

BMO® Protection Plan Revolving Lines of Credit

Creditor's Group Insurance –
Life, Critical Illness, Disability and Job Loss

Distribution Guide

Group Policies: Life, Disability and Job Loss: 21559
Critical Illness: 57904

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Introduction

This distribution guide is an easy-to-understand explanation of the BMO Protection Plan (Plan) for revolving line of credit customers underwritten by Sun Life Assurance Company of Canada and made available to you through BMO Bank of Montreal.

The Plan is designed to protect you in case of an unexpected death, certain covered critical illnesses, disabling accident, illness or job loss.

This distribution guide can help you decide, without the services of an insurance representative, if you need BMO Protection Plan coverage on your revolving line of credit with BMO.

Under the Plan, you can insure the balance on your revolving line of credit against death or certain critical illnesses (Balance Protection). You can also insure your payments under your revolving line of credit in the event of disability or job loss (Payment Protection).

NOTE: BMO Bank of Montreal and Sun Life together reserve the right to change premium rates and the terms of insurance at any time with 30 days advance written notice to insureds.

Definitions

NOTE: Some definitions that are specific to certain sections of this distribution guide will be found in the applicable section or as cross-referenced in this section.

“Accident” See Section A. “What will Sun Life pay if my claim is approved, for each type of coverage”.

“Application” means the Application for BMO Line of Credit Protection Plan under which you were approved for this insurance.

“BMO” means BMO Bank of Montreal.

“Borrower” means the borrower(s) named on your Revolving LOC.

“Certificate” means the BMO Protection Plan Mortgage & Line of Credit Certificate of Insurance issued to you with your Application.

“Coverage Start Date” means the date that your coverage begins, as shown on your Coverage Summary.

“Coverage Summary” means the most recent version of the form that BMO issues from time to time confirm coverage status, and if approved, the Coverage Start Date, the premium payable and the Maximum Amount Covered or Maximum Payment Covered as applicable.

“Insurance Application Date” means the date you apply for coverage under the Plan.

“Maximum Amount/Payment Covered” See Section A. “Your Maximum Amount/Payment Covered”.

“Maximum Insurable Limit” See Section A. “What is the maximum amount of coverage you can get”.

“Plan” means the BMO Protection Plan Mortgage and Line of Credit.

“Revolving LOC” means the revolving line of credit agreement that exists between you and BMO.

Revolving LOC does not include:

- small business revolving lines of credit,
- Readiline RSP revolving lines of credit.

“Sun Life” means Sun Life Assurance Company of Canada.

“You”, “your” means you if you are applying for coverage under the Plan and you have a Revolving LOC with BMO.

A. Description of your insurance

What types of coverages are available under the Plan

If you are eligible, you have the following coverage options under the Plan:

Balance Protection – life insurance and critical illness insurance: reduce or pay off your Revolving LOC balance if you die or have a covered critical illness as a result of cancer, or a heart attack, or coronary artery bypass surgery, or a stroke. You can get life insurance by itself or you can get life insurance combined with critical illness insurance. You cannot get critical illness insurance by itself.

Payment Protection – disability insurance and job loss insurance: fully or partially cover your Revolving LOC payments if you become disabled or have a job loss. You can get disability insurance by itself or disability insurance combined with job loss insurance. You cannot get job loss insurance by itself.

What is the maximum amount of coverage you can get

The most insurance coverage you can apply and be insured for is called the Maximum Insurable Limit.

The Maximum Insurable Limit on each Revolving LOC is up to:

- \$300,000 if you die
- \$300,000 for a covered critical illness
- \$1,500 a month for disability
- \$1,500 a month for job loss.

What percent of coverage can I choose

You can only get 100% coverage on your Revolving LOC up to the Maximum Amount/Payment Covered.

Your Maximum Amount/Payment Covered

Your Application and Coverage Summary show the Maximum Amount Covered under Balance Protection and Maximum Payment Covered under Payment Protection.

The Maximum Amount/Payment Covered is the lesser of your credit limit and the Maximum Insurable Limit.

