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The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: Flexiti

Name of insurer: Trans Global Life Insurance Company of Canada

Name of insurance product: Flexiti Payment Defender®



### IT'S YOUR CHOICE

**You are never required to purchase insurance:**

- that is offered by your distributor
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor **must** tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used **to shorten the financing period**. **Ask your distributor for details**.

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**The Autorité des marchés financiers can provide you with unbiased, objective information.**  
Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

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Reserved for use by the insurer:



## SUMMARY

### FLEXITI PAYMENT DEFENDER PLAN

#### **Type of Insurance Product:**

GROUP DEBTOR INSURANCE PROVIDING COVERAGE FOR:

- INVOLUNTARY UNEMPLOYMENT (including self-employed individuals)
- CRITICAL ILLNESS
- DISABILITY
- LOSS OF LIFE & DISMEMBERMENT (from age 65, ACCIDENTAL DEATH)

#### **PLEASE READ THIS SUMMARY**

It provides you with basic information about the optional payment protection insurance offered in connection with your Flexiti credit card account. This summary is intended to allow you to determine whether the insurance product offered meets your needs, without having a personal insurance advisor or an agent present.

This summary is an informative document. This summary is not part of your insurance contract. Your Application and Certificate of Insurance constitute your insurance contract. For more details, please visit our Website to view the Certificate of Insurance Specimen <https://transglobalinsurance.ca/insurance/other/>.

#### **Insurer's Contact information:**

##### **Compagnie D'Assurance-Vie Trans Globale**

c/o Assurant Services Canada Inc.

5000 Yonge Street, Suite 2000 Toronto, Ontario M2N 7C9

Telephone in French: 1.905.305.4262 / 1.877.305.4266

Telephone in English: 1.905.605.2465 / 1.877.305.4265

Fax: 1.866.414.0021

Client number delivered by the Autorité des marchés financiers : 2000969891

You can verify our status on: [www.lautorite.qc.ca](http://www.lautorite.qc.ca)

#### **Distributor's Contact Information:**

##### **FLEXITI FINANCIAL INC.**

Corporate Headquarters:

130 King St. W., Suite 1740, P.O. Box 332, Toronto, ON M5X 1E1

Customer Service: 1-877-259-3745

Insurance Product: FLEXITI PAYMENT DEFENDER PLAN

Group Master Policy Number: FL-04012018-L

## WHAT YOU NEED TO KNOW ABOUT THE FLEXITI PAYMENT DEFENDER PLAN

### **WHAT IS THE PAYMENT DEFENDER PLAN?**

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If you are eligible, this insurance product provides coverage in connection with your Flexiti account in case of **involuntary unemployment, death, dismemberment, critical illness, or total disability**.

In the event of **death, dismemberment or critical illness**, **TRANS GLOBAL LIFE INSURANCE COMPANY** will pay to Flexiti the full outstanding balance of your Flexiti account up to a maximum of \$25,000.

In the event of **involuntary unemployment and total disability**, **TRANS GLOBAL LIFE INSURANCE COMPANY** will pay up to 12 monthly payments (with continued evidence of unemployment or disability) due on your Flexiti account at the date of your **involuntary unemployment** or of your **total disability**. The total monthly payments will not exceed the lesser of the outstanding balance at that date or the maximum of \$25,000.

*Benefits are payable only under one protection.*

### **CAN I ENROLL IN THE PAYMENT DEFENDER PLAN?**

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To enroll, you must:

- be a Flexiti credit card account holder;
- request the insurance;
- agree to pay the monthly premium; and
- be at least 18 years of age;

### WHAT DOES THE PAYMENT DEFENDER PLAN COVER?

THE PAYMENT DEFENDER PLAN OFFERS YOU **FIVE PROTECTIONS**. As a borrower, you will be insured in the event of **involuntary unemployment, death, dismemberment, critical illness or total disability**.

#### **Involuntary unemployment**

If you are **employed**, while this insurance is in effect, your employment stops or is suspended as a result of:

- layoff: which means a temporary or permanent suspension of your employment by an action of your employer; or
- employment termination: which means a complete end of your employment by action of your employer.

If you are **self-employed**, coverage is only available if you become **involuntarily unemployed** as a result of your business being involuntarily petitioned into bankruptcy by your creditors.

Benefits will be paid only if your **involuntary unemployment** lasts more than 30 consecutive days; after this waiting period, the benefits will be paid retroactively from the date of your involuntary employment.

### **Death**

Before the age 65, the Payment Defender Plan does not require that death arise from accidental circumstances. Beginning from age 65 and thereafter, the Payment Defender Plan only provides coverage if death arises from accidental circumstances and death must occur within 100 days of the accident.

### **Dismemberment**

An accidental bodily injury that is sustained directly and independently of all other causes, resulting in the total or irrecoverable loss of:

- sight in both eyes;
- a hand by complete severance through or above the wrist; or
- a foot by complete severance through or above the ankle joint.

### **Critical illness**

A critical illness is a one of the following illnesses or conditions: cancer; heart attack; stroke; coronary artery by-pass grafts; kidney failure; and major organ transplant. These conditions are defined in Certificate of Insurance which you will receive upon enrolling in the Payment Defender Plan.

Critical illness benefits will be paid only if you survive 30 days from the date of diagnosis of the illness or condition. If you should die during the 30 days waiting period it will be treated as a death claim.

