



PAYMENT INSURANCE ACCIDENT AND SICKNESS



PRODUCT GUIDE

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Technical Sheet

Payment Insurance - Accident and Sickness

TYPE OF CONTRACT

Type of Coverage	Accident and Sickness
Issue Age	Age 18 to 64
Premium	Level premium until age 65 and guaranteed for the first 5 years of the contract
Renewal	Guaranteed renewable to age 100
Contract Continuation	<ul style="list-style-type: none">• 50% of the indemnity, maximum of \$2,000• Maximum benefit period of 24 months• Total Disability due to an Accident: 1 ADL Partial Disability not available

WAITING PERIOD

Period	30/60/90 days
Accumulation of Disability days	Continuous periods of disability lasting 7 days or more may be accumulated over a period of 6 months
1st day Hospitalization	Must be hospitalized for at least 18 hours or in for day surgery

BENEFIT PERIOD

Choices	1 year, 2 years, 3 years, 5 years or up to age 65
Recurrent Disability	6 months

BENEFIT AMOUNT	
Regular Occupation included automatically for 3 years	Not to exceed the benefit period
Waiver	Included
Choice of Coverage	<ul style="list-style-type: none"> • Personal payments • Business payments (possibility of putting a portion toward overheads)
Minimum and Maximum	From \$500 to \$10,000 maximum. Non-integrated, non-coordinated
Proof of Payment or Overheads	Proof of payments or overhead will be requested at the time of claim
Type of Expenses	<p>Rent, mortgage, credit card (min), car, municipal and school/ +business taxes</p> <p><u>See the list</u></p>
Overhead Expenses	<ul style="list-style-type: none"> • Employees' salaries, for a profession other than that of the insured, which generates no income and whose services are essential during the insured's disability • Interest on business debts • Utilities (electricity, heating, etc.) for the company • Payments on machinery • Rentor mortgage payments for the business, communication expenses, stationery and postage, maintenance costs, depreciation on office equipment, leasing of office equipment, professional fees for accounting services, and • Other regular fixed expenses related to the proper operation of the business. <p>Excluded Overhead Expenses:</p> <ul style="list-style-type: none"> • Expenses incurred before the on set of the disability, including any arrears • Salaries, fees, levies or anyother compensation received by the insured or any member of his/her profession hired by or working for him/her • Cost of goods, items, pharmaceutical products or professional books, materials or supplies, and • Expenses covered by another insurance contract.
Upgrade	Yes

RIDERS AVAILABLE WITH THE TOTAL DISABILITY BENEFIT

Partial Disability

6-12 months

Regular Occupation

5 years or 65 years

Additional Insurance Option

Individuals aged between 18 to 50
Maximum \$ 2,500 5 options of 20%

Premium Refund Benefit

Every 20 years (50%, 75% or 100% at the insured's choice):
• Available from age 18 to 45

REQUIREMENT ON ISSUANCE

Total Disability Benefit Coverage and Amendments

Tele-interview and more, according to criteria

PREMIUMS AND ADJUSTMENTS TO REFLECT EXPERIENCE

This policy has a level premium up to the policy anniversary date following the Insured's sixty-fifth (65th) birthday. The level premium rate is based on the Insured's Risk Class on the date the coverage is issued.

Minimum monthly premium: \$12.

ADJUSTMENTS TO REFLECT EXPERIENCE

Once the Policy has been in effect for five years, the Insurer may change the premium for each guarantee based on the experience of contracts with similar features.

GUARANTEED RENEWAL

Renewal of the policy is guaranteed up to the policy anniversary date following the Insured's 100th birthday.

ACCIDENT AND SICKNESS COVERAGE

When the Insured suffers a disability covered under this Policy, the Insurer will pay the monthly Eligible Benefit. Payments begin when the Waiting Period has elapsed and will continue for the Maximum Benefit Period, subject to the limitations, exclusions and General Provisions of the Policy and its coverages.

