



## MANULIFE ONE CREDITOR'S GROUP INSURANCE PLAN

**Our promise to You:** The Manufacturers Life Insurance Company ("Manulife") and First North American Insurance Company ("FNAIC"), referred to collectively as We, Us and Our in this Certificate of Insurance ("Certificate"), will pay benefits in accordance with the provisions of this Certificate and the Group Policy.

**THIS IS AN IMPORTANT DOCUMENT. PLEASE KEEP IT IN A SAFE PLACE.**

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### CERTIFICATE SUMMARY

**Group Policy Number:** CR999

**Group Policyholder:** Manulife Bank of Canada ("Manulife Bank")

**Certificate Number:** 9999626481

**Plan of Insurance:** MANULIFE ONE CREDITOR'S GROUP INSURANCE PLAN

**Life Insured(s):** Account Holder: INSURED CREDITOR  
Date of Birth: April 25, 1968  
Joint Account Holder: SPOUSE CREDITOR  
Date of Birth: June 20, 1970

**Disability and Job Loss Insured(s):** Account Holder: INSURED CREDITOR  
Joint Account Holder: SPOUSE CREDITOR

**Effective Date of Coverage:** AUGUST 1, 2018

**Certificate Anniversary Date:** August 1, 2019, and every year thereafter

**Amount of Life Insurance:** Your Benefit Amount to a maximum balance of \$250,000

**Amount of Disability and Job Loss Insurance:** The minimum monthly principal and interest payment on Your account Balance to a maximum of \$3,500/month

**Premiums:** See "Premiums - General" in Your Certificate of Insurance

**Issue Date:** August 29, 2018

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Signed for The Manufacturers Life Insurance Company  
at Toronto, Ontario by:

Roy Gori  
President and Chief Executive Officer

**This certificate contains a provision removing or restricting the right of the group life insured to designate persons to whom or for whose benefit insurance money is to be payable.**

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**60-DAY RIGHT TO EXAMINE CERTIFICATE**

This creditor's group insurance coverage is optional. The Insured may cancel this insurance at any time. If the Insured requests cancellation of this insurance within sixty (60) days after receiving this Certificate and returns it to the address below, this Certificate will be void and any premium paid will be refunded (less any claims paid under this Certificate). This right to a refund of premium on cancellation expires sixty (60) days after the Date of Issue and does not apply to any reissued, substituted or consolidated Certificate continuing coverage that commenced under a previously issued Certificate.

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Replacing this Certificate with a new one or using this Certificate to replace another may not result in any advantage to You. If someone suggests that You change or replace this Certificate, You should contact Manulife for advice at the toll-free number shown below.

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**THE MANUFACTURERS LIFE INSURANCE COMPANY**  
**Affinity Markets,**  
**P.O. Box 670, Stn Waterloo, Waterloo, ON**  
**N2J 4B8**

For customer service, questions, complaints or to report a claim:

Contact Us by e-mail at:	<a href="mailto:am_service@manulife.com">am_service@manulife.com</a>
Call toll-free:	1-866-922-1660
Contact Us by fax toll-free at:	1-888-340-1700

**MANULIFE ONE - LIFE INSURANCE COVERAGE**  
**Underwritten by The Manufacturers Life Insurance Company**

**DEFINITIONS**

**Age** means Your age on the birthday immediately preceding the Date of Issue.

**Average Monthly Balance** means the average of the amount owing to Manulife Bank by the Insured over the twelve (12) months immediately preceding the Date of Loss. If no amount is owing in any month in the twelve (12) months immediately preceding the Date of Loss, that month shall be included, but the Balance shall be deemed to be zero for the purpose of calculating the Average Monthly Balance.

**Balance**, at any given date, means the amount owing to Manulife Bank by You under Your Manulife One Account, as shown on Your most recent Manulife Bank statement for that Statement Date; and

- (a) for purposes of calculating premium payments, the Balance shall be determined as at the Statement Date coinciding with or immediately preceding the applicable Premium Due Date;
- (b) for purposes of calculating benefit payments, the Balance shall be determined as at the Statement Date coinciding with or immediately preceding the Date of Loss, subject to the Multiple Claims Procedure provision.

