



CIBC <<Term-10/20/75>> Critical Illness Insurance Policy

CIBC Critical illness insurance sample policy

Words that are capitalized in this Policy, other than headings, have defined meanings. Please refer to the **Definitions** Section for an explanation of these words.

30-day review period

You can cancel this Policy at any time by contacting Us at the number below or writing to Us at the address below. If You are permitted to designate Beneficiaries under this Policy and You have designated one or more irrevocable Beneficiaries, You will need written consent from each irrevocable Beneficiary to cancel this Policy. If You cancel this Policy during the first thirty (30) days after the Issue Date, We will refund any Premiums You have paid and it will be as if this Policy was never issued.

Important Notice

Your Application forms part of Your contract. A copy of Your application form is included with this Policy.

You should carefully check the details of this Policy and confirm they match the details in Your Application. Any omissions or inaccuracies in the information You provided in Your Application, or failure to report any new information or changes related to Your Evidence of Insurability between the time You submitted Your Application and the date of Your initial Premium payment may affect the benefits payable under this Policy or result in Your Policy being void or Your claim being denied. **You should immediately inform Us of any such omissions, inaccuracies or failures to report by calling Us or writing to Us to ensure Your insurance coverage is valid.** Our contact details are below.

You must keep Us informed of any changes to Your contact information including Your address and telephone number. You must also keep Us informed of any changes to Your credit card, deposit account or other payment information used to pay Your Premiums. Please include Your Policy number, full name and Your current address when writing to Us and have this information available when calling Us.

Underwritten by:

CIBC Life Insurance Company Limited
P.O. Box 5760, Station F
50 Charles Street East
Toronto, ON M4Y 2T1

For general information or to make a claim

Call toll-free 1 888 393-1110
From Monday to Friday between 8 am and 10 pm Eastern Time

cibcinsurance.com

Or write to Us at the address above.

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Definitions

Age means your actual age at the time of Application, Conversion, Policy Anniversary, Reinstatement or Termination.

Application means Your electronic (digital) or telephone-recorded application for coverage under this Policy and all information You provide to Us, or that We collect from other persons and entities with Your consent, to identify You and determine if You are eligible for coverage under this Policy, and if so, on what terms (Including Your Premium, Premium Rating and Risk Class). Your Application Includes: contact information, health and medical information, paramedical results, Physicians' records, Medical Information Bureau report, driver's licence abstract, Statement of Continuing Insurability and all other information We require as Evidence of Insurability.

Beneficiary, Beneficiaries and Beneficiary(ies) means the individual(s) or entity(ies) You have designated, if permitted under the **Designating A Beneficiary** Section, as being entitled to receive the Critical Illness Benefit if You die. If applicable, the Beneficiary(ies) are identified in Your Policy Summary.

CIBC Life means CIBC Life Insurance Company Limited.

Claimant means any person who makes a claim for benefits under this Policy as described in the **Claims** Section.

Conversion means the process of changing a Term-10 Policy or Term-20 Policy to a Term-75 Policy, or the process of changing a Term-10 Policy to a Term-20 Policy.

Conversion Date means the date on which all or part of the Coverage Amount of a Term-10 or Term-20 Policy is transferred to a converted policy as described in the **Conversion Privilege** Section. The Conversion date is indicated in the policy summary provided with the converted policy.

Coverage Amount means the amount of critical illness insurance that You have been approved for and accepted from Us. Your Coverage Amount is stated in Your Policy Summary.

Critical Illness means Cancer (Life-Threatening), Coronary Artery Bypass Surgery, Heart Attack or Stroke as defined in the **Covered Conditions** Section.

Critical Illness Benefit means the amount payable when Your claim for a Critical Illness has been approved as described in the **Critical Illness Benefit** Section.

Diagnosis and Diagnosed means the written assessment or opinion of a Physician or Specialist, as required, confirming the presence of one of the Critical Illnesses. It also means Your medical records and evidence, Including clinical, radiology, histology and laboratory reports and evidence. Where a diagnosis of a Critical Illness occurs outside of Canada, it also means the conditions as set out in the **Claims** Section under **Critical Illness** have been met.

Effective Date Of Change In Premium Rating means the Monthly anniversary following the date We process Your request to change Your Premium Rating. If applicable, Your Effective Date of Change in Premium Rating is stated in Your Policy Summary.

Effective Date of Change in Risk Class means the Monthly Anniversary following the date We process Your request to change Your Risk Class. If applicable, Your Effective Date of Change in Risk Class is stated in Your Policy Summary.

Effective Date of Coverage means the date on which Your coverage under this Policy begins. Your Effective Date of Coverage is stated in Your Policy Summary.

Effective Date of Coverage Reduction means, if You request Conversion of a portion of Your Coverage Amount under this Policy, the date on which that portion of Your Coverage Amount is transferred to the converted policy and the Coverage Amount under this Policy is reduced. If applicable, Your Effective Date of Coverage Reduction is stated in Your Policy Summary.

Effective Date of Reinstatement means the date on which Your coverage is Reinstated as described in the **When This Policy Begins** section under **Reinstatement**. If applicable, Your Effective Date of Reinstatement is stated in Your Policy Summary.

Evidence Of Insurability means any information that We require to decide if You are eligible for coverage under this Policy, Reinstatement or change in Risk Class or Premium Rating, and if so, on what terms. This can Include financial information.

Exclusions From Coverage means the exclusion of one or more Critical Illnesses from coverage under this Policy. If applicable, Your Exclusions from Coverage are stated in Your Policy Summary.

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Expiry Date means the date this Policy expires. The Expiry Date is Your seventy-fifth (75th) birthday.

Grace Period has the meaning set out in the **Premiums** section under **Grace Period**.

Include, Includes and Including means include, includes and including “without limitation”.

Lapse, Lapses and Lapsed means that the Grace Period has ended and, if applicable, fifteen (15) days have passed since You received notice by registered mail (recorded mail in Alberta) that Your Policy will be cancelled for non-payment of the Premium. If this Policy Lapses, there is no coverage under this Policy.

Life Support means You are under the regular care of a Physician for nutritional, respiratory and/or cardiovascular support when irreversible cessation of all functions of the brain has occurred.

