

SunSpectrum Term

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SAMPLE

The following policy wording is provided solely for your convenience and reference. It is incomplete and reflects only some of the general provisions that may be found in some of our insurance policies. We periodically make changes to policy wording and therefore this incomplete sample may not duplicate the wording of any actual issued policy. It is not to be construed or interpreted in any manner as a contract or an offer to contract. The actual policy issued to any given client will govern that relationship.

Partner protection benefit

If one of the insured persons under this benefit dies, you may apply for additional life insurance on the surviving insured persons.

The *Policy summary* shows the following information about the Partner protection benefit:

- each insured person, and
- the date the benefit ends.

Your right to apply for additional life insurance

While this benefit is in effect, you may apply for additional life insurance for each surviving insured person when the first of the insured persons dies. You must apply within 90 days of the death. If more than one of the insured persons die in circumstances where it's uncertain which person survived the other, we determine the oldest person died first.

When you apply, you must give us proof that each insured person continues to be a partner of the business named when we approved your application for this benefit. You must also provide financial information about the business, that we consider satisfactory. The financial information must include details about each insured person's interest in the business.

The maximum amount of new insurance for each surviving insured person is equal to $\{ (A \div B) \times C \}$, where:

A = a surviving insured person's basic insurance amount

B = the total of all basic insurance amounts for the insured persons, other than the one who died first

C = the basic insurance amount for the first of the insured persons who dies

The total amount of new insurance may not be greater than the basic insurance amount in effect for the insured person who died first.

The life insurance you may apply for

You may apply for any life insurance we offer when you apply, subject to the terms and conditions of the new insurance and our administrative rules. Your application must be in a form acceptable to us. You may apply:

- for a new life insurance policy, or
- to add basic insurance coverage to this policy, if we are not waiving premiums under it.

For each application, the new life insurance will:

- be determined based on the information about the insured person in the application we received for this policy
- depend on our rules about the age of the insured person and the amount of insurance
- have an insurance amount that's not greater than the maximum amount of new insurance you may apply for, and
- not include any optional benefits, except, in the circumstances described below, a disability waiver benefit on the insured person.

If a *Total disability waiver benefit* is in effect for the insured person, a similar benefit may be included with the new insurance if:

- we offer a disability waiver benefit
- you request the benefit, and

- the insured person is not totally disabled.

If we are waiving the cost for this policy because the insured person is disabled, you may only apply for a new policy without a disability waiver benefit. You must pay for the new insurance.

You may not apply to add insurance to this policy on the disabled insured person.

Paying for the new life insurance

The amount you are required to pay for the new insurance will be based on:

- the same evidence of insurability we used to determine the cost for this benefit
- the rates for the new insurance on the date you apply, and
- the age of the insured person on the date you apply.

When the benefit ends

The Partner protection benefit for each insured person under the benefit ends on the earliest of:

- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the end of the 90th day after the date the first of the insured persons dies, or
- the date this policy ends.

SAMPLE

Total disability waiver benefit

You may qualify to stop paying premiums if the insured person for this benefit is totally disabled.

The *Policy summary* shows the following information about the Total disability waiver benefit:

- each insured person
- the date the benefit begins, and
- the date the benefit ends.

Qualifying to have premiums waived

You qualify to have premiums waived if:

- the Total disability waiver benefit is in effect
- the insured person's disability begins after the policy anniversary nearest their 18th birthday and before the benefit end date shown on the *Policy summary*
- their disability continues for more than 6 consecutive months, and
- we consider the insured person to be totally disabled and all requirements for this benefit are satisfied.

To be considered totally disabled the insured person must be:

- under the active, continuous and medically appropriate care of a physician, or other health care practitioner acceptable to us, and
- following the treatment prescribed and any other recommendations made by a physician or health care practitioner.

Disabled while employed

If the insured person becomes disabled while employed, we consider them to be totally disabled if, as a result of injury or disease, they are completely unable, during the first 2 years following the date of their disability, to carry on the essential duties of their own occupation.

