

Distribution
GUIDE
and General
Conditions



Desjardins
Financial Security[®]

Newcomer Emergency Health Care Insurance
is offered as an individual plan.

IMPORTANT TELEPHONE NUMBERS

Requests for information, contract changes or claims

Toll free

1-877-647-5153

Assistance Service

Toll free

1-866-448-8872

You must contact the Assistance Service for prior approval as soon as an *illness* or *accident* occurs.

If you are unable to do so, a person accompanying you must contact the Assistance Service on your behalf within 24 hours of the event.



Desjardins
Financial Security®

200, rue des Commandeurs
Lévis (Québec) G6V 6R2
1-877-647-5153
Fax: 418-833-6546
www.desjardins.com

Your Newcomer Emergency Health Care Insurance contract includes:

- This distribution guide and these general conditions;
- The *special conditions*;
- The insurability and premium rate selection questionnaire, if you had to complete it;
- Any rider or appendix related to contract changes or updates.

For more information on Newcomer Emergency Health Care Insurance, please contact us at the following number:

1-877-647-5153

30-day contract examination period – The *contract holder* has 30 days from the date the contract is received to read the contract and notify the *Insurer* in writing if he or she is not satisfied. At the request of the *contract holder*, the *Insurer* will terminate the contract, and this termination will take effect as of the date the contract came into force. This date is indicated in the *special conditions* of your Newcomer Emergency Health Care Insurance contract. Furthermore, the *Insurer* will provide a refund to the *contract holder* of any premiums paid, provided no claims have been submitted.

**Notice from the Autorité des marchés
financiers**

This guide does not express the opinion of the Autorité des marchés financiers regarding the quality of the product offered.

Words in *italics* are defined in the “**Definitions**” section on pages 8 and 9.

The masculine gender is used for the sake of readability.

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INTRODUCTION

■ What is the purpose of the distribution guide?

The distribution guide, which also constitutes the general conditions, contains all the information you need about Newcomer Emergency Health Care Insurance. It will answer all your questions and explain how Newcomer Emergency Health Care Insurance can meet your needs, without the intervention of an insurance representative.

Newcomer Emergency Health Care Insurance covers only *accidents* and *illnesses* occurring in Canada while the insurance is in force.

We encourage you to read this distribution guide carefully, paying special attention to the **Exclusions, restrictions and limitations**, indicated on pages 15 to 18 and to the “**Limitations for Pre-existing Medical Conditions or Injuries**” described on pages 17 and 18. For the **claims** procedure, please refer to pages 19 to 21. Feel free to contact your *Insurer* to confirm the type of coverage you qualify for. You may also need to speak with your physician to obtain information regarding your health or your medical records.

■ Why choose Newcomer Emergency Health Care Insurance?

- ✓ Because **Newcomer Emergency Health Care Insurance** provides protection against the financial consequences of an *illness*, injury, death that might occur while the insurance is in force.
- ✓ Because **Newcomer Emergency Health Care Insurance** includes a 24-hour emergency telephone assistance service available anywhere in Canada.
- ✓ Because enrolling in **Newcomer Emergency Health Care Insurance** couldn't be easier.
- ✓ Because **Newcomer Emergency Health Care Insurance** is a reliable and effective product offered by a reputable *Insurer*.

■ Definitions

Accident: A sudden and unforeseen event due to an external cause and resulting in bodily injury or death. The injury or death must be confirmed by a *physician* and be directly and solely the result of the *accident*. The contract must be in force when the *accident* occurs.

Contract holder: A person age 18 or over who has an account with a Desjardins caisse and who signs a contract with the *Insurer*. The *contract holder* is considered to be the owner of the contract, and may also be an *insured* under the contract. He is the only person who can ask the *Insurer* to change or cancel the insurance contract. His name is indicated in the *special conditions*.

Deductible: The portion of incurred eligible expenses that you must pay before being entitled to a first reimbursement. If applicable, the amount of the *deductible* is stipulated on the *special conditions* and applies to every *event* that occurs during the insurance contract.

