Credit Balance Insurance (for businesses) Booklet

This insurance covers your credit account if you die or become disabled.

What's this booklet for?

This booklet, as part of your insurance contract, provides you with everything you need to know about Credit Balance Insurance.



To make a claim

1-877-338-8928

www.claim.desjardinslifeinsurance.com



To ask questions

1-866-838-7572





What you need to know

How we calculate the amount payable

When calculating the amount payable, we use the balance indicated on your last account statement generated right before or on the date of the covered event (death or disability).

How it's paid

Any amount payable is directly applied to:

- · The balance of your account, and
- · The balance of your financing, if any.

Why we don't pay it directly to you

Credit Balance Insurance is group insurance that covers your credit account balance. That's why any amount we pay must be used to pay down the balance of your credit account.

Some conditions may limit your coverage

To avoid unpleasant surprises, read this booklet carefully. For example, here are 2 conditions that may limit your coverage:



Restriction in case of preexisting health problems

You may not be covered if you had a health problem before purchasing this insurance or obtaining new financing or line of credit transaction.

To find out more, see sections 2.4 and 3.8 of this booklet.

Waiting period in case of disability

You must be disabled for a certain number of consecutive days before you're entitled to benefit payments. It's what we call the "waiting period."

Cause of disability	Waiting period
Cancer that meets certain criteria	0 day
All other causes	30 days

Use of the words "credit card" and "credit account"

We've used these words in this booklet to refer to the Desjardins credit account for which you bought the Credit Balance Insurance.

Credit Balance Insurance offered with your credit card Wherever we use the words "Credit Balance Insurance," we're talking about Credit Balance Insurance (for businesses).

Your 2 coverages at a glance

Here's an overview of the 2 coverages included with Credit Balance Insurance:



Life

Lump-sum payment in case of death

Amount payable

100% of the balance of your credit account indicated on the last account statement generated before or on the day of your death (this amount includes your regular and line of credit transactions, and your financing)



Disability

Regular payments if you become disabled

Payment amount

For your regular and line of credit transactions:

The minimum payment required indicated on the last account statement generated before or on the day you become disabled

For your financing:

The instalment for each covered financing indicated on the last account statement generated before or on the day you become disabled

Later in this booklet, you'll find:

- · A full description of these coverages, and
- The maximums, exclusions and all applicable conditions.

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About this insurance 1.

1.1 Who can be insured

Here are the 4 criteria you need to meet to be covered:

1. Credit account party

You must be a credit account holder.

2. Employment status

You must own the business for which the credit card is issued.

3. Hours of work

You must actively work for your business at least 25 hours a week.

4. Age limit

When you take out the insurance, you must be:

- · At least 18, but
- Under 65.



We may refuse to insure you if you don't meet these criteria.

1.2 How to get the insurance

To get coverage, you need to call us at 1-866-733-2001. We'll send you an Insurance Certificate shortly after to confirm that you are covered.

Health questions

You don't have to answer any health questions. But, if you die or become disabled, a restriction may apply if you had a health problem before purchasing this insurance or obtaining new financing or line of credit transaction. To find out more, see sections 2.4 and 3.8 of this booklet.

You need to provide accurate information

If you provide incorrect or incomplete information, or make a false statement, we may cancel your coverage or deny a claim.

1.3 **Covered transactions**

Here are the covered transactions based on the 3 types of transactions you can make with your credit card:

1. Regular transactions

Transaction (excluding financing) for purchasing goods or services, or for obtaining a cash advance.

2. Line of credit transaction

A cash transfer transaction made using the line of credit linked to the credit account.

3. Financing

Financing that allows you to defer a payment or reimburse a purchase over several months or to get a cash advance at a caisse.

To find out more about financing, see section 10. Types of financing covered by the insurance of this booklet.

2. Life coverage



2.1 Amount payable

If you die while you're covered under the insurance, we'll pay the amount payable indicated below.

