



## TD CRITICAL ACCIDENT RECOVERY INSURANCE PLAN Insurance Certificate Package

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Your TD Critical Accident Recovery Insurance Plan Certificate # 555 000 596  
is enclosed in this booklet



## WELCOME TO TD INSURANCE

Thank You For Enrolling In The TD Critical Accident Recovery Insurance Plan

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August 30, 2016

**Warren  
Boffet**  
123 Greystone Walk Drive  
Toronto, ON M1K 5J5

**Important information about your TD Critical Accident Recovery Insurance Plan coverage under Group Policy: TDL023**

**Insurance Certificate #: 555 000 596**

Insured by: TD Life Insurance Company\*

Dear **Warren  
Boffet**

Thank you for choosing TD Critical Accident Recovery Insurance Plan. You've taken an important step in getting the financial protection you and your family need, in the event of a critical accident.

- your Insurance Certificate; and
- Beneficiary Designation Form naming a beneficiary for your \$50,000 optional Accidental Death Insurance.

**What you need to know**

- Your Insurance Certificate (pages 5-22) is an important record of the coverage you purchased on July 25, 2016. Please read it carefully.
- Please file your Insurance Certificate in a safe place. If it is ever lost, destroyed or misplaced, contact us at 1-888-788-0839 to request a duplicate copy.
- Your first premium payment date is scheduled to be deducted on August 25, 2016 and thereafter on the 25th of every month.

\*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 Certificate. 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.



**Optional Accidental Death Insurance**

By choosing to enhance your TD Critical Accident Recovery Insurance Plan with an additional \$50,000 of the optional Accidental Death Insurance, you now have valuable added protection in event of your accidental death. This coverage offers you the option to choose a beneficiary (or beneficiaries) by completing the Beneficiary Designation Form and returning it in the enclosed postage-paid envelope. If you decide not to choose a beneficiary, any payments under this coverage will be paid, as described in the Insurance Certificate under section 'Beneficiary Information'.

**We're here for you**

Thank you for trusting us to help you 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,

**Mark Hardy**  
Associate Vice President, Direct Life & Health  
TD Life Insurance Company



## This is *Your* TD Critical Accident Recovery Insurance Plan Certificate

This Insurance Certificate outlines your coverage provided under the Group Master Policy.

Note: In this Insurance Certificate, *you* and *your* refers to the *insured person(s)* who is/are insured under the *policy*. *We, us, our* and the *insurer* refer to TD Life Insurance Company (TD Life).

### Coverage Summary

Insurance Certificate Owner First Name	Warren
Insurance Certificate Owner Last Name	Boffet
Insurance Certificate Payor	Warren Boffet
Premium Amount at <i>Effective Date</i>	\$16.69
Premium Payment Frequency	Monthly
Premium Payment Account Type	Bank Account
First Premium Due Date	August 25, 2016
<i>Effective Date</i>	July 25, 2016
<i>Reinstatement Effective Date</i>	July 25, 2016
<i>Optional Accidental Death Insurance Effective Date</i>	July 25, 2016

Coverage Details	Primary Insured Warren Boffet	Spouse Cici Boffet	Dependent Child(ren)
Age at Enrollment	34	33	N/A
Critical Accident Benefit	\$150,000	\$150,000	N/A
Broken Bone Benefit	\$3,000	\$3,000	
Hospital Indemnity Benefit	\$200 daily benefit	\$200 daily benefit	N/A
Optional Accidental Death Insurance	\$50,000	N/A	N/A

Coverage Details	Dependent Child(ren)	Dependent Child(ren)	Dependent Child(ren)
Age at Enrollment	N/A	N/A	N/A
Critical Accident Benefit	N/A	N/A	N/A
Broken Bone Benefit			
Hospital Indemnity Benefit	N/A	N/A	N/A
Optional Accidental Death Insurance	N/A	N/A	N/A

Note: All amounts and benefits are stated in Canadian Funds, and taxes are included where applicable.



This Insurance Certificate contains a provision removing or restricting the right of the *insured person* to designate persons to whom or for whose benefit insurance money is to be payable. This means only the *insured person* can designate or change the beneficiary for the optional *Accidental Death Insurance coverage*, if applicable to *your* coverage. For additional details, please refer to section "Beneficiary Information".

### Introduction To *Your* Insurance Coverage

This Insurance Certificate outlines the following details about *your* coverage:

- We agree to insure *you* and if also designated, *your spouse* and *your dependent child(ren)*, subject to the terms and conditions.
- This Insurance Certificate # 555 000 596 is issued under Group Master PolicyTDL023 by TD Life.
- TD Life is the authorized administrator for this insurance.
- Each *insured person's* coverage begins on that *insured person's effective date* and continues until coverage ends. For additional details, please refer to section "When Does Your Coverage End?"

The terms and conditions of *your* coverage under the *policy* consist of:

- this Insurance Certificate; and
- *your* telephone or online enrollment form.

In *your* enrollment form, *you* confirmed that *you* and if also enrolled, *your spouse, and your dependent child(ren)*, were eligible for this coverage. To be eligible for this insurance:

- the *primary insured* must be a customer of TD Bank Group (TDBG);
- an *insured person* must be a Canadian resident;
- an *insured person* must be in Canada at time of enrollment; and
- an *insured person* must be between the ages of 18 and 64 on that *insured person's effective date*. For *dependent child(ren)*, please refer to section "Definitions of the Terms We've Used" for details about age requirements.

A Canadian resident is any person who:

- is legally entitled to remain in Canada for at least the next one year; and
- has been a resident in Canada for 183 of the past 365 days (days do not need to be consecutive).