ONSET OF DISABILITY

For the purposes of this Policy, a disability begins on the date of the first medical consultation related to the disability after the onset of that disability.

DISABILITY ADJUSTMENT

Where necessary, the monthly benefit payable will be adjusted to a daily rate based on one-thirtieth (1/30) of the monthly benefit for each day of disability.

2. Total Disability Benefit Coverage

DEFINITIONS

Benefits of total disability

Each month, the Insurer will pay the Insured, while Totally Disabled as a result of an Accident or Sickness, the Eligible Benefit shown in the Schedule of Benefits, subject to the Waiting Period and the Maximum Benefit Period shown in the Schedule.

Benefits are payable for the sole purpose of reimbursing eligible expenses. The Insurer reserves the right to take necessary actions to ensure that the benefits are used to reimburse eligible expenses.

Any disability benefit payable under a government plan does not affect the amount payable under this rider.

Waiting period

Definition: period, expressed in number of days, during which no benefit is payable. The Waiting Period begins on the date of the first medical consultation related to the disability after the onset of that disability.

Available waiting periods: 30 days, 60 days and 90 days

1st day of Hospitalization

The Total Disability benefit resulting from an accident or sickness is payable on the first (1st) day of hospitalization or surgery for policies with a waiting period of ninety (90) days or less.

Hospitalization is defined as a stay by an Insured in a hospital, as an in-patient, further to an admission request by a physician, for a period of at least eighteen (18) hours.

Day surgery is defined as a surgical procedure performed by appointment in a hospital, clinic or department affiliated with a hospital, that does not require hospitalization and for which the Insured is admitted and discharged on the same day as the procedure.

Accumulation of Disability days

Continuous periods of disability lasting seven (7) days or more and resulting from the same cause may be added together to satisfy the Waiting Period. Recurrent disabilities may be added together over a period of six (6) months to satisfy the Waiting Period.

RECURRING DISABILITY AND MULTIPLE CAUSES OF DISABILITY

Recurring Disability

All recurrent disabilities due to the same or a related cause are considered to be the continuation of one and the same Disability. The Waiting Period does not begin to elapse anew and benefit payments are added to past payments in determining the Maximum Benefit Period specified in the Schedule of Benefits, subject to the Multiple Causes of Disability clause.

If the Insured becomes disabled again after being able to engage in Employment for a period of at least six (6) consecutive months, the Disability will be considered a new Disability even if due to the same or a related cause. The Waiting Period and the Maximum Benefit Period specified in the Schedule of Benefits will apply again.

For an Insured who has been unemployed for more than ninety (90) days at the onset of disability, if the Insured becomes disabled again after being able to perform all his or her Activities of Daily Living and without having received disability benefits for a period of at least six (6) consecutive months under the terms of this contract, the disability will be considered a new disability, even if it is due to the same or a related cause. The Waiting Period and the Maximum Benefit Period specified in the Schedule of Benefits will apply again.

Multiple causes of Disability

If another Accident or Sickness occurs during the benefit period, no additional benefit will be payable under this Policy for the other Accident or Sickness.

If, at the end of the Maximum Benefit Period, the Total Disability persists and the Insured has not recovered from his or her first Disability and another Accident or Sickness occurs, no benefit will be payable under this Policy for the other Accident or Sickness.

MAXIMUM BENEFIT PERIOD

The maximum period of time, as specified in the Schedule of Benefits, during which benefits are payable as a result of a covered event.

Maximum available benefit period: 12, 24, 36, 60 months and up to age 65.

Some high-risk occupations will be limited to a two-year benefit period.

OTHER INCLUDED BENEFITS

Rehabilitation

When the Insured receives a disability benefit under this Policy, the Insurer may pay the cost of services related to a rehabilitation program, provided such services are not already covered by another program or service and the Insurer approves the program in writing prior to the Insured's participation therein.

