



ASSURANT®

## ACCOUNT PROTECTOR ULTIMATE

Exclusively for American Express credit card  
Cardmembers

## CERTIFICATE OF INSURANCE

*Ce certificat d'assurance est aussi disponible en français.*

### SUMMARY

**Creditor/Beneficiary:** Amex Bank of Canada

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

**Age of Eligibility:** 18 to under 70 years of age on the Effective Date

**Maximum Amount of Insurance:** \$20,000

**Monthly Premium Rate per \$100 of**

**Current Month's Outstanding Balance:**

Up to Age 69 | \$0.99 (plus applicable taxes)

At Age 70 or older | \$0.69 (plus applicable taxes)

**Group Master Policy Numbers:** 0708APUL and 0708APU

### HOW TO CONTACT ASSURANT



**For Claims and Inquiries:**

You can call Assurant at: **1-800-708-0807**

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

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



**Or write to Assurant at:**

1945 King Street East, Suite 100

Hamilton, Ontario L8K 1W2

## IMPORTANT INFORMATION ABOUT YOUR INSURANCE COVERAGE

Amex Account Protector Ultimate is an optional group credit insurance coverage for Your American Express® Credit Card Account. This insurance is provided to You by American Bankers Life Assurance Company of Florida ("ABLAC") and American Bankers Insurance Company of Florida ("ABIC"), through Amex Bank of Canada\*. ABLAC, ABIC and their affiliates carry on business in Canada under the name of Assurant.

Refer to the Summary above and the Definitions sections below for the meanings of the capitalized terms used in this Certificate of Insurance.

### WHAT WE MEAN BY ELIGIBILITY FOR INSURANCE

This group credit insurance coverage is limited to the Cardmember who is at least 18 years of age and less than 70 years of age at the time of enrollment and who is in debt to the Creditor under an Account.

There are no health questions and no medical exam required to determine eligibility at the time of enrollment. However, benefits may be limited if a Pre-Existing Condition exists (refer to the Critical Illness coverage).

# TABLE OF CONTENTS

SECTION	PAGE
Important Information about your insurance coverage	1
<b>COVERAGES</b>	6
• Life Coverage	6
• Dismemberment Coverage	6
• Accidental Death Coverage	7
• Critical Illness Coverage	7
• Involuntary Unemployment Coverage	8
• Loss of Self-Employment Income Coverage	10
• Disability Requiring Hospitalization Coverage	11
• Total Disability Coverage with Positive Life Events	12
<b>GENERAL PROVISIONS</b>	14

## WHAT WE PROVIDE

This group credit insurance coverage includes the following:

COVERAGE	GROUP MASTER POLICY	INSURER
Life, Dismemberment, Accidental Death, and Critical Illness	0708APUL	ABLAC
Involuntary Unemployment, Loss of Self-Employment Income, Disability Requiring Hospitalization, and Total Disability with Positive Life Events	0708APU	ABIC

This insurance also provides benefits to Your Spouse as outlined in the “Coverages” section below. No additional premium is charged for Your Spouse’s coverage.

## **WHEN YOUR INSURANCE BEGINS**

Your insurance coverage begins on the Effective Date shown on the Welcome Letter that accompanies this Certificate of Insurance.

## **WHAT YOU PAY**

Your monthly insurance premium is calculated when Your monthly Account Statement is issued. Your monthly insurance premium is based on the current month's Outstanding Balance and calculated by applying the applicable Monthly Premium Rate per \$100 as outlined in the Summary to the current month's Outstanding Balance on Your Account to a maximum of \$20,000, plus applicable taxes.

Premiums plus any applicable taxes will be:

1. calculated when Your Account's Outstanding Balance is greater than zero;
2. automatically charged to Your Account at the credit card Statement Date; and
3. due with Your Account payment.

## **WHAT IS YOUR APPLICABLE MONTHLY PREMIUM RATE**

Your Monthly Premium Rate is based on the level of applicable insurance coverage You are eligible for at a certain age. Your Monthly Premium Rate will be reduced on the next Statement Date after Your 70<sup>th</sup> birthday.