After the first 2 years, we consider the insured person to be totally disabled if they are unable, as a result of injury or disease, to perform the duties of any occupation within their education, training or experience. We do not consider an insured person to be totally disabled if they are earning money or profiting from any occupation.

In determining whether or not the insured person is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the insured person was paid before becoming totally disabled.

Disabled while unemployed

If the insured person becomes disabled while unemployed, and is not earning money or profiting from any occupation, we consider them totally disabled if they are unable, as a result of injury or disease, to perform the duties of any occupation within their education, training or experience.

In determining whether or not the insured person is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the insured person was paid before becoming totally disabled.

Disabled while a student

If the insured person is a student at the time they become disabled, we consider them to be totally disabled if they are unable, as a result of injury or disease, to:

- attend or participate as a student in an education program during the entire time they are totally disabled, or
- perform the duties of any occupation for earnings or profit within their education, training or experience.

In determining whether or not the insured person is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the insured person was paid before becoming totally disabled.

When we waive premiums

Premiums must be paid until we give notice that we approved the claim. At that time, we waive the premiums starting from the month the insured person became totally disabled. We only waive premiums for the disabled insured person's basic insurance coverage and any optional benefits on that person.

Premiums are waived until the earlier of:

- the date the insured person no longer qualifies for the benefit
- the date the policy ends
- the date premiums are no longer payable for the disabled person's insurance, and
- the date the insured person dies.

We will not accept payments for the disabled person's insurance while we are waiving premiums.

If this policy has an automatic premium loan provision and it was used to pay premiums that are later waived, we reduce any loan by the amount waived.

If any premium is paid and later waived, and there is no outstanding automatic premium loan, we credit the same amount to the premium fund, if this policy has one. If this policy doesn't have a premium fund, we pay the refund to you.

When we will not waive premiums (exclusions and reductions of coverage)

We will not waive premiums if the insured person's disability begins:

- before the policy anniversary nearest their 18th birthday, or
- after the benefit end date shown on the *Policy summary*.

We will not waive premiums if the disability is directly or indirectly caused by or associated with the insured person operating a vehicle while their blood alcohol level is more than 80 milligrams of alcohol per 100 milliliters of blood. A vehicle includes any form of ground, air or marine transportation that can be put into motion by any means, including muscular power. We do not take into account whether or not the vehicle is in motion.

We will not waive premiums if the disability is directly or indirectly caused by or associated with the insured person:

- committing or attempting to commit a criminal offence
- attempting to take their own life, regardless of whether the insured person had a mental illness or understood or intended the consequences of their action(s)
- causing themselves bodily injury, regardless of whether the insured person had a mental illness or understood or intended the consequences of their action(s)

- taking any drug, unless the drug was taken as prescribed by a licensed medical practitioner
- inhaling or ingesting any poisonous substance, whether voluntarily or otherwise, or
- inhaling any type of gas, whether voluntarily or otherwise.

We will not waive premiums if the insured person's disability is directly or indirectly caused by or associated with civil disorder or war, whether declared or not.

Making a claim

To make a claim, contact your advisor or call us at the toll free phone number shown at the beginning of this policy. We will send the forms to be completed.

We must receive proof of the insured person's disability:

- while the insured person is alive
- continuing for more than 6 consecutive months while this benefit is in effect, and
- within 1 year of the date the disability began.

If we receive proof of the disability more than 1 year after the disability starts and the insured person qualifies for this benefit, we consider the disability to have begun 1 year before the date we received the proof. This means that we will only waive premiums starting from 1 year before the date we received the proof, regardless of when the disability actually started. We will not consider a late claim if you submit it more than 1 year after the end date of this benefit.

You must pay any cost associated with providing proof of disability.

We may also require the insured person to authorize us to gather and use additional information from other insurers or government agencies.

Before we approve a claim, the insured person's date of birth must be verified.