### **Total disability**

Total disability is a disability which is caused by an accidental injury or sickness, and which continues uninterrupted for 30 consecutive days. The disability must prevent you from performing any work for compensation.

Benefits will be paid only if your **total disability** lasts more than 30 consecutive days; after this waiting period, the benefits will be paid retroactively from the date of loss.

## **UNDER WHICH CONDITIONS CAN I SUBMIT A CLAIM?**

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### **Involuntary unemployment**

If you are **employed**, to be eligible for **involuntary unemployment** benefits you must:

- be the primary borrower;
- be insured under this Plan;
- be gainfully employed; and
- be registered and eligible for employment insurance benefits with the Government of Canada

You will also be asked to provide proof of your continued unemployment and that you are actively seeking full-time employment in order to receive ongoing **involuntary unemployment** benefits.

If you are a **self-employed**, in order to be eligible for **involuntary unemployment** benefits you must:

- Be the primary borrower;
- You must have been insured under the Payment Defender Plan and working on a permanent basis, working full-time for a minimum of 25 hours each week for a period of no less than 2 continuous years prior to enrolment in the Payment Defender Plan and earning taxable revenue in a legally incorporated business that has been operating in Canada;
- You shall have been involuntarily unemployed for more than 30 consecutive days;
- Prior to Your involuntarily unemployment, as a self-employed individual and only if/when applicable, You shall have been paying special employment insurance premiums to Canada Revenue Agency (CRA) and/or any of its successor entities.
- While you are involuntarily unemployed, as a self-employed individual, you must be available to work full-time and you may be required to provide evidence that you are actively seeking employment.

### **Death**

To be eligible for the death benefit, you must:

- be insured under this Plan; and
- be less than 65 years of age.

Beyond age 65, the death benefit is only payable in case of **accidental death** and death must occur within 100 days of the accident.

### **Dismemberment**

To be eligible for the dismemberment benefit, you must:

- be insured under this Plan;
- lose a hand at or above the wrist; or
- lose a foot at or above the ankle; or
- loss sight in both eyes; and
- be less than 65 years of age.

### **Critical illness**

To be eligible for the critical illness benefit, you must:

- be insured under this Plan;
- be diagnosed for the first time in your life with one of the following illnesses or conditions: cancer, heart attack, stroke, coronary artery by-pass grafts, kidney failure and major organ transplant;
- survive more than 30 days after the initial diagnosis; and
- be less than 65 years of age.

## **Total disability**

To be eligible for the disability benefit you must:

- become totally disabled as a result of an accidental bodily injury or a sickness;
- be the primary borrower;
- be insured under this Plan;
- have been gainfully employed and working full-time at least 25 hours a week, prior to becoming disabled; and
- be regularly attended to by a licensed physician or surgeon.

You may also be asked to provide proof of your ongoing total disability in order to receive ongoing disability benefits. This proof could consist of a statement from your attending physician or surgeon.

## **THE PAYMENT DEFENDER PLAN CONTAINS EXCLUSIONS**

### **WARNING!**

**PLEASE READ THE « EXCLUSIONS » SECTION IN YOUR CERTIFICATE OF INSURANCE WHICH DESCRIBES UNDER WHAT CIRCUMSTANCES WE WILL NOT PAY**

Benefits are only paid on outstanding charges to your account as of the date of loss. Benefits are not paid in respect of any purchase(s) charged to your account after the date of death, dismemberment, critical illness, total disability or involuntary unemployment.

Insurance premiums will be charged to Your account during the entire period of a claim. During this period, You are entitled to a refund in the amount of the premium charged to Your account as of the Statement Date coinciding with or immediately before Your date of loss. The refund amount will be added to each monthly benefit payment and will remain unchanged for the duration of Your claim period. If You continue to use Your account while on claim, You will be responsible for paying the insurance premium on any new charges.

**Please note that no benefits will be paid if the loss arises directly or indirectly from any of the following situations. Some exclusions apply to all protections, others are specific to a protection:**

### **All protections**

- intentionally self-inflicted injury;
- attempted suicide; or suicide within 2 years from the effective date;
- drug, alcohol or solvent abuse;
- the commission, or attempted commission, of an illegal act; or
- any nuclear, chemical or biological contamination resulting from an act of terrorism.

### **Involuntary unemployment**

- unemployment, for any reason beginning within 30 days from the effective date;
- strikes or lockouts;
- retirement, whether voluntary or mandatory;
- involuntary unemployment;
- pregnancy or childbirth;
- maternity leave or parental leave;
- loss of seasonal employment;
- dismissal for cause;
- disability for which benefits are paid;
- unemployment known by you to be impending at the time of application for insurance.

