

# CERTIFICATE OF INSURANCE

## Triangle® Credit Protector Life & Disability™

Exclusive insurance coverage for Your Canadian Tire Bank issued credit card

### SUMMARY

**Creditor/Distributor:** Canadian Tire Bank

**Insurer:** American Bankers Life Assurance Company of Florida

**Maximum Amount of Insurance:** \$20,000 per covered claim

**Monthly Premium Rate per \$100 of Average Daily Balance:** \$1.00 (plus applicable taxes)

**Group Master Policy number:** TLD0622-L

Ce certificat d'assurance est aussi disponible en français.

Triangle Credit Protector Life & Disability is optional group creditor insurance coverage for Your Canadian Tire Bank issued credit card.

This insurance coverage is provided to You by American Bankers Life Assurance Company of Florida ("ABLAC") under Group Master Policy number TLD0622-L ("Policy"), issued to Canadian Tire Bank and includes Life and Total Disability Coverage.

ABLAC, its subsidiaries, and affiliates carry on business in Canada under the name of Assurant®.

### FOR CLAIMS AND INSURANCE QUESTIONS



**Visit Us Online at:**  
[cardbenefits.assurant.com](http://cardbenefits.assurant.com)



**Call Us at:**  
1 800 480-1853  
8 a.m. to 8 p.m. ET, Monday to Friday



**Write to Us at:**  
Assurant  
1945 King Street East, Suite 100  
Hamilton, Ontario L8K 1W2

### FOR CANCELLATION



**Please call**  
1-800-459-6415

### 3 Helpful Tips Before You Contact Assurant



Review Your Certificate of Insurance



Note Your Questions



Have Your Canadian Tire Bank Credit Card number available

*This Certificate of Insurance is a valuable document. Please keep it in a safe place.*

## IMPORTANT INFORMATION ABOUT YOUR INSURANCE COVERAGE

### WHO IS ELIGIBLE

This optional group creditor insurance coverage is limited to a person who, at time of enrolment, is:

- a Primary Cardmember, resident of Canada; and
- at least 18 years of age and less than 76 years of age.

### WHAT THE INSURANCE COVERS

The Life coverage may help pay off Your Account balance. The Total Disability coverage may help with Your monthly credit card payments. Refer to the **Coverages** section for more details on Your insurance benefits.

### WHEN YOUR INSURANCE COVERAGE STARTS

Your insurance coverage starts on the Effective Date shown in the Welcome Letter.

### WHAT YOU PAY

Your monthly insurance premium is calculated by applying the Monthly Premium Rate, indicated in the Summary at the top of the first page of this Certificate of Insurance, to Your Average Daily Balance. No premium is charged for any portion of Your Average Daily Balance which exceeds the Maximum Amount of Insurance, or where Your Average Daily Balance is less than \$10.

Premium plus any applicable taxes will be charged to Your Account as shown on Your monthly credit card statement.

If the Monthly Premium Rate increases, You will be given at least 30 days advance written notice.

### HOW WE PAY

We will make all claim payments directly to Canadian Tire Bank. Canadian Tire Bank will then credit the payments to Your Account to reduce or pay off Your Account balance. All benefit payments are made in Canadian dollars.

### Your on-going responsibilities with respect to Your Account

You are responsible for the balance on Your Account at all times, regardless of whether You are receiving monthly benefits. This Certificate of Insurance does not alter, in any way, Your Account cardmember agreement with Canadian Tire Bank.

While You are receiving monthly benefits, interest will continue to be charged on the outstanding amount of Your Account. You may need to make payments to Your Account to cover these and other charges to minimize the amount of interest charged to Your Account.

### REFUND OF PREMIUMS WHILE RECEIVING A MONTHLY BENEFIT PAYMENT

While insurance premiums will continue to be charged to Your Account during the entire period of a claim, You will receive a refund in the amount of the premium charged (including applicable taxes) to Your most recent Account statement issued on or immediately prior to Your Date of Loss. The refund will be added to each monthly benefit and will remain unchanged for the duration of the claim period. If You continue to use Your Account during the claim period, You will be responsible for paying the insurance premium on any new charges.

### WHAT HAPPENS IF A LOSS IS ELIGIBLE UNDER MORE THAN ONE COVERAGE

Only one benefit is payable at a time. If Your loss is eligible under more than one coverage, Your benefit is limited to the more generous one.

### WHEN YOUR INSURANCE COVERAGE ENDS

Your insurance coverage automatically ends at the earliest of the following dates:

- The date on which the Policy is terminated;
- The date on which You turn 80;
- The date of Your death;
- The date on which Canadian Tire Bank closes Your Account, cancels Your card, or withdraws Your rights and privileges on Your Account;
- The date Your Account becomes 90 days past due; or
- The date on which We receive Your request to cancel Your insurance coverage.

### WHAT HAPPENS WHEN YOUR ACCOUNT BECOMES 90 DAYS PAST DUE

Your insurance coverage ends when Your Account becomes 90 days past due. Once Your Account is back in good standing, Your insurance coverage will automatically resume with the original Effective Date. However, no benefit is payable for claims where the Date of Loss/date of death is between the date Your insurance coverage ended and the date Your insurance coverage resumes.

### WHAT HAPPENS IF YOU CHANGE YOUR CANADIAN TIRE BANK ISSUED CREDIT CARD

If, for any reason, Your Canadian Tire Bank issued credit card is replaced with another Canadian Tire Bank issued credit card, which is eligible for Triangle Credit Protector Life & Disability, Your insurance coverage will be automatically transferred to Your newly issued Canadian Tire Bank credit card. Your initial Effective Date will continue to apply.

### HOW TO SUBMIT A CLAIM

In the event of a claim, log on to [cardbenefits.assurant.com](http://cardbenefits.assurant.com) for information on how to complete and submit a claim or call Us at **1 800 480-1853**.

Claim forms are to be completed, at Your expense, and submitted online or sent to Us at Our office shown in the **"For Claims and Insurance Questions"** section within 90 days of the loss, except for a Life insurance claim which should be sent to Us as soon as reasonably possible. Failure to report the claim in the stated period may invalidate Your claim.

We may ask for additional information or medical evidence to support Your claim.

### DEFINITIONS

**Account.** Your Canadian Tire Bank issued credit card Account.

**Average Daily Balance.** This is calculated by adding the Account balance at the end of each day during the statement period, less any outstanding amount of any Special Payment Plan not yet due (if applicable) and dividing the sum by the number of days in the statement period.

**Balance Due.** Balance due as shown on Your most recent Account statement (not including the outstanding amount of any Special Payment Plans not yet due) issued on or immediately prior to the Date of Loss.

**Date of Loss.** The date when Your Total Disability starts.

**Effective Date.** The date Your insurance coverage becomes effective, as shown on the Welcome Letter that accompanies this Certificate of Insurance.

**Primary Cardmember.** The person who applied for and was granted the Account noted in the Welcome Letter. Primary Cardmember may also be referred to as “You” and “Your”.

**Special Payment Plans.** Any special financing arrangement offered by Canadian Tire Bank subject to additional terms and conditions that apply to the particular plan.

**Totally Disabled and Total Disability.** You are prevented by any medical condition from performing Your normal activities of daily living.

**We, Us and Our.** American Bankers Life Assurance Company of Florida.

**Welcome Letter.** Your confirmation letter that accompanies this Certificate of Insurance.

The initial benefit payment will be made after 30 days following the Date of Loss and will be paid retroactively to the Date of Loss. For each 30 consecutive day period You are Totally Disabled, We will pay a monthly benefit until Your benefit ends as outlined below.

All monthly benefit payments for Total Disability will remain the same during the benefit period, except for the last benefit payment which may be pro-rated based on the actual number of days that You were Totally Disabled. The total of all benefits for a Total Disability claim cannot exceed the lesser of Your Balance Due and the Maximum Amount of Insurance.

### WHEN YOUR TOTAL DISABILITY BENEFITS END

Your benefit payments will end on the earliest of the following:

- You are no longer Totally Disabled; or
- The Balance Due or Maximum Amount of Insurance has been paid by Us.

### WHAT WE NEED YOU TO PROVIDE

We must receive a completed claim form and any supporting documents as required by Us.