See the Revolving LOC subsection of the “What percent of coverage can I chose?” section of your Certificate to see how the Maximum Amount/Payment Covered is determined.

Who is eligible to apply for this insurance

Up to eight borrowers can apply for coverage on a Revolving LOC.

For all types of insurance, on your Insurance Application Date you must be:

- at least 18 years,
- the borrower or co-borrower, and
- a Canadian resident.

For life insurance you must also be under 65.

For critical illness insurance (combined with life), you must also be

- under 55, and
- applying for or already insured for life insurance under this Plan.

For disability insurance, you must also be:

- under 65, and
- regularly working at least 25 hours per week and able to perform the regular duties of your job.
- **for seasonal workers**, you must be employed, working at least 25 hours a week and able to perform the regular duties of your job.

For job loss insurance (combined with disability) you must also be:

- under 55,
- eligible to receive Employment Insurance (EI), and
- applying or already insured for disability insurance under the Plan.

You cannot apply for job loss insurance if you are:

- in receipt of a written notice of termination,
- self-employed, or
- an independent contractor.

How to apply

As long as you are eligible, you can apply for this insurance when you apply for your Revolving LOC or any time after. You apply for this insurance by completing and signing your Application as required and submitting it to BMO.

Confirmation of coverage

You will be given a copy of your Application and the Certificate at the time you apply for coverage under the Plan.

Once your Revolving LOC is funded, BMO will send you a Coverage Summary together with a confirmation letter. The Coverage Summary contains the same coverage details as your Application, but will include any status updates since your Insurance Application Date.

When does coverage start

The Coverage Start Date is shown on your Coverage Summary. Your Coverage Start Date is the **latest** of:

- your Insurance Application Date, if you are automatically approved,
- the date Sun Life approves your Application, if you require medical underwriting, or
- the date your Revolving LOC is set up by BMO and a Line of Credit Agreement is issued.

When does coverage end

Your insurance coverage on a Revolving LOC will end, without written notice to you, on the **earliest** of the following:

- the date your Revolving LOC is written-off or cancelled by BMO (in some cases, if a balance is still owing, your insurance remains in effect),
- the date you request a credit limit increase on your Revolving LOC,
- the date you are no longer a borrower,
- the date your insurance premium is more than 90 days in arrears,
- the date BMO receives a request from you to cancel all of your coverages,
- the date your life or critical illness claim is paid by Sun Life, or
- the date you die,
- **for critical illness coverage:**
 - the date you no longer have life coverage, or
 - the date you turn 70 years old,
- **for disability insurance:**
 - the date you turn 70 years old,
- **for job loss coverage:**
 - the date you no longer have disability coverage, or
 - the date you turn 60 years old.

What happens if the credit limit on my revolving LOC is increased

If a Revolving LOC credit limit increase is requested by you or a co-borrower, you must complete a new insurance application.

If Sun Life declines your application because of a health condition or you are above the eligibility age to apply for coverage and you had insurance coverage in effect prior to reapplying, you may be eligible for recognition of prior coverage (ROPC). ROPC provides you with the same amount of coverage you had before you reapplied. You will be notified in writing if you qualify for ROPC and will also receive an updated Coverage Summary. Coverage under ROPC will never exceed the amount owed to BMO.

See the “What happens if the credit limit on my Revolving LOC is increased?” section of your Certificate to see how your new coverage amount is calculated if insurance on your Revolving LOC is under ROPC.

How much will my insurance coverage cost

The money you pay for your insurance is called a premium. Your premium rates, shown on the table below, are determined by:

- your age on each statement date,
- the type of insurance coverage,
- whether there are other borrowers on your Revolving LOC who are insured for the same coverage.

Your premium, plus provincial sales tax, if it applies, is charged in arrears and added to your Revolving LOC balance each statement date.

Revolving LOC premium calculation for balance and payment protection coverage

The Rate Table below shows your monthly premium rate for every \$1,000 of coverage.