Material Fact means any fact that, if disclosed, would influence Our decision to provide insurance or benefits to You or affect the conditions under which We would be willing to provide insurance or benefits to You. These conditions could Include limiting the amount of coverage We would be willing to issue to You or charging higher premiums.

Monthly Anniversary means the day of each month that is the same as the day of the month of the Effective Date of Coverage or, if applicable, the Effective Date of Reinstatement.

Non-Smoker means an individual who has not used any form of tobacco, nicotine, or marijuana, Including the use of cigarettes, e-cigarettes, cigars, cigarillos, chewing tobacco, nicotine gum or patches or marijuana products, during the twelve (12) month period before the Application date, Effective Date of Reinstatement or date of a request to change to Non-Smoker status.

Office means the office of CIBC Life at the address identified on page <<1>> of this Policy.

Physician means a doctor of medicine who is legally licensed to practise medicine or surgery in Canada by a recognised medical licensing organisation in Canada, and who is a member in good standing of such licensing body. A Physician does not Include You or any of Your relatives or business associates.

Policy means this written document which is an insurance contract between You and Us and describes the insurance coverage provided. The Policy Summary forms part of this Policy.

Policy Anniversary means the anniversary date of the Effective Date of Coverage or, if applicable, the Effective Date of Reinstatement.

Policy Fee has the meaning set out in the **Premiums & Policy Fee** Section of this Policy.

Policy Summary means the summary at the beginning of this Policy under the heading “Policy Summary”. The Policy Summary sets out important details about this Policy, Including the Effective Date of Coverage, Expiry Date, Coverage Amount, Beneficiary(ies), Policy Fee and Premiums. **Policy Summary** also means any updated Policy Summary pages We email or mail You if this Policy changes or is Reinstated. The updated Policy Summary replaces all prior Policy Summaries sent to You.

Premium and Premiums means the amount(s) You pay to Us for the insurance provided under this Policy, as stated in Your Policy Summary.

Premium Due Date means the date on which Your Premiums are due, as stated in Your Policy Summary. The Premium Due Date defaults to the Monthly Anniversary if You are paying Your Premiums on a monthly basis, or to the Policy Anniversary if You are paying Your Premiums on an annual basis.

Premium Rating means the rating We use to calculate Your Premiums. We rate You based on Your Evidence of Insurability. Our standard rating is 100%, but You may have a Premium Rating that is higher than Our standard rating if We consider You to be a greater risk to insure. The higher Your Premium Rating, the higher Your Premiums will be. Your Premium Rating is stated in Your Policy Summary.

Reinstate, Reinstated and Reinstatement means changing the status of this Policy from Lapsed to in effect as described in the **When This Policy Begins** Section under **Reinstatement**.

Resident Of Canada means You have a permanent home address in Canada and have been filing a Canadian income tax return.

Risk Class means Your risk classification that We determine from Your Age, smoker status, gender and other Evidence of Insurability. The available classes are Standard Non-Smoker and Standard Smoker. Your Risk Class is used to determine Your eligibility for insurance coverage and Your Premium. Your Risk Class is stated in Your Policy Summary.

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Specialist means a Physician who has been trained in the specific area of medicine relevant to the Critical Illness for which the Critical Illness Benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a Specialist, and as approved by Us, a Critical Illness may be Diagnosed by a Physician. Specialist Includes cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist and internist.

Statement of Continuing Insurability means a declaration that We may ask You to provide declaring that there has been no new information or changes related to Your health, medication, occupation, smoking status, travel activities, recreational or lifestyle activities or other Evidence of Insurability since the date of Your Application. We may have asked You to provide this declaration if Your Application was not immediately approved and required additional underwriting. We will also ask You to provide this declaration if You request Reinstatement of this Policy more than 65 days following a Lapse in coverage.

Survival Period means the period starting on the date You are Diagnosed with a Critical Illness (except Coronary Artery Bypass Surgery) and ending thirty (30) days later. For Coronary Artery Bypass Surgery, the Survival Period means the period starting on the date of the surgery and ending thirty (30) days later. The Survival Period does not include the number of days on Life Support.

Term-10 Policy means a CIBC Critical Illness Insurance policy with a Premium that remains the same for ten (10) years. If this Policy is a Term-10 Policy, after each ten (10) year period, this Policy continues at an increased Premium that is guaranteed not to change during the next ten (10) year period. The Term-10 Policy will continue for successive ten (10) year periods until the Expiry Date unless this Policy Terminates.

Term-20 Policy means a CIBC Critical Illness Insurance policy with a Premium that remains the same for twenty (20) years. If this Policy is a Term-20 Policy, after each twenty (20) year period, this Policy continues at an increased Premium that is guaranteed not to change during the next twenty (20) year period. The Term-20 Policy will continue for successive twenty (20) year periods until the Expiry Date unless this Policy Terminates.

Term-75 Policy means a CIBC Critical Illness Insurance policy with a Premium that remains the same until Your seventy-fifth (75th) birthday. The Term-75 Policy is available by converting a Term-10 Policy or a Term-20 Policy.

Terminate, Terminates, Terminated and Termination means the coverage under this Policy will be or has been terminated and this Policy will be or is no longer in effect. Please see the **When This Policy Ends** Section under **Termination** for more details.

We, Us and Our means the CIBC Life Insurance Company Limited.

You and Your means the individual who is named as the Policyowner in the Policy Summary, and who owns this Policy and whose health is insured under this Policy.

Eligibility criteria

To be eligible for coverage under this Policy, You must meet the following eligibility criteria on the date that You submit an Application, or a request for Reinstatement, as applicable:

- i) You must be between the Ages of eighteen (18) and sixty-five (65) years inclusive for a Term-10 Policy or Term-75 Policy; or
- ii) You must be between the Ages of eighteen (18) and fifty-five (55) years inclusive for a Term-20 Policy; and
- iii) You must be a Resident Of Canada.

