



**SPRING FINANCIAL PERSONAL LOAN PAYMENT PROTECTION PROGRAM CERTIFICATE OF INSURANCE AND DISCLOSURE STATEMENT**

**SPRING FINANCIAL PAYMENT PROTECTION PROGRAM CERTIFICATE OF INSURANCE & DISCLOSURE STATEMENT**

**Certificate Date: May 15, 2024**

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

SPRING FINANCIAL Payment Protection Insurance (the “Plan” or “Policy”) is available to customers on approved loan applications submitted to **Us**, 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 “Term and Termination of Coverage” under Part G, below.

The Policy is underwritten pursuant Group Master Policy No’s SF-11012022-P and SF-11012022-L for residents of all provinces except Quebec, and for residence of Quebec, only Group Master Policy No. SF-11012022-L, issued to Spring Financial by **Us** along with the following respective coverage they provide under the Policy:

QUEBEC RESIDENTS	NON-QUEBEC RESIDENTS
Trans Global Life Insurance Company (SF- 11012022-L)	Trans Global Insurance Company (SF- 11012022-P)
Part A: Involuntary Unemployment insurance	Part A: Involuntary Unemployment insurance
Part B: Involuntary Unemployment insurance (Self Employed Individuals)	Part B: Involuntary Unemployment insurance (Self Employed Individuals)
Part C: Critical Illness insurance	<b>Trans Global Life Insurance Company (SF- 11012022-L)</b>
Part D: Disability	Part C: Critical Illness insurance
Part E: Life with Dismemberment insurance	Part D: Disability insurance
	Part E: Life with Dismemberment insurance

When **You** enroll in the Plan, **You** are enrolling directly with Trans Global Insurance Company and Trans Global Life Insurance Company.

This Certificate, plus the insurance premiums billed on **Your** SPRING FINANCIAL loan paid to **Us**, are evidence of **Your** insurance under the Plan. **Your** benefits are based on **Your**

SPRING FINANCIAL **Outstanding Balance**, provided the insurance has not been terminated in accordance with the provisions outlined in this Certificate.

Please refer to the Definition section or to the applicable description of benefits for the meanings of all bolded terms. Coverage is only available if **You** are a resident of Canada. This coverage may be cancelled, changed, or modified at the option of Spring Financial and/or the Insurer at any time.

**WHO IS COVERED**

To be eligible to apply for insurance, **You** must be a Canadian resident and be over age 18 on the **Effective Date**. The Life and Dismemberment and Critical Illness coverages are available to the primary Borrower and their **Spouse**. The Disability and Involuntary Unemployment coverages are available only to the primary Borrower. The primary Borrower is the individual whose name appears first on the SPRING FINANCIAL loan agreement (“Borrower”). For residents of Quebec, all coverages are only available for **You**.

If **You** are 65 (71 in British Columbia) years of age or older at the date of **Your** death, the Life Insurance benefit will be paid only in the event of **Accidental Death**.

Critical Illness coverage ceases at the age of 65. For further clarity, the date of **First Diagnosis** must occur prior to the individual’s 65TH birthday.

**HOW TO CANCEL THIS INSURANCE**

Upon receipt of this Certificate, if **You** do not want this insurance coverage, return this Certificate within 30 days or 60 days for residents in Quebec and ask **Us** in writing to cancel. Any premiums charged, pursuant to the Group Policies noted above and to this Certificate, will be refunded to your SPRING FINANCIAL loan account. **You** may cancel any time after 30 days or 60 days (for Quebec residents), by sending **Us** a request in writing, but **You** will not be entitled to any refund of premiums charged.

If **You** have any questions regarding this Policy of insurance or require claim information, please contact;

TRANS GLOBAL INSURANCE GROUP  
SUITE 275, 16930-114 AVENUE, EDMONTON, AB T5M 3S2,  
TELEPHONE 1-844-930-6022

**PART A - INVOLUNTARY UNEMPLOYMENT BENEFIT BENEFITS**

If **You** become involuntarily unemployed after the **Effective Date**, **We** will pay SPRING FINANCIAL **Your Loan Payment** on **Your** behalf, retroactively beginning from **Your Date of Loss**. **We** will make **Your Loan Payment** until **You** return to work full-time, subject to a maximum of 12 months of coverage.

When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits only under one coverage, not under both. The total payments under this Plan will not exceed the lesser of the **Outstanding Balance** or \$12,500.

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 – Involuntary Unemployment – Self Employed Individuals, not under both. In determining payment of benefits in the above noted situation, **We** reserve 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. **You** must be the age of majority in the Province that the SPRING FINANCIAL loan 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 Service Canada or a similar entity 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. Loss of self-employment; see Part B
13. Retirement, whether voluntary or mandatory;
14. 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 months of coverage 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 \$12,500 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 this Part B - Involuntary Unemployment insurance for self-employed individuals.

