



**MONEY MART CREDIT CARD BALANCE  
PROTECTION PLAN**

**CERTIFICATE OF INSURANCE & DISCLOSURE  
STATEMENT**

**Certificate Effective Date: 01/15/2026**

Money Mart Credit Card Balance Protection Plan (the "Policy") is available to National Money Mart Company ("Money Mart") customers, as the Insured, on approved credit card account applications in which the insurance enrollment is submitted to Trans Global Insurance Company and Trans Global Life Insurance Company for residents of all provinces except Quebec, and to Trans Global Life Insurance Company for residents of Quebec, and who have requested the coverage, agreed to pay the premium, and continue to pay premiums on a timely basis. Failure to make premium payments on a timely basis could cause lapses in coverage. Please see "Termination of Coverage" under Part H, below.

When **You** enroll in the Policy, **You** are enrolling directly with **Us**. This Certificate of Insurance, plus the insurance premiums billed on **Your** Money Mart credit card account, paid monthly, are evidence of **Your** insurance under the Policy, provided the insurance has not been terminated in accordance with the provisions outlined in this Certificate of Insurance. The Policy is underwritten pursuant to Group Master Policy No's MM- 01152026-P and MM- 01152026-L for residents of all provinces except Quebec, and Group Master Policy No. MM- 01152026-L for residents of Quebec, issued to Money Mart by **Us** along with the following respective coverage they provide under the Policy:

Quebec Residents	Residents in all Provinces (except Quebec)
<b>Trans Global Life Insurance Company (MM- 01152026-L)</b>	<b>Trans Global Insurance Company (MM- 01152026-P)</b>
Part A: Involuntary Unemployment Insurance Part B: Critical Illness Insurance Part C: Injury or Sickness Part D: Death Part E: Unpaid Family Leave Support Part F: Lifetime Milestone Support service feature	Part A: Involuntary Unemployment Insurance  <b>Trans Global Life Insurance Company (MM 01152026-L)</b> Part B: Critical Illness Insurance Part C: Injury or Sickness Part D: Death Part E: Unpaid Family Leave Support Part F: Lifetime Milestone Support service feature

This Certificate of Insurance contains information about **Your** optional insurance. It outlines what is covered, along with the conditions under which a payment will be made. It also provides instructions on how to make a claim. It is important

that **You** read this Certificate of Insurance carefully and understand **Your** coverage as **Your** coverage is subject to certain limitations or exclusions. This Certificate of Insurance is not a contract of insurance and contains only a summary of the principal provisions of the Policy.

Please refer to the definition section or to the applicable description of benefits for the meanings of all bolded terms. This Certificate of Insurance replaces all Certificates of Insurance previously issued to **You** with respect to the Policy. Coverage is only available if **You** are a resident of Canada and above 18 years of age on the **Effective Date**. This coverage may be cancelled, changed, or modified at the option of Money Mart and the **Us** at any time.

**WHO IS COVERED**

To be eligible to apply for insurance, **You** must be a Canadian resident and be between the ages of 18 and 70 years on the **Effective Date**. The Insurance terminates at the age of 75 years.

**WHAT DOES THE INSURANCE COVER?**

1. The involuntary unemployment insurance, and the **Injury** or **Sickness** insurance can help **You** pay a portion of **Your** monthly credit card payments if **You** involuntarily lose **Your** job or become disabled, and unable to work.
2. The critical illness and death coverages can reduce or pay off **Your** credit card balance if **You** die, or if **You** are diagnosed with certain types of cancer, heart attack, stroke, or eligible critical illness. The lifetime milestone support and the unpaid family leave support are additional service features that pay part of **Your** outstanding balance, or the outstanding balance (if the remaining balance is less than the total of three monthly payments), if **You** are insured under this Policy, and **You** experience one of the eligible lifetime milestones or qualify under the unpaid family leave support feature.

**HOW TO GET INFORMATION ABOUT YOUR INSURANCE**

For confirmation of coverage or for any question concerning the information in this Certificate or questions regarding a claim or requiring claim information, please contact **Us** at 1-844-930-6022 or at <https://transglobalinsurance.ca>

**HOW TO CANCEL THIS INSURANCE**

Upon receipt of this Certificate of Insurance, if **You** no longer wish to be enrolled in this insurance, please contact Money Mart at: **1-800-361-1407** to cancel **Your** Policy within 30 days for residents of all provinces except Quebec, and 60 days for residents of Quebec.

The cancellation request will need to be made in writing and contain **Your** signature. When the Policy is cancelled within 30 days (60 days for residents of Quebec) of enrollment, any premiums charged will be refunded to **Your** Money Mart credit card account.

**You** may cancel any time after 30 days (60 days for Quebec residents) by sending Money Mart a request in writing, but **You** will not be entitled to a refund of any premiums charged.

## **PART A - INVOLUNTARY UNEMPLOYMENT BENEFIT**

If **You** become involuntarily unemployed after the **Effective Date**, **We** will pay Money Mart, the monthly payment obligation on **Your** behalf, retroactively beginning from **Your Date of Loss**. **We** will make **Your Monthly Payment** due until **You** return to work full-time, subject to a maximum of 12 **Monthly Payments**.

When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits only under one coverage, not under both. The total Monthly Payment will not exceed the lesser of the **Outstanding Balance** or \$35,000.

### **CONDITIONS**

To be eligible for involuntary unemployment benefits under this

Part A:

1. **You** must be a Canadian resident and be over the age of 18 on the **Effective Date**;
2. **You** must have been insured under the Policy and gainfully employed on a permanent basis, working full-time at the **Date of Loss**, which means working at least 20 hours each week;
3. **You** shall have been involuntarily unemployed for more than 15 consecutive days;
4. Prior to **Your** involuntary unemployment, **Your** employer shall have been paying employment insurance premiums to Canada Revenue Agency (CRA) and/or any of its successor entities, on **Your** behalf.
5. Within 15 days of **Your** involuntary unemployment, **You** must have registered with the Canada Employment Insurance Commission to receive employment insurance benefits;
6. While **You** are involuntarily unemployed **You** must be available to work full-time, and **You** may be required to provide evidence that **You** are actively seeking employment.

### **EXCLUSIONS**

**We shall not be liable for involuntary unemployment benefits due to:**

1. Unemployment for any reason beginning within 2 days from the **Effective Date**;
2. Unemployment known by **You** to be impending at the time of application for insurance;
3. Loss of seasonal employment;
4. Strikes or lockouts, whether or not **You** participate voluntarily;
5. **Injury** or **Sickness** for which benefits are payable under this Policy;
6. Discharge for cause by **Your** employer;
7. Pregnancy or childbirth, maternity, paternity, or adoption leave;
8. Family medical or caregiver leave;
9. Voluntary unemployment;
10. Criminal charges having been laid against **You** and any resulting incarceration;

11. Failure to pay child maintenance support payments, spousal support payments or alimony;
12. Retirement, whether voluntary or mandatory;
13. Any of the exclusions listed under the heading "General Exclusions" found in Part H – General Provisions.

### **RE-ELIGIBILITY**

If **You** return to work for less than 6 consecutive months after receiving benefits under this Part A and suffer another period of at least 15 consecutive days of involuntary unemployment, **You** will only be eligible for any remaining benefits of the maximum 12 **Monthly Payments** from the previous claim. However, if **You** have returned to full time employment (at least 20 hours per week) for at least 6 consecutive months after receiving benefits under Part A, **Your** coverage will be reinstated for up to the contracted month benefits (subject to the \$35,000 maximum limit) for subsequent periods of covered involuntary unemployment.

## **PART B – CRITICAL ILLNESS BENEFIT**

If, after the **Effective Date** and while insured, **You** are diagnosed with a Critical Illness for the first time in **Your** life and survive that **First Diagnosis** for at least 30 days, **We** will pay to Money Mart an amount equal to the **Outstanding Balance** as on the date of **First Diagnosis** of the Critical Illness, to a maximum of \$35,000.

