

**Certificate of Insurance**



**GLORY HILLS PAYMENT PROTECTION POLICY**

**CERTIFICATE OF INSURANCE  
and  
DISCLOSURE STATEMENT**

**Certificate Date: October 29, 2024**

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

Glory Hills Insurance Payment Protection Policy (the "Policy") is available to customers on approved applications submitted to Trans Global Insurance 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 Policies No.'s GH-0717-P and GH-0717-L, issued to Glory Hills Services Inc. by Trans Global Insurance Company and Trans Global Life Insurance Company along with the following respective coverage they provide under the Policy:

**TRANS GLOBAL INSURANCE COMPANY**

Group Policy No. GH-0717-P

Part A- Involuntary Unemployment

Part B - Involuntary Unemployment - Self Employed Individual

**TRANS GLOBAL LIFE INSURANCE COMPANY**

Group Policy No. GH-0717-L Part C - Critical Illness

Part D - Disability

Part E - Life with Dismemberment

When you enroll in this Policy, you are enrolling directly with Trans Global Insurance Company and Trans Global Life Insurance Company.

The following PARTS are applicable to the coverages provided by Trans Global Insurance Company and Trans Global Life Insurance Company described in PARTS A & B (TGI); and C, D, & E (TGLI); and PARTS F & G (both companies) are applicable to the coverages provided herein.

This Certificate, plus the insurance premium paid monthly directly to Trans Global Insurance are evidence of Your insurance under the Policy. Your benefits are based on Your monthly Glory Hills Insurance payment obligation.

### **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. 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 age of 65. For further clarity, the date of **First Diagnosis** must occur prior to the individual's 65<sup>th</sup> birthday.

The Involuntary Unemployment, Disability, Critical Illness and Life, Dismemberment coverages are available only to the person whose name appears on the Glory Hills Insurance Premium Contract.

### **HOW TO CANCEL THIS INSURANCE**

Upon receipt of this Certificate, if You do not want this insurance, **return this Certificate within 30 days and ask Us in writing to cancel**, and any premiums charged, pursuant to the Group Policies noted above and to this Certificate, will be refunded to you. You may cancel any time after 30 days 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  
COMPANY AND TRANS GLOBAL  
LIFE INSURANCE COMPANY  
16902-137 AVENUE, EDMONTON,  
AB T5V 0C8,  
TELEPHONE 1-844-930-6022**

### **PART A - INVOLUNTARY UNEMPLOYMENT BENEFIT**

#### **BENEFITS**

If You become involuntarily unemployed after the Effective Date, We will pay Glory Hills Insurance Your Monthly Payment 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, but not to exceed expiry of this Policy 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 Glory Hills Insurance Premium payments will not exceed the lesser of the Outstanding Balance or \$15,000.00

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 Insurance reserves the right to choose which stated head of coverage benefits are paid under.

#### **CONDITIONS**

To be eligible for involuntary unemployment benefits:

- 1) To be eligible for involuntary unemployment 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.
- 2) Be the age of majority in the Province that the Glory Hills Insurance payment obligation was entered into;

- 3) You shall have been involuntarily unemployed for more than 30 consecutive days;
- 4) Prior to Your involuntary unemployment, You shall have been paying employment insurance premiums to Human Resources and Social Development Canada (HRSDC) and/or any of its successor entities. **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) 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 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 \$15,000 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 Insurance, (TGI) Job loss insurance for self-employed individuals.

Upon eligibility Trans Global Insurance (TGI) will pay the monthly Glory Hills Insurance premium 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 Payments will not exceed the lesser of the Outstanding Balance at the Date of Loss or the maximum of \$15,000.00

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 Insurance reserves the right to choose which stated head of coverage benefits are paid under.

### **CONDITIONS**

- 1) Qualifications for eligibility under the policy for involuntarily unemployment for self-employed individual benefits, You must have been insured under the Policy and working in a 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 insurance policy.
- 2) You shall have been involuntarily unemployed for more than 30 consecutive days;
- 3) Prior to Your involuntarily unemployment, as a self-employed individual, You shall have been paying employment insurance premiums to Human Resources and Social Development Canada (HRDC) and/or any of its successor entities. **Within 15 days of your involuntary unemployment, You must have registered with Canada Employment Insurance Commission to receive employment insurance benefits.**
- 4) Be approved by Canada Employment Insurance Commission for receipt of benefits under the Canada Employment Insurance Program as set out in the Canada Employment Insurance Act.
- 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) 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 jobspecifications
- 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 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 insurance policy. After 6 consecutive months, Your coverage will be reinstated for up to another 12 month benefit period (subject to the \$15,000.00 maximum policy limit) for subsequent periods covered by involuntary unemployment for self-employed individuals.

