COVERAGE SUMMARY

Desjardins Insurance
Life • Health • Retirement

Policyowner(s):

New Client1

	Rate	Coverage Amount	Monthly Premium
New Client1			
(Male, 35 years old, 1985/02/07)			
Health Priorities - 20 Pay	Preferred (NS)	$125,000	$223.43
Return of Premiums on Cancellation: 50% after 10 years; 100% after 20 years[1]	Preferred (NS)		Included
			$223.43
		TOTAL MONTHLY PREMIUM	**$223.43**

[1] The Return of Premiums scale is detailed in the Financial Projections section.

Health Priorities

So you can focus on what matters the most.

Health Priorities offers financial security upon diagnosis of a covered critical illness, and the peace of mind to help you focus on recovery without worrying about finances.

ILLNESS IS A REALITY... SO IS RECOVERING FROM IT

A serious illness can affect anyone; even the healthiest of people. According to the most recent statistics:

- 49% of males and 45% of females are expected to be diagnosed with cancer in their lifetime*
- 9 in 10 Canadians have at least one risk factor for heart disease or stroke**

*Canadian Cancer Statistics, 2017

**Heart and Stroke Foundation of Canada, 2017

Thanks to medical advances, your chances of beating a serious illness are better than ever. Should you be faced with a heart attack, cancer, stroke or any other critical illness, having the financial protection that guarantees you stress-free treatment and recovery, as well as the flexibility to use funds as you see fit, is crucial.

ENSURE MONEY IS NOT AN OBSTACLE TO YOUR RECOVERY...

Health Priorities pays a tax-free lump-sum benefit as indicated on the coverage summary if you are diagnosed with a covered critical illness. You receive the benefit whether you're able to work or not.

You can use this sum to:

- Get access to health services that would normally not be covered by public health insurance or your employer's plan, including counselling, physiotherapy and occupational therapy
- Pay for unexpected expenses and also compensate for the difference between your monthly disability insurance benefit and your regular income
- Cover the loss of income of your spouse or a loved one who takes time off to help you

Health Priorities allows:

- Freedom and flexibility to utilize the benefit amount as you see fit
- Protection of your assets and standard of living
- The ability to pay for the best available treatment and services

Be covered for 26 critical illnesses and surgeries including Long-term care with Health Priorities; offering you financial protection when it matters the most.

COMPLIMENTARY ASSISTANCE SERVICES

Complimentary assistance services for you and your loved ones are available at any time online or by phone, including:

- A health and well-being platform with reliable resources to help you make informed decisions
- 24/7 phone assistance services
- Psychological counselling, as well as support from a health assistance team during recovery
- Leading medical specialists from world-renowned institutions like the Mayo Clinic who will give you an expert second opinion on your diagnosis and treatment plan (by Best Doctors®)

Health Priorities – 20 Pay

Your Health Priorities – 20 Pay coverage is permanent critical illness insurance. The amount of insurance and your premiums remain fixed and guaranteed for the life of the policy. This means that the premiums indicated in your contract will never change and you will receive an amount of insurance, or a percentage of this amount, if the critical illness you are suffering from corresponds to what's indicated in the "Critical Illness Definitions" section.

PREMIUMS

Premiums are payable for 20 years, at which time the insurance becomes fully paid-up, and you remain insured for the rest of your life. For any advance paid, your Health Priorities' premium will not change.

CRITICAL ILLNESSES AND SURGERIES

- Acquired brain injury
- Aortic surgery
- Aplastic anemia
- Bacterial meningitis
- Benign brain tumour
- Blindness
- Cancer (life-threatening)
- Coma
- Coronary artery bypass surgery
- Deafness
- Dementia (including Alzheimer's disease)
- Heart attack
- Heart valve replacement or repair
- Kidney failure
- Loss of limbs
- Loss of speech
- Major organ failure on waiting list
- Major organ transplant
- Motor neuron disease
- Multiple sclerosis
- Occupational HIV infection
- Paralysis
- Parkinson's disease and specified atypical parkinsonian disorders
- Severe burns
- Stroke (cerebrovascular accident)

If you are diagnosed with one of these covered critical illnesses or undergo one of the surgeries listed, you will receive the chosen amount of insurance, minus any amount paid in advance, without a waiting period. However, a 30-day waiting period is applicable for cardiovascular conditions and procedures. For more information, please refer to the "Critical Illness Definitions" section.

ADVANCE FOR LESS SEVERE DIAGNOSIS AND TREATMENT

Minor cancers and cancer-related surgeries

Early-stage cancers
(Only one advance for the duration of your coverage)

- Carcinoma in situ
- Chronic lymphocytic leukemia – stage 0
- Dermatofibrosarcoma
- Ductal carcinoma in situ of the breast or lobular carcinoma in situ of the breast
- Malignant gastrointestinal stromal tumours
- Malignant carcinoid tumours
- Malignant melanoma – stage 1
- Papillary thyroid cancer or follicular thyroid cancer – stage 1
- Primary cutaneous lymphoma
- Prostate cancer – stage T1a or T1b

If you receive an early-stage cancer diagnosis, Desjardins Insurance will pay an advance of 15% from your amount of insurance, up to a maximum of $50,000. If an advance of 1% has already been paid for a cancer not mentioned above (see the Other cancers section), it will be deducted from the 15% advance. Moreover, no amount will be paid if an advance for an ablation surgery has already been paid.