### **CONDITIONS**

1. Critical Illness coverage under Part B ceases to the Critical Illness claimant upon attainment of the age of 75. The date of **First Diagnosis** must occur prior to the individual's 75<sup>th</sup> birthday.
2. The Critical Illnesses covered under this Policy are Cancer (Life Threatening), Heart Attack, Stroke, Coronary Artery Bypass Graft, Kidney Failure and Major Organ Transplant. Full definitions of these Critical Illnesses along with any limitations, are found below.
3. Under this Certificate of Insurance, the Critical Illness benefit will be paid only once. After the Critical Illness benefit is paid, **You** remain eligible for benefits described under Parts A, C, D, and the service feature in E and F of this Certificate of Insurance.
4. Proof of loss satisfactory to **Us** must be submitted within 90 days of **First Diagnosis**. The diagnosis must be made in writing by a licensed physician and be supported by medical evidence that **We** require or may require.
5. No benefit is payable if a benefit under the Death Benefit has been paid.

## EXCLUSIONS

### We do not pay a benefit for a particular Critical Illness if:

- a. that Critical Illness resulted directly or indirectly from any of the exclusions listed under the heading "General Exclusions" found in General Exclusion Provisions;
- b. that Critical Illness existed, or was first diagnosed, prior to the **Effective Date** or within 60 (90 days for Cancer or Heart Attack) days after the **Effective Date**.

## CRITICAL ILLNESS DEFINITIONS & LIMITATIONS

Only the following Critical Illnesses, as defined below, are covered under this Certificate of Insurance:

1. **Cancer (Life Threatening)** means any malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. The diagnosis must be made in writing by a physician and be confirmed by histological examination of the involved tissue. Under this Certificate of Insurance Cancer includes leukemia and Hodgkin's disease but does not include:
  - a. All tumors which are histologically described as pre-malignant, as non-evasive or ascancer in situ;
  - b. Stage A prostate cancer, Duke's Stage A colon cancer, or any pre-malignant lesions, benign tumors or polyps;
  - c. Kaposi's sarcoma or cancerous tumors in the presence of Human Immunodeficiency Virus;
  - d. Any skin cancer that is not malignant invasive melanoma and that has not exceeded .75 millimeters in depth.
2. **Heart Attack** means the death of a portion of the heart muscle as a result of inadequate blood supply that has resulted in all of the following evidence of acute myocardial infarction:
  - a. Typical chest pain;
  - b. New characteristic electrocardiographic (ECG) changes; and
  - c. The characteristic rise of cardiacenzymes, troponins or other biochemical markers.
  - d. Other acute coronary syndromes, including but not limited to angina, are not covered under this definition.
3. **Stroke** means any cerebrovascular incident, excluding transient ischemic attack (mini stroke), producing death of a portion of the brain as a result of thrombosis, intracranial or subarachnoid hemorrhage or embolization from an extracranial source and with objective evidence of a new permanent neurological deficit persisting for more than 30 days.
4. **Coronary artery bypass graft** means the undergoing of heart Surgery to correct the narrowing or blockage of one or more coronary arteries using venous or arterial grafts. Coronary artery bypass graft does not include:
  - a. Angioplasty (percutaneous transluminal coronary angioplasty);

- b. Laser relief of an obstruction; stern insertion; coronary angiography; or
  - c. Any other intra-catheter technique.
  - d. The Surgery must be deemed medically necessary by a physician who is board-certified cardiologist.
6. **Kidney Failure** means end stage, irreversible failure of both kidneys to function, provided that a physician who is board-certified has determined that such failure requires either:
  - a. Immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months or
  - b. A kidney transplant.
7. **Major Organ Transplant** means the actual undergoing as a recipient of a transplant of a heart, lung, pancreas, kidney, or liver.

## PART C – INJURY OR SICKNESS BENEFIT

If **You** suffer an **Injury** or **Sickness** and as a result are unable to work, while **You** are covered under the Policy, **We** will make **Your Monthly Payments**, as defined in Part G - Definitions, to Money Mart on **Your** behalf beginning retroactively with **Your Date of Loss** and until **You** are able to return to work, subject to a maximum of 12 **Monthly Payments**. The total benefits paid will not exceed the lesser of the **Outstanding Balance** or \$35,000.

