

ACCIRANCE, PERSONAL
ACCIDENT INSURANCE

Distribution GUIDE



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This guide does not express the opinion of the Autorité des marchés financiers regarding the quality of the product offered. The *Insurer* is solely responsible for any discrepancies between the wording of the guide and the insurance contract.



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This guide is intended for information purposes. It is not your insurance contract. If you still have questions after having read the guide, refer to your insurance contract.

The insurance contract consists of:

- the GENERAL CONDITIONS;
- the most recent SPECIAL CONDITIONS;
- the Insurance Application, where applicable;
- any rider or appendix confirming a contract update.

For **more information** on Accirance, please contact us at:

1-877-270-7721.

The terms defined in this guide appear in *italics*.
The definitions are shown on pages 8 to 12.

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INTRODUCTION

■ What is the purpose of the Distribution Guide?

The Distribution Guide provides all the essential information about Accirance.

It will help you answer any questions you may have and show you how Accirance can meet your needs, in the absence of guidance from an insurance representative.

We encourage you to read this guide closely, in particular pages **17, 18, 26, 27, 28 and 29**, that explain the **exclusions, restrictions or reduction in coverage**. The **claim** procedure is also explained on pages **31** and **32**.

■ Why choose Accirance?

- ✓ Because Accirance offers protection against the financial consequences of an *accident*, at all times, anywhere in the world.
- ✓ Because the only requirement for coverage is that you be a *Canadian resident*, whether you are an adult or a *child*.
- ✓ Because for a minimal cost, Accirance provides important coverage not offered by Medicare.
- ✓ Because your Accirance contract is automatically renewed. You therefore avoid inadvertently forgetting to renew, and your coverage will continue uninterrupted.
- ✓ Because Accirance draws on over 40 years of experience in the accident insurance field.

■ Definitions

Here is the meaning of certain terms used in the contract. These terms appear in *italics* in this guide.

Accident: any bodily injury, certified by a *physician*, resulting directly from a sudden and unforeseen external cause and independently of any illness or other cause.

Benefit: an amount paid by the *Insurer* under the conditions of the contract. For a benefit to be paid, an event insured under the contract must have occurred.

Canadian resident: a person who is legally authorized to live in Canada and who resides in the country for at least 6 months per year.

Child: any child or grandchild under age 25 of the *contract holder*, an *insured* or either of their *spouses*.

Common carrier: any vehicle operated by a carrier authorized for passenger transportation by air, sea or land.

Contract holder: a person age 18 or older who signs a contract with the *Insurer* and who fits the definition of *Canadian resident* when the contract takes effect. The contract holder is considered to be the owner of the contract, and may also be an *insured* under the contract. His name will be indicated in the most recent SPECIAL CONDITIONS.

Disappearance: an abnormal and unexplained absence of at least 48 hours of an *insured* under age 16. Disappearance also applies to kidnapping by one of the two *parents*.

Dismemberment or loss of use: the permanent severance or the complete and permanent *loss of use of*:

- 1) one finger and all phalanges, without loss of the hand;
- 2) one hand and the wrist joint, without loss of the arm;

- 3) one arm and the elbow joint;
- 4) one toe and all phalanges, without loss of the foot;
- 5) one foot and the ankle joint, without loss of the leg;
- 6) one leg and the knee joint;
- 7) *sight* in one eye, speech or *hearing*.

To be considered irrevocable, the *loss of use* must continue for a period of not less than six months.

Fracture: the violent breaking of the larynx, the trachea or a bone.

Hospital:

- 1) A facility where people are seen for the purpose of:
 - a) preventive care;
 - b) medical diagnosis;
 - c) *treatment*; or
 - d) physical or mental rehabilitation.
- 2) Unless otherwise indicated, the *Insurer* recognizes any facility as being a hospital if it meets the definition of the term “centre” under the *Act respecting health services and social services*. This act covers, among others:
 - a) hospitals;
 - b) residential and extended care centres;
 - c) rehabilitation centres; and
 - d) local community health centres.
- 3) However, the definition of hospital does not include:
 - a) a professional’s private practice;
 - b) an infirmary where a religious or teaching institution receives members of its staff or its students.

