

mbna

CreditWise[®]
Plus

— Exclusively for MBNA Cardholders —

Insured Debtor's Name & Address:

Ce certificat est aussi disponible en français.

Please See Below For Details About Your Insurance

Who Is Eligible For Insurance

This group credit insurance coverage is limited to the Primary Cardholder who is between the ages of 18 and 69 on the Effective Date of the insurance, and is a Canadian Resident. **“Primary Cardholder”** means the person who applied for and was granted the MBNA account noted in the Summary above (also known as the **“Account”**). Primary Cardholder may also be referred to as **“You”** and **“Your”**. **“Canadian Resident”** is any person who has lived in Canada for a total of 183 days within the last year or is a member of the Canadian Forces. If You have coverage under this Certificate, Your Spouse is also covered for Life, Accidental Death, Accidental Dismemberment, Total Disability, Critical Illness and Disability Requiring Hospitalization. **“Spouse”** means the person who is lawfully married to You, or the person who has been living with You for at least one year and is publicly represented as Your Spouse.

About Your Insurance

The insurance coverages provided to You in this Certificate of Insurance (**“Certificate”**) under the Group Master Policies are part of a package of group credit insurance coverages made available to You by American Bankers Life Assurance Company of Florida (**“ABLAC”**) and American Bankers Insurance Company of Florida (**“ABIC”**) through MBNA. **“We”** and **“Us”** mean the insurer of the specific coverage individually or the insurers collectively as applicable.

These group credit insurance coverages are comprised of:

1. Life, Accidental Death, Accidental Dismemberment and Critical Illness which are underwritten by ABLAC under Group Master Policy No. LUZ (01/16) R; and
2. Loss of Self-Employment, Total Disability, Disability Requiring Hospitalization and Involuntary Unemployment which are underwritten by ABIC under Group Master Policy No. WFR1 (01/16) R.

ABLAC, ABIC and their affiliates carry on business in Canada under the name of Assurant.

When Your Insurance Coverage Starts

Your CreditWise Plus insurance coverage starts on the day We receive Your request for enrollment on Your Account.

What You Pay

Your monthly insurance premium is based on Your average daily Account balance. The monthly insurance premium is calculated by applying the applicable Monthly Premium Rate as indicated in the Summary shown at the top of the first page of this Certificate to Your average daily balance, to a maximum of \$20,000. Your Monthly Premium Rate will be reduced on the next Account Statement Date after You turn 70. **“Statement Date”** means the date identified in Your Account statement as of the statement date.

Premiums and any applicable taxes will be:

1. automatically charged to Your Account on Your billing statement; and
2. due with Your Account payment.

If the Monthly Premium Rate increases, We will give You at least 30 days prior written notice.

Refund of Premiums While Receiving a Monthly Benefit

Insurance premiums will be charged to Your Account during the entire period of a claim under these coverages. During the entire claim period, a refund in the amount of the premium charged to Your Account as of the Statement Date coinciding with or immediately before Your Date of Loss will be added to each monthly benefit payment and will remain unchanged for the duration of Your claim period. If You continue to use Your Account while on a claim, You will be responsible for paying the insurance premium on any new charges.

What Is The Most We Will Pay

Any benefit paid under any one of these coverages shall not be paid under another coverage for the same occurrence. If You or Your Spouse are eligible concurrently for a benefit payable for more than one insured event covered by this Certificate, the benefit paid shall be limited to the most generous one. You or Your Spouse will therefore be entitled to only one benefit at a time.

Summary

Creditor/Beneficiary:
The Toronto-Dominion Bank
(referred to as “MBNA”)

Maximum Amount of Insurance:
\$30,000.⁰⁰

Monthly Premium Rate per \$100.⁰⁰:
\$1.20 (plus applicable taxes)

At Age 70 or older
\$0.59 (plus applicable taxes)

Effective Date:

Group Master Policy Numbers:
WFR1 (01/16) R
and LUZ (01/16) R

MBNA Account # ending in:

...continued from previous

There are also exclusions that are applicable to each type of coverage that are explained in more detail later in this Certificate.

In no event, will We pay more than the lesser of the amount owing under Your Account at Date of Loss and the Maximum Amount of Insurance as indicated in the Summary shown at the top of the first page of this Certificate.