## Misstatement of Age

If an Insurance Certificate is issued based on an incorrect age, the following may apply:

- if an *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 that *insured person's effective date*; and
  - If overpaid, we will refund the excess premiums calculated at the time a claim is made against this Insurance Certificate; or
  - If underpaid, we will decrease the benefit amount by the amount underpaid at the time a claim is made against this Insurance Certificate.
- if the *primary insured* is not eligible for insurance, all coverages under this Insurance Certificate will be considered never to have been in force and we will refund all premiums paid; or
- if the *spouse* or *dependent child(ren)* is/are not eligible for insurance, the *spouse's* or *dependent child(ren)'s* coverage under this Insurance Certificate will be considered never to have been in force and we will refund all premiums paid for the *spouse's* or *dependent child(ren)'s* coverage.

## Beneficiary Information

**Note:** This section is applicable only if you enrolled in the optional *Accidental Death Insurance* when you applied for TD Critical Accident Recovery Insurance Plan.

- Only the *primary insured* has the right to designate or change revocable and/or irrevocable beneficiary(ies). To designate or change a beneficiary, the *primary insured* may ask us to send a "Request for a Change of Beneficiary Form" to complete and return. We will confirm to the *primary insured* in writing of any changes made to the beneficiary information.
- If payment of a benefit for the *primary insured's Accidental Death Insurance* is made, the payment will be made to the *primary insured's* beneficiary(ies). If no beneficiary(ies) is named, the payment will be made to the *primary insured* or their estate.
- If payment of a benefit for the *spouse's* or *dependent child(ren)'s Accidental Death Insurance* is made, the payment will be made to the *primary insured*. If the *primary insured* dies before payment of benefit, the payment will be made to the *primary insured's* beneficiary(ies), or estate if no beneficiary(ies) is/are named.



## How Much Do I Pay?

Your *premium* payment is based on your coverage amount and is outlined in the "Coverage Summary".

- *Premiums* are due in advance on the *premium due date* and will be collected on a monthly basis, directly debited from a bank account or a credit card.
- The first *premium* is due on the first *premium due date* outlined in the "Coverage Summary". If a payment is not made by its due date, we will allow a **grace period of 60 days from the premium due date**, during which time this Insurance Certificate will remain active. However, if payment is not made by the end of the *grace period*, your coverage will end.
- The *certificate holder* must notify us to change the method of *premium* payments.
- We may change *premiums* from time to time. If we do, the same change will apply to all *insured persons* under the Group Master Policy. If we find it necessary to change *premiums*, we will provide you 30 days written notice in advance 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.

## Reinstating your Coverage

If your coverage ended because it has *lapsed*, you may request to have it put back into effect. This process is called *reinstatement*.

You may make a request within two years of the *lapse date* to have your coverage *reinstated*. In order to *reinstate* your coverage 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 request for your coverage to be reinstated by calling us at 1-888-788-0839; and
- You must provide us with evidence of eligibility for the *insured person* that we consider satisfactory.



## What If I Enroll, 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* Insurance Certificate will be cancelled as of the *effective date*. Premiums withdrawn during this period will be refunded.

If *you* decide to cancel *your* coverage any time after, please call *us* at **1-888-788-0839** and—if there are no *claims* pending—we will cancel *your* coverage and refund any premiums *we* may owe.

**Note:** Only the *primary insured* can place the request to cancel coverage for an *insured person*.

## What Benefits Are Provided?

All benefits are subject to the terms and conditions, including applicable exclusions, as set out in this Insurance Certificate. For additional benefit details, please refer to the "Schedule of Losses" and "Coverage Summary".

### Critical Accident Benefit

When the *primary insured* suffers an *accident*, which results in a covered *loss* as outlined below, *we* will pay the *primary insured* (or the *primary insured's* estate) the percentage of the critical *accident* coverage amount specified in the *primary insured's* "Coverage Summary".

When the *spouse* or *dependent child(ren)* suffers an *accident*, which results in a covered *loss* as outlined below, *we* will pay the *primary insured* (or the *primary insured's* estate) the percentage of the critical *accident* coverage amount for that *insured person* specified in the "Coverage Summary". This is true even if the insured *spouse* or *dependent child(ren)* suffers a covered *loss* while living, but dies before payment of benefit.

## Schedule of Losses

### 100% of Coverage Summary Amount



- *Burn* to 20% of body
- *Loss* of both hands
- *Loss* of both feet
- *Loss* of one hand and one foot
- *Loss* of one hand and loss of entire sight of one eye
- *Loss* of entire sight of both eyes
- *Loss* of speech and hearing in both ears
- Total paralysis of both upper and lower limbs (Quadriplegia)
- Total paralysis of the lower limbs (Paraplegia)
- Total paralysis of upper and lower limbs of one side of body (Hemiplegia)

### 50% of Coverage Summary Amount:

- Brain Damage
- *Burn* to 50% of face or head
- Coma
- *Loss* of hearing in both ears
- *Loss* of speech
- *Loss* of one hand
- *Loss* of one foot
- *Loss* of entire sight of one eye

### 25% of Coverage Summary Amount

- *Burn* to 10% of body
- *Loss* of four fingers of any hand
- *Loss* of thumb and index finger (same hand)
- *Loss* of all toes of one foot
- *Loss* of hearing in one ear



## Definitions Applicable to Critical Accident Benefit

**Accident** means an *injury* that occurs solely as a direct result of a violent, sudden and unexpected action from an outside source to an *insured person*, while that *insured person* is insured under this Insurance Certificate.

**Injury/Injuries** means bodily harm or damage that is caused by an *accident* that occurs after the *effective date* and while coverage is active.

