GetWell Insurance

GENERAL CONDITIONS

GetWell Insurance is offered on an individual basis.

Desjardins Insurance
Life • Health • Retirement

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

Table of contents

1. GetWell Insurance coverage summary 3
2. Who is eligible? 4
3. Insured's age 4
4. How much does it cost? 4
5. Duration of the contract and renewal 5
6. Which coverages are available? 6
   - **Cancer Coverage** 6
   - Benefit 6
   - Effective date of coverage 6
   - Termination of coverage 6
   - Exclusions and limitations 7
   - **Heart Coverage** 8
   - Benefit 8
   - Effective date of coverage 8
   - Termination of coverage 8
   - Exclusions and limitations 9
   - **Infectious Disease Coverage** 11
   - Benefit 11
   - Effective date of coverage 11
   - Termination of coverage 11
   - Exclusions and limitations 12
7. Premium refund in the event of death 13
8. Contract changes 13
9. Termination of contract 14
10. Contract examination period 14
11. Cancellation of coverage 14
12. Insured and contract holder statements 14
13. Claims 15
    - Submitting a claim 15
    - Benefit payment 16
    - Insurer's reply 16
    - Appealing the insurer's decision and recourse 16
14. Beneficiary designation 17
15. Currency 17
16. Definitions 18
17. Personal information management 22
18. Dissatisfied? Let us know 23

The GetWell Insurance contract consists of the following documents:

a) these General Conditions;
b) the *Special Conditions*;
c) the Insurability and Premium Rate Selection Questionnaire;
d) the Notices of Renewal and Premium Collection;
e) any appendix or any rider confirming a contract update.

For **more information** about GetWell Insurance, contact the *insurer* at the phone number below:

1-877-747-5005

For more details about the meaning of certain terms used in the contract (shown in *italics* in these General Conditions), refer to section "16. Definitions" of this document.

1. GetWell Insurance coverage summary

Coverage	What you get	Benefit
Cancer Pages 6 and 7	This coverage will pay a benefit the first time an *insured* is diagnosed with a covered *cancer*.	Age 54 or younger: $25,000 Age 55 to 74: $12,500
Heart Pages 8 to 10	This coverage will pay a benefit the first time an *insured*: a) is diagnosed with a covered *heart disease*; or b) undergoes a covered *surgical procedure*.	Age 54 or younger: $25,000 Age 55 to 74: $12,500
Infectious Disease Pages 11 and 12	This coverage will pay a benefit the first time an *insured* is diagnosed with a covered *infectious disease*. Infectious Disease Coverage is only available as an add-on to the Cancer Coverage or Heart Coverage.	Age 54 or younger: $12,500 Age 55 to 74: $6,250

N.B.: The covered *cancers, heart diseases, surgical procedures* and *infectious diseases* are indicated in section "6. Which coverages are available?". Read the specific section on each coverage for more information about all of the conditions that apply.

2. Who is eligible?

Any *Canadian resident* aged 64 or younger is eligible for GetWell Insurance if they meet the insurability conditions, as they are specified in the Insurability and Premium Rate Selection Questionnaire.

3. Insured's age

The *insurer* uses the *insured*'s age on their most recent birthday to determine:

a) eligibility;
b) the benefit payable; and
c) the coverage termination date.

To determine an *insured*'s *premium*, the *insurer* uses the *insured*'s age on the *contract anniversary* date.

Should the *insured*'s birthdate be incorrect, the *insurer* will compare the *premiums* collected with the *premiums* that would normally have been received and make the necessary adjustment.

4. How much does it cost?

The *insurer* determines the *premium* for each *insured* when an application for insurance is submitted based on the following:

a) age;
b) gender;
c) coverages selected;
d) smoking habits.

Premiums used by the *insurer* are indicated in Appendix 1 "Premiums" currently in effect.

Afterwards, the *insurer* reviews the *premium* on each *contract anniversary*. A new *premium* may apply if an *insured* has entered a new age bracket or if the *insurer* has adjusted the *premiums* indicated in Appendix 1 "Premiums" for all *insureds*. The *insurer* must advise the *contract holder* in writing at least 30 days prior to the effective date of the *premium* that will apply for the next *policy year* by sending them a Notice of Renewal and Premium Collection.

If an *insured* has stopped using tobacco for twelve months or more, the *contract holder* may ask the *insurer* to apply the non-smoker *premium* to this *insured*. The *insurer* will send the appropriate form to the *contract holder* to complete. The new *premium* will apply as of the date the completed form is received.

