

Key terms

You and **your** mean the borrower, co-borrower or guarantor.

We, us and **our** mean The Canada Life Assurance Company.

The lender means the member of the Scotiabank group of companies that lent you money, including Scotiabank, Scotia Mortgage Corporation, Montreal Trust and National Trust.

Branch means a branch of Scotiabank, Montreal Trust or National Trust.

Mortgage means a conventional or variable rate mortgage, or the mortgage loan portion secured under a collateral mortgage where interest is compounded semi-annually, not in advance.

Doctor means a physician or surgeon legally licensed and practising medicine in Canada, or in another jurisdiction that we approve. Your doctor cannot be you, your relative, or a business associate.

Health crisis means an illness, disorder or surgery that is specifically defined in this booklet under *Nature of the coverage*, and which is not excluded under *Exclusions or restrictions in coverage*.

Diagnosis means a written diagnosis by a doctor of your health crisis. The effective date of your diagnosis will be the date the diagnosis is made by your doctor, as supported by your medical records. The investigation leading to this diagnosis must begin after the date you complete and sign your application.

Surgery means you undergo surgery in Canada, or in another jurisdiction that we approve, performed by a doctor. The investigation of the medical problem leading to the surgery must begin after the date you complete and sign your application, and the surgery must be performed while you are insured under this policy.

Waiting period means the minimum number of consecutive days, immediately after the date of diagnosis or surgery, that you must survive before we will pay a health crisis benefit. The waiting period is 30 days, unless a longer period is specified in the definition of the health crisis.

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Introduction

Loss of Life Protection and Health Crisis Protection for your Scotiabank mortgage

WHAT WOULD HAPPEN if you died or suffered a health crisis before paying off your mortgage?

Scotiabank and Canada Life have developed two types of insurance to remove the worry: Loss of Life Protection and Health Crisis Protection.

Loss of Life Protection covers your survivors if you die before paying off your mortgage.

Health Crisis Protection covers you and your family if you are diagnosed with a specified health crisis before paying off your mortgage.

This Certificate of Insurance explains both types of coverage in detail. It will help you understand how the coverage works and evaluate whether it suits your needs. If you still have questions after reading this booklet, call Canada Life toll free at 1 800 387-2671.

This is an important document! Please keep all related documents, including a copy of your application and your health questionnaire, in the pocket of this booklet and put it in a safe place.

Description of the product offered

Nature of the coverage

Loss of Life Protection

Loss of Life Protection will pay off the remaining balance on your mortgage if you die, up to your covered amount or \$500,000, whichever is less.

Health Crisis Protection

Health Crisis Protection will pay off the remaining balance on your mortgage if you are diagnosed with a specified health crisis, up to your covered amount or \$500,000, whichever is less. The health crises that we cover are:

- **Heart attack**, which 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 new electrocardiographic (ECG) changes consistent with a heart attack and a rise in the level of cardiac (heart) enzymes.
- **Stroke**, which means a cerebrovascular incident caused by a haemorrhage, or by infarction of your brain tissue due to thrombosis or embolization (a lack of circulation of blood to the brain caused by a blood clot, air bubble or other object), but **not** a transient ischemic attack (TIA) sometimes referred to as a mini stroke. This diagnosis must be made by a doctor, and must be supported by medical evidence that your stroke produced a measurable neurological deficit that has continued for at least 30 consecutive days and is considered to be permanent.
- **Coronary artery bypass surgery**, which 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.
- **Cancer**, which 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 tumour in the presence of any human immunodeficiency virus (HIV), and
 - any skin cancer other than invasive malignant melanoma into the dermis or deeper.

We will not pay a benefit for cancer if the diagnosis or any investigation leading to the diagnosis of cancer was initiated within the 90 days following the date you completed and signed your application for insurance.