**NOTICE OF LOSS** in writing may be filed with Trans Global Insurance Group 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 Insurance at the office address set out at the beginning of the Policy 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 Insurance at the address set out at the beginning of the Policy showing proof of filed bankruptcy along with the name of the appointed trustee of bankruptcy. Trans Global Insurance 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 out the Glory Hills Insurance Premium obligation to an amount equal to the Outstanding Balance on Your Glory Hills Insurance Premium obligation at the date of First Diagnosis of the Critical Illness, to a maximum of \$15,000.00.

### **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 for You. After the Critical Illness benefit is paid, You remain eligible for benefits described under Parts A, B, D, & F 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 Part H – 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-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.

## **PART D – DISABILITY BENEFIT**

### **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 minimum monthly payments, as defined in Part F - Definitions, to the Glory Hills Insurance 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 12 Monthly Payments guidelines based on the Premium type. The total benefits paid will not exceed the lesser of the Outstanding Balance or \$15,000.00.

### **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.
- 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 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;
- 7) Flight on non-scheduled aircraft.

### **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 Glory Hills Finance, on Your behalf, upon due proof of the death or dismemberment of You occurring after the Effective Date and while You are covered under the Policy an amount of insurance equal to

the Outstanding Balance of the account at the date of death or dismemberment to a maximum of \$15,000. If the death or dismemberment of You occurs simultaneously, only one benefit will be paid on Your behalf.

### **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 his or her 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, or the Glory Hills Insurance, receive your signed application for Payment Protection Insurance.

### **CHARGES FOR INSURANCE AND METHOD FOR DETERMINATION**

**MONTHLY PAYMENT(S)** is based on the premium payment obligation amounts that make up Your Glory Hills Insurance Premium Outstanding Balance.

**OUTSTANDING BALANCE** is the total of Your Premium obligation amounts owing on Your Glory Hills Insurance Contract as of Your Date of Loss.

**YOU, YOUR and YOURSELF** means the individual whose name appears on the Glory Hills Insurance Premium Contract account and is responsible for the outstanding debt.

**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 Glory Hills Insurance, as irrevocable Beneficiary, to be applied by the Glory Hills Insurance Premium Contract toward the discharge of the Outstanding Balance.

**CERTIFICATE** - This Certificate of Insurance, which replaces all other certificates previously issued to Glory Hills Insurance Premium account customers, 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 GH-0717-P & GH-0717-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 1-844-930-6022 or by downloading the claim form at <https://transglobalinsurance.ca/claims/>.

NOTICE OF LOSS in writing must be filed with Trans Global Insurance Group 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 Insurance Group 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.

## **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.

## **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

16904 – 137 Avenue NW, Edmonton, Alberta T5V 0C8

For more information on privacy at Trans Global Insurance, visit [www.transglobalinsurance.ca/about-us/privacy-policy](http://www.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; 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 on Your Monthly Insurance Payment Protection 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 Glory Hills Insurance Premium 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 premium charged under the Policy as outlined in the statement of disclosure on Your "Glory Hills Insurance Premium Contract Balance" along with applicable taxes. For example, if Your Insured Glory Hills Insurance Premium Contract Balance is \$400, Your premium billed for the previous month would be \$24.40 plus applicable taxes, and if Your Glory Hills Insurance Premium Contract Balance is zero, Your premium for the previous month 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 Glory Hills Services Inc. 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 Glory Hills Insurance Premium Contract 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 Glory Hills Insurance receive Your written request to end this insurance coverage, or
- 2) 31 days from the date We or the Glory Hills Insurance 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 Glory Hills Insurance Premium Contract; however, Your insurance coverage will be automatically reinstated when Your Glory Hills Insurance Premium contract becomes current.

**TRANS GLOBAL INSURANCE COMPANY**

**&**

**TRANS GLOBAL LIFE INSURANCE COMPANY**



MOE ASSAF

VICE PRESIDENT

FINANCIAL SERVICES