Upon eligibility **We** will pay the SPRING FINANCIAL **Loan Payment** on **Your** behalf, retroactively beginning from **Your Date of Loss, Your Loan Payments** as defined in Part F – Definitions. **We** will make **Your Loan Payment** until **You** return to work full-time, subject to a maximum of 12 months of coverage. When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits under only one coverage, not under both. The total **Loan Payments** will not exceed the lesser of the **Outstanding Balance** at the **Date of Loss** or the maximum of \$12,500.

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 – Involuntary Unemployment –Self Employed Individuals, not under both. In determining payment of benefits in the above noted situation, **We** reserve the right to choose which stated head of coverage benefits are paid under.

### CONDITIONS

To be eligible under the Plan for involuntarily unemployment for self-employed individual benefits:

1. **You** must be a Canadian resident and be over age 18 on the **Effective Date**.
2. **You** must have been insured under the Plan and working in a self-employed capacity earning taxable revenue pursuant to the Canada Income Tax 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 Policy.
3. **You** shall have been involuntarily unemployed for more than 30 consecutive days;
4. 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.
5. 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. Being 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. Voluntarily 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 exclusions listed under the heading “General Exclusions” 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 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 months from the previous claim. However, **You** must be working in a new business capacity earning taxable revenue pursuant to the Canada Income Tax 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 Policy. After 6 consecutive months, **Your** coverage will be reinstated for up to another 12-month benefit period (subject to the \$12,500 maximum Policy limit) for subsequent periods covered by involuntary unemployment for self-employed individuals.

### INVOLUNTARY UNEMPLOYMENT – SELF-EMPLOYED INDIVIDUALS’ CLAIMS

Bankruptcy court documents must be provided to **Us** 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. **We** may require at **Our** 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 Agency, along with individual and **Spouse** tax returns for the past 3 years showing evidence of filing with Canada Revenue 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** (for residents of Quebec) and **You** or **Your Spouse** (for residents of all provinces other than Quebec) are diagnosed with a Critical Illness for the first time and survive that **First Diagnosis** for at least 30 days, **We** will pay to SPRING FINANCIAL an amount equal to the **Outstanding Balance** at the date of **First Diagnosis** of the Critical Illness, to a maximum of \$12,500.

### 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 individual's 65th birthday.
2. The Critical Illnesses covered under this Policy are Cancer (Life Threatening), 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 for **You** or **Your Spouse**. After the Critical Illness benefit is paid, **You** remain eligible for benefits described under Parts A, B, D, & E of this Certificate and **Your Spouse** remains eligible for benefits described under Part E.
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 Part G – General 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-invasive 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; or
  - 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.

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 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 Plan;
5. normal pregnancy;
6. foreign travel or residence; or
7. Flight on non-scheduled aircraft.

## PART D – DISABILITY BENEFIT

### BENEFITS

If **You** are injured or disabled and as a result are unable to work, while **You** are covered under the Policy **We** will make **Your Loan Payments**, as defined in Part F - Definitions, to SPRING FINANCIAL on **Your** behalf during the term of **Your** disability beginning retroactively with **Your Date of Loss** and until **You** are able to return to work, subject to a maximum of 12 months of coverage. The total benefits paid will not exceed the lesser of the **Outstanding Balance** or \$12,500.

### 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, or working in a self-employed capacity earning taxable revenue pursuant to the Canada Income Tax Act, working full-time at the **Date of Loss**, which means working at least 25 hours each week.
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.

### 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 SPRING FINANCIAL, on **Your** behalf, upon due proof of the death or dismemberment of **You** (for residents of Quebec) or **You** or **Your Spouse** (for residents in all other province other than Quebec) occurring after the **Effective Date**, and while **You** are covered under the Policy, an amount of insurance equal to the **Outstanding Balance** of **Your** SPRING FINANCIAL Loan at the date of death or dismemberment to a maximum of 12,500. If the death or dismemberment of **You** and **Your Spouse** occurs simultaneously, only one benefit will be paid.

### 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** or **Your Spouse** are 65 (71 in British Columbia) years of age or more at the date of death, the Life insurance benefit 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**

**ACCIDENTAL DEATH** means death through accidental means sustained directly or independently of all causes and occurring within 90 days from the date of the accident.

**BENEFICIARY** means the beneficiary of this Policy, Spring Financial Inc.

**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 coverages provided under Parts A, B, C, D, and E, is the date that **We**, or that SPRING FINANCIAL, receive **Your** signed application for insurance.

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

**LOAN PAYMENT(S)** is **Your** scheduled weekly, bi-weekly, semi-monthly, or monthly payment due on **Your** SPRING FINANCIAL loan.

**OUTSTANDING BALANCE** is the total amount owing on **Your** SPRING FINANCIAL loan, on which **You** have been provided coverage under this Plan, as of the **Date of Loss**.