How to continue to qualify to have premiums waived

We continue to waive premiums while the insured person:

- continues to be disabled and satisfies our requirements of total disability
- is under the continuous care of a licensed physician
- follows a prescribed treatment program for their disability, and
- makes reasonable efforts to use any appropriate rehabilitation program.

From time to time, we will ask for proof, that we consider satisfactory, that the insured person is still disabled. You must pay any cost associated with providing this proof.

We may require the insured person to be examined by any health care practitioners we appoint. These may be licensed physicians, physiotherapists, occupational therapists, psychiatrists, psychologists or others. We pay the cost of these examinations.

The physicians, specialists or health care practitioners who provide information to us may not be the owner of this policy, any insured person under this policy, anyone entitled to make a claim under this policy, or any relative or business associate of these people.

We may also require the insured person to authorize us to gather and use information from other insurers or government agencies.

When we stop waiving premiums

We stop waiving premiums on the date the insured person:

- is no longer totally disabled
- is earning money or profiting from any occupation
- takes part in any educational program as a student without our approval
- fails to submit any required proof of disability
- refuses to attend any examinations or rehabilitation programs without a valid medical reason
- fails to meet any other requirements to have premiums waived, or
- dies.

Reoccurrence of a previous disability claim

You may apply to have premiums waived without having to wait another 6 months if there's a reoccurrence of a previous disability claim. We consider the disability to be a reoccurrence of the previous one if:

- we waived premiums for the previous disability
- the disabled insured person recovers from their disability and then becomes totally disabled again from the same cause within 6 months from the date we stopped waiving premiums, and
- the insured person is totally disabled as described under the heading, *Qualifying to have premiums waived*.

We waive the premiums from the date the disability started again.

When the benefit ends

The Total disability waiver benefit for each insured person under the benefit ends on the earliest of:

- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the date the insured person dies, or
- the date this policy ends.

Child term benefit

We pay a death benefit if a child dies while insured under the Child term benefit. This benefit also includes the right to buy life insurance for each insured child without giving us new evidence of insurability.

The *Policy summary* shows the following information about the Child term benefit:

- each insured person with the benefit
- the insurance amount, and
- the date the benefit ends.

Children who are insured

The insured children are those named on the application for the Child term benefit, unless we tell you that we will not insure a child. For the insured person with the benefit, each child must be:

- born to the insured person
- legally adopted by the insured person, or
- a step-child of the insured person.

Any child born to or legally adopted by the insured person after the date you applied for this benefit is automatically insured. We may ask you to prove the child's relationship to the insured person.

To insure a step-child of the insured person after this benefit is in effect, you must apply in writing and give us evidence of insurability that we consider satisfactory.

Children are insured under the benefit from the date they are 15 days old until their 25th birthday.

When we pay

We pay a death benefit to you, the owner of this policy, when an insured child dies. The amount we pay is the insurance amount that is in effect for the Child term benefit on the date the child dies.

When we will not pay (exclusions and reductions of coverage)

We will not pay a death benefit if a child dies:

- before they are 15 days old, or
- after their 25th birthday.

If a child dies after age 14 days and before age 180 days, the amount we pay is 25% of the insurance amount.

Making a claim

To make a claim, contact your advisor or call us at the toll free phone number shown at the beginning of this policy. We will send the appropriate form to be completed. The person making the claim must give us any information we need to assess the claim, including proof that the insured child died while the benefit was in effect.

Physicians may charge a fee to complete certain forms. You are responsible for any fee for this information.

Before we pay a death benefit, we must verify the child's date of birth.

The right to buy life insurance

While this benefit is in effect, you have the right to apply for a life insurance policy on each insured child, without giving us new evidence of insurability. The following people may apply:

- you, the owner of this policy, or
- the insured child on their own life, with your written consent.

When you may apply

If a child has been insured under the benefit for at least 3 years, you can apply for insurance after the child's 18th birthday and before their 25th birthday. If a child is younger than age 18 or has not been insured for at least 3 years, you may apply within the 30 days before the benefit end date shown on the *Policy summary*.