Transaction type	Amount payable
Regular and line of credit transactions	The balance of your credit account indicated on the last account statement generated before or on the day of your death.
Financing	The balance of each covered financing indicated on the last account statement generated before or on the day of your death.

2.2 Maximum amount payable

If a claim is made, we won't pay more than \$100,000 for all your covered transactions combined (regular, line of credit and financing).

The maximum amount applies to all credit accounts insured under Credit Balance Insurance and held by the same person. When a person has more than one insured credit account, we give priority to the accounts insured first.

2.3 Exclusions and limits

Transactions that aren't covered

We won't pay any amount for the following transactions:

- Any transactions that don't appear on the last statement generated before or on the day of your death
- · Any overdue amount and applicable interest.

Limit in case of suicide

In case of suicide within the first 2 years after ...

- ... purchasing the insurance:
- · We won't pay the amount payable under the insurance, and
 - We'll refund all the premiums paid for the insurance.
- ... obtaining new financing:
- · We won't pay the amount payable under the insurance for this financing, and
- · We'll refund all the premiums paid for the insurance for this financing.

Exclusions related to circumstances surrounding the death

We won't pay any amount if your death is the direct or indirect result of one of the following:

- Any deliberate actions by you
- · Your participation or attempted participation in a criminal act or an attack, or
- Any of the following events, regardless of whether or not you participated in them:
 - o War, whether declared or not
 - Public confrontation
 - o Riot or revolt, or
 - Act of terrorism.

2.4 Restriction in case of preexisting health problems

You may not be covered if you had a health problem before purchasing this insurance or obtaining new financing or line of credit transaction. It all depends on when your death occurs and the transaction dates. See the 2 situations below for more details.

Situation 1: For regular transactions and each financing and line of credit transaction <u>you already</u> <u>had</u> when you purchased the insurance.

You aren't covered if:

- · You die within the first 12 months after purchasing the insurance, and
- Your death results from a **preexisting health problem**, that's to say any symptom, illness or injury for which, in the 6 months before purchasing the insurance, you:
 - o Consulted a doctor or other healthcare professional, or
 - o Received at least 1 treatment (care, exam, test, hospitalization or drugs).
- This restriction doesn't apply if you went at least 6 months without being seen or treated If, after that consultation or the end of your treatment, you weren't seen or treated for that health problem for 6 consecutive months, we don't consider it to be a preexisting health problem.

Situation 2: For each financing and line of credit transaction <u>you obtained after</u> purchasing the insurance.

You aren't covered if:

- · You die within the first 12 months after obtaining the financing or line of credit transaction, and
- Your death results from a **preexisting health problem**, that's to say any symptom, illness or injury for which, in the 6 months before obtaining the financing or line of credit transaction, you:
 - o Consulted a doctor or other healthcare professional, or
 - o Received at least 1 treatment (care, exam, test, hospitalization or drugs).
- This restriction doesn't apply if you went at least 6 months without being seen or treated If, after that consultation or the end of your treatment, you weren't seen or treated for that health problem for 6 consecutive months, we don't consider it to be a preexisting health problem.

To find out if this restriction applies in the event of death, answer the questions below—follow the instructions that go with your answer and refer to the timelines as needed.

Questions regarding the restriction in case of preexisting health problems



If the deceased obtained financing (including line of credit transactions) after purchasing the insurance, you need to answer the questions for each financing separately.

Question 1 Did the death occur within the first 12 months after purchasing the insurance (or the financing date for each financing obtained after the insurance was purchased)? Date insurance purchased (or financing date) Did the death occur during this period? 12 months 12 months

Yes: Go to question 2.

Question 2

In the 6 months right before the insurance was purchased (or the financing date for each financing obtained after purchasing the insurance), was the deceased seen or treated for the symptoms, illness or injury that caused their death?



No:

This restriction doesn't apply.

You don't have to answer any more questions.

Yes: Go to question 3.