Hospitalization: a stay in a *hospital*.

Insured: any person whose name is indicated in the most recent SPECIAL CONDITIONS under the section “Information on Insureds”. Moreover, he or she must be a *Canadian resident* when his or her Accirance contract takes effect. The *Insurer* sends the SPECIAL CONDITIONS to the *contract holder* once he has applied for coverage.

Insurer: Desjardins Financial Security Life Assurance Company (Desjardins Financial Security).

Loss of hearing or “**loss of use of hearing**”: permanent loss of hearing. The *insured* must have an auditory threshold of more than 90 decibels within a speech-frequency range of 500 to 3000 Hz. The diagnosis of the auditory threshold must be made by a ear-nose-throat specialist practising in Canada.

Loss of sight or “**loss of use of sight**”: permanent loss of sight diagnosed by an ophthalmologist practising in Canada. The *insured* must have a corrected visual acuity of less than 20/200, or a field vision of less than 20 degrees.

Orthosis: a rigid orthopedic appliance designed to protect, immobilize or support a limb or another part of the body. The orthosis is directly attached to the body part requiring treatment.

Parent: the *contract holder*, an *insured* or their *spouse* if one of their *children* is insured under this contract.

Physician: any person, other than the *insured*, who is licensed to practise medicine and who does not live with the *insured* or the *contract holder*.

Reasonable expenses (transportation - accommodations - *disappearance*): expenses paid for services, which do not exceed the normal rates for these services in the region where they are provided.

Reasonable transportation expenses include:

- 1) expenses incurred for travelling (reimbursement by the *Insurer* of a set amount per kilometre travelled);

2) expenses incurred for parking.

Reasonable expenses for accommodation include expenses incurred for meals and lodging.

Reasonable expenses for a disappearance are those incurred for private detective fees and long-distance telephone calls.

Renewal period: period between the date the notice of renewal is sent out by the *Insurer* and the date on which the current period of insurance ends.

Spouse: the spouse of the *contract holder* or an *insured* is the person who:

- 1) is married to or living in a civil union with the *contract holder* or *insured*; or
- 2) can prove that he or she and the *contract holder* or an *insured* have been cohabiting for at least 12 months; or
- 3) can prove that he or she and the *contract holder* or *insured* have been cohabiting and that they had a *child* together.

This person must not have been separated from the *contract holder* or *insured* for 90 days or more as a result of a breakdown in the relationship. The *Insurer* is not responsible for the validity of the designation of spouse.

Student: a person under age 25 who is a duly registered, full-time student at an educational institution. This institution must be recognized by the appropriate government authorities.

Total disability or “totally disabled”: a *student’s* state of incapacity which totally prevents him from performing any gainful employment or from continuing his studies. This incapacity must be the result of an *accident* and require continuing medical care. If the *student* requires specialized medical care, it must be provided by an appropriate specialist for the *insured* to be considered totally disabled.

Treatment(s):

- 1) consultation with a *physician*, another healthcare professional or a paramedical professional, or care received from such persons;
- 2) medical examinations;
- 3) use of medication; or
- 4) *hospitalization*.

1- PRODUCT DESCRIPTION

a) Purpose of the insurance

Accurance is an individual insurance contract that provides for the payment of a *benefit* if the *insured* sustains an *accident*.

b) Summary of conditions and features

■ Who is eligible?

All *Canadian residents* are eligible for Accurance. However, the *contract holder* must be age 18 or older.

Eligible persons are covered under the insurance if their name is listed in the most recent SPECIAL CONDITIONS **AND** if the required premium is paid.

If a *child* is born while this coverage is in force, he will be automatically insured under Accurance from the day he is over 14 days of age. He will be covered under either the Regular or *Superior* Accurance option, depending on the option held by the *contract holder*. No premium is required for this *child* until the next contract renewal.

■ What is the age limit for enrolling?

Accurance may be purchased at any age since the risk of an *accident* exists throughout one's life.

■ How to enrol?