**Credit Limit** means the maximum amount of credit available to You under Your Manulife One Account.

**Creditor** means Manulife Bank.

**Certificate Anniversary** means the Certificate Anniversary date shown on the Certificate Summary page.

**Date of Loss** for life insurance means the date of the Insured's death.

**Effective Date of Coverage** is the later of the date on which We receive at Our Office:

- (a) a written application for insurance; and
- (b) the first full premium for the insurance applied for,  
if on that date You were insurable in accordance with Our underwriting rules. Your Effective Date of Coverage is outlined on the Certificate Summary page.

**Evidence of Insurability** is any information that We require to decide if the person to be insured is insurable, and if so, on what terms. In all cases We have the right to decline an application for insurance if the required Evidence of Insurability is not available or is not provided or if the person to be insured does not satisfy Our underwriting requirements for insurance under this Certificate.

**Grace Period** is the 30-day period following any Premium Due Date, except the first Premium Due Date, while this Certificate is in force.

**Group Policy** means the group insurance policy between the Insurer and Manulife Bank pursuant to which this Certificate of Insurance is issued.

**Insured** means a person who:

- (a) has applied and been approved for the insurance hereunder;
- (b) has paid premiums in accordance with the provisions of this Certificate;
- (c) is an active Manulife One account holder (or joint account holder);
- (d) was between ages 18 and 64 years, inclusive, at the time of application; and
- (e) is resident in Canada.

**Insurer** means The Manufacturers Life Insurance Company ("Manulife" ) for the life and disability coverage and First North American Insurance Company ("FNAIC") for the job loss coverage.

**Joint Coverage** means insurance issued to joint Manulife One account holders insuring the lives of both individuals. In this case, the definition of "Insured" shall include joint insureds under one Certificate.

**Manulife One Account** means the Manulife Bank line of credit banking account owned by You and insured under this Certificate. In addition to the payment of premiums when due, Your Manulife One Account must continue to qualify as a line of credit banking account for the life of this Certificate, in order to keep Your insurance in effect.

**Office** means Our Affinity Markets Office at P.O. Box 670, Station Waterloo, Waterloo, Ontario N2J 4B8 or elsewhere as advised by Us.

**Plan Maximum** means the maximum amount of benefits available under the Group Policy. The Plan Maximum for Life Insurance coverage is \$500,000.

**Pre-Existing Condition** means any medical condition, symptom, illness or disease diagnosed or undiagnosed for which You consulted a Physician or for which you received medical advice or treatment in the 6 months prior to the Effective Date of the Coverage. A Pre-existing Condition will be covered only after the Insured has been free of medical treatment, consultation or expense for the six (6) month period immediately following the Effective Date of Coverage.

**Premium Due Date** means the Statement Date following the Effective Date of Coverage and at monthly intervals thereafter.

**Statement Date** means the date indicated on the Insured's monthly balance statement.

**We, Us and Our** mean Manulife and FNAIC.

**You, Your and Yourself** mean the Insured and refer to both Manulife One Account holders in the case of Joint Coverage.

## **BENEFITS**

Subject to the provisions of this Certificate, We will pay a death benefit as follows:

### **Payment of Benefit**

All benefits under this Certificate are payable to Manulife Bank, the Creditor, and will be applied by the Creditor to reduce the amount owing by You under Your Manulife One Account. We will pay a benefit to the Creditor when We receive at Our Office proof, satisfactory to Us, that the death of the Insured occurred while this Certificate was in force. Subject to the exclusions and limitations contained in this certificate.

## **Benefit Amount**

The benefit payable ("Benefit Amount") is equal to the lesser of:

- (a) Your maximum Amount of Life Insurance stated on the Certificate Summary page;
- (b) Your Average Monthly Balance; and
- (c) Your Balance as at the Date of Loss,

plus the amount of (i) any interest accruing on the Manulife One Account from the Date of Loss to the date of payment of the Benefit Amount and (ii) any reasonable and customary charges incurred to discharge any mortgage or other security, such amounts not to exceed in aggregate 5% of the Benefit Amount otherwise payable.