Question 3

After the consultation or the end of the treatment referred to in question 2, was there a period of 6 consecutive months during which the deceased wasn't seen or treated for the symptoms, illness or injury that caused their death?



Yes:

This restriction doesn't apply.

No:

This restriction applies.

No amount is payable.

No:

This restriction doesn't apply.

You don't have to answer question 3.

3. Disability coverage



3.1 Payment amount and frequency

Payment amount

If you become disabled while you're insured under this coverage, we'll pay the amount indicated below.

Transaction type	Payment amount		
Regular and line of credit transactions	The minimum payment required indicated on the last account statement generated before or on the day you become disabled.		
Financing	The instalment for each covered financing indicated on the last account statement generated before or on the day you become disabled.		
While you're receiving benefit payments, we'll pay for you the cost of insurance for the regular and			

While you're receiving benefit payments, we'll pay for you the cost of insurance for the regular and line of credit transactions and financing entitling you to the benefit payments.

Example:

The minimum payment required indicated on the applicable account statement is \$100 and the monthly cost of your insurance is \$12.50. Here's how we calculate how much we pay for each day of disability that you're entitled to benefits:

Minimum payment required	+ (plus)	Monthly cost of your insurance	÷ (divided by)	30 days	=	Amount payable per day of disability
(\$100	+	\$12.50)	÷	30	=	\$3.75

Frequency of benefit payments

Even though your benefits are calculated per day of disability, we don't make daily payments to your credit account.

After the initial payment, how often we make benefit payments and how many days they cover depend on the information we receive. How often benefit payments are made can also vary when we ask you to provide medical proof to confirm that you're still disabled.

3.2 Maximum amount payable

If you make a claim, we won't pay more than:

- \$10,000 per month, and
- \$100,000 in total for a same disability, whether for a continuous period or for several periods.

The maximum amounts apply to all your transactions (regular and line of credit transactions and financing) and to all credit accounts insured under Credit Balance Insurance and held by the same person. When a person has more than one insured credit account, we give priority to the accounts insured first.

3.3 Criteria you must meet to be considered disabled

To be entitled to benefit payments, you must satisfy all the following criteria:

- · Your illness or injuries, or your state of health, must be confirmed by a doctor (we may ask you to go see a doctor that we choose)
- We must have received all the required information
- Your disability must last longer than the waiting period indicated in section 3.4, and
- Your disability must meet the following criteria, depending on whether situation 1 or 2 below applies to you.

Situation 1: You worked for your business at least 80 paid hours in the 4 weeks before you became disabled.

We consider your disability to have started on the date it's total, meaning it meets all the following criteria:

- · It requires continuous medical care, and
- · It completely prevents you from performing the main duties of the usual occupation you held on the date your disability started.



↑ To continue being entitled to benefit payments after 24 months, you must also be completely unable to perform any paid work.

Situation 2: You worked for your business less than 80 paid hours in the 4 weeks before you became disabled.

We consider your disability to have started on the date it's total, meaning it meets all the following criteria:

- · It requires continuous medical care, and
- It prevents you from performing all the normal activities of a person who is the same age as you.

Some useful definitions ...

To determine whether you meet the criteria to be considered disabled, the words continuous medical care and doctor have specific meanings:

Continuous
medical care

The type of care you need to receive. It must be care that's:

- Generally accepted as effective, appropriate and essential in the diagnosis or treatment of an illness or an injury
- Reasonable and customary
- Administered or prescribed by a doctor or, when Desjardins Insurance feels it's necessary, by a healthcare professional in the appropriate field, and
- Given at a frequency that's appropriate for the illness or injury you're suffering from.

We don't consider you to be receiving continuous medical care if you're just undergoing examinations or tests.

Doctor

Any person, other than the insured person, who practises medicine in Canada and is licensed to do so, and who doesn't live with the insured person.

3.4 Start of benefit payments (waiting period)

To be entitled to benefit payments, you must be disabled for a certain number of consecutive days. It's what we call the waiting period, and it can be 0 days (no waiting period) or 30 days, depending on the cause of your disability.