Event: An *accident*, *illness* or incident which, under the terms of the contract, would normally result in the payment of one or more benefits while the insurance is in force. If more than one *accident*, more than one *illness* or more than one incident results from the same cause, they are considered to be one and the same *event*.

Hospital: A facility recognized as a *hospital* under the legislation in effect in each Canadian province.

Illness: A serious disturbance in the normal state of the organs or functions of the human body. It must occur suddenly and unexpectedly and require immediate emergency care. An *illness* must be certified by a *physician* to be recognized for the purposes of this insurance.

Insured: Any eligible person whose name appears on the *special conditions* for whom the insurability and premium rate selection questionnaire was completed, if necessary, and for whom the required premium has been paid.

Insurer: Desjardins Financial Security Life Assurance Company.

Newcomer or newcomers: Any foreign nationals who meet one of the following conditions:

- have settled permanently in Quebec and have received a Québec Selection Certificate.
- have settled temporarily in Quebec for a stay of longer than 6 months and have received a Québec Acceptance Certificate.

Physician: A person authorized by law to practise medicine in Canada.

Repatriation: Return, arranged by the Assistance Service, of any *insured* to his usual place of residence in Quebec.

Special conditions: The document that the *Insurer* gives to the *contract holder* to confirm the duration of coverage for each *insured*.

1- PRODUCT DESCRIPTION

a) Type of coverage

Newcomer Emergency Health Care Insurance is offered as an individual plan. It covers the cost of emergency health care services dispensed to *newcomers* when they have applied for registration with the Régie de l'assurance maladie and are eligible for benefits under the Quebec Health Insurance Plan, but their coverage is not yet in effect.

Your **Newcomer Emergency Health Care Insurance** plan also gives you access to the Assistance Service for the duration of your insurance.

b) Summary of conditions and features

■ Who is eligible?

You are eligible for Newcomer Emergency Health Care Insurance if you meet the following conditions:

- a) You are a *newcomer* and are at least 15 days old;
- b) You currently reside in Quebec;
- c) The Régie de l'assurance maladie du Québec has confirmed that you are eligible for benefits under its health insurance plan and specified the date as of which you may start to receive benefits under this plan.

■ What is the age limit for enrolling?

To enrol in **Newcomer Emergency Health Care Insurance**, you must be under 86 years of age.

■ How do I apply for insurance?

You can apply for Newcomer Emergency Health Care Insurance by phone, toll free, at **1-877-647-5153**.

When you apply for Newcomer Emergency Health Care Insurance, you must provide the insurance representative with:

- a) answers to the eligibility questions;
- b) any other information required to issue the insurance policy.

You will also be required to pay the necessary premium at the time of application.

■ Do I have to answer health questions?

Applicants in certain age groups must answer the insurability and premium rate selection questionnaire. The *Insurer* will notify these applicants in advance. Insurance may be refused if the *Insurer* considers the applicant's health problems to be an unacceptable risk. Alternatively, the insurance may simply not cover the health problems that the *Insurer* refuses to insure.

Please read the **Limitations for Pre-Existing Medical Conditions or Injuries** as well as the **Exclusions, restrictions and limitations** contained in this distribution guide. These sections will tell you whether your **Newcomer Emergency Health Care Insurance** may be limited because of health problems before your coverage begins.

In case of doubt, consult your physician and the *Insurer* to find out if you have any health problems that might present an unacceptable risk for the *Insurer*.

■ **Effective date of insurance**

Insurance begins the day after you submit your application to the *Insurer*. This date is indicated in the *special conditions* that the *Insurer* sends in the days following enrolment.

■ **What coverage is offered?**

Newcomer Emergency Health Care Insurance covers the expenses incurred to obtain certain types of emergency health care and services when you have applied for registration with the Régie de l'assurance maladie du Québec, but your health coverage is not yet in effect. When an *event* giving rise to a benefit occurs in Canada while the insurance is in force, expenses are covered up to a maximum of \$50,000 in the following cases:

- a) if you have an *accident*;
- b) if you suddenly and unexpectedly become ill.

