

# SUMMARY OF INSURANCE PRODUCT – Assur-payment™

## Laurentian Bank Visa\* card

Group Insurance 9000-V

Life, accidental death and dismemberment, disability and job loss insurance

### Insurer:



### Financial Group

Industrial Alliance Insurance and Financial Services Inc.  
2200 McGill College Avenue, Montréal, Quebec H3A 2S6  
Phone: 1-800-361-6002, Fax: 1-514-499-3773  
Client number of the insurer with the Autorité des marchés financiers: 2000447410

### For Québec residents only:

Website of the Autorité des marchés financiers: [lautorite.qc.ca](http://lautorite.qc.ca)

### Credit card issuer and insurance distributor:



LAURENTIAN  
BANK

Laurentian Bank of Canada  
1360 René-Lévesque Boulevard West, Suite 600,  
Montréal, Quebec H3G 0E5  
Phone: 1-800-252-1846

## What is the purpose of this document?

It is provided to help you decide if this insurance meets your needs and if you would like to procure it.  
It does not constitute an insurance contract.

## Coverage offered

We refund the balance of your credit card:	We pay the minimum monthly payments of your credit card:
up to a maximum of \$15,000: <ul style="list-style-type: none"><li>In the event of your death.</li><li>In the event of the loss of use of a hand, foot or eye due to an accident, up to one year following the accident.</li></ul>	up to a maximum of \$750 per month: <ul style="list-style-type: none"><li>If you become disabled.</li><li>If you lose your job.</li></ul>
<b>Maximum amount for all coverages: \$15,000</b>	
<i>In case of accidental death, we will pay into your credit card account an additional amount equal to the card balance up to a maximum of \$15,000</i>	
<b>The total amount of benefits paid for a single event cannot exceed the approved credit limit.</b>	

## Other conditions and exclusions may apply

- They are summarized in this document.
- They are described in full in the certificate of insurance that will be given to you if you enrol in this insurance. You may consult the certificate of insurance specimen by visiting the following link:  
<https://com.ia1.co/share/bl/Certificate9000V.pdf>.

## Summary of the main conditions

### Who is eligible for this insurance?

- All Laurentian Bank Visa Cardholders
- Who are between 18 and 64 years of age and are a resident of Canada.

### How much does it cost?

- \$0.97 for each unit of \$100 of your balance;
- Added to the monthly balance of your credit card.

<p><b>What transactions are covered?</b></p> <ul style="list-style-type: none"> <li>Regular transactions on your credit card;</li> <li>Deferred payment or equal billing financing billed to your credit card.</li> </ul>	<p><b>If you change your mind</b></p> <ul style="list-style-type: none"> <li>This insurance is optional and can be cancelled at any time;</li> <li>If you cancel within the first 30 days, the premium will be reimbursed in full.</li> </ul>
<p><b>To benefit from the disability insurance:</b></p> <ul style="list-style-type: none"> <li>If you are a <u>worker</u> or a <u>self-employed worker</u>, you must be unable to perform each and every usual task of your primary occupation for a continuous period of 30 days or more and: <ul style="list-style-type: none"> <li>As a <u>worker</u>, have worked at least 20 paid hours per week during each of the 4 weeks prior to the onset disability; or</li> <li>As a <u>self-employed worker</u>, have earned an income during each of the 4 weeks prior to the onset disability.</li> </ul> </li> <li>If you are <u>not a worker or self-employed worker</u>, you must be in a state which requires ongoing medical care, and which prevents you from performing all the normal activities of a person of the same age for 90 days or more.</li> </ul>	<p><b>To benefit from the job loss insurance:</b></p> <ul style="list-style-type: none"> <li>As a non-seasonal <u>permanent worker</u>, you must have worked at least of 20 paid hours per week for the same employer during each of the 4 consecutive months prior to the job loss; or</li> <li>As a <u>self-employed worker</u>, you must have held this gainful employment for period of at least 4 months immediately prior to the job loss.</li> </ul>
<p><b>To submit a claim: 1-800-361-6002</b></p> <ul style="list-style-type: none"> <li><b>You</b> must call us within <b>30 days</b> of the event;</li> <li>In case of death, <b>your loved ones</b> will have to call us then send us the required documents within <b>1 year</b> following the death;</li> <li><b>We</b> may ask for supporting documents;</li> <li><b>We</b> will then render our decision within <b>30 days</b>.</li> </ul>	<p><b>In case of dispute...</b></p> <ul style="list-style-type: none"> <li>We are here to help: Do not hesitate to contact us for support;</li> <li>If your claim is denied, you will have 1 year to contest it in writing.</li> <li>If you wish to review the complaint policy or file a complaint you may do so by visiting: <a href="https://ia.ca/corporate/complaint/file-complaint">https://ia.ca/corporate/complaint/file-complaint</a>.</li> </ul>
<p><b>What is not covered by this insurance</b></p>	
<p><b>Some behaviors</b></p> <ul style="list-style-type: none"> <li>Suicide and some self-inflicted injuries;</li> <li>Criminal act, military operation, riot, insurrection, civil unrest, flight or attempted flight in an aircraft;</li> <li>Chronic or excessive consumption of alcohol, overdose;</li> <li>Driving under the influence of narcotics or with a blood alcohol concentration rate in excess of the limit permitted.</li> </ul>	<p><b>Some circumstances for termination of employment</b></p> <ul style="list-style-type: none"> <li>Job loss that occurs within 30 days of the beginning of insurance or of which you were aware when enrolling to the insurance;</li> <li>Resignation, return to school, retirement, leave, strike or lockout, loss of a seasonal, occasional, part-time, temporary employment or fixed-term contract;</li> <li>Job loss associated with a fraud or criminal infraction;</li> <li>The first 30 days following a job loss.</li> </ul>
<p><b>Claims related to a pre-existing health condition</b></p>	
<p>If you become disabled or die due to a medical condition that was treated <b>6 months prior and 6 months following</b> the beginning of this insurance (or the date of your purchase in the case of deferred or equal payment financing).</p>	
<p><b>False statement</b></p>	
<ul style="list-style-type: none"> <li>Any false statement on your part may result in the cancellation of this insurance or in your claim being denied.</li> </ul>	
<p><b>You can't find the answer to your question?</b></p>	
<p>Customer service of the insurer: 1-800-361-6002</p>	<p>Customer service of the distributor: 1-800-252-1846</p>

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The purpose of this fact sheet is to inform you of your rights.  
It does not relieve the insurer or the distributor of their obligations to you.

## LET'S TALK INSURANCE!

Name of distributor: \_\_\_\_\_

Name of insurer: \_\_\_\_\_

Name of insurance product: \_\_\_\_\_



### IT'S YOUR CHOICE

**You are never required to purchase insurance:**

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, **you do not have to** purchase the insurance that is being offered. **You can choose** your insurance product and your insurer.



### HOW TO CHOOSE

To choose the insurance product that's right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.



### DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration.

The distributor must tell you when the remuneration exceeds 30% of that amount.



### RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, **at no cost**, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. **Ask** your distributor about the period of time granted to cancel it **at no cost**.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used to **shorten the financing period**. **Ask your distributor for details**.

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**The Autorité des marchés financiers can provide you with unbiased, objective information.**

Visit [www.lautorite.qc.ca](http://www.lautorite.qc.ca) or call the AMF at 1-877-525-0337.

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Reserved for use by the insurer: