

Your Insurance Certificate

Your Optional Creditor Life Insurance is underwritten and issued by:
American Health and Life Insurance Company in the course of its insurance business in Canada

Your Optional Creditor Disability and Job Loss Insurance is underwritten and issued by:
Triton Insurance Company in the course of its insurance business in Canada

1420 - 380 Wellington Street, London, Ontario N6A 5B5
Toll free 1-800-285-8623

The Life Insurance Group Policy No. 20120001
The Disability Insurance Group Policy No. 20120002
The Job Loss Insurance Group Policy No. 20120002

DETAILS OF YOUR LOAN

Creditor's Name	Creditor's Branch Number	Loan Account Number	
Original Loan Amount	Original Monthly Loan Payment (Principal & Interest)	Loan Term	Final Loan Payment Due Date
\$	\$	Months	

SCHEDULE OF BENEFITS

Insured Borrower's Name: Borrower's Age: Borrower's Date of Birth:					Insured Co-Borrower's name: Co-Borrower's Age: Co-Borrower's Date of Birth:			
Effective Date:					Expiration Date:			
Total Single Premium Insurance Amount \$ (if applicable, including taxes of \$)								
Life Insurance:		Disability Insurance:			Job Loss Insurance:			
Life Insurance Premium: \$		Disability Insurance Premium: \$			Job Loss Insurance Premium: \$			
Initial Amount of Life Insurance	Maximum Amount of Life Insurance	Monthly Disability Benefit	Maximum Monthly Disability Benefit	Disability Waiting Period	Monthly Job Loss Benefit	Maximum Monthly Job Loss Benefit	Maximum Number of Monthly Job Loss Benefits	Job Loss Waiting Period
\$	\$25,000.00	\$	\$1,000.00	30 Days	\$	\$1,000.00	12 Months	30 Days

If You Change Your Mind

You have the right to cancel Your insurance. Your request to cancel must be in writing. You will receive a full credit to Your account of the premium charged if You cancel during the first 30 days. If You cancel 31 or more days after the insurance effective date, the premium refunds will be calculated according to the Rule of 78, except in Manitoba where the Pro Rata method is used. If You decide to cancel, You will not be able to buy insurance coverage in the future for Your Loan. If You renew Your Loan, You will have to fulfill eligibility requirements at that time.

For more detailed information contact:
American Health and Life Insurance Company and Triton Insurance Company
1420 - 380 Wellington Street, London, Ontario N6A 5B5
Toll free 1-800-285-8623

READ YOUR CERTIFICATE CAREFULLY. IT IS A LEGAL CONTRACT BETWEEN THE COMPANY AND YOU.

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A - Some Important Definitions

In this Insurance Certificate, the following definitions apply:

Accidental Injury

Means accidental bodily injury sustained by You after the Effective Date and which causes Your Total Disability.

Balance Owing

The balance owed on Your Loan on the loan payment due date prior to the date of Your death plus interest earned from the last payment date to the date of death. Balance Owing does NOT include unearned interest or add-on fees such as payout or penalty fees.

Creditor

The creditor whose name is shown on the first page of this insurance certificate. The Creditor is the Group Policyholder.

Effective Date

The date insurance begins as shown in the Schedule of Benefits.

Expiration Date

The date Your insurance is scheduled to end as shown in the Schedule of Benefits

Insured Outstanding Balance

The lesser of the Balance Owing or the Maximum Amount of Life Insurance shown in the Schedule of Benefits.

Job Loss

If You involuntarily lose Your Principal Job while this coverage is in effect for any one of the following reasons:

- lay-off – meaning Your employer suspends Your employment for a non-seasonal layoff;
- lockout – meaning Your employer temporarily closes Your place of employment without formally ending its employment relationship with You and other employees; or
- employer termination – meaning Your employer ends its employment relationship with You.

Loan

Your Loan Account with the Creditor shown on the first page of this insurance certificate.

Pre-existing Condition

An illness, disease or physical condition for which medical diagnosis, advice, consultation or treatment was required or recommended within the 6 month period immediately preceding the Effective Date and which causes Your Total Disability within 6 months after the Effective Date.

Principal Job

A job where You are working for salary or wages at least 120 hours per month for one employer.

Seasonal Worker

An applicant whose income was verified by the Creditor utilizing one of the approved methods for Seasonal Workers.

Sickness

Illness or disease which begins after the Effective Date and which causes Your Total Disability.

Total Disability/Totally Disabled

A disability caused by an Accidental Injury or by Sickness which continues uninterrupted for 30 or more consecutive days and causes You to be unable to perform any duties of Your Principal Job. If You are a Seasonal Worker, the disability would cause You to be unable to perform any duties of Your seasonal employment.