Ablation surgeries
(Only one advance for the duration of your coverage)

- Total mastectomy
- Total prostatectomy

If you undergo an ablation surgery, Desjardins Insurance will pay an advance of 30% from your amount of insurance, up to a maximum of $100,000. If an advance has already been paid for an early-stage cancer or another cancer, it will be deducted from this advance.

Other cancers
(Only one advance for the duration of your coverage)

If you receive a diagnosis for a cancer not mentioned above, Desjardins Insurance will pay an advance of 1% from your amount of insurance, up to a maximum of $5,000. If an advance has already been paid for an early-stage cancer or an ablation surgery, this advance will not be payable.

Minor cardiovascular conditions and procedures
(Only one advance for the duration of your coverage)

- Aortic aneurysm
- Coronary angioplasty
- Endovascular treatment of aortic aneurysm or disease
- Insertion of a cardiac pacemaker or cardiac defibrillator

If you receive a diagnosis for a covered minor cardiovascular condition or undergo a related procedure, Desjardins Insurance will pay an advance of 15% from your amount of insurance, up to a maximum of $50,000. A 30-day waiting period is required to receive this amount.

LONG-TERM CARE

Your **Health Priorities** coverage includes long-term care coverage that will apply if, for a continuous period of 90 days, you are no longer able to perform by yourself at least 2 of the 6 activities of daily living (bathing, dressing, toileting, bladder and bowel continence, transferring and feeding).

In case of temporary loss of independent existence or, in other words, if you can recover from the diagnosed condition, you will receive an advance that equals to 15% of your amount of insurance, up to a maximum of $25,000. The residual amount of insurance will still be available if you have a critical illness or have to undergo any of the covered surgeries. No amount will be paid in the event of a second temporary loss of independent existence.

In case of a permanent loss of independent existence with no reasonable chance of recovery, Desjardins Insurance will pay you a lump-sum benefit equal to your amount of insurance. If any advance amount has been previously paid, the total benefit amount will be reduced accordingly.

CRITICAL ILLNESS DEFINITIONS

The critical illness you are suffering from must appear in the “Critical Illness Definitions” section and meet the definition specified.

CLAIMS

Desjardins Insurance must receive satisfactory proof from the policyowner within 6 months of the diagnosis of any critical illness.

OUT-OF-COUNTRY DIAGNOSIS

Desjardins Insurance covers diagnoses made and treatments provided in a country other than Canada or the United States, if you provide all of the medical information that’s asked for to analyze your medical records and the following conditions are met:

- The diagnosis of the condition diagnosed abroad must be the same as it would have been if made in Canada
- The diagnosis must be supported by the appropriate diagnostic examinations and by any other investigation normally carried out in Canada (including those required under the definition of the covered condition)
- The specialist who diagnoses abroad must be licensed to practice in the country where the diagnosis was made and must have qualifications equivalent to those required of a specialist in Canada for the condition that was diagnosed

COMPLIMENTARY ASSISTANCE SERVICES

In addition to offering you peace of mind, your **Health Priorities** coverage includes complimentary assistance services for you and your loved ones. You can use these services either for general information or when coping with an illness.

Health and well-being platform

Take charge of your health and get the information you need on our health and well-being platform. You will find reliable, accredited resources to help you make informed health decisions and easily navigate Canada's public healthcare system.

Assistance services by phone, 24/7

Telephone support is also available and may include a personalized information guide, depending on your specific needs and your medical condition.

Here are examples of assistance available online or by phone:

- Receive an in-depth explanation of a medical condition, illness or the side effects of a new prescription
- Provide guidance and information on how to live with a disability or a critical illness, such as cancer, and the treatment options available
- Direct you to support groups and helpful resources for caregivers in your area
- Explain what provincial drug reimbursement programs cover and coordinate special authorizations

Specialized assistance that's close to you

In case of a critical illness, you can rest assured that immediate assistance is just a phone call away. Psychological assistance is available in person or by phone to give you peace of mind and better manage certain emotional, family, work or physical problems that may result from a health problem.

Whether you require emergency or day-to-day support, you can reach a health assistance team 24/7 to arrange services for you and get answers to your health questions.

Guidance from world-renowned medical experts
By Best Doctors®

Best Doctors provides you with expert medical opinions from leading doctors who specialize in your treatment area–all from the comfort of your home. They provide an in-depth written report which includes an analysis and recommendation of your diagnosis and treatment plan.

They can also help you find a medical specialist or clinic, whether it's in your province of residence or outside.

This service is available to you and your immediate family. Your parents, siblings and even your spouse's parents or siblings can use this service once every three years.

The assistance services are not a contractual obligation of Desjardins Insurance.

GENERAL EXCLUSIONS

No benefit will be payable for the insured for any condition diagnosed after death.

No Critical Illness benefit is payable if the critical illness results directly or indirectly from one or more of the following situations:

- Self-inflicted injuries or a suicide attempt, whether the insured is sane or insane
- The insured's participation in any criminal act or related act
- War (whether war is declared or undeclared), riot or revolution, whether or not the insured took part
- The insured driving a motor vehicle while under the influence of drugs or with a blood alcohol level equal to or greater than 80 mg of alcohol per 100 ml of blood
- The illegal or illicit use of any drug
- The voluntary absorption or use of any toxic substance or any type of gas
- The voluntary consumption of prescription drugs that exceeds the dosage recommended by a healthcare professional or drugs obtained without a prescription that exceeds the manufacturer's recommended dosage

No benefit is payable for any undisclosed critical illness diagnosed before the effective date of your coverage or its last reinstatement date.

