FOR ADVISORS ONLY

Health Priorities

CRITICAL ILLNESS INSURANCE FROM DESJARDINS INSURANCE

BECAUSE YOUR CLIENT'S HEALTH IS A PRIORITY

Health Priorities pays a tax-free lump-sum benefit if your client is diagnosed with a covered critical illness. Your client receives the benefit regardless of their ability to work or not.

Desjardins
Insurance
Life • Health • Retirement

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<tr><th colspan="4">Included feature - Death Benefit</th></tr>
<tr><td>Target market</td><td colspan="2">Young families
Mortgage holders
Self-employed workers</td><td colspan="5">Established families
Clients who want coverage while in the workforce
Clients who want their premiums refunded</td><td>Clients who want lifetime coverage</td><td colspan="2">Clients who want the premiums they've paid returned if they change their mind or if they don't get sick.</td><td colspan="2">Mass-affluent and high-net-worth clients who want to protect their assets</td><td>Families:
with good incomes
who want protection if a child is diagnosed with a critical illness
who want to build a financial plan for their child</td><td colspan="4">Owners of incorporated businesses</td></tr>
<tr><td>Distinctive features</td><td colspan="17">Desjardins Insurance covers all cancers.[1,2]
No survival period to satisfy except for cardiovascular conditions and procedures (30 days).
Leading heart disease coverage in Canada including many exclusive cardiovascular procedures.[1]
When the return of premium upon death (ROPD) option is selected, the amount payable upon death is at least 25% of the insurance amount.
Long-Term Care (LTC): An amount is paid regardless of whether a loss of independence is temporary or permanent. An advance of 15% of the insurance amount (maximum $25,000) is paid in the event of a loss of independence that lasts more than 90 days and has a chance of recovery. If the loss of independence becomes permanent, the balance will then be paid.
Clients and their families have access at any time to a wide-range of complimentary assistance services†, which are offered in the policy, including a second opinion on their diagnosis, treatment plan or surgical procedure.
For the EHP, clients have the option to defer their premiums for one year after the fifth year of the policy.
Rate Reduction Program:
- T10 and T20: no rate reduction.
- T65, T75 and T100: the rating is applicable on critical illness and ROPD premiums. The ROP on cancellation is exempt from rating.
- 10 Pay: the rating is reduced by 25% from the total premium before policy fees.
- 20 Pay: the rating is reduced by 20% from the total premium before policy fees.
- Health Priorities – Business (EHP): the rating applies to the portion of the premiums paid by the company. As for the premium paid by the shareholder, the health benefit portion is exempt from rating; the remaining portion of the premium is rated.
Exchange option: Term 10 can be exchanged for a Term 20 within the first 5 years of the policy.
[1] As at February 2023
[2] Some cancers will receive a partial benefit of 30% (max. $100,000), 15 % (max. $50,000) or 1 % (max. $5,000) depending on the severity.</td></tr>
<tr><td rowspan="2">Product Characteristics</td><td colspan="2" rowspan="2">Exchange option from T10 to T20</td><td rowspan="2">N/A</td><td rowspan="2">Substandard premium reduction program</td><td rowspan="2">N/A</td><td colspan="2" rowspan="2">Two optional ROP on cancellation are available. Starts at the end of the 4th year and reaches 100% at the end of the 15th or 20th year, depending on what has been selected at issue.
Rate reduction program</td><td>N/A</td><td colspan="2">Two optional ROP on cancellation are available. Starts at the end of the 4th year and reaches 100% at the end of the 15th or 20th year, depending on what has been selected at issue.
Rate reduction program</td><td colspan="3">ROP on cancellation is included in the policy. Starts at the end of the 4th year and reaches 100% at the end of the 20th year.
Rate reduction program</td><td colspan="4" rowspan="2">Health Benefit mandatory. Starts at the end of the 4th year and reaches 100% at the end of the 15th or 20th year, depending on what has been selected at issue.
Rate reduction program
Shared ownership is a tax-efficient way for business owners to take out insurance
Term to 100 provides business owners with permanent critical illness coverage that becomes theirs when the coverage period required by the company ends, by changing the policyowner and beneficiaries</td></tr>
<tr><td colspan="6">Since loss of independence is a covered condition and the coverage is permanent, basic LTC becomes a built-in advantage for the insured.</td></tr>
</table>

[1] 50% at age 60 and 100% at age 65 [2] 50% after 10 years, 100% after 15 years [3] 35% after 10 years, 100% after 20 years [4] 75% after 10 years, 100% after 15 years [5] 50% after 10 years, 100% after 20 years

† Desjardins Insurance is not contractually obligated to provide these services. They may be withdrawn at any time without prior notice.