When the contract is purchased, the *contract holder* authorizes the *insurer* to collect the *premium* required to keep the contract in force. The *premium* amount, the due date and the payment terms are indicated in the *Special Conditions*.

The *contract holder* must advise the *insurer* of any changes to their address, credit card information or the financial institution through which the *premium* is paid.

If a *premium* is not paid by the date specified in the *Special Conditions*, the *insurer* will send the *contract holder* a Cancellation Notice. The *contract holder* has 30 days from the date the Cancellation Notice is sent to pay the *premium*. The insurance will remain in force during this period. Note that the 30-day period does not apply if the *contract holder* has informed the *insurer* that they wish to cancel the contract.

5. Duration of the contract and renewal

The duration of the contract is indicated in the "Period of insurance" section of the most recent *Special Conditions*. Thereafter, unless otherwise notified by the *contract holder*, the contract is renewed automatically every year, provided that the *premiums* are paid.

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.Which coverages are available?

Cancer Coverage

If an *insured* covered under a GetWell Insurance contract has Cancer Coverage, it will be indicated in the *Special Conditions*. This coverage will pay a benefit if, while coverage is in force, the *insured* is diagnosed with a covered *cancer* for the first time.

Covered *cancers* must satisfy the following definition: "the definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis of *cancer* must be made by a *specialist*."

However, no benefit will be payable for the following non-life-threatening cancers:

a) carcinoma in situ; or
b) stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or
c) any non-melanoma skin cancer that has not metastasized; or
d) stage A (T1a or T1b) prostate cancer.

Benefit

The *insurer* will pay $25,000 for *insureds* aged 54 or younger when they are diagnosed with *cancer*. *Insureds* aged 55 to 74 inclusive will receive $12,500.

Effective date of coverage

The Cancer Coverage takes effect on the date the *contract holder* applies for the insurance, for each *insured* who meets the eligibility criteria. The coverage effective date is indicated in the *Special Conditions* for each *insured*.

Termination of coverage

An *insured*'s Cancer Coverage terminates on the earlier of the following dates:

a) the date on which the *insured* turns 75;
b) the date on which the *insured* dies;
c) the date on which *cancer* is diagnosed:
   - if the *insurer* has approved the claim for this *insured*;
   - if the *insurer* has refused the claim for this *insured* under exclusion number 4 below;

d) the date on which the *contract holder* asks the *insurer* to terminate this *insured*'s Cancer Coverage;
e) the effective date of coverage if the *insurer* has refused the claim under exclusions number 1 and 2 below.

Exclusions and limitations

1. The *insurer* will not pay a benefit if the *insured* was diagnosed with any type of cancer prior to the effective date of the Cancer Coverage.

2. The *insurer* will not pay a benefit if any of the following events occurs within the 6-month period prior to the effective date of an *insured*'s Cancer Coverage or within the 3-month period following this date:

a) diagnosis of any type of cancer;
b) onset of signs or symptoms, a medical consultation or tests leading to the diagnosis of any type of cancer.

3. The *insurer* will not pay a benefit for the following cancers*:

a) carcinoma in situ; or
b) stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or
c) any non-melanoma skin cancer that has not metastasized; or
d) stage A (T1a or T1b) prostate cancer.

*** These cancers are non-life-threatening. If an *insured* is diagnosed with any of the cancers listed above, coverage will continue.**

4. The *insurer* will not pay a benefit for cervical cancer if the results of any of the *insured*'s cervical smears or PAP tests from the 24-month period immediately prior to her coverage effective date are abnormal. However, this exclusion no longer applies if subsequent test results are normal for a period of two consecutive years.

5. A maximum of two GetWell Insurance contracts may give rise to benefit payments for the Cancer Coverage for the same *insured*.

6. The *insurer* will not refund any *premiums* for an *insured* if a claim has already been approved for this *insured*.

Heart Coverage

If an *insured* covered under a GetWell Insurance contract has Heart Coverage, it will be indicated in the *Special Conditions*. This coverage will pay a benefit if, while the coverage is in force, the *insured*:

a) is diagnosed with a covered *heart disease* for the first time; or
b) undergoes a covered *surgical procedure* for the first time.

Covered *heart diseases*:

a) *heart attack*;
b) *stroke*.

Covered *surgical procedures*:

a) *coronary artery bypass surgery*;
b) *aortic surgery*.