**If you are self-employed**

- unemployment for any reason beginning within 90 days from the effective date;
- unemployment known by you or should have been known to you impending at the time of application for insurance;
- strikes or lockouts, whether or not you or your business participate voluntarily;
- disability for which benefits are payable under the Payment Defender Plan;
- discharged for cause by a hiring company or customer;
- pregnancy, or childbirth and maternity, paternity or adoption leave;
- family medical or caregiver leave;
- voluntarily unemployment, you refused to complete work, as contracted or as outlined in job specifications
- failure to comply with safety regulations and conditions required by trade unions, associations or provincial health and safety regulators;
- criminal charges having been laid against you and resulting incarceration;
- failure to pay child maintenance support payments, spousal support or alimony;
- inability to travel for work related reasons due to loss of passport or visa conditions;
- closure of business as a result of gross or willful misconduct, negligence, voluntary forfeiture of salary, wages or income;
- retirement, whether voluntary or mandatory;
- any of the exclusions listed under the Certificate of Insurance heading "General Exclusions"

**Death**

- a suicide within 2 years after the effective date;
- a pre-existing condition in the first 6 months after the effective date; or
- a critical illness for which a benefit has been paid under this insurance.
- If You are 65 years of age or more at the date of Your death, the life insurance benefit will be paid only in the event of an accidental death

**Dismemberment**

- a pre-existing condition in the first 6 months after the effective date; or
- a critical illness for which a benefit has been paid under this insurance.

**Critical illness**

- the critical illness was first diagnosed prior to the effective date;
- the critical illness is first diagnosed within 90 days from the effective date;
- the disease or condition diagnosed is not listed among the covered critical illnesses identified in section "What Does the Payment Defender Plan Cover?"»

**Total disability**

- a pre-existing condition in the first 12 months after the effective date;
- normal pregnancy;
- critical illness for which a benefit has been paid under this insurance;
- nervous, mental, psychological, emotional or behavioral disorders, unless you are under the full time care of a licensed psychiatrist; or
- foreign travel or residence.



## **HOW MUCH DOES THE PAYMENT DEFENDER PLAN COST?**

The monthly premium rate is established in a proportion of \$1.39 per \$100.00 of the outstanding balance on your Flexiti account at the end of each monthly period plus applicable taxes on this amount. This amount varies based upon the daily average balance. The higher your balance, the higher premium. The reverse is equally true. This amount will be charged on each statement issued whenever your account balance is greater than zero.

Any amount that you owe on a "No Interest/No Payment" promotional plan will be included in the calculation of the monthly premium. However, amounts purchased on such plans will be included in the calculation of benefits payable under this insurance following expiry of such promotional plans without full payment.

## **WHAT IS THE DURATION OF THE PAYMENT DEFENDER PLAN?**

**THE PAYMENT DEFENDER FLEXITI PLAN IS OPTIONAL. YOU CAN CANCEL IT AT ANY TIME.**

### **START**

The effective date of the Payment Defender Plan is the date that Trans Global Life Insurance Company receives your application for insurance.

### **END**

### **CANCELLATION BY YOU**

**You can voluntarily cancel your insurance protection.**

#### **a) CANCELLATION IN THE FIRST 60 DAYS**

You have the right to cancel the insurance within the 60 days following the effective date. To do so, you must send a notice of cancellation to the mailing address of **TRANS GLOBAL LIFE INSURANCE COMPANY** set out on page 9 of this Summary. When cancellation is received within the first 60 days, we will refund any premium that has been charged to your account. Claims remain eligible for losses provided that the date of loss occurs prior to the date of cancellation. Premium collected in respect of a period after cancellation will be refunded to your Flexiti account.

### **CANCELLATION BY TRANS GLOBAL LIFE INSURANCE COMPANY**

**TRANS GLOBAL LIFE INSURANCE COMPANY** can also cancel your insurance protection for the following situation:

We may cancel this insurance if the Group Master Policy between us and Flexiti is cancelled. To do so, we will send you a notice to this effect at least 30 days in advance. Claims remain eligible for losses provided that the date of loss occurs prior to the date of cancellation. Premium collected in respect of a period after cancellation will be refunded to your Flexiti account.

### **The insurance terminates on:**

- The date credit privileges are revoked on your Flexiti account;
- For life and critical illness only, the date of the statement following your 65th birthday and after you reach the age of 65, the life insurance benefit is reduced to cover only accidental death; or
- The date your Flexiti account is closed.

If, at any time, your account with Flexiti is 60 days or more past due, no premiums will be charged for coverage here under until such time as your account with Flexiti is brought current. No benefits will be payable under this insurance for losses occurring during the period in which premiums were suspended.

### **IF I WISH TO MAKE A CLAIM?**

#### **1) TO SUBMIT A CLAIM**

To make a claim, contact **TRANS GLOBAL LIFE INSURANCE COMPANY** at 1.844.930.6022 to obtain the necessary form. Claim forms can also be downloaded from <https://transglobalinsurance.ca/claims/>. That request should be made in the 90 days following the date of occurrence.

#### **2) TRANS GLOBAL LIFE INSURANCE COMPANY'S REPLY**

Allow us 15 business days to process your claim once you have submitted all the documents needed to support your claim.

#### **3) IF I DISAGREE WITH THE CLAIM DECISION?**

You can contest the decision by writing to **TRANS GLOBAL LIFE INSURANCE COMPANY** and by providing additional information in support of your claim. Legal proceedings can only be instituted against TRANS GLOBAL LIFE INSURANCE COMPANY in the 36 months following the decision. You have the right to also contact the Autorité des marchés financiers or your own legal adviser.

### **OUR CUSTOMER COMPLAINT POLICY**

We are available and ready to provide support anytime. You can contact our customer service at 1-844-930-6022 between 8am and 5pm MST Monday to Friday. You can also consult our website <https://transglobalinsurance.ca/resolving-complaints/> to obtain our Customer Complaint Policy.

## NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

### NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2)

### THE ACT GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance within 10 days of the date on which it is signed, **without penalty**. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution: You may lose advantageous conditions as a result of this insurance contract. Contact your insurer or consult your contract.

After that period expires, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca).

## NOTICE OF RESCISSION OF AN INSURANCE CONTRACT

To: Trans Global Life Insurance Company  
16930-114 Avenue Edmonton, AB  
T5M 3S2

Date: \_\_\_\_\_ (date of sending of notice)

FLEXITI Account Number: \_\_\_\_\_

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby cancel the insurance certificate issued under Group Master Policy no. FL-04012018-L.

(name of client)

(signature of client)



**FLEXITI FINANCIAL INC.  
PAYMENT DEFENDER®  
CERTIFICATE OF INSURANCE  
&  
DISCLOSURE STATEMENT**

**Please keep this Certificate in a safe place for future reference.**

FLEXITI Payment Defender Insurance (the "Policy") is available to FLEXITI customers on approved credit card account applications in which the insurance enrollment is submitted to TRANS GLOBAL LIFE INSURANCE COMPANY as insured and who have requested the coverage, agreed to pay the premium, and continue to pay premiums on a timely basis. Failure to make premium payments on a timely basis could cause lapses in coverage.

Please see "Termination of Coverage" under Part G, below.

The Policy is underwritten pursuant to Group Policy No. FL- 04012018-L issued to FLEXITI by TRANS GLOBAL LIFE INSURANCE COMPANY along with the following respective coverage they provide under the Policy:

**TRANS GLOBAL LIFE INSURANCE COMPANY**  
Group Policy No. FL-04012018-L

Part A – Involuntary  
Unemployment

Part B – Involuntary Unemployment –Self Employed

Individual Part C – Critical Illness

Part D – Disability

Part E – Life with Dismemberment

When you enroll in the Policy, you are enrolling directly with TRANS GLOBAL LIFE INSURANCE COMPANY. This Certificate of Insurance, plus the insurance premiums billed on your FLEXITI credit card account paid monthly are evidence of Your insurance under the Policy, provided the insurance has not been terminated in accordance with the provisions outlined in this certificate.

**WHO IS COVERED**

Coverages are available only to the primary cardholder. The primary cardholder is the individual whose name appears first on the FLEXITI credit card account.

**HOW TO CANCEL THIS INSURANCE**

Upon receipt of this Certificate of Insurance, if You do not want this insurance, **return this Certificate within 60 days and ask Us in writing to cancel**, any premiums charged, pursuant to the Group Policy noted above and this Certificate of Insurance, will be refunded to your FLEXITI credit card account.

If You have any questions regarding this policy of insurance or require claim information, please contact:

TRANS GLOBAL LIFE INSURANCE  
COMPANY  
c/o Assurant Services Canada Inc.  
5000 Yonge Street, Suite 2000 Toronto, Ontario M2N 7C9  
Telephone in French: 1.905.305.4262 or toll free:  
1.877.305.4266 English: 1.905.305.4261 or toll free:  
1.877.305.4265

**PART A - INVOLUNTARY UNEMPLOYMENT BENEFIT  
BENEFITS**

If You become involuntarily unemployed after the Effective Date, we will pay FLEXITI, the payment obligation on your behalf, retroactively beginning from your Date of Loss, Your Monthly Payments as defined in Part F - DEFINITIONS. We will make Your Monthly Payment until You return to work full-time, subject to a maximum of 12 Monthly Payments. When You are simultaneously disabled and involuntarily unemployed, You are entitled to benefits only under one coverage, not under both. The total Monthly Payment will not exceed the lesser of the Outstanding Balance or \$25,000

For individuals who may simultaneously be earning income in an employer and employee relationship and operating a business in a self-employed capacity you are only entitled to payment of benefits under Part A – Involuntary Unemployment Benefit or Part B – Loss of Employment – Self Employed Individuals, not under both. In determining payment of benefits in the above noted situation, TRANS GLOBAL LIFE INSURANCE COMPANY reserves the right to choose which stated head of coverage benefits are paid under.

**CONDITIONS**

To be eligible for involuntary unemployment benefits,

1. You must have been insured under the Policy and gainfully employed on a permanent basis, working full-time at the Date of Loss, which means working at least 25 hours each week;
2. Be the age of majority in the Province that the FLEXITI credit card account was entered into.
3. You shall have been involuntarily unemployed for more than 30 consecutive days;
4. Prior to Your involuntary unemployment, Your employer shall have been paying employment insurance premiums to Canada Revenue Agency (CRA) and/or any of its successor entities, on your behalf. **Within 15 days of Your involuntary unemployment You must have registered with Canada Employment Insurance Commission to receive employment insurance benefits.**
5. While You are involuntarily unemployed You must be available to work full-time and You may be required to provide evidence that You are actively seeking employment.

## EXCLUSIONS

We shall not be liable for involuntary unemployment benefits due to:

- 1) Unemployment for any reason beginning within 30 days from the Effective Date;
- 2) Unemployment known by You to be impending at the time of application for insurance;
- 3) Loss of seasonal employment;
- 4) Strikes or lockouts, whether or not You participate voluntarily;
- 5) Disability for which benefits are payable under this Policy;
- 6) Discharge for cause by Your employer;
- 7) Pregnancy or childbirth, maternity, paternity or adoption leave;
- 8) Family medical or caregiver leave;
- 9) Voluntary unemployment;
- 10) Criminal charges having been laid against You and any resulting incarceration;
- 11) Failure to pay child maintenance support payments, spousal support payments or alimony;
- 12) Retirement, whether voluntary or mandatory;
- 13) Any of the exclusions listed under the heading "General Exclusions" found in Part G – General Provisions.