**Injury does not include:**

- Any illness, medical condition, or congenital defect; or
- Injuries resulting either directly or indirectly from any illness, medical condition or congenital defect.

**Regardless of:**

- Whether the illness or condition arose before or after this Insurance Certificate took effect
- How the *insured person* came to suffer from the illness or condition; and whether the illness, condition or defect or resulting injury was expected or unexpected.

**Brain Damage** means:

- severe brain damage, which results in a persistent vegetative state from which an *insured person* cannot be aroused by strong external stimuli prior to 12:01 am on the 8th day following the onset of the vegetative state; or
- any permanent neurological disability as confirmed by a *physician*, which requires constant specialized care, specialized feeding, and permanent residence in an institution.

**Burn** means tissue injury caused by thermal, electrical or chemical agents resulting in third degree burns.

**Coma or Comatose** means as a result of an *accident* the *insured person* is in a state of unconsciousness from which that *insured person* cannot be aroused and in which strong external stimuli causes no more than primitive avoidance reflexes. The *insured person* must remain unconscious continuously for 7 days until 12:01 am on the 8th day and life support must be required throughout the period of unconsciousness.



**Loss with regard to a limb** means actual severance of such limb at or above the point described below:

- a ) hand (at or above the wrist joint);
- b ) foot (at or above the ankle joint).

**Loss with regard to fingers, thumb or toes** means the complete severance of the entire digit as described below:

- a ) thumb and index finger (at or above metacarpophalangeal joints);
- b ) toes (at or above metatarsophalangeal joints).

**Loss with regard to a sensory ability** means the complete and irrecoverable loss of such capability as described below and confirmed by a *physician*:

- a ) speech (the ability to utter intelligible sounds);
- b ) sight (one or both eyes) as confirmed by an ophthalmologist registered and licensed to practise in Canada. The corrected visual acuity must be 20/200 or less or the field of vision must be less than 20 degrees;
- c ) hearing (complete and irrecoverable deafness).

**Loss with regard to the conditions listed below** means the complete and irrecoverable paralysis of such limbs and confirmed by a *physician*:

- a ) Total Paralysis - Quadriplegia (total and irrecoverable paralysis of both upper and lower limbs);
- b ) Total Paralysis - Paraplegia (total and irrecoverable paralysis of both lower limbs);
- c ) Total Paralysis - Hemiplegia (total and irrecoverable paralysis of upper and lower limbs on the same side of the body).

Please refer to pages 21 and 22 in the Insurance Certificate for a further list of definitions.



### Broken Bone Benefit

When an *insured person* suffers a *broken bone* caused directly by an *accident*, we will pay the *primary insured* the *broken bone* coverage amount for that *insured person* for one of the eligible bones listed below.

Femur	Thigh bone
Tibia	Inner and thicker bone in the lower leg
Fibula	Outer and thinner bone in the lower leg
Spine	Spinal column
Humerus	The upper arm bones
Radius	The shorter and thicker bone in the forearm on the side of the thumb
Ulna	The longer bone in the forearm
Sternum	Breastbone
Pelvis	Bone near the bottom of the spine formed by the hip bones on the front and sides, and the sacrum (small triangular bone)
Clavicle	Bone at the front of the shoulder
Patella	Kneecap
Scapula	Bone at the back of the shoulder
Bones of Hand or Foot (Except Fingers, Thumb or Toes)	

### Definition Applicable to Broken Bone Benefit

**Broken Bone** means a break of one of the bones listed in the “What Benefits Are Provided?” section of this Insurance Certificate—under the heading “Broken Bone Benefit”—caused directly by an *accident*, independently of any other causes, and which occurs within 365 days of the *accident*, provided that the break is evidenced by an X-ray and the break is medically repaired within 30 days of the *accident* by either:



- a ) external fixation (stabilizing and/or joining the ends of a broken bone by a splint or cast);
- b ) internal (metallic) fixation (joining the ends of a broken bone by mechanical devices such as metal plates, pins, rods, wires or screws); or
- c ) open operation grafting (a method used to replace missing bone or stimulate the formation of new bone).

Please refer to pages 21 and 22 in the Insurance Certificate for a further list of definitions.

### Hospital Indemnity Benefit

When an *insured person* is *hospitalized* for injury caused directly by an *accident*—independent of any other causes—within 365 days after the date of that *accident*, we will pay the *primary insured*:

- the *hospital* indemnity benefit amount, as indicated in the “Coverage Summary” for that *insured person*, provided that:
  - the *hospitalized insured person* is under the care of a *physician*; and
  - the period of initial *hospitalization* is necessary for the treatment of injury.

In addition, if payable, the *hospital* indemnity benefit will be paid from the first day of each period of *hospitalization*.

### Definitions Applicable to Hospital Indemnity Benefit

**Hospital** means any institution in Canada, which meets all of the following conditions:

- a ) is licensed as a full care hospital by the licensing body having jurisdiction where the hospital is located;
- b ) operates primarily for the care and treatment of sick and injured persons;
- c ) has a staff of one or more *physicians* available at all times;
- d ) provides 24-hour nursing service by a registered nurse;
- e ) provides organized facilities for diagnosis and major surgical procedures; and
- f ) maintains X-ray equipment and operating room facilities.





**Hospital does not include:**

- a nursing home;
- extended care or convalescent care facility;
- home for the aged or chronically ill;
- home for the mentally ill;
- rest home; or
- a place for the care and treatment of alcoholism, or drug abuse, other than incidentally.

**Hospitalization and Hospitalized** means confinement in a *hospital* as an in-patient.

Please refer to pages 21 and 22 in the Insurance Certificate for a further list of definitions.