- **Blindness**, which means the permanent and uncorrectable loss of sight in each of your eyes. Your corrected visual acuity must either be worse than 20/200 in both eyes (meaning at 20 feet, you can only clearly read a letter that was designed to be read at 200 feet), or your field of vision is 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.
- **Paralysis**, which means you are completely and permanently unable to use two or more of your limbs, as a result of physical paralysis. This diagnosis must be made by a doctor, and must be supported by medical evidence that the paralysis has continued for at least 180 consecutive days. The waiting period for this health crisis is 180 days.
- **Deafness**, which 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.

- **Coma**, which 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.

Terminal Illness Benefit

If you take out both Loss of Life Protection and Health Crisis Protection, you also receive terminal illness protection. There is no extra charge for this coverage. Under this feature, we will pay a benefit if you are diagnosed by a doctor in Canada to have a terminal illness that will likely result in your death within one year, but which is not covered under your Health Crisis Protection. The benefit will equal the amount that you would have been paid if you had died on the date of your diagnosis. We will pay the benefit on the date we approve your claim.

We make benefit payments for all types of coverage to the lender.

There are some exceptions to the terms of the coverage, which are explained later in this booklet.

Summary of specific features

How do you apply?

It's easy. Just complete an application and health questionnaire for the type of coverage you wish to apply for at any branch or through any other method we offer. You may apply for Loss of Life Protection, Health Crisis Protection or both. If you have been approved for both types of coverage, you will receive terminal illness protection automatically.

You don't have to buy either type of coverage to get a mortgage from the lender or to renegotiate your mortgage.

If you decide you want this coverage after you've already taken out a mortgage, simply contact your branch.

Who may apply?

Up to two people in total can apply for any combination of coverage on any one residential mortgage. Each person must either be a mortgage applicant, a co-applicant or a guarantor.

The mortgaged property must either be owner-occupied or a non-owner occupied property of four units or less.

Loss of Life Protection You must be less than 65 years old and a Canadian resident on the date you apply. If you're refinancing a mortgage with the lender, or are obtaining a new mortgage within 90 days of paying off your mortgage, and the original mortgage already carries Loss of Life Protection, you may still apply for coverage if you're 65 through 69 years old, but special rules apply. See *Does your qualification for coverage change as you get older?*

Health Crisis Protection You must be less than 55 years old and a Canadian resident on the date you apply. If you're refinancing a mortgage with the lender, or are obtaining a new mortgage within 90 days of paying off your mortgage, and the original mortgage already carries Health Crisis Protection, you may still apply for coverage if you're 55 through 64 years old, but special rules apply. See *Does your qualification for coverage change as you get older?*

What's the maximum amount of coverage you can buy?

The most coverage you can buy for each type of protection is a total of \$500,000 for all your mortgages.

For example, if you already have Loss of Life Protection on mortgages totalling \$300,000, and you apply for Loss of Life Protection for an additional mortgage, the most Loss of Life Protection that can be approved is \$200,000, even if the amount of the new mortgage is higher. If you do not have Health Crisis Protection on any other mortgages you could still apply for up to \$500,000 of Health Crisis Protection on this new mortgage.

If your coverage is for less than the full amount of your mortgage or mortgages when you die or are diagnosed with a specified health crisis, we pay off a portion of your mortgage equal to the percentage of your mortgage that was covered on the date you applied.

For example, suppose we covered 80% of your \$625,000 mortgage, or \$500,000, on the date you applied and \$50,000 was still owing at the time of your death or diagnosis. We would pay 80% of that \$50,000 owing (or \$40,000). You or your estate would be responsible for paying the remaining amount.

How much does it cost?

Your premiums (the cost of the coverage) are based on your age and the size of your mortgage when you apply. When two people are covered for the same mortgage, we base the premiums on the age of the older person. You pay the premium monthly or on any other schedule that the lender offers.

Your premiums stay the same throughout the repayment period of your mortgage (known as the amortization.) But if you prepay at least 10% of the original amount of your mortgage during a mortgage year, you can ask us to reduce your premiums accordingly. A mortgage year is a 12-month period that begins each year on the date you took out your mortgage.

The lender will inform you of the premium when you apply. We add any applicable provincial tax to insurance premiums.

Loss of Life Protection We use the table below to calculate the Loss of Life Protection premium. We may change the table of premiums but we'll tell you in writing first.