In the event of Joint Coverage under this Certificate, only one Life Insurance benefit will be payable.

## **Balance Increases**

If the maximum Amount of Life Insurance as stated on the Certificate Summary page is \$250,000 and subsequently:

- (a) Your Credit Limit exceeds \$250,000 while this Certificate is in force; and
- (b) You choose to be insured for the entire Credit Limit, up to the Plan Maximum,

You must apply for the additional insurance by submitting proof of health to Us. You will be insured for the new Amount of Life Insurance, up to the Plan Maximum, on the later of the date on which We receive at Our Office:

- (a) a written application for the additional insurance; and
- (b) the first full premium for the entire amount of insurance,

if on that date You were insurable in accordance with Our underwriting rules. If We do not approve Your application for additional coverage, You will remain insured for the Amount of Life Insurance in force immediately preceding the date of such application.

In the case of Joint Coverage, both Manulife One account holders must apply and be approved for the additional insurance.

## **All Source Limitations**

If any other insurance policy or certificate of insurance provides a benefit payment towards Your Manulife One Account upon Your death, the other insurance policy or certificate of insurance shall be the first payor and the Benefit Amount payable under this Certificate shall be reduced by the amount of the insurance benefits payable under the terms of any such other insurance policy or certificate of insurance. If the other insurance policy or certificate of insurance also has a provision naming it as second payor, benefits will be prorated between this Certificate and the other policy or certificate of insurance. If We reduce the benefit payable to You pursuant to this provision, the premiums that were due to Us will be reduced in the same proportion and the amount that You have overpaid will be refunded.

At no time can You be insured under more than one Certificate of Insurance issued by Us in respect of a Manulife One Account.

### **Notice and Proof of Claim**

Using our contact information provided on page 3, please contact our offices to obtain a Claim Form. We must receive proof of death at Our Office within twelve (12) months after the date of death. Failure to submit proof within twelve (12) months after the date of death shall not invalidate any claim if it can be shown that submission of such proof was not reasonably possible and that proof was submitted as soon as was reasonably possible.

We have the right to investigate the circumstances of the death and to require an autopsy unless prohibited by law.

### **Exclusions and Limitations**

No benefit will be paid if the Insured's death results from:

- (a) suicide within two (2) years of the Effective Date of Coverage;
- (b) committing or attempting to commit or provoking a criminal offence or assault;
- (c) operation of a motorized vehicle or vessel when the concentration of alcohol in the Insured's blood exceeds the legal limit (or impaired by illegal or illicit drugs whether or not criminally charged);
- (d) directly or indirectly, declared or undeclared war, terrorism, or any act of war or act of terrorism, insurrection or participation in a riot or civil commotion;
- (e) travel in or descent from any aircraft in which the Insured is traveling, except as a fare-paying passenger on a commercial flight;
- (f) a Pre-existing Condition within the six (6) months following the Effective Date Coverage.

## **PREMIUMS**

### **General**

Premiums for insurance under this Certificate are based on, and will vary with, Your Age and the outstanding monthly Balance of Your Manulife One Account. Premiums are calculated based on each \$1000 of outstanding Balance of Your Manulife One Account. Sales tax, where applicable, will be added.

The monthly premium rates are set out on the first page of Your application for this insurance, which forms a part of this Certificate. The monthly premium rates are subject to change from time to time as provided in the Group Policy, but Your premium rates will not change unless they are changed for all Insureds under the Group Policy within the same age group. You will be given not less than 30 days' advance written notice of any change to Your premium rates. You should attach any future notices of change to this Certificate.

### **Premiums for Joint Coverage**

Premiums for Joint Coverage are based on the Age of the oldest Insured and the outstanding monthly Balance of the Joint Manulife One Account, multiplied by 1.5.