Who We Pay

We will make claim payments directly to MBNA who will then credit the payments to Your Account. All benefit payments under this Certificate are to be made in Canadian dollars.

Your on-going responsibilities with respect to Your Account

While You are receiving benefit payments, interest will continue to be charged on the outstanding amount of Your Account and premiums will continue to be charged to Your Account monthly. Since the benefit amount payable by Us each month remains the same after the second monthly benefit payment, You may need to make payments to Your Account to cover these charges and minimize the amount of interest charged to Your Account. You are responsible for the balance on Your Account at all times, regardless of whether You are receiving benefit payments. In addition, this Certificate does not alter, in any way, Your Account cardholder agreement with MBNA.

When Your Insurance Coverage Ends

All insurance coverage on Your Account automatically ends when the first of the following conditions occurs:

1. one or more of the Group Master Policies are cancelled;
2. You die;

3. You request the cancellation of the insurance provided by this Certificate in writing or by phone to Assurant;
4. the date Your Account has been delinquent for more than 90 consecutive days, unless You bring Your Account up to date;
5. Your Account is cancelled by either You or MBNA; or
6. The Insured Indebtedness on Your Account has been paid in full as a result of Your Disability Requiring Hospitalization for a period of more than 30 days.

All coverage available for Your Spouse ends on the date Your insurance coverage on Your Account ends.

All Critical Illness, Loss of Self-Employment, Total Disability, Disability Requiring Hospitalization and Involuntary Unemployment Insurance will terminate for You and Your Spouse on the next Account Statement Date after You turn 70 while Accidental Dismemberment coverage will continue beyond the age of 70. Life coverage will be replaced for You and Your Spouse with Accidental Death coverage on the next Account Statement Date after You turn 70, regardless of Your Spouse's age.

If, at any time, Your Account with the Creditor is more than 90 consecutive days past due, no benefits shall be payable under this Certificate and no premium shall be charged for coverage hereunder until the next billing cycle following such time as Your Account with the Creditor is no longer 90 days past due. When Your Account is no longer 90 days past due, premium will be charged commencing with the next billing cycle and You shall thereafter be eligible for benefits provided hereunder, subject to the provisions of this Certificate.

How To Submit A Claim

In the event of a claim, log on to www.benefitactivations.ca, or contact Us at **1-800-340-4717** for information on completing and submitting a claim. Claim forms should be completed, at Your expense, and sent to Us at Our office shown on the Certificate's "For Claims and Inquiries" section within 90 days of the loss (except for Life claim where a claim form should be sent to Us as soon as reasonably possible). If a claim is otherwise valid, it will be honoured even if the forms are sent to Us after 90 days if it was not reasonably possible to send them earlier. We may ask for additional information, medical evidence or request further examination by a Medical Practitioner of Our choice. "**Medical Practitioner**" means a licensed practitioner of the healing arts other than yourself. Your insurance must not have been terminated (refer to the "When Your Insurance Coverage Ends" section for details) and all regular insurance charges must have been paid at the Date of Loss.

Coverages

Life Coverage

Why We Pay

If while insured, You or Your Spouse die, You or Your Spouse may be entitled to a benefit.

What We Pay

We will pay a benefit equal to the Insured Indebtedness as of the Date of Loss, subject to the Maximum Amount of Insurance. In no event will the total benefit exceed the amount that appears on Your Account statement plus any unpaid purchases or charges made prior to the Date of Loss.

What We Don't Pay

We will not pay a Life benefit if the death results from intentionally self-inflicted injuries or suicide, while sane or insane, within six months of the Effective Date.

What We Need You To Provide

We must be provided with a certified copy of the death certificate and upon Our request, an attending Medical Practitioner's statement may also be required.

When Your Insurance Under This Certificate Ends

Once a Life benefit has been paid, this Certificate and all insurance coverage provided hereunder will end.

Definitions applicable to Life Coverage

"**Date of Loss**" means the date of death.

"**Insured Indebtedness**" means the amount owing on Your Account.

"**Medical Practitioner**" means a licensed practitioner of the healing arts other than yourself.

Accidental Death Coverage

Why We Pay

If, while insured, You or Your Spouse experience an Accidental Death after Your 70th birthday, You or Your Spouse may be entitled to a benefit.

