



CRITICAL ILLNESS RECOVERY PLAN Insurance Policy Package

This Booklet Includes Your Insurance Policy 555 000 596

Advantages Of Your Critical Illness Recovery Plan

- Tax-free¹ Lump-Sum Benefit
- Help Financially Support You and Your Family In The Event Of A Critical Illness
- Easy Claim Submission Process

¹Based on current Canadian tax laws

WELCOME TO TD INSURANCE

Insurance Policy

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TD Insurance
TD Life Insurance Company
P.O. Box 1
TD Centre
Toronto, Ontario M5K 1A2

TD Insurance
Critical Illness Recovery Plan Insurance

January 1, 2023

Warden
Boffet
123 Address
City, Province
A1A 1A1

**Important information about your Critical Illness Recovery
Plan coverage Insurance Policy #: 555 000 596
Insured by: TD Life Insurance Company***

Dear **Warden
Boffet**

Thank you for choosing Critical Illness Recovery Plan. You've taken an important step in getting the financial support you and your family need, in the event you are diagnosed with Heart Attack, Cancer (Life-Threatening), or Stroke.

I am writing to let *you* know that enclosed in this booklet you will find important information regarding your Insurance Policy.

What you need to know:

- *Your* Insurance Policy (pages 6 to 16) is an important record of the Critical Illness Recovery Plan coverage you purchased on July 25, 2023. Please read it carefully to understand the coverage now available to you.
- Please file your Insurance Policy in a safe place. If it is ever lost, destroyed or misplaced, simply contact us at **1-888-788-0839** to request a duplicate copy.
- Please review your enclosed Health Question Confirmation responses and contact us immediately if any answers are incorrect or incomplete as this could affect your insurability.

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Here are some of the highlights of your insurance plan, which you'll find fully explained in this booklet:

A plan that helps you financially manage your recovery time in the event of a critical illness diagnosis

- Money towards the latest treatments, even if they aren't available locally or funded by government health plans.
- Money to support your lifestyle, while you're getting back on your feet.

One-time payment that can give you and your family financial support

- Critical Illness Recovery Plan can provide a lump-sum benefit when diagnosed with Heart Attack, Cancer (Life-Threatening), or Stroke.
- It's an excellent way to supplement your health coverage and fill the gap in protection that you may face as a survivor.

We're here for you

Thank you for trusting us with your insurance needs. If you have any questions or need assistance, we will be happy to help. Please call us at **1-888-788-0839**, Monday to Friday, 8 a.m. to 10 p.m. (ET) and Saturday 10 a.m. to 6 p.m. (ET).

Sincerely,

Erika Schiavoni
Vice President, Product and Pricing
Life, Health and Credit Protection
TD Life Insurance Company

*TD Life Insurance Company is the authorized administrator for this insurance. For more details on *insurer* and/or administrator information, please refer to the Insurance Policy. All trade-marks are the property of their respective owners. ®The TD logo and other TD trade-marks are the property of The Toronto-Dominion Bank.



This is *Your* Insurance Policy for Critical Illness Recovery Plan Coverage

This Insurance Policy is a detailed summary of *your* coverage provided under the *policy*.

NOTE: In this Insurance Policy, *you* and *your* refers to the *policy owner*. *We, us, our* and the *insurer* refer to TD Life Insurance Company (TD Life).

Coverage Summary

- All coverages will reduce by 50% when the *insured person* turns 65 years old.
- All coverages will end when the *insured person* turns 70 years old.

For example: If the *insured person* has a coverage amount of \$50,000 prior to turning 65 years old, when the *insured person* turns age 65, coverage reduces to \$25,000.