The *contract holder* can apply for coverage using one of the 3 following methods:

- **by mail:** by completing the Insurance Application contained in the brochure that is sent during certain marketing campaigns and returning it to Desjardins Financial Security;
- **by telephone:** by dialing 1-877-888-4873;
- **on-line:** by going to the Desjardins Web site (www.desjardins.com).

Shortly after receiving the Insurance Application, the *Insurer* will send the insurance contract to the *contract holder*.

■ Are there any health questions?

You do not have to answer any questions about your health to obtain Accirance. You are automatically insured without a medical exam.

■ When does the coverage take effect?

Your coverage takes effect on the day your Insurance Application is received by the *Insurer*. If you apply over the phone or on-line, your coverage takes effect on the day following your request.

The insurance period for which the premium was paid is indicated in the SPECIAL CONDITIONS. The start of the insurance period corresponds to the effective date of your coverage.

■ What coverage is offered?

Two options are available under Accirance: Regular Accirance and Superior Accirance.

Regular Accirance provides comprehensive *accident* coverage. It provides for the payment of *benefits*:

- in case of accidental death;
- in case of *dismemberment or loss of use*;
- in case of *fracture*;
- in case of non-accidental death;
- for some *hospital* and paramedical expenses;
- for some dental expenses;
- for some transportation and accommodation expenses;
- for some education expenses;
- to compensate a *student* for the loss of summer employment in the event of *total disability*;
- in case of *hospitalization*;
- in case of *disappearance* of an insured *child*.

Superior Accirance provides all the advantages of Regular Accirance, but includes 4 times the *benefit* amount in the case of:

- *fracture*;
- accidental or non-accidental death;
- *dismemberment or loss of use*;
- *disappearance* of an insured *child*.

Everyone insured under the same contract is covered under the same option, either Regular Accirance or *Superior* Accirance.

A. Insurance in case of death, dismemberment, fracture or loss of use

If, as the result of an *accident*, the *insured* suffers one of the losses listed in the SCHEDULE OF LOSSES below, the *Insurer* pays a *benefit*. This *benefit* is equal to the insurance amount indicated for the loss suffered.

SCHEDULE OF LOSSES	Regular Accirance	Superior Accirance
<i>Dismemberment or loss of use of</i>		
• two of the following body parts: hand, foot, arm, leg or <i>sight</i> in one eye	\$87,500	\$350,000
• <i>hearing</i> in both ears and speech	\$87,500	\$350,000
• one hand, one foot, one arm or one leg	\$45,000	\$180,000
• <i>hearing</i> in both ears or speech	\$45,000	\$180,000
• <i>sight</i> in one eye or <i>hearing</i> in one ear	\$12,500	\$50,000
• one finger or one toe (per finger or toe)	\$1,250	\$5,000

SCHEDULE OF LOSSES	Regular Accurance	Superior Accurance
Death of an <i>insured</i> under 25 years of age at the time of the <i>accident</i>		
• accidental death, while using a <i>common carrier</i>	\$16,000	\$64,000
• accidental death, due to other circumstances	\$8,000	\$32,000
Death of an <i>insured</i> aged 25 years or older at the time of the <i>accident</i>		
• accidental death, while using a <i>common carrier</i>	\$25,000	\$100,000
• accidental death, due to other circumstances	\$16,000	\$64,000
<i>Fracture</i>		
• skull*, spine (except the coccyx), pelvis, femur	\$375	\$1,500
• rib, sternum, coccyx, larynx, trachea, shoulder blade, humerus, patella, tibia or fibula	\$75	\$300
• bone not included above	\$40	\$160

* The skull includes the frontal, sphenoid, ethmoid, occipital, parietal and temporal bones.

CAUTION

A.5 Exclusions, restrictions or reduction in coverage

- An *insured* who is aged 65 or over on the date of the *accident* is entitled to only 50% of the *benefits* provided for in the SCHEDULE OF LOSSES.
- If an *insured* sustains multiple losses described in the SCHEDULE OF LOSSES as a result of the same *accident*, the *Insurer* pays a sole *benefit*. The *benefit* paid is the one that corresponds to the highest amount provided in the SCHEDULE OF LOSSES for the losses sustained.
- The total amount paid under this coverage is limited to \$350,000 per *insured* per *accident*.
- The *Insurer* pays a lesser *benefit* if an *insured* dies as a result of an *accident* while travelling in a *common carrier* as a:
 - 1) driver;
 - 2) pilot;
 - 3) crew member; or
 - 4) non-paying passenger.