You and Your

Refers to the Insured Borrower, and, if there is one, the Insured Co-Borrower, as named in the Schedule of Benefits, and for which a premium has been paid.

Waiting Period

The number of days shown in the Schedule of Benefits that You must remain Totally Disabled or unemployed to be eligible for Disability or Job Loss benefits. If joint coverage is in effect, the Waiting Period will apply, even if the other person insured is receiving benefits at that time.

We, Us and Our

Refers to American Health and Life Insurance Company or Triton Insurance Company.

B – When You Are Eligible For Insurance:

You are eligible for Life Insurance if:

- You have a Loan, and
- You will not reach Your 71st birthday before the Final Loan Payment Due Date shown in the “Details Of Your Loan”.

You are eligible for Disability Insurance if:

- You have a Loan,
- You are working at Your Principal Job on the Effective Date; or if a Seasonal Worker, Your income was verified by the Creditor utilizing one of the approved methods for Seasonal Workers; and
- You will not reach Your 71st birthday before the Final Loan Payment Due Date shown in the “Details Of Your Loan”.

You are eligible for Job Loss Insurance if:

- You have a Loan,
- You have been working at Your Principal Job on the Effective Date for the last 90 days,
- You have been paying EI premiums, if working in Canada; and
- You are not self-employed, seasonally employed, or an active member of the military.

C – When You Are Covered

C1 When Your Insurance Begins

Your insurance begins on the Effective Date shown in the Schedule of Benefits.

C2 When Your Coverage Ends

The term of Your insurance is the same as the term of Your Loan, but shall not exceed 60 months. Otherwise, Your insurance will end on the earliest of the following dates:

- the date Your Loan is refinanced, renewed or paid in full;
- the date Your Loan is charged off by the Creditor or is required to be charged off by law and the creditor requests a refund of premium;
- the Final Loan Payment Due Date as shown in the Schedule of Benefits;
- the Expiration Date as shown in the Schedule of Benefits;
- the date You die;
- the date of a written cancellation request from You;
- the date the Group Policy is terminated; or
- the last day of the month in which the Creditor notifies Us that You are in default on Your Loan.

We have the option to terminate Your insurance if Your Loan is transferred to a non-affiliated creditor. If We choose to terminate Your insurance in this situation, We will provide You with a written notice 30 days prior to the termination date.

D – Benefits Provided By This Insurance Certificate

D1 LIFE INSURANCE

D1.1 What We Will Pay

If You die while this coverage is in effect We will pay an amount equal to the Insured Outstanding Balance on Your Loan at the time of death.

If the Original Loan Amount is more than the Maximum Amount of Life Insurance, the amount We will pay will be based on the following formula:

Balance Owing at the time of death times the Maximum Amount of Life Insurance divided by the Original Loan Amount.

If the co-borrower is insured under this insurance certificate, and both of You die, We will make a benefit payment for only one of You.

D1.2 What Is Not Covered (Exclusions)

If either of You commit suicide within two years after the Effective Date, whether sane or insane, We will not make a payment. Instead, We will cancel Your life insurance and refund the life insurance premiums.

D2 DISABILITY INSURANCE

D2.1 What We Will Pay

If Disability coverage is selected, Your Monthly Disability Benefit is the lesser of Your Original Monthly Loan Payment and the Maximum Monthly Disability Benefit as shown in the Schedule of Benefits. If You become Totally Disabled while this coverage is in effect and remain Totally Disabled for the number of days in the Disability Waiting Period shown in the Schedule of Benefits:

- We will pay the Monthly Disability Benefit for each day of Total Disability beginning with the first day of Total Disability. Daily Benefits will be calculated at 1/30th of Your Monthly Disability Benefit.
- We will only pay a benefit for one Borrower, if both of You are insured and You both have a Total Disability at the same time.
- We will pay the Monthly Disability Benefit if Your Total Disability ends and You become Totally Disabled again from the same or related cause.
- Benefit payments will end on the earlier of: (i) the date You are no longer Totally Disabled; (ii) the Expiration Date as shown on the Schedule of Benefits; or (iii) When Your Coverage Ends as shown in section C2.

You will be responsible for the difference in payment due on Your Loan if Your Monthly Benefit is less than Your current monthly Loan payment.

D2.2 When Payments Start

Your Disability benefit payments start after You have been Totally Disabled for the number of days in the Disability Waiting Period as shown in the Schedule of Benefits.