### **When Premiums Must Be Paid**

Your first premium is payable on the Effective Date of Coverage. Thereafter Your premiums are due on each Premium Due Date.

In order to keep Your insurance in effect, You need to pay Your premiums, together with any applicable sales tax, on Your Premium Due Dates. Your first premium is payable with Your application and covers the period from the Effective Date of Coverage to the next Premium Due Date. If We do not receive Your first premium, or if Your first premium is not honoured when first presented for payment, the insurance coverage will not go into effect.



## **Grace Period**

Except for the first premium, a Grace Period of thirty (30) days is allowed for payment in full of any premium due. Unless this insurance coverage is otherwise terminated during such Grace Period in accordance with the termination provisions of this Certificate, this Certificate will stay in force during the Grace Period.

## **Method and Frequency of Premium Payments**

You can choose to pay premiums monthly by:

- a) pre-authorized withdrawals from Your Manulife One Account;
- b) pre-authorized withdrawals from a chequing account other than Your Manulife One Account; or
- c) by any other payment method or frequency that We make available to You under the Policy.

All payments must be in Canadian dollars.

If You wish to change the method of Your premium payments, please contact Us by telephone, e-mail or regular mail. We will tell You what information or documents You need to send to Us to request this change.

## **TERMINATION**

### **When Insurance Terminates**

Life Insurance Coverage under this Certificate will terminate on the earliest of the following dates:

- (a) the end of the Grace Period, after any premium due or any part thereof has not been paid;
- (b) the Premium Due Date coinciding with or immediately following the date We receive written notice from You requesting that Your insurance coverage be terminated;
- (c) the Certificate Anniversary coinciding with or immediately following the date on which the Insured is seventy (70) years of Age;
- (d) in the case of Joint Coverage, the Certificate Anniversary coinciding with or immediately following the date on which the older Insured turns seventy (70) years of Age, at which time only the coverage on the Insured who is Age seventy (70) will terminate;
- (e) the date the Insured ceases to be an owner of a Manulife One Account;
- (f) in the case of Joint Coverage, the Certificate Anniversary coinciding with or immediately following the date on which an Insured ceases to be an owner of a Manulife One Account, at which time only the coverage on the Insured who ceases to be an owner of a Manulife One Account will terminate;
- (g) the date Your Manulife One Account ceases to be a line of credit account;
- (h) the date the Group Policy terminates; or
- (i) the date the Insured dies, or in the case of Joint Coverage, the date of death of the first Insured to die.

### **Payment of Premium After Insurance Terminates**

Subject to the provisions of the Certificate, if a premium is paid after insurance terminates in accordance with the above subsections (a) through (g), We are not liable for the payment of any benefits under the Certificate in respect of the insurance which terminated. In that event, We will refund any premium received that relates to a period after the insurance has terminated.

## **Continuation of Coverage for Joint Account Holder**

Where coverage under this Certificate terminates on the life of the first Insured to attain Age seventy (70) or who ceases to be the owner of a Manulife One Account, coverage shall continue in force on the life of the other Insured, in accordance with the provisions of this Certificate. Premiums shall be adjusted accordingly as of the Premium Due Date immediately following the date the coverage on the other Insured terminates.

## **GENERAL PROVISIONS**

### **The Certificate of Insurance**

The Certificate of Insurance (Certificate) consists of:

- (a) this Certificate, including the Certificate Summary page and any Riders attached hereto;
- (b) the Insured's application for the insurance under this Certificate;
- (c) the Insured's Evidence of Insurability;
- (d) the Insured's medical history telephone interview report (if any);
- (e) all subsequent applications to change the insurance and any endorsements to or new versions of this Certificate; and
- (f) any other documents recording changes to this Certificate.

This Certificate is subject to the terms and conditions of the Group Policy. If there is any conflict between the terms of the Certificate and the terms of the Group Policy, the terms of the Group Policy will govern.

Except as otherwise provided in this Certificate with respect to premium rate changes, the terms of this Certificate may only be changed or waived by an endorsement to the Group Policy issued by Us and agreed to in writing by the Creditor and Us. You will be given not less than 30 days advance written notice of any such change.