The *benefit* paid will be the amount provided for accidental death due to other circumstances.

- If, as a result of an *accident*, the *insured*:
 - 1) sustains one or more of the losses described in the SCHEDULE OF LOSSES; and;
 - 2) dies as a result of this *accident* within 365 days immediately following the *accident*;the *Insurer* pays only the *benefit* for accidental death.
- No *benefits* are paid while the *insured* is in a coma.
- For a *benefit* to be payable for a *fracture*, it must be diagnosed within 30 days following the *accident*.

B. Insurance in case of non-accidental death

The *Insurer* pays a *benefit* if an *insured* aged over 14 days but under 25 years dies a non-accidental death. If the *insured* is covered under **Regular Accurance**, the *benefit* is **\$4,000**. If the *insured* is covered under **Superior Accurance**, it is **\$16,000**.

CAUTION

B.1 Exclusion

The *Insurer* pays no *benefit* if the death occurs during the 12 months following the effective date of this coverage and is the result of:

- 1) suicide; or
- 2) a health problem for which the *insured* received one or more *treatments* during the 6 months prior to the effective date of the contract.

This condition also applies during the 12 months following any change from Regular Accurance to Superior Accurance on the request of the *contract holder*.

It also applies after any reinstatement of this coverage following a period of interruption.

C. Hospital and paramedical coverage

The *Insurer* reimburses the *reasonable expenses* incurred for an *insured* **as a result of an accident**, for the following care, services or items:

- 1) the cost of a room in a *hospital* in Canada, up to \$100 per day;
- 2) the services of a registered nurse if prescribed by the attending *physician*, up to \$7,000*;

* maximum amount for the contract year.

- 3) the services of a:
 - a) chiropractor;
 - b) occupational therapist;
 - c) osteopath;
 - d) physiotherapist; or
 - e) orthotherapist;

The *Insurer* reimburses these expenses at a rate of \$25 per *treatment*, up to \$250 for all of these professionals combined*. These professionals must be members in good standing of their professional association. The cost of X-rays associated with the care given by these professionals is also eligible up to \$30*;

- 4) prescription drugs;
- 5) emergency transportation immediately after the *accident*;
- 6) the purchase or rental of a cane, crutches, pressure garments, a walker or a wheelchair;
- 7) the purchase of an initial hearing device or artificial eye, up to \$700 for each of these items;
- 8) the replacement of broken prescription eye glasses, up to \$300*;
- 9) health care expenses not mentioned above **AND** incurred outside the *insured's* province of residence, up to \$7,000*;
- 10) the purchase or rental of an *orthosis*, up to \$400 per *accident*.

* maximum amount for the contract year.

D. Dental care coverage

When an *insured* receives dental care **as a result of an accident**, the *Insurer* reimburses the *reasonable expenses* incurred:

- 1) up to \$400 per natural and healthy tooth that must be treated or replaced; and
- 2) up to \$400 for the repair or replacement of dentures.

E. Transportation and accommodation coverage

If, as a result of an *accident*, an *insured* must incur reasonable transportation and accommodation expenses to receive *treatments*, the *Insurer* reimburses these expenses. The insurance also covers reasonable transportation and accommodation expenses for the person accompanying the *insured*. However, the following conditions apply:

- 1) the *treatments* must not be available within 50 km of the *insured's* home;
- 2) the 50-km distance is based on a **one-way trip only**;
- 3) the maximum reimbursement amount is **\$1,000** per *accident*.

This insurance also covers reasonable transportation and accommodation expenses incurred by the *parents* of a hospitalized insured *child* (or third party, where applicable) to remain at that *child's* bedside. The *child* must be hospitalized because of an *accident*, and the *hospital* must be located more than 50 km from his or her domicile. Reimbursement of these expenses is subject to the \$1,000 maximum per *accident* stipulated above.