What We Pay

We will pay a benefit equal to the Insured Indebtedness as of the Date of Loss, subject to the Maximum Amount of Insurance. In no event will the total benefit exceed the amount that appears on Your Account statement plus any unpaid purchases or charges made prior to the Date of Loss.

What We Need You To Provide

We must be provided with a certified copy of the death certificate and upon Our request, an attending Medical Practitioner's statement may also be required.

When Your Insurance Under This Certificate Ends

Once an Accidental Death benefit has been paid, this Certificate will end.

Definitions applicable to Accidental Death Coverage

“**Accidental Death**” means death through accidental means sustained directly and independently of all other causes.

“**Date of Loss**” means the date of death.

“**Insured Indebtedness**” means the amount owing on Your Account.

“**Medical Practitioner**” means a licensed practitioner of the healing arts other than yourself.

Accidental Dismemberment Coverage

Why We Pay

If, while insured, You or Your Spouse suffer a Dismemberment You or Your Spouse may be entitled to a benefit.

What We Pay

We will pay a benefit equal to the Insured Indebtedness as of the Date of Loss, subject to the Maximum Amount of Insurance. In no event will the total benefit exceed the amount that appears on Your Account statement plus any unpaid purchases or charges made prior to the Date of Loss.

What We Need You To Provide

We must be provided with a statement completed by an attending Medical Practitioner on a form provided by Us or acceptable to Us.

Definitions applicable to Accidental Dismemberment Coverage

“**Date of Loss**” means the date of the accident causing Dismemberment.

“**Dismemberment**” means accidental bodily injuries that are sustained directly and independently of all other causes and not resulting in Your death but resulting in:

1. the total and irrevocable loss of a hand by severance at or above the wrist, or a foot by severance at or above the ankle, or the sight of one eye;
2. the loss of use of either both legs or all limbs due to paraplegia or quadriplegia (accidental severance of the spinal cord resulting in complete and irrecoverable paraplegia or quadriplegia);
3. the loss of use of an arm and leg on one side of the body due to hemiplegia (complete and irrecoverable paralysis of one side of the body).

“**Insured Indebtedness**” means the amount owing on Your Account.

“**Medical Practitioner**” means a licensed practitioner of the healing arts other than yourself.

Critical Illness Coverage

Why We Pay

If, while insured, You or Your Spouse are initially diagnosed with a covered Critical Illness, You or Your Spouse may be entitled to a benefit.

What We Pay

We will pay a benefit equal to the Insured Indebtedness as of the Date of Loss, subject to the Maximum Amount of Insurance. In no event will the total benefit exceed the amount that appears on Your Account statement plus any unpaid purchases or charges made prior to the Date of Loss.

What We Don't Pay

We will not pay a Critical Illness benefit if:

1. the disease or condition is first diagnosed within 60 days from the Effective Date as indicated in the Summary shown at the top of the first page of this Certificate;
2. You or Your Spouse were diagnosed with a covered disease or condition prior to the Effective Date and have not completed a period of at least 180 consecutive days free of all symptoms, medical treatment/services including taking drugs/medicine for such disease or condition;
3. the disease or condition does not meet the definitions stated in this Certificate; or
4. the disease or condition diagnosed is non-invasive cancer in-situ, Kaposi's sarcoma, Stage 1 Hodgkin's Disease, any skin cancer other than malignant melanomas and localized non-invasive tumors showing only malignant changes.

What We Need You To Provide

We must be provided with a statement completed by an attending Medical Practitioner on a form provided by Us or acceptable to Us.

Definitions applicable to Critical Illness Coverage

“**Critical Illness**” means heart attack, stroke, cancer, coma, coronary artery disease – (refers only to bypass surgery), major organ transplant, multiple sclerosis, muscular dystrophy, paralysis, renal failure, Alzheimer's or total blindness.

“**Date of Loss**” means the date of Diagnosis.

“**Diagnosis**” means a diagnosis of a Critical Illness by a Medical Practitioner, supported by documentation.

“**Insured Indebtedness**” means the amount owing on Your Account.

“**Medical Practitioner**” means a licensed practitioner of the healing arts other than yourself.

Loss of Self-Employment Coverage

Why We Pay

If, while insured, You experience a period of unemployment due to Your business being forced into creditor induced bankruptcy and remain unemployed for more than 30 consecutive days, You may be entitled to receive a benefit.