Covered conditions

The Critical Illnesses that are covered under this Policy are:

1. Heart Attack

Heart Attack means a definite Diagnosis by a Specialist in cardiology of the death of heart muscle due to obstruction of blood flow that results in rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

- heart attack symptoms;
- new electrocardiogram (ECG) changes consistent with a Heart Attack; or

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- development of new Q waves during or immediately following an intra-arterial cardiac procedure Including coronary angiography and coronary angioplasty.

Exclusions

We will not pay the Critical Illness Benefit for Heart Attack for the following:

- elevated biochemical cardiac markers that result from an intra-arterial cardiac procedure, Including coronary angiography and coronary angioplasty, in the absence of new Q waves; or
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above.

2. Cancer (Life-Threatening)

Cancer (Life-Threatening) means a definite Diagnosis by a Specialist in oncology of a tumor that is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of Cancer (Life-Threatening) Include carcinoma, melanoma, leukemia, lymphoma and sarcoma.

Exclusions

We will not pay the Critical Illness Benefit for Cancer (Life-Threatening) if, within the first ninety (90) days following the Effective Date of Coverage or, if applicable, the Effective Date of Reinstatement of this Policy, You have any of the following:

- i) signs, symptoms or investigations, that lead to a Diagnosis of Cancer (Life-Threatening) or a diagnosis of cancer (whether covered or excluded under this Policy), regardless of when the Diagnosis or diagnosis is made; or
- ii) a Diagnosis of Cancer (Life-Threatening) or a diagnosis of cancer (whether covered or excluded under this Policy).

Medical information about Your Diagnosis of Cancer (Life-Threatening) or a diagnosis of cancer (whether covered or excluded under this Policy) and any signs, symptoms or investigations leading to the Diagnosis of Cancer (Life-Threatening) or a diagnosis of cancer (whether covered or excluded under this Policy) must be reported to Us within six (6) months of the date of the Diagnosis or diagnosis. If this information is not provided within this period, We have the right to deny any claim for Cancer (Life-Threatening) or any Critical Illness caused by any cancer or its treatment.

Once We have received the medical information described above, We will email or mail You a confirmation letter and a revised Policy Summary setting out the exclusion of Cancer (Life-Threatening) under Exclusions from Coverage. Coverage for the other Critical Illnesses will remain in effect under this Policy.

We will not pay the Critical Illness Benefit for Cancer (Life-Threatening) for the following:

- lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumors classified as Ta;
- malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- any non-melanoma skin cancer, without lymph node or distant metastasis;
- prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis;
- chronic lymphocytic leukemia classified less than Rai stage 1; or
- malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumors, classified less than AJCC Stage 2.

For purposes of this Policy, the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 2 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010.

For purposes of this Policy, the term Rai staging is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.

3. Coronary Artery Bypass Surgery

Coronary Artery Bypass Surgery means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). The surgery must be determined to be medically necessary by a Specialist in cardiology.

Exclusions

We will not pay the Critical Illness Benefit for Coronary Artery Bypass Surgery for the following:

- angioplasty;
- intra-arterial procedures;
- percutaneous trans-catheter procedures; or
- non-surgical procedures.

4. Stroke

Stroke means a definite Diagnosis by a Specialist of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

- acute onset of new neurological symptoms; and
- new objective neurological deficits on clinical examination

persisting for more than thirty (30) days following the date of Diagnosis. The new symptoms and deficits must be corroborated by diagnostic imaging testing.

Exclusions

- We will not pay the Critical Illness Benefit for Stroke for the following:
 - Transient Ischaemic Attacks;
 - intracerebral vascular events due to trauma; or
 - lacunar infarcts which do not meet the definition of Stroke as described above.

Critical Illness Benefit

We will pay the Critical Illness Benefit in accordance with the terms of this Policy, provided:

- i) this Policy is in effect and is not Lapsed or Terminated;
- ii) You are Diagnosed after the Effective Date of Coverage with one of the Critical Illnesses as defined in this Policy, subject to the applicable ninety (90) day waiting period for the Critical Illness Benefit for Cancer (Life-Threatening) described in the **Covered Conditions** Section above;
- iii) You have lived through the Survival Period and You have not experienced irreversible cessation of all functions of the brain before the end of the Survival Period.

Subject to the Limitation on Coverage Amount below, the amount of the Critical Illness Benefit will be equal to the Coverage Amount less any Premium that may be due but has not been paid as of the date of Your Diagnosis or Your Coronary Artery Bypass Surgery, as applicable. We will refund any Premiums collected during the Survival Period.

Limitation on Coverage Amount: The Critical Illness Benefit paid may be less than the Coverage Amount. If You are insured under more than one CIBC Critical Illness Insurance policy issued by Us, then the aggregate maximum amount that will be paid under all such policies combined is limited to **two hundred thousand dollars (\$200,000)** regardless of the aggregate coverage amounts of such policies.

- In addition, if You are Diagnosed with more than one Critical Illness and are eligible for the Critical Illness Benefit, You will only receive one payment of the Coverage Amount after which this Policy will Terminate.

Premiums & Policy Fee

Premiums are the amount You pay to Us for the coverage that We provide under this Policy. You must pay Your Premiums to keep Your coverage under this Policy in effect. Your Premiums are identified in the **Premiums** Section of Your Policy Summary. Premiums stated in Your Policy Summary are guaranteed for the duration of Your Policy provided Your Policy remains in effect without interruption. Premiums may be changed if Your Policy Lapses and is Reinstated under a different Risk Class or Premium Rating, or if Your Premium Rating, if applicable, expires. Premiums may also be changed if You apply for, and We approve, a change in Your Risk Class or Premium Rating.

We charge a monthly or annual fee for administering Your Policy ("**Policy Fee**"). The Policy Fee that applies to Your Policy is stated in the **Premiums** Section of Your Policy Summary. The Policy Fee is combined and collected with Your Premium payments.

Premium Rating

Your Premium Rating, if applicable, is based on the Evidence of Insurability provided in Your Application, and is stated in Your Policy Summary. It may be in effect for as long as Your Policy remains in effect or for a fixed period of time. If it applies for a fixed period of time, the Premium Rating will expire on the date shown as the Premium Rating Expiry Date in Your Policy Summary.