The need for a *surgical procedure* must be established for the first time in the *insured*'s life while the Heart Coverage is in force.

Benefit

The *insurer* will pay $25,000 for *insureds* aged 54 or younger when they are diagnosed with *heart disease* or undergo a *surgical procedure* for the first time. *Insureds* aged 55 to 74 inclusive will receive $12,500.

Effective date of coverage

The Heart Coverage takes effect on the date the *contract holder* applies for the insurance, for each *insured* who meets the eligibility criteria. The coverage effective date is indicated in the *Special Conditions* for each *insured*.

Termination of coverage

An *insured*'s Heart Coverage terminates on the earlier of the following dates:

a) the date on which the *insured* turns 75;
b) the date on which the *insured* dies;
c) the date on which *heart disease* is diagnosed or a *surgical procedure* is performed, if the *insurer* has approved the claim for this *insured*;
d) the date on which the *contract holder* asks the *insurer* to terminate this *insured*'s Heart Coverage;

e) the effective date of coverage if the *insurer* has refused the claim under exclusions number 1 and 2 below.

Exclusions and limitations

1. The *insurer* will not pay a benefit if, on the effective date of coverage, the *insured* has already:

a) been diagnosed with a covered *heart disease*;
b) undergone or is waiting to undergo a covered *surgical procedure*;
c) been diagnosed with *angina*, *heart failure* or transient ischemic attack.

2. The *insurer* will not pay a benefit if any of the following events occur within the 6-month period prior to the effective date of an *insured*'s Heart Coverage or within the 3-month period following this date:

a) a covered *heart disease* is diagnosed or a covered *surgical procedure* is performed;
b) onset of signs or symptoms, a medical consultation or tests leading to the diagnosis of any covered *heart disease* or any covered *surgical procedure*.

3. The *insured* must satisfy a 30-day *survival period* after they have been diagnosed with *heart disease* or undergone the *surgical procedure* in order for the *insurer* to pay a benefit.

4. The *insurer* will not pay a benefit for a *stroke in the case of:**

a) transient ischemic attacks;
b) an intracerebral vascular accident caused by trauma;
c) lacunar infarcts that do not meet the definition of *stroke* as described in this document.

*** If an *insured* is diagnosed with any of the three types of *stroke* listed above, coverage will continue.**

5. The *insurer* will not pay a benefit for a *heart attack in the following cases:**

a) elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;

b) electrocardiogram (ECG) changes suggesting a prior myocardial infarction, which do not meet the definition of *heart attack* as described in this document.

*** If an *insured* is diagnosed with any of the two types of *heart attack* listed above, coverage will continue.**

6. A maximum of two GetWell Insurance contracts may give rise to benefit payments for the Heart Coverage for the same *insured*.

7. The *insurer* will not refund any *premiums* for an *insured* if a claim has already been approved for this *insured*.

Infectious Disease Coverage

If an *insured* covered under a GetWell Insurance contract has Infectious Disease Coverage, it will be indicated in the *Special Conditions*. This coverage will pay a benefit if, while the coverage is in force, the *insured* is diagnosed with one of the covered *infectious diseases* for the first time.

If an *insured* has previously been diagnosed with a covered *infectious disease*, they will remain insured under this coverage in case they are diagnosed with another covered *infectious disease*.

Infectious Disease Coverage is only available as an add-on to the Cancer Coverage or Heart Coverage.

Covered *infectious diseases*:

a) *bacterial meningitis*;
b) *Lyme disease*;
c) *necrotizing fasciitis (flesh-eating disease)*;
d) *E. coli infection (hamburger disease)*;
e) *West Nile virus*.

Benefit

The *insurer* will pay $12,500 for *insureds* aged 54 or younger when they are diagnosed with an *infectious disease* for the first time. *Insureds* aged 55 to 74 inclusive will receive $6,250.

Effective date of coverage

The Infectious Disease Coverage takes effect on the effective date indicated in the *Special Conditions* for each *insured*.

Termination of coverage

An *insured*'s Infectious Disease Coverage terminates on the earlier of the following dates:

a) the date on which the *insured* turns 75;
b) the date on which the *insured* dies;
c) the date on which the *insured* is no longer insured under either the Cancer Coverage or Heart Coverage;
d) the date on which any *infectious disease* is diagnosed if the *insurer* has approved the claim for this *insured*;
e) the date on which the *contract holder* asks the *insurer* to terminate the Infectious Disease Coverage for this *insured*.