**SPOUSE** means **YOUR SPOUSE** that **You** are legally married to; or **Your** partner in a common-law relationship regardless of gender, who although not legally married to each other, have continuously cohabited in a marriage-like relationship for at least the last 12 months.

**YOU, YOUR and YOURSELF** means the individual whose name appears on the SPRING FINANCIAL loan documents and is responsible for the **Outstanding Balance**.

**WE, US and/or OUR** refers to Trans Global Life Insurance Company and/or Trans Global Insurance Company.

#### **PART G - GENERAL PROVISIONS**

**BENEFICIARY** - Benefits payable under Parts A, B, C, D, & E of the Policy shall be paid to SPRING FINANCIAL, as irrevocable **Beneficiary**, to be applied by SPRING FINANCIAL toward the discharge of the **Outstanding Balance**.

**CERTIFICATE** - This Certificate, which replaces all other certificates previously issued to **You** with respect to this Plan, 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 Policies Numbers No.'s SF-11012022-P & SF-11012022-L regarding **Your** coverage, the terms of this Certificate will prevail. Copies of the Group Policies are available by contacting Trans Global Insurance Group.

#### **MAKING A CLAIM**

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

**NOTICE OF LOSS** in writing must be filed with **Us** 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 **Us** at the office address set out at the beginning of this 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.

**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.

## CONTACT

All notices or other records to be delivered to **Us** shall be delivered at the following address:

Trans Global Insurance  
16930 – 114 Avenue NW  
Edmonton, Alberta T5M 3S2

If **You** have any questions, regarding the Policy and the coverages, **You** may contact **Us** at 1-844-930-6022.

## GENERAL EXCLUSIONS

No benefits will be paid under the Policy's Life with 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.

## COMPLAINT PROCEDURES

If **You** have a complaint or inquiry about any aspect of this insurance coverage, please call 1- 844- 930-6022 between 8:00 am and 5:00 pm (MT), Monday to Friday. If for some reason **You** are not satisfied with the resolution to **Your** complaint or inquiry, please see **Our** complaint resolution processes which can be found at:

<https://transglobalinsurance.ca/resolving-complaints/>.

## YOUR PRIVACY MATTERS TO US

**We** are committed to protecting **Your** privacy. **We** respect **Your** privacy and want **You** to understand how **We** collect and use **Your** personal information.

### How We Collect Your Information

**We** collect and keep information about **You**, which is needed to provide the products and services **You** request. **We** collect information from **You**, either directly or through **Our** representatives. **We** may also need to collect information about **You** from sources such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans)

and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and **Your** current and former employer.

### How We Use Your Information

**We** use **Your** information to provide the products and services **You** request, which includes using it to evaluate insurance risk and manage claims. **We** may also share **Your** information with other third parties, when it is necessary for the services **We** provide to **You**. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references **You** provide. **We** may use **Your** information internally, to prepare statistical reports that help **Us** understand the needs of **Our** customers and that help **Us** understand and manage **Our** business. For these purposes, where a third-party service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. **You** may request to review **Your** personal information in **Your** file or request to make a correction by writing to:

The Privacy Officer, Trans Global Life Insurance Company/Trans Global Insurance Company  
Attention: Chief Privacy Officer  
16930 – 114 Avenue NW, Edmonton, Alberta T5M 3S2  
<https://transglobalinsurance.ca/about-us/privacy-policy/>

## LEGAL PROCEEDINGS

No legal action may be brought against **Us**, unless it is brought within 24 months after the **Date of Loss** for residents of all provinces except Quebec and 36 months after the **Date of Loss** for Quebec residents only; 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 Certificate 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 on this Plan 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 loan utilization, purchases or charges made which add to **Your Outstanding Balance** 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 premium charged under the Plan is 40% x **Your Loan Payment**, plus applicable taxes, payable weekly, bi-weekly, semi-monthly, or monthly as outlined in **Your SPRING FINANCIAL** loan agreement. For example, if **Your Insured SPRING FINANCIAL Loan Payment** is \$50.00, **Your** premium billed would be \$20 plus applicable taxes, and if **Your SPRING FINANCIAL Loan Payment** required is zero, **Your** premium required would be zero.

**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 **SPRING FINANCIAL** 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 SPRING FINANCIAL Outstanding Balance**, 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.

#### **TERM 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 **SPRING FINANCIAL** receive **Your** written request to end this insurance coverage, or
2. 31 days from the date **We** or **SPRING FINANCIAL** send **You** written notice, by first class mail to **Your** last known address, to cancel this insurance, or
3. the date **Your SPRING FINANCIAL** loan account is terminated AND the Balance Outstanding is zero, or
4. the date **You** are more than 30 days delinquent in making any required **Loan Payment** towards **Your Outstanding Balance**; however, **Your** insurance coverage will be automatically reinstated when **Your Loan Payment** obligations become current.