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<tr><th></th><th colspan="13"></th><th colspan="4">Included feature - Death Benefit</th></tr>
<tr><td>Issue age (nearest birthday)</td><td>18 to 65</td><td>0 to 55</td><td>18 to 44</td><td>18 to 50</td><td>18 to 54</td><td>18 to 60</td><td>18 to 55</td><td colspan="3">18 to 65</td><td>18 to 60</td><td>18 to 50</td><td>0 to 25
or 0 to 17
with additional disease option</td><td>18 to 60</td><td>18 to 55</td><td colspan="2">18 to 65</td></tr>
<tr><td>Premiums</td><td>Increase every 10 years to age 75.</td><td>Increase every 20 years to age 75.</td><td colspan="2">Level to age 65</td><td colspan="3">Level to age 75</td><td colspan="3">Level to age 100</td><td>Level and paid up after 10 years</td><td>Level and paid up after 20 years</td><td>Level and paid up after 20 years</td><td colspan="2">Level to age 75</td><td colspan="2">Level to age 100</td></tr>
<tr><td>Conversion option</td><td colspan="2">To age 65</td><td colspan="11">N/A</td><td colspan="4">N/A</td></tr>
<tr><td>Exchange option</td><td>Term 10 for Term 20 in the first 5 yrs.</td><td>N/A</td><td colspan="11">N/A</td><td colspan="4">N/A</td></tr>
<tr><td>Insurance amount</td><td colspan="13">• Age 0 to 15: $10,000 to $1,000,000 (All children from the same family must be covered for the same amount. For amounts over $250,000, see the financial underwriting rules on Webi.ca)
• Age 16 and 17 (Health Priorities - Term 20): $10,000 to $1,000,000
• Age 16 to 24 (Health Priorities - Child): $10,000 to $1,000,000
• Age 18 and older (other products): $10,000 to $4,000,000**</td><td colspan="4">$10,000 to $4,000,000**</td></tr>
<tr><td>Rate bands</td><td colspan="17">$10,000 – $24,999
$25,000 – $49,999
$50,000 – $99,999
$100,000 – $249,999
$250,000 – $499,999
$500,000 and over</td></tr>
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* Once a partial benefit is paid for one of these illnesses, the client cannot claim a second partial benefit for the same illness or another illness in the same group. However, the client remains covered for the other illnesses in the other groups.

** The maximum amount the illustration software can illustrate is $3,000,000. Contact Desjardins Insurance for a higher amount, up to $4,000,000.

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<tr><td>Partial benefit for cancer (paid in the form of an advance)*</td><td colspan="17">15% of the insurance amount (maximum of $50,000) on diagnosis of one of the following conditions (only one claimed per insured):
• Carcinoma in situ (Tis)
• Cutaneous lymphoma without metastasis
• Dermatofibrosarcoma
• Ductal carcinoma in situ of the breast
• Early prostate cancer
• Early stage chronic lymphocytic leukemia
• Early stage malignant carcinoid tumours
• Early stage thyroid cancer
• Malignant gastrointestinal stromal tumours
• Superficial malignant melanoma
30% of the insurance amount (maximum of $100,000) for one of the following surgical procedures or 15% of the insurance amount (maximum of $50,000) if a partial benefit for cancer has already been paid:
• Total mastectomy
• Total prostatectomy
1% of the insurance amount for all other cancers not listed above (max $5,000). Any additional advances will be reduced by this payment.</td></tr>
<tr><td>Partial benefit for heart disease (paid in the form of an advance)*</td><td colspan="17">15% of the in-force insurance amount (maximum of $50,000) on diagnosis of one of the following conditions or surgical procedures:
• Coronary angioplasty
• Aortic aneurysm
• Insertion of cardiac defibrillator
• Insertion of cardiac pacemaker
• Endovascular treatment of peripheral disease</td></tr>
<tr><td>100% of the CI insurance amount is paid in the event of death</td><td colspan="12">N/A</td><td>✓</td><td colspan="4">N/A</td></tr>
<tr><td>Refund of premiums upon death (ROPD)</td><td colspan="17">100% of premiums paid with a minimum of 25% of the insurance amount
Premiums paid:
• Premiums and substandard premiums for critical illness coverage
• Policy fees related to critical illness coverage
• Costs associated with payment methods other than the annual payment option
• Premiums and substandard premiums paid for the "specific additional coverages" related to the critical illness coverage
Premiums paid don't include:
• Premiums paid for other coverages under the same contract (e.g., other CI coverages, life)
• Premiums paid for non-specific additional coverages (e.g. fracture, dismemberment)
Note: This option cannot be added or cancelled after the policy is issued. This option is automatically added to the EHP contract.</td></tr>
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<tr><th colspan="4">Included feature - Death Benefit</th></tr>
<tr><td>Refund of premiums (ROP)</td><td colspan="2">N/A</td><td colspan="8">Optional, but can't be added or cancelled after the policy is issued.</td><td colspan="3">Included in the policy</td><td colspan="4">Included in the policy</td></tr>
<tr><td>End of coverage</td><td>When the first of the following occurs:
• The benefit is paid (if 100% of the insurance amount is paid)
• The insured dies
• The policy expires</td><td colspan="6">When the first of the following occurs:
• The benefit is paid in full
• The insured dies
• The premiums are refunded (if the return of premiums on cancellation option has been selected)
• The contract expires</td><td colspan="6">When the first of the following occurs:
• The benefit is paid in full
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• The premiums are refunded (if the return of premiums on cancellation option has been selected)</td><td colspan="2">When the first of the following occurs:
• The benefit is paid in full
• The insured dies
• The Health Benefit is paid (except for reduction of the insurance amount)
• The contract expires</td><td colspan="2">When the first of the following occurs:
• The benefit is paid in full
• The insured dies
• The Health Benefit is paid (except for reduction of the insurance amount)</td></tr>
<tr><td>Annual policy fee</td><td colspan="7">Basic coverage: $40
Additional coverage: $20</td><td colspan="6">Basic coverage: $40
Additional coverage: $40</td><td colspan="4">$40</td></tr>
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														Included feature - Death Benefit			