TERMINATION OF COVERAGE

Coverage ends on the earliest of the following dates:

- The date a written request to this effect is received from the Policyowner or the date specified in the request if later than the date of receipt
- The date on which the payment insurance coverage is cancelled
- The date on which the grace period for premium payment expires
- The Policy anniversary date following the Insured's one hundredth (100th) birthday
- The date on which the Insured dies

3. Riders Available with Total Disability Benefit Coverage

PARTIAL DISABILITY BENEFIT COVERAGE

BENEFITS

Each month, the Insurer will pay the Insured, while Partially Disabled as a result of an Accident or Sickness, fifty percent (50%) of the Eligible Monthly Expenses up to the maximum shown in the Schedule of Benefits for Partial Disability, subject to the Waiting Period and the Maximum Benefit Period shown in the Schedule.

DEFINITION

Partial Disability (or Partially Disabled)

Refers to an Insured who, although not Totally Disabled, is unable to perform at least one of the main duties of his or her Occupation at the onset of Disability or who is unable to work at least fifty percent (50%) of the time usually devoted to his or her Occupation, while under the continuous and appropriate treatment and Care of a Physician.

LIMITATIONS

When for the same Disability both Total Disability and Partial Disability benefits are paid, the total benefit period cannot exceed the Maximum Benefit Period for Total Disability.

No Partial Disability benefit is payable when the Insured has been unemployed for more than ninety (90) days at the onset of Disability.

TERMINATION OF PARTIAL DISABILITY COVERAGE

This coverage will end on the earliest of the following dates:

- The Policy termination date specified in the General Provisions of this Policy, or
- The Policy anniversary date following the Insured's sixty-fifth (65th) birthday.
- The date the Total Disability Benefit ends.

GENERAL PROVISIONS

The definitions, limitations and exclusions of this coverage apply in addition to those indicated in the General Provisions. The General Provisions of the Policy govern this coverage when they are relevant to and compatible with its terms.

REGULAR OCCUPATION COVERAGE

DEFINITION

When this benefit is in force, the definition of Total Disability described in Part A -Definitions is replaced by the following and applies for the duration of this benefit as set out in the Schedule of Benefits.

Total Disability (or Totally Disabled)

For an Insured who is gainfully employed or has been unemployed for ninety (90) days or less at the onset of Disability:

- During the Waiting Period and the Regular Occupation period as indicated in the Schedule of Benefits, the inability of the Insured due to an Accident or Sickness, to perform the main duties of his or her Occupation at the onset of Disability and who, during that period, is not engaged in other gainful activity and is under the continuous and appropriate treatment and Care of a Physician
- Thereafter, for a Disability that lasts beyond the Regular Occupation period as indicated in the Schedule of Benefits: the inability of the Insured, due to an Accident or a Sickness, to perform any gainful Occupation that he or she is reasonably qualified to perform based on his or her education, training or experience, while under the continuous and appropriate treatment and Care of a Physician.

For an Insured who has been unemployed for more than ninety (90) days at the onset of Disability, Total Disability means the inability of the Insured, due to an Accident or Sickness, to perform at least one of the Activities of Daily Living, while under the continuous and appropriate treatment and Care of a Physician.

Where the Disability begins after the Policy anniversary date following the Insured's sixty-fifth (65th) birthday, Total Disability means the inability of the Insured, due to an Accident, to perform at least one of the Activities of Daily Living, while under the continuous and appropriate treatment and Care of a Physician.

TERMINATION OF COVERAGE

This coverage will end on the earliest of the following dates:

- The Policy termination date specified in the General Provisions of this Policy
- The Policy anniversary date following the Insured's sixty-fifth (65th) birthday
- The date a written request to this effect is received from the Policyowner or the date specified in the request if later than the date of receipt

GENERAL PROVISIONS

The definitions, limitations and exclusions of this coverage apply in addition to those indicated in the General Provisions. The General Provisions of the Policy govern this coverage when they are relevant to and compatible with its terms.

OVERHEAD EXPENSES

DEFINITION

Where this benefit is in force, the Overhead Expenses incurred, in a reasonable and customary manner in the exercise of his/her profession, as business expenses.