### **How We Contact You**

All notices will be sent to Your address as shown in our files. It is Your responsibility to advise Us of any change in Your address.

### **How to Contact Us**

Please send documents to Our Office address.

### **Non-Waiver**

Any waiver or failure by Us to insist on the performance by You of any of the provisions of this Certificate will not be construed as a continuing waiver. In addition, if We consent to or approve any act by an Insured, that will not be construed as a consent to or approval of any subsequent similar act by an Insured.

### **Applicable Jurisdiction**

The Certificate shall be subject to the laws of the Canadian province or territory in which You resided at the time of application for insurance.

### **Incontestability**

In the absence of fraud, We will not contest the validity of any insurance coverage after it has been in force during an Insured's lifetime for two (2) years from the Effective Date of Coverage.

In issuing this Certificate, We have relied on statements You have made in connection with Your application. These are representations and not warranties. No such statement will be used by Us to void insurance or to deny a claim unless the statement is a material misrepresentation and is part of the application.

### **Suicide Exclusion**

If You commit suicide, within two (2) years from the Effective Date of Coverage, the amount payable by Us will be limited to the sum of the premiums paid.

### **Age of Insured**

Your Age is determined from the date of birth as provided in Your application for this Certificate and any Rider(s) attached hereto.

If Your Age had been misstated in the application, premiums will be adjusted on the basis of the correct Age.

If at Your correct Age this Certificate or any Rider attached hereto:

- (a) would not have been issued; or
  - (b) would have terminated at an earlier date,
- the only amount payable by Us for the period that coverage would not have been in force will be the premiums paid for that period.

### **Currency and Place of Payment**

All payments made to or by Us shall be in the lawful currency of Canada. Payments to Us shall be made at Our Affinity Markets Office or elsewhere as may be set by Us. Payments to or by Us shall be made in Canada, or elsewhere if We consent.

### **Assignment**

You have no right to assign the insurance under this Certificate.

### **Creditor is Beneficiary**

In all cases, Manulife Bank, the Creditor, is the Beneficiary of all insurance issued under this Certificate.

You have no right to name a beneficiary under this certificate.

### **Limitation Period**

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*, or other applicable legislation or in the Limitations Act, 2002 in Ontario.

### **Right to obtain copies of documents**

On request, the insurer will, to the extent required by law (i) furnish to a claimant or insured person a copy of the applicable individual's application and any written statement or other record provided to the insurer as evidence of insurability and (ii) permit a claimant or insured person to examine, and furnish to that person, a copy of the Group Policy.

## MANULIFE ONE - DISABILITY AND JOB LOSS INSURANCE RIDER

**Disability coverage is underwritten by The Manufacturers Life Insurance Company**  
**Job Loss coverage is underwritten by First North American Insurance Company**

All provisions of the Manulife One Life Insurance Plan not inconsistent with the provisions below shall apply to this Rider along with the following qualifications:

### **Definitions**

Wherever used in this Rider:

**Benefit Period** means:

- (a) in respect of Disability Insurance, a period that commences on the date following the end of the Waiting Period and continues without interruption until the earliest of the following dates:
  - (i) the date the Insured's Total Disability ceases;
  - (ii) the date the Insured returns to any employment of a part-time or full-time nature;
  - (iii) the date that the twenty-fourth (24<sup>th</sup>) monthly payment is made in respect of the same Total Disability; or
  - (iv) the date of the Insured's death.
- (b) in respect of Job Loss Insurance, a period that commences on the date following the end of the Waiting Period and continues without interruption until the earlier of the following dates:
  - (i) the date the Insured's unemployment ceases;
  - (ii) the date that the sixth (6<sup>th</sup>) monthly payment is made in respect of a Job Loss; or
  - (iii) the date of the Insured's death.

A period of twenty-four (24) months must lapse between each period of Job Loss, in order to qualify for subsequent Job Loss benefits.

