Labour Dispute or Lockout.*

Layoff is explained under the heading *When will we Pay Job Loss Insurance Benefits?*

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.

Lockout is explained under the heading *Labour Dispute or Lockout.*

Medical advice or treatment is explained under the heading *What is a Pre-Existing Condition?*

Outstanding balance means the outstanding balance of your insured credit card, as calculated by the Group Policyholder on your monthly visa statement.

Pre-existing condition is explained under the heading *What is a Pre-Existing Condition?*

Premium means the total premium, payable monthly as explained under the heading *What does your Insurance Cost?*

Principal occupation is explained under the heading *What do Totally Disabled and Total Disability Mean?*

Primary Cardholder means the person who applied for the Visa card and whose name is on the Visa account.

Seasonal employee is explained under the heading *Actively at Work*.

Self-employed is explained under the heading *Job Loss Insurance – Additional Eligibility Requirements*.

Settlement interest means interest on the outstanding balance of your insured credit card 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 critical illness or terminal illness, depending on the insurance benefit payable.

Spouse means the person to whom the Primary Cardholder is lawfully married, or a person with whom the Primary Cardholder has lived in a marriage-like relationship for a continuous period for at least one year, and, for the purposes of this Policy, includes a marriage-like relationship between persons of the same gender.

Spousal Cardholder means the Spouse of the Primary Cardholder who has been insured under this policy.

Statement Period means the period for which charges have been billed to the insured Visa Account Number.

Stroke is explained under the heading *What does Stroke Mean?*

Total disability and totally disabled are explained under the heading *What do Totally Disabled and Total Disability Mean?*

Unemployment compensation is explained under the heading *Additional Limitations – Job Loss Insurance*.

We, us, our and **Co-operators Life** mean Co-operators Life Insurance Company.

Work stoppage is explained under the heading *Actively at Work*.

You and **your** mean each individual:

- a) who is eligible for insurance under the Group Policy;
- b) who is named in the insurance enrolment and has enrolled for one or more types of insurance under the Group Policy;
- c) for whom we have received the premium; and
- d) to whom we have issued a Certificate of Insurance.

Your Privacy Matters to us

Co-operators Life Insurance Company recognizes and respects 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 Co-operators Life Insurance Company or with entities with whom the Group Policyholder or Co-operators Life Insurance Company 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.cooperators.ca. If you have questions about your privacy you may call us, toll-free, at 1.800.667.8164, send an e-mail to us at Privacy@cooperators.ca, or write to us at Co-operators Life Insurance Company, 1900 Albert St, Regina, SK S4P 4K8, Attention: Privacy Officer.

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Client Services - 1.800.263.9120

www.cumis.com

CUMIS, A Division of Co-operators Life Insurance Company
P.O. Box 5065, 151 North Service Road, Burlington, ON L7R 4C2

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