## Optional Accidental Death Insurance

This benefit is only applicable if specifically included in the "Coverage Summary" (page 5).

When the *primary insured* suffers an *accident*, which results in death, we will pay the *primary insured's* beneficiary(ies) (or the *primary insured's* estate if no beneficiary(ies) is/are elected) the optional *Accidental Death Insurance* amount specified in the *primary insured's* "Coverage Summary".

When the *spouse* or *dependent child(ren)* suffers an *accident*, which results in death, we will pay the *primary insured* (or the *primary insured's* beneficiary(ies) or estate if no beneficiary(ies) is/are elected) the optional *Accidental Death Insurance* amount specified in the deceased *insured person's* "Coverage Summary".



## Definition Applicable to *Optional Accidental Death Insurance*

**Accidental Death Insurance** means coverage for death caused directly by an *accident*, independently of any other causes, and which occurs within 365 days of the *accident*.

Please refer to page 21 in the Insurance Certificate for a further list of definitions.

## What is Excluded?

We will not pay an insurance benefit if any loss, broken bone, period of hospitalization, or death is caused by or results from any one or more of the following:

- intentional self-inflicted injury, suicide or attempted suicide (whether *you* are aware or not aware of the result of *your* actions, regardless of *your* state of mind);
- bodily or mental infirmity or disease of any kind;
- an injury that has no external and visible wound or contusion;
- medical or surgical treatment or complications arising from it, except when required as a direct result of an accidental and external bodily injury;
- infection, unless the infection occurs as a direct result of an *accident* and external bodily injury;
- war, declared or undeclared;
- participation in professional sports, any speed contest, SCUBA diving unless *you* hold a basic SCUBA designation from a certified school or licensing body, mountaineering, parachuting, parasailing, cave exploration, hang gliding, bungee or BASE (Building, Antenna, Span, Earth) jumping, skydiving or any airborne activity in any aircraft other than a passenger aircraft that holds a valid certificate of airworthiness;
- air travel as a pilot or crew member of any transportation used for aerial navigation; and
- the use of any drug, poisonous substance, intoxicant or narcotic, unless taken according to the instruction of *your physician*;

In addition, no benefits will be paid if any *loss, broken bone, period of hospitalization, or death* is a result of, or happens while *you* were committing or attempting to commit a criminal offence, including operation of any motorized vehicle or watercraft while *your* ability to do so is impaired by



drugs or alcohol, or with blood alcohol concentration in excess of legal limits in the jurisdiction where the *accident* occurred.

Lastly, no benefits will be paid if an illness or sickness causes or contributes to any *loss, broken bone, death or hospitalization*. In this case, the *loss, broken bone, death or hospitalization* will not be considered to have been caused directly by an *accident*.

#### Claims will not be paid should the incident happen during the lapse period.

Expiry or the cancellation of the group master policy will be without prejudice to any eligible claims arising prior to the expiry or cancellation. In no case will insurance be provided with respect to any claim arising after the termination of the group master policy.

### What Are The Coverage Maximums and Reductions?

Only one critical *accident* benefit per *insured person* is payable under the TD Critical Accident Recovery Insurance Plan coverage. Once a critical *accident* claim is paid for:

- the *primary insured*, all coverages will terminate; or
- the *primary insured's spouse or dependent child(ren)*, coverage will terminate only for the *primary insured's spouse or dependent child(ren)*, but coverage for the *primary insured* will remain active.

In addition,

- Only one *broken bone* benefit per *insured person per accident* is payable under the TD Critical Accident Recovery Insurance Plan coverage.
- No benefit for a particular coverage will be paid for losses that result from an *accident* occurring prior to an *insured person's effective date* of coverage or an *accident* occurring after coverage on an *insured person* has terminated.
- The *hospital* indemnity benefit will be paid for up to 365 days per injury per *insured person*. The maximum amount paid under the *hospital* indemnity benefit for an *insured person* is calculated by multiplying the daily *hospital* indemnity benefit amount for that *insured person* by 365 days.
- All coverages on the *primary insured* and *spouse* will reduce by 50% when either turns 65. All coverages on any *insured person* will terminate when the *primary insured* turns 75. All coverages will terminate for the *spouse* when the *spouse* turns 75 or when the *spouse* no longer meets the criteria for the definition of *insured person* or *spouse*. All coverages will terminate for the *dependent child(ren)* when they no longer meet the criteria for the definition of *insured person* or *dependent child(ren)*. For complete details, please refer to section "Definitions of the Terms We've Used".



### When Coverage Begins and Ends

**Your coverage begins on the date you enrol.** This is your *effective date* of coverage outlined in the "Coverage Summary".

**All coverages for any *insured person*—including the *primary insured*—under this Insurance Certificate will end on the earliest of any of the following dates, in addition to what is outlined in sections "What Is Excluded?" and "What Are The Coverage Maximums and Reductions?":**

- you suffer a critical accident for which a critical accident insurance benefit is payable;
- you die;
- we receive a verbal or written request from the *primary insured* to cancel coverage;
- a premium payment remains due but unpaid by the end of the one month grace period;
- the termination of the *policy*. If this happens, you will receive 30 days advance written notice; or
- you turn 75 years old. For *dependent child(ren)*, please refer to section "Definitions of the Terms We've Used" for details about age requirements.

**In addition, all coverages for an *insured spouse* and *dependent child(ren)* will end on the earliest of any of the following dates:**

- coverage ends for the *primary insured*, for any reason;
- the *insured spouse or dependent child(ren)* suffers a critical *accident* for which a critical *accident* insurance benefit is payable;
- the *insured spouse* no longer meets the criteria for the definition of *insured person* or *spouse*; or
- the *dependent child(ren)* no longer meets the criteria for the definition of an *insured person* or *dependent child(ren)*.