Only the expenses that are not reimbursed by any other private insurance plan are covered. However, these amounts should not exceed the reasonable and customary fees usually charged for such care or services in the region where they were provided. Unless otherwise indicated, all amounts applicable are per *insured*.

CARE AND SERVICES COVERED

Hospital services - *Hospital* room and board charges for semi-private accommodation (two-bed room) or, if your state of health requires it, private accommodation (one-bed room).

Medical care and services - The services of a *physician*, a surgeon and an anaesthetist.

Medical care and services prescribed by a physician

- a) Laboratory tests and X-rays;
- b) Private duty nursing services provided while confined to *hospital*;
- c) Prescription drugs (see exclusion 7 on page 15 and the limitation related to prescription drugs on page 18);
- d) The purchase or rental of crutches, canes, splints, or the rental of a wheelchair, a respirator or other medical or orthopaedic appliances. It is understood that the total rental cost of any of these items must not exceed the purchase price of the item.

Paramedical services - The services of a chiropractor (excluding X-rays), a podiatrist and a physiotherapist who are members in good standing of their professional association. These expenses are covered up to \$50 per treatment, for a maximum of \$250 for all these services combined.

Dental services - Emergency treatment for the repair of damage resulting directly from an accidental blow to the mouth to natural healthy teeth. The maximum reimbursement is \$3,000.

Transportation expenses

- a) Transportation to the nearest facility where you can receive appropriate medical treatment. You do not need to obtain prior approval from the Assistance Service in order to use local ground ambulance services.
- b) *Repatriation* to your usual place of residence in Quebec to receive appropriate medical care as soon as your state of health permits. This care may include any medical consultation, examination, treatment or surgery. (Refer to exclusion 10 in this regard.)

In the event of an *insured's* death, the following expenses are covered:

- *repatriation* of the *insured's* body or ashes to his usual place of residence in Quebec by the most direct route;

Maximum reimbursement: **\$5,000** for transportation and **\$3,000** (including cremation, if applicable) for preparation of the body;

- cremation or burial in the Canadian province where the *insured's* death occurred;

Maximum reimbursement: **\$3,000**.

To be eligible, *repatriation* must first be approved and arranged by the Assistance Service. The cost of the coffin or urn is not covered.

■ Termination of insurance

Insurance terminates on the earliest of the following dates:

- a) the end date specified on the *special conditions*;
- b) the date on which you are covered by the Quebec Health Insurance Plan.

■ How is the cost of my insurance calculated?

The premium is calculated based on the following information:

- a) your age on the effective date of insurance;
- b) the duration of insurance;
- c) the administrative fees charged by the *Insurer* to issue **Newcomer Emergency Health Care Insurance**.

■ What you need to know about premiums

When you apply for Newcomer Emergency Health Care Insurance, you authorize the *Insurer* to deduct the premium required to activate the coverage. The premium is withdrawn from a chequing account or charged to a credit card, and **is payable in a lump sum**.

When running a promotion, the *Insurer* may change the premium usually charged for this insurance.

■ Can the insurer cancel the contract?

The *Insurer* may cancel the contract in any of the following situations:

- a) If you make a false statement, whether fraudulent or not;
- b) If you omit or refuse to disclose information pertaining to any of the *insureds* under your insurance contract;
- c) If you refuse to authorize the *Insurer* to use information deemed essential concerning what you knew, and which is related to the insured events or risks;
- d) If you refuse to change *hospitals* following the approval or recommendation of the Assistance Service, your coverage ceases immediately. Also, on approval or recommendation of the Assistance Service, coverage will immediately cease in the following cases:
 - if you refuse to allow yourself to be examined for diagnostic purposes;
 - if you refuse to comply with the treatment prescribed by the attending *physician*.

If the *Insurer* cancels a contract, the premiums paid by the *contract holder* will be refunded.

Exclusion: You are not entitled to a refund if you have submitted a claim and it has been approved.

IMPORTANT

■ Exclusions, restrictions and limitations

WHAT ARE THE EXCLUSIONS?