The life insurance policy you may apply for

You may apply for any life insurance policy we offer when you apply, subject to the terms and conditions of that policy and our administrative rules. Your application must be in a form acceptable to us.

For each application, the new life insurance will:

- be based on the information about the insured child in the application we received for this benefit
- depend on our rules about the age of the insured child and the insurance amount
- have an insurance amount that is not greater than 10 times the insurance amount in effect for this benefit, and
- include an additional cost for smoking unless the insured child gives us new evidence of insurability and qualifies as a non-smoker.

We require proof of the child's date of birth. If we approve the application, insurance for that child under this benefit ends on the date the policy takes effect.

If you apply for more insurance than we offer under this benefit, we require new evidence of insurability that we consider satisfactory.

Paying for the new life insurance policy

The amount you are required to pay for the new life insurance policy will be based on:

- the same evidence of insurability we used to determine the cost for this benefit
- the rates we charge for the new life insurance on the date you apply
- the age of the insured child on the date you apply, and
- any premium tax and policy fee that applies.

When this benefit ends

For each insured child, this benefit ends on the earliest of:

- the benefit end date shown on the *Policy summary*
- the child's 25th birthday
- the date a new insurance policy on the child, purchased under this benefit, takes effect
- the date you cancel the benefit
- the date the child dies, or
- the date this policy ends, unless children continue to be insured after the insured person with this benefit dies.

Children may continue to be insured after an insured person dies

The Child term benefit stays in effect when an insured person dies. You do not need to make payments for it starting from:

- the date an insured person with the benefit dies, or
- the date the basic insurance coverage ends because an insured person has died, under a joint first-to-die coverage.

We continue to insure each child still covered under the benefit until the earliest of:

- the date a new insurance policy on the child, purchased under this benefit, takes effect
- that child's 25th birthday, or
- the date this benefit is cancelled.

SAMPLE

Accidental death benefit

We pay an additional death benefit to the beneficiary you named for the basic insurance coverage if an insured person with this benefit dies as the result of an accident.

The *Policy summary* shows the following information about the Accidental death benefit:

- each insured person
- the insurance amount, and
- the date the benefit ends.

When we pay

We pay an accidental death benefit if the insured person dies:

- while the benefit is in effect
- as a direct result of an accident
- independently of any other cause
- within 365 days of the accident, and
- after their 1st birthday and before the policy anniversary nearest their 70th birthday.

When we will not pay (exclusions)

We will not pay the accidental death benefit if the insured person's death is directly or indirectly caused by or associated with the insured person operating a vehicle while their blood alcohol level is more than 80 milligrams of alcohol per 100 milliliters of blood. A vehicle includes any form of ground, air or marine transportation that can be put into motion by any means, including muscular power. We do not take into account whether or not the vehicle is in motion.

We will not pay the accidental death benefit if the insured person's death is directly or indirectly caused by or associated with the insured person:

- committing or attempting to commit a criminal offence
- taking or attempting to take their own life, regardless of whether the insured person had a mental illness or understood or intended the consequences of their action(s)
- causing themselves bodily injury, regardless of whether the insured person had a mental illness or understood or intended the consequences of their action(s)
- taking any drug, unless the drug was taken as prescribed by a licensed medical practitioner
- inhaling or ingesting any poisonous substance, whether voluntarily or otherwise
- inhaling any type of gas, whether voluntarily or otherwise
- having a mental or physical illness or receiving treatment for that illness
- receiving dental or surgical treatment, or
- contracting an infection, unless the infection was caused by an external visible wound received in an accident.

In addition, we will not pay the accidental death benefit if the insured person's death is directly or indirectly caused by or associated with civil disorder or war, whether declared or not.

When the benefit ends

The Accidental death benefit for each insured person under the benefit ends on the earliest of:

- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the date the insured person dies, or
- the date this policy ends.