END OF COVERAGE

Your **Health Priorities** coverage terminates on the date the total amount of insurance is paid.

Return of Premiums on Cancellation

The **Return of Premiums on Cancellation** allows you to obtain a refund equal to a percentage of the premiums paid, as of the 4th policy anniversary. This percentage reaches 50% after 10 years and **100% of all premiums paid as of the 20th** policy anniversary.

Premiums can only be refunded if the amount of insurance has not been paid in full. Any advance given for a less severe diagnosis and treatment or Long-term Care coverage will be deducted from the amount refunded.

The premiums paid include:

- All premiums related to your Health Priorities coverage, including those for the Return of Premiums on Cancellation, the Return of Premiums on Death, Death Benefit and additional children's illnesses, if applicable
- Charges associated with payment frequencies other than annual
- Substandard premiums

A partial premium refund will automatically reduce your amount of insurance. In the event of a total premium refund, your Health Priorities coverage ends.

The **Return of Premiums on Cancellation** calculation will be adjusted if the premium payable was reduced as the result of:

- A reduction in the amount of insurance prior to the 4th policy anniversary
- Any other modification prior to the 10th policy anniversary.

In both of these cases, the refund will be recalculated by assuming that the new premium was paid since the policy effective date.

CRITICAL ILLNESS DEFINITIONS

Desjardins Insurance
Life • Health • Retirement

Important: The critical illness the insured is suffering from must be one of the illnesses covered under their coverage (see the list of covered illnesses in the COVERAGE DESCRIPTION section). The critical illness must also meet the definition below.

Acquired brain injury

Definite diagnosis of new damage to brain tissue caused by traumatic injury, anoxia or encephalitis, resulting in signs and symptoms of neurological impairment that:

- are present and verifiable on clinical examination or neuropsychological testing;
- are corroborated by imaging studies of the brain such as Magnetic Resonance Imaging (MRI) or Computerized Tomography (CT) showing changes that are consistent in character, location and timing with the new damage;
- persist for more than 180 days following the date of diagnosis.

The diagnosis of acquired brain injury must be made by a specialist.

EXCLUSION

No benefit will be payable under the definition of acquired brain injury for:

- an abnormality seen on brain or other scans without definite related clinical impairment;
- post-concussion symptoms;
- neurological signs occurring without symptoms of abnormality.

Aortic Aneurysm

Definite diagnosis of an aortic aneurysm, where the aorta is enlarged to at least 55 mm in diameter for males or 50 mm for females. For the purposes of this definition, "aorta" means the thoracic and abdominal aorta, but not its branches.

The diagnosis of an aortic aneurysm must be evidenced by appropriate imaging technique and confirmed by a specialist.

EXCLUSION

A 30-day survival period applies, except for Critical Illness Advance coverage.

Aortic Surgery

Undergoing of surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. For the purposes of this definition, "aorta" means the thoracic and abdominal aorta, but not its branches.

The surgery must be determined to be medically necessary and performed by a specialist.

EXCLUSION

A 30-day survival period applies, except for Critical Illness Advance coverage.

No benefit will be payable under the definition of "aortic surgery" for :

- angioplasty;
- intra-arterial procedures, percutaneous trans-catheter procedures; or
- non-surgical procedures.

Aplastic Anemia

Definite diagnosis of a chronic persistent bone marrow failure, confirmed by a biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:

- marrow stimulating agents;
- immunosuppressive agents;
- bone marrow transplantation

The diagnosis of aplastic anemia must be made by a specialist.

Autism Spectrum Disorder

Definite diagnosis of autism spectrum disorder, as defined in the **Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5)** published by the American Psychiatric Association (APA).

The diagnosis of autism spectrum disorder must be made by a specialist.

The autism spectrum disorder must be characterized by the following:

a. Persistent deficits in social communication and social interaction across multiple contexts as manifested by at least 1 of the following:
   - Deficits in social-emotional reciprocity;
   - Deficits in nonverbal communicative behaviours used for social interaction;
   - Deficits in developing, maintaining and understanding relationships.

AND

b. Restricted, repetitive patterns of behaviour, interests or activities, as manifested by at least 2 of the following:
   - Stereotyped or repetitive motor movements, use of objects or speech;
   - Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour;
   - Highly restricted, fixated interests that are abnormal in intensity or focus;
   - Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment.

AND

c. Symptoms cause clinically significant impairment in social, occupational or other important areas of current function.

EXCLUSION

No benefit will be payable under the definition of “autism spectrum disorder” for an insured person whose 3rd birthday occurs prior to the effective date of this coverage.

No benefit will be payable under the definition of “autism spectrum disorder” if the diagnosis is made after the insured person’s 6th birthday.

Bacterial Meningitis

Definite diagnosis of meningitis confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficits documented for at least 90 days from the date of diagnosis.

The diagnosis of bacterial meningitis must be made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "bacterial meningitis" for viral meningitis.

Benign Brain Tumour

Definite diagnosis of a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgical or radiation treatment or cause irreversible objective neurological deficits(s).

The diagnosis of a benign brain tumour must be made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "benign brain tumour" for pituitary adenomas less than 10 mm.

No benefit will be payable under the definition of "benign brain tumour" if

Within the first 90 days following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:

- signs, symptoms or investigations, that lead to a diagnosis of a benign brain tumour (covered or excluded under this coverage), regardless of when the diagnosis is made; or
- a diagnosis of a benign brain tumour (covered or excluded under this coverage).