## CONDITIONS AND LIMITATIONS

1. **You** must become, after the **Effective Date**, unable to work as the result of accidental bodily **Injury** or **Sickness** and shall be regularly attended by a licensed physician or surgeon other than **Yourself** and, in the opinion of the physician or surgeon, be prevented from engaging in any business or employment for which **You** are reasonably fitted by training, experience or education, and shall remain so unable to work for 10 consecutive days.
2. To be eligible for **Injury** or **Sickness** benefits, **You** must have been insured under the Policy and gainfully employed or working in a self-employed capacity earning taxable revenue pursuant to the Canada Income Tax Act on a permanent basis, working full-time at the **Date of Loss**, which means working at least 20 hours each week.
3. **We** will require **Your** attending physician or surgeon to send **Us** a written statement, on a form provided by **Us** or acceptable to **Us**, indicating that **You** were unable to resume employment because of the **Injury** or **Sickness**. **You** may be required to provide subsequent verification of continued disability.
4. Benefits will end once **Your** doctor allows **You** to return to work on a full-time, part-time, or modified basis.
5. When **You** are simultaneously unable to work due to an **Injury** or **Sickness** and involuntarily unemployed, **You** are entitled to benefits only under one coverage, not under both.

## EXCLUSIONS

We do not pay a monthly **Injury** or **Sickness** benefit if the **Injury** or **Sickness** resulted directly or indirectly from:

1. any of the exclusions listed under the heading "General Exclusions" found in Part H – General Provisions;
2. a pre-existing condition, if **Your Injury** or **Sickness** commences anytime during the first 60 days of coverage. For the purposes of this exclusion, pre-existing condition is any **Sickness** or **Injury** for which **You** received medical advice, consultation, diagnosis, investigation, or for which treatment was required or recommended by a doctor during the 6 months prior to the **Effective Date** of **Your** coverage;
3. a nervous, mental, psychological, emotional, or behavioral disorder or condition unless **You** are under the full-time care of a licensed psychiatrist;
4. a Critical Illness for which a benefit has been paid under Part B- Critical Illness, of this Policy;
5. normal pregnancy;
6. Foreign travel or residence;
7. Flight on non-scheduled aircraft.

## RE-ELIGIBILITY

When payments have been completed for a claim under these **Injury** or **Sickness** provisions, **You** must resume permanent full-time employment for 20 or more hours per week for a period of 60 consecutive days to become eligible for further **Injury** or **Sickness** claim.

## PART D - DEATH BENEFIT

### BENEFITS

We will pay to Money Mart, on **Your** behalf, upon due proof of **Your** death, occurring after the **Effective Date** and while **You** are covered under the Policy, an amount of insurance equal to the **Outstanding Balance** of **Your** Money Mart credit card account at the date of death to a maximum of \$35,000. The Death Benefit will only be paid if you die before you attain age 75.

We do not pay a benefit if the death resulted directly or indirectly from:

1. Any of the exclusions listed under the heading "General Exclusions" found in Part H – General Provisions.
2. A pre-existing Condition, if **You** die within 60 days of the **Effective Date** from that pre-existing condition. For the purposes of this exclusion, **We** define a pre-existing condition as any **Sickness** or **Injury** for which **You** received medical advice, consultation, diagnosis, investigation, or for which treatment was required or recommended by a doctor during the 6 months prior to the **Effective Date** of **Your** coverage.
3. A Critical Illness for which a benefit has been paid under Part B – Critical Illness of this Certificate of Insurance.

## PART E – UNPAID FAMILY LEAVE SUPPORT

If **You** are required to take **Unpaid Family Leave** of absence from your employment to care for a family member, in excess of 30 days or more, **We** give **You** the opportunity to claim a portion of **Your** outstanding credit card balance.

**Unpaid Family Leave** means unpaid leave of absence from **Your** employment for more than 30 days, approved by **Your** employer, to provide care and support to **Your** Spouse, **Your** child, or **Your** parent with a serious health condition.