Guaranteed insurability benefit

You may apply for additional life insurance on the insured person, without giving us new evidence of insurability.

The *Policy summary* shows the following information about the Guaranteed insurability benefit:

- each insured person
- the option amount, and
- the date the benefit ends.

Your right to apply for additional life insurance

While this benefit is in effect, you may apply for additional life insurance on the insured person at various points in time. The insured person may apply only if they have your written consent.

The insurance amount that may be applied for may not be greater than the option amount.

There must be at least 3 years between each application for new insurance. If the insured person is younger than age 18, the first date you may apply is the policy anniversary nearest their 18th birthday. The last date you may apply is the policy anniversary nearest their 55th birthday.

You may apply within 31 days of the following life events experienced by the insured person:

- the date they marry or the date of their civil union
- the live birth of any child born to them, or
- the date they legally adopt a child younger than age 18.

You may not apply more than 8 times under this benefit.

The life insurance you may apply for

You may apply for any life insurance we offer when you apply, subject to the terms and conditions of the new insurance and our administrative rules. Your application must be in a form acceptable to us. You may apply for:

- a new life insurance policy, or
- additional life insurance under this policy, if your policy allows you to add insurance.

For each application, the new life insurance will:

- be based on the information about the insured person in the application we received for this policy
- depend on our rules about the age of the insured person and the amount of insurance
- have an insurance amount that is not greater than the option amount in effect for this benefit, and
- not include any optional benefits, except as described below, a disability waiver benefit on the insured person.

If a *Total disability waiver benefit* is in effect for the insured person under this policy, a similar benefit may be included with the new insurance if:

- we offer a disability waiver benefit
- you request the benefit, and
- the insured person is not totally disabled.

If we are waiving the cost for this policy because the insured person is disabled, you may only apply for a new policy without a disability waiver benefit on the insured person. You must pay for the new insurance.

If the insured person was younger than age 17 when we insured them under this policy, the new insurance will include an additional cost for smoking, unless they give us new evidence of insurability and qualify as a non-smoker.

If you apply for more insurance than we offer under this benefit, we require new evidence of insurability that we consider satisfactory.

Paying for the new life insurance

The amount you are required to pay for the new life insurance will be based on:

- the same evidence of insurability we used to determine the cost for this benefit
- the rates we charge for the new life insurance on the date you apply, and
- the age of the insured person on the date you apply.

When the benefit ends

The Guaranteed insurability benefit for each insured person under the benefit ends on the earliest of:

- the date you sign the 8th application for additional life insurance
- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the date the insured person dies, or
- the date this policy ends.

Business value protection benefit

You may apply for additional life insurance on the insured person, without giving us new medical evidence of insurability.

The *Policy summary* shows the following information about the Business value protection benefit:

- each insured person
- the option amount, and
- the date the benefit ends.

Your right to apply for additional life insurance

In each of the first 10 policy years, you may apply for additional life insurance on the insured person, up to the option amount, based on the financial information you provide. Each time you apply, the new insurance amount will not be greater than the option amount in effect. The total insurance amount for all applications for new insurance must not be more than 4 times the option amount. You may apply within 31 days of a policy anniversary, if:

- this benefit is in effect, and
- you provide financial information about the business named on the application for this policy, that we consider satisfactory. The financial information must include the current fair market value of the business when you apply.

The life insurance you may apply for

You may apply for any life insurance we offer when you apply, subject to the terms and conditions of the new insurance and our administrative rules. Your application must be in a form acceptable to us. You may apply:

- for a new life insurance policy, or
- to add basic insurance coverage to this policy, if your policy allows you to add insurance.

For each application, the new life insurance will:

- be based on the information about the insured person in the application we received for this policy
- depend on our rules about the age of the insured person and the amount of insurance
- have an insurance amount that's not greater than the maximum amount of new insurance you may apply for, and
- not include any optional benefits, except a disability waiver benefit on the insured person, as described below.