You may also request a reduction or elimination of the Premium Rating as described in the **Making Changes To This Policy** Section under **Requesting a Change to Premium Rating**.

Change to Method of Payment or Payment Information

You may change Your method of payment to another method of payment satisfactory to Us by contacting Us with the updated payment information. The new payment method will take effect on the earliest Monthly Anniversary after the new payment method has been updated in Our administrative system.

To keep Your coverage under this Policy in effect, You must also keep Us informed of any changes to Your credit card, deposit account or other payment information used to pay Your Premiums.

Change to Frequency of Payment

You may change Your frequency of payment from monthly to annually, or annually to monthly, by contacting Us with Your change request. The new payment frequency will take effect on the next Premium Due Date after the payment frequency has been updated in Our administrative system.

If You change Your payment frequency from annually to monthly between annual Premium Due Dates, We will issue a refund of the Premium that You had paid for the remaining months in the Policy year, beginning with the month that the change in Premium frequency takes effect.

Grace Period

Initial Premium:

If You do not pay Your initial Premium on its Premium Due Date, this Policy will automatically Terminate fifteen (15) days after You receive notice by registered mail (recorded mail in Alberta) that Your Policy will be cancelled.

Monthly/Annual Premium:

If You do not pay a Premium (other than Your initial Premium) on its Premium Due Date, We will keep Your Policy in effect for thirty-five (35) days beyond that Premium Due Date (this thirty-five (35) day period is referred to as a "**Grace Period**").

If You reside in Quebec: If You do not pay Your Premium (other than Your initial Premium) by the end of the Grace Period, then this Policy will automatically Terminate fifteen (15) days after You receive notice by registered mail that Your Policy will be cancelled.

If You do not reside in Quebec: If You do not pay the Premium (other than Your initial Premium) by the end of a Grace Period, this Policy will automatically Terminate.

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If You are Diagnosed with a Critical Illness or undergo Coronary Artery Bypass Surgery or if You die during a Grace Period, any unpaid Premium will be deducted from the Critical Illness Benefit if the claim is approved by Us. If this Policy Lapses, You may make a request to Us for Reinstatement of Your Policy. For details, see the **When This Policy Begins** Section under **Reinstatement**.

When This Policy Begins

Effective Date of Coverage

All insurance coverage under this Policy is in effect on the Effective Date of Coverage stated in Your Policy Summary, provided:

- i) You have accepted the insurance coverage provided in this Policy; and
- ii) We have received the initial Premium; and
- iii) no change has taken place in Your insurability between the date You submitted Your Application and the date of Your initial Premium payment. This means You must tell Us if there has been any new information or changes related to Your health, medication, occupation, smoking status, travel activities, recreational or lifestyle activities or other Evidence of Insurability that You provided to Us between the time You submitted Your Application and the date of Your initial Premium payment.

Any omissions or inaccuracies in Your Evidence of Insurability that You provided in Your Application, or a failure to report any new information or changes related to Your Evidence of Insurability as described above may affect the benefits payable under this Policy or result in Your Policy being void or Your claim being denied as described in the **General Provisions** Section under **Contesting This Policy**.

Reinstatement

If this Policy Lapses, You may make a request to Us for Reinstatement of this Policy. You must make Your request within two (2) years after the end of the Grace Period.

You will need to provide new Evidence of Insurability if Your Policy has been Lapsed for more than sixty-five (65) days. We reserve the right to decline the Reinstatement if We determine that the Evidence of Insurability You provide does not meet Our insurability criteria.

If We approve Your request to Reinstatement, You must pay any unpaid Premiums from the date of the first unpaid Premium up to the date of the Reinstatement. When We receive the required Premiums, We will email or mail You a confirmation letter of Reinstatement and a revised Policy Summary setting out the Effective Date of Reinstatement.

The Premiums, Coverage Amount and other terms of this Policy that were in effect before this Policy Lapsed will remain the same after Reinstatement unless there has been a change in Your Risk Class or Premium Rating or You requested a decrease in the Coverage Amount. Your revised Policy Summary will show these changes, if applicable.

The two (2) year contestability period described in the **General Provisions** Section under **Contesting This Policy** will be reset on the Effective Date of the Reinstatement. This means that if We contest this Policy, the date We will use to calculate the two (2) year period will be the Effective Date of Reinstatement stated in Your Policy Summary.

We will not pay a Critical Illness Benefit if You are Diagnosed while this Policy is Lapsed.

When This Policy Ends

Termination

This Policy Terminates on the earliest of the following:

- i) the date the Critical Illness Benefit is paid;
- ii) the date that You die if no Critical Illness Benefit is payable;
- iii) the Expiry Date if no Critical Illness Benefit is payable;
- iv) if Your initial Premium has not been received by Us on its Premium Due Date, fifteen (15) days after You receive notice by registered mail (recorded mail in Alberta) that Your Policy will be cancelled;

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- v) if You reside in Quebec: if an overdue Premium, other than Your initial Premium, has not been received by Us at the end of the Grace Period, fifteen (15) days after You receive notice by registered mail that Your Policy will be cancelled;
- vi) if You do not reside in Quebec: if an overdue Premium, other than Your initial Premium, has not been received by Us, at the end of the Grace Period;
- vii) the date that a Conversion of this Policy takes effect and there is no remaining Coverage Amount under this Policy;
- viii) the next Monthly Anniversary after We receive Your request to cancel this Policy (along with any required Beneficiary consents, if applicable); or
- ix) Our discovery of fraud in connection with the Application for this Policy or a fraudulent claim initiated under this Policy.

Cancellation by You

If You have not designated any irrevocable Beneficiary, You may cancel this Policy at any time by contacting Us. Cancellation will take effect on the next Monthly Anniversary following Our receipt of Your request to cancel.

If You are permitted to designate Beneficiaries under this Policy and You have designated one or more irrevocable Beneficiaries, then You will need written consent from each irrevocable Beneficiary if You wish to cancel this Policy. Cancellation will take effect on the next Monthly Anniversary after We receive the required consents.

If applicable, We will refund any Premiums that You paid for coverage beyond the Termination date.