Revolving LOC Premium Rate Table (for every \$1,000 of coverage) Balance and Payment Protection								
Attained age	Life Insurance		Critical Illness Insurance		Disability Insurance		Job Loss Insurance	
	Single	Multi-rate	Single	Multi-rate	Single	Multi-rate	Single	Multi-rate
18 - 29	0.13	0.11	0.13	0.11	0.44	0.42	0.30	0.28
30 - 35	0.19	0.16	0.19	0.16	0.56	0.53	0.30	0.28
36 - 40	0.27	0.22	0.27	0.22	0.72	0.68	0.30	0.28
41 - 45	0.40	0.33	0.50	0.41	0.90	0.86	0.30	0.28
46 - 50	0.48	0.40	0.71	0.59	1.09	1.03	0.30	0.28
51 - 55	0.65	0.54	1.04	0.86	1.34	1.27	0.30	0.28
56 - 60	0.95	0.78	1.62	1.34	1.70	1.62	0.30	0.28
61 - 65	1.35	1.11	2.25	1.86	2.15	2.04	n/a	n/a
66 - 69	2.35	1.94	2.71	2.24	2.63	2.49	n/a	n/a
70 - 75	4.25	3.51	n/a	n/a	n/a	n/a	n/a	n/a
75 +	6.25	5.16	n/a	n/a	n/a	n/a	n/a	n/a

Follow these 7 steps to calculate your premium for each type of coverage:

1. Take the lesser of:
 - a. your average daily balance*, or
 - b. the Maximum Amount Covered or Maximum Payment Covered as applicable, (which is the lesser of your credit limit and the Maximum Insurable Limit, for the specific type of coverage).
2. Find your attained age as of your statement date, in the left-hand column of the table. The attained age used to calculate your premium is your age as of the statement date.
3. Look for the specific type of coverage you are selecting. Find your premium rate. If you are the only borrower who is insured, use the single rate. If more than one borrower has the same coverage type, use the applicable multi-rate for each borrower.

4. Multiply the premium rate by the number you got in Step 1 and divide by 1,000.
5. Multiply the number you got in Step 4 by 12 and then divide by 365 to get the daily premium.
6. Multiply the daily premium by the number of days that you were insured during the statement period. The number of days in the statement period is the number of days from one statement date to the next statement date.
7. Add applicable provincial sales tax.

* Your **“Average Daily Balance”** is the total of the end-of-day balances in the statement period, plus interest and fees, divided by the number of the days in the statement period. If there is no Average Daily Balance no premium will be charged for the statement period.

See the **“Revolving LOC premium calculation”** subsection of your Certificate to see how premiums are calculated on your Revolving LOC.

What will Sun Life pay if my claim is approved, for each type of coverage

This section describes what Sun Life will pay to BMO for a loss occurring while your insurance coverage is in effect and your claim is approved.

Please see Section A. **“What are the important details of the coverage”** to find out what this insurance covers and Section B. **“Exclusions, limitations and reductions in coverage”** to find what this insurance does not cover.