**Date of Loss** means the following:

- (a) for Disability Insurance, the date the Insured's Total Disability commences;
- (b) for Job Loss Insurance, the date of termination of employment.

**Waiting Period** means the number of consecutive days from the Date of Loss during which time no benefits are payable.

**Employee** means an individual Insured under this Rider who is actively at work on a full-time basis for a minimum of twenty-five (25) hours per week.

**Immediate Family Member** means the Insured's spouse, children, parents and siblings.

**Injury** means accidental bodily injury that You sustain while Your insurance is in force which, directly and independently of all other causes, results in a Total Disability within ninety (90) days from the date of the accident.

**Job Loss** means an Insured's ceasing to qualify as an Employee as a result of involuntary layoff or dismissal without cause, that continues for the full Waiting Period.

**Leave of Absence** means a period during which You are not actively at work, and for which the dates are fixed by legislation or mutual agreement between You and Your employer. We must receive Your written notification for any occurrence of a Leave of Absence.

**Loss** means an Insured's Total Disability, or Job Loss.

**Physician** means a Doctor of Medicine (M.D.) duly licensed to practice medicine within the scope of his or her license and recognized by the College of Physicians and Surgeons in the province or territory in which the treatment is rendered. For the purposes of this Certificate, Your Physician must be a person other than You or Your Immediate Family Member.

**Pre-existing Condition** means any medical condition, symptom, illness or disease diagnosed or undiagnosed for which You consulted a Physician or for which you received medical advice or treatment in the 24 months prior to the Effective Date of the Coverage. A Pre-existing Condition will be covered only after the Insured has been free of medical treatment, consultation or expense for the twenty-four (24) month period immediately following the Effective Date of Coverage.

**Regular Care and Attendance** means a planned program of observation and treatment requiring the personal attendance of a Physician, which, once initiated, is continued in accordance with existing standards of medical practice for the Injury or Sickness which is the cause of the Total Disability.

**Sickness** means sickness or disease that, unless disclosed by the Insured on his or her application, first manifests itself while insurance is in force and which causes disability while this Rider is in force.

**Total Disability or Totally Disabled** means, if the Insured is not self-employed, the Insured is unable to perform the normal duties of his or her regular occupation due to Injury or Sickness, and the Insured is not employed in any other gainful occupation for compensation or profit. There must be documented evidence of medical impairments, restrictions and limitations precluding the Insured from performing the normal duties of his or her regular occupation. If the Insured is self-employed, **Total Disability or Totally Disabled** means the Insured is unable to perform the normal duties of his or her own occupation due to Injury or Sickness, and the Insured is not employed in any other gainful occupation for compensation or profit.

### **Eligibility for Insurance**

The applicant(s) must be:

- (a) an active Manulife One account holder or joint Manulife One account holder;
- (b) a resident of Canada;
- (c) aged 18 to 64, inclusive, at the time of application;
- (d) an Employee, including self-employed individual, for Disability insurance;
- (e) an Employee, excluding self-employed individual, for Job Loss Insurance; and
- (f) concurrently applying for Manulife One Life Insurance.

### **Waiting Periods**

For Disability: the waiting period is thirty (30) consecutive days from the date of Total Disability

For Job Loss: the waiting period is thirty (30) consecutive days from the date of Job Loss.

## **Payment of a Benefit**

All benefits under this Certificate are payable to Manulife Bank, the Creditor, and will be applied by the Creditor to reduce the Mortgage Balance owing under Your Manulife One Account. We will pay a benefit to the Creditor upon completion of the Waiting Period and upon Our receipt of proof, satisfactory to Us, that the Insured eligible for Total Disability or Job Loss benefits under this Rider suffered a Loss that occurred while this Rider was in force.

## **Benefit Amount**

The monthly benefit amount payable, in the case of either Total Disability or Job Loss of an Insured, will be an amount equal to the monthly interest charge on the Balance of the Insured's Manulife One Account and, if the Manulife One Account includes a fixed rate sub-account, the benefit amount will also include an amount equal to the minimum monthly principal payment required in the sub-account. The monthly benefit amount shall be calculated based on the Balance as of the Statement Date coinciding with or immediately preceding the Date of Loss, up to the Monthly Plan Maximum. The Monthly Plan Maximum for Total Disability and Job Loss Insurance under the Group Policy is \$3,500 per month.

