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# Definitions

**Average daily balance** Means the sum of each day's balance during the billing period divided by the number of days in that particular billing period.

**Blindness** Means the permanent and uncorrectable loss of sight in each of your eyes.

To be considered as being blind, your:

- Corrected visual acuity must either be worse than 20/200 in both eyes. This means at 20 feet, you can only clearly read a letter that was designed to be read at 200 feet; **or**
- field of vision must be less than 20 degrees in both of your eyes.

This diagnosis must be made by a doctor who is a certified Ophthalmologist, and your condition must be considered permanent and uncorrectable.

**Borrower** Person who is named as Borrower on a Line of Credit account.

**Branch** Means a Scotiabank Branch

**Cancer** Means that you have a malignant neoplasm that is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This diagnosis must be made by a doctor.

The following forms of cancer or conditions are **not** covered:

- stage A prostate cancer;
- non-invasive cancer in situ (i.e. not spreading);
- pre-malignant lesions, benign tumours or polyps;
- any tumours in the presence of any human immunodeficiency virus (HIV); **and**
- any skin cancer other than invasive malignant melanoma more than 1.0 mm in depth.

The Insurer will not pay a benefit for cancer if

- the diagnosis of cancer was initiated; **or**
- any evaluation of a medical problem or of symptoms of a medical problem leading to the diagnosis of cancer was initiated; **or**
- any medical consultation or tests leading to the diagnosis of cancer was initiated

within the 90 days after the start date of your coverage.

**Co-borrower**

Person who is named as Co-borrower on a Line of Credit account.

**Coma**

Means that you are in a state of unconsciousness from which you cannot be aroused and in which external stimulation will produce no more than primitive avoidance reflexes. This diagnosis must be made by a doctor who is a certified Neurologist and must be supported by medical evidence that this state of unconsciousness has continued for a period of at least 96 consecutive **hours**.

**Coronary artery bypass surgery**

Means you have undergone surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. This surgery must have been done on the written advice of a doctor who is a certified Cardiologist.

Non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, and other intra-arterial procedures are **not** covered.

**Deafness**

Means the permanent loss of hearing in both of your ears, with an auditory threshold of more than 90 decibels in each ear. This diagnosis must be made by a doctor who is a certified Otolaryngologist.

**Diagnosis or diagnose** Means a written diagnosis by a doctor of your health crisis or terminal illness. The effective date of diagnosis will be the date the diagnosis is made by your doctor, as supported by your medical records. The evaluation of a medical problem or of symptoms of a medical problem, or any medical consultation or test, leading to this diagnosis must begin **after** the start date of your coverage for the Insurer to consider paying a benefit.

**Doctor** Means a physician or a surgeon, legally licensed and practicing medicine in Canada or in any other country approved by the Insurer. Your doctor cannot be you, your relative or business associate.

**Dual coverage** Means each borrower has different coverage. One has Loss of Life Protection only and one has Loss of Life Protection, Health Crisis and Terminal Illness Protection.

**Health Crisis** For the purposes of this insurance, “health crisis” means one of the following:

- a heart attack;
- a stroke;
- coronary artery bypass surgery;
- cancer;
- blindness;
- paralysis;
- deafness;
- coma

and which is not excluded in the section “Exclusions and restrictions in coverage” on page 14 of this Line of Credit Protection Distribution Guide.

**Heart attack** Means the death of a portion of the heart muscle due to an inadequate blood supply to the affected area. This diagnosis must be made by a doctor and be based on both of

- new (after the attack) electrocardiographic (ECG) changes consistent with a heart attack and

- a rise in the level of cardiac biochemical markers.

**Joint coverage**

Means both the Borrower and the Co-borrower on a joint Line of Credit account have the same Line of Credit Protection plan. Both have Loss of Life Protection only or both have Loss of Life, Health Crisis and Terminal Illness Protection.

**Line of Credit**

Means any Line of Credit account included in the Scotiabank Line of Credit suite of products.