Warden
Boffet
123 Address
City, Province
A1A 1A1

Premium Amount at <i>Effective Date</i>	\$16.69
Premium Payment Frequency	Monthly
Premium Payment Account Type	Credit Card ending in 1234
First Premium Payment Date	July 25, 2023

Coverage Details	Insured Person: Warden Boffet
Issue Age	34
Sex Assigned at Birth and Smoking Status	Male/Non-smoker
Critical Illness Benefit	\$50,000
<i>Effective Date</i>	July 25, 2023
<i>Reinstatement Effective Date</i>	No reinstatement effective date
Coverage Ends On	July 25, 2062

Note: If the *insured person* was previously approved as a smoker and has not smoked for the previous 12 months, they may apply to change their smoker status and benefit from a lower cost. The request will be subject to medical underwriting by us.



Premium Summary

The risk of suffering from *Heart Attack, Cancer (Life-Threatening), and/or Stroke* increases with age. In order for *us* to manage that risk, premiums will increase every 10 years—as set out in the below “Premium Summary Table”—until *your* coverage ends.

We may change *your* premiums from time to time. If *we* do, the same change will apply to all policies that share one or more characteristic that *we* deem material to *our* risk. If *we* find it necessary to change premiums, *we* will give at least 30 days advance written notice to *you* at the most recent address *we* have. Notice will include the new premiums and the *effective date* of the change.

If tax rates change, *your* premiums will change accordingly without notice to *you*.

Premium Summary Table

Premium From	Description	Total Premium
January 1, 2023	Coverage start	\$17.23
January 1, 2023	Coverage renewal	\$35.91
January 1, 2023	Coverage renewal	\$80.73
January 1, 2023	Coverage renewal	\$161.46

NOTE: All amounts and benefits are in Canadian Funds, and taxes are included where applicable

Introduction To *Your* Insurance Coverage

This *policy* outlines the following details about *your* coverage:

- *We* agree to insure the *insured person*, subject to the terms and conditions.
- Coverage begins on the *effective date* and continues until coverage ends. For additional details, please refer to section “When Does *Your* Coverage End?”

The terms and conditions of coverage consist of:

- This *policy*;
- The *insured person’s* Health Questions Confirmation; and



- The *insured person's* telephone, internet and/or paper application.

In the application, the *insured person* confirmed that they were eligible for this coverage. To be eligible for this insurance, the *insured person*:

- Must be a Canadian citizen or have applied for or been granted Permanent Resident (Landed Immigrant) status by the Canadian Government;
- Must be between the ages of 18 and 54 on the *insured person's effective date*;
- Must never have been investigated for, consulted for or had symptoms of Heart Attack, Cancer (Life-Threatening) or Stroke within the 6 months prior to the *effective date*; and
- Must never have been diagnosed with Heart Attack, Cancer (Life-Threatening), or Stroke prior to the *effective date*.

Misstatement of Age and Sex Assigned at Birth

If a *policy* is issued on an *insured person* based on an incorrect age, the following may apply:

- If the *insured person* is still eligible for insurance, the premium amount will be adjusted to the correct amount based on the correct date of birth at the *insured person's effective date*; and
 - If overpaid, we will refund the excess premiums calculated at the time a claim is made against this *policy*; or
 - If underpaid, we will decrease the benefit amount by the amount underpaid at the time a claim is made against this *policy*;
- If the *insured person* is not eligible for insurance, all coverages under this *policy* will be considered never to have been in force and we will refund all premiums paid.

If a *policy* is issued to an *insured person* based on an incorrect sex assigned at birth, the following may apply:

- The premium amount will be adjusted to the correct amount based on the correct sex assigned at birth at the *insured person's effective date* and:
 - If overpaid, we will refund the excess premiums calculated at the time a claim is made against this *policy*; or
 - If underpaid, we will decrease the benefit amount by the amount underpaid at the time a claim is made against this *policy*.



How Much Do I Pay?

Your premium payments—as outlined in the “Coverage Summary”—will be collected monthly via direct debit from *your* bank account or credit card.

You may be eligible for a premium discount, which if applicable will be applied to *your* premium payments. If *you* subsequently become ineligible for a premium discount, *we* will adjust *your* premiums accordingly.