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

## **WHAT THE LIMITS TO YOUR BENEFITS ARE**

If You have more than one Account, the total insurance provided under all Your Accounts cannot exceed \$20,000. We do not cover any credit card transaction(s) charged to the Account after the Date of Loss. Note: If Your Account balance as of the Date of Loss is zero there will be no claim payment.

Only one benefit is payable at a time. If Your loss could be eligible under more than one coverage, or if You and Your Spouse concurrently suffer a loss covered under this Certificate of Insurance, Your benefit is limited to the more generous one.

## **WHO WE PAY**

We will make all claim payments directly to the Creditor who will then credit the payments to Your Account to reduce or extinguish Your Account balance. All benefit payments are made in Canadian dollars.

## **WHEN YOUR INSURANCE ENDS**

All insurance coverage on Your Account automatically ends for You and Your Spouse when the first of the following conditions occur:

1. one or more of the Group Master Policies are terminated;
2. the next Statement Date after We receive Your request to end this insurance coverage;
3. the date Your credit privileges on Your Account are revoked;
4. the date Your Account is terminated;
5. the date of the Group Member's death; or
6. the date on which a Life, Dismemberment, Accidental Death or Critical Illness benefit is paid in respect of this Certificate of Insurance.

Please note Your insurance coverage remains in effect after benefits have been paid under an Involuntary Unemployment, Loss of Self-Employment

Income, Disability requiring Hospitalization or Total Disability with Positive Life Events claim and premiums will continue to be charged to Your Account unless Your insurance coverage ends.

If any excess premium has been paid by You, We will promptly refund it to Your Account. No refund will be made if the amount is less than \$1.00.

No benefits will be paid under this Certificate of Insurance for a claim occurring after the insurance coverage has ended, unless otherwise specified or agreed.

The following coverages will terminate for You and Your Spouse on the next Statement Date after Your 70<sup>th</sup> birthday:

- Critical Illness;
- Involuntary Unemployment;
- Loss of Self-Employment Income;
- Disability Requiring Hospitalization; and
- Total Disability with Positive Life Events.

Life coverage will be converted to Accidental Death for You and Your Spouse on the next Statement Date after Your 80<sup>th</sup> birthday while Dismemberment coverage continues.

## **WHAT HAPPENS TO YOUR INSURANCE WHEN YOU CHANGE YOUR AMERICAN EXPRESS CREDIT CARD**

If You change credit card products with American Express, and the first 11 digits of your American Express credit card remain the same, Your coverage will be transferred to Your newly issued card and Your initial enrollment date will apply. Otherwise, Your coverage will end.

## **HOW TO SUBMIT A CLAIM**

In the event of a claim, contact Us at **1-800-708-0807** for information on completing and submitting a claim.

Claim forms should be completed, at Your expense, and sent to Us at Our office address shown below within 90 days of the loss, except for a Life claim which should be sent to Us as soon as reasonably possible.

### **Assurant**

**1945 King Street East, Suite 100  
Hamilton, Ontario L8K 1W2**

Failure to report a claim within the stated time may invalidate the claim under this Certificate of Insurance. A delay may impact Our ability to confirm the validity of the claim.

## **WHAT HAPPENS WHILE YOU ARE RECEIVING BENEFIT PAYMENTS**

You are responsible for the balance on Your Account at all times, regardless of whether You are receiving benefit payments. This Certificate of Insurance does not alter, in any way, Your Account Cardmember agreement with Amex Bank of Canada.

While You are receiving benefit payments, interest will continue to be charged on the outstanding amount of Your Account. Premiums will continue to be charged to Your Account unless Your insurance coverage is cancelled. You may need to make payments to Your Account to cover these or other charges and minimize the amount of interest charged to Your Account.

## DEFINITIONS

**Account** means Your American Express® Credit Card Account.

**Cardmember** refers to the person in whose name an American Express Credit Card Account has been established.

**Creditor** means Amex Bank of Canada, to whom the debt is owed.

**Effective Date** means the date You are enrolled for coverage by Amex Bank of Canada, as shown on the Welcome Letter that accompanies the Certificate of Insurance.

**Group Member** refers to an eligible Cardmember who has:

- applied for enrollment in this optional Amex Account Protector Ultimate program;
- received a Certificate of Insurance; and
- been approved for coverage under the Group Master Policies.