**Paralysis**

Means you are completely and permanently unable to use two or more limbs, as a result of physical paralysis. This diagnosis must be made by a doctor and supported by medical evidence that the paralysis has continued for at least **180 consecutive days**.

**Pre-existing condition**

The Insurer will consider you to have a pre-existing condition if you:

- consulted a doctor;
- had tests done; **or**
- received treatment, including taking any kind of medication or injection

for any of the following health conditions, or for any symptoms of these health conditions whether diagnosed or not:

- cancer;
- leukemia;
- AIDS (Acquired Immune Deficiency Syndrome);
- ARC (AIDS related complex);
- lung disease;
- liver disease;
- heart disease

during the **12 months** before the start date of your coverage.

## Stroke

Means a cerebrovascular incident caused by a hemorrhage or by infarction of brain tissue due to intracranial thrombosis or embolization (a lack of circulation of blood to the brain caused by a blood clot, air bubble or other object) from an extra-cranial source. A stroke does not include a transient ischemic attack (TIA), also referred to as a mini stroke. Lacunar infarcts alone that are not compatible with the current cerebrovascular signs and symptoms are not considered satisfactory evidence of a stroke.

This diagnosis must be made by a doctor and supported by medical evidence of measureable, objective neurological deficit. This deficit must have continued for at least 30 consecutive days and must be considered to be permanent.

## Surgery

Means you undergo surgery performed by a doctor in Canada, or in another country that the Insurer approves. The evaluation of the medical problem or symptom of the medical problem leading to the surgery must begin after the start date of your coverage for a benefit to be paid. In addition, the surgery must be performed while you are insured for Loss of Life, Health Crisis and Terminal illness. Protection.

## Survivors

The individual(s) responsible for administering your estate after your death.

## Terminal illness

An illness diagnosed by a doctor:

- that will likely result in death within **one year** of diagnosis, **and**
- which is not covered as a health crisis.

## You and your

Means the Borrower and/or the Co-borrower.

# Introduction

What would happen if you died or suffered a health crisis or terminal illness and couldn't pay off your Line of Credit account?

The Bank of Nova Scotia ("Scotiabank") and The Canada Life Assurance Company ("Canada Life") have developed Line of Credit Protection to assist with your financial needs in this situation.

Two types of Line of Credit Protection are available:

- **Loss of Life Protection** provides loss of life coverage. It protects your family, should you die and have a balance remaining on your ScotiaLine account;
- **Loss of Life, Health Crisis and Terminal Illness Protection** provides loss of life coverage **and** health crisis and terminal illness coverage. It protects you and your family, should you die or be diagnosed with a health crisis or any terminal illness and have a balance remaining on your Line of Credit account.

This Line of Credit Protection Distribution Guide explains both types of Line of Credit Protection. It will help you determine, if the insurance described suits your needs. Contact Canada Life toll free at 1-800-387-2671 if you still have questions after reading it.

The type of Line of Credit Protection that you chose is identified on your Line of Credit Protection Application or on the letter you receive from Scotiabank confirming your coverage.

**This is an important document. Please keep all related documents, including a copy of your Line of Credit Protection Application or any letters from Scotiabank confirming the kind of Line of Credit Protection you chose, in the pocket of this Line of Credit Protection Distribution Guide and put it in a safe place.**

The Line of Credit Protection product is provided by The Canada Life Assurance Company under a group insurance policy issued to Scotiabank. Loss of life Protection is administered under the number G.30680 (Loss of Life coverage) and Loss of Life, Health Crisis and Terminal Illness Protection is administered under the number G.30680 (Loss of Life and Terminal Illness coverage) and H.30680 (Health crisis coverage).

The Line of Credit Protection product has been specifically designed to cover your Line of Credit debt. It is not intended to replace any other personal life insurance, health crisis or terminal illness insurance you may already own.

This Line of Credit Protection Distribution Guide and the completed Line of Credit Protection Application or the letter from Scotiabank confirming the kind of Line of Credit Protection you chose are part of a set of documents that form a legal description of Line of Credit Protection.