If you choose:	For covered losses occurring while your insurance coverage is in effect and your claim is approved, Sun Life will pay to BMO on your behalf:
Balance Protection life insurance	<p>The amount owing on your Revolving LOC on the date of your death:</p> <ul style="list-style-type: none"> • When death occurs as a result of an accident*, the Revolving LOC account balance, up to the Maximum Amount Covered, or • When death occurs for any other cause, the lesser of: <ul style="list-style-type: none"> - the Revolving LOC account balance up to the Maximum Amount Covered, and - 110% of the average of the 12 insured statement** balances immediately preceding the date of death, up to the Maximum Amount Covered.
Balance Protection critical illness insurance	<p>The amount owing on your Revolving LOC on the date of your coronary artery bypass surgery or diagnosis of cancer, heart attack, or stroke that is:</p> <ul style="list-style-type: none"> • The lesser of: <ul style="list-style-type: none"> - the Revolving LOC account balance up to the Maximum Amount Covered, and - 110% of the average of the 12 insured statement** balances immediately preceding the date of your surgery or diagnosis for a covered critical illness, up to the Maximum Amount Covered.
Payment Protection disability insurance	<p>The amount owing on your Revolving LOC on the date of Disability:</p> <ul style="list-style-type: none"> • When your Disability is a result of an accident*, 3% of the Revolving LOC account balance, up to the Maximum Payment Covered, or • When your Disability results from any other cause, 3% of the lesser of: <ul style="list-style-type: none"> - the Revolving LOC account balance up to the Maximum Payment Covered, and - 110% of the average of the 12 insured statement** balances immediately preceding the date of the Disability up to the Maximum Payment Covered. <p>Benefits start after a qualifying period of 30 consecutive days and the benefit maximum is 24 months for each Disability.</p>
Payment Protection job loss insurance	<p>The amount owing on your Revolving LOC on the date of Job Loss, that is:</p> <ul style="list-style-type: none"> • 3% of the lesser of: <ul style="list-style-type: none"> - the Revolving LOC account balance, up to the Maximum Payment Covered, and - 110% of the average of the 12 insured statement** balances immediately preceding the date of Job Loss up to the Maximum Payment Covered. <p>Benefits start after a qualifying period of 60 consecutive days and the benefit maximum is 6 months for each Job Loss.</p>

- * An **“accident”** is a bodily injury that occurs solely as a direct result of a violent, sudden and unexpected action from an outside source.
- ** An **“insured statement”** is a Revolving LOC account statement where you were insured for coverage for any part of that statement period.

If you are insured for more than 12 months, add the account balance on the 12 insured statements issued immediately prior to the date of loss, divide the total by 12, then multiply this number by 110%.

If you are insured for less than 12 months on the date of loss, add the account balance of all insured statements issued immediately prior to the date of loss, divide the total by the number of statements, then multiply this number by 110%.

What are the important details of the coverage

Life insurance

Under the Plan, a life insurance benefit is paid when the insured dies. Please see Section B. “Exclusions, limitations and reductions in coverage” for detailed descriptions of when Sun Life will limit or not pay the life insurance benefit.

Critical Illness insurance

Under the Plan, a critical illness insurance benefit is paid when the insured is Diagnosed with or has Surgery for one of the critical illnesses described in this section. Please see Section B. “Exclusions, limitations and reductions in coverage” for detailed descriptions of when Sun Life will limit or not pay the critical illness insurance benefit.

Critical illness terms and what they mean

“Diagnosis” and **“Diagnose”** mean a written diagnosis by a Physician or Specialist of the covered critical illness. Any Diagnosis must be made while coverage is in force and will be effective as of the date it is established by the Physician or Specialist, as supported by your medical records. Any Diagnosis of a covered critical illness that was made prior to your Insurance Application Date will not be covered.

“Physician” means a legally and professionally qualified medical practitioner practising in Canada or the United States of America. The Physician must not be you, a relative of yours, or a person who normally resides in the same household as you.

“Specialist” means a legally and professionally qualified medical practitioner who has been trained in the specific area of medicine relevant to the covered critical illness condition for which a critical illness benefit is being claimed, and who has been certified by a speciality examining board. In the absence or unavailability of a Specialist, and as approved by Sun Life, a condition may be Diagnosed by a legally and professionally qualified medical practitioner practising in Canada or the United States of America. The Specialist must not be you, a relative of yours, or a person who normally resides in the same household as you.

“Surgery” means a medical operation performed on you and recommended by a Physician or Specialist, licensed and practicing in Canada or the United States of America.

What is a covered critical illness

“Cancer” means a definite Diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The Diagnosis of Cancer must be made by a Specialist.

“Coronary Artery Bypass Surgery” means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). The Surgery must be determined to be medically necessary by a Specialist.

“Heart Attack” (myocardial infarction) means a definite Diagnosis of the death of heart muscle due to obstruction of blood flow that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

- heart attack symptoms, **or**
- new electrocardiogram (ECG) changes consistent with a Heart Attack, **or**
- 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.