### BENEFITS

If, after the **Effective Date** and while insured under the Policy, **You** are required to take an **Unpaid Family Leave** of absence from **Your** employment to care for a family member, and subject to claim approval after receiving the supporting claim documentation, **We** will make a one-time payment equal to the LESSER of the following amounts:

1. An amount equal to three times **Your** next **Monthly Payment**, charged to your credit card immediately after the date of the **Unpaid Family Leave** event; or
2. The remaining Credit Card Balance at the time of the **Unpaid Family Leave**.

### CONDITIONS

The **Unpaid Family Leave** Support is paid only if:

1. An **Unpaid Family Leave** of absence occurs 30 days after the **Effective Date** and while covered for this benefit under the Group Policy;
2. **You** have not reached the age of 75; and
3. **You** have not experienced more than one **Unpaid Family Leave** that has been or may be an approved claim in the 12-month period preceding the **Unpaid Family Leave**.

**Recurring Unpaid Family Leave:** We will only pay for one **Unpaid Family Leave** claim in any 12-month period. The date of the **Unpaid Family Leave** is the date on which the event occurs.

**NOTICE OF CLAIM for Unpaid Family Leave** must be made in writing and must be filed with **Us** at the office address set out at the beginning of this Certificate of Insurance within 30 days from the date of the **Unpaid Family Leave**. Failure to file the **Unpaid Family Leave** claim within the stated period of time will invalidate any claim in respect thereof.

**PROOF OF CLAIM:** In support of **Unpaid Family Leave** Support claim, **We** will require a written statement from **Your** employer indicating your unpaid leave details furnished to **Us** at the office address set out at the beginning of this Certificate of Insurance of Insurance within 90 days from the date of such loss.

**You** will provide written authorization for **Us** to make further inquiries if necessary, upon the occurrence of the **Unpaid Family Leave** or to determine the eligibility of **Your** claim.

## EXCLUSIONS

We do not pay an Unpaid Family Leave Support for the following:

1. Maternal or parental leave;
2. Where a benefit under the Involuntary Unemployment Benefit, the **Injury** or **Sickness** Benefit, the Critical Illness Benefit, or the Death Benefit has been paid.

## PART F - LIFETIME MILESTONE SUPPORT

As an additional service feature, We give You the opportunity to claim a portion of Your outstanding credit card balance when You experience an eligible **Lifetime Milestone**.

**Lifetime Milestone means:**

- a. birth or adoption of Your child or children;
- b. Your marriage;
- c. Your purchase of a home for use as a principal residence;
- d. after Your final payment of Your mortgage loan;
- e. Your retirement from employment (lifetime limit of one payment);
- f. Your or Your Spouse post-secondary graduation or professional certification/ designation;
- g. First employment after graduation/professional designation; or
- h. Attending an apprentice program at a school for trades and apprenticeship.

## BENEFITS

If, after the **Effective Date** and while insured under the Policy, You experience a **Lifetime Milestone**, and subject to claim approval after receiving the supporting claim documentation, We will make a one-time payment equal to the LESSER of the following amounts:

1. An amount equal to three times Your next **Monthly Payment** charged to your credit card immediately after the date of the **Lifetime Milestone** event; or
2. The remaining Credit Card Balance at the time of the **Lifetime Milestone** event.

## CONDITIONS

The **Lifetime Milestone** Support is paid only if:

- A **Lifetime Milestone** occurs 30 days after the **Effective Date** and while covered for this benefit under the Group Policy;
- You have not reached the age of 75; and
- You have not experienced more than one **Lifetime Milestone** that has been or may be an approved claim in the 12-month period preceding the **Lifetime Milestone**.

**Recurring Lifetime Milestone:** We will only pay for two **Lifetime Milestone** claims in any 12-month period. The date of a **Lifetime Milestone** is the date on which the event occurs.

**NOTICE OF CLAIM for Lifetime Milestone** must be made in writing and must be filed with Us at the office address set out at the beginning of this Certificate of Insurance within 30 days from the date of the **Lifetime Milestone**. Failure to file the **Lifetime Milestone** claim within the stated period of time will invalidate any claim in respect thereof.