## RE-ELIGIBILITY

If you return to work for less than 6 consecutive months after receiving benefits under this Part A, and suffer another period of at least 30 consecutive days of involuntary unemployment, You will only be eligible for any remaining benefits of the maximum 12 Monthly Payments from the previous claim. However, if You have returned to full time employment (at least 25 hours per week) for at least 6 consecutive months after receiving benefits under this Part A, Your coverage will be reinstated for up to the contracted month benefits (subject to the \$25,000 maximum limit) for subsequent periods of covered involuntary unemployment.

## PART B – INVOLUNTARY UNEMPLOYMENT –SELF EMPLOYED INDIVIDUALS

### BENEFITS

If you become involuntarily unemployed, as a self-employed individual as a result of your business being involuntarily petitioned into bankruptcy by your creditors and you remain unable to generate any income during the period of 30 consecutive days after the Effective Date and while insured. You may be entitled for benefits under the TRANS GLOBAL LIFE INSURANCE COMPANY, Involuntary Unemployment insurance for self-employed individuals.

Upon eligibility TRANS GLOBAL LIFE INSURANCE COMPANY will pay FLEXITI on Your behalf, retroactively beginning from Your Date of Loss, Your Monthly Payments as defined in Part F – Definitions. TRANS GLOBAL LIFE INSURANCE COMPANY will make Your Monthly Payment until You return to work full-time, subject to a maximum of 12 Monthly payments. When you are simultaneously disabled and involuntarily unemployed, You are entitled to benefits under one coverage, not under both. The total Monthly Payments will not exceed the lesser of Your Outstanding Balance at the Date of Loss or the maximum of \$25,000.

For individuals who may simultaneously be earning income in an employer and employee relationship and operating a business in a self-employed capacity you are only entitled to payment of benefits under Part A – Involuntary Unemployment Benefit or Part B – Loss of Employment – Self Employed Individuals, not under both.

In determining payment of benefits in the above noted situation, TRANS GLOBAL LIFE INSURANCE COMPANY reserves the right to choose which stated head of coverage benefits are paid under.

## CONDITIONS

- 1) Qualifications for eligibility under the Policy for involuntarily unemployed for self-employed individual benefits, You must have been insured under the Policy and working in a self-employed capacity earning taxable revenue pursuant to the Canada Revenue and Taxation Act on a permanent basis, working full-time at the Date of Loss, (which is defined as working a minimum of 25 hours each week), in a legally incorporated business that has been operating in Canada for a period of no less than 2 continuous years prior to the Effective Date of the TRANS GLOBAL LIFE INSURANCE COMPANY Policy.
- 2) You shall have been involuntarily unemployed for more than 30 consecutive days;
- 3) Prior to Your involuntarily unemployed, as a self-employed individual and only if/when applicable, You shall have been paying special employment insurance premiums to Canada Revenue Agency (CRA) and/or any of its successor entities.
- 4) While You are involuntarily unemployed, as a self-employed individual, You must be available to work full-time and You may be required to provide evidence that You are actively seeking employment.

## EXCLUSIONS

We shall not be liable for involuntary unemployment for self-employed individual benefits due to:

- 1) Unemployment for any reason beginning within 90 days from the Effective Date;
- 2) Unemployment known by You or should have been known to You impending at the time of application for insurance;
- 3) Strikes or Lockouts, whether or not You or your business participate voluntarily;
- 4) Disability for which benefits are payable under this Policy;
- 5) Discharged for cause by a hiring company or customer;
- 6) Pregnancy, or childbirth and maternity, paternity or adoption leave;
- 7) Family medical or Caregiver leave;
- 8) Voluntary unemployment, You refused to complete work, as contracted or as outlined in job specifications
- 9) Failure to comply with safety regulations and conditions required by trade unions, associations or provincial health and safety regulators;
- 10) Criminal charges having been laid against You and resulting incarceration;
- 11) Failure to pay child maintenance, support payments, spousal support or alimony;
- 12) Inability to travel for work related reasons due to loss of passport or visa conditions;
- 13) Closure of business as a result of gross or willful misconduct, negligence, voluntary forfeiture of salary, wages or income;
- 14) Retirement, whether voluntary or mandatory;
- 15) Any of the exclusion listed under the Certificate of Insurance heading "general Exclusion" found in Part G – General Provisions.

## RE-ELIGIBILITY

If you return to work in a capacity of self-employment for less than 6 consecutive months after receiving benefits under the this Part B, and suffer another period of at least 90 consecutive days of involuntary unemployment, for self-employed individuals, You will only be eligible for any remaining benefits of the maximum 12 Monthly Payments from the previous claim. However, You must be working in a new business capacity earning taxable revenue pursuant to the Canada Revenue and Taxation Act on a permanent basis, working full-time at the Date of Loss, which is defined as working a minimum of 25 hours each week, in a legally incorporated business that has been operating in Canada for a period of no less than 2 continuous years prior to the effective date of the TRANS GLOBAL LIFE INSURANCE policy. After 6 consecutive months, Your coverage will be reinstated for up to another 12 month benefit period (subject to the \$25,000 maximum policy limit) for subsequent periods covered by involuntary unemployment for self-employed individuals.