Making Changes To This Policy

Requesting a Change to Risk Class

Your Risk Class is based on the Evidence of Insurability provided in Your Application.

Subject to Our policies and the applicable laws in effect at the time, You may be eligible and may apply for a change in Your Risk Class at any time after the first (1st) Policy Anniversary by providing satisfactory Evidence of Insurability. For example, You may apply to change Your status from Smoker to Non-Smoker. In that case, We may require that You provide evidence of Your Non-Smoker status satisfactory to Us.

If Your request is approved, We will send You a confirmation letter with the new Premium and a revised Policy Summary.

The change in Premium will take effect on the next Monthly Anniversary after the date We process the change in Risk Class. If You make annual Premium payments, We will refund any excess Premiums You may have paid between the date the change in Premium takes effect and the next Policy Anniversary.

If Your Risk Class is changed, the two (2) year contestability period described in the **General Provisions** Section under **Contesting This Policy** applies to any new declarations or other Evidence of Insurability You provided to Us in support of the change. This means that if there is a change in Risk Class, the two (2) year contestability period starts on the Effective Date of Change in Risk Class.

Requesting a Change to Premium Rating

Subject to Our policies and the applicable laws in effect at the time, You may be eligible and may apply for a reduction or elimination of the Premium Rating, if applicable, at any time after the first (1st) Policy Anniversary by providing satisfactory Evidence of Insurability.

If Your request to reduce or eliminate the Premium Rating is approved, We will email or mail You a confirmation letter with the new Premium and a revised Policy Summary.

The change in Premium will take effect on the next Monthly Anniversary after the date We process the change or elimination of Your Premium Rating. If You make annual Premium payments, We will refund any excess Premiums You may have paid between the date the change in Premium takes effect and the next Policy Anniversary.

If Your Premium Rating is changed, the two (2) year contestability period described in the **General Provisions** Section under **Contesting This Policy** applies to any new declarations or other Evidence of Insurability You provided to Us in support of the change. This means that if there is a change in Your Premium Rating, the two (2) year contestability period starts on the Effective Date of Change in Premium Rating.

Increasing the Coverage Amount

Increases in Coverage Amount under this Policy are not available.

Decreasing the Coverage Amount

You may request a decrease in the Coverage Amount at any time while this Policy is in effect, subject to the following conditions:

- i) each decrease must be for a minimum of five thousand dollars (\$5,000);
- ii) the Coverage Amount under this Policy cannot be reduced below fifteen thousand dollars (\$15,000); and
- iii) if You are permitted to designate Beneficiaries under this Policy and You have designated one or more irrevocable Beneficiaries, then You will need written consent from each irrevocable Beneficiary to decrease Your Coverage Amount.

Decreases will take effect and the revised Premium will be due on the next Monthly Anniversary following the date the decrease is processed by Us, provided We have received the required consents, if applicable. We will email or mail You confirmation of Your request to decrease the Coverage Amount together with an updated Policy Summary reflecting the new Coverage Amount and Premiums.

If You make annual Premium payments, We will refund any excess Premiums You may have paid between the date the change in Premium takes effect and the next Policy Anniversary.

Conversion Privilege

Conversion Privilege from Term-10 Policy to Term-20 Policy

If this Policy is a Term-10 Policy, You may convert all or part of the Coverage Amount into separate Term-20 Policies without providing Evidence of Insurability.

You may convert a Term-10 Policy to a Term-20 Policy at any time after the first (1st) Policy Anniversary of this Policy and before the fifth (5th) Policy Anniversary of this Policy, provided that:

- i) Conversion occurs before Your fifty-fifth (55th) birthday; and
- ii) if You are permitted to designate Beneficiaries under this Policy and You have designated one or more irrevocable Beneficiaries, then You will need written consent from each irrevocable Beneficiary authorizing the Conversion request.

Additional requirements are described under **Other Conversion Requirements** below.

Conversion Privilege to Term-75 Policy

If this Policy is a Term-10 Policy or a Term-20 Policy, You may convert all or part of the Coverage Amount of this Policy into separate Term-75 Policies without providing Evidence of Insurability, provided that:

- i) Conversion occurs before Your sixty-fifth (65th) birthday; and
- ii) if You are permitted to designate Beneficiaries under this Policy and You have designated one or more irrevocable Beneficiaries, then You will need written consent from each irrevocable Beneficiary authorizing the Conversion request.

Additional requirements are described under **Other Conversion Requirements** below.

Other Conversion Requirements

Any policy issued from a Conversion of this Policy must have a minimum coverage amount of fifteen thousand dollars (\$15,000) up to the maximum available Coverage Amount under this Policy at the time of Conversion.

Conversion requests can be submitted by calling Us toll-free at 1 888 393-1110 from Monday to Friday between 8:00 am and 10:00 pm Eastern Time or by writing to Us at:

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CIBC Life Insurance Company Limited

P.O. Box 5760, Station F
50 Charles Street East
Toronto, ON M4Y 2T1

If You are requesting Conversion of the entire Coverage Amount under this Policy, then this Policy will remain in effect (provided this Policy is not Lapsed) until We receive the initial premium under the converted policy and We issue the converted policy. On the Conversion Date, coverage under this Policy will transfer to the converted policy and this Policy will Terminate.

If You are converting a portion of the Coverage Amount under this Policy, then this Policy will remain in effect for the remaining portion of coverage (provided this Policy is not Lapsed). We will send You an updated Policy Summary setting out the remaining Coverage Amount under this Policy and the Effective Date of Coverage Reduction. The Effective Date of Coverage Reduction will be the same as the Conversion Date of the converted policy. The converted portion of the Coverage Amount will also remain in effect under this Policy (provided this Policy is not Lapsed) until We receive the initial premium for the converted policy and We issue that converted policy. On the Conversion Date, the converted portion of the Coverage Amount will transfer to the converted policy and the converted portion will no longer be in effect under this Policy.

You must continue Your Premium payments under this Policy while We are processing Your request for Conversion.

