



## CERTIFICATE OF INSURANCE & DISCLOSURE STATEMENT

Certificate Effective Date: June 1 2025

Bill Payment Protection Plan (the "Policy") is a contract between **You** and **Us**. "**You**", "**Your**" "**Yourself**" and "**Insured**" refers to the individual whose name is listed on the application as the Policyholder in which the insurance request is submitted to **Us**.

"**We**", "**Us**", "**Our**", and the "**Insurer**" refer to Trans Global Insurance Company and Trans Global Life Insurance Company.

The Policy is available to residents of all provinces of Canada, 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.

When **You** enroll in the Policy, **You** are enrolling directly with **Us**. This Certificate of Insurance, plus the insurance premiums charged to **You**, and collected by **Us**, payable 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 of Insurance. The first premium is due on the **Effective Date** and then each **Monthly Payment** is due on a date determined by **Us**. Premiums will be charged automatically to the credit card provided by **You**.

The coverages under this policy are issued under the following policy numbers **01202025-P** and **01202025-L**.

| Quebec Residents   | Residents in all Provinces (except Quebec)                             |
|--|--|
| <b>Trans Global Life Insurance Company (01202025-L)</b>                | <b>Trans Global Insurance Company (01202025-P)</b>                     |
| 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 (01202025-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                              |

This Certificate of Insurance contains information about **Your** insurance. It outlines what is covered along with the conditions under which a payment will be made. It also provides instructions on how to make a claim. It is important that **You** read this Certificate of Insurance carefully and understand **Your** coverage as **Your** coverage is subject to certain limitations or exclusions. This Certificate of Insurance has been issued in consideration of the statements made by **You** during **Your** application.

Please refer to the Definition section or to the applicable description of benefits for the meanings of all bolded terms. This Certificate of Insurance replaces all Certificate of Insurance previously issued to **You** with respect to the Policy. Coverage is only available if **You** are a resident of Canada. This coverage may be cancelled, changed, or modified at any time. For confirmation of coverage or any questions concerning the information in this Certificate of Insurance, call **Us**, toll-free at 1-844-930-6022.

## WHO IS COVERED

To be eligible to apply for insurance, **You** must be a Telus Account Holder in good standing at the time of application, 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 an 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.

If **Your** circumstances change and are no longer eligible to be covered under this Policy, **You** are required to notify **Us** within 90 days to be eligible to receive any refund of Premium.

## HOW TO CANCEL THIS INSURANCE

Upon receipt of this Certificate of Insurance, if **You** no longer wish to be enrolled in this insurance, please contact **Us** to cancel **Your** Policy. The cancellation request will need to be made in writing. When the Policy is cancelled within 30 days (60 days for Quebec residents) of enrollment, any premium charged will be refunded to the credit card provided by **You**. **You** may cancel any time after 30 days (60 days for Quebec residents) by sending **Us** a request in writing, but **You** will only be entitled to a refund of premiums as stated in the Part G-Refund Section. If **You** have any questions regarding this Policy or require claim information, please contact:

**Trans Global Insurance Company and Trans Global Life Insurance Company**  
16902 - 137 Ave NW  
Edmonton, AB T5V 0C8  
Telephone: 1-844-930-6022

## PART A - INVOLUNTARY UNEMPLOYMENT BENEFIT

### BENEFIT

If **You** become involuntarily unemployed after the **Effective Date**, **We** will pay benefits directly to the **Service Provider**, as the Beneficiary, to cover **Outstanding Balances** that become due and payable by **You** under the terms of the service agreement. Payments will be retroactive from **Your Date of Loss** and will be the lesser of the **Outstanding Balance** or the **Coverage limit** purchased. Benefits will continue until **You** return to full-time employment, subject to a maximum benefit period of 6 **Monthly Bill Payments**.

When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits only under one coverage, not under both.

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 Employment – Self-Employed Individuals, not under both. In determining the 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 under this Part A:

1. **You** must be a Canadian resident and be over age 18 on the **Effective Date**;
2. **You** must have a current service contract with the **Service Provider** in good standing at the **Date of Loss**;
3. **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;
4. **You** shall have been involuntarily unemployed for more than 30 consecutive days;
5. Prior to **Your** involuntary unemployment, **Your** employer shall have been paying employment insurance premiums to the 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 the Canada Employment Insurance Commission to receive employment insurance benefits;
6. 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.
7. You must not have received a Critical Illness benefit in the 6 months prior to the involuntary unemployment **Date of Loss**.