If a payment is not made by its due date, *we* will allow a **grace period of one month from the premium due date**, during which time this *policy* will remain active. However, if payment is not made by the end of the grace period, *your* coverage will end.

What If I Apply, But Later Change My Mind?

You have a **30 day review period** from *your effective date* of coverage as outlined in the “Coverage Summary” to review the benefits provided and decide whether or not the coverage meets *your* needs. If *you* decide to cancel *your* coverage during this period, please call *us* at **1-888-788-0839** and *your policy* will be cancelled as of the *effective date*.

If *you* decide to cancel *your* coverage any time after, please call *us* at **1-888-788-0839** and—provided no claims have been made—*we* will cancel *your policy* and refund any premiums *we* may owe.

What Benefits Are Provided?

All benefits are subject to the terms and conditions as set out in this *policy*. For additional benefit details, please refer to the “Coverage Summary”.

Critical Illness Benefit

When an *insured person* is diagnosed by a *Specialist* with a *covered critical illness*—*Heart Attack, Cancer (Life-Threatening)* or *Stroke*—and survives for 30 days (until 12:01 am of the 31st day)



following the date of diagnosis, *we* may pay to the *insured person* the critical illness benefit amount, as indicated in the "Coverage Summary".

Only one critical illness benefit is payable under this Insurance Policy. Once a critical illness claim is paid, *your* coverage will end.

Definitions Applicable to Critical Illness Benefit

Cancer (Life-Threatening) is a definite diagnosis of a tumor, 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 must be made by a *Specialist*.

Exclusion: No benefit will be payable under this condition if, within the first 90 days following the later of, the *effective date* of the *policy*, or the date of the last *reinstatement effective date* of the *policy*, the *insured person* has any of the following:

- Signs, symptoms or investigations, the lead to a diagnosis of Cancer (covered or excluded under the *policy*), regardless of when the diagnosis is made; or
- A diagnosis of Cancer (covered or excluded under the *policy*).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to *us* within 6 months of the date of diagnosis. If this information is not provided within this period, *we* have the right to deny any claims for cancer or, any critical illness caused by any cancer or its treatment.

No benefit will be payable for the following:

- Lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumors classified as Ta;
- Malignant melanoma skin cancer, without lymph node or distant metastasis;
- Any non-melanoma skin cancer, without lymph node or distant metastasis;
- Prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- Papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0cm in the greatest diameter and classified as T1, without lymph node or distant metastasis;



- Chronic lymphocytic leukemia classified less than Rai stage 1; or
- Malignant gastrointestinal stromal tumors (GIST) and malignant carcinoid tumors, classified less than AJCC Stage 2.

For purposes of the *policy*, the terms Tis, Ta, T1a, T1b, T1 and AJCC cancer are to be applied as defined by the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th edition, 2010.

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

Heart Attack is the definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in: Rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at 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: No benefit will be payable under this condition for:

- 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 as described above.

Stroke (Cerebrovascular Accident) is the 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. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The diagnosis of Stroke must be made by a *Specialist*.

Exclusion: No Benefit will be payable under this condition for:

- Transient Ischaemic Attacks; or,



- Intracerebral vascular events due to trauma; or,
- Lacunar infarcts which do not meet the definition of stroke as described above.

Covered Critical Illness means Heart Attack, Cancer (Life-Threatening) or Stroke as defined in this Insurance Policy.

Covered Critical Illness does not include:

a) *Heart Attack, Cancer (Life-Threatening) or Stroke* occurring within the first 6 months after an *insured person's effective date* or the last *reinstatement effective date* as a result of an illness or condition for which the *insured person* had symptoms, received medical consultation, treatment, care or services, including prescribed medication during the 6 month period prior to the *insured person's effective date* or the last *reinstatement effective date*; or

b) Heart Attack, Cancer (Life-Threatening) or Stroke:

- Which developed from an illness or condition which was being investigated within the first 6 months after an *insured person's effective date* or the last *reinstatement effective date*; and
- In regard to such illness or condition, the *insured person* had symptoms, received medical consultation, treatment, care or services, including prescribed medication during the 6 month period prior to the *insured person's effective date* or the last *reinstatement effective date*.

