

ACCIRANCE, PERSONAL ACCIDENT INSURANCE

Financial services including insurance,
annuities, credit and related services

General Conditions of your contract

To contact the Insurer
For information: 1-877-270-7721
For claims: 1-877-886-5042



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

Desjardins Insurance refers to Desjardins
Financial Security Life Assurance Company.

The vertical broken lines indicate the changes made to the General Conditions of your contract. The *Insurer* encourages you to read this document, as it describes the General Conditions of the Accirance, Personal Accident Insurance contract, including any exclusions and limitations.

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* in writing if he or she is not satisfied. For Quebec residents, this 30-day period begins after the *contract holder* receives 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 your 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) becomes *totally disabled*;
 - e) 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 a *child* is born while this coverage is in force, he or she will be insured automatically and free of charge from the day he is over 14 days of age up to the next contract renewal. As of this date, the *child* will remain insured if:
 - a) his or her name is indicated in the most recent SPECIAL CONDITIONS; and
 - b) the *contract holder* pays the required premium for this *child*.
- 5) Accirance provides two options: Regular Accirance and *Superior* Accirance. The option that applies is indicated in the most recent SPECIAL CONDITIONS. Persons insured under one contract will all be covered by the same coverage option.
- 6) Unless otherwise indicated, the coverage described in the contract applies to all *insureds*.

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 independently of any illness or other cause.

Benefit: An amount paid by the *Insurer* under the conditions of the contract.

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 his *spouse*.

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 or her 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.

Insurer: The Desjardins Financial Security Life Assurance Company.

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.

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, 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 kilometer travelled);
- 2) expenses incurred for parking.

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

Reasonable expenses in the event of 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 *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 that 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*.

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.

The *contract holder* authorizes the *Insurer* to use the information submitted in the Insurance Application to manage his or her file and remind him or her 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 his or her 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. His or her contract remains in force during this period. The 30-day period does not apply when the *contract holder* has indicated that he or she wishes 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 gender of each *insured*.
 The premium is also based on the option and 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. AGE OF INSURED

This is the age of the *insured* at the time of the event giving rise to a *benefit*.

8. 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*.

9. CLAIMS

- 1) 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
Case postale 520, succursale Lévis
Lévis (Québec) G6V 6R2

- 2) The *Insurer* may request any information, proof or 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.
- 3) A claim will not necessarily be refused if the person does not submit the claim for *benefits* 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 required documents must be sent to the *Insurer* within the year following the date of the event giving rise to the claim.
- 4) 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*.
- 5) The *Insurer* does not pay any *benefits* when a claim includes omissions or misrepresentations, whether or not they are fraudulent. Anyone who receives amounts to which he or she is 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 \$5.00. 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*.

For information, you can also call the following number during regular business hours:

- Everywhere in Canada (toll free): 1-877-886-5042

10. PAYMENT OF BENEFITS

The *Insurer* pays the amounts provided for in this contract 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 or she is alive; otherwise

- b) to the designated beneficiary, if he or she is alive; otherwise
 - c) to the legal heirs of the *insured*;
- 3) in case of 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 legal guardian;
 - b) if the *insured* is age 18 or over on the *benefit* payment date, to the *insured*.

11. COORDINATION OF EXPENSE REIMBURSEMENTS

A person can never be reimbursed for more than the expenses they have paid, even if they are covered under more than one insurance contract or plan.

If an *insured* makes a claim for expenses that are also covered by one or more other insurance contracts or plans (private or public), the *Insurer* is the "last payer". In other words, the *Insurer* will only reimburse the portion of expenses that are not reimbursable under these other insurance contracts or plans.

However, if these other insurance contracts or plans also state that they are the last payer or if they include a coordination clause, the reimbursement will be divided between these insurance contracts or plans and your Accirance contract, based on the amounts that should have been paid by each.

12. 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.

13. 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.

14. 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* 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 or she is 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* has traces of drugs in the blood. 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 22 to 26, for the portion of the *benefit* and expenses incurred that are payable by:
 - i) any government body; 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) with regard to the hospital and paramedical 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*;
- o) 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, he or she is 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 conformity with the above, only one contract with a cost-free period will be taken into consideration for the payment of a *benefit*.

15. TERMINATION OF COVERAGE

The contract terminates in either of the situations described below:

- 1) when the *contract holder* sends a written request to the *Insurer* to terminate the contract;
- 2) 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.

For coverage that does not include death *benefits*, the *Insurer* terminates the coverage 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.

16. RESPONSIBILITIES OF THE CONTRACT HOLDER

The *contract holder* must notify the *Insurer* of any change regarding his or her address, as well as of any change regarding the financial institution where he or she 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* 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.

17. 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).

18. 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.

19. 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 terminate or amend the contract. To do so, he or she can contact the *Insurer* by telephone or in writing.