Once we've finished analyzing your claim, we'll start paying benefits if you're still disabled after the applicable waiting period indicated below.

Situation 1: No waiting period if your disability is due to cancer.

Your benefits are payable as of the day you become disabled if your disability is due to a cancer meeting all the following 3 criteria:

- 1. Your cancer diagnosis is a definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.
- 2. Your cancer diagnosis has been made by a specialist who:
 - · Is licensed to practise medicine in Canada
 - Has specialized medical training related to the type of cancer for which you're making a claim
 - Is not you, and
 - Doesn't live with you.
- 3. Your cancer diagnosis <u>can't</u> be for any of these cancers:
 - · Carcinoma in situ
 - Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion)

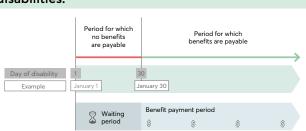
If it's one of these cancers, the waiting period will be 30 days.

- · Any non-melanoma skin cancer that hasn't metastasized, or
- Stage A (T1a or T1b) prostate cancer.

Situation 2: 30-day waiting period for all other disabilities.

In all other cases, you have to be disabled for more than 30 consecutive days to be entitled to benefit payments. This means that:

- Your benefits are payable as of the 31st day of disability.
- You aren't entitled to any amount for the first 30 days of disability.



If you become disabled again ...

We'll consider it to be a continuation of the same disability if:

- 1. You've already received disability benefits or you've already satisfied the waiting period to receive benefits
- 2. You become disabled again because of the same illness or accident, and
- 3. You become disabled again less than 90 days after your previous disability ended.

In this case:

- · You don't have to satisfy another waiting period.
- The benefit cannot exceed the amount established for the first disability period.
- All the benefit payments you were entitled to during your first disability period are taken into account in the maximum amount payable.

3.5 End of benefit payments

We stop paying disability benefits as soon as any of the following happen:

- a) You no longer meet the criteria for being considered disabled (see section 3.3)
- b) You start doing paid work (work for which you receive a salary from your employer) or are compensated as a self-employed worker for the completion of work or supply of services
- c) You receive any business income (salary, fees, commissions, etc.)
- d) You start any training or go back to school
- e) We've paid in full the balance of your credit account indicated on the last account statement generated before or on the day you become disabled, excluding accrued interest
- f) The Fédération des caisses Desjardins du Québec has written off the financing or regular transactions.

3.6 End of coverage due to age

You're no longer covered in case of disability as of the date of the first account statement generated immediately on or after your 65th birthday.

3.7 Exclusions

Transactions that aren't covered

We won't pay any amount for the following transactions:

- Any transactions that don't appear on the last statement generated before or on the day you become disabled
- Any overdue amount and applicable interest
- Any transactions for which we're already paying disability benefits.

Exclusions related to circumstances surrounding the disability

We won't pay any amount for a disability:

- · Resulting from deliberate actions by you
- Occurring during a war (whether declared or not), a public confrontation, a revolt, an act of terrorism or a riot
- Occurring while you're participating or attempting to participate in a criminal act or an attack.

3.8 Restriction in case of preexisting health problems

You may not be covered if you had a health problem before purchasing this insurance or obtaining new financing or line of credit transaction. It all depends on when your disability begins and the transaction dates. See the 2 situations below for more details.

Situation 1: For regular transactions and each financing and line of credit transaction <u>you already</u> <u>had</u> when you purchased the insurance.

You aren't covered if:

- · You become disabled within the first 12 months after purchasing the insurance, and
- Your disability results from a **preexisting health problem**, that's to say any symptom, illness or injury for which, in the 6 months before purchasing the insurance, you:
 - o Consulted a doctor or other healthcare professional, or
 - o Received at least 1 treatment (care, exam, test, hospitalization or drugs).
- This restriction doesn't apply if you went at least 6 months without being seen or treated If, after that consultation or the end of your treatment, you weren't seen or treated for that health problem for 6 consecutive months, we don't consider it to be a preexisting health problem.

