



**SPECIALTY LIFE  
FINAL EXPENSE  
INSURANCE POLICY**

UNDERWRITTEN BY:  
CHUBB LIFE INSURANCE COMPANY OF  
CANADA

CHUBB®

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# INSURING AGREEMENT

In consideration of the application for insurance and of the payment of premiums when due as provided herein, we have issued this policy to you. We agree to pay the benefits described in this policy, subject to all of its terms, conditions and limitations.

This policy goes into effect on the effective date shown in the policy schedule, on the condition that the information provided in the application for insurance remains true and complete on such effective date and also at the time that you accept delivery of this policy, and provided the initial premium is paid when due .

In this policy, “you” or “your” means the Insured Person, and “we”, “us” or “our” means Chubb Life Insurance Company of Canada (“Chubb Life”).

To help you understand the insurance terms used in this policy, refer to the explanations described under the *“Terms used in this policy”* section and your policy schedule.

It is important that you read your entire policy carefully so you understand how this insurance works and so that you can evaluate if it suits your needs. If additional information about this insurance is required, please contact us at 1-877-777-1544 weekdays from 8:00 a.m. to 8:00 p.m. Eastern Standard Time (“EST”).

Ellen J. Moore  
President & Chief Executive Officer  
Chubb Life Insurance Company of Canada

## **RIGHT TO EXAMINE POLICY FOR 30 DAYS**

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You are allowed 30 days from the date you receive this policy to review it and to return it to us if you do not find it satisfactory. If you return it to us within this 30 day period, the policy will be cancelled as if it had never been in effect and any premium paid will be refunded to you. To cancel your policy, send your request in writing to: Chubb Life; 1400 – 25 York Street; Toronto, ON; M5J 2V5.

### WHEN WILL THIS INSURANCE COVERAGE START?

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Subject to the terms and conditions of this policy, the insurance coverage under this policy begins on the effective date subject to the following conditions:

- The information provided by you in the application for insurance remains true and complete on the effective date;
- The information provided by you in the application remains true and complete at the time that you accept delivery of this policy; and
- You pay the first premium when due.

If all of these conditions are not met, this policy does not come into effect.

### WHEN WILL THIS INSURANCE COVERAGE END?

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The insurance coverage under this policy ends on the earliest of the following dates:

- The date the insured person named in the policy schedule dies;
- The effective date of your request to cancel this policy. Refer to the section entitled “*Cancellation by you*”;
- The end of the grace period if the premium remains unpaid. Refer to the section entitled “*Grace period*”; or
- The expiration date as set out in the policy schedule.

### WHEN WILL WE PAY THE DEATH BENEFIT?

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Subject to the terms and conditions of this policy, we will pay the death benefit provided under this policy to the beneficiary.

- If the insured person dies while this policy is in force and his or her death is not an accidental death, we will pay the death benefit set out in the policy schedule.
- If the insured person dies while this policy is in force and his or her death is an accidental death, we will pay 4 times the amount of the death benefit set out in the policy schedule.

Only one death benefit is payable for the death of an insured person.

There are certain limitations and exclusions that apply: please see the “When we will not pay” section of this policy.

### WHEN WE WILL NOT PAY THE DEATH BENEFIT

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We will not pay any death benefit if:

- a) a death that occurs, within 2 years from the effective date or latest reinstatement, is not an accidental death; or
- b) the insured person commits suicide while sane or insane within 2 years from the effective date or latest reinstatement.

Accidental death does not include death which is caused directly or indirectly by one or more of the following:

1. a sickness;
2. suicide or intentionally self-inflicted injury, while sane or insane;
3. the misuse of medication, or the abuse of drugs or intoxicants, or from having a blood alcohol level of 80 milligrams of alcohol in 100 millilitres of blood or more;
4. committing or attempting to commit a criminal offence, or while in prison;
5. medical or surgical treatment or complications arising from the treatment, except when required as a direct result of an injury;

6. participation as a paid professional in sports, or participation in any organized motorized contest of speed, or other hazardous activities such as, scuba diving, rock or cliff climbing, boxing, sky diving, parachuting, hang-gliding or bungee jumping;
7. air travel, other than as a fare-paying passenger in a commercially licensed aircraft; or
8. declared or undeclared war, or any act of war, terrorism, riot or insurrection, or service in the armed forces of any country, government or international organization.

We also will not pay any death benefit if this policy is declared void due to a material omission, misrepresentation or in the event of fraud.