ELIGIBLE OVERHEAD EXPENSES

Share of the General Expenses, described below, already incurred at the onset of the Disability, which the Insured must bear during his or her disability. Eligible Overhead Expenses:

- Employees' salaries, for an occupation other than that of the insured, which generate no income and whose services are essential during the Insured's Disability
- Interest on business debts
- Public utilities (electricity, heating, etc.)
- Payments on machinery
- Rent or mortgage payment for the company
- Communication expenses
- Stationery and postage
- Maintenance costs
- Depreciation on office equipment
- Leasing of office equipment
- Professional fees for accounting services and
- Other usual fixed expenses related to the proper operations of the office

Excluded Overhead Expenses:

- Costs incurred before the onset of the disability, including any arrears
- Salaries, fees, levies or any other remuneration of the Insured or any member of his or her profession hired by or working for him or her
- Cost of goods, items, pharmaceutical products or professional books, materials or supplies and
- Expenses covered under another insurance contract

Except for the eligible monthly amount of a mortgage loan, the eligible monthly amount or the calculation of the eligible monthly amount is determined when the disability begins and remains the same throughout the loan's original amortization period.

A business loan corresponds to the higher of the amount established in the amortization schedule and the regular periodic amount debited by the Financial Institution during the six (6) months prior to the onset of disability. In the case of a business loan to acquire a building for a workplace, the insurance is only available if the business occupies the building. Where the business loan is contracted by more than one person, the Eligible Monthly Amount is the Insured's quota share based on the percentage of shares in the business at the onset of disability.

For any Eligible Personal Expenses incurred by multiple parties on a joint basis, the Eligible Monthly Amount is 100% of the eligible payment notwithstanding the Insured's percentage liability.

When the eligible expense has been fully reimbursed, the eligible monthly amount is nil (\$0). If the Insured declares bankruptcy while Disabled, the Eligible Monthly Amount becomes nil (\$0) and no other benefit is payable.

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The eligible monthly amount does not include any form of advance or lump sum payment.

The Insurer bears no liability with respect to late payment, late interest and fees charged by a Financial Institution.

TERMINATION OF COVERAGE

This coverage will end on the earliest of the following dates:

- The Policy termination date specified in the General Provisions of this Policy or
- The Policy anniversary date following the Insured's sixty-fifth (65th) birthday
- The date a written request to this effect is received from the Policyowner or the date specified in the request if later than the date of receipt
- The date on which the Insured dies.

GENERAL PROVISIONS

The definitions, limitations and exclusions of this coverage apply in addition to those indicated in the General Provisions. The General Provisions of the Policy govern this coverage when they are relevant to and compatible with its terms.

ADDITIONAL INSURANCE OPTION

Issue age: 18 to 50 years old

MAXIMUM

\$2,500, 5 options of 20%.

EXERCISE OF AN OPTION

This coverage allows the policyowner to increase the Insured's monthly benefit by twenty percent (20%) of the amount indicated on the Schedule of Benefits, at each policy anniversary, without evidence of good health, subject to the following conditions:

- the rider must be in force;
- the Insured must not be disabled when the option is exercised or twelve (12) months prior;
- financial evidence satisfactory to the Insurer must be provided to justify the increase;
- the increase must be requested no later than thirty (30) days before the option's anniversary date;
- a maximum of 5 (five) options may be exercised.

A FEW RULES

The Waiting Period and the Maximum Benefit Period indicated in the Schedule of Benefits under the Additional Insurance Option determine the characteristics of the monthly disability benefit.

The disability benefits resulting from exercise of these options must be multiples of one hundred dollars (\$100).

If the policyowner does not take advantage of the maximum amount when exercising an Additional Insurance Option, the excess amount is not carried over to a later Additional Insurance Option.

The disability benefit that results from exercising an Additional Insurance Option takes effect at the policy anniversary following the date at which the option is exercised.