Situation 2: For each financing and line of credit transaction <u>you obtained after</u> purchasing the insurance.

You aren't covered if:

- You become disabled within the first 12 months after obtaining the financing or line of credit transaction, and
- Your disability results from a **preexisting health problem**, that's to say any symptom, illness or injury for which, in the 6 months before obtaining the financing or line of credit transaction, you:
 - o Consulted a doctor or other healthcare professional, or
 - o Received at least 1 treatment (care, exam, test, hospitalization or drugs).
- This restriction doesn't apply if you went at least 6 months without being seen or treated If, after that consultation or the end of your treatment, you weren't seen or treated for that health problem for 6 consecutive months, we don't consider it to be a preexisting health problem.

To find out if this restriction applies to your disability, answer the questions below—follow the instructions that go with your answer and refer to the timelines as needed.

Questions regarding the restriction in case of preexisting health problems



If you obtained financing (including line of credit transactions) after purchasing the insurance, you need to answer the questions for each financing separately.

Question 1

Did your disability start within the first 12 months after purchasing the insurance (or the financing date for each financing obtained after you purchased the insurance)?



Yes: Go to question 2.

Question 2

In the 6 months right before the insurance was purchased (or the financing date for each financing obtained after purchasing the insurance), were you seen or treated for the symptoms, illness or injury that caused your disability?



No:

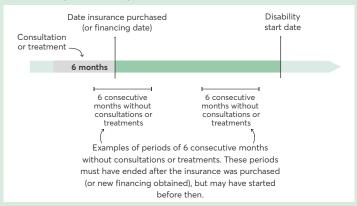
This restriction doesn't apply.

You don't have to answer any more questions.

Yes: Go to question 3.

Question 3

After the consultation or the end of the treatment referred to in question 2, was there a period of 6 consecutive months during which you weren't seen or treated for the symptoms, the illness or the injury that caused your disability?



Yes:

This restriction doesn't apply.

No:

This restriction applies. No amount is payable.

No:

This restriction doesn't apply.

You don't have to answer question 3.

4. Cost of insurance

4.1 To be insured, you have to pay a premium

The premium is the amount you need to pay for your insurance every month. It's indicated on your monthly statement and is charged directly to your credit card as a transaction.



The balance indicated on your most recent monthly statement is insured until the next statement is issued. That's why the cost of your insurance applies, even if you pay your balance in full before the due date.

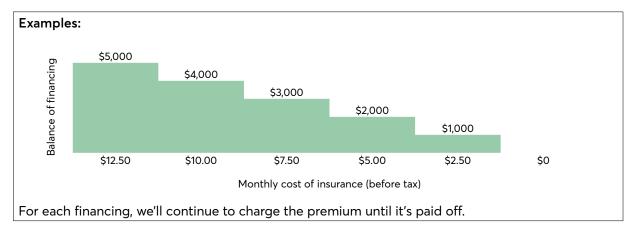
4.2 How we calculate the premium for your regular and line of credit transactions

When your monthly statement is issued, we charge \$0.25 (plus the tax on the premium) directly to your account for each \$100 of your balance.

Examples:			
	Balance indicated on your statement		Cost of insurance (plus tax on the premium)
	\$0	>> >	\$0
	\$500	>> >	\$1.25 + tax
	\$2,000	>>>	\$5.00 + tax

4.3 How we calculate the premium for your financing

When your monthly statement is issued, we charge \$0.25 (plus the tax on the premium) directly to your account for each \$100 of the balance of your financing. This means that as the balance goes down, so does the premium.





- For all deferred payment financing: No premium is payable while no payment is required.
- For all cash advances at a caisse: No premium is payable.

4.4 We can change the cost of insurance at any time

If we change the cost of Credit Balance Insurance, we'll write to you ahead of time to let you know so you can decide whether or not you wish to keep the insurance.