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for a benign brain tumour or any covered condition caused by any benign brain tumour or its treatment.

Blindness

Definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or
- the field of vision being less than 20 degrees in both eyes.

The diagnosis of blindness must be made by a specialist.

Cancer (Life-Threatening)

Definite diagnosis of a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma and sarcoma.

The diagnosis of cancer (life-threatening) must be made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "cancer (life-threatening)" if the diagnosis is made after the insured's death.

No benefit will be payable under the definition of "cancer (life-threatening)" for:

1) carcinoma in situ (Tis), tumours classified as Ta, or lesions described as benign, pre-malignant, uncertain, borderline or non-invasive;
2) malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph nodes or distant metastasis;
3) any non-melanoma skin cancer, without lymph nodes or distant metastasis;
4) prostate cancer classified as T1a or T1b, without lymph nodes or distant metastasis;
5) papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph nodes or distant metastasis;
6) chronic lymphocytic leukemia classified less than Rai stage 1;
7) malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.

For the purposes of this exclusion:

- the terms "Tis, Ta, T1a, T1b, T1 and AJCC Stage 2" are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010;
- the term "Rai staging" is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.

Carcinoma in Situ

Definite diagnosis of a focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. "Invasion" means an infiltration beyond the epithelial basement membrane.

The diagnosis of carcinoma in situ must be supported by a histopathologic biopsy report and made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "carcinoma in situ" for:

1) basal cell carcinoma, squamous cell or any intra-epidermal carcinomas of the skin;
2) stage TaN0M0 papillary urothelial carcinoma of the bladder;
3) cervical lesions, if detected by Pap smear test and characterized by the presence of Cervical Intraepithelial Neoplasia (CIN) which reports CIN I, CIN II, or CIN III;
4) all tumours which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential; all grades of dysplasia, all grades of squamous intraepithelial lesions (HSIL and LSIL), and all grades of intra-epithelial neoplasia and all grades of intra-epithelial neoplasia unless it is specifically classified as Tis or carcinoma in situ as per AJCC classification.

For the purposes of this exclusion, the terms "Tis and carcinoma in situ as per AJCC classification" are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manuel, 7th Edition, 2010.

No benefit will be payable under the definition of "carcinoma in situ" if:

Within the first 90 days following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:

1) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or
2) a diagnosis of cancer (covered or excluded under this coverage).

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for cancer or any covered condition caused by any cancer or its treatment.

Cerebral Palsy

Definite diagnosis of cerebral palsy, a non-progressive neurological defect characterized by spasticity and incoordination of movements.

The diagnosis of cerebral palsy must be made by a specialist and confirmed by the insured's 24th birthday.

EXCLUSION

No benefit will be payable under the definition of "Cerebral Palsy" if the diagnosis is made after the insured's 24th birthday.

Chronic lymphocytic leukemia – stage 0

Definite diagnosis of chronic lymphocytic leukemia Rai stage 0.

The diagnosis of chronic lymphocytic leukemia Rai stage 0 must be confirmed by blood tests or other clinically approved diagnostic tests and made by a specialist.

For the purposes of this definition, the term "Rai stage 0" is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.

EXCLUSION

No benefit will be payable under the definition of "chronic lymphocytic leukemia – stage 0" if:

Within the first 90 days following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:

1) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or
2) a diagnosis of cancer (covered or excluded under this coverage).

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for cancer or any covered condition caused by any cancer or its treatment.

Coma

Definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less.

The diagnosis of coma must be made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "coma" for:
1) a medically induced coma;
2) a coma which results directly from alcohol or drug use;
3) a diagnosis of brain death.

Coronary Angioplasty

Undergoing of an interventional procedure to unblock or widen a coronary artery that supplies blood to the heart to allow an uninterrupted flow of blood.

The procedure must be determined to be medically necessary and performed by a specialist.

EXCLUSION

A 30-day survival period applies, except for Critical Illness Advance coverage.

Coronary Artery Bypass Surgery

Undergoing of heart surgery to correct narrowing or blockage of one of more coronary arteries with bypass graft(s).

The surgery must be determined to be medically necessary and performed by a specialist.

EXCLUSION

A 30-day survival period applies, except for Critical Illness Advance coverage.

No benefit will be payable under the definition of Coronary Artery bypass surgery for :

1) Angioplasty;
2) Intra-arterial procedures, percutaneous trans-catheter procedures; or
3) Non-surgical procedures.

Cystic Fibrosis

Definite diagnosis of cystic fibrosis with evidence of chronic lung disease and pancreatic insufficiency.

The diagnosis of cystic fibrosis must be made by a specialist and confirmed before the insured's 24th birthday.

EXCLUSION

No benefit will be payable under the definition of "Cystic Fibrosis" if the diagnosis is made after the insured's 24th birthday.

Deafness

Definite diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz.

The diagnosis of deafness must be made by a specialist.

Dementia (including Alzheimer's disease)

Definite diagnosis of dementia, which must be characterized by a progressive deterioration of memory and at least one of the following areas of cognitive function:

- Aphasia (a disorder of speech);
- Apraxia (difficulty performing familiar tasks);
- Agnosia (difficulty recognizing objects);
- Disturbance in executive functioning (e.g. inability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behaviour), which is affecting daily life.

The insured must exhibit:

- Dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function; and
- Evidence of progressive worsening in cognitive and daily functioning either by serial cognitive tests or by history over at least a 6-month period.