**PROOF OF CLAIM:** In support of Your **Lifetime Milestone** Support claim, We will require satisfactory evidence such as a copy of a marriage certificate, birth certificate or adoption

papers, letter from Your employer indicating retirement or employment status, real estate purchase agreement or deed of trust, final mortgage loan furnished to Us at the office address set out at the beginning of this Certificate of Insurance of Insurance within 90 days from the date of such loss.

You will provide written authorization for Us to make further inquiries if necessary, upon of the occurrence of the **Lifetime Milestone** or to determine the eligibility of Your claim.

## PART G – DEFINITIONS

**Accidental Death** means death through accidental means sustained directly or independently of all causes and occurring within 90 days from the date of the accident.

**Date Of Loss** is the date of the event or occurrence or, in the case of **Injury** or **Sickness** or involuntary unemployment, the commencement thereof, giving rise to a claim under the Policy.

**Effective Date** For the coverages provided under Parts A, B, C, & D, and for the additional services feature in Parts E and F, the **Effective Date** is the date that We receive Your enrollment for insurance.

**First Diagnosis** means the date on which a licensed physician establishes the diagnosis of a Critical Illness.

**Injury** means accidental bodily injury resulting from a sudden, unexpected event that occurs while insured under the Group Policy.

**Monthly Payment** means the minimum payment amount due and payable by You to Money Mart on Your Money Mart credit card account for each monthly period. The minimum Payment amount due is shown on your monthly statement.

**Outstanding Balance** means the total amount owing to Money Mart on Your Money Mart credit card account as at the **Date of Loss**.

**Primary Card holder** is the individual whose name appears first on the Money Mart credit card account.

**Sickness** means illness or disease which first manifests itself while you are insured under the Group Policy.

**Spouse** means Your Spouse that You are married to; or Your partner in a common-law relationship of the same or opposite sex, who although not legally married to each other, have continuously co-habited in a marriage like relationship for at least the last 12 months.

**You, Your and Yourself** means the individual whose name appears on the Money Mart credit card account and is responsible for the outstanding debt.

**We, Us and/or Our** refers to Trans Global Life Insurance Company for residents of Quebec and Trans Global Insurance Company and Trans Global Life Insurance Company for residents of all other provinces other than Quebec.

## PART H - GENERAL PROVISIONS

**BENEFICIARY** - Benefits payable under Parts A, B, C, & D, and for the additional service features in Parts E and F of the Policy shall be paid to Money Mart, as irrevocable Beneficiary, to be applied by Money Mart in payment of **Your** Money Mart credit card account **Outstanding Balance**.

**CERTIFICATE** - Copies of the Group Policies are available by contacting Trans Global Insurance Company and Trans Global Life Insurance Company.

**MAKING A CLAIM** - Claim forms may be obtained by calling **Us** at 1-844-930-6022 or by contacting **Us** at: <https://transglobalinsurance.ca/claims/>

**NOTICE OF LOSS** in writing must be filed with **Us** at the office address set out at the beginning of this Certificate of Insurance within 30 days from the date of such loss. Failure to report a loss within the stated period of time will invalidate any claim in respect of such loss.

**PROOF OF LOSS:** Any required receipts or reports must be furnished to **Us** within 90 days from the date of such loss. Subsequent written proofs of continuance of such loss must be furnished at such intervals as **We** may require. Costs incurred by **You** to obtain proof or evidence of **Your** loss will be at **Your** own expense.

**You** will provide written authorization for **Us** to make inquiries of **Your** past and present employers for the settlement of **Your Injury** or **Sickness** and Involuntary Unemployment claims, and of **Your** medical or other health care practitioners for the settlement of **Your** Death, Critical Illness and **Injury** or **Sickness** claims as **We** consider necessary.