A converted policy will:

- i) Include either the entire Coverage Amount or the portion of the Coverage Amount under this Policy that You requested be converted;
- ii) be issued based on:
 - a) the information in Your Application and other Evidence of Insurability provided to Us to obtain Your original coverage under this Policy, and
 - b) any additional information You provided to Us up to the Conversion Date;
- iii) have premiums calculated using rates in effect at the time of the request for Conversion based on:
 - a) Your Age at the time of Your request for Conversion;
 - b) the Coverage Amount requested to be converted; and
 - c) Your Risk Class and Premium Rating under this Policy;
- iv) be issued on the terms and conditions of the Term-20 Policy or Term-75 Policy used by Us at the time of Conversion.

The terms and conditions of the converted policy will be effective as of the Conversion Date shown on the updated Policy Summary that We mail or email to You with the converted policy. However, the two (2) year contestability period described in the **General Provisions** Section under **Contesting This Policy** is **not** reset on Conversion. This means that the two (2) year contestability period started from the Effective Date of Coverage of this Policy or the Effective Date of Reinstatement, as applicable, and not the Conversion Date.

If We contest the validity of the insurance under the converted policy, We can rely on:

- i) any information in Your Application and other Evidence of Insurability provided to Us to obtain or change Your coverage under this Policy; and
- ii) any additional information provided to Us in connection with the Conversion.

Designating A Beneficiary

(only for residents of Alberta, British Columbia, Manitoba, Ontario and Quebec)

If the Application for this Policy was signed in Alberta, British Columbia, Manitoba, Ontario or Quebec, and if You were residing in Alberta, British Columbia, Manitoba, Ontario or Quebec when this Policy was issued, then You may designate one or more revocable or irrevocable Beneficiaries to receive the Critical Illness Benefit if You die before the Critical Illness Benefit is paid. If You do not designate any Beneficiaries or if there are no surviving Beneficiaries, then the Critical Illness Benefit will be paid to Your estate.

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You may designate a Beneficiary at any time, if:

- i) You have not already designated an irrevocable Beneficiary; or
- ii) You have designated one or more irrevocable Beneficiaries, and the allocation of the Critical Illness Benefit to any irrevocable Beneficiary(ies) does not decrease as a result of designating any additional Beneficiary(ies).

You may change a revocable Beneficiary at any time.

Subject to the right of any irrevocable Beneficiaries described below, any change in designation of Beneficiary(ies) will automatically revoke any prior appointments or designations. This means that if You have already designated one or more Beneficiaries and want to add more Beneficiary(ies) or make a change in allocation of the Critical Illness Benefit among Beneficiaries, You must re-designate Your existing Beneficiary(ies) along with the newly designated Beneficiary(ies) on the same beneficiary designation form. You must indicate the percentage of the Critical Illness Benefit to be received by each Beneficiary.

If You have designated one or more irrevocable primary or contingent Beneficiaries, You cannot exercise any right or option under this Policy unless:

- i) the irrevocable Beneficiary(ies) (who must be the age of majority) consent(s) in writing; or
- ii) consent of the irrevocable Beneficiary(ies) is not required under applicable law.

For example, You need each irrevocable Beneficiary's written consent to:

- i) reduce the Coverage Amount;
- ii) exercise the Conversion privilege if this Policy is a Term-10 Policy or a Term-20 Policy; or
- iii) cancel this Policy;

and the applicable irrevocable Beneficiary's written consent to:

- i) change the beneficiary designation from irrevocable to revocable; or
- ii) reduce the allocation of the Critical Illness Benefit to that irrevocable Beneficiary.

We will only accept a beneficiary designation or change, or consent of an irrevocable Beneficiary, if it is provided to Us in writing on Our standard beneficiary designation form and signed by You and each required irrevocable Beneficiary. The designation or change will take effect on the date it is recorded in Our administrative system.

For more information about how to designate Beneficiaries, or to request a copy of Our beneficiary designation form, please call Us toll-free at 1 888 393-1110 from Monday to Friday between 8:00 am and 10:00 pm Eastern Time.

Claims

To claim any benefits under this Policy, the Claimant should contact Us by calling toll-free at 1 888 393-1110 from Monday to Friday between 8:00 am and 10:00 pm Eastern Time or by writing to Us at:

CIBC Life Insurance Company Limited

P.O. Box 5760, Station F
50 Charles Street East
Toronto, ON M4Y 2T1

When We receive notice of a claim, We will send the required forms to the Claimant.

Notice and Proof of Claim

We must receive notice of claim at Our Office within thirty (30) days from the date of Diagnosis or Coronary Artery Bypass Surgery, as applicable. We will send the Claimant the forms required to provide proof of the claim. We must receive proof of the claim, satisfactory to Us, at Our Office within ninety (90) days from the date of Diagnosis or Coronary Artery Bypass Surgery, as applicable.

However, failure to submit notice or proof of claim within those time periods will not invalidate any claim if:

- i) the Claimant submits the notice or proof of claim as soon as is reasonably possible, but in no event later than one (1) year from the date of Diagnosis or Coronary Artery Bypass Surgery, as applicable; and

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- ii) the Claimant can show that it was not reasonably possible to submit notice or proof of claim within the required time periods.

For more detail, refer to the **Statutory Conditions** Section under **Notice of Proof and Claim, Failure to Give Notice or Proof and Insurer to Furnish Forms for Proof of Claim**.

We, at Our own expense, have the right to investigate the circumstances of the Diagnosis or Coronary Artery Bypass Surgery, as applicable, unless prohibited by law.

We will pay the Critical Illness Benefit within sixty (60) days after We have received all proof and other information that We require to establish the validity of the claim Including:

- i) that the Diagnosis or Coronary Artery Bypass Surgery, as applicable, occurred while this Policy was in effect;
- ii) evidence that You have lived through the Survival Period and that You have not experienced irreversible cessation of all functions of the brain before the end of the Survival Period;
- iii) Your date of birth;
- iv) Your smoking status;
- v) the date of birth of any named Beneficiaries;
- vi) if the diagnosis occurs outside of Canada, then We must be provided with Your complete medical records from whichever country or jurisdiction in which the diagnosis occurred. The medical records must provide satisfactory medical evidence to Us that a Physician or Specialist, as required, would have made a Diagnosis of a Critical Illness under this Policy; and
- vii) the legal rights of the Claimant to be paid the Critical Illness Benefit.