OTHER COVERAGE AVAILABLE

Additional coverages	• Children's Life Protection and Children's Accidental Fracture • Disability Waiver of Premiums • Accidental Fracture • Accident Benefit • Accidental death, dismemberment or loss of use	Disability Waiver of Premiums
Assistance services	The following complementary assistance services are available to clients and their families at any time. They can use them when times are good or when times are bad. • 24/7 phone assistance service: client can get answers from a nurse on any health-related questions. • Psychological assistance: in the event of a covered critical illness or loss of independence, this service puts the client in touch with specialists who are there to listen and help the client get through difficult circumstances. • Second medical opinion: specialist physicians offer the client with a second opinion on a diagnosis, treatment option or surgical procedure for covered illnesses or any other condition. • Autonomy assistance: in the event of a temporary or permanent loss of independence, the client can obtain assistance from a nurse who can coordinate a range of non-medical home services to make life easier for the client or their caregivers. The assistance services are not a contractual obligation of Desjardins Insurance and may be withdrawn at any time without notice.	

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<tr><th colspan="18">COVERED ILLNESSES AND SURGERIES</th></tr>
<tr><td>CANCERS AND TUMOURS</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>1. Benign Brain Tumour</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>2. Cancer (Life-Threatening)</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>CARDIOVASCULAR</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>3. Aortic Surgery</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>4. Coronary Artery Bypass Surgery</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>5. Heart Attack</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>6. Heart Valve Replacement or Repair</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>7. Stroke</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>NEUROLOGICAL</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>8. Bacterial Meningitis</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>9. Dementia, including Alzheimer's disease</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>10. Motor Neuron Disease</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>11. Multiple Sclerosis</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>12. Parkinson's Disease and Specified Atypical Parkinsonian Disorders</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>VITAL ORGANS</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>13. Kidney Failure</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>14. Major Organ Failure on Waiting List</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>15. Major Organ Transplant</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
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<tr><td>ACCIDENT AND FUNCTIONAL LOSS</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>16. Acquired Brain Injury</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>17. Blindness</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>18. Coma</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>19. Deafness</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>20. Loss of Limbs</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>21. Loss of Speech</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>22. Paralysis</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>23. Severe Burns</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>OTHER</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>24. Aplastic anemia</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>25. Occupational HIV Infection</td><td colspan="12">✓</td><td>✓</td><td colspan="4">✓</td></tr>
<tr><td>+ Long-term Care</td><td colspan="17">• In case of loss of independence where the insured has reasonable chances of recovery, 15% of the insurance amount will be paid, but never more than $25,000 (only one claim per insured).
• If the loss of independence ends up being permanent, the balance will then be paid.
• The benefit is paid when clients are unable to perform 2 of the 6 activities of daily living (bathing, dressing, toileting, bladder and bowel continence, ambulation and feeding) by themselves or lose mental capacity that threatens their ability or safety for a period of at least 90 days.</td></tr>
<tr><td>Other</td><td colspan="12">N/A</td><td>Childhood diseases included:
• Autism spectrum disorder
• Rett syndrome
• Cystic fibrosis
Optional additional childhood diseases:
• Cerebral palsy
• Muscular dystrophy
• Type 1 diabetes</td><td colspan="4">N/A</td></tr>
<tr><td>Out of country diagnosis</td><td colspan="17">The benefit is paid for a covered illness or surgery if all of the following conditions are met:
1. The insured provides all medical information required for analysis of the medical record.
2. The out-of-country diagnosis is the same that would have been made in Canada.
3. The diagnosis is based on the appropriate diagnostic examination and any other investigations that would normally be carried out in Canada.
4. The specialist who makes the out-of-country diagnosis is licensed to practice in the country where the diagnosis is made and their and their qualifications are equivalent to what's required of a Canadian specialist for the illness being diagnosed.</td></tr>
</table>