To be eligible for Loss of Self-Employment benefits, You must have been self-employed for at least 25 hours per week for an active business that had been incorporated for a period of 24 consecutive months prior to the Date of Loss.

What We Pay

Initial Payment

We will pay an initial monthly benefit equal to the greater of:

- a) 10% of the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss, and
- b) the Minimum Payment due on Your Account as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss.

The initial benefit payment will be made after 30 days following the Date of Loss and will be paid retroactively from the Date of Loss.

Further Payments

For each additional 30 consecutive day period that You continue to be unemployed, We will pay a monthly benefit equal to the greater of:

- a) 10% of the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss, and
- b) \$10.

All further monthly benefit payments will remain the same during the benefit period unless You provide Us with additional information that would warrant adjustment.

The total of all Loss of Self-Employment benefits for one period of unemployment will not exceed the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss, subject to the Maximum Amount of Insurance.

When You Return To Work

If You return to work for a minimum of 25 hours or more per week for a period of 30 consecutive days after completion of payments under a Loss of Self-Employment claim and the total benefit as described under the "What We Pay" section has not been paid entirely, You will be entitled to one monthly benefit payment equal to the greater of:

- a) 10% of the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss, and
- b) \$10.

When Your Benefits End

Loss of Self-Employment benefit payments will continue, even if the insurance provided under the Certificate is cancelled after the benefits become payable, until the first of the following events occurs:

- a) You return to work;
- b) the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss has been paid by Us; or
- c) the Maximum Amount of Insurance has been paid.

What We Don't Pay

We will not pay a Loss of Self-Employment claim if the Loss of Self-Employment is due to:

- a) voluntary forfeiture of salary, wages, or income;
- b) closure of business due to willful misconduct or criminal misconduct; or
- c) bankruptcy within the first 12 months of the Effective Date.

What We Need You To Provide

We must be given written notice 30 days after the Date of Loss. We must be provided with proof of loss in respect of such loss of self-employment, including, (a) copy of the court documents attesting to the bankruptcy, and (b) copies of business license or articles of incorporation, as applicable. A copy of the court document attesting to the bankruptcy must be provided at claim time.

What If You Are Unemployed Again

You will be re-eligible for Loss of Self-Employment benefits after the completion of payments under a Loss of Self-Employment claim when You return to self-employment for at least 25 hours per week in an active business that has been incorporated for a period of 24 consecutive months prior to the Date of Loss.

Definitions applicable to Loss of Self-Employment Coverage

"Date of Loss" means the date Your business is forced into creditor induced bankruptcy.

"Insured Indebtedness" means the amount owing on Your Account.

"Minimum Payment" is as defined in Your cardholder agreement with MBNA.

"Statement Date" means the date identified in Your Account statement as the statement date.

Total Disability Coverage

Why We Pay

If, while insured, You or Your Spouse become Totally Disabled and remain Totally Disabled for more than 30 consecutive days, You or Your Spouse may be entitled to receive a benefit. To be eligible for Total Disability benefits, You or Your Spouse must:

- a) become Totally Disabled as a result of:
 - i) injury; or
 - ii) sickness; and
- b) be regularly attended by a Medical Practitioner.

What We Pay

Initial Payment

We will pay an initial monthly benefit equal to the greater of:

- a) 10% of the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss, and
- b) the Minimum Payment due on Your Account as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss.

The initial benefit payment will be made after 30 days following the start of the Total Disability and will be paid retroactively from the Date of Loss.

Further Payments

For each additional 30 consecutive day period that the Total Disability continues, We will pay a monthly benefit equal to the greater of:

- a) 10% of the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss, and
- b) \$10.

All further monthly benefit payments will remain the same during the benefit period unless You provide Us with additional information that would warrant adjustment.

The total of all disability benefits for one period of Total Disability will not exceed the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss, subject to the Maximum Amount of Insurance.

When You Return to Work

If You or Your Spouse return to perform the material and substantial duties of Your respective occupations for a period of 30 consecutive days after completion of payments under a Total Disability claim and the total benefit as described under the "What We Pay" section has not been paid entirely, You or Your Spouse will be entitled to one monthly benefit payment equal to the greater of:

- a) 10% of the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss, and
- b) \$10.