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



## How Do I Make A Claim?

Claim forms are available by calling TD Life at 1-888-788-0839.

In order to consider a claim for any *insured person* under this Insurance Certificate, the *insured person*, beneficiary(ies), 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 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 enrollment form;
- a copy of the Insurance Certificate; 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 critical **accident and broken bone benefit**, the claim must be received within one year of the critical *accident or broken bone*.
- For a **hospital indemnity benefit**, the claim must be received within one year from *hospitalization*. Subsequent admissions to a *hospital* for covered critical *accident* injuries should be submitted within one year after *hospitalization*.
- For an **optional Accidental Death Insurance benefit**, the claim must be received within one year from the date of death by or on behalf of the beneficiary(ies).

**Additional claim information:**

- *We* will provide forms to the *insured person* or beneficiary(ies) 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* or beneficiary's(ies') expense.



## Additional Information About *Your* Coverage

- **Assignment:** This Insurance Certificate may not be transferred or assigned.
- **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 in your province or territory.
- **Group Master Policy:** All benefits under this Insurance Certificate are subject in every respect to the Group Master Policy, which alone constitutes the agreement under which benefits will be provided. The principal provisions of the Group Master Policy affecting insured persons are summarized in this Insurance Certificate.
- **Non-Participating and Cash Values:** This Insurance Certificate and the *Group Master policy* under which it was issued are non-participating and have no cash values.
- **Waiver:** *We* will not waive any condition of this Insurance Certificate, unless the waiver is clearly expressed in writing and signed by *us*.
- This Insurance Certificate # 555 000 596 is issued under Group Master Policy TDL023 to The Toronto-Dominion Bank (TD Bank) by TD Life."

## 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 Certificate used the following terms, which are identified in italics:

**Dependent Child(ren)** means any natural child, stepchild, or legally adopted child of an *insured person* residing in Canada, who is:

- a ) under 22 years of age, unmarried, and receives full support and maintenance from the *insured person*;
- b ) 22 years of age but less than 25 years of age, unmarried, and receives full support and maintenance from the *insured person* for reason of full-time attendance at an accredited institute, college or university in Canada; or
- c ) receives full support and maintenance from the *insured person* by reason of mental or physical infirmity.

Notwithstanding the above limitations, this definition also includes a child of an *insured person's spouse* who is in the care, custody and control of the *insured person* and living in a parent-child relationship with the *insured person*.

**Certificate Holder** means the person or party who owns the Insurance Certificate.

**Claim** means a demand made by the insured person for payment of the benefits provided in this coverage.

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

**Grace Period** means the length of time after a premium is due and unpaid during which the coverage, remains in force (60 days). If the full premium is paid during the grace period, the premium is considered to have been paid on time.

**Insured Person** means *the primary insured*, and if indicated in the "Coverage Summary", the *primary insured's spouse* or the *primary insured's dependent child(ren)*, as applicable.

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

**Lapse date** refers to the date coverage *lapses*.

**Physician** means a qualified, independent doctor, licensed and practicing medicine in Canada. For the purpose of diagnosis of an Insured Person, Physician does not mean that Insured Person or a relative of that Insured Person.

**Policy** refers to master group policy TDL023 between TD Life and TD Bank.



**Primary Insured** means the person who enrolled for this insurance product.

**Reinstatement** is the restoration of a *lapsed* Insurance Certificate as described in the section "Reinstating your Coverage".

**Reinstatement Effective Date** is the date this Insurance Certificate is reinstated as described in the section "Reinstating your Coverage".

**Spouse** means:

- a ) the person to whom an *insured person* is lawfully married; or
- b ) an *insured person's* designated partner who has lived with the *insured person* for at least two years and continues to live with the *insured person* and is publicly represented as the *insured person's* partner.

**You and Your** refers to an *insured person(s)* who is/are insured under the Insurance Certificate.

**We, Us, Our and the Insurer(s)** refers to TD Life.

## Declaration and Authorization For Your TD Critical Accident Recovery Insurance Plan

Please read carefully

When you enrolled in this insurance you declared and agreed that:

- You will inspect the Insurance Certificate to verify that its terms are satisfactory.
- All *your* statements and answers are *your* true and complete statements and answers to the questions. The concealment, misrepresentation or false declaration in the enrollment form could void *your* coverage under the Insurance Certificate.
- Payment of any benefits is subject to the terms and conditions, as described in the Insurance Certificate.
- 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 the *insured person's* coverage during this period, please call us at 1-888-788-0839 or submit your request in writing and *your* Insurance Certificate will be cancelled as of the *effective date*. If *you* decide to cancel *insured person's* coverage any time after, please call us and —provided there are no claims pending—we will refund any *unearned* premiums you may have paid.



- We may change premiums from time-to-time. If we do, the same change will apply to all *insured persons* under the Group Master Policy.
- All coverages on the *primary insured* and *spouse* will reduce by 50% when either turns 65. All coverages on any *insured person* will terminate when the *primary insured* turns 75. All coverages will terminate for the *spouse* when the *spouse* turns 75 or when the *spouse* no longer meets the criteria for the definition of *insured person* or *spouse*. All coverages will terminate for the *dependent child(ren)* when they no longer meet the criteria for the definition of *insured person* or *dependent child(ren)*. For complete details, please refer to section "Definitions of the Terms We've Used".
- No insurance coverage will start until *your effective date* or last reinstatement *effective date* of coverage as outlined in the Insurance Certificate.
- 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.