  For the purpose of this definition, reference to the Mini Mental State Exam is to Folstein MF, Folstein SE, McHugh PR, J Psychiatr Res. 1975;12(3):189.

The diagnosis of dementia (including Alzheimer's disease) must be made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "dementia (including Alzheimer's disease)" for affective or schizophrenic disorders, or delirium.

Dermatofibrosarcoma

Definite diagnosis of dermatofibrosarcoma confined to the skin, without lymph nodes or distant metastasis.

The diagnosis of dermatofibrosarcoma must be supported by a histopathologic biopsy report and made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "dermatofibrosarcoma" if:

Within the first 90 days following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:

1) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or
2) a diagnosis of cancer (covered or excluded under this coverage).

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for cancer or any covered condition caused by any cancer or its treatment.

Ductal carcinoma of the breast or lobular carcinoma in situ of the breast

Definite diagnosis of ductal carcinoma in situ of the breast or lobular carcinoma in situ of the breast.

The diagnosis of ductal carcinoma in situ of the breast or lobular carcinoma in situ of the breast must be supported by a histopathologic biopsy report and made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "ductal carcinoma in situ of the breast or lobular carcinoma in situ of the breast" if:

Within the first 90 days following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:

1) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or
2) a diagnosis of cancer (covered or excluded under this coverage).

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for cancer or, any covered conditions caused by any cancer or its treatment.

Endovascular treatment of aortic aneurysm of disease

Surgical procedure performed via intra-arterial techniques to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta. For the purposes of this definition, "aorta" means the thoracic and abdominal aorta, but not its branches.

The surgical procedure must be determined to be medically necessary, evidenced by appropriate imaging technique and performed by a specialist.

EXCLUSION

A 30-day survival period applies, except for Critical Illness Advance coverage.

Heart Attack

Definite diagnosis of the death of heart muscle due to obstruction of blood flow, which results in rise and fall of cardiac biochemical markers to levels considered diagnostic of myocardial infarction, with a least one of the following:

- Heart attack symptoms;
- New electrocardiogram (ECG) changes consistent with a heart attack;
- Development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The diagnosis of heart attack must be made by a specialist.

EXCLUSION

A 30-day survival period applies, except for Critical Illness Advance coverage.

No benefit will be payable under the definition of "heart attack" for:

1) Elevated cardiac biochemical markers as the result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;
2) ECG changes suggesting a prior myocardial infarction, which do not meet the "heart attack" definition as described above.

Heart Valve Replacement or Repair

Undergoing of surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities.

The surgery must be determined to be medically necessary and performed by a specialist.

EXCLUSION

A 30-day survival period applies, except for Critical Illness Advance coverage.

No benefit will be payable under the definition of "heart valve replacement or repair" for:

1) Angioplasty;
2) Intra-arterial procedures, percutaneous trans-catheter procedures; or
3) Non-surgical procedures.

Insertion of Cardiac Pacemaker or Cardiac Defibrillator

Undergoing of surgery to insert a permanent cardiac pacemaker or a permanent cardiac defibrillator that is required as the result of:

- serious cardiac arrhythmia which cannot be treated via any other method; or
- cardiac resynchronization therapy.

The surgery must be determined to be medically necessary and performed by a specialist.

EXCLUSION

A 30-day survival period applies, except for Critical Illness Advance coverage.

Kidney Failure

Definite diagnosis of chronic irreversible failure of both kidneys to function, as the result of which regular hemodialysis, peritoneal dialysis or renal transplantation is initiated.

The diagnosis of kidney failure must be made by a specialist.

Loss of Limbs

Definite diagnosis of the complete severance of 2 or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.

The diagnosis of loss of limbs must be made by a specialist.

Loss of Speech

Definite diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days.

The diagnosis of loss of speech must be made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "loss of speech" for all psychiatric related causes.

Major Organ Failure on Waiting List

Definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ failure on waiting list, the insured must become enrolled as the recipient in a recognized transplant centre in Canada or the United States of America that performs the required form of transplant surgery.

The diagnosis of major organ failure must be made by a specialist.

For the purposes of the survival period, the date of diagnosis is the date of the insured’s enrolment in the transplant centre.

Major Organ Transplant

Definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under "major organ transplant", the insured must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.

The diagnosis of the major organ failure must be made by a specialist, and the transplantation procedure must be performed by a specialist.

Malignant gastrointestinal stromal tumours

Definite diagnosis of malignant gastrointestinal stromal tumours, classified less than AJCC Stage 2.

The diagnosis of malignant gastrointestinal stromal tumours must be supported by a histopathologic biopsy report and made by a specialist.

For the purposes of this definition, the terms "classified less than AJCC Stage 2" are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010.

EXCLUSION

No benefit will be payable under the definition of "malignant gastrointestinal stromal tumours" if:

Within the first 90 days following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:

1) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or
2) a diagnosis of cancer (covered or excluded under this coverage).

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for cancer or, any covered conditions caused by any cancer or its treatment.

Malignant carcinoid tumours

Definite diagnosis of malignant carcinoid tumours, classified less than AJCC Stage 2.

The diagnosis of malignant carcinoid tumours must be supported by a histopathologic biopsy report and made by a specialist.

For the purposes of this definition, the terms "classified less than AJCC Stage 2" are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010.

EXCLUSION

No benefit will be payable under the definition of " malignant carcinoid tumours" if:
Within the first 90 days following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:
3) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or a diagnosis of cancer (covered or excluded under this coverage).

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for cancer or, any covered conditions caused by any cancer or its treatment.