Subject to the deductions set out in the **Critical Illness Benefit** Section and the other terms of this Policy, We will pay the Critical Illness Benefit, if a claim is approved, in the following manner:

- i) as a one-time lump sum payment to You; or
- ii) if You die before We issue the Critical Illness Benefit and You are permitted to designate a Beneficiary under the **Designating A Beneficiary** Section and
 - a) You have named more than one primary Beneficiary, the Critical Illness Benefit will be paid according to the percentage allocated to each primary Beneficiary by You if the allocations total 100%;
 - b) if You named more than one primary Beneficiary, but no allocation is made, or the allocations do not total 100%, then We will pay each primary Beneficiary an equal share of the Critical Illness Benefit;
 - c) if a primary Beneficiary dies before You die, and one or more primary Beneficiaries survive, the deceased Beneficiary's share will be distributed to the surviving primary Beneficiary(ies) in proportion to their percentage allocations. Alternatively, You may choose to indicate how to allocate that Beneficiary's share upon his or her death by designating Your Beneficiaries in a new beneficiary designation form as described in the **Designating A Beneficiary** Section of this Policy;
 - d) if all primary Beneficiaries die before You die, and You have designated one or more contingent Beneficiaries, the Critical Illness Benefit will be paid to the contingent Beneficiary(ies) according to the percentage You allocated to each contingent Beneficiary if the allocations total 100%;
 - e) if You named more than one contingent Beneficiary, but no allocation is made, or the allocations do not total 100%, then We will pay each contingent Beneficiary an equal share of the Critical Illness Benefit;
 - f) if a contingent Beneficiary dies before You die, and one or more contingent Beneficiaries survive, the deceased contingent Beneficiary's share will be distributed to the surviving contingent Beneficiaries in proportion to their percentage allocations. Alternatively, You may choose to indicate how to allocate that Beneficiary's share upon his or her death by designating Your Beneficiaries in a new beneficiary designation form as described in the **Designating A Beneficiary** Section of this Policy;
 - g) if no Beneficiary has been designated, or where no primary or contingent Beneficiary survives You, the Critical Illness Benefit will be paid to Your estate; or
 - h) if a Beneficiary has not reached the age of majority or lacks legal capacity, We will pay that Beneficiary's portion of the Critical Illness Benefit in accordance with applicable law.

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If You pay Premiums annually, We will issue a refund of the Premium that You had paid for the remaining months in the Policy year, beginning with the month after Your Diagnosis or Coronary Artery Bypass Surgery, as applicable.

Exclusions And Limitations

These exclusions are in addition to the specific exclusions set out in the definitions of the Critical Illnesses in the **Covered Conditions** Section above.

We will not pay the Critical Illness Benefit if Your Diagnosis or Coronary Artery Bypass Surgery, as applicable, is in any way related or attributable to, or results directly or indirectly from:

- any condition, disease, illness not covered under this Policy, Including a Diagnosis of Cancer (Life-Threatening) if excluded from coverage under this Policy under the heading Exclusions from Coverage found in Your Policy Summary.

We will not pay the Critical Illness Benefit:

- if You are not alive at the end of the Survival Period or if You have experienced irreversible cessation of all functions of the brain before the end of the Survival Period;
- if this Policy is not in effect;
- if You are Diagnosed or undergo Coronary Artery Bypass Surgery while this Policy is not in effect;
- if this Policy is declared void because You misrepresented or failed to disclose a Material Fact, or You committed fraud in connection with this Policy.

We will not pay the Critical Illness Benefit if Your Diagnosis or Coronary Artery Bypass Surgery, as applicable, is in any way related or attributable to, or results directly or indirectly from:

- any self-inflicted injury or attempted suicide regardless of whether You intended or understood the consequences of Your actions;
- Your intentional use or intake of any drug, intoxicant (Including alcohol), narcotic or poisonous substance, except as prescribed by a Physician or as directed by the manufacturer in the case of non-prescribed medication;
- Your attempt to commit or commission of an indictable offence, whether charged or not;
- Your participation in war (whether such war is declared or undeclared) or hostile act of the armed forces of any country, insurrection or civil commotion; or
- Your operation of any land, water or air conveyance which is moved or operated by any means other than muscular power, while Your concentration of alcohol in one hundred (100) milliliters of blood exceeds eighty (80) milligrams or while You are under the influence of any drug, intoxicant, narcotic or poisonous substance except as prescribed by a Physician or as directed by the manufacturer in the case of non-prescribed medication.

General Provisions

Policy

This Policy is an individual sickness insurance contract within the meaning of the relevant provincial or territorial legislation in Canada and forms the entire contract between You and Us and consists of:

- i) this Policy document, Including any exclusion that We indicate, if applicable, under Exclusions from Coverage in Your Policy Summary;
- ii) Your completed Application;
- iii) any exclusion that We indicate in or include with this Policy document;
- iv) all subsequent requests by You to Reinstate or convert this Policy, change Your Risk Class or Premium Rating, decrease Your Coverage Amount or make other changes to this Policy, and any amendments to this Policy or updated Policy Summaries issued to You as a result;
- v) any Evidence of Insurability We used to approve Your Application, Reinstatement, Conversion, change in Risk Class or Premium Rating or any other change in coverage for this Policy (if applicable);

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- vi) any designation or change of Beneficiary(ies) that You provide to Us, if such designation is permitted; and
- vii) any written amendment(s) that We provide to You.

Only an officer of CIBC Life has the authority to waive or agree to change any of the conditions or provisions of this Policy on Our behalf. Any such waiver or change must be clearly expressed in writing and signed by an officer of CIBC Life.

We are not bound by any statement that is not part of this Policy.

Non-Waiver

If We waive or do not insist on performance of any of the provisions of this Policy, that will not be construed as a waiver of any subsequent breach of the same provision or any other provision. If We consent to or approve any act by You, that will not be construed as a consent to or approval of any subsequent similar act by You.

