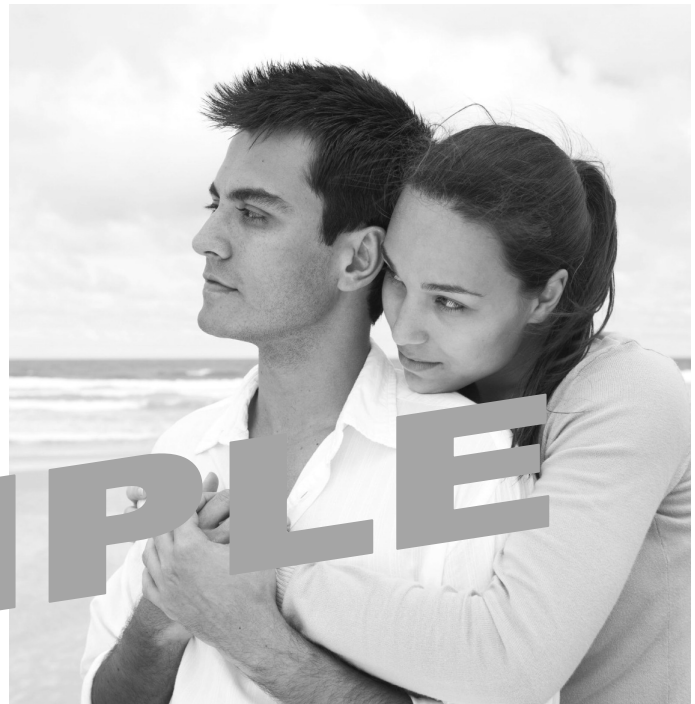


**TD Insurance**

# Critical Accident Recovery Plan Plus Certificate of Insurance Package

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



**This Booklet Includes Your  
Certificate of Insurance**

# 555 000 596

Warren Boffet,  
123 Greystone Walk Drive,  
Toronto, ON M1K 5J5  
Effective July 25, 2016

## Advantages of Your Critical Accident Recovery Plan Plus

- Tax-free<sup>1</sup> Lump-Sum Benefit Up To \$150,000
- Help Financially Support You And Your Family In The Event Of A Critical Accident
- Embedded Daily Hospital Payments
- Easy Claim Submission Process

(Sept/16 V.13)



<sup>1</sup> Based on current Canadian tax laws.

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.

# Welcome to TD Insurance

## Thank You For Enrolling In The Critical Accident Recovery Plan Plus Coverage

### CERTIFICATE OF INSURANCE

Coverage Summary .....	1
Introduction To Your Insurance Coverage .....	2
Beneficiary Information .....	2
How Much Do I Pay? .....	2
What If I Enroll, But I Change My Mind? .....	2
What If I Am Injured? .....	3
What If I Die? .....	5
What Are The Coverage Maximums and Reductions? .....	5
When Does Your Coverage End? .....	5
How Do I Make A Claim? .....	5
Additional Information About Your Coverage .....	6
Contact Information .....	6
Definitions of the Terms We've Used .....	6

### OTHER

Declaration and Authorization .....	7
Privacy Agreement .....	8
Your Privacy is Protected – A Message From Sun Life .....	11
Frequently Asked Questions .....	Back Cover



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

August 30, 2016

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

**Important information about your Critical Accident Recovery Plan Plus coverage  
under Group Policies: 45728 and TDL017**

**Certificate of Insurance #: 555 000 596**

**Insured by: TD Life Insurance Company and Sun Life Assurance Company  
of Canada\***

Dear Warren Boffet,

You have accepted coverage for your Critical Accident Recovery Plan Plus. By accepting this important coverage, you have taken an important step towards getting the financial support you and your family need, in the event of a critical accident.

Writing to you know that enclosed in this booklet you will find the following important information:

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

**What you need to know**

- Your Certificate of Insurance (pages 1 to 6) is an important record of the Critical Accident Recovery Plan Plus coverage you purchased on July 25, 2016. Please read it carefully to understand the coverage now available to you and your spouse.
- Please file your Certificate of Insurance in a safe place. If it is ever lost, destroyed or misplaced, contact us at **1-888-788-0839** to request a duplicate copy.
- To keep this coverage active, you need to complete the enclosed Pre-Authorized Debit Agreement and send it back to us before the first premium payment date, which is scheduled to be deducted for the first time on August 25, 2016 and thereafter on the 25th of every month. If you don't return this completed form, your insurance will terminate as described in your Certificate of Insurance.