F. Educational costs coverage

The *Insurer* reimburses all of the following expenses if, solely as a result of an *accident*, an insured *student* becomes *totally disabled*.

- 1) **Private tutoring** - The *Insurer* reimburses the *reasonable expenses* incurred by the *student* for private tutoring subject to the following conditions:
 - a) the *total disability* must require the *student* to interrupt his or her studies for a continuous period of at least 30 days;
 - b) the private tutoring must be part of the *student's* normal curriculum;
 - c) the private tutoring must be provided by a person with an appropriate teaching diploma;

- d) reimbursed expenses are limited to a maximum rate of \$30 per hour;
- e) the maximum reimbursement is \$3,500 for the contract year.

2) **School transportation** - The *Insurer* reimburses the *reasonable expenses* incurred by the *student* for school transportation, subject to the following conditions:

- a) the insured *student* is unable to use his usual means of transportation for going to and from school;
- b) the expenses reimbursed are limited to a maximum of \$15 a day;
- c) the maximum reimbursed is \$150 for the contract year.

3) **Reorientation expenses** - The *Insurer* reimburses the *reasonable expenses* incurred by the *student* for training, if he is required to change his field of study due to *total disability*.

Reimbursement of these expenses is limited to a lifetime maximum of \$4,000 per *student*.

4) **Tuition fees** - The *Insurer* pays the portion of tuition fees not refunded by the educational institution if the *total disability* occurs during a semester for which the *student* incurred such expenses.

Reimbursement of these expenses is limited to a maximum of \$2,000 for the contract year.

G. Monthly benefit payable during school holidays

If, as a result of an *accident*, an insured *student* is *totally disabled* during the summer vacation period, the *Insurer* pays a monthly *benefit* for this vacation period.

The maximum *benefit* is \$850 a month and is used to make up for the loss of summer employment.

The conditions below apply:

- the *accident* must have occurred during the school year;

- the *student* must be age 16 or over;
- the *benefit* is paid as of the 8th day of *total disability*; no *benefit* is therefore payable for the first 7 days of *total disability*;
- the insured *student* must be under the care of a *physician* during the entire period of *total disability*;
- *benefit* payments terminate when the *total disability* ends or no later than the end of the vacation period;
- *benefits* are payable during the holiday period set by the *student's* educational institution. This period must fall between May 1 and August 31 of the same year.

H. Insurance in case of hospitalization

If an *insured* is hospitalized as a result of an *accident*, the *Insurer* pays an amount of \$35 for each complete and consecutive 24-hour period of *hospitalization*. **However, no amount is payable for the first 24 hours of any period of hospitalization. The applicable maximums are the following:**

	Regular Accurance	Superior Accurance
Maximum for the contract year and per <i>accident</i>	\$1,400	\$5,600

If several *insureds* who are members of the same family are hospitalized due to an *accident*, the *Insurer* pays a *benefit* for each *insured*.

I. Insurance in case of disappearance of an insured child

In the event of the *disappearance* of an insured *child* under age 16, the *Insurer* reimburses the *reasonable expenses* incurred to find the *child*. However, the reimbursement is limited to \$1,500 under **Regular** Accurance and \$6,000 under **Superior** Accurance.

For the expenses incurred to be reimbursed:

- 1) the *disappearance* must be confirmed by a police report; **AND**
- 2) the expenses must be approved in advance by the *Insurer*.

■ How is the cost of the insurance calculated?

The premium is determined when the insurance is applied for or renewed based on:

- the age of the *insured* on this date;
- the gender;
- the option selected (Regular Accurance or *Superior* Accurance);
- the frequency of payments.

When the contract is signed, the *contract holder* authorizes the *Insurer* to deduct the periodic premium required to maintain the contract in force. The premium is paid in a one-time payment. The *Insurer* can deduct this amount either from the *contract holder's* chequing account or credit card account.

The *Insurer* collects the premium a few days after receiving the Insurance Application.

■ Who receives the benefits payable?