Please refer to page 15 in the Insurance Policy for a further list of definitions.

What is Excluded?

We will not pay an insurance benefit and will end all insurance coverages under this Insurance Policy if the *insured person* dies from a *covered critical illness* within the first 30 days following the date of diagnosis.

We will not pay an insurance benefit for an *insured person* under this Insurance Policy if the *insured person's* claim is caused directly or indirectly by the use of illegal or illicit drugs or substances, or misuse of medication obtained with or without a prescription.

We will not pay an insurance benefit and will void all insurance coverages—including refunding all premiums paid—for an *insured person* under this Insurance Policy if the *insured person*:

- Gives any false or incomplete responses to requests for information that we require to assess the *insured person's* eligibility for coverage*;



- Gives any false or incomplete information when requesting any change to coverage*;
- Gives any false or incomplete responses to requests for information that we require to determine the *insured person's* smoking status*;
- Is diagnosed with *Cancer (Life-Threatening)* or an investigation leading to a diagnosis of *Cancer (Life-Threatening)* within the first 90 days of the *effective date* or the last *reinstatement effective date*; or
- Had *Cancer (Life-Threatening)*, a *Heart Attack* or a *Stroke* or had been under investigation leading to a diagnosis of any of these conditions any time prior to the *effective date* or the last *reinstatement effective date*.

*This applies to the responses in the *insured person's* application, or any other information we receive from the *insured person*, whether in writing, electronically or by telephone.

When Does *Your* Coverage End?

All coverages under this Insurance Policy will end on the earliest of any of the following dates, in addition to what is outlined in the section "What Is Excluded?":

- The *insured person* is diagnosed with a *covered critical illness* for which a *critical illness* benefit is payable;
- The *insured person* dies;
- We receive a verbal or written request from *you* to cancel coverage;
- A premium payment remains due but unpaid by the end of the one month grace period;
- The *policy* is terminated by *us*. If this happens, the *policy owner* will receive 30 days advance written notice at the most recent address *we* have; or
- The *insured person* turns 70 years old.

NOTE: If *we* receive a claim for the *insured person*, premiums should still be paid to avoid coverage from ending, if the claim is not approved. If the claim is approved, appropriate premium adjustments may be made by *us*.

Putting *your policy* back into effect

If *your policy* has ended because it *lapsed*, *you* may apply to have it put back into effect if the *insured person* is alive. This process is called *reinstatement*.



You may apply to us within 2 years of the *lapse date* to have your *policy* reinstated. In order to reinstate your *policy* in that time period, you must meet all of the following criteria:

- The *insured person* must be alive;
- You must pay us all unpaid premiums due from the *lapse date* up to and including the *reinstatement effective date*;
- You must provide us with a completed *Reinstatement Application*; and
- You must provide us with new evidence of insurability for the *insured person* that we consider satisfactory.

How Do I Make A Claim?

Claim forms are available by calling us at **1-888-788-0839**.

In order to consider a claim for the *insured person* under this Insurance Policy, the *insured person*, or authorized representative must provide us access to the necessary medical records and other relevant information. In addition, we have the right to an examination of the *insured person* by a *physician* or *specialist* of our choice before approval and/or payment of a claim.

Subject to applicable law, you or a person making a claim on your behalf may request:

- A copy of the application;
- A copy of the *policy*; and
- A copy of any other documents we require you to submit.

We must receive a claim within a specific time, as outlined below:

- For a **covered critical illness benefit**, the claim must be received within **one year** of being diagnosed with a *covered critical illness*.

Additional claim information:

- We will provide forms to the *insured person* for proof of the claim upon request.
- We must receive completed requirements within 90 days from receipt of the forms.
- Proof of claim is at the *insured person's* expense.