\*TD Life Insurance Company is the authorized administrator for this insurance. For more details on insurer and/or administrator information, please refer to the Certificate of Insurance.  
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

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

A plan for the living: Tax-free financial assistance while you're recovering from a critical accident.	A smart way to expand your insurance coverage.
<p>Your insurance plan provides essential <u>two-way protection</u> for you and your family when you need it most:</p> <ul style="list-style-type: none"><li>■ One lump-sum amount up to \$150,000 should you suffer an eligible critical accident.</li><li>■ A hospital indemnity benefit of \$200 a day up to a total of \$73,000 for a stay in a Canadian hospital as a result of any accident.</li></ul>	<p>You will receive all the coverage we just described, in addition to any other coverage you may have.</p> <p>Your Critical Accident Recovery Plan Plus coverage is an excellent way to expand your insurance protection and help you and your family enjoy your current standard of living, even if a critical accident prevents you from earning an income.</p>

### Optional Accidental Death Insurance

Thank you for enhancing your Critical Accident Recovery Plan Plus with an additional \$50,000 of optional Accidental Death Insurance for you. This coverage offers you the opportunity to name a beneficiary (or beneficiaries) by completing the Beneficiary Designation form and returning it in the enclosed postpaid envelope. If you decide not to name a beneficiary, your benefit will be paid to the estate of the insured as described in the Certificate of Insurance. For more information, please contact your TD Insurance Service Representative.

We're here to help

Thank you for allowing us to help you with your insurance needs. If you have any questions or need assistance, a TD Insurance Service Representative will be happy to help. Please call us at **1-888-788-0839**, Monday to Friday, 8 a.m. to 8 p.m. (ET).

Sincerely,



Anna Kavanagh  
Vice President, Life and Health Products  
TD Life Insurance Company

**P.S.** Warren, take a moment to review the Certificate of Insurance to see all the new benefits you now have.



# This is *Your* Certificate of Insurance for Critical Accident Recovery Plan Plus Coverage

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

**NOTE:** In this Certificate of Insurance, *you* and *your* refers to the *insured person(s)* who is/are insured under the *policy*.

*We, us, our* and the *insurer(s)* refer to Sun Life Assurance Company of Canada (Sun Life) or TD Life Insurance Company (TD Life), as applicable.

This *policy* 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.

## Coverage Summary

- 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 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".

**For example:** If the *primary insured* has a coverage amount of \$75,000 prior to turning 65 years of age, when the *primary insured* turns age 65 their coverage reduces to \$37,500.

Warren Boffet  
123 Greystone Walk Drive  
Toronto, ON M5K 5J5

Premium Amount	\$16.69
Premium Payment Frequency	Monthly
Premium Payment Account Type	Bank Account
First Premium Payment Date	August 25, 2016
Primary Insured Effective Date	July 25, 2016

Coverage Details	Primary Insured Warren Boffet	Spouse Cici Buffet	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
Effective Date	July 25, 2016	July 25, 2016	
Optional Accidental Death Insurance	\$50,000	N/A	N/A
Effective Date	July 25, 2016		

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



## Misstatement of Age

If a Certificate of Insurance is issued on an *insured* person based on an incorrect age, one of the following scenarios will apply:

- if an *insured person* is still eligible for insurance, the amount of coverage will be adjusted to the level that the premium paid would have provided, had they been based on the correct date of birth at that *insured person's effective date*;
- if the *primary insured* is not eligible for insurance, all coverages under this Certificate of Insurance will be considered never to have been in force and the *insurer(s)* 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 Certificate of Insurance will be considered never to have been in force and the *insurer(s)* will refund all premiums paid for the *spouse's* or *dependent child(ren)'s* coverage.

## Introduction To Your Insurance Coverage

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

- The *insurer(s)* agree to insure *you* and if also designated, *your spouse* and *your dependent child(ren)*, subject to the terms and conditions.
- This Certificate of Insurance #555 000 596 is issued under *policy* TDL017 by TD Life, which provides the *hospital indemnity benefit* and *45728* by Sun Life, which provides all other coverages.
- TD Life is the *insurer* and *insurer(s)* for this insurance.
- Each *insured person's* coverage begins on that *insured person's effective date* and continues until terminated. 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 Certificate of Insurance; and
- *your* telephone, online and/or paper enrollment form.

In *your* enrollment form, *you* confirmed that *you* and if also applying, *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 the *primary insured's* home province/territory 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).

## Beneficiary Information

The following is only applicable if *you* have the optional *Accidental Death Insurance* coverage, as outlined in the "Coverage Summary":

- Only the *primary insured* has the right to designate or change a beneficiary. To designate or change a beneficiary, the *primary insured* may request the *insurer(s)* to send a "Beneficiary Designation Form" to complete and return. The *insurer(s)* 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* optional *Accidental Death Insurance* is made, the payment will be made to the *primary insured's* beneficiary(ies), or estate if no beneficiary(ies) is/are named.
- If payment of a benefit for the *spouse's* or *dependent child(ren)'s* optional *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 Will I Pay?

Premium payments—as outlined in the "Coverage Summary"—will be collected from *your* bank account or credit card.

If a payment is not made by its due date, the *insurer(s)* will allow a **grace period of one month from the premium due date**, during which time this Certificate of Insurance will remain active. However, if payment is not made by the end of the grace period, *your* coverage will terminate.

Premiums are fixed for the duration of coverage unless they change for all *insured persons* under the *policy*. The *insurer* has the right to change the premium rates with 30 days advance notice. In this instance, *we* will provide written notice to *you*.

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

## 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 TD Life at **1-888-788-0839** and *your* Certificate of Insurance will be cancelled as of the *effective date*.

If *you* decide to cancel *your* coverage any time after, please call TD Life at **1-888-788-0839** and—provided no claims have been made—any unearned premiums *you* may have paid will be refunded.

**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 as set out in this Certificate of Insurance. 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, the *insurer(s)* may 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, the *insurer(s)* may 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 one hand 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 a bodily 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 Certificate of Insurance.

**Brain Damage** means:

- a) 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 8<sup>th</sup> day following the onset of the vegetative state; or
- b) 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 8<sup>th</sup> day and life support must be required throughout the period of unconsciousness.

**Loss with regard to a limb** means the complete severance of such limb as 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 page 6 in the Certificate of Insurance for a further list of definitions.**

## Broken Bone Benefit

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

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

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

**Please refer to page 6 in the Certificate of Insurance 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*, the *insurer(s)* may 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:

- is licensed as a full care hospital by the licensing body having jurisdiction where the hospital is located;
- operates primarily for the care and treatment of sick and injured persons;
- has a staff of one or more *physicians* available at all times;
- provides 24-hour nursing service by a registered nurse;
- provides organized facilities for diagnosis and major surgical procedures; and
- 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, chronically ill;
- home for the mentally ill;
- rehabilitation center;
- 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 page 6 in the Certificate of Insurance for a further list of definitions.**

## Optional Accidental Death Insurance

This benefit is only applicable if specifically included in the "Coverage Summary" (page 1).

When the *primary insured* suffers an *accident*, which results in death, the *insurer(s)* may 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, the *insurer(s)* may 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 6 in the Certificate of Insurance 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 on any transport aircraft used for aerial navigation; and
- the use of illegal drugs, alcohol, or any other substances or medication obtained without prescription.

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 driving a motor vehicle while impaired.

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.

## What Are The Coverage Maximums and Reductions?

Only one critical accident benefit per insured person is payable under the Critical Accident Recovery Plan Plus 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 Critical Accident Recovery Plan Plus 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

- 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 Does Your Coverage End?

**All coverages for any insured person—including the primary insured—under this Certificate of Insurance will end on the earliest of any of the following dates:**

- you suffer a critical accident for which a critical accident insurance benefit is payable;
- you die;
- the insurer(s) receives a verbal or written request from the primary insured to cancel coverage;
- a premium payment remains unpaid by the end of the grace period or one month with grace period, whichever terminates the policy; or, 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 terminates 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 Certificate of Insurance, the insured person, beneficiary(ies), or authorized representative must provide the insurer(s) access to the necessary medical records and other relevant information. In addition, the insurer has the right to an examination of the insured person by a physician of the insurer(s)'s 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 *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 **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:

- The *insurer(s)* will provide forms to the *insured person* or beneficiary(ies) for proof of the claim upon request.
- The *insurer(s)* 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 Coverage

- **Assignment:** This Certificate of Insurance may not be 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.
- **Non-Participating and Cash Values:** This Certificate of Insurance and the *policy* under which it was issued are non-participating and have no cash values.
- **Waiver:** The *insurer(s)* will not waive any condition of this Certificate of Insurance, unless the waiver is clearly expressed in writing and signed by the *insurer(s)*.