#### Authorization

As set out in *our* Privacy Agreement located at [td.com/privacy](http://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 Bank Account

*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 Insurance Certificate 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



## Privacy Agreement

In this Agreement, the words "*you*" and "*your*" mean any person, or that person's authorized representative, who has requested from us, or offered to provide a guarantee for, any product, service or account offered by us in Canada. The words "*we*", "*us*" and "*our*" mean TD Bank Group ("TD"). TD includes The Toronto-Dominion Bank and its world-wide affiliates, which provide deposit, investment, loan, securities, trust, insurance and other products or services. The word "*Information*" means personal, financial and other details about you that you provide to us and we obtain from others outside TD, including through the products and services you use.

**You acknowledge, authorize and agree as follows:**

#### Collecting and using *your* information

At the time *you* request to begin a relationship with *us* and during the course of *our* relationship, *we* may collect Information including:

- details about *you* and *your* background, including *your* name, address, contact information, date of birth, occupation and other identification
- records that reflect *your* dealings with and through *us*
- *your* preferences and activities

This Information may be collected from *you* and from sources within or outside TD, including from:

- government agencies and registries, law enforcement authorities and public records
- credit reporting agencies
- other financial or lending institutions
- organizations with whom *you* make arrangements, other service providers or agents, including payment card networks
- references or other information *you* have provided
- persons authorized to act on *your* behalf under a power of attorney or other legal authority
- *your* interactions with *us*, including in person, over the phone, at the ATM, on *your* mobile device or through email or the Internet
- records that reflect *your* dealings with and through *us*



You authorize the collection of Information from these sources and, if applicable, you authorize these sources to give us the Information.

**We will limit the collection and use of Information to what we require in order to serve you as our customer and to administer our business, including to:**

- verify your identity
- evaluate and process your application, accounts, transactions and reports
- provide you with ongoing service and information related to the products, accounts and services you hold with us
- analyze your needs and activities to help us serve you better and develop new products and services
- help protect you and us against fraud and error
- help manage and assess our risks, operations and relationship with you
- help us collect a debt or enforce an obligation owed to us by you
- comply with applicable laws and requirements of regulators, including self-regulatory organizations.

## Disclosing Your Information

**We may disclose Information, including as follows:**

- with your consent
- in response to a court order, search warrant or other demand or request, which we believe to be valid
- to meet requests for information from regulators, including self-regulatory organizations of which we are a member or participant, or to satisfy legal and regulatory requirements applicable to us
- to suppliers, agents and other organizations that perform services for you or for us, or on our behalf
- to payment card networks in order to operate or administer the payment card system that supports the products, services or accounts you have with us (including for any products or services provided or made available by the payment card network as part of your product, services or accounts with us), or for any contests or other promotions they may make available to you
- on the death of a joint account holder with right of survivorship, we may release any information



regarding the joint account up to the date of death to the estate representative of the deceased, except in Quebec where the liquidator is entitled to all account information up to and after the date of death

- when we buy a business or sell all or part of our business or when considering those transactions
- to help us collect a debt or enforce an obligation owed to us by you
- where permitted by law.

## Sharing Information Within TD

**Within TD we may share Information world-wide, other than health-related Information, for the following purposes:**

- to manage your total relationship within TD, including servicing your accounts and maintaining consistent Information about you
- to manage and assess our risks and operations, including to collect a debt owed to us by you
- to comply with legal or regulatory requirements.

You may not withdraw your consent for these purposes.

Within TD we may also share Information world-wide, other than health-related Information, to allow other businesses within TD to tell you about products and services. In order to understand how we use your Information for marketing purposes and how you can withdraw your consent, refer to the Marketing Purposes section below.

## Additional Collections, Uses And Disclosures

**Social Insurance Number (SIN)** – If requesting products, accounts or services that may generate interest or other investment income, we will ask for your SIN for revenue reporting purposes. This is required by the Income Tax Act (Canada). If we ask for your SIN for other products or services, it is your option to provide it. When you provide us with your SIN, we may also use it as an aid to identify you and to keep your Information separate from that of other customers with a similar name, including through the credit granting process. You may choose not to have us use your SIN as an aid to identify you with credit reporting agencies.



**Credit Reporting Agencies and Other Lenders** – For a credit card, line of credit, loan, mortgage or other credit facility, merchant services, or a deposit account with overdraft protection, hold and/or withdrawal or transaction limits, we will exchange Information and reports about you with credit reporting agencies and other lenders at the time of and during the application process, and on an ongoing basis to review and verify your creditworthiness, establish credit and hold limits, help us collect a debt or enforce an obligation owed to us by you, and/or manage and assess our risks. You may choose not to have us conduct a credit check in order to assess an application for credit. Once you have such a facility or product with us and for a reasonable period of time afterwards, we may from time to time disclose your Information to other lenders and credit reporting agencies requesting such Information, which helps establish your credit history and supports the credit granting and processing functions in general. We may obtain information and reports about you from Equifax Canada Inc., Trans Union of Canada, Inc. or any other credit reporting agency. You may access and rectify any of your personal information contained in their files by contacting them directly through their respective websites [www.consumer.equifax.ca](http://www.consumer.equifax.ca) and [www.transunion.ca](http://www.transunion.ca). Once you have applied for any credit product with us, you may not withdraw your consent to this exchange of Information.

**Fraud** - In order to prevent, detect or suppress financial abuse, fraud, criminal activity, protect our assets and interests, assist us with any internal or external investigation into potentially illegal or suspicious activity or manage, defend or settle any actual or potential claim in connection with the foregoing, we may collect from, use and disclose your Information to any person or organization, fraud prevention agency, regulatory or government body, the operator of any database or registry used to check information provided against existing information, or other insurance companies or financial or lending institutions. For these purposes, your Information may be pooled with data belonging to other individuals and subject to data analytics.