Contesting This Policy

You have an obligation to disclose every Material Fact to Us. We will contest and may void this Policy or any coverage under it or deny a claim if, in any Application, or subsequent request for Reinstatement or change in Risk Class or Premium Rating (or in any new declarations or other Evidence of Insurability provided in support of such request):

- You have misrepresented or failed to disclose a Material Fact relating to this Policy, except a misstatement of gender or Age, which are addressed under **Misstatement of Gender** and **Misstatement of Age** below;

and provided that:

- this Policy has been in effect for less than two (2) years from the Effective Date of Coverage or the Effective Date of Reinstatement, as applicable; or
- in the case of any change in Risk Class or Premium Rating, less than two (2) years have passed since the Effective Date of Change in Risk Class or Effective Date of Change in Premium Rating, as applicable; or
- this Policy or change in Risk Class has been in effect for more than two (2) years but the Critical Illness was Diagnosed or You undergo Coronary Artery Bypass Surgery within those two (2) years.

However, We can, at any time, contest the validity of this Policy or any coverage under it and void this Policy or deny any claim because of fraud.

If We void Your Policy for a misrepresentation or failure to disclose a Material Fact, then no benefits will be payable and We will refund all Premiums that We have collected. However, We will not refund Your Premiums if We void Your Policy because of fraud.

Misstatement of Gender

If, without any fraud, Your gender has been misstated at the time of Application or in any written or telephone-recorded statements or answers provided as Evidence of Insurability, then, at Our option, We may increase or decrease the Critical Illness Benefit in such proportion as the Premium that You paid bears to the Premium that You would have paid if You had not misstated Your gender.

Misstatement of Age

If You have misrepresented Your Age, then We will either increase or decrease the Critical Illness Benefit in such proportion as the Premium that You paid bears to the Premium that You would have paid if You had not misrepresented Your Age or adjust the Premium to correspond to Your Age.

Currency and Place of Payment

All payments made to Us must be made at Our Office or elsewhere as may be determined by Us. Payments must be in Canadian dollars through a Canadian financial institution bank account for pre-authorized debit or through Visa, MasterCard or American Express card.

Payments made by Us will be made in Canadian dollars.

Language

The parties request that this Policy and all related documentation be drawn up in English. *Les parties demandent que la présente police ainsi que toute documentation pertinente soient rédigées en anglais.*

Assignment

You may not assign this Policy, including as collateral security for a loan or other credit product.

Statutory Conditions

Despite any other provision contained in this Policy, this Policy is subject to the statutory conditions in the Insurance Act in the province or territory (excluding Quebec) where You normally reside respecting contracts of accident and sickness insurance. For Quebec residents, notwithstanding any other provisions contained in this Policy, this Policy is subject to the mandatory provisions of the Civil Code of Quebec respecting contracts of accident and sickness insurance.

The Contract

- 1) The application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

Waiver

The following condition does not apply in British Columbia, Alberta, Manitoba and Ontario:

- 2) The insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

Copy of Application

The following condition does not apply in British Columbia, Alberta and Manitoba:

- 3) The insurer shall, upon request, furnish to the insured or to a claimant under the contract a copy of the application.

Material facts

No statement made by the insured or person insured at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

Notice and Proof of Claim

- 1) The insured or a person insured, or a beneficiary entitled to make a claim, or the agent of any of them, shall,
 - a) give written notice of claim to the insurer,
 - i) by delivery thereof, or by sending it by registered mail (recorded mail in Alberta) to the head office or chief agency of the insurer in the Province, or
 - ii) by delivery thereof to an authorized agent of the insurer in the Province,

not later than thirty days from the date a claim arises under the contract on account of an accident, sickness or disability;
 - b) within ninety days from the date a claim arises under the contract on account of an accident, sickness or disability, furnish to the insurer such proof as is reasonably possible in the circumstances of the happening of the accident or the commencement of the sickness or disability, and the loss occasioned thereby, the right of the claimant to receive payment, his or her age, and the age of the beneficiary if relevant; and
 - c) if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim may be made under the contract and as to the duration of such sickness or disability.

Failure to Give Notice or Proof

2. Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if,
- a) the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the accident or the date a claim arises under the contract on account of sickness or disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed; or

The following subsection (b) does not apply in Saskatchewan, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, Yukon, Northwest Territories and Nunavut:

- b) in the case of the death of the person insured, if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

Insurer to Furnish Forms for Proof of Claim

The insurer shall furnish forms for proof of claim within fifteen 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 accident, sickness or disability giving rise to the claim and of the extent of the loss.

Rights of Examination

As a condition precedent to recovery of insurance money under this contract,

- a) the claimant shall afford to the insurer an opportunity to examine the person of the person insured when and so often as it reasonably requires while the claim hereunder is pending; and
- b) in the case of death of the person insured, the insurer may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

When Money Payable Other Than for Loss of Time

All money payable under this contract, other than benefits for loss of time, shall be paid by the insurer within sixty days after it has received proof of claim.

Limitation of Actions

The following condition applies only in New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador:

- An action or proceeding against the insurer for the recovery of a claim under this contract shall not be commenced more than one year after the date the insurance money became payable or would have become payable if it had been a valid claim.

The following condition applies only in Yukon, Northwest Territories and Nunavut:

- An action or proceeding against the insurer for the recovery of a claim under this contract shall not be commenced more than two years after the date the insurance money became payable or would have become payable if it had been a valid claim.

Provisions regarding 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* (for actions or proceedings governed by the laws of Alberta and British Columbia), The *Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the Limitations Act, 2002 (for actions or proceedings governed by the laws of Ontario), or as set out in the **Statutory Conditions** Section under **Limitation of Action**, above. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Civil Code of Quebec*.

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Thank You

We at CIBC Life Insurance Company Limited thank You for enrolling in CIBC <<Term-10/Term-20/Term-75>> Critical Illness Insurance. We look forward to providing You with excellent products and services in the future.

For further information about Your coverage, or to make a claim, please write or call Us at:

CIBC Life Insurance Company Limited

P.O. Box 5760, Station F
50 Charles Street East
Toronto, ON M4Y 2T1

Toll-free 1 888 393-1110

Monday to Friday between 8:00 am and 10:00 pm Eastern Time

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SAMPLE