**Scotiabank and Canada Life can change the terms of the insurance described in this Line of Credit Protection Distribution Guide, including your premium or the method used to calculate your premium. You will be told in writing before any changes are made. You will be deemed to have received the notice on the fifth business day after it is mailed to your last address in Scotiabank's records.**



# Description of the products offered

## Nature of the coverages

### LOSS OF LIFE :

Loss of Life coverage pays off the amount of your insured Line of Credit debt on the date you die. The maximum coverage for any one of your insured Line of Credit accounts is \$150,000 and for all of your insured Line of Credit accounts combined the maximum coverage is \$300,000.

The Insurer will pay the benefit on the date they approve your claim.

### HEALTH CRISIS:

Health crisis coverage pays off the amount of your insured Line of Credit debt on the date you are diagnosed with a health crisis. The maximum coverage for any one of your insured Line of Credit accounts is \$150,000 and for all of your insured Line of Credit accounts combined the maximum coverage is \$300,000.

The health crisis covered are:

- Heart Attack;
- Stroke;
- Coronary artery bypass surgery;
- Cancer;
- Blindness;
- Paralysis;
- Deafness; **and**
- Coma.

The Insurer will pay the benefit on the date they approve your claim.

### TERMINAL ILLNESS:

Terminal Illness coverage is only applicable to you if you have applied for both Loss of Life Protection and Health Crisis Protection.

Terminal illness coverage pays off your insured Line of Credit debt up to \$150,000 for any one of your insured Line of Credit accounts and for all of your insured Line of Credit accounts combined the maximum coverage is \$300,000 if a doctor diagnoses you with an illness that:

- is not a covered health crisis as defined in the definition section; **and**
- will likely result in your death within one year of diagnosis.

This benefit will equal the amount that would have been paid if you had died on the date of your diagnosis.

The Insurer will pay the benefit on the date they approve your claim.

### **Beneficiary of the insurance**

The beneficiary is the person to whom benefit payments are made. The Insurer will make benefit payments for all types of insurance to Scotiabank.

There are some exclusions and restrictions in both plans. Please refer to the section entitled « Exclusions and Restrictions in Coverage » on page 14 of this Line of Credit Protection Distribution Guide for detailed information.

## **Summary of specific features**

### **Applying for insurance**

You can apply if you obtain a Line of Credit account. Just complete a Line of Credit Protection Application at your branch or through any other method Scotiabank may offer. A separate Line of Credit Protection Application is required for each Line of Credit account that you want to insure.

Coverage starts on the date you apply for Line of Credit Protection.

Please review your Line of Credit Protection Application or the letter from Scotiabank confirming the kind of Line of Credit Protection that you chose carefully to make sure you are applying for the type of coverage that you intended.

**Note that you do not have to buy Line of Credit Protection to obtain a Line of Credit account. Line of Credit Protection is optional.**

**You may apply at the same time you obtain your Line of Credit account or at a later date. Simply contact your branch or contact Scotiabank by calling 1-800-953-7441.**

## **Persons who may apply for insurance**

To be eligible for the Protection, you must:

- have a Line of Credit account that is in good standing with Scotiabank ;
- be living in Canada;
- **have not** reached your **65<sup>th</sup> birthday**, if you are applying for **Loss of Life Protection only**;
- **have not** reached your **56<sup>th</sup> birthday**, if you are applying for **Loss of Life, Health Crisis and Terminal Illness Protection**.

You may apply as an individual (single coverage) or with a co-borrower (joint or dual coverage) for any Line of Credit account.

## **Health Questions**

You do not have to answer any health questions when you apply for Line of Credit Protection.

## **Maximum amount of insurance**

The maximum coverage for any one of your insured Line of Credit accounts is \$150,000 and for all of your insured Line of Credit accounts combined the maximum coverage is \$300,000.

## **Changing your coverage**

You may upgrade from Loss of Life Protection only to Loss of Life, Health Crisis and Terminal Illness Protection or downgrade from Loss of Life, Health Crisis and Terminal Illness Protection to Loss of Life Protection only (subject to the “*Persons who may apply for insurance*” conditions on page 10 of this distribution guide) at any time by contacting Scotiabank.