**Insurance** – This section applies if you are applying for, requesting prescreening for, modifying or making a claim under, or have included with your product, service or account, an insurance product that we insure, reinsure, administer or sell. We may, collect, use, disclose and retain your Information, including health-related Information. We may collect this Information from you or any health care professional, medically-related facility, insurance company, government agency, organizations who manage public information data banks, or insurance information bureaus, including MIB Group, Inc. and the Insurance Bureau of Canada, with knowledge of your Information.

With regard to life and health insurance, we may also obtain a personal investigation report prepared in connection with verifying and/or authenticating the information you provide in your application or as part of the claims process.

With regard to home and auto insurance, we may also obtain Information about you from credit reporting agencies at the time of, and during the application process and on an ongoing basis to verify your creditworthiness, perform a risk analysis and determine your premium.



**We may use your Information to:**

- determine your eligibility for insurance coverage
- administer your insurance and our relationship with you
- determine your insurance premium
- investigate and adjudicate your claims
- help manage and assess our risks and operations.

We may share your Information with any health-care professional, medically-related facility, insurance company, organizations who manage public information data banks, or insurance information bureaus, including the MIB Group, Inc. and the Insurance Bureau of Canada, to allow them to properly answer questions when providing us with Information about you. We may share lab results about infectious diseases with appropriate public health authorities.

If we collect your health-related Information for the purposes described above, it will not be shared within TD, except to the extent that a TD company insures, reinsures, administers or sells relevant coverage and the disclosure is required for the purposes described above. Your Information, including health-related Information, may be shared with administrators, service providers, reinsurers and prospective insurers and reinsurers of our insurance operations, as well as their administrators and service providers for these purposes.

**Marketing Purposes** – We may also use your Information for marketing purposes, including to:

- tell you about other products and services that may be of interest to you, including those offered by other businesses within TD and third parties we select
- determine your eligibility to participate in contests, surveys or promotions
- conduct research, analysis, modeling, and surveys to assess your satisfaction with us as a customer, and to develop products and services
- contact you by telephone, fax, text messaging, or other electronic means and automatic dialing-announcing device, at the numbers you have provided us, or by ATM, internet, mail, email and other methods.

**With respect to these marketing purposes, you may choose not to have us:**

- contact you occasionally either by telephone, fax, text message, ATM, internet, mail, email or all of these methods, with offers that may be of interest to you.



- contact *you* to participate in customer research and surveys.

**Telephone and Internet discussions** – When speaking with one of *our* telephone service representatives, internet live chat agents, or messaging with *us* through social media, *we* may monitor and/or record our discussions for *our* mutual protection, to enhance customer service and to confirm our discussions with *you*.

## More Information

This Agreement must be read together with our Privacy Code, which includes *our* Online Privacy Code and our Mobile Apps Privacy Code. *You* acknowledge that the Privacy Code forms part of the Privacy Agreement. For further details about this Agreement and *our* privacy practices, visit [td.com/privacy](http://td.com/privacy) or contact *us* for a copy.

*You* acknowledge that *we* may amend this Agreement and *our* Privacy Code from time to time. *We* will post the revised Agreement and Privacy Code on *our* website listed above. *We* may also make them available at *our* branches or other premises or send them to *you* by mail. *You* acknowledge, authorize and agree to be bound by such amendments.

If *you* wish to opt-out or withdraw *your* consent at any time for any of the opt-out choices described in this Agreement, *you* may do so by contacting *us* at 1-888-788-0839. Please read *our* Privacy Code for further details about *your* opt-out choices.

## Optional Accidental Death Insurance Beneficiary Designation Form

Please Complete Today!

*You* are enrolled in the **optional Accidental Death Insurance** underwritten by TD Life Insurance Company. Details of *your* **optional Accidental Death Insurance** are provided in the enclosed Insurance Certificate. The amount of coverage is shown in the Coverage Summary.

*You* have the right, subject to any legal restrictions, to name a beneficiary or beneficiary(ies) under this coverage. A beneficiary(ies) is the person(s) who will receive the **optional Accidental Death Insurance** benefit, should *you*, the *insured person*, die while coverage is active.



When an *insured person* dies and a claim has been approved by *us*, the benefit will be paid to the beneficiary of the insurance. To change a beneficiary, *you* must submit a written request to *us*. *We* will verify the beneficiary and confirm in writing any changes that have been made. Unless changed by *you*, the beneficiary shall be *your* estate.

*You* are automatically *your spouse's* beneficiary and *your dependent child(ren)'s*, if *your spouse* and *your dependent child(ren)* are covered with *you*.

If *you* wish to designate a beneficiary other than *your* (the insured's) estate, please complete and detach the second part of this form and return it to TD Life in the enclosed postage-paid envelope.

**Note:** *You*, *your spouse* and *your dependent child(ren)* are defined in the Insurance Certificate.

## Definitions

**Contingent Beneficiary Designation:** (secondary list of beneficiary), (subrogated in Quebec) who will receive the proceeds of the insurance in the event that none of the primary beneficiary(ies) whom you have designated is living at the time of your death.

**Irrevocable Beneficiary Designation:** If you name someone as an irrevocable beneficiary, you give up the right to change the beneficiary designation, unless the irrevocable beneficiary consents. This will also affect any other desired changes you may want to make to the policy in the future. In Quebec the spouse is automatically deemed to be an irrevocable beneficiary unless specifically designated as revocable. Example — An irrevocable beneficiary must consent to any request to change the beneficiary or surrender the policy.

**Minor:** A person who has not attained the age of majority and, thus, has limited contractual capacity.

**Primary Beneficiary Designation:** A beneficiary or a list of Beneficiaries, who will receive the proceeds for the insurance in the event of your death.