The *Insurer* pays the amounts provided for as follows:

- 1) in case of **reimbursement of expenses incurred**:
to the *contract holder*;
- 2) in case of the **death** of an *insured*:
 - a) to the *contract holder*, if he is alive; otherwise
 - b) to the designated beneficiary if he is alive; otherwise
 - c) to the legal heirs of the *insured*;
- 3) in case of **payment of other benefits** for an *insured* (for example: in case of *fracture*):
 - a) if the *insured* is under age 18 on the *benefit* payment date, to the *contract holder* if alive; otherwise, to the *insured's* tutor;
 - b) if the *insured* is age 18 or over on the *benefit* payment date, to the *insured*.

■ What is the duration of the insurance contract?

The duration of the insurance contract is indicated in the SPECIAL CONDITIONS.

■ Is the renewal of the contract guaranteed?

The *Insurer* advises the *contract holder* in writing of the renewal of his contract 30 to 60 days prior to the expiry date. Unless otherwise notified by the *contract holder*, the contract is renewed automatically on the expiry date, provided that the premiums are paid.

The *Insurer* renews the contract based on the method of payment and the particulars in effect when the insurance was applied for or at the last renewal.

■ Can the Insurer modify the contract?

At renewal, the *Insurer* may modify the contract provided that all Accirance contracts in the same category are also modified. The *contract holder* must also be notified at least 30 days in advance. **The *Insurer* considers that the *contract holder* has accepted the change 30 days after receiving the notice.**

The *contract holder* may, at any time, ask the *Insurer* to change or terminate his contract. To change his contract, he may contact the *Insurer* in writing or by phone. However, to cancel his contract, he must send a written request to the *Insurer*.

If the *contract holder* sends in a written request to the *Insurer* to change or cancel his contract, his request takes effect on the date it is received by the *Insurer*. If the *contract holder* requests a change over the phone, it takes effect the following day.

The effective date of the change is, however, different if the *contract holder* submits his request during a *renewal period*. If the *contract holder* requests a change during this period, it only takes effect on the start date of the next insurance period. Similarly, if the *contract holder* asks the *Insurer* to cancel his contract during a *renewal*

period, the contract is only terminated on the date of the end of the current insurance period.

The telephone number and address of the *Insurer* are indicated on page 2 of the Guide.

■ **What happens if the premiums are not paid?**

You have 30 days grace to pay any premium owing, except for the very first premium. Your contract remains in force during this period.

This period does not, however, apply if the *contract holder* has indicated that he wants to terminate the contract.

CAUTION

■ Exclusions, restrictions or reduction in coverage

- 1) In addition to the exclusions, limitations or benefit reductions listed in sections A and B of this guide, no *benefits* are paid for an *accident* that occurs in the following cases:
 - a) if the *accident* results directly or indirectly from an intentionally self-inflicted injury or attempted suicide. This restriction applies whether the *insured* is sane or insane;
 - b) if an illness, an impairment or infection contributed to the bodily injury;
 - c) if the bodily injury is due to an illness or an infection contracted accidentally;
 - d) if the bodily injury is due to a complication or other events resulting from a *treatment*;
 - e) if the *accident* results from war, whether war be declared or not, a riot, a revolution or an act of terrorism;
 - f) if the *accident* occurs while the *insured* is participating in any criminal act or related offence;
 - g) if the *accident* results from the *insured's* participation in one of the following activities:
 - i) gliding or hang gliding;
 - ii) parachuting;
 - iii) climbing or mountain climbing;
 - iv) underwater diving;
 - v) bungee jumping;
 - vi) rodeo;
 - vii) go-karting;

h) if the *accident* occurs while the *insured* is:

- i) taking part in a sporting activity for which he is paid;**
- ii) taking part in a motor vehicle competition; or**
- iii) training for a motor vehicle competition;**

i) if the *accident* occurs after the *insured* has abused medication or alcohol or taken narcotics. Abusive use of medication is that which exceeds the dosage recommended by a health specialist. Abusive use of alcohol is that which results in a blood alcohol level equal to or above level 80 mg of alcohol per 100 ml of blood;

j) if the expenses are incurred more than 104 weeks after the *accident*;

k) if the care or services are provided by a person who is related to the *insured* or the *contract holder*;

l) if the *accident* is solely the result of *treatment*, surgery or anesthesia;

m) with regard to the *hospital* and para-medical coverage, if the trip is taken for the purpose of receiving:

- i) *treatments*; or**
- ii) *hospital services*;**

This exclusion applies even if the trip is on the recommendation of a *physician*;

n) in the event of accidental death, *dismemberment* or *loss of use* occurring more than 52 weeks after the *accident*. This exclusion does not apply, however, if the *insured* is in a coma at the end of this period. In this case, the *Insurer* determines the *benefits* payable, where applicable, at the end of the coma.