The premium for this coverage is based on the Insured's attained age at that anniversary, the same risk class as the initial disability and the rates in effect at the time of the Additional Insurance Option. The coordination, restrictions and exclusions related the disability benefits also apply to the added benefits resulting from the exercise of an Additional Insurance Option.

When an Additional Insurance Option is exercised, the following coverages (and the related premiums) also automatically increase, when these coverages are indicated in the Schedule of Benefits and are in force when the Additional Insurance Option is exercised:

- Indexation of benefits
- 20-Year Premium Refund Benefit

TERMINATION OF COVERAGE

This coverage will end on the earlier of the following dates:

- The date at which the maximum number of options have been exercised;
- The policy anniversary date following the insured's fifty-fifth (55th) birthday.

20-YEAR PREMIUM REFUND BENEFIT

BENEFITS

Under this coverage, the Insurer will refund the percentage of Refundable Premiums for the Refund Period shown in the Schedule of Benefits of the 20-Year Premium Refund Benefit, provided the Insured is still alive at the date of entitlement to the refund. This refund will be made to the Policyowner within sixty days following the refund entitlement period.

LIMITATIONS

The refund applies to coverages issued prior to attainment of age forty-six and to coverages that have not been cancelled at the Policyowner's request.

If, following payment of a premium refund, a benefit is payable for the previous refund entitlement period, any amount paid by the Insurer under this coverage must be reimbursed beforehand.

No benefit will be payable by the Insurer following failure to return the premium refund.

EXCLUSIONS

The 20-year Premium Refund excludes waived premiums paid by the Insurer.

DEFINITIONS

Refund Period

The period of twenty consecutive years of coverage beginning at the effective date of each coverage, during which no benefit has been paid or would have been payable under the coverages of this Policy. If the Insurer pays a benefit of any kind, a new Refund Period begins to elapse at the date on which the next premium is payable following the date of the last benefit payment, provided the Insured is under age 46.

Premiums Paid

Premiums paid by or on behalf of the Policyowner to the Insurer, for each coverage under the Policy where the benefit amount has not been reduced by more than twenty-five percent at the Policyowner's request.

If the benefit amount has been reduced by more than twenty-five percent at the Policyowner's request, the resulting premium will be considered the premium paid from the start date of the Refund Period.

Refundable Premiums

The total Premiums Paid to the Insurer, since the beginning of the Refund Period, for each coverage in force at the beginning of the Refund Period.

TERMINATION OF COVERAGE

This coverage terminates at the earliest of the following dates:

- The date on which the shortest Waiting Period under the Policy is changed to more than ninety days;
- The Policy termination date specified in the General Provisions of this Policy;
- The Policy anniversary date following the Insured's sixty-fifth birthday

GENERAL PROVISIONS

The definitions, limitations and exclusions of this coverage apply in addition to those indicated in the General Provisions. The General Provisions of the Policy govern this coverage when they are relevant to and compatible with its terms.

4. Exclusions, Modifications and Special Conditions

GENERAL EXCLUSIONS

No Benefit will be payable for a Disability that results directly or indirectly from:

- Attempted suicide or intentionally self-inflicted injury or dismemberment, whether the Insured is sane or insane
- Participation by the Insured in the commission or attempted commission of an assault or criminal offence, or driving a motor vehicle or piloting a boat while under the influence of narcotics or while his or her blood alcohol concentration exceeds the legal limit
- Alcohol abuse, or the use of hallucinogens, drugs or narcotics
- Service, whether or not as a combatant, with armed forces engaged in surveillance, training, peacekeeping, insurrection, war (whether or not declared) or any related act, or participation by the Insured in a popular uprising
- Injuries sustained during air travel, unless the Insured is a passenger on an aircraft used by a common carrier
- Cosmetic surgery or a surgical procedure not required by the Insured's health condition, and any complication resulting therefrom
- Experimental treatments and treatments involving the use of new procedures or therapies that are not yet in mainstream use
- Training for or participation in professional sports or motor vehicle speed contests
- An Injury obtained during the practice of any high-risk activity, including, but not limited to: bungee jumping, freestyle skiing or snowboarding, heliskiing or heliboarding, ski jumping, sky diving, hang gliding, sky surfing, street luge, skeleton, mountain or rock climbing with or without ropes, and participation in rodeos or ultimate fighting competitions
- Pregnancy, childbirth or miscarriage, and any resulting condition, except in the case of a pathological complication
- Refusal by the Insured of any treatment or medication deemed necessary for his or her condition, or refusal to submit to a medical examination required by his or her condition
- Refusal by the Insured to submit to a rehabilitation program recommended by the attending physician or to actively participate in a rehabilitation program previously approved by the Insured and the Insurer
- Organ donation, except where the donation is made after the coverage has been in effect for at least six (6) months.