Table of monthly premiums for Loss of Life Protection

Monthly premium for every \$1,000 of mortgage when you apply

Age on application date	Individual applicant (\$)	Joint applicants (\$)
19-30	.09	.13
31-35	.13	.19
36-40	.20	.28
41-45	.29	.41
46-50	.40	.56
51-55	.50	.70
56-60	.60	.84
61-64	.97	1.36

Here's an example of how it works. Suppose you're an individual applicant, you're 25 years old when you apply for the coverage and you have a mortgage of \$100,000. Your premium would be \$9 a month. We then add any provincial tax to this amount.

We also have a feature called the Preferred Customer Premium Rate. If you renegotiate your mortgage to borrow more money or move to a new home, we base your new premiums on the age you were when you first took out this coverage. You must apply for your new Loss of Life Protection within 90 days of your previous coverage ending, and you must get your new mortgage from a member of the Scotiabank group of

companies. The Preferred Customer Premium Rate applies to your principal residence only.

Health Crisis Protection We use the following table to calculate the Health Crisis Protection premium. We may change the table of premiums but we'll tell you in writing first.

Table of monthly premiums for Health Crisis Protection

Monthly premium for every \$1,000 of mortgage when you apply

Age on application date	Individual applicant (\$)	Joint applicants (\$)
19-30	.12	.24
31-35	.17	.32
36-40	.27	.50
41-45	.45	.82
46-50	.68	1.25
51-54	1.02	1.88

If you take out both Loss of Life Protection and Health Crisis Protection, you will qualify for a discount on your Health Crisis Protection premiums. The discount is calculated as follows:

- 15% for individual applicants
- 15% for joint applicants
- 10% for joint applicants if only one applicant also has Loss of Life Protection.

Here's an example of how it works. Suppose you're an individual applicant, you're 25 years old and you have a mortgage of \$100,000.

Your regular premium for Health Crisis Protection would be \$12 a month, but if you have Loss of Life Protection you would receive a 15% discount. This would lower your health crisis premium to \$10.20. We then add your loss of life premium of \$9 and any provincial tax.

Do you have to answer any health questions?

Everyone must answer a health questionnaire.

If you answer *no* to all of the health questions, and the total of your covered mortgages with the lender will be \$300,000 or less, your coverage is automatically approved and we don't need any more health information.

If you answer *yes* to any of the health questions, or if the total of your covered mortgages with the lender will be more than \$300,000, we'll review your application and health questionnaire. We'll contact your doctor if we need more medical information.

In addition, if the total of all your covered mortgages is more than \$300,000, you must give us blood and urine samples for testing. We'll contact you to arrange this testing, which will be done free of charge. Your medical information will be kept confidential, and will not be shared with the lender.

While we are reviewing your application, you will be protected under the conditions of the temporary coverage described below in the section *Are you covered while your application is being processed?*

When does coverage start?

Coverage begins on one of the following dates, whichever is latest:

- the date the lender receives your signed and dated application
- the date we specify in our approval letter, if written approval is needed, or
- the date the lender advances the mortgage funds.

How will you know you're covered?

If you are applying for one or both types of coverage, you're automatically approved if you answered *no* to all the health questions on the health questionnaire, and the total of your covered mortgages with the lender will be less than \$300,000. Your completed application is proof that you're covered.

In all other cases we must approve your coverage. If approval is required, we'll send you our decision in writing no later than 30 days after we receive your completed application. If we're unable to either approve or decline your application for coverage within 30 days of receiving your application, we'll tell you why in writing.

In some cases you can be automatically approved for Loss of Life Protection while we review your application for Health Crisis Protection. This will happen if you are applying for both types of coverage and answer *no* to health questions one through six, but *yes* to question seven or eight, and the total of your covered mortgages with the lender will be less than \$300,000.

If you are applying for joint coverage both applicants must meet the conditions above to receive automatic coverage. If we must approve coverage for one applicant, neither will be covered until we review the application and reach a decision.

Are you covered while your application is being processed?