Group Member may also be referred to as “**You**” and “**Your**”.

**Installment Program** means Amex Bank of Canada’s Installment Program.

**Lump Sum Payment** means the lesser of:

- (a) the total amount owing on Your Account as of the Date of Loss, including any amounts owing from Your participation in the Installment Program; and
- (b) the Maximum Amount of Insurance as outlined in the Summary.

**Monthly Payment** means the sum of:

- (a) the greater of \$10 or 5% of the amount owing on Your Account as of the Date of Loss, not including any amount owing from Your participation in the Installment Program, to a maximum of \$1,000; and
- (b) Your monthly installment payment obligation from Your participation in the Installment Program as of the Date of Loss.

**Outstanding Balance** means the total amount owing on Your Account as of the Statement Date, comprised of the new balance plus any new installment balance from Your participation in the Installment Program as indicated on Your statement.

**Spouse** means the person who is lawfully married to You, or the person who has been living with You for at least 6 consecutive months and is publicly represented as Your Spouse.

**Statement Date** means the last date of the statement period for which Your Account statement is produced.

**We, Us and Our** mean American Bankers Insurance Company of Florida and/or American Bankers Life Assurance Company of Florida, the insurer of the specific coverage individually or the insurers collectively as applicable.

**Welcome Letter** means Your confirmation letter which is part of Your welcome package sent upon Your enrollment for coverage.

Additional definitions which are specific to each type of coverage, including Date of Loss are defined in the section below “Coverages”.

# COVERAGES

## LIFE COVERAGE

### WHAT WE COVER

If while insured, You or Your Spouse die, You or Your Spouse will be entitled to a benefit payment, subject to the limitations and exclusions.

### WHAT WE PAY

We will pay a Lump Sum Payment.

### WHAT WE NEED YOU TO PROVIDE

We must be provided with a certified copy of the death certificate.

### WHEN YOUR COVERAGE UNDER THIS CERTIFICATE OF INSURANCE ENDS

Life Coverage for You and Your Spouse will be converted to Accidental Death Coverage on the next Statement Date after Your 80<sup>th</sup> birthday.

### DEFINITIONS APPLICABLE TO LIFE COVERAGE

**Date of Loss** means the date of Your or Your Spouse's death.

## DISMEMBERMENT COVERAGE

### WHAT WE COVER

If while insured, You or Your Spouse suffers a Dismemberment as a result of an accident, You or Your Spouse will be entitled to a benefit payment, subject to the limitations and exclusions.

### WHAT WE PAY

We will pay a Lump Sum Payment.

### WHAT WE NEED YOU TO PROVIDE

We must be provided with a statement completed by an attending physician or surgeon certifying Dismemberment on a form provided by Us or otherwise acceptable to Us.

### WHEN YOUR COVERAGE UNDER THIS CERTIFICATE OF INSURANCE ENDS

Dismemberment Coverage for You and Your Spouse continues regardless of Your age.

### DEFINITIONS APPLICABLE TO DISMEMBERMENT COVERAGE

**Date of Loss** means the date of the accident resulting in Your or Your Spouse's Dismemberment.

**Dismemberment** means the total and irrecoverable loss of sight in both eyes, or a hand or foot by complete severance through or above the wrist or ankle joint. The Dismemberment must occur within 100 days of the accident.

## ACCIDENTAL DEATH COVERAGE

### WHAT WE COVER

If while insured, You or Your Spouse experience an Accidental Death after Your 80<sup>th</sup> birthday, You or Your Spouse will be entitled to a benefit payment, subject to the limitations and exclusions.

### WHAT WE PAY

We will pay a Lump Sum Payment.

### WHAT WE NEED YOU TO PROVIDE

We must be provided with a certified copy of the death certificate or a statement completed by an attending physician or surgeon certifying Accidental Death on a form provided by Us or otherwise acceptable to Us.

### WHEN YOUR COVERAGE UNDER THIS CERTIFICATE OF INSURANCE ENDS

Accidental Death Coverage for You and Your Spouse starts when Life Coverage ends and continues regardless of Your age.

### DEFINITIONS APPLICABLE TO ACCIDENTAL DEATH COVERAGE

**Accidental Death** means death through accidental means sustained directly and independently of all other causes occurring within 100 days of the accident causing such death.