The *Insurer* does not pay the amounts set out in the contract in the following circumstances:

1.	If you are settling in Quebec for the purpose of receiving health care or services.
2.	For optional or non-emergency care, even if it is received as a result of an emergency. Care that can be obtained from the Régie de l'assurance maladie du Québec is considered optional and non-emergency if it can be obtained without endangering your life or health.
3.	For expenses resulting from pregnancy, miscarriage, childbirth or their complications, if these expenses are incurred within 60 days prior to the normal expected delivery date.
4.	For any <i>event</i> occurring while using narcotics or abusing drugs or alcohol. Drug abuse means exceeding the dosage recommended by a health specialist. Alcohol abuse means the consumption of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 ml of blood.
5.	For any expenses resulting directly or indirectly from a self-inflicted injury, suicide or attempted suicide, whether or not you are aware of your actions.
6.	For expenses covered by a government agency or another insurer in accordance with the coordination of benefits provision described in this distribution guide.
7.	For expenses incurred to obtain life-sustaining drugs that are taken on an ongoing basis, such as insulin, nitroglycerine and vitamins.

8.	For expenses related directly or indirectly to a mental, nervous, psychological or psychiatric disorder, unless these expenses are incurred while confined to hospital for at least 24 hours.
9.	For any <i>event</i> occurring while the <i>insured</i> participated in a riot or in a criminal offence.
10.	If, after the approval or recommendation of the Assistance Service, you refuse to change <i>hospitals</i> , refuse to undergo a diagnostic examination or refuse the treatment prescribed by the attending <i>physician</i> , you will no longer be covered by your insurance.
11.	<p>If an <i>accident</i> occurs while you are:</p> <ul style="list-style-type: none"> • gliding, hang-gliding, mountain climbing, climbing, parachuting, bungee jumping, or participating in a rodeo; • training for or taking part in a motor vehicle competition. The term “motor vehicle” includes all means of transportation that use one or more engines. • participating in sports or underwater activities as a professional (person who engages for gain in an activity as his main gainful occupation) or scuba diving as an amateur, unless you hold a basic scuba diving licence from a certified school.
12.	For any treatment or diagnosis of an <i>illness</i> or affliction related directly or indirectly to the human immunodeficiency virus (HIV).
13.	For care, treatment or surgery received for cosmetic purposes and any related complications.
14.	For expenses incurred in the treatment of a pre-existing medical condition or injury for which you are not insured based on the limitations for pre-existing medical conditions or injuries.

WHAT ARE THE RESTRICTIONS?

The *Insurer* is not responsible for the availability or quality of the care or services received.

No benefits are payable if the *Insurer* has refunded the premium in whole or in part before a claim is submitted.

WHAT ARE THE LIMITATIONS?

LIMITATIONS FOR PRE-EXISTING MEDICAL CONDITIONS OR INJURIES

If a person has more than one pre-existing medical condition or injury, the following tables apply to each one separately.

AGE 54 OR UNDER

During the 6 months preceding the effective date of coverage

Did the *insured* have a medical condition or injury for which he:

- consulted a *physician*?
- took medication?
- was hospitalized?
- received treatment?

or was advised to do so by a *physician* or is waiting for results?

NO

YES

Insured

Did he have this medical condition or injury more than 6 months before the effective date of coverage and has it remained stable* during the 6 months preceding the effective date of coverage?

YES

NO

Insured

Not insured for this or any other related medical condition or injury.

2- CLAIMS

a) Submitting a claim

To submit a claim, first contact the *Insurer* at the following number: **1-877-647-5153**.

The *Insurer* will provide you with a claim form upon request. You must provide the *Insurer* with your Quebec selection certificate, a letter confirming that you are eligible for benefits under the health insurance plan and the original invoice for the care received. This invoice must include:

- a) the date on which the care was given;
- b) the name of the *insured* who received the care;
- c) the diagnosis;
- d) the description of the care dispensed;
- e) signature of the attending *physician*;
- f) the cost of the care received.

You must provide all the documents required by the *Insurer*, even if they are not indicated on the claim.