When Your Benefits End

Total Disability benefit payments will continue, even if the insurance provided under the Certificate is cancelled after the benefits become payable, until the first of the following events occurs:

- a) You or Your Spouse are no longer Totally Disabled;
- b) the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss has been paid by Us; or
- c) the Maximum Amount of Insurance has been paid.

What We Need You To Provide

We must be given written notice 30 days after the Date of Loss. During the initial period of Total Disability, We must be provided with a statement completed by an attending Medical Practitioner on a form provided by Us or acceptable to Us. Upon Our request, You must provide proof of continuing Total Disability each month.

What If You Are Totally Disabled Again

You or Your Spouse will be re eligible for Total Disability benefits after the completion of payments under a Total Disability claim when:

- a) Your or Your Spouse's Medical Practitioner confirms that You or Your Spouse are released from Your or Your Spouse's prior Total Disability and
- b) Your or Your Spouse's Medical Practitioner has confirmed that You or Your Spouse are suffering from a new and different Total Disability.

If this is not the case the maximum benefits You or Your Spouse are entitled to receive are limited to the maximum benefits payable under Your or Your Spouse's original claim. Please note that all the exclusions in this Certificate and the 30-day waiting period apply to any new claim. If Your or Your Spouse's new claim is eligible, the monthly benefits will be based on the amount of Insured Indebtedness at this Date of Loss.

Definitions applicable to Total Disability Coverage

"Date of Loss" means the first day of Total Disability.

"Insured Indebtedness" means the amount owing on Your Account.

"Minimum Payment" is as defined in Your cardholder agreement with MBNA.

"Medical Practitioner" means a licensed practitioner of the healing arts other than yourself.

"Statement Date" means the date identified in Your Account statement as the statement date.

"Total Disability" and **"Totally Disabled"** means You or Your Spouse are unable to perform the material and substantial duties of Your respective occupations as a result of injury or sickness.

Disability Requiring Hospitalization Coverage

Why We Pay

If, while insured, You or Your Spouse become Hospitalized as the result of accidental bodily injury or sickness and remain Hospitalized for at least 24 hours, You or Your Spouse may be entitled to a benefit.

Should the Hospitalization continue for more than 30 consecutive days, You or Your Spouse may be entitled to a further benefit.

What We Pay

Initial Payment

If the Hospitalization lasts for at least 24 hours, We will pay an amount equal to the greater of:

- a) 10% of the Insured Indebtedness as of the Date of Loss; or
- b) the Minimum Payment due under Your Account as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss.

Further Payments

If the Hospitalization continues for more than 30 consecutive days, We will pay a benefit equal to the total Insured Indebtedness as of the Date of Loss, less the benefit previously paid following Your initial 24 hour period of Hospitalization. The total of all Disability Requiring Hospitalization benefits for one period of Hospitalization shall not exceed the on Insured Indebtedness Your Account as of the Date of Loss, subject to the Maximum Amount of Insurance.

What We Don't Pay

We will not pay a Disability Requiring Hospitalization benefit if the Hospitalization is in:

1. a convalescent, nursing, rest, or skilled nursing facility, or a facility that operates exclusively for the treatment of the mentally ill, aged, those suffering from drug addiction or alcoholism; or
2. a hospital outside of North America.

We will also not pay a Disability Requiring Hospitalization benefit if the Hospitalization is a result of:

1. intentionally self-inflicted injury;
2. normal pregnancy;
3. commission or attempted commission of a criminal offense;
4. elective cosmetic surgery; or
5. any cosmetic or beauty treatment, unless such treatment is directly attributable to physical illness, disease or injury.

What We Need You To Provide

We must be given written notice as soon as possible after the hospital admission. We must be provided a statement indicating that You or Your Spouse were admitted and later discharged (discharge summary), and the Hospitalization meets the length of time required for the applicable benefit payment.

What If You Are Hospitalized Again

You or Your Spouse will be re-eligible for a 24-hour Disability Requiring Hospitalization benefit if it is not considered a continuation of an earlier occurrence. The Hospitalization is considered a continuation of an earlier one if:

- a) less than 30 days separates the two periods; and
- b) the two periods are the result of the same accidental bodily injury or sickness.