If a *Total disability waiver benefit* is in effect for the insured person, a similar benefit may be included with the new insurance if:

- we offer a disability waiver benefit
- you request the benefit, and
- the insured person is not totally disabled.

If we are waiving the cost for this policy because the insured person is disabled, you may only apply for a new policy without a disability waiver benefit. You must pay for the new insurance.

You may not apply to add insurance to this policy on the disabled insured person.

If you apply for more insurance than we offer under this benefit, we require new evidence of insurability that we consider satisfactory.

Paying for the new life insurance

The amount you are required to pay for the new insurance will be based on:

- the same evidence of insurability we used to determine the cost for this benefit
- the rates we charge for the new insurance on the date you apply, and
- the age of the insured person on the date you apply.

When the benefit ends

The Business value protection benefit for each insured person under the benefit ends on the earliest of:

- the date the additional insurance you purchased under this benefit has reached the maximum insurance amount
- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the date the insured person dies, or
- the date this policy ends.

SAMPLE

Owner waiver disability benefit

In this provision, *you* and *owner* mean the owner covered under this benefit. You may qualify to stop paying premiums for this policy if you are totally disabled.

The *Policy summary* shows the following information about the Owner waiver disability benefit:

- the owner with the benefit, and
- the date the benefit ends.

If you change ownership by transferring your rights under this policy to another person, the new owner will not qualify to have premiums waived.

Qualifying to have premiums waived

You qualify to have premiums for this policy waived if:

- this benefit is in effect
- the owner's disability begins before the benefit end date shown on the *Policy summary*
- their disability continues for more than 6 consecutive months, and
- we consider the owner to be totally disabled and all requirements for this benefit are satisfied.

To be considered totally disabled the owner must be:

- under the active, continuous and medically appropriate care of a physician, or other health care practitioner acceptable to us, and
- following the treatment prescribed and any other recommendations made by a physician or health care practitioner.

Disabled while employed

If the owner becomes disabled while employed, we consider them to be totally disabled if, as a result of injury or disease, they are completely unable, during the first 2 years following the date of their disability, to carry on the essential duties of their own occupation.

After the first 2 years, we consider the owner to be totally disabled if they are unable, as a result of injury or disease, to perform the duties of any occupation within their education, training or experience. We do not consider an owner to be totally disabled if they are earning money or profiting from any occupation.

In determining whether or not the owner is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the owner was paid before becoming totally disabled.

Disabled while unemployed

If the owner becomes disabled while unemployed, and is not earning money or profiting from any occupation, we consider them totally disabled if they are unable, as a result of injury or disease, to perform the duties of any occupation within their education, training or experience.

In determining whether or not the owner is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the owner was paid before becoming totally disabled.

Disabled while a student

If the owner is a student at the time they become disabled, we consider them to be totally disabled if they are unable, as a result of injury or disease, to:

- attend or participate as a student in an education program during the entire time they are totally disabled, or
- perform the duties of any occupation for earnings or profit within their education, training or experience.

In determining whether or not the owner is able to perform the duties of any occupation, we do not take into account whether a suitable occupation is actually available. In addition, we do not consider whether a suitable occupation would provide earnings comparable to what the owner was paid before becoming totally disabled.

When we waive premiums

Premiums must be paid until we give notice that we approved the claim. At that time, we waive premiums for this policy starting from the month the owner became disabled.

Premiums are waived until the earlier of:

- the date the owner no longer qualifies for this benefit
- the date the policy ends
- the date premiums are no longer payable for this policy, and
- the date the owner dies.

We will not accept payments for this policy while we are waiving premiums.

If this policy has an automatic premium loan provision and it was used to pay premiums that are later waived, we reduce any loan by the amount waived.

If any premium is paid and later waived, and there is no outstanding automatic premium loan, we credit the same amount to the premium fund, if this policy has one. If this policy doesn't have a premium fund, we pay the refund to you.