“Stroke” (cerebrovascular accident) means a definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

- acute onset of new neurological symptoms; and
- new objective neurological deficits on clinical examination

persisting for more than 30 days following the date of Diagnosis.

Disability insurance

Under the Plan, a disability insurance benefit is paid when the insured's condition meets the definition of Disabled, provided that the qualifying period and other requirements are satisfied as described below. Please see Section B. "Exclusions, limitations and reductions in coverage" for detailed descriptions of when Sun Life will limit or not pay the disability insurance benefit.

What is a disability?

"Disability" or "Disabled" means any medical condition that prevents you from performing substantially all of the essential duties of your job.

What is the disability benefit?

If you become Disabled, there is a qualifying period of **30** consecutive days. No benefit is payable for the qualifying period.

While your claim is being reviewed by Sun Life, you have to keep making your Revolving LOC payments until a decision is made on your claim. If your claim is approved, your account will be credited with any eligible payments you made after the qualifying period. Claim payments will begin on the first scheduled Revolving LOC payment due date after your qualifying period and will be paid on a monthly basis.

You can collect disability benefits for up to 24 months, for each Disability.

Following your qualifying period, if you are Disabled for a period that is less than a full month, Sun Life will pay a benefit equal to 1/30th of the payment amount for each day that you are Disabled.

What if a disability recurs?

If following a period of recovery, you become Disabled again **within 6 months** from the same cause as your original claim, your benefits for the recurring Disability will be continued for up to the 24 months you are allowed to claim. If following a period of recovery you become Disabled again from the same cause as your original claim more than 6 months after benefits ended, it is considered a new claim. If your claim is for a different cause, it is considered a new claim.

When do benefits end?

Disability benefits will end on the **earliest** of the date:

- you are not under the active and continuous care of a licensed physician,
- you refuse to submit to a medical exam by a physician selected by Sun Life,
- you fail to provide proof of continuing Disability satisfactory to Sun Life,
- you return to work, and
- you work in a business, occupation or undertaking for wages or expectation of profit.

Job loss insurance

Under the Plan, a job loss benefit is paid when the insured's loss of employment meets the definition of Job Loss, provided that the qualifying period and other requirements are satisfied as described below. Please see Section B. "Exclusions, limitations and reductions in coverage" for detailed descriptions of when Sun Life will limit or not pay the job loss insurance benefit.

"Job Loss" means you are collecting Employment Insurance benefits as a result of involuntary loss of employment.

For example:

- lay-off, or
- dismissal without cause.

What is the job loss benefit?

If you experience Job Loss, there is a qualifying period of **60** consecutive days. No benefit is payable for the qualifying period.

While your claim is being reviewed by Sun Life, you have to keep making your Revolving LOC payments until a decision is made on your claim. If your claim is approved, your account will be credited with any eligible payments you made after the qualifying period. Claim payments will begin on the first scheduled Revolving LOC payment due date after your qualifying period and will be paid on a monthly basis.

You can collect job loss benefits for up to 6 months for each Job Loss.

Following your qualifying period, if you have a Job Loss for a period that is less than a full month, Sun Life will pay a benefit equal to 1/30th of the payment amount for each day that you have a Job Loss.

When do benefits end?

Benefits will end on the **earliest** of the date:

- your Employment Insurance claim is not paid for any reason, and
- you fail to provide proof of Employment Insurance benefits to Sun Life.

What happens if a life or critical illness claim is paid

If Sun Life pays your life or critical illness benefit, all of your Balance and Payment Protection coverage ends. Your co-borrowers keep their Balance and Payment Protection coverage as long as the Revolving LOC with BMO continues in effect.

B. Exclusions, limitations and reductions in coverage

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When Sun Life can void coverage

- you were not eligible for the coverage you applied for on your Insurance Application Date. Any premium paid will be refunded.
- you gave false or incomplete responses to requests for information that Sun Life required to approve your insurance or assess any change to your coverage. This applies to any responses in your Application and to any other information Sun Life received from you, whether in writing, electronically, or by telephone. Any premium paid will be refunded.