5. Changes to the conditions of this insurance

5.1 We can make changes to the conditions outlined in this booklet

If we do, we'll send a notice (called a rider) to the Fédération des caisses Desjardins du Québec at least 30 days ahead of time.

5.2 The Fédération des caisses Desjardins du Québec can make changes to your variable credit agreement

If any changes affect the scope of your insurance coverage, we'll send you a notice (called a rider) to let you know.

6. End of coverage

6.1 Situations where your coverage ends

Credit Balance Insurance stops covering you as soon as any of the following happen:

- · You ask us to end your coverage
- You close your credit account

- In those cases, your coverage will
 end on the date of the first account
 statement generated immediately after
- We terminate the Credit Balance Insurance contract entered into by us and the Fédération des caisses Desjardins du Québec
- Your credit cardholder rights and privileges are revoked
- In those cases, your coverage ends right away

6.2 How to end your coverage

You have 3 options:

- Call us at 1-866-838-7572.
- Fill out the Notice of Rescission of an Insurance Contract you received when you purchased your coverage, and send it to us by registered mail.
- Fill out the End Your Coverage form on the last page of this booklet, and send it to us by registered mail.

You need to ask us to end your coverage even if you no longer use your credit card.

If you end your coverage ...

... within 30 days of when you bought it

- · We'll consider you to have never been insured.
- We'll refund any premiums you've paid, as long as you haven't made any claims.

... more than 30 days after you bought it

- Your coverage will end on the date of the first account statement generated immediately after your written request.
- We'll consider you to have benefited from this coverage until the day it ended.
- We won't refund any premiums you've paid.

7. Claims

7.1 Make a claim in 2 steps

 Get the required claim forms You have 2 options for getting the required forms and documents, and information on how to submit a claim:

- Go to www.claim.desjardinslifeinsurance.com
- Call us at 1-877-338-8928.
- 2. Send us the required forms and proof

You can use this secure link to send us most of your documents: www.desjardinslifeinsurance.com/send.

However, if we ask you for original documents, you can't use the link—you have to mail them to us. You're responsible for paying any fees the doctor charges to fill out forms.

7.2 When you need to submit claims by

For a death

You have to submit the required forms and proof of death as soon as reasonably possible.

For a disability

You have to submit the required forms and any proof we ask for no later than 1 year after the date your disability starts.

If you don't submit your claims by then

You may not be entitled to receive benefits for some of the time you've already been disabled. In that case, we'll only pay benefits for the 12 months right before the date we receive your claim. We may at any time ask you to provide satisfactory proof to confirm that you're still disabled and be examined by one or more physicians or healthcare professionals selected by us.

7.3 Our response to your claim

Within 30 days of receiving all the required documents, we'll send you a letter:

- · Informing you of your benefit payments, if we approve your claim.
- Explaining the reasons for our decision, if we deny your claim or only pay a portion of the amount claimed.

7.4 If you don't agree with our decision

If we don't approve a claim or only pay a portion of the amount claimed, you can submit additional information and ask us to review your claim.

Please note that if you want to challenge our decision in court, you only have a certain amount of time to do so. It's called the limitation period and it starts as soon as your claim is denied. It also varies depending on where you live: In Ontario, it's 2 years and in Quebec, it's 3 years.

8. If you're dissatisfied with our service

Do you have any concerns about your insurance or are you dissatisfied with your contract or the service we've provided? We want to know. Here's what you need to do:

1. Contact our Customer Contact Center.

If you're dissatisfied with the product or service you received, let us know by contacting our customer service department at 1-866-838-7572. We'll examine your issue and attempt to resolve it quickly.

2. Contact our Complaints Handling Team.

If you're not satisfied with the response you received from our Customer Contact Centre, you can file a complaint with our Complaints Handling Team.

Here's how to contact them:

The role of this team is to evaluate whether we've followed proper practices and procedures when clients feel they haven't received the service they're entitled to.