Loss of Life Protection If we need to review your application for Loss of Life Protection and the lender has already advanced you mortgage funds, we'll temporarily insure you until we finish the review, with the following conditions:

- we'll only pay a loss of life benefit if you die as a result of an accidental injury
- we will not pay a benefit if your death was caused directly or indirectly by suicide or self-inflicted injury, whether you were sane or not at the time of death
- we'll pay the amount we would have paid had your application for coverage been accepted.

Your temporary coverage will end on one of the following dates, whichever comes first:

- the 45th day after the lender receives your application, or
- the date we reach a final decision on your application.

Health Crisis Protection If we need to review your Health Crisis Protection application, you will not be covered until the date we specify in our written approval.

Terminal Illness Benefit There is no terminal illness benefit while an application is being processed.

What if you change your mind after signing up?

You're protected by our 10-day free-look guarantee. If you send your branch a letter cancelling the coverage within 10 days of applying, we'll give you a full refund for any premiums you've paid.

Can you cancel this coverage?

You may cancel your coverage at any time. All you have to do is send a signed and dated written request to the lender. If you have both Loss of Life Protection and Health Crisis Protection, you may cancel one or both types of coverage. If you do this, however, you will no longer qualify for the terminal illness benefit. Your coverage will be cancelled on the date stated in your request or the date the lender receives your written request, whichever is later. Send your request to your branch.

If you have both types of coverage and cancel one of them, the lender will complete an application for the coverage being continued, and will send you a copy for your records.

If two people are covered and one chooses to cancel their protection, the lender will complete an application for the person who is continuing their coverage and send them a copy for their records. The customer that is cancelling the coverage must sign the request to cancel. If both wish to cancel the coverage, both must sign the request to cancel the insurance.

When does coverage end?

Loss of Life Protection Your Loss of Life Protection coverage will end on one of the following dates, whichever comes first:

- your 70th birthday
- the date we pay a loss of life, health crisis or terminal illness benefit, except as described in *How are claims handled when two people are covered*
- the date your mortgage is refinanced or paid off in full
- the date you cancel the coverage
- the date any of your mortgage protection premium payments is 90 days late
- the date any of your mortgage payments is 90 days late
- the date someone other than you becomes responsible for repaying the mortgage

- the date the lender receives written notice of a change in the person or persons who are to be covered for an existing mortgage. If this happens, a new application must be completed, by the new borrower, co-borrower or guarantor, or
- the date this group policy, under which Canada Life insures customers of Scotiabank, ends.

If two customers are covered and the older person reaches age 70, the younger person will automatically have their coverage changed to individual Loss of Life Protection.

Health Crisis Protection Your Health Crisis Protection coverage will end on one of the following dates, whichever comes first:

- your 65th birthday
- the date we pay a health crisis, loss of life or terminal illness benefit, except as described in *How are claims handled when two people are covered*
- the date your mortgage is refinanced or paid off in full
- the date you cancel the coverage
- the date any of your mortgage protection premium payments is 90 days late
- the date any of your mortgage payments is 90 days late
- the date someone other than you becomes responsible for repaying the mortgage

- the date the lender receives written notice of a change in the person or persons who are to be covered for an existing mortgage. If this happens, a new application must be completed, by the new borrower, co-borrower or guarantor, or
- the date this group policy, under which Canada Life insures customers of Scotiabank, ends.

If two customers are covered and the older person reaches age 65, the younger person will automatically have their coverage changed to individual Health Crisis Protection.

Terminal Illness Benefit In addition to the conditions for Loss of Life Protection outlined above, your terminal illness coverage will end if you cancel either your Loss of Life Protection or Health Crisis Protection. If you reach the age limit for Health Crisis Protection, you will still be covered by the terminal illness benefit until your Loss of Life Protection ends.

What happens to your coverage if you refinance or get a new mortgage?

If you renegotiate to increase your mortgage, or pay off your existing mortgage, your coverage ends. If you want your new mortgage covered, you must apply for new coverage. However, if you are declined for coverage on the new mortgage due to health reasons, you can still receive partial coverage under a feature called Prior Coverage Recognition.