No Disability Benefit shall be payable for:

- Any period during which the Insured is receiving a salary, except as part of partial disability and/or a rehabilitation program approved by the Insurer
- Any period during which the Insured is incarcerated in a penitentiary or a government detention facility
- Any increase in Eligible Monthly Expenses and any Eligible Monthly Expenses incurred by an already disabled insured person
- Any increase in Eligible Monthly Expenses and any Eligible Monthly Expenses incurred by an Insured person in the ninety (90) days prior to the onset of Total Disability, unless the Eligible Monthly Expenses have been incurred within ninety (90) days following the effective date of the disability coverage
- Any Eligible Monthly Expenses specifically covered by other debt or credit insurance.

If the Insured declares bankruptcy while Disabled, disability benefits cease as of the date of bankruptcy and no benefit will be paid.

No death benefit will be payable if the Insured commits suicide within two (2) years of the effective date or reinstatement of coverage, whether he or she is sane or insane.

CHANGES IN COVERAGE AT AGE 65

Effective from the policy anniversary date following the Insured's sixty-fifth (65th) birthday, the following changes shall apply:

- The definition of Total Disability is the condition of an Insured who, as a result of an Accident, is unable to perform at least one of the Activities of Daily Living and remains under the continuous and appropriate care and treatment of a Physician
- The Total Disability Benefit at that date will be reduced by 50% up to two thousand dollars (\$2,000)
- The Maximum Benefit Period for Total Disability due to an Accident will change to two (2) years from the onset of Disability, even if the Disability began before attaining the age of sixty-five (65) when the Maximum Benefit Period shown is greater than two (2) years
- Partial Disability and Critical Sickness coverages end.

SPECIAL CONDITIONS FOR INSUREDS WHO ARE UNEMPLOYED

The following changes apply when the Insured has been unemployed for more than ninety (90) days at the onset of disability:

- The definition of Total Disability is the condition of an Insured who, as a result of an Accident or a Sickness, is unable to perform at least one of the Activities of Daily Living and remains under the continuous and appropriate treatment and Care of a Physician
- If the Insured becomes disabled again after being able to perform all of his or her Activities of Daily Living for at least six (6) consecutive months, the disability shall be considered a new disability even if due to the same or related cause. The Waiting Period and the Maximum Benefit Period specified in the Schedule of Benefits will apply again
- The maximum benefit for all disability coverages which the Insured has with the Insurer may not exceed two thousand five hundred dollars (\$2,500) per month
- No Partial Disability benefit is payable.

5. Calculation of Claim Payments

AMOUNT OF MONTHLY BENEFITS

The disability benefits are established based on proof of admissible monthly payments submitted, up to the maximum insured amount shown in the Schedule of Benefits. It is important that the Policyowner regularly makes sure that the benefit amount corresponds to their financial needs.

If the amount of the benefit paid by the Insurer is less than the insured benefit, the Insurer will not refund any excess premium.

Eligible Benefit

The maximum amount payable as specified in the Schedule of Benefits. The maximum amount can be changed under the provisions, limitations and exclusions of the Policy and its coverages.