However, if you are upgrading your coverage, Exclusions and Restrictions in coverage for the Loss of Life coverage will continue to be based on the original start date of your Loss of Life Protection instead of the start date of your upgraded coverage.

## **Cost of insurance**

Your premiums are based on:

- your age at the end of each Line of Credit account billing period; **and**
- the average daily balance on your Line of Credit account during the billing period.

When both of the borrowers on a joint Line of Credit account have the same Line of Credit Protection plan (joint coverage), the premium is based on the age of the older borrower.

Your average daily Line of Credit account balance during the billing period is divided by 1,000 and then multiplied by the applicable premium rate (please refer to the Premium Rate Tables below).

Your premium is added to your Line of Credit account balance and will be included on your monthly Line of Credit account statement. Scotiabank collects your premium and sends it to the Insurer.

### **Loss of Life Protection only Premium Table**

#### **Rates per \$1,000 of average daily Line of Credit account balance (\$)**

<b>Your age at the end of each billing period</b>	<b>Single coverage</b>	<b>Joint coverage</b>
Under 31	0.20	0.34
31 – 35	0.25	0.43
36 – 40	0.28	0.48
41 – 45	0.38	0.65
46 – 50	0.48	0.82
51 – 55	0.56	0.95
56 – 60	0.85	1.45
61 – 65	1.23	2.09
66 – 69	2.50	4.25

**Any applicable provincial sales tax will be added to your insurance premiums.**

**Loss of Life, Health Crisis and  
Terminal Illness Protection Premium Table**

**Rates per \$1,000 of average daily Line of Credit account balance (\$)**

<b>Your age at the end of each billing period</b>	<b>Single coverage</b>	<b>Joint coverage</b>
Under 31	0.52	1.01
31 – 35	0.58	1.13
36 – 40	0.66	1.29
41 – 45	0.97	1.89
46 – 50	1.40	2.73
51 - 55	1.87	3.65

**Any applicable provincial sales tax will be added to your insurance premiums.**

In the case of dual coverage (when one borrower on a joint Line of Credit account chooses Loss of Life Protection only and the other borrower chooses Loss of Life, Health Crisis and Terminal Illness Protection), the cost is the sum of the single premium for each borrower, multiplied by a factor of 0.95.

Examples:

Single coverage

*Suppose you have applied for Loss of Life Protection only. If you are 25 years old at the end of a billing period and your average daily Line of Credit account balance for the billing period was \$5,000, then your premium would be \$1.00 ( $\$0.20 \times 5$ ) for that billing period. Any applicable provincial sales tax will be added to this amount.*

Joint coverage

*Suppose you and a co-borrower on a joint Line of Credit account both have Loss of Life, Health Crisis and Terminal Illness Protection. If you are 25 years old and the other borrower is 40 years old at the end of the billing period, and your average daily ScotiaLine account balance for the billing period was \$10,000, then your premium (which is based on the age of the older borrower) would be \$12.90 ( $\$1.29 \times 10$ ) for that billing period. Any applicable provincial sales tax will be added to this amount.*

### Dual coverage

*Suppose you hold a joint ScotiaLine account. You are 31 years old and the other borrower is 40 years old at the end of the billing period. You have Loss of Life Protection only and the other borrower has Loss of Life, Health Crisis and Terminal Illness Protection. If your average daily ScotiaLine account balance for the billing period was \$5,000, then your premium would be \$4.32 ( $0.95 \times [\$0.25 + \$0.66] \times 5$ ) for that billing period. Any applicable provincial sales tax will be added to this amount.*

The Insurer and Scotiabank can change the tables of premiums and/or the premium calculation method. You will be told in writing before any changes are made, and you will be provided with the new table of premiums, if applicable. You will be deemed to have received the notice on the 5<sup>th</sup> business day after it is mailed to your last address in Scotiabank's records.

### **Start of coverage**

Coverage starts on the day you apply for Line of Credit Protection.