You can get this partial protection, provided you apply for new coverage within 90 days of the end of the previous coverage. If two customers are covered, both will be covered only for the reduced amount. The new premium will be calculated on the reduced amount of coverage. The amount of your coverage depends on what percentage of your new mortgage is original mortgage money and what percentage is newly borrowed funds. The following example shows how this works:

Suppose you owed \$80,000 on your mortgage then renegotiated and borrowed another \$20,000. The original loan is 80% of the new mortgage amount (\$100,000), so we would pay off 80% of your unpaid mortgage if you died or were diagnosed with a health crisis or terminal illness. In this example, if you still owed \$50,000, we would pay 80% of that amount, or \$40,000. You or your estate is responsible for paying any amount we don't cover.

This is an example only. The actual figures vary from one customer to another. Prior Coverage Recognition does not apply if you're transferring your mortgage from another financial institution or from another of the lender's credit products.

Does your qualification for coverage change as you get older?

Loss of Life Protection If you're 65 through 69, you may apply for Loss of Life Protection only if you're refinancing an existing mortgage with the lender that is already covered. You will only be eligible for Prior Coverage Recognition. You will be charged the same premium as people who are 61 through 64.

Health Crisis Protection If you're 55 through 64, you may apply for Health Crisis Protection only if you're refinancing an existing mortgage with the lender that is already covered. You will only be eligible for Prior Coverage Recognition. You will be charged the same premium as people who are 51 through 54.

What if you miss a premium payment?

You have a grace period of 90 days in which to pay your premiums. If you do not make a payment within 90 days, your coverage will end.

How are claims handled when two people are covered?

If you and a co-applicant are both covered for the same mortgage, we pay a claim when the first person dies or is diagnosed with a health crisis or terminal illness. Coverage automatically ends for the other person if the mortgage is fully paid off. If the mortgage is not fully paid off, coverage continues for the other person, based on that person's age at the time of the original application and the amount of the mortgage remaining after the first person's claim is paid. If coverage continues for the second person, the lender will complete an application for the coverage being continued and send it to that person for their records.

For example, say both of you were covered under an existing mortgage for \$100,000. If either of you died or was diagnosed with a health crisis or terminal illness, we would pay a benefit of \$100,000. If this did not pay off the mortgage in full, the second person would then continue to be covered for the total amount remaining on this mortgage, up to \$100,000 based on their age at the time of the original application.

Exclusions or restrictions in coverage

Exclusions

Loss of Life Protection

Caution

We won't pay a claim if you commit suicide within 24 months of the date your coverage begins, whether you're sane or not.

We won't pay a claim if you conceal information or give false information on the application or health questionnaire.

Health Crisis Protection

Caution

We won't pay a claim if your health crisis is caused, directly or indirectly, by:

- you attempting to commit suicide or harm yourself, whether you're sane or not
- your use of any drug, poisonous substance, intoxicant or narcotic not taken according to the instructions of a doctor
- you 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 milliliters, or
- war, insurrection, or hostilities of any kind, whether you take part or not.

We won't pay a claim if you die within 30 days of the date you are diagnosed with a health crisis, or if you conceal information or give false information on the application or health questionnaire.

There are also several illness-specific exclusions. They are:

- **Stroke:** We will not cover a transient ischemic attack (TIA), sometimes referred to as a mini stroke.
- **Coronary artery bypass surgery:** We will not cover non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, and other intra-arterial procedures.
- **Cancer:** We 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 into the dermis or deeper.

We will not pay a benefit for cancer if the diagnosis or any investigation leading to the diagnosis of cancer was initiated within the 90 days following the date you completed and signed your application for insurance.

Under no circumstances will we pay a benefit of more than \$500,000 for each type of coverage for all of your mortgages.

Restrictions

Loss of Life Protection and Health Crisis Protection

The most coverage you can buy for each type of protection is a total of \$500,000 for all your mortgages.