### Contact Information

#### **TD Insurance**

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

#### **Sun Life Assurance Company of Canada**

Creditor Team  
P.O. Box 638, STN Waterloo  
Waterloo, Ontario, N2J 4C5

### Definitions Of The Terms We've Used

This Certificate of Insurance 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*.

**Effective Date(s)** means the date(s) coverage(s) start, as indicated in the "Coverage Summary". The *insured person* means the *primary insured person*, and if the *insured person* is the *insured person's spouse* or the *primary insured's dependent child(ren)*, as applicable.

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

**Policy** refers to group policy TDL017 between TD Life and TD Bank to provide the *hospital indemnity benefit* and group policy 45728 between Sun Life and TD Bank to provide all other coverages under the *policy*.

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

**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 *policy*.

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

**This is the end of the Certificate of Insurance.**

**The pages that follow contain additional helpful information about *your* coverage.**



# Declaration and Authorization For Your Critical Accident Recovery Plan Plus Coverage

**Please read carefully**

**When you applied for this insurance you agreed to the following:**

- You are enrolling in the **Critical Accident Recovery Plan Plus with *Accidental Death Insurance* coverage.**
- The *hospital* indemnity benefit under this plan is underwritten by TD Life and all other coverage is provided by Sun Life. TD Life administers the insurance on behalf of Sun Life.

**You declared and agreed that:**

1. You will inspect the Certificate of Insurance 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 enrollment form could void *your* coverage under the Certificate of Insurance.
3. Payment of any benefits is subject to the terms and conditions, as described in the Certificate of Insurance.
4. 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, *your* Certificate of Insurance will be cancelled as of the *effective date*. If you decide to cancel *your* coverage any time after—provided no claims have been made—any unearned premiums you may have paid will be refunded.
5. Premiums are fixed for the duration of coverage unless otherwise specified for *insured persons* covered under the policy.
6. All coverages on the *primary insurance* will terminate for *insured persons* who are 50% vested in a qualified plan or IRA. All coverages on the *annuity* will terminate for *insured persons* who are 50% vested in a qualified plan or IRA. All coverages will terminate for the *insured person* when the *insured person* reaches 75. All coverages will terminate for the *insured person* when the *insured person* reaches 75. All coverages will terminate for the *insured person* when the *insured person* no longer meets the criteria for the definition of *insured person* or *dependent child(ren)*. 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".
7. No insurance coverage will start until *your effective date* of coverage as outlined in the Certificate of Insurance.
8. The purchase of this insurance is voluntary and is not required in order to obtain any other product or service from TD Life, Sun Life or their affiliates.
9. The answers that you have provided above form a part of the application along with any supplementary applications or forms that the *insurer(s)* may require to be submitted to TD Life.

**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 and as administrator for any other insurer(s) who insures your coverage, to withdraw the insurance premium on a monthly basis. Withdrawals will start after the date the Certificate of Insurance is issued and continue monthly on the same date thereafter.

<b>Do you understand and agree to all of the above terms?</b>	<b>Yes</b>
---	------------

**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.

<b>Do I have your consent?</b>	<b>Yes</b>
--------------------------------	------------

# 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 and 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, if 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 product accounts or services that may generate interest in other investment income, we will ask for your SIN for our credit reporting purposes. This is required by the Income Tax Act (Canada). In order to use your SIN for our products and 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 loss 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 application for insurance or accident, and/or travel product that insure, reinsure, administer or sell. We may collect, use 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.

---

## Privacy Agreement

---

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, and other activities to assess customer satisfaction and needs, 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.

SAMPLE

## — Your Privacy is Protected – A Message From Sun Life —

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

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

**SAMPLE**



# Frequently Asked Questions About Critical Accident Recovery Plan Plus Coverage

**Q**

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

**A**

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 Critical Accident Recovery Plan Plus coverage provides benefits for the living to help you and your family deal with financial challenges, in the event a serious accidental injury occurs.

**Q**

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

**A**

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 Critical Accident Recovery Plan Plus 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.

**Q**

**What is covered?**

**A**

The Certificate of Insurance 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.

**Q**

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

**A**

If you suffer a critical accident, let one of our representatives know. If you're not sure, call 1-888-788-0839. For more information on how to file a claim, refer to section "How to File a Claim" (page 5) for more information on how to file a claim.

**Q**

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

**A**

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 Certificate of Insurance. In addition, you can claim the hospital indemnity benefit for each hospital stay.

**Q**

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

**A**

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 1) and "How Much Do I Pay?" (page 2) in the Certificate of Insurance.

**Q**

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

**A**

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

**Q**

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

**A**

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