Malignant melanoma – stage 1

Definite diagnosis of malignant melanoma that is less than or equal to 1.0 mm in thickness, without ulceration, lymph nodes or distant metastasis.

The diagnosis of malignant melanoma stage 1 must be supported by a histopathologic biopsy report and made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "malignant melanoma – stage 1" if:

Within the first 90 days following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:

1) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or
2) a diagnosis of cancer (covered or excluded under this coverage).

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for cancer or any covered condition caused by any cancer or its treatment.

Motor Neuron Disease

Definite diagnosis of one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo-bulbar palsy, and limited to these conditions.

The diagnosis of motor neuron disease must be made by a specialist.

Multiple Sclerosis

Definite diagnosis of at least one of the following:

a) 2 or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination;
b) well-defined neurological abnormalities lasting more than 6 months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination;
c) a single attack, confirmed by repeated MRI imaging of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart.

The diagnosis of multiple sclerosis must be made by a specialist.

Muscular Dystrophy

Definite diagnosis of muscular dystrophy characterized by well-defined neurological abnormalities.

The diagnosis of muscular dystrophy must be made by a specialist and confirmed by electromyography and muscle biopsy before the insured's 24th birthday.

EXCLUSION

No benefit will be payable under the definition of "Muscular Dystrophy" if the diagnosis is made after the insured's 24th birthday.

Occupational HIV Infection

Definite diagnosis of infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the insured's normal occupation, which exposed the person to HIV-contaminated body fluids.

The accidental injury leading to the infection must have occurred after the later of the effective date of this coverage, or the effective date of last reinstatement of this coverage.

Benefit payment under this condition requires satisfaction of all of the following:

- the accidental injury must be reported to the insurer within 14 days of the accidental injury;
- a serum HIV test must be taken within 14 days of the accidental injury and the result must be negative;
- a serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
- all HIV tests must be performed by a duly licensed laboratory in Canada or the United States of America;
- the accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States of America workplace guidelines.

The diagnosis of occupational HIV infection must be made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "occupational HIV infection" if:

a) the insured has elected not to take any available licensed vaccine offering protection against HIV
b) a licensed cure for HIV infection has become available prior to the accidental injury
c) HIV infection has occurred as a result of non-accidental injury including, but not limited to, sexual transmission and intravenous (IV) drug use.

Other cancer

Definite diagnosis of any cancers that do not meet the criteria of the "cancer (Life-threatening)" definition or any of the definitions found under the "early-stage cancers" category as described in this coverage.

The diagnosis of any "other cancer" must be supported by a histopathologic biopsy report and made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "other cancer" if the diagnosis is made after the insured's death.

No benefit will be payable under the definition of "other cancer" for:

1) cervical lesions, if detected by Pap smear test and characterized by the presence of a Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I and CIN II;
2) all tumours which are histologically described as benign, pre-malignant, borderline malignant, low malignant potential; all grades of dysplasia, all grades of squamous intraepithelial lesions (HSIL and LSIL), and all grades of intra-epithelial neoplasia and all grades of intra-epithelial neoplasia unless it is specifically classified as Tis or carcinoma in situ as per AJCC classification.

For the purposes of this exclusion, the terms "Tis and carcinoma in situ as per AJCC classification" are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010.

No benefit will be payable under the definition of "other cancer" for the duration of this coverage if the diagnosis is made in the 12 months following the effective date of this coverage, or the date of last reinstatement of this coverage, whichever is later.

Papillary thyroid cancer or follicular thyroid cancer – stage 1

Definite diagnosis of papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph nodes or distant metastasis.

The diagnosis of stage 1 papillary thyroid cancer or follicular thyroid cancer must be supported by a histopathologic biopsy report and made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "papillary thyroid cancer or follicular thyroid cancer – stage 1" if:

Within the first 90 days following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:

1) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or
2) a diagnosis of cancer (covered or excluded under this coverage).

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for cancer or any covered condition caused by any cancer or its treatment.

Paralysis

Definite diagnosis of the total loss of muscle function of 2 or more limbs as the result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.

The diagnosis of paralysis must be made by a specialist.

Parkinson's Disease and Specified Atypical Parkinsonian Disorders

Parkinson's disease:
Definite diagnosis of primary Parkinson's disease, a permanent neurologic condition which must be characterized by bradykinesia (slowness of movement) and at least one of:

- muscular rigidity; or
- rest tremor

The insured must exhibit objective signs of progressive deterioration in function for at least one year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson's disease.

Specified atypical parkinsonian disorders:
Definite diagnosis of progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.

The diagnosis of Parkinson's disease or a specified atypical parkinsonian disorder must be made by a neurologist.

EXCLUSION

No benefit will be payable under the definition of "Parkinson's disease or a specified atypical parkinsonian disorders" for any other type of parkinsonism.

No benefit will be payable under the definition of "Parkinson's disease or a specified atypical parkinsonian disorders" if:

Within 12 months following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:

1) signs, symptoms or investigations, that lead to a diagnosis of Parkinson's disease, a specified atypical parkinsonian disorder or any other type of parkinsonism, regardless of when the diagnosis is made; or
2) a diagnosis of Parkinson's disease, specified atypical parkinsonian disorder or any other type of parkinsonism.

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for Parkinson's disease or specified atypical parkinsonian disorders or any covered condition caused by Parkinson's disease or specified atypical parkinsonian disorders or its treatment.

Permanent loss of independent existence

Definite diagnosis of the total and permanent inability to perform, by oneself, at least 2 of the 6 following activities of daily living for a continuous period of at least 90 days.