In all cases, you must send your claim to the *Insurer* within 90 days of the *event*. Proof and other information must be sent to the *Insurer* within 90 days of filing your claim.

The *Insurer* will not pay any benefits until you or any other person entitled to receive benefits authorizes the collection and disclosure of personal information.

The *Insurer* will not pay any benefits if the claim contains omissions or false statements, whether they constitute fraud or not.

When you submit a claim, the *Insurer* reserves the right to have you examined by a *physician* of its choice.

b) Insurer's decision

Once the *Insurer* has approved the claim, benefits will be paid within **60 days** of receipt of the required documented evidence.

If the *Insurer* does not approve your claim or pays only a portion of the benefits, the *Insurer*

will send you a letter explaining the reasons for the decision. The letter will be sent within **60 days** of receipt of the required claim adjudication documents.

c) Appealing the insurer's decision and recourse

If the *Insurer* does not approve your claim, you may submit additional information and request a review of your file. This option is also available to your beneficiaries.

Note that under the law, you have a maximum of 3 years (prescribed period) within which to contest the *Insurer's* decision.

If you are a Quebec resident and want to know more about your rights, you can call the Autorité des marchés financiers at 418-525-0337 or 1-877-525-0337. You can also consult your legal advisor.

■ Benefit payment methods

Payment of benefits or the reimbursement of expenses incurred by an *insured* will be made by direct deposit or by cheque payable to the *contract holder*.

It is understood that benefits will not be paid if the *Insurer* has refunded all or part of your insurance premium before receiving your claim.

■ Coordination of benefits

The *Insurer* takes into account any benefits and reimbursements that can be obtained from other organizations (private or public), so that the amounts paid to the *contract holder* do not exceed the expenses actually incurred. The benefits and reimbursements that can be obtained from another organization include those that would have been paid by this organization if a proper claim had been submitted to it.

The order of payment of benefits is as follows:

- a) an organization that does not have a coordination of benefits provision becomes the first payer of your benefits.

b) otherwise, your benefits or reimbursements will be divided proportionally between the organizations, based on the amounts that should have been paid by each of them.

■ **Right of subrogation**

By paying the premium for this insurance, you automatically give the *Insurer* the right to prosecute the perpetrator of the damage on your behalf and at its own expense, up to the amount of benefits paid by the *Insurer*.

3- SIMILAR PRODUCTS

Similar products are also available on the market. Check whether or not you already have insurance that provides you the same coverage as that described in this distribution guide.

4- AUTORITÉ DES MARCHÉS FINANCIERS (QUEBEC RESIDENTS ONLY)

For more information about the *Insurer's* and the distributor's obligations towards you, you can contact the Autorité des marchés financiers at:

Place de la Cité, Tour Cominar
2640, boul. Laurier, 4^e étage
Québec (Québec) G1V 5C1

Toll free: 1-877-525-0337
Québec City: 418-525-0337
Montréal: 514-395-0337
E-mail: information@lautorite.qc.ca
Web Site: www.lautorite.qc.ca

■ **Where can I get more information about Newcomer Emergency Health Care Insurance?**

For more information about Newcomer Emergency Health Care Insurance, please call the *Insurer* at the number indicated on page 2 of this distribution guide under "Requests for Information, Contract Changes or Claims."

5- PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from the Company's various financial services (insurance, annuities, credit, etc.). This information is consulted solely by DFS employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address:

Privacy Officer
Desjardins Financial Security
Life Assurance Company
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

DFS may send information on its promotions or offer new products to those whose names appear on its client list. DFS may also give its client list to another component of the Desjardins Group for the same purposes. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.



President and
Chief Operating Officer



Vice-President
Creditor and Direct Insurance

DISSATISFIED? LET US KNOW.

As a responsible company that is attentive to the needs of its clients, Desjardins Financial Security wants to provide each and every one of them with products and services that meet their expectations. However, if you are dissatisfied with any of our products or services, please let us know by following the steps below.