## 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 **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 being eligible to receive benefits under this Part 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 6 months. However, if **You** have returned to full-time employment (at least 25 hours per week) for at least 6 consecutive months after being eligible to receive benefits under this Part A, **Your** coverage will be reinstated for up to the full benefit period for subsequent periods of covered involuntary unemployment.

# PART B – INVOLUNTARY UNEMPLOYMENT – SELF EMPLOYED INDIVIDUALS

## BENEFIT

If **You** become involuntarily unemployed, as a self-employed individual, and **You** remain unable to generate any income for 30 consecutive days after the **Date of Loss**, and while insured, **You** may be entitled to benefits under the Involuntary Unemployment insurance for self-employed individuals.

Upon eligibility, **We** will pay benefits directly to the **Service Provider**, as the Beneficiary, to cover **Outstanding Balances** that become due and payable by **You** under the terms of the service agreement. Payments will be retroactive from **Your Date of Loss** and will be the lesser of the **Outstanding Balance** or the **Coverage Limit** purchased. Benefits will continue until **You** return to full-time employment, subject to a maximum benefit period of 6 **Monthly Bill Payments**.

When **You** are simultaneously disabled and involuntarily unemployed under this Part B, **You** are entitled to benefits only under one coverage, not under both.

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 the payment of benefits between benefits under Part A or Part B, we reserve the right to choose which stated head of coverage benefits are paid under.

## CONDITIONS

To be eligible for involuntary unemployment benefits under this Part B:

1. **You** must be a Canadian resident and be over age 18 on the **Effective Date**;
2. **You** must have a current service contract with the **Service Provider** in good standing at the **Date of Loss**;
3. **You** must have been insured under the Policy 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.  
**You** shall have been involuntarily unemployed for more than 30 consecutive days.
4. Prior to **Your** involuntary unemployment, as a self-employed individual and only if/when applicable, **You** shall have been paying special employment insurance premiums to the 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.
6. **You** must not have received a Critical Illness benefit in the 6 months prior to the involuntary unemployment **Date of Loss**.

## 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 **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 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 because 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 Certificate of Insurance 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 being eligible to receive benefits under this Part B and suffer another period of at least 30 consecutive days of involuntary unemployment, for self-employed individuals, **You** will only be eligible for any remaining benefits of the maximum 6 months obligation 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. However, if **You** have returned to full-time employment (at least 25 hours per week) for at least 6 consecutive months after being eligible to receive benefits under this Part B, **Your** coverage will be reinstated for up to the full benefit period for subsequent periods of covered involuntary unemployment – self-employed individuals. If **You** return to work in a capacity other than self-employment, please refer to the re-eligibility section under Involuntary Unemployment of this Certificate of Insurance.

## 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 of Insurance showing proof of filed bankruptcy along with the name of the appointed trustee of bankruptcy. **We** may 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 the Canada Revenue Agency (CRA), along with individual and spouse tax returns for the past 3 years showing evidence of filing with the Canada Revenue Agency

(CRA). We may also require the most recent copy of the articles of incorporation and business license of the business at the time of the claim.

## PART C – CRITICAL ILLNESS BENEFIT

### BENEFIT

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 benefits directly to the **Service Provider**, as the Beneficiary, to cover **Outstanding Balances** that become due and payable by **You** under the terms of the service agreement. Payments will be retroactive from **Your Date of Loss** and will be the lesser of the **Outstanding Balance** or the **Coverage limit** purchased. Benefits will continue for a maximum benefit period of 6 **Monthly Bill Payments**.

### CONDITIONS

1. **You** must be a Canadian resident and be over age 18 on the **Effective Date**;
2. **You** must have a current service contract with the **Service Provider** in good standing at the **Date of Loss**;
3. Critical Illness coverage under Part C ceases to the Critical Illness claimant upon attainment of the age of 65. The date of **First Diagnosis** must occur prior to the individual's 65th birthday.
4. 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.
5. Under this Certificate of Insurance, 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 of Insurance, subject to the provisions and conditions under each Part.
6. 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

Only the following Critical Illnesses, as defined below, are covered under this Certificate of Insurance:

1. Cancer (Life Threatening) means 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 of Insurance 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;
  - d. Any skin cancer that is not malignant invasive melanoma and that has not exceeded .75 millimeters in depth.
2. Heart Attack means the death of a portion of the heart muscle because of inadequate blood supply that has resulted in all 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 means any cerebrovascular incident, excluding transient ischemic attack (mini stroke), producing death of a portion of the brain because 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 after the **Effective Date**, **You** become totally disabled and as a result are unable to work, while **You** are covered under the Policy, **We** will pay benefits directly to the **Service Provider**, as Beneficiary, to cover **Outstanding Balances** that become due and payable by **You** under the terms of the service agreement.