D2.3 What Is Not Covered (Exclusions and Limitations)

We will not pay a benefit if Your Total Disability is the result of any of the following:

- normal pregnancy;
- an Accidental Injury You suffer or Sickness You contracted outside of Canada or the United States of America;
- a Pre-existing Condition;
- an act of war, whether or not war has been declared; or
- an intentional self-inflicted injury.

We will not pay benefits if Your Total Disability does not require regular treatment by a qualified physician. A physician cannot be yourself, the co-borrower or a member of Your immediate family.

We will not pay benefits if You are not Totally Disabled.

D2.4 Proof Of Disability

You must give Us proof of Your ongoing Total Disability in the form We require and as often as We ask for it.

D3 INVOLUNTARY JOB LOSS INSURANCE

D3.1 What We Will Pay

If Job Loss coverage is selected, Your Monthly Job Loss Benefit will be the lesser of Your Original Monthly Loan Payment and the Maximum Monthly Job Loss Benefit as shown in the Schedule of Benefits. We will not pay more than the Maximum Number of Job Loss Benefits as shown in the Schedule of Benefits. If You have a Job Loss while this coverage is in effect and remain involuntarily unemployed for the number of days in the Job Loss Waiting Period as shown in the Schedule of Benefits:

- We will pay the Monthly Job Loss Benefit for each day of Job Loss beginning with the first day of unemployment. Daily Benefits will be calculated at 1/30th of Your Monthly Benefit.
- Benefit payments will end on the earlier of: (i) the date You return to work; (ii) the date We have paid the Maximum Number of Job Loss Benefits as shown in the Schedule of Benefits; (iii) the Expiration Date as shown on the Schedule of Benefits; or (iv) When Your Coverage Ends as shown in section C2.

You will be responsible for the difference in payment due on Your Loan Account if Your Monthly Benefit is less than Your current monthly Loan payment.

D3.2 When Payments Start

Your Job Loss benefit payments start after You have been out of work for the number of days in the Job Loss Waiting Period as shown in the Schedule of Benefits and We receive proof satisfactory to Us of Your Job Loss.

D3.3 What Is Not Covered (Exclusions and Limitations)

We will not pay a benefit if You:

- Are laid off due to a normal and routine shut-down as determined by Your occupation or place of employment and the shut-down is an annual or regularly-scheduled event after which You expect to be rehired;
- Were aware on, or prior to, the Effective Date that You would lose Your job;
- Quit, take a voluntary leave of absence, retire or take an early retirement option;
- Lose Your job due to the expiration of a specified period of work or the completion of work where You are employed under contract;
- Lose Your job due to an Accidental Injury or Sickness;
- Lose Your job due to the use of alcohol, narcotics or drugs;
- Lose Your job because You have either (i) broken a rule of action established by Your employer, (ii) committed an act prohibited by Your employer, or (iii) purposely failed to do Your job duties as required by Your employer;
- Lose Your job due to criminal misconduct;
- Are out on strike or lose Your job because You were on strike;
- Are seasonally employed;
- Lose Your job within 30 days of the Effective Date unless this insurance replaces previous insurance due to the renewal or refinancing of Your Loan with the same Creditor and You have been insured for Job Loss Insurance under the Group Policy without interruption; or
- If Your Job Loss happened while working outside of Canada or the United States of America.

D3.4 To Make A Claim

To make a claim, You must:

- lose Your Principal Job; and
- be out of work from Your Principal Job for the number of days in the Job Loss Waiting Period shown in the Schedule of Benefits; and
- file, qualify for and receive regular benefits under the Canadian Employment Insurance Act and regulations or the state unemployment agency of a U.S. state until such benefits are exhausted; and
- register with and seek work through Your Canada Human Resources Centre, equivalent Provincial Centre or an independent employment agency or register for benefits from the state unemployment agency of a U.S. state. You must register with an independent employment agency within 15 days after the date Your Job Loss begins and remain registered while You are receiving benefits for Job Loss benefits from Us.

In addition to sending Us the claim forms, You must also give Us:

- Your Employment Insurance benefit statement or the benefit statement from the state unemployment agency in the U.S.; and
- verification from Your former employer, Canada Human Resources Centre, equivalent Provincial Centre, or an independent employment agency or the state unemployment agency of a U.S. state of the statements You made in Your claim; and
- written proof that Your Job Loss continues when and as often as We ask for it.

E – Information About This Insurance Certificate

E1 Misstating Your Age

If Your age is incorrect and if either of You will reach the age of 71 before the Final Loan Payment Due Date shown in the Details of Your Loan, no insurance will be effective under this Certificate.