**Date of Loss** means the date of the accident resulting in Your or Your Spouse's death.

## CRITICAL ILLNESS COVERAGE

### WHAT WE COVER

If while insured, You or Your Spouse are initially diagnosed with a covered Critical Illness and survive the initial diagnosis for at least 30 days, You or Your Spouse will be entitled to a benefit payment, subject to the limitations and exclusions.

### WHAT WE PAY

We will pay a Lump Sum Payment.

### WHAT WE NEED YOU TO PROVIDE

We must be provided with a statement completed by an attending physician or surgeon certifying Critical Illness on a form provided by Us or otherwise acceptable to Us.

### WHAT WE DON'T COVER

We will not pay a benefit if a Critical Illness results from:

1. Pre-Existing Condition;
2. non-invasive cancers in situ, Kaposi's sarcoma, localized non-invasive tumors showing only early malignant changes, papillary cancer of the bladder, Stage 1 Hodgkin's Disease and any skin cancer other than malignant melanomas;
3. stage A prostate cancer; or
4. transient ischemic attacks.

## WHEN YOUR COVERAGE UNDER THIS CERTIFICATE OF INSURANCE ENDS

Critical Illness Coverage for You and Your Spouse ends on the next Statement Date after Your 70<sup>th</sup> birthday.

## DEFINITIONS APPLICABLE TO CRITICAL ILLNESS COVERAGE

**Critical Illness** means heart attack, stroke, cancer, and coronary artery disease (refers only to bypass surgery).

**Date of Loss** means the date of Your or Your Spouse's initial diagnosis of a covered Critical Illness.

**Pre-Existing Condition** means a disease or physical condition which creates a loss within the first six months of the Effective Date of this Certificate of Insurance that was diagnosed, or for which treatment was received, within the six months prior to the Effective Date.

## INVOLUNTARY UNEMPLOYMENT COVERAGE

### WHAT WE COVER

If while insured, You become Involuntarily Unemployed and Your involuntary unemployment continues beyond the 30-day Waiting Period, then subject to the limitations and exclusions, You will be entitled to a benefit payment.

To be eligible for involuntary unemployment benefits, You must have been performing the regular duties of Your occupation for:

- salary or wages at least 25 hours per week with a single Employer; and
- at least three consecutive months immediately prior to the Date of Loss.

### WHAT WE PAY

#### *Monthly Payment*

We will pay a Monthly Payment for each month of involuntary unemployment until Your benefit ends as outlined below. The initial benefit payment will be made after the 30-day Waiting Period and will be paid retroactively from the Date of Loss.

The amount of Your Monthly Payment will remain the same during the entire benefit period unless You provide Us with additional information that would warrant adjustment.

#### *Lump Sum Payment*

If You remain involuntarily unemployed for a period of 90 consecutive days, We will pay a Lump Sum Payment, less any Monthly Payments paid, subject to the Maximum Amount of Insurance as outlined in the Summary.

## WHEN YOUR MONTHLY PAYMENTS END

Your Monthly Payments will continue to be made every 30 days, as long as You submit to Us satisfactory proof of Your continued Involuntary Unemployment.

Your Monthly Payments will end on the earliest of the following:

1. You return to work;
2. the Lump Sum Payment has been paid by Us; or
3. the Maximum Amount of Insurance as outlined in the Summary has been paid.

Your last benefit payment may be pro-rated based on the actual number of days that You were Involuntarily Unemployed.



## WHAT WE NEED YOU TO PROVIDE

We must be provided with:

1. a statement completed by Your Employer on a form provided by Us or otherwise acceptable to Us; or
2. a satisfactory proof of loss of Employment.

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

## WHAT IF YOU ARE UNEMPLOYED AGAIN

You will be eligible for Involuntary Unemployment benefits again if You return to gainful Employment with a single Employer for at least three consecutive months.

## WHAT WE DON'T COVER

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

1. loss of self-employment;
2. loss of seasonal employment; or
3. loss of temporary, contract or part-time employment (less than 25 hours per week).

## WHEN YOUR COVERAGE UNDER THIS CERTIFICATE OF INSURANCE ENDS

Involuntary Unemployment Coverage ends on the next Statement Date after Your 70<sup>th</sup> birthday.