2) The *Insurer* does not pay the *benefits* provided for in sections C to G (pages 18 to 22) for any portion of the expenses that are payable by:

a) any government body; or

b) any other private insurance plan.

3) Multiple contracts:

a) If an *insured* is covered under several Accurance contracts offered at no cost by the *Insurer*, he or she is entitled to *benefits* under only one of these cost-free contracts. If there are several cost-free contracts to consider when determining a *benefit* amount, the *Insurer* will select the most advantageous one.

b) At any time, regardless of the number or type of Accurance contracts in force for one *insured*, this *insured* is entitled to *benefits* under only two of these contracts. The *Insurer* considers the two most advantageous contracts when determining the *benefits* payable. However, in conformity with the above, only one cost-free contract will be taken into consideration for the payment of a *benefit*.

4) The *Insurer* does not pay any claims under \$5.

Furthermore, the *Insurer* does not pay any *benefits* unless it has first obtained the authorization required for the collection and disclosure of personal information.

This authorization can be given by:

a) the *contract holder*; or

b) any other individual who claims to have rights to the *benefits*.

Refer to the CLAIMS section of this guide (page 31) for more details on the information, evidence or documents that may be requested by the *Insurer*.

- 5) The *Insurer* does not reimburse any premiums if the *Insurer* has already accepted a claim under the contract.**

■ Cancellation

Under the *Act respecting the distribution of financial products and services*, the holder of an insurance contract may cancel it. In the case of Accirance, the *Insurer* gives the *contract holder* 30 days from the date it is received to cancel the contract. For Quebec residents, this 30-day period begins after the *contract holder* receives the Distribution Guide. If the *contract holder* cancels his contract within this period, the *Insurer* refunds any premiums paid.

The *contract holder* may also, at any time, ask the *Insurer* to cancel the contract. On receipt of the request, the *Insurer* cancels the coverage and refunds the *contract holder* for the unused portion (in days) of the premium. However, an administrative fee of \$15 will be deducted by the *Insurer* from the refund amount. If the *contract holder* makes his request during a *renewal period*, the contract then terminates on the date the current insurance period expires.

To terminate the contract, the *contract holder* must advise the *Insurer* **in writing**. He must send his request to the *Insurer* by registered mail, to the address indicated on page 2. In the case of a request submitted during the 30-day period indicated above, the *contract holder* must include the contract along with his letter.

Moreover, the *contract holder* must notify the *Insurer* of any change regarding his address. He must also inform the *Insurer* of any change regarding the financial institution where he does business for payment of the premiums. **If the *Insurer* is not notified of these changes and is unable to collect the premiums, the *Insurer* assumes that the *contract holder* wishes to terminate the contract.** Coverage is terminated at the end of the 30-day period provided for in this contract for the payment of the premium. This period does not apply if the *contract holder* has indicated that he wants to terminate the contract.

The *Insurer* may terminate the contract provided that all Accirance contracts in the same category are also terminated. It must also advise the *contract holder* in writing at least 30 days in advance.

c) When does the insurance expire?

The insurance remains in force providing the periodic premiums that are to be paid are collected by the *Insurer*. The *contract holder* must indicate his intention to terminate the contract.

2- CLAIMS

a) Submitting claims

All claims must be submitted to the *Insurer* in writing within 30 days of the event giving rise to *benefits*. Claims must be sent to the following address:

Desjardins Financial Security
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

Claims may be submitted by the *contract holder* or, in case of the death of the *contract holder*, any person of the age of majority who claims to have rights to the *benefits*.

The *Insurer* may request any information, proof or other document that it deems necessary to examine a claim. This information, proof or document must be provided to the *Insurer* within 90 days following the date of the claim.