Statutory Conditions

The Contract

The application, this *policy*, any document attached to this *policy* when issued, and any amendment to the contract agreed upon in writing after the *policy* is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Material Facts

No statement made by the insured or person insured at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability

When Moneys Payable

All moneys payable under this contract, other than benefits for loss of time, must be paid by *the insurer* within 60 days after it has received proof of claim.

Rights of Examination

As a condition precedent to recovery of insurance moneys under this contract,

- a.** the claimant shall afford to the insurer an opportunity to examine the person of the person insured when and so often as it reasonably requires while the claim hereunder is pending; and
- b.** in the case of death of the person insured, the insurer may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

Copy Of Application

The insurer shall, upon request, furnish to the insured or to a claimant under the contract a copy of the application.



Statutory Conditions

Notice and Proof of Claim

The insured, a *person insured* or a beneficiary entitled to make a claim, or the agent of any of them must:

- a. give written notice of the claim to *the insurer*
 - i. by delivery of the notice or by sending it by registered mail to the head office or chief agency of the insurer in the Province or Territory,
 - ii. by delivery thereof to an authorized agent of the insurer in the Province or Territory.not later than 30 days from the date a claim arises under the contract on account of an accident or sickness.
- b. within 90 days from the date a claim arises under the contract on account of an accident or sickness, furnish to *the insurer* such proof as is reasonably possible in the circumstances of;
 - i. the happening of the accident or the start of the sickness or disability, the loss occasioned thereby the right of the claimant to receive payment, the claimant's age, and if relevant, the age of the beneficiary; and
- c. if so required by *the insurer*, provide a satisfactory certificate as to the cause or nature of the accident or sickness for which claim may be made under the contract and as to the duration of such sickness or disability.

Insurer to Furnish Forms for Proof of Claim

The insurer shall provide forms for proof of claim within 15 days after receiving notice of claim but if the claimant has not received the forms within that time, the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident or sickness giving rise to the claim and of the extent of the loss.

Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the time required by this statutory condition does not invalidate the claim if (a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the accident or the date a claim arises under the contract on account of sickness or disability, and it is shown that it was not reasonably possible to give notice or furnish proof in the time required by this condition; or (b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.



Additional Information About *Your* Coverage

- **Assignment:** This Insurance Policy may not be assigned.
- **English Language:** It is the express wish of the parties that this Insurance Policy and all related documents, including notices and other communications, be drawn up in the English language only.
- **Legal Action:** Every action or proceeding against an *insurer* for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *the Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Civil Code of Quebec*.
- **Non-Participating and Cash Values:** This Insurance Policy is non-participating and has no cash value.
- **Waiver:** The *insurer* will not waive any condition of this *policy*, unless the waiver is clearly expressed in writing and signed by the *insurer*.

Contact Information

TD Insurance
TD Life Insurance Company
P.O. Box 1
TD Centre
Toronto, Ontario, M5K 1A2
Tel: 1-888-788-0839



Definitions Of The Terms We've Used

This Insurance Policy used the following terms, which are identified in italics:

Effective Date(s) means the date(s) coverage(s) start, as outlined in the "Coverage Summary".

Insured Person refers to the person who has applied and been approved for this insurance product.

Lapse refers to the termination of this *policy* because the premium was not paid within the *grace period*.

Lapse Date refers to the date of the *policy lapse*.

Physician means a qualified, independent doctor, licensed and practising medicine in Canada.

Policy means this document which provides evidence of the *insured person's insurance*.

Policy Owner means the person who owns the *policy*. The *policy owner* is not necessarily the *insured person*.

Reinstatement is the restoration of a *lapsed policy* as described in the section 'Putting *your policy* back into effect'.

Reinstatement Effective Date is the date this *policy* is reinstated as described in the section 'Putting *your policy* back into effect'.

Specialist means a licensed medical practitioner who has been trained in the specific area of medicine relevant to the *covered critical illness* for which benefit is being claimed, and who has been certified by a specialty examining board. *Specialist* includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn *specialist* and internist. The *Specialist* must not be the *policy owner*, the *insured person*, a relative of or business associate of the *policy owner* or of the insured.

