ACCIRANCE, PERSONAL ACCIDENT INSURANCE

Financial services including insurance, annuities, credit and related services

General Conditions of your contract Select – 01

To contact the Insurer

For information: 1-877-270-7721

For claims: 1-877-886-5042

Desjardins Insurance
Life • Health • Retirement

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

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

CONTRACT

Your contract consists of the following documents:

1) these GENERAL CONDITIONS;
2) the most recent SPECIAL CONDITIONS;
3) the Insurance Application, where applicable;
4) any rider or appendix confirming a change to or update of the contract.

30-DAY CONTRACT EXAMINATION PERIOD – The *contract holder* has 30 days from the date the contract is received to read the contract and notify the *Insurer* if they are not satisfied. For Quebec residents, this 30-day period begins after the *contract holder* receives the contract and the Distribution Guide. At the request of the *contract holder*, the *Insurer* will terminate the contract, and this termination will take effect as of the date the contract came into force. This date is indicated in the SPECIAL CONDITIONS of the Accirance contract. Furthermore, the *Insurer* will provide a refund to the *contract holder* of any premiums paid, provided no claims have been submitted.

1. OBJECT AND DESCRIPTION

1) Accirance provides for the payment of a *benefit* in the event that the *insured* sustains an *accident*. This *benefit* is paid if, as a result of the *accident,* the *insured:*
   a) dies;
   b) sustains a covered *dismemberment or loss of use;*
   c) sustains a covered *fracture;*
   d) is in a *coma;*
   e) becomes *totally disabled;*
   f) incurs expenses covered under the contract.
2) Accirance also provides for the payment of a *benefit* if an *insured* over 14 days of *age* but under 25 years dies of causes not related to an *accident*.
3) The coverage and *benefit* amount are determined in accordance with the contractual conditions in effect at the time the event giving rise to payment of the *benefit* occurs.
4) If *children* are born while this coverage is in force, they will be insured automatically and free of charge from the day they are over 14 days of *age* up to the next contract renewal. As of this date, *children* will remain insured if:
   a) their name is indicated in the most recent SPECIAL CONDITIONS; and
   b) the *contract holder* pays the required premium for these *children*.

2. DEFINITIONS

For the purpose of this contract, the following terms (shown in *italics* in this contract) mean:

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

Age or **aged:** the *age* of the *insured* at the time of the event giving rise to a *benefit*.

Benefit: an amount paid by the *Insurer*. Under the conditions of the contract, the *benefit* can be a lump sum, a reimbursement of expenses incurred, or a monthly annuity.

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 person under *age* 25 who is the *child* or grandchild of the *contract holder,* an *insured* or either of their *spouses*.

Coma: a definite diagnosis of a state of deep unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less. The diagnosis of *coma* must be made by a neurologist practising in Canada.

Common carrier: any vehicle operated by a carrier authorized to transport passengers by air, sea or land.
Contract holder: a person age 18 or older who signs a contract with the *Insurer* and who is a *Canadian resident* when the contract takes effect. This person is considered to be the owner of the contract, and may also be an *insured*. Their name appears in the most recent SPECIAL CONDITIONS.
Dismemberment or loss of use: the permanent severance or the complete and permanent *loss of use* of:
1) one finger and all of its 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 of its 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 permanent, the *loss of use* must last for at least six months.
Fracture: the violent rupture of the larynx, the trachea or a bone.
Healthcare facility:
1) A facility where people are seen for the purpose of:
   a) preventive care;
   b) medical diagnoses;
   c) *treatment;* or
   d) physical or mental rehabilitation.
2) Unless otherwise indicated, the *Insurer* recognizes as a *healthcare facility* any facility that meets the definition of the term "centre" under Quebec's *Act respecting health services and social services*. This act covers, among others:
   a) hospitals;
   b) hospital centres;
   c) residential and long-term care centres;
   d) rehabilitation centres; and
   e) local community service centres.
3) However, the definition of *healthcare facility* does not include:
   a) private practices;
   b) infirmaries where religious or teaching institutions receive members of their staff or students;
   c) convalescent, rest, or long-term care homes, or homes for the chronically ill;
   d) homes for the aged.

Hospitalization: a stay in a *healthcare facility*.
Insured: any person whose name is indicated in the most recent SPECIAL CONDITIONS under the section "Insured(s)". Moreover, they must be a *Canadian resident* when their Accirance contract takes effect.
Insurer: Desjardins Financial Security Life Assurance Company.
Loss of hearing or **"loss of use of hearing":** permanent *loss of hearing* diagnosed by an ear-nose-and-throat specialist practising in Canada. The *insured* must have an auditory threshold of more than 90 decibels within a speech-frequency range of 500 to 3,000 Hz.
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.
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: expenses paid for services that do not exceed the normal rates for these services in the region where they are provided.
Renewal period: the 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 living in a conjugal relationship for at least 12 months; or
3) can prove that he or she and the *contract holder* or *insured* have been living in a conjugal relationship 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 that is recognized by the appropriate government authorities.
Total disability or **"totally disabled":** a *student's* state of incapacity which totally prevents them from performing any gainful employment or from continuing their studies. This incapacity must be the result of an *accident* and require continuing medical care. If the *student* requires specialized medical care, they must receive it from an appropriate specialist to be considered *totally disabled*.
Treatment(s):
1) consultations with a *physician,* another healthcare professional or a paramedical professional, or care received from such persons;
2) medical examinations;
3) use of medications; or
4) *hospitalization*.

3. CONTRACT YEAR AND CONTRACT ANNIVERSARY

Each one-year period following the effective date of a contract corresponds to one contract year. Contract anniversaries fall on the dates marking the beginning of each new contract year. The *Insurer* determines these anniversaries starting on the date the contract takes effect.

4. EFFECTIVE DATE

1) When the *contract holder* takes out Accirance over the telephone or on-line, the contract takes effect the next day.
2) When the *contract holder* takes out Accirance by completing the Insurance Application, the contract takes effect on the date the *Insurer* receives the Insurance Application.

5. DURATION OF CONTRACT AND RENEWAL

The duration of the contract is indicated in the most recent SPECIAL CONDITIONS. Thereafter, unless otherwise notified by the *contract holder,* the contract is renewed automatically provided that the premiums are paid.

When taking out insurance, the *contract holder* authorizes the *Insurer* to use the information submitted to manage their file and remind them of the contract renewal. The *contract holder* also authorizes the *Insurer* to collect new particulars from a third party, should the need arise.

6. PREMIUM

1) When the contract is signed, the *contract holder* authorizes the *Insurer* to deduct the periodic premium required to maintain the contract in force. The *Insurer* can deduct this amount from the *contract holder's* chequing account or from the latter's credit card account.
2) The *contract holder* has a period of 30 days to pay any required premiums, except the initial premium. The contract remains in force during this period. The 30-day period does not apply when the *contract holder* has indicated that they wish to terminate the contract.
3) The premium payable is based on:
   a) the age of each *insured* on the effective date of the contract or its subsequent renewal date;
   b) the sex of each *insured*.
   c) the frequency of payment selected by the *contract holder*.

   The required premium is indicated in the most recent SPECIAL CONDITIONS.
4) The premium can be subject to certain conditions determined by the *Insurer* when taking out insurance.

7. BENEFITS

1) Only an event that occurs while the contract is in force may give rise to a *benefit*.
2) The payment of any *benefit* is dependent upon the various conditions of the contract being met. Also, the amount of the *benefit* is based on the conditions in effect at the time of the event giving rise to the *benefit*.

8. CLAIMS

1) You can submit a benefit claim by visiting www.desjardins.com/accirance, or you can call 1-877-886-5042 and the *Insurer* will send you the necessary forms.
2) All claims must be submitted to the *Insurer* in writing within 30 days of the event giving rise to a *benefit*. Claims must be sent to the following address:

   Desjardins Financial Security Life Assurance Company
   Case postale 520, succursale Lévis
   Lévis (Québec) G6V 7E2
3) The *Insurer* may request any information, proof or any other document deemed 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.
4) A claim will not necessarily be refused if the proof and information required are not received within the time specified. However, a valid reason for missing the deadline must be presented. In such cases, the required documents must be sent to the *Insurer* within the year following the date of the event giving rise to the claim.
5) When a claim is submitted, the *Insurer* reserves the right, at its expense, to have the *insured* examined by a health professional. This health professional will be chosen by the *Insurer*.
6) The *Insurer* does not pay any *benefits* when a claim includes omissions or misrepresentations, whether or not they are fraudulent. Those who receive amounts to which they are not entitled must repay them to the *Insurer* at a reasonable rate of interest determined by the *Insurer*.

Exclusions:

The *Insurer* will not pay any claims under $5. Furthermore, the *Insurer* will 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:

1) the *contract holder;* or
2) any other individual who claims to have rights to the *benefits*.

9. PAYMENT OF BENEFITS

The *Insurer* pays the *benefits* as follows:

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

10. COORDINATION OF BENEFITS

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

If an *insured* is covered under one or more plans that do not provide for the 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.