Except in the case of fraud, if we declare the policy void, we will refund premiums paid by you from either the effective date of the policy or the latest reinstatement of the policy.

## MISREPRESENTATION

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If you have incorrectly stated, misrepresented or failed to disclose a material fact in your application for insurance, including in any written, telephonic or electronic statements provided as evidence of insurability, we may contest the validity of this policy. This means we can declare the policy void from the beginning.

However, except in the case of fraud, we will not challenge the validity of this policy after it has been in effect continuously for 2 years from the later of the effective date or the date the policy was last reinstated.

If there is evidence of fraud, we can declare the policy void, and will refund premium at any time. Fraud includes any misrepresentation about, or failure to disclose, information that is important to our decision to issue this policy at the premium rate we applied at the time the policy was issued.

## WHEN YOUR DATE OF BIRTH OR GENDER IS MISSTATED

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If your date of birth or gender has been stated incorrectly in the application of insurance, we will adjust the amount of benefits payable to the amount or total amount that would have been provided in exchange for the same premium you are paying using the correct age or gender. However, if we could not have issued this policy because the correct age does not meet our age requirements, we will declare this policy void and return all premiums paid to you.

## PREMIUMS

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The premium you must pay to keep this policy in force is shown in the policy schedule. The premium due date is the first of each month after the effective date. The premium rate is based on the insured person's class grouping and death benefit amount selected by you.

Premiums are due to us and must be paid on the premium due date, subject to the "Grace Period" section below.

### Change of Premium

We may increase or decrease your premium. We will only change your premium if a change is being made to all insured person's in the same class grouping. No one individual insured person will ever be singled out for a premium rate change.

At least 45 days prior written notice of any change in premium will be given to you. We can only change your premium once in any 12-month period.

## GRACE PERIOD

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A grace period of 30 days from the premium due date will be granted to you for the payment of the premium. During such grace period, coverage under this policy shall continue in force, but you will be liable to us for the payment of the premium that accrues during such period. If you do not pay the overdue premium and any premium falling due within the grace period, this policy and the coverage will automatically end without notice to the Insured or any other person. If your policy ends this way, it is called a lapse.

## REINSTATING YOUR POLICY

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If your policy lapsed due to non-payment of premium, you may apply to have it put back into effect. The policy may be reinstated within 30 days of the end of the grace period, by paying to us all overdue Premiums.

If this policy is reinstated, the 2 year period for contesting the validity of this policy and any limitations and exclusions begin anew from the date of reinstatement, as set out in the sections entitled "*When we will not pay*" and "*Misrepresentation*".

## BENEFICIARY

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We pay the death benefit to the beneficiary you name, as set out in the policy schedule, unless you change the beneficiary. If you make changes, we pay the beneficiary named in your latest written change request you provide to us. You can make a change at any time before your death. If the beneficiary designation is irrevocable, you cannot change it without the beneficiary's consent.

If you have named more than one beneficiary, you may designate how the proceeds should be divided. If you have not indicated this, we will pay the death benefit divided equally among the surviving beneficiaries.

If the beneficiary has not reached the age of majority, we must pay the death benefit according to applicable law.

If the beneficiary dies before the insured person and you have designated a contingent beneficiary, the death benefit will be paid to the contingent beneficiary. If there is no beneficiary entitled that survives you, we will make the death benefit payment to your estate.

Death benefits for any insured dependent child covered under this policy are paid directly to you. If you are deceased at the time that a benefit is paid by us, we will pay benefits to the beneficiary you named, as set out in the policy schedule.

## MAKING A CLAIM

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To make a claim, the person making the claim will need to contact us at the toll free telephone number shown below. We will then send the claimant the appropriate forms to be completed. The person making the claim must complete the forms and give us the information required to assess the claim.

Doctors may charge a fee to complete certain forms. The person making the claim is responsible for any fees for this information.

The completed claim forms and supporting information must be sent to the Administrator at the following address:

Speciality Life Final Expense Insurance  
Insurance Supermarket Inc  
8000 Jane Street, Tower A, Suite 101  
Concord, Ontario L4K 5B8

This policy must be in effect on the date of loss. You must send the completed claim form and documentation to the Administrator within one year of the date a claim arises under this policy.

## CANCELLING YOUR POLICY

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**Cancellation by You** – You may cancel this policy at any time by giving written notice to us at our address shown on the first page of this policy. The effective date of your request to cancel this policy will be the date we receive your cancellation notice. If you cancel your policy within 30 days from the date you receive this policy, any premium paid will be refunded to you. If you cancel your policy any time after this, any premium paid after we receive notice of your cancellation will be refunded to you on a pro-rated basis.

**Non-Cancellable by Us** – We cannot cancel your policy before the expiry date. However, in certain circumstances of misrepresentation or non-disclosure, we may declare the policy void. Refer to the sections entitled “*Misrepresentation*” and “*When your date of birth or gender is misstated*”.

**Automatic Termination** – Your coverage under this policy will automatically terminate immediately and without notice or further action by us, on the earliest of:

1. the premium due date following your 100th birthday;
2. the date the required premium is not paid when due after expiry of the grace period; or
3. the date of the insured person’s death.

## OTHER IMPORTANT INFORMATION

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**Currency** – All references to dollars in this policy mean Canadian dollars.

**Non-Participating Insurance** – This policy is not participating. This means that you do not share in the distribution of any of our profits or surpluses under this policy.

**Cash Value** – This policy has no cash value.

**Assignment** – Your rights or benefits under this policy may not be assigned.

**Notices** – Any official notices to us, like cancellation notices, must be in writing and be delivered or sent by mail to us at our address shown. Notices from you or a claimant should include this policy number and your name and address.

**Exclusion** - This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the policy remain unchanged.

**Legal Actions** – 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 legislation applicable in your province of residence.

## PROTECTING YOUR PERSONAL INFORMATION

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### Your privacy matters to us

At Chubb Life, we are committed to protecting your privacy. We respect your privacy and want you to understand how we collect and use your personal information.

### How We Collect Your Information

Chubb Life, our reinsurers and authorized administrators (collectively “We”) collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to consult existing insurance files about you and collect information from third parties, such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your current and former employers.

### How We Use Your Information

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk and manage claims. We may also share your information with third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references you provide. We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that help us understand and manage our business. In some instances, employees, service providers, agents, reinsurers, and any of their providers, of Chubb Life may be located outside of Canada, and your personal information may thus be subject to the laws of those foreign jurisdictions.

You may request to review your personal information in your file or request to make a correction by writing to:

The Privacy Officer;  
Chubb Life,  
1400 – 25 York Street, Toronto, Ontario, M5J 2V5.

For more information on privacy at Chubb, visit <https://www2.chubb.com/ca-en/>



# POLICY SCHEDULE

<b>Policy Number</b>	«POLICY»
<b>Insured Person</b>	«FORMALNAME»
<b>Address of Insured Person</b>	«ADDR3», «CITY» «PROVINCE» «POSTCODE»
<b>Date of Birth</b>	«DOB»
<b>Insured Persons Gender</b>	«SEX»
<b>Insured Persons Smoking Status at time of application:</b>	Non-Smoker
<b>Effective Date:</b>	«EFFDATE»
<b>Expiry Date:</b>	The Premium Due Date following the date you turn age 100
<b>Death Benefit Amount:</b>	«BENAMT_MI(OBFEID,1300)»
<b>Premium:</b>	«BASEPREMIUM» «BILLFREQ»  Premiums cannot be increased for any one single policy but are subject to change by Class Grouping.
<b>Premium Due Date:</b>	«EFFDATE»
<b>Beneficiary:</b>	«BNFC_MI(OBFEID)»  The beneficiary of any payable benefits for dependent children (where Dependent Child coverage is in force) will be the Insured Person
<b>CHILD RIDER BENEFIT AMOUNT:</b>	Not applicable
<b>LIST DEPENDENT CHILDREN:</b>	Not applicable

## ACCEPTANCE AGREEMENTS AND DECLARATIONS

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In addition to the information you entered when submitting your on-line application, as outlined in the policy schedule page, by submitting your application on-line you also agreed to and accepted the following terms, conditions and declarations.

By clicking the "I Accept" box online you confirmed, agreed to and authorize the following:

I confirm that I read and understand English and/or French

I declare that to the best of my knowledge the answers that I have provided are true and accurate, and have been correctly recorded, and together with any other forms signed by me in connection with this application for insurance form the basis for any policy issued.

I understand that any coverage arising from this application may not be valid if there is any incorrect answer or misrepresentation in the online application.

I hereby designate the person or persons named as beneficiary to receive the proceeds of my Insurance upon my death.