### **Confirmation from the insurer**

You are automatically approved and your completed Line of Credit Protection Application or the letter from Scotiabank confirming the type of Line of Credit Protection that you chose is the proof that you are insured if:

- you are **less than age 65** and are applying for **Loss of Life Protection only**; **or**
- you are **less than age 56** and are applying for **Loss of Life, Health Crisis and Terminal Illness Protection**.

### **Collection, use and exchange of personal information**

The personal information which you give when you apply for insurance allows the Insurer to process your application for insurance coverage. The Insurer, their reinsurers or third party service providers contracted by the Insurer can obtain from, and exchange with any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, investigative agencies and other insurers or reinsurers, any relevant information they may have about you. You agree that the Insurer can exchange and use such information to administer this insurance and to pay insurance benefits.

# Exclusions and Restrictions in Coverage

## CAUTION

### **Exclusions**

#### **LOSS OF LIFE**

**1. The Insurer will not pay a claim if you commit suicide, within 24 months of the date your insurance begins.**

**2. The Insurer also will not pay a claim if:**

- you die **within 24 months** of the start date of your coverage; **and**
- the main or secondary cause of your death is a pre-existing condition.

**You are considered to have a pre-existing condition if you:**

- consulted a doctor;
- had tests done; **or**
- received treatment, including taking any kind of medication or injection

**for any of the following health conditions, or for any symptoms of these health conditions whether diagnosed or not:**

- Cancer;
- leukemia;
- AIDS (Acquired Immune Deficiency Syndrome);
- ARC (AIDS related complex);
- lung disease;
- liver disease; **or**
- heart disease

**at any time during the 12 months before the start date of your coverage.**

#### **HEALTH CRISIS OR TERMINAL ILLNESS**

**1. The Insurer will not pay a benefit if the evaluation of the medical problem or of symptoms of a medical problem, or any medical consultation or tests, leading to the diagnosis of a health crisis or terminal illness began before the start date of your coverage.**

## CAUTION (Continued)

2. The Insurer will not pay a claim if your health crisis or terminal illness is caused, directly or indirectly, by:

- you attempting to commit suicide or harm your health;
- your use of any drug, poisonous substance, intoxicant or narcotic not taken according to the instructions of a doctor;
- your committing or attempting to commit a criminal offence or provoke an assault;
- your operation or control of any motorized vehicle or water craft, while your blood alcohol concentration is higher than **80 milligrams per 100 millilitres**; **or**
- war, insurrection, or hostilities of any kind, unless you are on active military duty as a member of the Canadian Forces or Canadian Forces Reserve.

### HEALTH CRISIS

1. The Insurer will not pay a claim if you die within **30 days** after the date you are diagnosed with a health crisis or have surgery.

2. The Insurer will not pay a claim for **coronary artery bypass surgery** if the investigation of the medical problem leading to surgery began before the start date of your coverage.

3. There are also several illness-specific exclusions:

- **Stroke**: the Insurer will not cover a transient ischemic attack (TIA), also referred to as a mini stroke.
- **Coronary artery bypass surgery**: the Insurer will not cover non-surgical techniques such as balloon angioplasty, laser relief of an obstruction or other procedures of this type.
- **Cancer**: the Insurer will not cover the following conditions or forms of cancer:
  - stage A prostate cancer;
  - non-invasive cancer in situ;
  - pre-malignant lesion, benign tumours or polyps;
  - any tumour in the presence of any human immunodeficiency virus (HIV); **and**
  - any skin cancer other than invasive malignant melanoma more than 1.0 mm in depth.



**CAUTION (Continued)**

**4. The Insurer will not pay a claim for cancer if:**

- **the diagnosis of cancer was made; or**
- **any evaluation of a medical problem or symptoms of a medical problem leading to the diagnosis of cancer was initiated; or**
- **any medical consultation or tests leading to the diagnosis of cancer was initiated,**

**within the 90 days after the start date of your coverage.**

## CAUTION (continued)

### Restrictions

#### GENERAL

1. The maximum benefit payable for any one of your insured Line of Credit accounts is \$150,000 and for all of your insured Line of Credit accounts combined the maximum coverage is \$300,000.