Payments will be retroactive from **Your Date of Loss** and will be the lesser of the **Outstanding Balance** or the **Coverage Limit** purchased. Benefits will continue until **You** return to full-time employment, subject to a maximum benefit period of **6 Monthly Bill Payments**

When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits only under one coverage, not under both.

## CONDITIONS AND LIMITATIONS

1. **You** must be a Canadian resident and be over age 18 on the **Effective Date**;
2. **You** must have a current service contract with the **Service Provider** in good standing at the **Date of Loss**;
3. **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.
4. 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.
5. 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.
6. Benefits will end once **Your** doctor allows **You** to return to work on a full-time, part-time, or modified basis.
7. When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits only under one coverage, not under both.
8. **You** must not have received a Critical Illness benefit under this Policy in the 90 days prior to the disability **Date of Loss**.

## EXCLUSIONS

**We** do not pay disability benefits if the 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, a pre-existing condition is 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.

## 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, upon due proof of **Your** death or dismemberment, occurring after the **Effective Date** and while **You** are covered under the Policy, a one-time lump sum benefit equal to the lesser of a maximum of 6 times the monthly **Coverage Limit** in force at the date of death or dismemberment, or the **Outstanding Balance**.

### 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 older at the date of death, the Life insurance benefit will be paid only in the event of an Accidental Death.

### 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 Certificate of Insurance.

## 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.

**Coverage Limit** means the monthly limit selected by **You** upon enrollment or as subsequently selected by **You** not less than 30 days prior to the **Date of Loss**.

**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.

**First Diagnosis** means the date on which a licensed physician establishes the diagnosis of a Critical Illness.

**Grace Period** means 10 days from the date **Your** premium payment is due, after the payment of the initial premium payment.

**Monthly Bill Payment(s)** means the amount due and payable by **You** to the Service Provider for each monthly period up to a maximum of the **Coverage Limit**.

**Outstanding Balance** is the amount owing on **Your** Insured **Utility or Service Provider** bill following the **Date of Loss**. The **Outstanding**

**Balance** for any month is only for charges for the current month and does not include any overdue charges or prepaid charges for other months or charges due to enhanced services added after the Date of Loss.

**Service Provider** means TELUS Communications Inc.

**Utility or Service Provider** means TELUS Communications Inc.

**You, Your and Yourself, Insured** means the individual whose name appears on the Bill Payment Protection application, and whose name appears on the Insured **Utility or Service Provider** account. If more than one person's name appears on the Insured **Utility or Service Provider** account or more than one person is responsible for the debt, **You, Your and Yourself, Insured** is deemed to be the individual whose name appears on the Bill Payment Protection application.

**We, Us and/or our** refers to Trans Global Insurance Company and 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 first to the Utility or Service Provider to be applied to **Your** Monthly Bill Payment obligation.

**CERTIFICATE** - Copies of the Policies are available by contacting Trans Global Insurance Company and 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 **Us** at the office address set out at the beginning of this Certificate of Insurance 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 of Insurance within 90 days from the date of such loss. Subsequent written proof 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. 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 based on the benefit description under this policy for each coverage type. Any bill charges based on a new service agreement or contract for which a bill is due and made by **You** after **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 and applicable taxes under this Policy are determined based on the maximum monthly benefit amount selected by **You** at the time of application. Premiums are calculated using a fixed rate structure corresponding to the coverage level **You** selected during the enrollment process, as displayed under the “*Select a Coverage Option*” section of **Your** application. Premium rates are subject to change in accordance with the terms and conditions of this Policy.

**Your** current premium amount is available at any time by logging into **Your** Insurance Portal, where it is listed as the “Total Charged Amount (Monthly).”

**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** 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 make refunds to the credit card provided by **You**, 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 of Insurance commences upon **Your** agreement to purchase the insurance coverage hereunder and will end on the sooner of:

1. 31 days from the date **We** send **You** written notice, by first class mail to **Your** last known address, to cancel this insurance; or
2. The date **Your** policy is terminated, on receipt of notice of termination by the **Insurer** or by **You**; or
3. On expiration of the **Grace Period**, if **You** fail to make **Your** premium payment; or
4. the date **You** are more than 10 days late in making any required premium payments on **Your** policy; or
5. the date **Your** TELUS account is terminated.

Any pre-payment beyond the date of termination of this policy will be returned to **You** by cheque or to a bank account provided by **You**.