11. BENEFICIARY DESIGNATION

The *contract holder* may designate a beneficiary using the appropriate form. Beneficiary designations are valid for the duration of the contract if they are sent in writing to the *Insurer* while the *contract holder* is alive. More than one person can be designated. The *contract holder* may also change the beneficiary by notifying the *Insurer* in writing. However, the *Insurer* is not liable for the *contract holder's* choice of beneficiary.

12. CURRENCY

The amounts indicated in the contract are in Canadian currency. For eligible expenses incurred outside Canada, the *Insurer* uses the exchange rate in effect at the time the *benefit* is paid.

13. EXCLUSIONS AND LIMITATIONS

1) ***Benefits* are not payable under the contract** in the following cases:
   a) if the *accident* results directly or indirectly from an intentionally self-inflicted injury or attempted suicide, while 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* is the result of a 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 they are paid;
      ii) taking part in a motor vehicle competition;
      iii) training for a motor vehicle competition;
   i) if the *accident* occurs after the *insured* has abused medication or alcohol or if the *insured's* blood contains traces of drugs. 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 80 mg of alcohol per 100 ml of blood;
   j) with regard to clauses 20, 23 and 24, if the claim is for the reimbursement of expenses incurred and is payable by:
      i) any government agency; or
      ii) any other private insurance plan;
   k) if the expenses are incurred more than 104 weeks after the *accident*;
   l) if the care or services are provided by a person who is related to the *insured* or the *contract holder;*

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

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 if the *insured* is in a coma at the end of this period. In this case, the *Insurer* will determine the *benefits* payable, where applicable, at the end of the coma.

2) Multiple contracts

a) If an *insured* is covered under several Accirance contracts with a cost-free period, they are entitled to *benefits* under only one of these contracts. If there are several contracts with a cost-free period 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 Accirance 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 compliance with the above, only one contract with a cost-free period will be taken into consideration for the payment of a *benefit*.

14. RESPONSIBILITIES OF THE CONTRACT HOLDER

The *contract holder* must notify the *Insurer* of any change regarding their address, as well as of any change regarding the financial institution where they do business for payment of the premiums. If the *Insurer* is not notified of these changes and is unable to collect the premiums, the *Insurer* will assume that the *contract holder* wishes to terminate the contract. Coverage will be terminated at the end of the 30-day period provided for in this contract.

15. CONTRACT HOLDER'S RIGHTS

The *contract holder* may not:

1) assign this contract (transfer its ownership); or

2) hypothecate the contract (assign it as collateral).

16. RIGHT OF SUBROGATION

By enrolling, the *contract holder* agrees that the *Insurer* automatically acquires the right to prosecute the perpetrator of the damage in the contract *holder's* name and at the *insurer's* own expense, up to the amount of *benefits* it paid out.

17. AMENDMENT AND CANCELLATION OF CONTRACT

At renewal, the *Insurer* may amend or terminate the contract provided that all Accirance contracts in the same category are also modified or cancelled. The *contract holder* must also be notified at least 30 days in advance. In the case of changes, it will be assumed that the *contract holder* has accepted these amendments 30 days following receipt of the notice.

The *contract holder* may, at any time, ask the *Insurer* to change or terminate the contract by contacting the *Insurer* by phone and the request takes effect the following day.

The effective date of the change is, however, different if the *contract holder* submits a 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 the contract during a *renewal period,* the contract is only terminated on the date of the end of the current insurance period.

Moreover, when a contract is amended, the *Insurer* will either increase or decrease the premium:

1) on the date the amendment takes effect; and

2) based on the number of days remaining until the next renewal.

When an amendment leads to an increase in the premium, the *contract holder* must pay the amount of the increase in order for the amendment to take effect.

If the *contract holder* terminates the contract, the *Insurer* will reimburse the unused portion (in days) of the premium. An administrative fee will be deducted by the *Insurer* from the refund amount. **Exclusion: The *Insurer* will not reimburse any premiums if a claim has already been approved under the contract.**

The contract terminates when the *Insurer* sends a cancellation notice to the *contract holder* and, for any premiums subsequent to the initial premium, the 30-day period for premium payment has elapsed.

The contract also terminates when a claim for *benefits* is received containing fraudulent statements or omissions. In this case, the coverage terminates the first day of the contract month following the month in which the *contract holder* is notified in writing that such coverage will be terminated.

18. INSURANCE IN CASE OF DEATH, DISMEMBERMENT, FRACTURE, COMA OR LOSS OF USE

When an *insured* sustains, as the result of an *accident,* one of the losses listed in the SCHEDULE OF LOSSES below, the *Insurer* pays a *benefit*. This *benefit* is a lump sum equals to the amount of insurance indicated for the loss.