2. The following restrictions will only apply if:

- your claim is more than \$10,000; and
- the difference between your claim amount and the average Line of Credit account balance during the 12 months before diagnosis is more than \$5,000.

Your average monthly Line of Credit account balance is calculated by adding the balance on each of your monthly Line of Credit account statements for the 12-month period, then dividing the total by 12.

#### a) LOSS OF LIFE

The Insurer will limit your benefit if, after becoming insured, you are diagnosed with:

- cancer;
- leukemia;
- AIDS (Acquired Immune Deficiency Syndrome);
- ARC (AIDS related complex);
- lung disease;
- liver disease;
- heart disease

and

- that condition is the primary or secondary cause of death; and
- you die within 24 months of diagnosis.

In such event, the benefit will be limited to not more than your average monthly Line of Credit account balance during the 12 months before you were diagnosed with the condition causing death. Your average monthly Line of Credit account balance is calculated by adding the balance on each of your monthly Line of Credit account statements for the 12-month period, then dividing the total by 12.

## **CAUTION (continued)**

If upon diagnosis, you had Line of Credit Protection for less than 12 months, the Insurer calculates your average monthly Line of Credit account balance during the period from the start date of your coverage to the date you were diagnosed.

The Insurer will not pay more than the outstanding balance of your Line of Credit account on the date of death, regardless of your average monthly Line of Credit account balance.

### **b) HEALTH CRISIS OR TERMINAL ILLNESS**

If you are diagnosed with a health crisis or terminal illness and your outstanding Line of Credit account balance increased by more than 20% during the 3 month period before the diagnosis, the benefit will be limited to the smallest of the following 2 amounts:

- your Line of Credit account balance at the date of the diagnosis;  or
- your average monthly Line of Credit account balance during the 12 months before the month in which you were diagnosed, whichever is less.

Your monthly Line of Credit account balance is calculated by adding the balance on each of your monthly Line of Credit account statements for the 12-month period, then dividing the total by 12.

If upon the day you are diagnosed with a health crisis or terminal illness, you had Line of Credit Protection for less than 12 months, the Insurer calculates your average monthly Line of Credit account balance during the period from the start date of your coverage to the date you were diagnosed.

The Insurer will not pay more than the outstanding balance of your Line of Credit account on the date of diagnosis, regardless of your average monthly Line of Credit account balance.

# Cancellation and End of Insurance

## How to cancel this insurance

You may cancel your insurance coverage within 10 days of the day you apply for Line of Credit Protection. To do so you must send a signed and dated letter to your branch. All premiums you have paid will be credited to your Line of Credit account.

You may also cancel your insurance coverage at any time thereafter. In this event you will not receive a premium refund. All you have to do is send a signed and dated cancellation request to your branch. Your insurance coverage will be cancelled on the **latest of the following**:

- the date stated in your signed and dated cancellation request; **or**
- the date Scotiabank receives your signed and dated cancellation request.

**In the case of a Line of Credit account with two borrowers, both borrowers must sign the request to cancel even if the request is to cancel coverage for only one of the borrowers.**

## End of the insurance coverage

Your coverage ends on one of the following dates, **whichever comes first**:

- the date Scotiabank receives a signed and dated cancellation request from you to cancel your insurance coverage. It must be signed by all borrowers even if only one borrower wishes to cancel coverage;
- the date you die or in the case of joint or dual coverage, the date you or your co-borrower die;
- the date the Insurer pays a Line of Credit Protection claim (in the case of a joint Line of Credit account, coverage will end for both borrowers);
- Loss of Life, Health Crisis and Terminal Illness Protection automatically terminates and is converted to Loss of Life Protection only on the last day of the Line of Credit account billing period coincident with or next following your 56<sup>th</sup> birthday;
- Loss of Life Protection terminates on the last day of the Line of Credit Account billing period coincident with or next following your 70<sup>th</sup> birthday;
- the date your Line of Credit account becomes **120 days past due** or is terminated by Scotiabank ;
- the date you become insolvent or bankrupt; **or**
- the date the group policy ends.