Limitations

The maximum benefit for all disability coverages that the Insured has with the Insurer cannot be greater than ten thousand dollars (\$10,000) per month.

If, by mistake, the sum of all benefits for all disability benefits selected is greater than this amount, the Insurer will pay a maximum benefit of ten thousand dollars (\$10,000), cancel the contracts that exceed ten thousand dollars (\$10,000) in disability benefits, and reimburse the overpayments made.

Eligible Monthly Expenses

Any fixed-term loan for which the Insured is personally and legally responsible as a borrower or co-borrower with a recognized Financial Institution, including, but not limited to: any personal or commercial loan (e.g., leverage loan, car loan, boat loan, motorcycle loan, recreational vehicle (RV) loan, student loan, renovation loan), credit card, line of credit, lease, mortgage loan and home equity line of credit.

When the Insured does not have a mortgage or home equity line of credit, will be considered Eligible Monthly Expense means the monthly rent of the Insured of a lease of at least one year, meeting the standards of the Tribunal administratif du logement or any provincial regulatory body, payable to a natural or legal person who is not related or businesssed with the Insured or the holder.

All of the following expenses: personal and corporate debts, support payments, utilities, daycare expenses, home insurance (property and casualty insurance), professional liability insurance, licensing, professional associations, natural gas, oil, heating oil, electricity, telephone and Internet.

The following are not considered Eligible Monthly Expenses:

- Loans between individuals;
- Any increase in Eligible Monthly Expenses incurred by an Insured person already on disability;
- Any increase in Eligible Monthly Expenses incurred by an Insured person within ninety (90) days prior to the start of Total Disability, unless the Eligible Monthly Expenses were incurred within ninety (90) days following the effective date of the Disability benefit;
- All Eligible Monthly Expenses covered by another disability insurance;
- Eligible Monthly Expenses incurred outside of Canada;

The benefits to which the Insured may be entitled hereunder shall be based on such definition of Eligible Monthly Expenses.

CALCULATION OF EARNED INCOME

EMPLOYMENT STATUS	DEFINITION OF EARNED INCOME
Salaried workers:	Gross employment income as reported in the last federal tax return (Box 14 on the T4 slip or line 10100 on the T1 slip)
Self-employed worker:	<p>Earned income is the maximum between the following two calculations:</p> <p>Calculation #1: Net Profit of the Company Net income as reported on the last federal tax return (Depending on the nature of the income, see box 13500, 13700, 13900, 14100 or 14300 "Self-Employment Income" section of the Income Tax and Benefit Return.)</p> <p>Calculation #2: 50% of his or her share of the business's gross profit* Sales from the latest federal tax return less:</p> <ul style="list-style-type: none"> • The cost of goods sold • The gains realized from a transaction outside the normal course of business and • Any business expense item related to salaries and payroll taxes, excluding the salaries and payroll taxes of the Insured.
Businessowner:	<p>Earned income is the maximum between the following two calculations:</p> <p>Calculation #1: Net Profit of the Company Net business income before taxes for the last completed fiscal year, based on the percentage of units held (Statement of Operations) + Other employment income, excluding dividends for the last completed fiscal year</p> <p>Calculation #2: 50% of his or her share of the business's gross profit* Means, for a full fiscal year, a company's revenue minus:</p> <ul style="list-style-type: none"> • The cost of goods sold • The gains realized from a transaction outside the normal course of business and • Any business expense item related to salaries and payroll taxes, excluding the salaries and payroll taxes of the Insured.

* Gross business income may not be used if the company posted a net loss for two (2) or more consecutive years immediately before the disability.

Definition of average monthly earned income

The average monthly earned income is the greater of:

- 1) The last calendar year completed before the onset of the disability, divided by twelve (12)
- 2) The average annual earned income for the best three (3) of the last five (5) years, divided by twelve (12)
- 3) \$1,111.11.

6. Underwriting

CALCULATION OF MONTHLY PREMIUM

The premium is based on the risk associated with your client's occupation. For example, a client who works 100% of the time in an office will benefit from a lower rate than one who does manual work.