## MAKING A CLAIM

**CLAIM FORMS** may be obtained by calling a Customer Service Representative at 1-844-930-6022 or by downloading forms from <https://transglobalinsurance.ca/claims/>.

**NOTICE OF LOSS** in writing may be filed with TRANS GLOBAL LIFE INSURANCE COMPANY at the office address set out at the beginning of this certificate within 90 Days from the date of such loss.

Failure to report a loss within the stated period of time will invalidate any claim in respect of such loss.

**PROOF OF LOSS** in writing and any required receipts or reports must be furnished to TRANS GLOBAL LIFE INSURANCE COMPANY at the office address set out at the beginning of the Certificate within 90 days from the date of such loss. Subsequent written proofs of continuance of such loss must be furnished at such intervals as We may require. Costs incurred by You to obtain proof or evidence of Your loss will be at Your own expense.

Bankruptcy court documents must be provided to TRANS GLOBAL LIFE INSURANCE COMPANY at the address set out at the beginning of the certificate showing proof of filed bankruptcy along with the name of the appointed trustee of bankruptcy. TRANS GLOBAL LIFE INSURANCE COMPANY may at its discretion require financial statements showing proof of documented evidence of the past 3 years of business operations, business tax returns for the evidence of filing with Canada Revenue Reporting Agency, along with individual and spouse tax returns for the past 3 years showing evidence of filing with Canada Revenue Reporting Agency. We may also require the most recent copy of articles of incorporation and business license of the business at the time of the claim.

## PART C – CRITICAL ILLNESS BENEFIT

### BENEFITS

If, after the Effective Date and while insured, You are diagnosed with a Critical Illness for the first time in your life and survive that First Diagnosis for at least 30 days, We will pay to FLEXITI an amount equal to the Outstanding Balance as on the date of First Diagnosis of the Critical Illness, to a maximum of \$25,000 of Your FLEXITI credit card account.

## CONDITIONS

- 1) Critical Illness coverage under Part C ceases to an individual once they attain the age of 65. The date of First Diagnosis must occur prior to the individuals 65th birthday.
- 2) The Critical Illnesses covered under this Policy are Life Threatening Cancer, Heart Attack, Stroke, Coronary Artery Bypass Graft, Kidney Failure and Major Organ transplant. Full definitions of these Critical Illnesses along with any limitations are found below.
- 3) Under this certificate the Critical Illness benefit will be paid only once. After the Critical Illness benefit is paid, You remain eligible for benefits described under Parts A, B, D, & E of this Certificate.
- 4) Proof of loss satisfactory to Us **must be submitted within 90 days of First Diagnosis**. The diagnosis must be made in writing by a licensed physician and be supported by medical evidence that We require, or may require.

## EXCLUSIONS

We do not pay a benefit for a particular Critical Illness if:

- 1) that Critical Illness resulted directly or indirectly from any of the exclusions listed under the heading "General Exclusions" found in General Exclusion Provisions;
- 2) that Critical Illness existed, or was first diagnosed, prior to the Effective Date or within 90 days after the Effective Date.

## CRITICAL ILLNESS DEFINITIONS & LIMITATIONS

### CRITICAL ILLNESS

FIRST DIAGNOSIS & FIRST DIAGNOSED means the date on which a licensed physician establishes the diagnosis of a Critical Illness.

Only the following Critical Illnesses, as defined below, are covered under this certificate:

- 1) Cancer (Life Threatening) – Meaning any malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. The diagnosis must be made in writing by a physician and be confirmed by histological examination of the involved tissue. Under this certificate Cancer includes leukemia and Hodgkin's disease but does not include:
  - a. All tumors which are histologically described as pre-malignant, as non-evasive or as cancer in situ;
  - b. Stage A prostate cancer, Duke's Stage A colon cancer, or any pre-malignant lesions, benign tumors or polyps;
  - c. Kaposi's sarcoma or cancerous tumors in the presence of Human Immunodeficiency Virus;
  - d. Any skin cancer that is not malignant invasive melanoma and that has not exceeded .75 millimeters in depth.
- 2) Heart Attack – Meaning the death of a portion of the heart muscle as a result of inadequate blood supply that has resulted in all of the following evidence of acute myocardial infarction:
  - a. Typical chest pain;
  - b. New characteristic electrocardiographic (ECG) changes; and
  - c. The characteristic rise of cardiac enzymes, troponins or other biochemical markers.
  - d. Other acute coronary syndromes, including but not limited to angina, are not covered under this definition.

- 3) Stroke – Meaning any cerebrovascular incident, excluding transient ischemic attack (mini stroke), producing death of a portion of the brain as a result of thrombosis, intracranial or subarachnoid hemorrhage or embolization from an extracranial source and with objective evidence of a new permanent neurological deficit persisting for more than 30 days.
- 4) Coronary artery bypass graft – means the undergoing of heart Surgery to correct the narrowing or blockage of one or more coronary arteries using venous or arterial grafts. Coronary artery bypass graft does not include;
  - a. Angioplasty (percutaneous transluminal coronary angioplasty);
  - b. Laser relief of an obstruction; stern insertion; coronary angiography; or
  - c. Any other intra-catheter technique.
  - d. The Surgery must be deemed medically necessary by a physician who is a board-certified cardiologist.
- 5) Kidney Failure - means end stage, irreversible failure of both kidneys to function, provided that a physician who is board certified has determined that such failure requires either:
  - a. Immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months; or
  - b. A kidney transplant.
- 6) Major Organ Transplant – means the actual undergoing as a recipient of a transplant of a heart, lung, pancreas, kidney or liver.