## DEFINITIONS APPLICABLE TO INVOLUNTARY UNEMPLOYMENT COVERAGE

**Date of Loss** means the date of Your Involuntary Unemployment.

**Employer** means the person or entity by which You are Employed and does not include You or any person or entity controlled by You.

**Employment/Employed** means You perform the regular duties of Your occupation for salary or wages at least 25 hours per week with a single Employer for at least three consecutive months.

**Involuntary Unemployment/Involuntarily Unemployed** means Your Employment stops or is suspended as a result of:

1. layoff which means a temporary or permanent suspension of Your Employment by an action of Your Employer;
2. strike, lockout or labour dispute; or
3. Employment termination which means a complete end of Your Employment by action of Your Employer.

**Waiting Period** means the period of time beginning on the Date of Loss and ending after an uninterrupted involuntary unemployed period of 30 days.

# LOSS OF SELF-EMPLOYMENT INCOME COVERAGE

## WHAT WE COVER

If while insured, You experience a period of unemployment due to the closure of Your business for financial reasons and Your unemployment continues beyond the 90-day Waiting Period, then subject to the limitations and exclusions, You will be entitled to a benefit payment.

To be eligible for Loss of Self-Employment Income benefits, You must have been self-employed 25 hours or more per week for:

- an active business that had been registered or incorporated; and
- a period of at least 36 consecutive months immediately prior to the Date of Loss.

## WHAT WE PAY

We will pay a Lump Sum Payment.

## WHAT WE NEED YOU TO PROVIDE

We must be provided with a proof of loss in respect of such Loss of Self-Employment Income, such as:

1. financial records;
2. copies of business license or articles of incorporation; and
3. any other documents attesting to the loss, as applicable.

## WHAT IF YOU ARE UNEMPLOYED AGAIN

You will be eligible for Loss of Self-Employment Income benefits again when You return to gainful self-employment for:

- a minimum of 25 hours per week; and
- a period of at least 36 consecutive months in an active registered or incorporated business.

## WHAT WE DON'T COVER

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

1. voluntary forfeiture of salary, wages or income;
2. closure of business due to willful misconduct or criminal misconduct; or
3. closure of business within 12 months of the Effective Date of Your coverage for any reason.

## WHEN YOUR COVERAGE UNDER THIS CERTIFICATE OF INSURANCE ENDS

Loss of Self-Employment Income Coverage ends on the next Statement Date after Your 70<sup>th</sup> birthday.

## DEFINITIONS APPLICABLE TO LOSS OF SELF-EMPLOYMENT INCOME COVERAGE

**Date of Loss** means the date of closure of Your business for financial reasons.

**Waiting Period** means the period of time beginning on the Date of Loss and ending after an uninterrupted unemployed period of 90 days due to the closure of Your business for financial reasons.

# DISABILITY REQUIRING HOSPITALIZATION COVERAGE

## WHAT WE COVER

If while insured, You become Hospitalized due to accidental bodily injury or sickness and remain Hospitalized beyond the 24-hour Waiting Period, then subject to the limitations and exclusions, You will be entitled to a benefit payment.

## WHAT WE PAY

We will pay a Lump Sum Payment.

The sum of all benefits paid under Disability Requiring Hospitalization coverage cannot exceed the Maximum Amount of Insurance as outlined in the Summary.

## WHAT WE NEED YOU TO PROVIDE

You must submit to Us a statement (discharge summary) of Your Disability Requiring Hospitalization, confirming that You were admitted and later discharged, and Your Hospitalization meets the length of time required for this benefit.

## WHAT IF YOU ARE HOSPITALIZED AGAIN

You will be eligible for a Disability Requiring Hospitalization benefit again if it is not considered a continuation of an earlier occurrence. Your Hospitalization is considered a continuation of an earlier one if:

1. less than 30 days separates the two periods; and
2. the two periods are the result of the same bodily injury or sickness.

## WHAT WE DON'T COVER

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

1. convalescent, nursing, rest, or skilled nursing facilities, or facilities that operate exclusively for the treatment of mental illness, aging, drug addiction, or alcoholism;
2. a hospital outside Canada or the United States; or

if the Hospitalization is the result of:

1. intentionally self-inflicted injury;
2. pregnancy (other than complications thereof);
3. commission of or the attempt to commit a criminal offence; or
4. any cosmetic, beauty treatment or complications thereof, unless such treatment is directly attributable to physical disease, illness, or injury.