## GENERAL EXCLUSIONS

No benefits will be paid under the Policy's Death, **Injury** or **Sickness**, Involuntary Unemployment or Critical Illness coverages if the loss was, directly or indirectly, caused by:

- a. an attempted suicide or suicide, while sane or insane, within two years of the **Effective Date**;
- b. an intentionally self-inflicted **Injury**;
- c. the commission, or attempted commission, of an illegal act;
- d. military service, declared or undeclared war, or any nuclear, chemical, or biological contamination resulting from an act of terrorism; or

- e. alcohol or solvent abuse, or the taking of illegal drugs or prescription drugs except where prescribed by a licensed doctor and taken as directed.

## COMPLAINT PROCEDURES

If **You** have a complaint or inquiry about any aspect of this insurance coverage, please call 1- 844-930-6022 between 8:00 am and 5:00 pm (MT), Monday to Friday. If for some reason **You** are not satisfied with the resolution to **Your** complaint or inquiry, please see **Our** complaint resolution processes which can be found at: <https://transglobalinsurance.ca/resolving-complaints/>

## YOUR PRIVACY MATTERS TO US

**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

**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 collect information about **You** from sources 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 employer.

### 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 other 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. For these purposes, where a third-party service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located.

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

The Privacy Officer, Trans Global Life Insurance Company/Trans Global Insurance Company

Attention: Chief Privacy Officer

16904 – 137 Avenue NW Edmonton, Alberta T5V 0C8

For more information on privacy at Trans Global Insurance, visit [www.transglobalinsurance.ca/about-us/privacy-policy](http://www.transglobalinsurance.ca/about-us/privacy-policy)

## LEGAL PROCEEDINGS

No legal action may be brought against **Us**, unless it is brought within 24 months after the **Date of Loss** for residents of all provinces except Quebec and 36 months after the **Date of Loss**

for Quebec residents only; or the shortest applicable limit of time established by law. 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. The benefits payable under this Policy are

based on **Your Outstanding Balance** on the **Date of Loss**. Any changes made to **Your** Policy after the **Date of Loss** or after the date of the **Lifetime Milestone**, or after the date of the **Unpaid Family Leave**, but during the benefit period will not be included in the calculation of **Your** benefits. The benefits payable under this Policy are calculated on

Any purchases or charges made on **Your** insured Money Mart card, or **Your** Monthly Insurance Payment Protection Policy after the **Date of Loss** or after the date of the **Lifetime Milestone**, or after the date of the **Unpaid Family Leave**, and during the period for which **You** are collecting benefits will not be included in the calculation of **Your** benefit.

**MISSTATEMENT OF AGE** - **Our** liability is limited to a refund of all premiums **You** have paid when **You** misstated **Your** age to **Us** at the time **You** provided to **Us** **Your** application for insurance.

**PREMIUM RATE** - The monthly premium charged under the Policy is \$1.50 per \$100 (or part thereof) of **Your** Balance plus applicable taxes. The premium is calculated based on **Your Outstanding Balance** as of your statement date. No premium will be charged when there is no balance due on the account; however, premiums at the above rate will resume billing with any new outstanding balance.

**PREMIUM RATE AND/OR POLICY CHANGE** - **We** reserve the right to establish new premium rates and cancel or modify any terms of the Policy. **You** and Money Mart will receive at least 31 days written notice of any change to premium rates or the terms of the Policy.

**SUBROGATION** - In the event of any payment under this insurance, **We** shall be subrogated to all **Your** rights of recovery, and **You** shall execute and deliver all papers and do whatever is necessary for **Us** to secure those rights.

## TERMS OF AGREEMENT AND TERMINATION OF COVERAGE

The terms of the insurance provided under this Certificate of Insurance commences upon **Your** agreement to purchase the insurance coverage hereunder and will end on the earlier of:

- a. **Your** 75<sup>th</sup> birthday.
- b. The next billing date after **We** or Money Mart receive **Your** written request to end this insurance coverage, or
- c. 31 days from the date **We** or Money Mart send **You** written notice, by first class mail to **Your** last known address, to cancel this insurance, or
- d. the date **Your** account is terminated, on receipt of notice of termination by **Us**, or

- e. the date **You** are more than 30 days delinquent in making any required payments on **Your** Insured Money Mart card; however, **Your** insurance coverage will be automatically reinstated when **Your** Money Mart card account becomes up to date.