Activities of daily living are listed under the "permanent loss of independent existence" definition.

The diagnosis of permanent loss of independent existence must be made by a specialist.

ACTIVITIES OF DAILY LIVING

bathing: the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices;
dressing: the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances with or without the aid of assistive devices;
toileting: the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices;
bladder and bowel continence: the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained;
transferring: the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices;
feeding: the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices.

Primary cutaneous lymphoma

Definite diagnosis of primary skin (meaning it started in the skin) T-cell, NK-cell, or B-cell lymphoma, without lymph nodes or distant metastasis.

The diagnosis of cutaneous lymphoma without distant metastasis must be supported by a histopathologic biopsy report or other clinically approved diagnostic tests and made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "cutaneous lymphoma without distant metastasis" if:

Within the first 90 days following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:

1) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or
2) a diagnosis of cancer (covered or excluded under this coverage).

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for cancer or any covered condition caused by any cancer or its treatment.

Prostate cancer – stage T1a or T1b

Definite diagnosis of prostate cancer that is either T1a or T1b, without lymph nodes or distant metastasis.

The diagnosis of stage T1a or T1b prostate cancer must be supported by a histopathologic biopsy report and made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "prostate cancer – stage T1a or T1b" if:

Within the first 90 days following the later of, the effective date of this coverage, or the date of last reinstatement of this coverage, the insured has any of the following:

1) signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or
2) a diagnosis of cancer (covered or excluded under this coverage).

Obligation to inform Desjardins Insurance:
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Desjardins Insurance within 6 months of the date of the diagnosis.

If this information is not provided within this period, Desjardins Insurance has the right to deny any claim for cancer or any covered condition caused by any cancer or its treatment.

Rett Syndrome

Definite diagnosis of a genetic disorder affecting the development of the central nervous system. The diagnosis of Rett syndrome must be characterized by at least 2 of the following:

- partial or complete loss of the use of the hands;
- partial or complete loss of acquired language;
- deterioration of the ability to crawl or walk;
- stereotypic hand movements (e.g., clapping, wringing, rubbing, tapping).

Any loss or developmental deterioration must be followed by a period of recovery or stabilization.

The diagnosis of Rett syndrome must be made by a specialist.

EXCLUSION

No benefit will be payable under the definition of “Rett syndrome” for an insured whose 3rd birthday occurs prior to the effective date of this coverage.

No benefit will be payable under the definition of “Rett syndrome” if the diagnosis is made after the insured’s 6th birthday.

Severe Burns

Definite diagnosis of third-degree burns over at least 20% of the body surface.

The diagnosis of severe burns must be made by a specialist.

CRITICAL ILLNESS DEFINITIONS (Continued)

Desjardins Insurance
Life • Health • Retirement

Stroke (Cerebrovascular Accident)

Definite diagnosis of an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

a) acute onset of new neurological symptoms; and
b) new objective neurological deficits on clinical examination;

persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

The diagnosis of a stroke must be made by a specialist.

EXCLUSION

No benefit will be payable under the definition of "stroke (cerebrovascular accident)" for:

1) transient ischaemic attacks;
2) intracerebral vascular events due to trauma;
3) lacunar infarcts which do not meet the definition of "stroke" as described above.

Total mastectomy

Undergoing of surgery to remove one or both breasts to stop the spread of cancer cells after the diagnosis of carcinoma in situ of the breast.

The surgery must be determined to be medically necessary and performed by a specialist.

Total prostatectomy

Undergoing of surgery to remove the prostate, seminal vesicles and a portion of the urethra to stop the spread of cancer cells after the diagnosis of prostate cancer.

The surgery must be determined to be medically necessary and performed by a specialist.

Type 1 Diabetes mellitus

Definite diagnosis of type 1 diabetes mellitus characterized by absolute insulin deficiency and continuous dependence on exogenous insulin for survival. There must be evidence of dependence on insulin for a minimum of 3 months.

The diagnosis of type 1 diabetes mellitus must be made by a specialist and confirmed before the insured's 24th birthday.

FINANCIAL PROJECTIONS

Desjardins Insurance
Life • Health • Retirement

Insured(s):
New Client1

Issue Date: February 7, 2020

Health Priorities - 20 Pay

End of Year	Age	Health Priorities Insurance Amount	Return of Premiums on Cancellation (ROP)	% of ROP	Total Premium	Cumulative Premiums
1	36	$125,000	$0	0%	$2,681.16	$2,681.16
2	37	$125,000	$0	0%	$2,681.16	$5,362.32
3	38	$125,000	$0	0%	$2,681.16	$8,043.48
4	39	$125,000	$1,072	10%	$2,681.16	$10,724.64
5	40	$125,000	$2,681	20%	$2,681.16	$13,405.80
6	41	$125,000	$4,826	30%	$2,681.16	$16,086.96
7	42	$125,000	$6,569	35%	$2,681.16	$18,768.12
8	43	$125,000	$8,580	40%	$2,681.16	$21,449.28
9	44	$125,000	$10,859	45%	$2,681.16	$24,130.44
10	45	$125,000	$13,406	50%	$2,681.16	$26,811.60
11	46	$125,000	$16,221	55%	$2,681.16	$29,492.76
12	47	$125,000	$19,304	60%	$2,681.16	$32,173.92
13	48	$125,000	$22,656	65%	$2,681.16	$34,855.08
14	49	$125,000	$26,275	70%	$2,681.16	$37,536.24
15	50	$125,000	$30,163	75%	$2,681.16	$40,217.40
16	51	$125,000	$34,319	80%	$2,681.16	$42,898.56
17	52	$125,000	$38,743	85%	$2,681.16	$45,579.72
18	53	$125,000	$43,435	90%	$2,681.16	$48,260.88
19	54	$125,000	$48,395	95%	$2,681.16	$50,942.04
20	55	$125,000	$53,623	100%	$2,681.16	$53,623.20
21	56	$125,000	$53,623	100%	$0.00	$53,623.20
22	57	$125,000	$53,623	100%	$0.00	$53,623.20
23	58	$125,000	$53,623	100%	$0.00	$53,623.20
24	59	$125,000	$53,623	100%	$0.00	$53,623.20
25	60	$125,000	$53,623	100%	$0.00	$53,623.20
26	61	$125,000	$53,623	100%	$0.00	$53,623.20
27	62	$125,000	$53,623	100%	$0.00	$53,623.20
28	63	$125,000	$53,623	100%	$0.00	$53,623.20
29	64	$125,000	$53,623	100%	$0.00	$53,623.20