Exclusions and limitations

1. **The *insurer* will not pay a benefit for an *infectious disease* if the *insured* was diagnosed with this *infectious disease* prior to the effective date of the Infectious Disease Coverage.**

2. **The *insurer* will not pay a benefit for an *infectious disease* if any of the following events occur within the 6-month period prior to the effective date of an *insured*'s Infectious Disease Coverage or within the 3-month period following this date:**

   a) diagnosis of this *infectious disease*;
   b) onset of signs or symptoms, a medical consultation or tests leading to the diagnosis of this *infectious disease*.

3. **The *insured* must satisfy a 30-day *survival period* after they are diagnosed with an *infectious disease* in order for the *insurer* to pay a benefit.**

4. **The *insurer* will not pay a benefit if the *insured* has already received benefits for an *infectious disease* under a GetWell Insurance contract.**

5. **The *insurer* will not pay a benefit for viral meningitis.**

6. **The *insurer* will not pay a benefit for any less advanced stage of *Lyme disease* not listed in the definition provided in this document.**

7. **If an *insured* is covered under two GetWell Insurance contracts, only one contract may give rise to benefit payments for this *insured*.**

7. Premium refund in the event of death

If an *insured* under the age of 75 dies while the GetWell Insurance contract is in force, the *insurer* will refund the *premiums* paid for this *insured* since the coverage effective date for the coverages in force at the time of death. The *premium* refund does not include any interest. It will never be greater than $25,000 for *insureds* aged 54 or younger or $12,500 for *insureds* aged 55 to 74 inclusive.

Premium refunds are paid by the *insurer* to the following individuals:

a) the *contract holder*, if living at the time the *premiums* are refunded; otherwise
b) the designated *beneficiary*, if living at the time the *premiums* are refunded; otherwise
c) the legal heirs of the *contract holder*.

The conditions and procedures to follow for requesting a *premium* refund are the same as those described in section “13. Claims”.

The *insurer* will not refund any *premiums* for an *insured* if a benefit has already been paid for this *insured* under a GetWell Insurance contract.

8. Contract changes

The *contract holder* may ask the *insurer* to make certain changes to their insurance contract.

When the *contract holder* asks the *insurer* in writing to make changes to their contract, the change will take effect on the date the request is received by the *insurer*. When the *contract holder* makes the change request by phone, the requested change will take effect on the day of the phone call.

When the *contract holder* asks the *insurer* to add an *insured* to their contract, the coverage for this *insured* will take effect on the date of the request as long as they meet the eligibility criteria.

The *insurer* reserves the right to approve or refuse any change requests.

9. Termination of contract

GetWell Insurance terminates for all *insureds* under the same contract on the earlier of the following dates:

a) the date on which the *contract holder* asks the *insurer* to cancel their contract;
b) the date on which the 30-day period granted to pay the *premium* lapses following the *insurer*'s Cancellation Notice;
c) the date on which a claim is found to contain fraudulent statements or omissions;
d) the date on which the *contract holder* dies.

10.Contract examination period

The *contract holder* has 30 days from the date the contract is received to read it and notify the *insurer* if they are not satisfied. At the request of the *contract holder*, the *insurer* will cancel the contract as of the date the contract came into force. This date is indicated in the *Special Conditions*. The *insurer* will also refund any *premiums* paid by the *contract holder*, provided no claim has been submitted.

11.Cancellation of coverage

The *contract holder* may ask the *insurer* to cancel their coverage at any time. On receipt of this request, the *insurer* will cancel the coverage and refund the unused portion (in days) of the *premium* to the *contract holder*. The *insurer* will not refund any *premiums* under a contract if the amount is less than $10.

12.Insured and contract holder statements

The *insurer* may contest any statement or omission by the *insured* or the *contract holder* during the 24-month period following the effective date of an *insured*'s coverage. This date is indicated in the *Special Conditions*.

However, in the event of fraud, the *insurer* may contest a statement or omission by the *insured* or the *contract holder* at any time.

In both of these cases, the contract becomes null and void.

13.Claims

Submitting a claim

To obtain information, contact the *insurer* at the number shown below during normal business hours:

1-877-747-5005

The *insurer* will send claim information and documents.

Claims must be submitted to the *insurer* within 60 days of the date of a diagnosis or the date of a *surgical procedure* that may give rise to the payment of a benefit. Claims must be sent to the following address:

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

The claim may be submitted by the *contract holder* or, in the event of the *contract holder*'s death, by the designated *beneficiary*, or in the case of this person's death or if no *beneficiary* has been designated, the legal heirs of the *contract holder*.