When Your Insurance Under This Certificate Ends

Once the Insured Indebtedness as of the Date of Loss has been paid in full as a result of a Disability Requiring Hospitalization for a period of more than 30 days, this Certificate and all insurance provided hereunder will end.

Definitions applicable to Disability Requiring Hospitalization Coverage

"Date of Loss" means the first day of Hospitalization.

"Hospitalized" or **"Hospitalization"** means confinement in a legally constituted accredited hospital in North America which provides 24 hour nursing care by registered nurses, organized facilities for diagnosis and major surgical procedures, operates primarily for the care and treatment of sick and injured persons, maintains x-ray equipment and operating room facilities and is under the medical supervision of a licensed Medical Practitioner.

"Insured Indebtedness" means the amount owing on Your Account.

"Minimum Payment" is as defined in Your cardholder agreement with MBNA.

"Medical Practitioner" means a licensed practitioner of the healing arts other than yourself.

"Statement Date" means the date identified in Your Account statement as the statement date.

Involuntary Unemployment Coverage

Why We Pay

If, while insured, You experience a period of Involuntary Unemployment including temporary unemployment due to labour disputes, strikes or lockouts and remain Unemployed for more than 30 consecutive days, You may be entitled to receive a benefit.

To be eligible for Involuntary Unemployment benefits, You must have been gainfully Employed for:

- a) at least 25 hours per week;
- b) an employer other than yourself; and
- c) a period of 90 consecutive days prior to the Date of Loss.

What We Pay

Initial Payment

We will pay an initial monthly benefit equal to the greater of:

- a) 10% of the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss, and
- b) the Minimum Payment due on Your Account as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss.

The initial benefit payment will be made after 30 days following the start of the Involuntary Unemployment and will be paid retroactively from the Date of Loss.

Further Payments

For each additional 30 consecutive day period that You continue to be Unemployed, We will pay a monthly benefit equal to the greater of:

- a) 10% of the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss, and
- b) \$10.

All further monthly benefit payments will remain the same during the benefit period unless You provide Us with additional information that would warrant adjustment.

The total of all Involuntary Unemployment benefits for one period of Unemployment shall not exceed the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before Date of Loss, subject to the Maximum Amount of Insurance.

When You Return to Work

If You return to work for a minimum of 25 hours or more per week for a period of 30 consecutive days after completion of payments under an Involuntary Unemployment claim and the total benefit as described under the “What We Pay” section has not been paid entirely, You will be entitled to one monthly benefit payment equal to the greater of:

- a) 10% of the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss, and
- b) \$10.

When Your Benefits End

Involuntary Unemployment benefit payments will continue, even if the insurance provided under the Certificate is cancelled after the benefits become payable, until the first of the following events occurs:

- a) You return to work;
- b) the Insured Indebtedness as of the Statement Date coinciding with, or if not applicable, immediately before the Date of Loss has been paid by Us; or
- c) the Maximum Amount of Insurance has been paid.

What We Don't Pay

We will not pay an Involuntary Unemployment claim if Your Involuntary Unemployment is due to:

- a) retirement;
- b) voluntary forfeiture of salary, wages or income; or
- c) termination as the result of willful misconduct (a forbidden act or omission, an act or omission involving dishonesty, or a dereliction of duty, active or passive, which is willful in character and beyond simple negligence) or criminal misconduct (unlawful behaviour as determined by local, provincial or federal law).

What We Need You To Provide

We must be given written notice 30 days after the Date of Loss. During the initial period of Involuntary Unemployment, You must submit a statement completed by Your employer on a form provided by Us or otherwise acceptable to Us, confirming that You are Involuntarily Unemployed.

Further, proof in the form of Employment and Social Development Canada registration or cheque stubs will be required. If unavailable, upon Our request, You will give proof of Your continuing Unemployment by submitting a continuing claim form, provided by Us, to be signed by You.

What If You Are Unemployed Again

You will be re eligible for Involuntary Unemployment benefits after the completion of payments under an Involuntary Unemployment claim when You are gainfully Employed for:

- a) a period of 90 consecutive days; and
- b) 25 hours per week.

If this is not the case the maximum benefits You are entitled to receive are limited to the maximum benefits payable under the original claim. All the exclusions and the 30-day waiting period apply to any new claim. If eligible for a new claim the monthly benefits will be based on the amount of Insured Indebtedness on this Date of Loss.