## WHEN YOUR COVERAGE UNDER THIS CERTIFICATE OF INSURANCE ENDS

Disability Requiring Hospitalization Coverage ends on the next Statement Date after Your 70<sup>th</sup> birthday.

## DEFINITIONS APPLICABLE TO DISABILITY REQUIRING HOSPITALIZATION COVERAGE

**Date of Loss** means the date of Your Hospitalization.

**Hospitalized/Hospitalization** means, due to an accidental bodily injury or sickness, confinement in a legally constituted accredited hospital which provides 24 hour nursing care by registered nurses, organized facilities for diagnosis and major surgical procedures, operates primarily for the care and treatment of sick and injured persons, maintains x-ray equipment and

operating room facilities and is under the medical supervision of a licensed physician.

**Waiting Period** means the period of time beginning on the Date of Loss and ending after an uninterrupted Hospitalization period of 24 hours.

## TOTAL DISABILITY COVERAGE WITH POSITIVE LIFE EVENTS

### WHAT WE COVER

1. If while insured, You or Your Spouse:
  - (a) were Employed immediately prior to the Date of Loss;
  - (b) become Totally Disabled as a result of accidental bodily injury or sickness;
  - (c) remain Totally Disabled beyond the 30-day Waiting Period; and
  - (d) remain under the regular care of a licensed physician or surgeon (other than Yourself), then subject to the limitations and exclusions, You or Your Spouse will be entitled to a benefit payment; OR
2. If while insured, You experience an eligible Positive Life Event, subject to the limitations and exclusions, You will be eligible for a benefit payment.

### WHAT WE PAY

#### **Monthly Payment**

For each month of Total Disability, We will pay a Monthly Payment until Your benefit ends as outlined below. The initial benefit payment will be made after the 30-day Waiting Period and will be paid retroactively from the Date of Loss. For each Positive Life Event, We will pay a benefit amount equal to 2 Monthly Payments. We will only pay benefits for 2 Positive Life Events in any 12 month period.

The amount of Your Monthly Payment will remain the same during the entire benefit period unless You provide Us with additional information that would warrant adjustment.

#### **Lump Sum Payment**

If You or Your Spouse remain Totally Disabled for a period of 90 consecutive days, or at Our option at any time, We will pay a Lump Sum Payment, less any Monthly Payments paid, subject to the Maximum Amount of Insurance as outlined in the Summary.

### WHEN YOUR MONTHLY PAYMENTS END

Your Monthly Payments will continue to be made every 30 days, as long as You or Your Spouse submit to Us satisfactory proof of continuing Total Disability. Your Monthly Payments will end on the earliest of the following:

1. You or Your Spouse are no longer Totally Disabled;
2. the Lump Sum Payment has been paid by Us; or
3. the Maximum Amount of Insurance as outlined in the Summary has been paid.

Your last benefit payment may be pro-rated based on the actual number of days that You were Totally Disabled.

### WHAT WE NEED YOU TO PROVIDE

For Total Disability Benefits: You or Your Spouse must have an attending physician or surgeon submit a statement to Us on a form provided by Us or otherwise acceptable to Us confirming that You or Your Spouse are Totally Disabled. Upon Our request, and at Your expense, You will give proof of continuing Total Disability each month.

For Positive Life Events, You may be required to provide satisfactory evidence, such as a copy of:

- a marriage certificate;
- a birth certificate or adoption papers;
- letter from the employer indicating retirement;
- an address change documentation such as a signed lease, real estate purchase agreement, or deed of trust; or
- documentation indicating acceptance into a post-secondary accredited college or university for the first time.

## **WHAT IF YOU OR YOUR SPOUSE ARE TOTALLY DISABLED AGAIN**

You or Your Spouse will be eligible for Total Disability benefits again if You or Your Spouse have been Employed for a period of at least 30 consecutive days.