The *insurer* may require any information, proof or document deemed necessary to examine a claim. This information, proof or these documents must be provided to the *insurer* within 90 days of the date of the claim.

If a claim, or the required proof and information, is not submitted within the specified time, this does not necessarily mean that the claim will be refused. However, the claimant will need to provide a valid reason for missing the deadline. In these cases, the required documents must be sent to the *insurer* within the year following the date of the diagnosis or the date of the *surgical procedure* that gave rise to the claim.

The *insurer* will not pay a benefit before obtaining all the required authorizations for the collection and communication of personal information.

The *insurer* reserves the right to have the *insured* examined by a *physician* of its choosing when a claim is submitted.

Benefit payment

The *insurer* will pay benefits to the following individuals:

a) the *contract holder*, if living at the time the benefit is paid; otherwise
b) the designated *beneficiary*, if living at the time the benefit is paid; otherwise
c) the legal heirs of the *contract holder*.

Insurer's reply

Once the *insurer* approves the claim, the benefit is paid within 60 days of receiving the proof required for the payment.

If the *insurer* does not approve the claim, a letter explaining the reasons for the refusal is sent to the claimant. The letter is sent within 60 days following receipt of the documents required to examine the claim.

Appealing the insurer's decision and recourse

If the *insurer* refuses the claim, the claimant can submit additional information and ask for their file to be reviewed again. The *insurer*'s decision may be contested within the timeframe prescribed by the applicable provincial legislation.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or any applicable law. The law provides for a maximum of 3 years (period of prescription) within which to contest the *insurer*'s decision in Quebec and 2 years in Ontario.

14. Beneficiary designation

The *contract holder* may designate, revoke or add one or more *beneficiaries* at any time by completing the appropriate form. Note however that the *insurer* does not assume any responsibility for *beneficiary* designations.

15. Currency

All payments under these General Conditions are made in Canadian currency.

16.Definitions

For the purposes of this contract, the following terms (shown in *italics* in these General Conditions) mean:

Angina: chest pain occurring when the heart receives insufficient oxygen due to the blockage or narrowing of coronary arteries.

Aortic surgery: the undergoing of surgery for disease of the aorta requiring excision and surgical replacement of the diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a *specialist*.

Bacterial meningitis: a definite diagnosis of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis. The diagnosis of *bacterial meningitis* must be made by a *specialist*.

Exclusion: No benefit will be payable under this condition for viral meningitis.

Beneficiary: any person designated by the *contract holder* to receive, in the event of the *contract holder*'s death, the benefit or the *premium* refund.

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

Cancer: the definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis of *cancer* must be made by a *specialist*.

Exclusions: No benefit will be payable for this condition for the following non-life-threatening cancers:

- **carcinoma in situ; or**
- **stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or**
- **any non-melanoma skin cancer that has not metastasized; or**
- **stage A (T1a or T1b) prostate cancer.**

Contract anniversary: the *contract anniversary* occurs on the date that marks the beginning of each new *policy year*. The *contract anniversary* is calculated as of the date the contract takes effect. The contract effective date is indicated in the *Special Conditions* and the Notice of Renewal and Premium Collection.

Contract holder: a person aged 18 or older who takes out a contract with the *insurer* and who satisfies the definition of *Canadian resident* when the contract takes effect. The *contract holder* is considered to be the owner of the contract. Their name is indicated in the *Special Conditions*. They may also be an *insured*.

Coronary artery bypass surgery: *surgical procedure* that consists of bypassing blocked coronary arteries to improve arterial blood flow to the heart. The surgery is performed using arteries and veins from elsewhere in the patient's body.

E. coli infection (hamburger disease): an infection with E. coli (Escherichia coli O157:H7) bacteria confirmed by a stool culture. This infection must also cause at least one of the following complications, certified by a *physician*:

a) hemolytic uremic syndrome;
b) hemolytic anemia;
c) thrombocytopenia;
d) kidney failure.

Heart attack: definite diagnosis of the death of heart muscle due to obstruction of blood flow that results in the rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

a) *heart attack* symptoms;
b) new electrocardiogram (ECG) changes consistent with a *heart attack*;
c) development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The diagnosis of *heart attack* must be made by a *specialist*.