When the pre-existing condition applies

If you were **not** required to answer any health questions when applying for life, critical illness or disability coverage, Sun Life will not pay an insurance benefit if your claim is due to a Pre-existing Condition and such loss occurs within the **first 12 months of your Insurance Application Date**.

A “Pre-existing Condition” is a condition or health problem for which, in the **12 months before your Insurance Application Date**, you consulted with or received advice, treatment, care, and/or service from a licensed physician or health care practitioner, or for which you took medications or injections.

What is not covered by life insurance

No benefit will be payable for a Revolving LOC if your death results directly or indirectly:

- from your participation or attempted participation in a criminal offence,
- while you are under the influence of illegal drugs or while your blood alcohol concentration is at least 80 milligrams of alcohol in 100 millilitres of blood (0.08),
- from civil disorder or war, whether or not war was declared, unless you are on active military duty as a member of the Canadian Armed Forces or Canadian Forces Reserve, or
- from suicide or self-inflicted injury, whether you are sane or insane, where coverage has been in force for less than 24 months.

What is not covered by critical illness insurance

No critical illness insurance benefit will be paid if your Diagnosis or Surgery resulted directly or indirectly from the intentional taking of drugs, except where prescribed by a Physician or Specialist.

What coverage for cancer does not include:

No benefit will be payable for a recurrence or metastasis of an original Cancer, which was Diagnosed prior to the Insurance Application Date.

No benefit will be payable for the following non-threatening cancers:

- carcinoma in situ, or
- 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), or
- any non-melanoma skin cancer that has not become metastasized, or
- Stage A (T1a or T1b) prostate cancer.

Moratorium period for cancer coverage:

No benefit will be payable for Cancer if, **within 90 days of the Insurance Application Date**, you have any of the following:

- signs, symptoms or investigations, that lead to 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).

In this case, your critical illness coverage for Cancer ends and coverage continues on the remaining covered critical illnesses.

Medical information about a Diagnosis and any signs, symptoms or investigations leading to a Diagnosis must be reported to Sun Life **within 6 months of the date of Diagnosis**. If this information is not provided Sun Life has the right to deny any claim for Cancer or, any critical illness caused by any cancer or its treatment.

What coverage for coronary artery bypass surgery does not include:

- any non-surgical or trans-catheter techniques, such as balloon angioplasty or laser relief of an obstruction.

What coverage for heart attack does not include:

- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition.

What coverage for stroke does not include:

- transient ischaemic attacks; or
- intracerebral vascular events due to trauma; or
- lacunar infarcts that do not meet the definition of Stroke.

What is not covered by disability insurance

No disability benefit will be payable if:

- you are receiving job loss benefits at the time of your Disability,
- you don't meet the definition of Disability, or
- you are not under the active and continuous care of a licensed physician.

No benefit will be payable if your Disability results directly or indirectly:

- from your participation or attempted participation in a criminal offence,
- while you are under the influence of illegal drugs or while your blood alcohol concentration is at least 80 milligrams of alcohol in 100 millilitres of blood (0.08),
- from self-inflicted injuries or attempted suicide, while sane or insane,
- from civil disorder or war, whether or not war was declared, unless you are on active military duty as a member of the Canadian Armed Forces or Canadian Forces Reserve,
- from elective cosmetic or experimental surgery or treatment, or
- from normal pregnancy.

What is not covered by job loss insurance

No job loss benefit will be payable if:

- your Job Loss is the result of a maternity or paternity leave allowed by law or agreed to with your employer,
- you are receiving disability benefits at the time of your Job Loss,
- your loss of employment does not meet the definition of Job Loss, or
- your Job Loss is the result of the end of a work season if you are seasonally employed.

Limitations and reductions in coverage

The payment Sun Life makes may not cover the entire balance that you owe or are required to pay to BMO under your Revolving LOC. It will never exceed the amount owing on your Revolving LOC regardless of the number of insured borrowers.