You and Your means the *policy owner* who may be different from the *insured person*.

We, Us, Our and the Insurer refers to TD Life.

This is the end of the Insurance Policy. The pages that follow contain additional helpful information about *your* coverage.



Declaration and Authorization For *Your* Critical Illness Recovery Plan Coverage

Please read carefully

When *you* applied for this insurance *you* declared and agreed that:

1. *You* will inspect the *policy* to verify that its terms are satisfactory.
2. All *your* statements and answers are *your* true and complete statements and answers to the questions. The concealment, misrepresentation or false declaration in the application could void *your* coverage under the *policy*.
3. Payment of any benefits is subject to the terms and conditions, as described in the *policy*.
4. *You* have a **30 day review period** from the *effective date* of coverage as outlined in the Coverage Summary to review the benefits provided and decide whether or not the coverage meets *your* needs. If *you* decide to cancel the *insured person's* coverage during this period, *your policy* will be cancelled as of the effective date. If *you* decide to cancel the *insured person's* coverage any time after—provided no claims have been made—we will refund any premiums *we* may owe.
5. *We* may change *your* premiums from time to time. If *we* do, the same change will apply to all policies that share one or more characteristic that *we* deem material to *our* risk. Premiums will increase after each 10 year term due to age.
6. All coverages will reduce by 50% when the *insured person* turns 65 years old. All coverages will end when the *insured person* turns 70 years old. No insurance coverage will start until the *effective date* or last *reinstatement effective date* of coverage as outlined in the *policy*.
7. The purchase of this insurance is voluntary and is not required in order to obtain any other product or service from *us* or *our* affiliates.
8. The answers that *you* provided form a part of the application along with any supplementary applications or forms that *we* may require.



Authorization

As set out in *our* Privacy Agreement located at td.com/privacy, you agree that we may share your personal information with *our* world-wide affiliates, and re-insurers, as well as with *our* service providers. We may also use your information to: identify you; provide you with ongoing service; help us serve you better; protect us both from fraud and error; comply with legal and regulatory requirements. We may communicate with you for any of these purposes by telephone or other electronic means at the numbers you have provided or by mail and email.

Payment By Credit Card ending in 1234

You have selected premium payment by pre-authorized account withdrawals, and you authorize TD Life on its own behalf, to withdraw the insurance premium on a monthly basis. Withdrawals will start after the date the *policy* is issued and continue monthly on the same date thereafter.

Do you understand and agree to the terms and conditions?

Your response: Yes

Use of Information

We may share your non-health personal information with *our* affiliates to offer products and services to you by telephone, at the numbers you have provided us, or by internet and mail or other methods. You may choose not to be contacted regarding direct marketing offers by informing TD Life.

Do I have your consent?

Your response: Yes



Consent to TD Insurance Handling of *Your* Personal Information and Privacy Policy

You consent to *Our* Privacy Policy. *You* agree that TD Insurance which includes the Toronto Dominion Bank and affiliated companies (collectively "TD") may handle *your* personal information as we set out in *our* Privacy Policy. *You* can find *our* Privacy Policy online at td.com/privacy.

You have choices. The Privacy Policy outlines *your* options, where available, to refuse or withdraw *your* consent.

Here is a summary of *our* Privacy Policy.

We collect, use, share and retain *your* information to:

- Identify *you*
- Process *your* application and assess *your* eligibility
- Underwrite insurance
- Provide *you* ongoing service
- Communicate with *you*
- Personalize *our* relationship with *you*
- Determine the right product, premium or coverage
- Improve TD products and services
- Protect against fraud, financial abuse and error
- Manage and assess *our* risks
- Meet legal and regulatory obligations

We collect information (for the purposes set out above) from *you* and others including:

- Fraud prevention agencies and registries
- Any health care professional, medically-related facility, insurance company, government agency, organizations who manage public information data banks, or insurance information bureaus, including MIB, LLC and the Insurance Bureau of Canada, that have knowledge of *your* information
- From *your* interactions with us, including on *your* mobile device or the Internet, cameras at *our* property and records of *your* use of *our* products and services
- A personal investigation report prepared in verifying and/or authenticating the information *you* provide in *your* life or health insurance application



We may share *your* information (for the purposes set out above) with parties including the following, some of which may be located outside *your* province/territory or outside Canada:

- TD affiliates
- Fraud prevention agencies and registries
- Health-care professionals
- Companies that we work with to provide products or services
- Insurance companies (including prospective insurers and reinsurers)
- Organizations who manage public information data banks, or insurance information bureaus, including the MIB, LLC and the Insurance Bureau of Canada

We retain *your* information:

We keep *your* information for as long as we reasonably need it for the purposes set out above.

How we may communicate with you

We may communicate with *you* about *your* application and about other products and services that may be of interest to you. We may contact *you* by phone or text at the number(s) *you* have provided, or by mail, email or other electronic methods.

You can opt out of receiving offers or choose how we contact *you* for marketing campaign purposes. *You* may do so by contacting us at 1-888-788-0839.



Frequently Asked Questions About Critical Illness Recovery Plan Coverage

I also have disability coverage. Isn't that enough?

Disability coverage is also important, but it may not provide *you* a lump-sum payment to help *you* maintain *your* lifestyle and ease the financial burdens of health-related expenses, such as private nursing care, physical therapy, medical equipment, or child care. And most disability plans provide a reduced monthly benefit, and many continue for only a limited time.

If I have a heart attack—or other covered critical illness—and recover in a few weeks or months, and then return to work, does this coverage pay me?

Critical Illness Recovery Plan coverage can pay a lump sum, if *your* condition meets the definitions of Heart Attack, Cancer (Life-Threatening), or Stroke. Eligibility for benefits is not dependant on *your* ability to work. Please refer to the Insurance Policy for a complete list of definitions, terms and conditions.

Why are only these three illnesses—Heart Attack, Cancer (Life-Threatening) and Stroke— covered?

Heart Attack, Cancer (Life-Threatening) and Stroke, as defined in the Insurance Policy and subject to terms and conditions, are the most common illnesses occurring across all ages in Canada¹. They are the most likely to affect the average Canadian at a time when they need financial protection for their lifestyle.

How will I know if I'm eligible to make a claim?

Please refer to section "How Do I Make A Claim?" (page 13) for complete information on how to file a claim. If *you* suffer a covered critical illness—as set out in *your* Insurance Policy—you're eligible to file a claim. Claims forms are available by calling *us* at **1-888-788-0839**.



Does a critical illness need to be terminal to collect benefits?

No. If *you* suffer a covered critical illness, as described in the Insurance Policy and subject to the terms and conditions, and *you* survive more than 30 days past the date of *your* diagnosis, *you* can still file a claim.

What if the critical illness is terminal?

Even if the covered critical illness is terminal, the Critical Illness Recovery Plan coverage may pay a benefit. In order to be eligible to file a claim, *you* must survive 30 days following the date of diagnosis. For example, if *you* are diagnosed with breast Cancer (Life-Threatening), the Critical Illness Recovery Plan coverage will provide benefits subject to the terms and conditions as outlined in the Insurance Policy.

My premiums are low now, but will they increase in the future?

The risk of suffering from Heart Attack, Cancer (Life-Threatening), and/or Stroke increases with age and in order for *us* to manage that risk, *your* premiums will increase every 10 years until *your* coverage end at age 70. For additional details, please refer to sections "Coverage Summary" (page 5), "Premium Summary" (page 6) and "How Much Do I Pay?" (page 8) in the Insurance Policy.

Will I have to pay taxes on any of the benefits I might receive?

No. Under existing Canadian tax laws, all payments under the Critical Illness Recovery Plan are tax-free.

Who do I contact for more information?

For information or questions on *your* Critical Illness Recovery Plan coverage, please contact *us* at **1-888-788-0839**.

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