<u>Exclusions</u>: No benefit will be payable under this condition for:

- **elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or**
- **electrocardiogram (ECG) changes suggesting a prior myocardial infarction, which do not meet the *heart attack* definition as described above.**

Heart disease: *heart attack* or *stroke*.

Heart failure: occurs when the heart muscle or valves cease to work properly or the heart rate is abnormal, resulting in poor heart function, shortness of breath and fluid retention.

Infectious diseases: *bacterial meningitis, Lyme disease, necrotizing fasciitis (flesh-eating disease), E. coli infection (hamburger disease)* or *West Nile virus* diagnosed by a *specialist.*

Insured: any person whose name is indicated in the "Insured(s)" section of the *Special Conditions*. This person must also meet the eligibility criteria when they become insured under the GetWell Insurance contract.

Insurer: Desjardins Financial Security Life Assurance Company.

Lyme disease: an infection caused by the Borrelia burgdorferi bacteria, which is transmitted to humans by a tick bite. This infection must be confirmed by clinical tests and must reach stage two or three. The person infected must show clinical signs that include neurological symptoms. These neurological symptoms must be certified by a neurologist practising in Canada.

Exclusions: Any other less advanced stage of *Lyme disease* no listed in this definition is excluded.

Necrotizing fasciitis (flesh-eating disease): progressive, rapidly spreading bacterial infection which spreads along the layers of tissue that surround muscle. The treatment of this infection must require both surgery and antibiotic therapy.

Physician: any person, other than the *insured*, who is licensed to practise medicine in Canada. Also, the *physician* cannot live with either the *insured* or the *contract holder*.

Policy year: each period of one year calculated from the contract effective date and included between two *contract anniversaries*. The *policy year* corresponds to the "Period of insurance" indicated in the *Special Conditions*.

Premium: an amount the *contract holder* pays the *insurer* to keep the contract in force.

Special Conditions: the document that the *insurer* gives to the *contract holder* to confirm the coverages for each *insured*. The Notice of Renewal and Premium Collection that the *insurer* gives to the *contract holder* at the time of renewal is considered in like manner as *Special Conditions*.

Specialist: person, apart from the *insured*, who practices medicine in Canada and who is authorized by the appropriate authorities. The *specialist* practices in the field related to the illness diagnosed and must not be a family member of the *insured* nor reside with him.

Stroke: definite diagnosis of an acute cerebrovascular event caused by intracranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with:

a) acute onset of new neurological symptoms; and
b) new objective neurological deficits on clinical examination, persisting for at least 30 days following the date of diagnosis.

These new symptoms and deficits must be corroborated by diagnostic imaging testing. The diagnosis of *stroke* must be made by a *specialist*.

Exclusions: No benefit will be payable under this condition for:

- **transient ischaemic attacks;**
- **intracerebral vascular events due to trauma;**
- **lacunar infarcts that do not meet the definition of *stroke* as described above.**

Surgical procedure or **procedure**: *coronary artery bypass surgery* or *aortic surgery*.

Survival period: the period starting on the date of diagnosis of any *heart disease* or *infectious disease* or the date of any *surgical procedure* and ending 30 days following the date of diagnosis or the date of the *surgical procedure*, except where modified elsewhere under the General Conditions. The *survival period* does not include the number of days on life support. The *insured* must be alive at the end of the *survival period* and must not have experienced irreversible cessation of all functions of the brain.

West Nile virus: an infection confirmed by blood tests. This infection must cause one of the following complications:

a) meningitis;
b) encephalitis;
c) acute flaccid paralysis.

17.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 can benefit from the financial services (insurance, annuities, credit, etc.) it offers. 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 can send promotional information or offer new products to individuals 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 want to receive such offers, you may have your name removed from the list by sending a written request to the Privacy Officer at DFS.

Gregory Chrispin
President and Chief Executive Officer

Christian Dufour
Senior Vice-President
Individual Insurance

18. Dissatisfied? Let us know

Are you concerned about or dissatisfied with our service or our GetWell Insurance product? Let us know.

Call our customer service team at 1-866-647-5013.

To file an official complaint, you can:

1. Contact our Dispute Resolution Officer at 1-877-838-8185.
2. Use the complaint form at: dfs.ca/complaint.

For **more information**
about GetWell Insurance,
contact the *insurer* at:
1-877-747-5005.

Desjardins
Insurance
Life • Health • Retirement

getwellinsurance.ca

200, rue des Commandeurs
Lévis (Québec) G6V 6R2
1-877-747-5005
Fax: 418-833-6546

30%

14002E (2018-10)