If you have an insured loss, no benefit will be paid until BMO has advanced the funds on your Revolving LOC.

Disability benefits start after a qualifying period of 30 consecutive days, and the benefit maximum is 24 months for each Disability.

Job loss benefits start after a qualifying period of 60 consecutive days, and the benefit maximum is 6 months for each Job Loss.

C. Cancellation of insurance

Sun Life allows you to cancel your insurance **within 30 days of your Coverage Start Date**. Any premium already paid will be refunded to you in this case.

Following this 30-day period, you can cancel your insurance at any time. In that event, you will not receive a premium refund except where premiums may have been debited in error.

If you wish to cancel your insurance coverage contact 1-877-CALL BMO or talk to your branch representative.

D. Other information

You may obtain additional information about this insurance or a copy of the applicable group policy by calling or writing to:

Sun Life Assurance Company of Canada
Creditor Insurance Team
227 King Street South
P.O. Box 638, STN Waterloo
Waterloo ON N2J 4B8

Telephone: 1-877-271-8713

Fax: 1-866-923-8353

Email: *creditorteam@sunlife.com*

Please be sure to reference the correct policy number(s):

Revolving Line of Credit Life, Disability and Job Loss: **21559**

Revolving Line of Credit Critical Illness: **57904**

E. Making a claim

Sun Life will make every effort to process your claim quickly and efficiently. Claims must be submitted in writing using the forms approved by Sun Life. You must keep making your Revolving LOC payments, including your insurance premiums until your claim is approved.

Where to get a claim form

You or your representative (the person who will be handling your affairs) may obtain a claim form from any BMO Bank of Montreal branch or forms can be downloaded from BMO.com/protectionplans.

Make sure to obtain the forms that are specific to your type of claim.

When do I make a claim

You must submit your claim before these deadlines or Sun Life will not pay it.

Insurance type	Deadline
Life insurance	Within one year of the date of death
Critical illness	Within 180 days of written Diagnosis
Disability	Within 120 days of the date of Disability
Job loss	Within 120 days of the date of Job Loss

How do I make a claim

Your claim package may include the following forms:

- BMO's statement,
- your statement,
- an attending physician's statement,
- a copy of your insurance Application,
- employer's statement.

Follow the instructions on the claim forms to complete them. After they have been completed, send them directly to Sun Life for their review.

Sun Life's address and contact information is on each claim form

If you have any questions on how to complete the claim package or the claim decision, you can contact Sun Life directly toll free at: 1-877-271-8713.

For a covered critical illness, you will need to provide written proof from a Physician or Specialist of the Diagnosis. Sun Life may require that a physician or health care practitioner, approved by Sun Life, examine you to validate a covered critical illness.

Costs relating to claims

If you have to get written proof, such as a physician's report, to back up your claim, you will have to pay for it.

Insurer's response

Sun Life generally responds in writing within **3 weeks** of receiving the claim form and supporting documentation submitted with your claim.

Sun Life will then send the following to you or your BMO Bank of Montreal branch:

- a letter requesting additional information, or
- if the claim is approved, life and critical illness benefits will be applied to the outstanding balance on the Revolving LOC. Disability and job loss benefits will be applied against your Revolving LOC payment.

Sun Life will inform you or your BMO Bank of Montreal branch of its decision in writing within **30 working days** of receiving the additional information requested.

If the claim is declined, Sun Life will explain the reasons why in writing.

How to appeal the insurer's decision

If Sun Life declines the claim, you or your representative may appeal the decision within **90 days** of the date of the decline letter from Sun Life. You or your representative must explain in writing the reasons for the appeal and provide any additional information not previously submitted to Sun Life. You or your representative may consult the Autorité des marchés financiers or an independent legal advisor about the appeal.

F. Similar products

Sun Life provides creditor's group life, critical illness, disability and job loss insurance coverage exclusively to BMO Bank of Montreal. Other types of insurance to cover the outstanding balance and repayments under your Revolving LOC may be available on the market.