When we will not waive premiums (exclusions and reductions of coverage)

We will not waive premiums if the owner's disability begins after the Owner waiver disability benefit end date shown on the *Policy summary*.

We will not waive premiums if the disability is directly or indirectly caused by or associated with the owner operating a vehicle while their blood alcohol level is more than 80 milligrams of alcohol per 100 milliliters of blood. A vehicle includes any form of ground, air or marine transportation that can be put into motion by any means, including muscular power. We do not take into account whether or not the vehicle is in motion.

We will not waive premiums if the disability is directly or indirectly caused by or associated with the owner:

- committing or attempting to commit a criminal offence
- attempting to take their own life, regardless of whether the owner had a mental illness or understood or intended the consequences of their action(s)
- causing themselves bodily injury, regardless of whether the owner had a mental illness or understood or intended the consequences of their action(s)
- taking any drug, unless the drug was taken as prescribed by a licensed medical practitioner
- inhaling or ingesting any poisonous substance, whether voluntarily or otherwise, or

- inhaling any type of gas, whether voluntarily or otherwise.

We will not waive premiums if the owner's disability is directly or indirectly caused by or associated with civil disorder or war, whether declared or not.

Making a claim

To make a claim, contact your advisor or call us at the toll free phone number shown at the beginning of this policy. We will send the forms to be completed.

We must receive proof of the owner's disability:

- while the owner is alive
- continuing for more than 6 consecutive months while this benefit is in effect, and
- within 1 year of the date the disability began.

If we receive proof of the disability more than 1 year after the disability starts and the owner qualifies for this benefit, we consider the disability to have begun 1 year before the date we received the proof. This means that we will only waive premiums starting from 1 year before the date we received the proof, regardless of when the disability actually started. We will not consider a late claim if you submit it more than 1 year after the end date of this benefit.

You must pay any cost associated with providing proof of disability.

We may also require the owner to authorize us to gather and use additional information from other insurers or government agencies.

Before we approve a claim, the owner's date of birth must be verified.

How to continue to qualify to have premiums waived

We continue to waive premiums while the owner:

- continues to be disabled and satisfies our requirements of total disability
- is under the continuous care of a licensed physician
- follows a prescribed treatment program for their disability, and
- makes reasonable efforts to use any appropriate rehabilitation program.

From time to time, we will ask for proof, that we consider satisfactory, that the owner is still disabled. You must pay any cost associated with providing this proof.

We may require the owner to be examined by any health care practitioners we appoint. These may be licensed physicians, physiotherapists, occupational therapists, psychiatrists, psychologists or others. We pay the cost of these examinations.

The physicians, specialists or health care practitioners who provide information to us may not be the owner of this policy, any insured person under this policy, anyone entitled to make a claim under this policy, or any relative or business associate of these people.

We may also require the owner to authorize us to gather and use information from other insurers or government agencies.

When we stop waiving premiums

We stop waiving premiums on the date the owner:

- is no longer totally disabled

- is earning money or profiting from any occupation
- takes part in any educational program as a student without our approval
- fails to submit any required proof of disability
- refuses to attend any examinations or rehabilitation programs without a valid medical reason
- fails to meet any other requirements to have premiums waived, or
- dies.

Reoccurrence of a previous disability claim

You may apply to have premiums waived without having to wait another 6 months if there's a reoccurrence of a previous disability claim. We consider the disability to be a reoccurrence of the previous one if:

- we waived premiums for the previous disability
- the disabled owner recovers from their disability and then becomes totally disabled again from the same cause within 6 months from the date we stopped waiving premiums, and
- the owner is totally disabled as described under the heading, *Qualifying to have premiums waived*.

We waive premiums from the date the disability started again.

When the benefit ends

The Owner waiver disability benefit ends on the earliest of:

- the benefit end date shown on the *Policy summary*
- the date you cancel the benefit
- the date the owner dies, or
- the date this policy ends.

SAMPLE