## **Maximum Benefit Period**

For Disability: a maximum of twenty-four (24) monthly payments per Disability, subject to the Benefit Period for Disability Insurance.

For Job Loss: a maximum of six (6) monthly payments, subject to the Benefit Period for Job Loss Insurance.

## **Successive Periods of Total Disability**

Successive Periods of Total Disability after the monthly Disability Insurance benefit has become payable to an Insured will be considered a single period if, in the interval between successive periods, the cessation of the Total Disability is less than twenty-one (21) days, and, if the Total Disability is due to the same or related causes. In such cases there will be no new Waiting Period, and the period for which benefits are payable will be subject to the same Benefit Period.

## **Exclusions and Limitations**

For Disability Insurance, no benefit will be paid if Total Disability is due to, results from, or occurs during:

- (a) a normal pregnancy or parental leave;
- (b) self-inflicted injuries unless medical evidence establishes that the injuries are related to a mental illness;
- (c) any period of Disability, including the duration of the Waiting Period, during which You are not under the Regular Care and Attendance of a Physician, continuing medical treatment, and following the appropriate treatment of the Physician, considered satisfactory to Us;
- (d) a Leave of Absence;
- (e) any Total Disability resulting directly or indirectly and wholly or partially from committing or attempting to commit an assault or criminal offence;
- (f) any Total Disability resulting directly or indirectly from declared or undeclared war, terrorism, or any act of war or act of terrorism, insurrection or participation in a riot or civil commotion;
- (g) a Pre-existing Condition within the twenty-four (24) months following the Effective Date of Coverage;
- (h) medical conditions resulting from sustained alcohol abuse, or from use of any drug that is not in strict accordance with a prescription given to You by a Physician.

In addition, no Disability Insurance benefit is payable at any time or for any period in which, an Insured is receiving Job Loss benefits under this Rider.

For Job Loss, no benefit will be paid if unemployment is due to, or results from:

- (a) a normal pregnancy or parental leave;
- (b) dismissal with cause;
- (c) voluntary resignation;
- (d) a Leave of Absence;
- (e) seasonal conditions or work that is seasonal in nature;
- (f) temporary or contract employment;
- (g) retirement, whether voluntary or mandatory;
- (h) declared or undeclared war, terrorism, or any act of war or act of terrorism, insurrection or participation in a riot or civil commotion, or natural disaster; and
- (i) self-inflicted injuries unless medical evidence establishes that the injuries are related to a mental health illness.

In addition, no benefit is payable if:

- (i) at the time of claim, the Insured was self-employed, an independent contractor or working for an Immediate Family Member who effectively controls at least twenty-five per cent (25%) of voting shares of any company for which the Insured was working; or
- (ii) the Insured was aware of impending unemployment up to ninety (90) days prior to applying for insurance; or
- (iii) the Insured is dismissed for any reason within ninety (90) days of commencing work for any employer; or
- (iv) the Insured is receiving Disability Insurance benefits under the Certificate.

### **Premiums**

Premiums are calculated and payable on the same basis as for Life Insurance, except as indicated below.

Premiums for Joint Coverage under this Rider are based on the Age of the oldest Insured and the outstanding Balance of the joint Manulife One Account, multiplied by 1.9.

The premiums payable for coverage under this Rider are the same for self-employed individuals, even though self-employed individuals are not eligible for Job Loss Insurance benefits.