G. Referral to the Autorité des marchés financiers

If you want more information about the obligations of insurers and distributors, you can contact the Autorité as follows:

Autorité des marchés financiers

Place de la Cité, Tour Cominar

2640, boul. Laurier, 4 étage

Québec, QC G1V 5C1

Tel: Quebec: 418-525-0337

Montreal: 514-395-0337

Toll Free: 1-877-525-0337

Web site: *www.lautorite.qc.ca*

Message from your insurer – Respecting your privacy

At Sun Life Financial, protecting your privacy is a priority. Sun Life maintains a confidential file in Sun Life's offices containing personal information about you and your contract(s) with Sun Life. Sun Life's files are kept for the purpose of providing you with insurance products. Access to your personal information is restricted to those employees, representatives and third party service providers who are responsible for the administration, processing and servicing of your contract(s) with Sun Life, Sun Life's reinsurers or any other person whom you authorize. In some instances these persons may be located outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions. You are entitled to consult the information contained in Sun Life's file and, if applicable, to have it corrected by sending a written request to us.

To find out about Sun Life's Privacy Policy, visit Sun Life's website at www.sunlife.ca, or to obtain information about Sun Life's privacy practices, send a written request by e-mail to privacyofficer@sunlife.com, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

For more information about cancelling your insurance see Section C of this distribution guide.

Notice of rescission of an insurance contract

Notice given by a distributor

Section 440 of *The Act respecting the distribution of financial products and services*

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES (*the Act*) GIVES YOU IMPORTANT RIGHTS.

- The Act allows you to rescind an insurance contract you have just signed when signing another contract, **without penalty, within 10 days of its signature**. To do so, you must give the insurer notice by registered mail within that delay. You may use the attached model for this purpose.
- Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution. It is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.
- After the expiry of the 10-day delay, you may cancel the insurance at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 418-525-0337 or 1-877-525-0337.

THIS FORM MUST BE COMPLETED BY HAND – PLEASE PRINT CLEARLY

Notice of rescission of an insurance contract

Branch address		
Branch transit	Credit agreement number	Date of signature of insurance contract (dd-mm-yyyy) _ _
Borrower 1 first name		Borrower 1 last name
Borrower 2 first name		Borrower 2 last name

Pursuant to section 441 of the *Act respecting the distribution of financial products and services*, I hereby rescind the following insurance coverage(s):

- Life insurance Disability insurance
 Critical illness insurance Job loss insurance

under the following creditor’s group insurance contract no(s):

- 21559 (Life, Disability and Job loss)
 57904 (Critical Illness)

Note: Critical illness insurance cancels automatically if Life insurance is cancelled. Job loss insurance cancels automatically if Disability insurance is cancelled.

Borrower 1 signature X	Date (mm-dd-yyyy) _ _
Borrower 2 signature X	Date (mm-dd-yyyy) _ _

The distributor must first complete this section. This document must be sent by registered mail.

(Sections 439, 440, 441, 442 and 443 of the Act must be reproduced on the back of this notice.)

Sections 439, 440, 441, 442 and 443 of the Act

439. A distributor may not subordinate the making of a contract to the making of an insurance contract with the insurer specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service.

440. A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Authority, stating that the client may rescind the insurance contract within 10 days of signing it.

441. A client may rescind an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is rescinded, the first contract retains all its effects.

442. No contract may contain provisions allowing its amendment in the event of rescission or cancellation by the client of an insurance contract made at the same time.

However, a contract may provide that the rescission or cancellation of the insurance contract will entail, for the remainder of the term, the *loss* of the favorable conditions extended because more than one contract was made at the same time.

443. A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Authority, stating that the debtor may subscribe for insurance with the insurer and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the insurer specified by the distributor.

Prohibition

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an insurer remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

Rights of debtor

The rights of the debtor under the contract of credit shall not be forfeited when the debtor rescinds, cancels or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another insurer that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds.

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