Gender, smoking and age will also have an impact on the premium.

Following the answers obtained during the tele-interview and the analysis of the Underwriting Requirements, the underwriter may issue the contract with a surcharge. Other changes, such as exclusions or limitations, may also apply to the contract. Please refer to the Preselection Guide for more information.

When taking out the coverage, insureds in high-risk occupations will be limited to a maximum benefit period of two (2) years and a minimum waiting period of 90 days.

REQUIRED PROOF OF INCOME

At time of application

- The Insured must report income earned when submitting the online application for insurance.
- No proof of income will be requested.

At time of claim

- The Insurer requires proof of income for all amounts.

OTHER FACTORS TO CONSIDER

Eligibility rules for temporary residents

Residency status: only the following statuses are eligible:

- Canadian citizens
- Permanent residents
- Temporary residents for at least three years who have applied for permanent residence (excluding the following statuses: visitor, tourist, refugee, diplomat, ambassador or embassy staff).

UNDERWRITING REQUIREMENTS

Payment insurance following an Accident or Sickness

Age	\$0 to \$3,000	\$3,001 to \$4,000	\$4,001 to \$5,000	\$5,001 and more
18 to 49 years of age	Tele-interview	Tele-Interview HIV Urinalysis	Tele-Interview HIV Urinalysis Vital Signs BloodProfile	Tele-Interview HIV Urinalysis Vital Signs Blood Profile Investigation Report
50 years	Tele-interview	Tele-Interview HIV Urinalysis Vital Signs	Tele-Interview HIV Urinalysis Vital Signs BloodProfile	Tele-Interview HIV Urinalysis Vital Signs Blood Profile Investigation Report
51 to 64 years of age	Tele-interview	Tele-Interview HIV Urinalysis Vital Signs	Tele-Interview HIV Urinalysis Vital Signs BloodProfile	Tele-Interview HIV Urinalysis Vital Signs Blood Profile Investigation Report Attending Physician's Report

To determine the monthly benefit, add:

- 100% of the Total Disability Benefit
- 100% of any disability insurance issued within the last 12 months to any company and that will not be replaced
- 50% of the amount of the Additional Insurance Option.

The Insurer reserves the right to require any report or examination, regardless of age and amount, if the risk assessment makes it necessary.

For a benefit of \$5,001 to \$10,000:

In the event that the benefit amount on an annual basis is greater than 60% of the salary, an additional underwriting assessment may be required.

EMPLOYMENT STABILITY DISCOUNT

To be eligible for the Employment Stability Discount, the Insured must:

- Exceed income requirements for the past two years (\$35,000 for blue-and grey-collar workers, \$60,000 for white-collar workers)
- Have a minimum of 3 years experience in the same industry.

Some occupations are not eligible for the discount, including drivers, fishers, farm owners, forestry workers and other high-risk industries.

The Employment Stability Discount applies for the policy period.

7. Amendments Authorized After the Policy is Issued

The following table summarizes the most frequently requested changes:

ACCIDENT OR SICKNESS

Type of amendment ▼	Allowed at any time ¹ ▼	Allowed on the policy anniversary only ▼	New application for insurance ▼
Change from smoker to non-smoker	X		
Reduction in benefit amount	X		
Change to a longer waiting period	X		
Change to a shorter benefit period	X		
Cancellation of a rider	X		
Addition of an option or increase in benefit			X
Change to a shorter waiting period			X
Change to a longer benefit period			X
Change to a lower-risk job			X

¹ Allowed at any time but applicable to the next pre-authorized withdrawal or invoicing date.

INTERNAL REPLACEMENT

- For a Policy in force for less than 5 years: The equivalent of the premium amount for the replaced Policy will have commissions calculated at the renewal rate and the premium increase will carry commission in the first year. This rule applies even when the replacement occurs in the first year.
- For a Policy that has been in force for at least 5 years: A full commission will be charged on the new Policy in the first year.