When the *contract holder* asks the *Insurer* in writing to terminate or amend the contract, the request will take effect on the date it is received by the *Insurer*. When the *contract holder* asks the *Insurer* by telephone to amend the contract, the request will take effect the next day.

The effective date of the change, however, is different if the *contract holder* submits a request during a renewal period. Thus, if the *contract holder* requests an amendment during such a term, that amendment will not take effect until the start date of the next period of insurance. Similarly, if the *contract holder* asks the *Insurer* to terminate the contract during a *renewal period*, the contract will not be terminated until the closing date of the current period of insurance.

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 the *Insurer* has already accepted a claim under the contract.

20. INSURANCE IN CASE OF DEATH, DISMEMBERMENT, FRACTURE 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* equal to the amount of insurance indicated for the loss.

SCHEDULE OF LOSSES

	REGULAR ACCIRANCE	SUPERIOR ACCIRANCE
	(amount of insurance)	

Dismemberment or Loss of Use of

- | | | |
|---|----------|-----------|
| • two of the following: 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 ACCIRANCE	SUPERIOR ACCIRANCE
	(amount of insurance)	

Death of an *insured* under 25 years of age at the time of the *accident*

• 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 *insured* aged 25 years or over at the time of the *accident*

• accidental death, while using a <i>common carrier</i>	\$25,000	\$100,000
• accidental death, due to other circumstances	\$16,000	\$64,000

Fracture

• skull*, spine (except the coccyx), pelvis, femur	\$375	\$1,500
• rib, sternum, coccyx, larynx, trachea, shoulder blade, humerus, patella, tibia, fibula	\$75	\$300
• bone not included above	\$40	\$160

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

Exclusions and Limitations:

- 1) 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.
- 2) If an *insured* sustains multiple losses described in the SCHEDULE OF LOSSES as a result of the same *accident*, only one loss is payable. 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 a result of an *accident*, the *insured*:
 - a) sustains one or more of the losses described in the SCHEDULE OF LOSSES; **and**
 - b) dies as a result of this *accident* within 365 days immediately following the *accident*,
the *Insurer* pays only the *benefit* for accidental death.
- 4) The total amount paid under this coverage is limited to \$350,000 per *insured* and per *accident*.
- 5) 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.
- 6) In order for the *Insurer* to pay a *benefit* for a *fracture*, the *fracture* must be diagnosed within 30 days following the *accident*.
- 7) No *benefit* is payable while the *insured* is in a coma.

21.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 the Regular Accirance, this *benefit* is \$4,000; if the *insured* is covered under the Superior Accirance, it is \$16,000.

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 increase in the amount of insurance under this coverage when such an increase was requested by the *contract holder*. They also apply again after any reinstatement of this coverage following a period of interruption.

22.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 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 the contract year 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 for the contract year;

- 4) drugs prescribed by the attending *physician* and available on prescription only;
- 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 or broken contact lenses, up to \$300 for the contract year;
- 9) hospital, surgical, medical and paramedical expenses not mentioned above and incurred outside the *insured's* province of residence, up to \$7,000 for the contract year;
- 10) 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, and is directly attached to the body part requiring treatment.

23.DENTAL CARE COVERAGE

When an *insured* receives dental care as a result of an *accident*, the *Insurer* reimburses up to \$400 the *reasonable expenses* incurred:

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

24.TRANSPORTATION AND ACCOMODATION COVERAGE

If, as a result of an *accident*, an *insured* must incur reasonable transportation and accommodation expenses to receive *treatments*, the *Insurer* will reimburse these expenses. The insurance also covers reasonable transportation and accommodation expenses for the person accompanying the *insured*. However, the following conditions will 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* to allow them (or a 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 such expenses is subject to the \$1,000 maximum per *accident* stipulated above.

25.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 his 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 for the contract year.
- 2) **School transportation** – If an insured *student* is unable to use his 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 for the contract year.
- 3) **Re-orientation expenses** – If an insured *student* becomes *totally disabled* and must, as a result of the *total disability*, incur expenses to change his or her 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 he or she has 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 for the contract year.

26. 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 body;
- 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.

27. INSURANCE IN CASE OF HOSPITALIZATION

If an *insured* is hospitalized as a result of an *accident*, the *Insurer* will pay an amount of \$35 for each complete and consecutive 24-hour period of *hospitalization* following the first 24 hours of *hospitalization*. This 24-hour waiting period applies to each new period of *hospitalization*. The applicable maximums are indicated in the following table:

COVERAGE	REGULAR ACCIRANCE	SUPERIOR ACCIRANCE
Maximum for the contract year and per <i>accident</i>	\$1,400	\$5,600

Exclusion:

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

28. 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 the Regular Accirance and \$6,000 under *Superior Accirance*.

The *disappearance* must be confirmed by a police report. The expenses incurred must be approved in advance by the *Insurer*.

Dissatisfied? Let us know.

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Denis Dubois
President and
Chief Operating Officer



Chantal Gagné
Senior Vice-President
Individual Insurance