A claim is not necessarily refused if the person does not submit the claim or the proof and information required within the time specified. However, a valid reason for missing the deadline must be presented. In such cases, the documents required must be sent to the *Insurer* within the year following the date of the event giving rise to the claim.

For more information, call the following number during normal business hours:

1-877-886-5042.

The *Insurer* will send any potential claimant the information and all documents required to submit a claim. When a claim is submitted, the *Insurer* reserves the right to have the *insured* examined by a *physician* of its choice.

b) Insurer's reply

Once the *Insurer* accepts the claim, it pays the *benefit* within **30 days** of receiving the proof required for the payment.

If the *Insurer* does not approve the claim or only pays a portion of the *benefit*, it sends a letter to the claimant explaining the reasons for its decision. It sends the letter within **30 days** following receipt of the documents requested to examine the claim.

c) Appeal of the Insurer's decision and recourse

If the *Insurer* does not approve your claim, you may submit additional information and request that it review your file. This option is also available to your beneficiaries.

Note that the law provides for a maximum of 3 years (period of prescription) within which to contest the *Insurer's* decision.

If you are a Quebec resident and want to know more about your rights, you can call the Autorité des marchés financiers at 418-525-0337 or 1-877-525-0337. You can also consult your legal advisor.

■ Coordination of Benefits

If an *insured* is covered under more than one insurance plans (private or public), the total amount of *benefits* that he or she may receive can never exceed the expenses actually incurred.

If an *insured* is covered under one or more plans that do not provide for coordination of benefits with other plans, the *insured* must first be reimbursed by these other plans. The *Insurer's* responsibility is then limited to the portion of expenses that are not reimbursed under these other plans.

If the other plans include a provision regarding the coordination of benefits, *benefits* will be divided proportionally between these plans and that of the *Insurer*, based on the amounts that should have been paid under each plan.

3- SIMILAR PRODUCTS

Similar products are also available on the market. Check whether or not you already have insurance that provides you the same coverage as that described in this guide.

4- AUTORITÉ DES MARCHÉS FINANCIERS (QUEBEC RESIDENTS ONLY)

For more information on the *Insurer's* and the distributor's obligations towards you, you can contact the Autorité des marchés financiers at:

Place de la Cité, Tour Cominar
2640, boul. Laurier, bureau 400
Québec (Québec) G1V 5C1
Telephone: 418-525-0337 or 1-877-525-0337
Fax: 418-525-9512
E-mail: renseignements-consommateur@lautorite.qc.ca
Web Site: www.lautorite.qc.ca

5- YOUR SATISFACTION IS OUR PRIORITY!

As a responsible company that is attentive to the needs of its clients, Desjardins Financial Security wants to provide each and every one of them with products and services that meet their expectations. However, if you are dissatisfied with any of our products or services, please let us know by following the steps below.

1. Contact the person or business you purchased the product from.

You can find the number by consulting the literature you received when you purchased the product in question. Ask for explanations. In most cases, a simple call is all it takes to get the answers you are looking for.

2. Call our Customer Service Centre.

If you are not fully satisfied with the explanations provided in step 1, contact our Customer Service Centre at 1-866-838-7584. Our staff is very familiar with our products and will certainly be able to help you.

3. Write to our Dispute Resolution Officer.

If you are not satisfied with the explanations you received from our Customer Service Centre, you may file a complaint with Desjardins Financial Security's Dispute Resolution Officer. This person's role is to assess the merits of the company's decisions and the soundness of its practices.

Please write to:

Dispute Resolution Officer
Desjardins Financial Security
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

Or email: disputeofficer@dfs.ca

You can also call the Officer at 1-877-838-8185.

For more information on the procedure to follow in the event of a problem or complaint, please visit our website at www.dfs.ca/complaint, where you can also find complaint forms.

Your satisfaction is our priority!

Helpful hints

- Make sure you have all the documents and information required to provide a detailed explanation of the problem (account statements, names of employees in question, dates, etc.).
- Write down the names of the individuals with whom you have spoken, and the dates of your conversations.
- Include your name, address and telephone number in any correspondence.



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