If no claim has been paid this insurance certificate is voided and, We will refund to the Creditor any premiums You have paid.

E2 Making A Claim

Notice of claim: You should notify Us of a claim within 60 days after the date of death, after the date Your Total Disability begins or after the date Your Job Loss begins or as soon as reasonably possible.

We may not pay Your claim if You make a claim later than 2 years after the date of death or the date Your Total Disability or Job Loss begins.

Claim forms: We will provide You with the forms necessary to file a claim as soon as reasonably possible after You notify Us.

To whom We will make Our payments: We will pay any insurance benefits to the Creditor. The benefits paid will be applied as payments on Your Loan or, in case of Life Insurance, to reduce the outstanding balance of Your Loan.

The Creditor may not act on Our behalf to settle any claim.

All benefit payments are made in Canadian dollars.

This Certificate contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable. If You have questions, You may contact Your branch, notify Us in writing, or call Us.

E3 Legal Actions

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 applicable provincial legislation: In Alberta - *Insurance Act*; In British Columbia, New Brunswick, Nova Scotia, Prince Edward Island, Yukon, Northern Territories and Nunavut - *Insurance Act*; In Manitoba – *The Insurance Act*; In Ontario – *Limitations Act of 2002*; In Saskatchewan and Newfoundland – *The Limitations Act*.

E4 Contesting Your Coverage

We may not contest Your coverage as the result of any statement signed by You for this insurance, after the coverage has been in effect for 2 years, except in cases of fraud.

E5 Our Rights Under This Insurance Certificate

Your coverage is subject to the terms and conditions described in this insurance certificate. We may choose not to apply any of the conditions or rights We have under this insurance certificate. If We do so, it will not prevent Us from applying them in the future. Also it will not affect in any way any other conditions or rights to which We are entitled.

The terms of this Insurance Certificate may be changed by Us by an endorsement or an amendment to the Group Policy which is agreed to in writing by the Creditor and which will become effective 30 days after written notice is provided to You.

E6 Your Rights Under This Insurance Certificate

You have the right to obtain copies of Your application and any written statement or other record, not otherwise part of the application, provided to Us as evidence of Your insurability.

You also have the right to access the non-confidential parts of the Group Policies referenced at the start of this certificate.

E7 Assignment

Our written consent must be obtained before the interest of the Creditor and/or Debtor in the: (a) Group Policy; (b) Certificate of Insurance; (c) or any part thereof, is assignable. Our liability under the Group Policy and/or this Certificate of Insurance shall immediately cease in the event of transfer or assignment of such interest without Our consent.

E8 If You Decide To Cancel Your Coverage

You have the right to cancel this coverage in writing at any time.

If You cancel the coverage within 30 days after the Effective Date, You will receive a full credit to Your account for the premium charged.

If You cancel 31 or more days after the Effective Date, We will refund in accordance with Refund of Premiums below.

F Refund of Premiums

If this insurance ends before the end of the term of Your Loan, We will refund any unused premium. Premium refunds are calculated according to the Rule of 78 method except in Manitoba where the Pro Rata method is used.

We will also refund any premiums You have paid for any period or amounts that are not part of Your coverage.

If Your insurance ends because We have paid a death benefit, no life premiums will be refunded.

Rule of 78

The percentage of Your premium that We will refund under this method is calculated as follows. The terms are measured in months.

$$\frac{(\text{Remaining term of Your Loan}) \times (\text{Remaining term of Your Loan} + 1)}{(\text{Original term of Your Loan}) \times (\text{Original term of Your Loan} + 1)}$$

This percentage is then multiplied by the original premium charged for the coverage that is being ended. We will pay this amount to the Creditor who will either credit it to Your account or pay it to You.

Pro Rata

The percentage of Your premium that We will refund under this method is calculated as follows. The terms are measured in months.

$$\frac{(\text{Remaining term of Your Loan})}{(\text{Original term of Your Loan})}$$

This percentage is then multiplied by the original premium charged for the coverage that is being ended. We will pay this amount to the Creditor who will either credit it to Your account or pay it to You.

G How To Reach Us

Customer Inquiries

Customer satisfaction is important to Us. If You have any questions regarding Your insurance or Our policies and procedures, please contact:

American Health and Life Insurance Company and Triton Insurance Company
1420 - 380 Wellington Street
London, Ontario
N6A 5B5

Toll free 1-800-285-8623

If We are unable to resolve Your questions to Your satisfaction, You have the right to contact the General Insurance OmbudService toll free at 1-877-225-0446 or the OmbudService for Life and Health Insurance toll free at 1-888-295-8112.



Henryka Anderson
Chief Agent for Canada