If your coverage is for less than the full amount of your mortgage, we pay off a percentage of your mortgage at death or diagnosis with a specified health crisis or terminal illness. It will be equal to the percentage of your mortgage that was covered on the date you applied for coverage.

If you are declined for coverage on a new mortgage due to health reasons, but were granted Prior Coverage Recognition, we limit your benefit. We pay an amount equal to the percentage of your mortgage on renegotiation that was original mortgage money as opposed to newly borrowed funds.

Loss of Life Protection

We limit the amount of payment if you increase the amount of your coverage, then commit suicide within 24 months of the date of the increase. We pay an amount equal to the percentage of your mortgage on renegotiation that was original mortgage money as opposed to newly borrowed funds.

Making a claim

How to submit a claim

Loss of Life Protection Your estate representative can simply ask the lender or us for a claim form. The lender will complete the Branch Statement portion of the form and give the form to your estate representative to arrange for completion of the *Authorization to Obtain Information Regarding the Claim* and the *Attending Physician Statement*. The *Attending Physician Statement* is required for proof of death.

Your estate representative will be responsible for any cost of having the claim form completed.

Your estate representative may mail the completed claim form directly to us or ask your branch to send it to us.

Notice of claim must be sent to us within one year of the date of your death. If we don't receive the required documents within that time, we'll still consider a claim if your estate can show that there was a reasonable cause for delay.

Health Crisis Protection and **Terminal Illness Benefit**

You or your representative can simply call us toll free at 1 800 387-2671 to notify us of a claim and we will send you a claim form.

You must notify us of a claim within 90 days of the date you are diagnosed with a specified health crisis or terminal illness. If we don't receive notice of the claim within 90 days, we'll still process a claim if you can show there was reasonable cause for delay.

Once we receive your notice of claim, we'll send you a detailed claim form related specifically to the health crisis or terminal illness for which you are making a claim. The doctor who made the diagnosis or performed the surgery must complete this claim form.

You will be responsible for any cost of having the claim form completed.

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

Insurer's decision

We'll notify you or your estate representative in writing of our decision to approve or deny your claim within 30 days after we receive the information we need to make a decision.

If we deny the claim or reduce the benefit because of an exclusion or limitation described in this booklet, we will explain why we denied the claim or reduced the benefit.

We may deny a claim, for example, if you misrepresent the state of your health on your application, or your illness is not covered under this policy.

Appeal of an insurer's decision and recourses

If we deny your initial claim, you or your estate representative may appeal the decision. The appeal must be sent to us in writing, and 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.

Legal action

No one may take legal action against us less than 60 days after we receive notice of the claim or more than a year after the deadline for providing the notice of a claim.

Who provides this coverage?

Loss of Life Protection

Coverage is provided by The Canada Life Assurance Company under group life insurance policy G11848 issued to The Bank of Nova Scotia.

Health Crisis Protection

Coverage is provided by The Canada Life Assurance Company under group health crisis insurance policy H60099 issued to The Bank of Nova Scotia.

This booklet, the completed application and the completed health questionnaire are part of a set of documents that together form a legal description of this life, health crisis and terminal illness insurance. Any letters of approval from us also form part of the set of documents.

The lender is not an agent of Canada Life, and no employee can waive or change any of the terms in this booklet.

The Bank of Nova Scotia and Canada Life can change the coverage described in this booklet. We'll tell you in writing before we make any changes. We'll assume you've received our notice on the fifth business day after we mail it to your last address in the lender's records.

Confidentiality

The Canada Life Assurance Company will, if not already done for a previous application, establish a file for the purpose of providing you with credit insurance.

We keep your file at our offices. To ensure the confidentiality of your personal information, only our employees or representatives who are responsible for underwriting, administration, investigation and claims, as well as any other person or body you authorize, will have access to your file.

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

The Canada Life Assurance Company
Attention: Ombudsman and Director
of Customer Relations
330 University Avenue
Toronto, Ontario M5G 1R8

We'll reply to you within 30 days of receiving your request for access or correction. We may require a reasonable charge, in advance, for reproduction and transmission of any information we provide.