Definitions applicable to Involuntary Unemployment Coverage

“**Date of Loss**” means the first day of Your Involuntary Unemployment.

“**Employed**” and “**Employment**” means working for salary or wages for at least 25 hours per week.

“**Insured Indebtedness**” means the amount owing on Your Account.

“**Involuntarily Unemployed/Involuntary Unemployment**” means loss of Your Employment due to no fault of Your own, either as a result of lay-off, labour dispute, strike, lockout or a complete and permanent termination of Employment by Your employer.

“**Minimum Payment**” is as defined in Your cardholder agreement with MBNA.

“**Statement Date**” means the date identified in Your Account Statement as the statement date.

General Provisions

Unless otherwise expressly provided in this Certificate or in the Group Master Policies, the following General Provisions apply to all of the coverages and benefits described in this Certificate.

Thirty Day Right To Examine This Certificate

If You have any questions regarding this insurance or wish to cancel this coverage, please call **1-800-340-4717**. You may return this Certificate for a full refund within 30 days of delivery if You are not completely satisfied. Return it to Us at Our office address shown on the Certificate's "For Claims and Inquiries" section. Upon receipt of this request, any premiums You have paid will be refunded. If You decide to cancel any time after that, any unearned premium will be refunded.

Misstatement of Age

If You misstate Your age and Your correct age would have made You ineligible for coverage, no claim will be paid and the premiums paid for any period of ineligibility will be refunded in full.

Assignment

This Certificate may not be assigned by either You or Us.

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 coverage, please call the insurer at **1-800-340-4717**. The insurer will do its best to resolve Your concern or complaint. If for some reason the insurer is 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 for the insurer's resolution process and the external recourse either by calling the insurer at the number listed above or at: **www.assurantsolutions.ca/consumer-assistance**.

When Your Coverage will transfer to another MBNA Account

If Your existing MBNA Credit Card is replaced for any reason with a new MBNA Credit Card, or Your Account is transferred to a new MBNA Account which is eligible for CreditWise Plus, Your insurance will be transferred to Your newly issued MBNA Account. Your initial Effective Date will apply.

Any continuing benefit payable to You will not be reduced or denied in the event the Insured Indebtedness is transferred, renewed or refinanced from Your Account to another MBNA account eligible for this insurance coverage with American Bankers Life Assurance Company of Florida or American Bankers Insurance Company of Florida.

Cancellation of Certificate or Policy

We reserve the right to cancel the Group Master Policies. If this happens, We will notify You at least 30 days before the effective date of cancellation, and We will honour all valid claims arising before that date.

Previously Issued Certificates

This Certificate replaces all certificates previously issued under the Group Master Policies.

The Policies and this Certificate

This Certificate contains the terms of the Group Master Policies as they relate to Your coverage. In the case of any conflict or inconsistency between this Certificate and any of the Group Master Policies, unless otherwise required by applicable law, it is the Group Master Policies that govern.

Entire Contract and Changes

The entire contract consists of the Group Master Policies and Your Certificate. The Group Master Policies may be changed at any time without Your consent. No change of the Group Master Policies and no waiver of any of their provisions will be valid unless made in writing and signed by an authorized officer of each insurer.

You, or a person making a claim under this Certificate may request a copy of the Group Master Policies and /or a copy of Your application for CreditWise Plus (which We consider to be either the credit application or the enrollment phone call) by contacting Assurant at the address below. On request, Assurant will send You a copy of the requested document.

Assurant

Canadian Head Office

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

Headings

All section headings used in this Certificate are purely for convenience and shall not affect the interpretation of this Certificate.

Your Certificate is a valuable document.

Please keep it in a safe place.

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



Robert Zanussi
Chief Agent

3 helpful tips

1. Review the relevant section of Your Certificate before You call.
2. Note Your questions down on a piece of paper so none are forgotten.
3. Have Your MBNA Credit Card number handy.

How to contact Assurant: For Claims and Inquiries

You can call Assurant at:

1-800-340-4717

8 a.m. to 8 p.m. ET, Monday to Friday

We will assist You in submitting a claim or answer any questions that You may have about Your insurance.

Or write to Assurant at:

P.O. Box 7200, Kingston, Ontario K7L 5V5