FINANCIAL PROJECTIONS (Continued)

Desjardins Insurance
Life • Health • Retirement

End of Year	Age	Health Priorities Insurance Amount	Return of Premiums on Cancellation (ROP)	% of ROP	Total Premium	Cumulative Premiums
30	65	$125,000	$53,623	100%	$0.00	$53,623.20
31	66	$125,000	$53,623	100%	$0.00	$53,623.20
32	67	$125,000	$53,623	100%	$0.00	$53,623.20
33	68	$125,000	$53,623	100%	$0.00	$53,623.20
34	69	$125,000	$53,623	100%	$0.00	$53,623.20
35	70	$125,000	$53,623	100%	$0.00	$53,623.20
36	71	$125,000	$53,623	100%	$0.00	$53,623.20
37	72	$125,000	$53,623	100%	$0.00	$53,623.20
38	73	$125,000	$53,623	100%	$0.00	$53,623.20
39	74	$125,000	$53,623	100%	$0.00	$53,623.20
40	75	$125,000	$53,623	100%	$0.00	$53,623.20
41	76	$125,000	$53,623	100%	$0.00	$53,623.20
42	77	$125,000	$53,623	100%	$0.00	$53,623.20
43	78	$125,000	$53,623	100%	$0.00	$53,623.20
44	79	$125,000	$53,623	100%	$0.00	$53,623.20
45	80	$125,000	$53,623	100%	$0.00	$53,623.20
46	81	$125,000	$53,623	100%	$0.00	$53,623.20
47	82	$125,000	$53,623	100%	$0.00	$53,623.20
48	83	$125,000	$53,623	100%	$0.00	$53,623.20
49	84	$125,000	$53,623	100%	$0.00	$53,623.20
50	85	$125,000	$53,623	100%	$0.00	$53,623.20
51	86	$125,000	$53,623	100%	$0.00	$53,623.20
52	87	$125,000	$53,623	100%	$0.00	$53,623.20
53	88	$125,000	$53,623	100%	$0.00	$53,623.20
54	89	$125,000	$53,623	100%	$0.00	$53,623.20
55	90	$125,000	$53,623	100%	$0.00	$53,623.20
56	91	$125,000	$53,623	100%	$0.00	$53,623.20
57	92	$125,000	$53,623	100%	$0.00	$53,623.20
58	93	$125,000	$53,623	100%	$0.00	$53,623.20
59	94	$125,000	$53,623	100%	$0.00	$53,623.20
60	95	$125,000	$53,623	100%	$0.00	$53,623.20
61	96	$125,000	$53,623	100%	$0.00	$53,623.20
62	97	$125,000	$53,623	100%	$0.00	$53,623.20

FINANCIAL PROJECTIONS (Continued)

Desjardins Insurance
Life • Health • Retirement

End of Year	Age	Health Priorities Insurance Amount	Return of Premiums on Cancellation (ROP)	% of ROP	Total Premium	Cumulative Premiums
63	98	$125,000	$53,623	100%	$0.00	$53,623.20
64	99	$125,000	$53,623	100%	$0.00	$53,623.20
65	100	$125,000	$53,623	100%	$0.00	$53,623.20

Premiums of each policy year are payable at the beginning of the chosen payment frequency. Other values indicated in the table apply at the end of each policy year.

HEAD OFFICE COPY AND UNDERWRITING REQUIREMENTS

Desjardins Insurance
Life • Health • Retirement

Network: Public

Policyowner(s):
New Client1

Insured(s):
New Client1 (1985/02/07)

PAYMENT FREQUENCY:
Monthly

PREMIUM:
$223.43

Coverage Details	Date	Coverage Amount	Annual Initial Premium	Monthly Initial Premium	Insured(s)	Gender	Age	Rate
Health P. 20 Pay (MP20B-B)	2020/02/07	$125,000	$2,482.50	$223.43	New Client1	M	35	Preferred
ROP 50% 10 years; 100% 20 years (MR20B-B)	2020/02/07	$125,000	Included	Included	New Client1	M	35	Preferred

UNDERWRITING REQUIREMENTS

New Client1 : Non-medical

This page is required with the application.

This document contains information about the coverages offered. It has been provided for information purposes only and does not constitute an insurance contract. It is based on the interpretation of taxation laws currently in effect and is not intended to provide legal or tax advice to any individual in particular.