SCHEDULE OF LOSSES

***Dismemberment or loss of use* of**	
two of the following body parts: hand, foot, arm, leg or *sight* in one eye	$500,000
hearing in both ears and speech	$500,000
one hand, one foot, one arm or one leg	$250,000
hearing in both ears or speech	$250,000
sight in one eye or *hearing* in one ear	$75,000
one finger or one toe (per finger or toe)	$5,000

Death of an *insured* under *age* 25 at the time of the *accident*	
accidental death, while on board a *common carrier*	$1,000,000
accidental death, due to other circumstances	$40,000

Death of an *insured* *age* 25 or older at the time of the *accident*	
accidental death while on board a *common carrier*	$1,000,000
accidental death, due to other circumstances	$100,000

Fracture	
skull*, spine (except the coccyx), pelvis, hip	$3,500
rib, sternum, coccyx, larynx, trachea, shoulder blade, humerus, patella, tibia, fibula or femur	$1,000
bone not included above	$250

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

Coma	
for a duration of 96 consecutive hours or longer	$40,000

Exclusions and Limitations:

1) An *insured* who is *aged* 75 or over on the date of the *accident* is entitled to only 50% of the *benefits* provided for in the SCHEDULE OF LOSSES.
2) If an *insured* sustains multiple losses described in the SCHEDULE OF LOSSES as a result of the same *accident,* the *Insurer* pays a single *benefit*. The *benefit* paid is the one that corresponds to the highest amount provided in the SCHEDULE OF LOSSES for the losses sustained.
3) If, as the result of an *accident,* the *insured:*
   a) sustains one or more of the losses described in the SCHEDULE OF LOSSES; **and**
   b) dies as the result of this *accident* within 365 days immediately following the *accident;*

   the *Insurer* pays only the accidental death *benefit*.
4) The total amount paid under the coverage is limited to $500,000 per *insured* per *accident*. This maximum is $1,000,000 per *insured* per *accident* in the event of accidental death on board a *common carrier*.
5) If more than two *insureds* covered under a same Accirance contract die accidentally on board a *common carrier,* the insurance amount payable by the *Insurer* is limited to $2,000,000. The *benefit* payable for each *insured* is reduced proportionately.
6) If, as the result of the same *accident,* more than two *insureds* covered under multiple Accirance contracts die accidentally on board a *common carrier,* the total insurance amount payable by the *Insurer* is limited to $10,000,000 for all *insureds* combined. The *benefit* payable for each *insured* is reduced proportionately.
7) The *Insurer* pays a lesser *benefit* if an *insured* dies as the result of an *accident* while travelling in a *common carrier* as a:
   a) driver;
   b) pilot;
   c) crew member; or
   d) non-paying passenger.

   The *benefit* paid will be the amount provided for accidental death due to other circumstances.
8) For a *benefit* to be payable for a *fracture,* the *fracture* must be diagnosed within 30 days following the *accident*.
9) No *benefit* will be payable for medically induced *comas, comas* which result from alcohol or drug abuse or for diagnoses of brain death.

19. INSURANCE IN CASE OF NON-ACCIDENTAL DEATH

The *Insurer* pays a $20,000 *benefit* if an *insured aged* over 14 days but under 25 years dies a non-accidental death.

Exclusions:

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 or the date the *insured* was added to the contract.

These conditions also apply during the 12 months following any reinstatement of this coverage following a period of interruption.

20. MEDICAL AND PARAMEDICAL COVERAGE

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

1) the services of a registered nurse if prescribed by the attending *physician*. The *Insurer* pays a lump sum equal to $50 per day for a maximum of 30 days per *accident;*
2) the services of a:
   a) chiropractor;
   b) occupational therapist;
   c) osteopath;
   d) physiotherapist; or
   e) orthotherapist;

   The *Insurer* pays a lump sum equal to $25 per *treatment,* up to $250 per *accident* for all of these professionals combined. These professionals must be members in good standing of their professional association.
3) emergency transportation immediately following an *accident* up to a maximum of $10,000 per *accident;*
4) the purchase or rental of a cane, crutches, pressure garments or a walker up to a maximum of $500 per *accident;*
5) the purchase or rental of a wheelchair up to a maximum of $5,000 per *accident;*
6) the purchase of an initial hearing aid or artificial eye, up to a maximum of $700 for each prosthesis (for a hearing aid, the *Insurer* pays a lifetime maximum of $700 per *insured*);
7) the replacement of broken prescription eye glasses or contact lenses, up to $300 per *accident;*
8) the purchase or rental of an orthosis, up to $400 per *accident*. An orthosis is 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.