- 3) We will require Your attending physician or surgeon to send Us a written statement, on a form provided by Us or acceptable to Us, during the initial period of disability indicating that You were totally disabled and unable to resume employment because of the disability. You may be required to provide subsequent verification of continued disability.
- 4) Benefits will end once your doctor allows you to return to work on a full-time, part-time, or modified basis.
- 5) When you are simultaneously disabled and involuntarily unemployed, You are entitled to benefits only under one coverage, not under both.

## EXCLUSIONS

We do not pay a monthly disability benefit if Your disability resulted directly or indirectly from:

- 1) any of the exclusions listed under the heading "General Exclusions" found in Part G – General Provisions;
- 2) a pre-existing condition, if Your disability commences anytime during the first 12 months of coverage. For the purposes of this exclusion we define a pre-existing condition as any sickness or injury for which You received medical advice, consultation, diagnosis, investigation, or for which treatment was required or recommended by a doctor during the 6 months prior to the Effective Date of Your coverage;
- 3) a nervous, mental, psychological, emotional or behavioral disorder or condition unless You are under the full-time care of a licensed psychiatrist;
- 4) a Critical Illness for which a benefit has been paid under Part C- Critical Illness, of this Policy;
- 5) normal pregnancy;
- 6) foreign travel or residence;
- 7) Flight on non-scheduled aircraft.

## PART D – DISABILITY BENEFIT

FIRST DIAGNOSIS & FIRST DIAGNOSED means the date on which a licensed physician establishes the diagnosis of a Critical Illness.

### BENEFITS

If You are totally disabled and as a result are unable to work, while You are covered under the Policy We will make Your Monthly Payments, as defined in Part F - Definitions, to FLEXITI on Your behalf during the term of Your total disability beginning retroactively with Your Date of Loss and until You are able to return to work, subject to a maximum of 12 Monthly Payments. The total benefits paid will not exceed the lesser of the Outstanding Balance or \$25,000

### CONDITIONS AND LIMITATIONS

- 1) You must become, after the Effective Date, totally and continuously disabled as the result of accidental bodily injury or sickness, and shall be regularly attended by a licensed physician or surgeon other than Yourself and, in the opinion of the physician or surgeon, be prevented from engaging in any business or employment for which You are reasonably fitted by training, experience or education, and shall remain so totally disabled for more than 30 consecutive days.
- 2) To be eligible for disability benefits, You must have been insured under the Policy and gainfully employed on a permanent basis, working full-time at the Date of Loss, which means working at least 25 hours each week.

## RE-ELIGIBILITY

When payments have been completed for a claim under these disability provisions, You must resume permanent full-time employment 25 or more hours per week for a period of 60 consecutive days to become eligible for a further disability claim.

## PART E - LIFE WITH DISMEMBERMENT BENEFIT

### BENEFITS

We will pay to FLEXITI, on Your behalf, upon due proof of Your death or dismemberment occurring after the Effective Date and while You are covered under the Policy an amount of insurance equal to the Outstanding Balance of Your FLEXITI credit card account at the date of death or dismemberment to a maximum of \$25,000.

### DISMEMBERMENT

Dismemberment means accidental bodily injuries that are sustained directly and independently of all other causes resulting in the total and irrevocable loss of the entire sight of both eyes, or a hand or foot by complete severance through or above the wrist or ankle joint.

### AGE LIMITATION

If You are 65 (71 in British Columbia) years of age or more at the date of Your death, the Life insurance benefit for You will be paid only in the event of accidental death. Accidental death shall mean death through accidental means sustained directly or independently of all other causes and occurring within 90 days from the date of accident.

## EXCLUSIONS

We do not pay a benefit if the death or dismemberment resulted directly or indirectly from:

- 1) Any of the exclusions listed under the heading "General Exclusions" found in Part G – General Provisions.
- 2) A pre-existing Condition, if You die within 6 months of the Effective Date from that pre-existing condition. For the purposes of this exclusion We define a pre-existing condition as any sickness or injury for which You received medical advice, consultation, diagnosis, investigation, or for which treatment was required or recommended by a doctor during the 6 months prior to the Effective Date of Your coverage.
- 3) A critical Illness for which a benefit has been paid under Part C – Critical Illness – of this Policy.

## PART F - DEFINITIONS

**DATE OF LOSS** is the date the event or occurrence or, in the case of total disability or involuntary unemployment, the commencement thereof, giving rise to a claim under the Policy.

**EFFECTIVE DATE** For the coverage's provided under Parts A, B, C, D, and E, the Effective Date is the date that We receive your enrollment for insurance.

## CHARGES FOR INSURANCE AND METHOD FOR DETERMINATION

**MONTHLY PAYMENT(S)** means the amount due and payable by You to FLEXITI on Your FLEXITI credit card account for each monthly period.

**OUTSTANDING BALANCE** means the total amount owing by You to Flexiti on Your Flexiti credit card account as at the Date of Loss.