**In the case of joint or dual coverage:**

- any request to cancel must be signed by both borrowers even if the request is to cancel coverage for only one of the borrowers;
- when the older person reaches age 70 The Insurer will automatically change the younger person to single coverage, and change the premium accordingly;

Example

*Suppose you and a co-borrower on a joint Line of Credit account both have Loss of Life Protection only. Suppose also that you were 62 years old and the other borrower was 69 year old at the end of the last billing period but is now 70 years old. The premium rate will be reduced from \$4.25 (the premium rate for joint coverage using the age of the oldest insured) to \$1.23 (the premium rate for single coverage for an insured that is 62 years of age)*

- if a Line of Credit Protection loss of life, health crisis or terminal illness claim is paid for one borrower, the other borrower must re-apply (subject to the “Persons who may apply for insurance” conditions on page 10 of this distribution guide) if they wish to have new Line of Credit Protection coverage.

# Proof of loss or claim

## Submission of a claim

### LOSS OF LIFE

Your survivors can contact the Insurer at 1-800-387-2671. The Insurer will send them a claim form and an Attending Physician Statement to be completed.

The Attending Physician Statement is required for proof of death. Your survivors must arrange to have the form fully completed and sent to the Insurer. Your survivors are responsible for any fee that has to be paid to have the form completed.

A completed claim form and Attending Physician Statement must be sent to the Insurer during the **year following your death**. After this one year period, the Insurer will only consider a claim if your survivors can show that there was a reasonable cause for delay.

### HEALTH CRISIS OR TERMINAL ILLNESS

You or your representative can contact the Insurer at 1-800-387-2671. The Insurer will send you a claim form to be completed.

You or your representatives are responsible for any fee that has to be paid to have the form completed.

A completed health crisis or terminal illness claim form must be sent to the Insurer within **90 days** of the date of diagnosis or surgery. It must be completed by the doctor who made the diagnosis or performed the surgery.

The Insurer may ask you to have a medical examination by a doctor of their choice. The Insurer will pay for this examination but will not pay any benefits if you refuse to have the examination.

If the Insurer does not receive notice of a claim within the specified time, they will only process the claim if you can show reasonable cause for delay.

## Insurer's reply

The Insurer can deny a claim or reduce the benefit for life and/or health crisis/terminal illness coverage because of an exclusion or restriction described in this Line of Credit Protection Distribution Guide. Their notice to you or your survivors will explain the reason why they denied the claim or reduced the benefit.

The Insurer will notify you or your representatives in writing of their decision to approve or deny your claim within **30 days** after they receive the information needed to make a decision.

## Appeal of an insurer's decision and recourses

You or your survivors may appeal the Insurer's decision if they deny your initial claim. The appeal must be in writing and sent to the Insurer at the address on the back cover of this distribution guide within **6 months** of the date of their decision letter. It must include:

- the reason or reasons why the decision is being appealed; **and**
- any additional information or documentation that was not submitted with the first claim.

No one may take legal action against the Insurer less than **60 days** after the Insurer receives initial proof of the claim. The maximum period to take legal action is **3 years** after the deadline for providing the initial proof of claim or such longer period as may be allowed by applicable law.

# Confidentiality

## Protecting your personal information

The Canada Life Assurance Company (the Insurer) recognizes and respects the importance of privacy. When you apply for coverage, a confidential file is established that contains your personal information. This file is kept at the offices of the Insurer or the offices of an organization authorized by the Insurer. The Insurer may use service providers located within or outside Canada.

If you wish to have access to your file and, if applicable, have it corrected, send a written request to:

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

The Insurer will reply to you within 30 days if they receive a request for access or correction.

The Insurer limits access to personal information in your file to:

- their employees or persons authorized by them who require it to perform their duties;
- to persons to whom you have granted access, **and**
- any person authorized by law.

Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

The Insurer collects, uses and discloses the personal information to process your Line of Credit Protection Application and, if the application is approved, provide and administer the financial product(s) applied for, investigate and process claims, and create and maintain records concerning your relationship with the Insurer.