21. DENTAL CARE COVERAGE

When an *insured* receives dental care as the result of an *accident,* the *Insurer* pays the following lump sums, up to a maximum of $1,250 per *accident:*

1) $250 per natural and healthy tooth that must be treated or replaced; and
2) $250 for the repair or replacement of dentures.

22. TRANSPORTATION AND ACCOMODATION COVERAGE

If, as the result of an *accident,* the *insured* must incur transportation and accommodation costs to receive *treatments,* the *Insurer* pays a lump sum equal to $75 per day for a maximum of 10 days per *accident,* subject to the following conditions:

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.

This insurance also covers transportation and accommodation expenses incurred by the *parents* (or third party, where applicable) of a hospitalized insured *child* to remain at that *child's* bedside. The *child* must be hospitalized because of an *accident* and the *healthcare facility* must be located more than 50 km from their home. This *benefit* is subject to the maximum amounts per *accident* stipulated above.

23. EDUCATIONAL COSTS COVERAGE

The *Insurer* reimburses all of the following expenses if, solely as a result of an *accident,* one of the following situations applies to the *insured:*

1) **Private tutoring** – If an insured *student* becomes *totally disabled* and must incur *reasonable expenses* for private tutoring, the *Insurer* will reimburse these expenses under the following conditions:
   a) the *total disability* must require the *insured* to interrupt their studies for a continuous period of at least 30 days;
   b) the private tutoring must be part of the *insured'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 of $30 per hour;
   e) the maximum reimbursement is $3,500 per *accident*.

2) **School transportation** – If an insured *student* is unable to use their usual means of transportation for going to and from school and has to incur *reasonable expenses* to travel back and forth to school, the *Insurer* will reimburse these expenses under the following conditions:
   a) the expenses reimbursed are limited to a maximum of $15 per day;
   b) the maximum reimbursement is $150 per *accident*.

3) **Re-orientation expenses** – If an insured *student* becomes *totally disabled* and must, as a result of the *total disability,* incur expenses to change their field of study, the *Insurer* will reimburse the reasonable expenses incurred.

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

4) **Tuition Fees** – If an insured *student* becomes *totally disabled* during a semester for which they have incurred tuition fees, the *Insurer* will reimburse the portion of those fees not refunded by the educational institution in question.

   Reimbursement of these expenses is limited to a maximum of $2,000 per *accident*.

24. MONTHLY BENEFIT PAYABLE DURING SCHOOL HOLIDAYS

If, as a result of an *accident,* an insured *student* is *totally disabled* during a holiday period, the *Insurer* pays a monthly *benefit* for this period. Payment of this *benefit* is subject to the following conditions:

1) the *accident* that caused the *total disability* must have occurred during the school year preceding the holiday period;
2) the *insured* must be *age* 16 or over;
3) the *benefit* is $850 a month, less any amount payable by a government board or agency;
4) the *Insurer* will not pay any *benefits* for the first 7 days of *total disability;*
5) the *student* must be under the continuous care of a *physician* throughout the *total disability* period;
6) *benefit* payments terminate when the *total disability* ends or no later than the end of the vacation period;
7) the holiday period is the period determined by the *student's* school as the summer holiday period. However, no *benefit* is payable before May 1st and after August 31st of the same year.

25. INSURANCE IN CASE OF HOSPITALIZATION

If an *insured* is hospitalized as a result of an *accident,* the *Insurer* pays a lump sum equal to $75 for each complete and consecutive 24-hour period of *hospitalization* following the first 24 hours of *hospitalization* for a maximum of 30 days per *accident*. This 24-hour waiting period applies to each new period of *hospitalization*.

Exclusion:

No *benefit* will be paid for the first 24 hours of any period of *hospitalization*.

Dissatisfied? Let us know.

As a responsible company that is attentive to the needs of its clients, Desjardins Financial Security wants to provide products and services that meet our clients' expectations. However, if you are dissatisfied with any of our products or services, please let us know by visiting our website at www.dfs.ca/complaint or by contacting the Dispute Resolution Officer at 1-877-838-8185.

PERSONAL INFORMATION MANAGEMENT

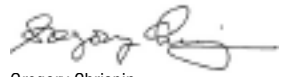
Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from the Company's various financial services (insurance, annuities, credit, etc.). This information is consulted solely by DFS employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address:

Privacy Officer
Desjardins Financial Security Life Assurance Company
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

DFS may send information on its promotions or offer new products to those whose names appear on its client list. DFS may also give its client list to another component of the Desjardins Group for the same purposes. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.

Signed at Lévis



Gregory Chrispin
President and
Chief Executive Officer

Christian Dufour
Senior Vice-President
Individual Insurance