**Relationship Examples:** Spouse, child, mother, father, brother, sister, aunt, uncle, cousin, niece, nephew, grandmother, grandfather, sister-in-law, brother-in-law, mother-in-law, father-in-law, friend, estate.

**Revocable Beneficiary Designation:** A beneficiary who has no right to the policy proceeds during the insured's lifetime, because the owner has the unrestricted right to change the beneficiary designation at any time.





**Trustee:** A trust is a relationship in which one or more persons, known as the trustee, holds legal title to property known as the trust fund – for the benefit of another person. Care should be taken when naming minor beneficiaries, as the law does not allow an insurer to pay benefits directly to minors.

## Form Do's and Don'ts

Type or print all information on the forms enclosed, using a ball point pen.

- Initial any corrections/changes. Do not use correction fluid (liquid paper).
- Use of all lines is not required. If necessary you can use a separate piece of paper to list all of your beneficiary designations.
- Provide the full name of your beneficiary(ies).
- Express the percent of benefit to be paid to your beneficiary(ies) (total for all beneficiary(ies) must be 100%).

## Points To Consider When Naming A Beneficiary

- Proceeds payable to a named beneficiary (someone other than "estate") are paid directly to the beneficiary and do not flow through the estate. This means that no probate or executor fees will be deducted from, and no estate creditors can make claims against, these proceeds.
- Proceeds are available to the beneficiary as soon as the claim is approved since they do not become part of the estate. Settlement of the estate usually takes a few months but can take years depending on the circumstances.
- You decide who will receive the insurance proceeds. Proceeds payable to "Estate" are distributed, in the absence of a will, according to the intestacy laws of your province.



## Beneficiary Designation Form

This section is applicable only if you enrolled in the optional Accidental Death Insurance when you applied for TD Critical Accident Recovery Plan Insurance.

## Beneficiary Designation Form

**TD Accidental Death Insurance Plan**  
 Beneficiary for Insurance Certificate Holder:  
**Warren Boffet**  
 Certificate #: 555 000 596

For Quebec Only: The designation of a spouse as a beneficiary is deemed to be irrevocable unless specified as revocable

Beneficiary Name*	Date of Birth (MM/DD/YR)	Percentage (in equal shares unless specified +)	Relationship to You	Primary/ Contingent
(a)				
(b)				
(c)				
(d)				
<b>(a+b+c+d) must = 100%</b>				

\*Please provide full name of your Beneficiary(ies). If naming a Minor, it is recommended to name a Trustee. (Not applicable in Quebec - In Quebec, the proceeds will be paid in trust to the minor child's tutor) To list more Beneficiaries use a separate piece of paper. + Percentage (%) of benefit must total 100%

\_\_\_\_\_  
 Name of Trustee, I designate the above beneficiaries

\_\_\_\_\_  
 Date of Birth (MM/DD/YR)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Your Signature

\_\_\_\_\_  
 Date Signed (MM/DD/YR)

**Mail the Beneficiary Designation Form to the below address using the enclosed postage-paid business reply envelope:**

TD Life Insurance Company Attn: TD Insurance, P.O. Box 1, TD Centre  
 Toronto, Ontario, M5K 1A2  
 Tel.: 1-888-788-0839 Fax.: 1-800-399-7211



## Frequently Asked Questions About TD Critical Accident Recovery Insurance Plan Coverage

### I already have life insurance. Do I really need more?

While life insurance is an important part of your overall financial plan, it may not provide benefits if you survive an accident but are unable to return to work. The TD Critical Accident Recovery Insurance Plan coverage provides benefits for the living to help you and your family deal with financial challenges, in the event a serious accidental injury occurs.

### 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 to take care of day-to-day living expenses and still have money for your recovery. The TD Critical Accident Recovery Insurance Plan coverage can pay a lump-sum, tax-free benefit in addition to any disability coverage you may have. Also, most other disability plans provide a reduced monthly benefit, and many continue for only a limited time.

### What is covered?

The Insurance Certificate provides details on page 3 about the list of covered losses, which includes eligible injuries resulting from an accident and eligible broken bones. Covered losses range from loss of hearing to more serious injuries, such as paralysis and brain damage.

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

If you suffer a critical accident—as set out in your Insurance Certificate—you're eligible to file a claim. Claim forms are available by calling TD Life at 1-888-788-0839. Please refer to section "How Do I Make A Claim?" (page 19) for complete information on how to file a claim.



**Do I need to submit my hospital indemnity benefits claim and my lump-sum claim at the same time?**

No. The hospital indemnity benefits of \$200 a day—up to a total of \$73,000—can be claimed for a stay in a Canadian hospital resulting from an accident, as defined in the Insurance Certificate. In addition, you can claim the hospital indemnity benefit for each hospital stay.

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

Your premiums are group premiums designed to make this coverage affordable for TDBG customers. Your premiums will stay the same until your coverage ends at age 75. Premiums are fixed for the duration of coverage unless they change for all customers insured under the policy.

For additional details, please refer to sections “Coverage Summary” (page 6) and “How Much Do I Pay?” (page 9) in the Insurance Certificate.

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

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

**Who do I contact for more information?**

For information or questions on your TD Critical Accident Recovery Insurance Plan coverage, please contact TD Life at 1-888-788-0839.



**Notes:**

Notes section with horizontal lines for writing. A large diagonal watermark reading "SAMPLE" is overlaid across the page.



Warren  
Boffet  
123 Greystone Walk Drive  
Toronto, ON M1K 5J5

PERSONAL AND CONFIDENTIAL

SAMPLE