### **Termination of Insurance Under This Rider**

Insurance under this Rider terminates on the earliest of:

- (a) the Premium Due Date coinciding with or immediately following the date the Insurer receives written notice from the Insured requesting that insurance coverage under this Rider be terminated;
- (b) the date on which coverage under the Insured's Certificate terminates;
- (c) the Certificate Anniversary coinciding with or immediately following the date on which the Insured turns sixty-five (65) years of Age;
- (d) in the case of Joint Coverage, the Certificate Anniversary coinciding with or immediately following the date on which the older Insured turns sixty-five (65) years of Age, at which time only the coverage on the Insured who is Age sixty-five (65) will terminate;
- (e) the Certificate Anniversary coinciding with or immediately following the date the Insured ceases to be an owner of a Manulife One Account;

- (f) in the case of Joint Coverage, the Certificate Anniversary coinciding with or immediately following the date on which an Insured ceases to be an owner of a Manulife One Account, at which time only the coverage on the Insured who ceases to be an owner of a Manulife One Account will terminate;
- (g) the date Your Manulife One Account ceases to be a line of credit account;
- (h) the end of the Grace Period, after any premium due or any part thereof has not been paid; or
- (i) the date the Group Policy terminates.

If a premium is paid after insurance under this Rider ceases, the Insurer's liability is limited to a refund of that premium.

### **Continuation of Coverage for Joint Account Holder**

Where coverage under this Rider terminates on the life of the first Insured to attain Age sixty-five (65) or who first ceases to be the owner of a Manulife One Account, coverage shall continue in force on the life of the younger Insured, or person continuing to hold a Manulife One Account, in accordance with the provisions of this Certificate. Premiums shall be adjusted accordingly as of the Premium Due Date immediately following the date the coverage on the other account holder terminates.

### **Continuation of Disability Income Benefit (Upon Termination of the Group Policy)**

If You are receiving monthly Disability Insurance or Job Loss Insurance benefits on the date that the Group Policy is terminated, Your insurance under this Rider will continue as though the Group Policy were still in full force and effect and shall terminate in accordance with the "Benefit Period" and "Termination of Insurance Under This Rider" provisions.

### **Creditor is Beneficiary**

In all cases, Manulife Bank, the Creditor, is the beneficiary of all insurance issued under this Certificate. You have no right to name a beneficiary under this Certificate.

### **Notice of Claim**

You must notify us within thirty (30) days of the commencement of the Disability or Job Loss. Failure to do so, however, will not invalidate your claim provided it was not reasonably possible to give such proof within the stipulated time frame, and provided the proof is furnished as soon as it is reasonably possible, but in no event later than twelve (12) months following the Date of Loss unless the Insured is legally incapacitated.

### **Multiple Claims Procedure**

This Provision will apply in determining the priority and Amount of Insurance payable by Us under the Plan in the event an Insured qualifies for concurrent claims:

- (a) Monthly benefits shall be paid only for one claim event at any one time, for either individual or Joint Coverage, and that shall be the claim event declared first.
- (b) Benefit Periods will run concurrently. Maximum Benefit Periods and the benefit amount payable shall be calculated from the first declared Date of Loss.

A claim that has been denied due to restriction (a) of this section may be later reinstated once the first claim has ceased, if the Maximum Benefit Period for the claim to be reinstated has not been reached. A Reinstated Claim shall be subject to the Maximum Benefit periods and the termination provisions outlined in this Rider. The Waiting Period will only apply once to the initial Benefit Period.



### **Insurer to Furnish Forms for Proof of Claim**

The Insurer shall furnish forms for proof of claim within fifteen (15) days after receiving notice of claim, but where the claimant has not received the forms within that time, the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the events giving rise to the claim and of the extent of the loss.

### **Proof of Claim**

Proof of Claim includes the initial claim form and all medical, psychiatric, psychological, educational, vocational, financial and other information We consider necessary to assess the claim. We may, at any time whether before or after the claim is approved, request from You further proof as We consider necessary for the assessment or reassessment of the claim.

### **Proof of Continued Disability**

In the event of Total Disability of the Insured, proof, satisfactory to the Insurer that the Insured is still Totally Disabled, may be requested at reasonable intervals.

We retain the right to have You medically examined, when required, by a Physician appointed by Us and at Our expense. Failure to undergo an independent medical examination will result in termination of benefits.