### WHAT IF YOU ARE TOTALLY DISABLED AGAIN

After the completion of benefit payments under a Total Disability claim, You may be re-eligible for a new claim if You return to:

- (a) Your normal activities of daily living for a period of at least 30 consecutive days; and
- (b) Your physician has confirmed that You have recovered from Your prior Total Disability, and You are suffering from a new episode of Total Disability.

Please note that all the terms in this Certificate of Insurance apply to any new claim.

You may be able to continue Your existing Total Disability claim, subject to the maximum benefits payable under that claim if You become Totally Disabled again from the same condition less than 30 days after returning to Your normal activities of daily living.

## COVERAGES

### LIFE COVERAGE

#### WHAT WE COVER

We will pay a benefit if You are insured and under the age of 80 on the date of death.

#### WHAT WE PAY

We will pay a lump sum benefit equal to the amount owing (including the outstanding amount of any Special Payment Plans) on Your Account as of the date of Your death, subject to the Maximum Amount of Insurance.

#### WHAT WE NEED YOUR ESTATE TO PROVIDE

We must receive a completed claim form and any supporting documents as required by Us.

#### WHAT WE DON'T COVER

No benefit will be paid for death resulting from suicide within 6 months of the Effective Date.

### TOTAL DISABILITY COVERAGE

#### WHAT WE COVER

We will pay benefit(s) if You are insured and under the age of 80 at Date of Loss and You:

- become Totally Disabled and remain Total Disabled for a period of at least 30 consecutive days; and
- are regularly seen by a licensed physician.

#### WHAT WE PAY

The monthly benefit is equal to the greater of:

- (a) 20% of the Balance Due, to a maximum of \$4,000; and
- (b) \$10.

## STATUTORY PROVISIONS

Unless otherwise expressly provided in this Certificate of Insurance or in the Policy, the following statutory provisions apply to all coverages and benefits described in this Certificate of Insurance.

#### Forty-five Days to Examine this Certificate of Insurance

If You wish to cancel the insurance, please call **1 800 459-6415**. Should You cancel Your coverage within the first 45 days of issuance of this Certificate of Insurance, any premium (including applicable taxes) that was paid will be refunded. If You decide to cancel any time after that, any premium paid (including applicable taxes) for the period after the cancellation will be refunded.

#### Misstatement of Age

Our liability is limited to a refund of all premiums (including applicable taxes) if You misstated Your age and were under the age of 18 or 76 years of age or over at time of enrolment.

#### Assignment

You cannot give Your rights and interests with respect to Your coverage to anyone else.

### **This Certificate of Insurance and the Policy**

This Certificate of Insurance contains the terms of the Policy as they relate to Your insurance coverage. In the case of any discrepancy between this Certificate of Insurance and the Policy, unless otherwise required by applicable law, it is the Policy that governs.

### **Changes**

The terms in this Certificate of Insurance cannot be changed or waived except by Us. If changes are made by Us, You will receive written notice before the effective date of such change.

### **Termination of Policy**

We reserve the right to terminate the Policy. If this happens, You will receive at least 30 days advance written notice before the effective date of termination, and We will honour all valid claims arising before that date.

### **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*, *Limitations Act* or other applicable legislation in Your province or territory.

### **If You Have a Concern or Complaint**

If You have a concern or complaint about Your insurance coverage, please call Us at **1 800 480-1853**. We will do our best to resolve Your concern or complaint. If for some reason We are unable to do so to Your satisfaction, You may pursue the concern or complaint in writing to an independent external organization. You may obtain detailed information about our resolution process and the external recourse either by calling Us at the number listed above or at: **[www.assurant.ca/customer-assistance](http://www.assurant.ca/customer-assistance)**

### **Copies of the Policy/Application**

You, or a person making a claim under this Certificate of Insurance may request a copy of the Policy and/or a copy of Your Triangle Credit Protector Life & Disability application (if applicable) by contacting Assurant at the address below.

### **Assurant Canadian Head Office**

5000 Yonge Street, Suite 2000  
Toronto, Ontario M2N 7E9

**In Witness Whereof**, American Bankers Life Assurance Company of Florida has caused this Certificate of Insurance to be issued.



**Paul Cosgrove**  
Chief Agent

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