**YOU, YOUR** and **YOURSELF** means the individual whose name appears on the FLEXITI credit card account and is responsible for the outstanding debt.

**WE, US** and/or **OUR** refers to TRANS GLOBAL LIFE INSURANCE COMPANY.

## PART G - GENERAL PROVISIONS

**BENEFICIARY** - Benefits payable under Parts A, B, C, D, & E of the Policy shall be paid to FLEXITI, as irrevocable Beneficiary, to be applied by FLEXITI in payment of Your Flexiti credit card account Outstanding Balance.

**CERTIFICATE** - This Certificate, which replaces all other certificates previously issued to FLEXITI cardholder, contains all the insuring terms and conditions between You and Us. In the event of any inconsistencies or ambiguities between this Certificate and the Group Policy No. FL-04012018-L regarding Your coverage, the terms of this Certificate will prevail. Copies of the Group Policy are available by contacting TRANS GLOBAL LIFE INSURANCE COMPANY.

## MAKING A CLAIM

**CLAIM FORMS** may be obtained by calling a Customer Service Representative at 1-844-930-6022 or by downloading forms from <https://transglobalinsurance.ca/claims/>.

**NOTICE OF LOSS** in writing must be filed with TRANS GLOBAL LIFE INSURANCE COMPANY at the office address set out at the beginning of this Certificate within **90 days from the date of such loss**.

Failure to report a loss within the stated period of time will invalidate any claim in respect of such loss.

**PROOF OF LOSS** in writing and any required receipts or reports must be furnished to TRANS GLOBAL LIFE INSURANCE COMPANY at the office address set out at the beginning of this Certificate of Insurance within 90 days from the date of such loss. Subsequent written proofs of continuance of such loss must be furnished at such intervals as We may require. Costs incurred by You to obtain proof or evidence of Your loss will be at Your own expense.

You will provide written authorization for Us to make inquiries of Your past and present employers for the settlement of Your Disability and Involuntary Unemployment claims, and of Your medical or other health care practitioners for the settlement of Your Life With Dismemberment, Critical Illness and Disability claims as We consider necessary.

## GENERAL EXCLUSIONS

No benefits will be paid under the Policy's Life and Dismemberment, Disability, Involuntary Unemployment or Critical Illness coverages if the loss was, directly or indirectly, caused by:

- 1) an attempted suicide or suicide, while sane or insane, within two years of the Effective Date;
- 2) an intentionally self-inflicted injury;
- 3) the commission, or attempted commission, of an illegal act;
- 4) military service, declared or undeclared war, or any nuclear, chemical, or biological contamination resulting from an act of terrorism; or
- 5) Alcohol or solvent abuse, or the taking of illegal drugs or prescription drugs except where prescribed by a licensed doctor and taken as directed.

## LEGAL PROCEEDINGS

No legal action may be brought against Us, unless it is brought within 36 months after the Date of Loss; or the shortest applicable limit of time established by law. 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. The benefits payable under this Policy are based on Your Outstanding Balance on the Date of Loss. Any changes made to Your Policy after the Date of Loss but during the benefit period will not be included in the calculation of Your benefits.

The benefits payable under this Policy are calculated on Your Outstanding Balance on the Date of Loss. Any purchases or charges made on Your Monthly Insurance Payment Protection Policy after the Date of Loss and during the period for which You are collecting benefits will not be included in the calculation of Your benefit.

**MISSTATEMENT OF AGE** - Our liability is limited to a refund of all premiums you have paid when You misstated your age to Us at the time You provided to Us your application for insurance.

**PREMIUM RATE** - The monthly premium charged under the Policy is \$1.39 per \$100 (or part thereof) of the Daily Average Balance, plus applicable taxes.



PREMIUM RATE AND/OR POLICY CHANGE - We reserve the right to establish new premium rates and cancel or modify any terms of the Policy. You and the FLEXITI will receive at least 31 days written notice of any change to premium rates or terms of the Policy.

REFUNDS - In the event of termination of Your Coverage, We will credit Your FLEXITI account on a Pro Rata basis with any unearned premium paid by You. No refund or credit will be made if the amount is less than One Dollar (\$1.00).

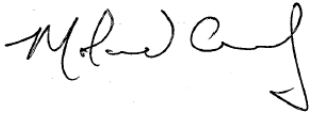
SUBROGATION - In the event of any payment under this insurance, We shall be subrogated to all Your rights of recovery and You shall execute and deliver all papers and do whatever is necessary for Us to secure those rights.

#### **TERMS OF AGREEMENT AND TERMINATION OF COVERAGE**

The term of the insurance provided under this Certificate commences upon your agreement to purchase the insurance coverage hereunder and will end on the sooner of:

- 1) the next billing date after We or the FLEXITI receive Your written request to end this insurance coverage, or
- 2) 31 days from the date We or the FLEXITI send You written notice, by first class mail to Your last known address, to cancel this insurance, or
- 3) the date Your account is terminated, on receipt of notice of termination by the insurer, or
- 4) the date You are more than 30 days delinquent in making any required payments on Your Insured FLEXITI account; however, Your insurance coverage will be automatically reinstated when Your FLEXITI account becomes current.

TRANS GLOBAL LIFE INSURANCE  
COMPANY



Moe Assaf - Sr. Director, Financial  
Services