Complaints Handling Team

Desjardins Insurance 100, rue des Commandeurs Lévis (Québec) G6V 7N5

Email: <u>complaints@desjardins.com</u> Phone (toll free): 1-888-556-7212

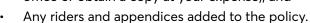
Some tips to speed up the process

- Gather all the relevant documents and information you'll need to explain your situation in detail: Statements, names of employees you've dealt with, the date you experienced your problem, etc.
- Whenever you contact us, write down the name of the person you deal with and the date you contacted them.
- Include your name, address and phone number whenever you write to us.
- For more information about what to do if you're dissatisfied or have a complaint, go to www.desjardinslifeinsurance.com/complaint.

9. Your insurance contract

These documents make up your contract:

- · Your Insurance Certificate, which includes this Credit Balance Insurance Booklet
- The Credit Balance Insurance (for businesses) Policy entered into by Desjardins Insurance and the Fédération des caisses Desjardins du Québec (you may consult the policy at the head office or obtain a copy at your expense), and





10. Types of financing covered by the insurance

Cash advance by equal instalments

Cash advance obtained using your credit card. You must repay this advance by making equal and regular monthly payments. The amount of the payments is determined when you apply for the advance at a caisse. This type of credit is offered under the terms of the variable credit agreement issued by the Fédération des caisses Desjardins du Québec.

Deferred payment financing

Accord D financing obtained using your credit card for the purchase of goods or services from a merchant. You don't have to repay anything for the period that's set when you obtain the financing. After that period, the amount is automatically added to your regular account balance.

Level payment financing

Financing obtained using your credit card for the purchase of goods or services from a merchant. You must repay the financing by making equal and regular monthly payments. The amount of the payments is determined when you obtain the financing.

Line of credit transaction

Variable credit agreement allowing you to transfer funds from your line of credit account according to the terms and conditions and a pre-determined credit limit.

11. Assistance services

Desjardins Insurance is pleased to offer you free access to assistance services to guide, protect and support you in your day-to-day life. You have access to these services as soon as your insurance starts.

You'll never feel alone!

We guide you and help you when you need it the most! Assistance services are provided by specialists and are confidential and free of charge.

Assistance services you need!

Whether you need psychological help, support in finding convalescent care or answers to your legal questions, you'll find the assistance services provide great help.

Need help?

Visit <u>www.desjardins.com</u> or call 1-877-506-8392. Services offered 24/7.

Here's a brief description of the assistance services available to you:



Psychological Assistance

A confidential phone service that includes a set number of consultations with mental health professionals to help you during difficult times.

Here's an example:

"My wife just found out she has cancer. I'd like some advice on how to break the news to my children without scaring them."



Autonomy Assistance

A phone service for people who are experiencing a loss of autonomy and for their caregivers. You can get recommendations and help with coordinating housekeeping and daily living services. These services are provided at your expense.

Here's an example:

"I've just had surgery and am going home. I'm going to need help with housework and changing my dressings. Can you help me arrange it?"



Legal Assistance

Confidential and unlimited telephone service where you can talk to a lawyer or notary to get information on your rights and obligations, as well as reliable answers and solutions to legal questions or problems (except for criminal and tax law).

Here's an example:

"I've been let go from my job for reasons that don't seem valid to me. Do I have any recourse? What can I do if I think I've been wrongfully dismissed?"

End Your Coverage form

Credit Balance Insurance (for businesses)



2 steps for ending your coverage:

- 1. Fill out this form, and
- 2. Send it to us by registered mail:

Desjardins Insurance

Contract Administration Credit Balance Insurance (for businesses) 200, rue des Commandeurs Lévis (Québec) G6V 6R2

Account holder's identification	
Last name	
First name	
Credit account number	
Account holder's signature	
end	
Your signature	Date this form is submitted





Insurer

Desjardins Insurance

200, rue des Commandeurs Lévis (Québec) G6V 6R2 1-866-838-7572