## **WHEN YOUR COVERAGE UNDER THIS CERTIFICATE OF INSURANCE ENDS**

Total Disability Coverage with Positive Life Events for You and Your Spouse ends on the next Statement Date after Your 70<sup>th</sup> birthday.

## **DEFINITIONS APPLICABLE TO TOTAL DISABILITY COVERAGE WITH POSITIVE LIFE EVENTS**

**Date of Loss** means the date of Your or Your Spouse's Total Disability.

**Employment/Employed** means You or Your Spouse perform the regular duties of Your or Your Spouse's occupation (including self-employment) for salary or wages for at least 25 hours per week.

**Positive Life Event** means:

- Your retirement from Your principal occupation (lifetime limit of one payment);
- Your purchase of a home for use as a principal residence;
- Your child enters a post-secondary accredited college or university for the first time;
- Your marriage;
- Your child's marriage; or
- Your child's birth or the adoption of a new child.

**Totally Disabled/Total Disability** means You or Your Spouse are unable to perform the regular duties of Your or Your Spouse's occupation at the time of Total Disability.

**Waiting Period** means the period of time beginning on the Date of Loss and ending after an uninterrupted Total Disability period of 30 days.

# GENERAL PROVISIONS

## Thirty days to examine this Certificate of Insurance

If You have any questions regarding this insurance or wish to cancel this insurance, please call **1-800-708-0807**. You may cancel this Certificate of Insurance over the phone or return this Certificate of Insurance for a full refund within 30 days of receipt if You are not completely satisfied. Return it to Us at Our office address shown on the Certificate of Insurance's "For Claims and Inquiries" section. Upon receipt of this request, any premiums You have paid will be credited to Your Account.

## Misstatement of Age

Our liability is limited to a refund of all premiums if You:

1. have misstated Your age; and
2. are, on the Effective Date of Your Certificate of Insurance:
  - a. under 18 years of age; or
  - b. 70 years of age or over.

## Misrepresentation and Fraud

This entire Certificate of Insurance will be void if, whether before or after a loss, You have concealed or misrepresented:

1. any material fact or circumstances concerning this insurance;
2. Your interest in this insurance; or
3. in the case of any fraud, attempted fraud or false swearing by You.

## Assignment

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

## Legal Action Against Us

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act*, *Limitations Act* or other applicable legislation in Your province or territory.

## Changes

The terms in this Certificate of Insurance may not be changed or waived except by an endorsement issued by Us and agreed to in writing by the Creditor and Us, advance written notice of which is mailed to You.

## If You Have a Concern or Complaint

If You have a concern or complaint about Your coverage, please call the Insurer at **1-800-708-0807**. The Insurer will do its best to resolve Your concern or complaint. If for some reason the Insurer is unable to do so to Your satisfaction, You may pursue the concern or complaint in writing to an independent external organization. You may obtain detailed information for the Insurer's resolution process and the external recourse either by calling the Insurer at the number listed above or at:

**[www.assurant.ca/customer-assistance](http://www.assurant.ca/customer-assistance)**.

## How to Cancel

You can call Our customer service at **1-800-708-0807** to cancel the Amex Account Protector Ultimate at any time. Only You can cancel the Amex Account Protector Ultimate.

## **Entire Contract**

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

## **Copy of the Group Master Policies/Application**

You, or a person making a claim under this Certificate of Insurance may request a copy of the Group Master Policies and /or a copy of Your application for Amex Account Protector Ultimate (if applicable) by contacting Assurant at the address below. On request, Assurant will send You a copy of the requested document.

## **Assurant**

### **Canadian Head Office**

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

## **Headings**

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

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



Paul Cosgrove  
Chief Agent, Canada

# FOR CLAIMS AND INQUIRIES



**Review the Certificate  
of Insurance.**



**Note Your  
questions.**



**Have Your Account  
number handy.**



## **Call.**

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

You can call Assurant at: **1-800-708-0807**  
8 a.m. to 8 p.m. Monday to Friday.



## **Write.**

Assurant  
1945 King Street East, Suite 100  
Hamilton, Ontario L8K 1W2

Assurant<sup>®</sup> is a registered trademark of Assurant, Inc.

\*Amex Bank of Canada receives a fee from the insurers with respect to premium collection under the Group Master Policies. Amex Bank of Canada does not act as an agent for either insurer.