1. Contact the person or business you purchased the product from.

You can find the number by consulting the literature you received when you purchased the product in question. Ask for explanations. In most cases, a simple call is all it takes to get the answers you are looking for.

2. Call our Customer Service Centre.

If you are not fully satisfied with the explanations provided in step 1, contact our Customer Service Centre at 1-866-838-7584. Our staff is very familiar with our products and will certainly be able to help you.

3. Write to our Dispute Resolution Officer.

If you are not satisfied with the explanations you received from our Customer Service Centre, you may file a complaint with Desjardins Financial Security's Dispute Resolution Officer. This person's role is to assess the merits of the company's decisions and the soundness of its practices.

Please write to:

Dispute Resolution Officer
Desjardins Financial Security
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

Or email: disputeofficer@dfs.ca

You can also call the Officer at 1-877-838-8185.

For more information on the procedure to follow in the event of a problem or complaint, please visit our website at www.dfs.ca/complaint, where you can also find complaint forms.

Your satisfaction is our priority!

Helpful hints

- Make sure you have all the documents and information required to provide a detailed explanation of the problem (account statements, names of employees in question, dates, etc.).
- Write down the names of the individuals with whom you have spoken, and the dates of your conversations.
- Include your name, address and telephone number in any correspondence.

For more information on Newcomer Emergency Health Care Insurance, please contact us at the following number:

1-877-647-5153

ASSISTANCE SERVICE

You must contact the Assistance Service for prior approval as soon as an *illness* or *accident* occurs.

If you are unable to do so, a person accompanying you must contact the Assistance Service on your behalf within 24 hours of the event.

The phone number for contacting the Assistance Service is 1-866-448-8872.

The Assistance Service can be contacted at any time while your insurance is in force. The main services offered in the event of *accident* or *illness* are:

- 24-hour toll-free telephone assistance;
- referral to *physicians* or health care facilities;
- assistance with *hospital* admission;
- transportation if you require emergency care;
- *repatriation* to your usual place of residence in Quebec, as soon as your state of health permits it;
- settlement of formalities in the event of death;
- delivery of medical assistance and medication if you are too far from a health care facility;
- transmission of messages to your close friends or family in the event of an emergency;
- assistance in the event of language barriers;
- assistance in the event of accidents and legal problems.

The information you must have on hand before contacting the Assistance Service is listed on the last page of this distribution guide.

**INFORMATION REQUIRED BY
THE ASSISTANCE SERVICE**

When you contact the Assistance Service concerning a medical consultation or hospitalization, the following information must be provided:

1- Information concerning the caller

Name: _____

Telephone: _____

2- Information concerning the sick or injured person

Name: _____

Date of birth: _____

Permanent address: _____

Telephone: _____

SIN: _____

Other insurance: _____

3- Where the sick or injured person can be reached

Address: _____

If in *hospital*, room no.: _____

Telephone: _____

Fax: _____

4- The medication the insured is currently taking

5- A summary of the circumstances under which the *accident or illness occurred* (What happened? When? Date of consultation or hospitalization?)



In the event of an *accident* or *illness* likely to require medical care or hospitalization, you must call the Assistance Service, regardless of the time of day or night, or wherever you are in Canada. Please call the following telephone number:

1-866-448-8872

Fold here

NEWCOMER EMERGENCY HEALTH CARE
INSURANCE

Contract no.: _____

Beginning date: _____ End date: _____

Name of your
physician: _____

Tel. no.: _____ **Area code + number**

Person to contact in case of emergency:

Name: _____

Tel. no.: _____ **Area code + number**

Cut here

Cut here



In the event of an *accident* or *illness* likely to require medical care or hospitalization, you must call the Assistance Service, regardless of the time of day or night, or wherever you are in Canada. Please call the following telephone number:

1-866-448-8872

Fold here

NEWCOMER EMERGENCY HEALTH CARE
INSURANCE

Contract no.: _____

Beginning date: _____ End date: _____

Name of your
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Tel. no.: _____ **Area code + number**

Person to contact in case of emergency:

Name: _____

Tel. no.: _____ **Area code + number**



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