I understand that all benefits payable are subject to the general terms, conditions, definitions, exclusions and limitations outlined in the policy.

PRIVACY NOTICE: I understand that the information provided by me on this form and otherwise in respect of my application, is required by Chubb Life Insurance Company of Canada, (the Insurer) its reinsurers and authorized administrators to assess my entitlement to benefits, including but not limited to determining if coverage is in effect, investigating the applicability of exclusions and co-ordinating coverage with other insurers. For these purposes, the Insurer will also consult its existing insurance files about me, collect additional information about and from me, and where required, collect information from and exchange information with, third parties. The Insurer will establish a file to which access will be restricted to authorized employees and agents of the Insurer and to persons authorized by law. If I have the right to access the information, access will be given to me or such persons as I may authorize. I understand that in some instances, the employees, service providers, agents, reinsurers, and any of their providers, of Chubb Life Insurance Company of Canada may be located in jurisdictions outside Canada and my personal information may be subject to the laws of those foreign jurisdictions. I consent to the collection, use, and distribution of my personal information as may be required for these purposes as of the date of signing of this form and understand that such consent will remain in place until such time as I may revoke it.

To find out more about the Chubb Privacy Policy or our privacy practices please visit <https://www2.chubb.com/ca-en/> or send a written request to: Privacy Officer, Chubb, 1400 – 25 York Street, Toronto, Ontario, M5J 2V5.

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EFFECTIVE DATE OF COVERAGE: I understand that coverage becomes effective on the 1st of the month following my on-line submission provided premiums have been received by Chubb Life Insurance Company of Canada and honoured by me.

# DEFINITIONS

## TERMS USED IN THIS POLICY

Some words that are used in this policy have very specific meanings that are introduced in the text, set out in the policy schedule or defined below.

“**Accident**” means a sudden, unforeseen and unintentional event, which causes injury.

“**Administrator**” means Insurance Supermarket Inc., based at 8000 Jane Street, Tower A, Suite 101 Concord, Ontario L4K 5B8. The “Administrator” is responsible for sales, marketing and claims administration.

“**Beneficiary**” means the person or persons you name in writing to receive the death benefit when the insured person dies.

“**Class grouping**” means a group of insured persons by occupation, age, gender and/or province or territory of residence.

“**Dependent child**” means either your natural child, adopted child or step-child. Your dependent child must be:

- (a) under 21 years of age, unmarried and dependent on you for support, and who is not engaged in gainful employment more than 25 hours per week; or
- (b) under 26 years of age, unmarried and in attendance at a post-secondary school, dependent on you for support, and who is not engaged in gainful employment more than 25 hours per week; or
- (c) by reason of mental or physical illness, is incapable of self-sustaining employment and is considered a dependent child within the terms of the Income Tax Act (Canada).

If a dependent child is insured under this policy, his or her name will be set out on the policy schedule as an insured dependent child.

“**Doctor**” means a licensed doctor recognized by the College of Physicians and Surgeons in the province or country in which the treatment is rendered. The doctor must be someone other than a member of your immediate family.

“**Effective date**” means the date coverage begins as set out under “Effective Date” in the policy schedule.

“**Immediate family**” includes your spouse, parent or stepparent, child or stepchild, brother or sister, stepbrother or stepsister, brother-in-law or sister-in-law, mother-in-law or father-in-law, and son-in-law or daughter-in-law.

“**Injury**” means bodily injury resulting directly and independently of all other causes from an accident, which is caused by external, violent and visible means and sustained while you are covered under this policy. Injury must result within a 365 day period after the date of the accident.

“**Insured person**” means the person who applied for this policy and whose name appears as the “Insured Person” on the policy schedule, as well as the listed “Insured Dependent Child” on the policy schedule.

“**Policy**” is this policy document for the insurance coverage on the life of the insured person. This policy includes any amendment or endorsement that we attach to this document.

“**Policy schedule**” means the policy schedule which is attached to and forms a part of this policy.

“**Premium due date**” means the effective date for the initial premium due, and the first day of each and every month thereafter.

“**Sickness**” means a disease, illness or bodily or mental infirmity of any kind.

Policy Number: «POLICY»

Specialty Life Final Expense Insurance  
Underwritten by Chubb Life  
Administered by:  
Insurance Supermarket Inc.,  
8000 Jane Street, Tower A, Suite 101  
Concord, Ontario L4K 5B8

(INSERT ISI LOGO HERE)