[1] 50% at age 60 and 100% at age 65 [2] 50% after 10 years, 100% after 15 years [3] 35% after 10 years, 100% after 20 years [4] 75% after 10 years, 100% after 15 years [5] 50% after 10 years, 100% after 20 years

* Certain conditions and limitations may apply.

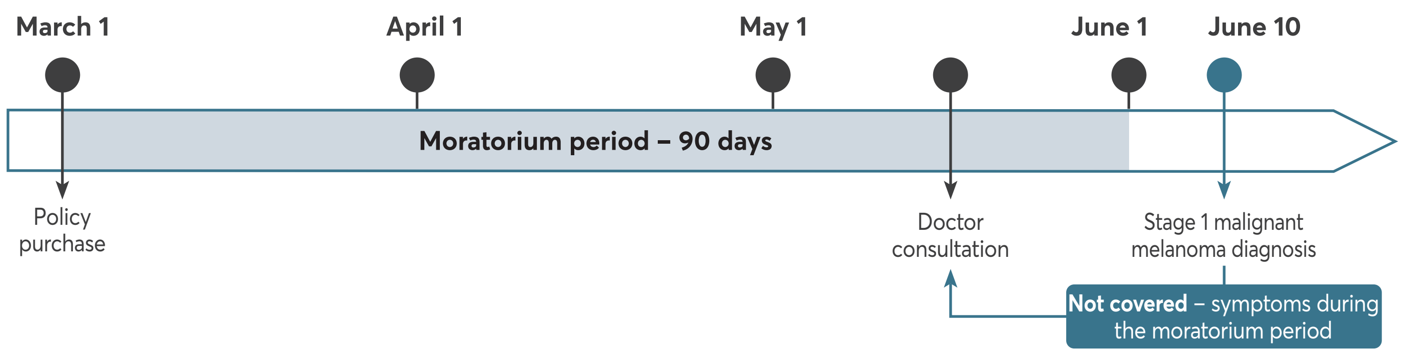
Moratorium period

A moratorium period is a period of time during which your doctor must not have diagnosed you with cancer (of any kind, even if not covered by your policy) or observed any initial symptoms of a critical illness. Depending on the illness, this period is either 90 days or 12 months from the date your coverage begins or is reinstated. It applies to the following illnesses only:

Illness	Moratorium period
• Cancer (life-threatening) • Benign brain tumour • Early-stage cancers	**90 days**
• Parkinson's disease and specified atypical Parkinsonian disorders	**12 months**

Example of a moratorium period

You purchase a Health Priorities policy on March 1. In May, you notice a spot on your arm. You make an appointment with your doctor later that week to make sure it's not anything serious. On June 10 (100 days after your policy began), you're diagnosed with stage 1 malignant melanoma. Even though the diagnosis was made after the applicable 90-day moratorium period, if you were to submit a claim it would be denied, since your symptoms first presented during the moratorium period.



Survival period

The survival period only applies to cardiovascular conditions and procedures. It runs 30 days from the date of diagnosis or surgery. It doesn't include any days during which the insured person is on artificial life support. The insured person must be alive at the end of the survival period and must not have experienced irreversible loss of all brain function.

Cardiovascular conditions and procedures with a survival period	Minor cardiovascular conditions and procedures with survival period
• Aortic surgery • Heart attack • Coronary artery bypass • Heart valve replacement or repair	• Aortic aneurysm • Coronary angioplasty • Insertion of cardiac pacemaker or cardiac defibrillator • Endovascular treatment of aortic aneurysm or disease

Qualifying period

This is a minimum period during which the insured person must present certain symptoms, neurological deficits or functional losses or meet specific criteria.

The start of the qualifying period depends on the contract definition of the critical illness in question. For example, it can begin on the date of diagnosis, the date of the instigating event, the date of functional loss or when the insured person meets the criteria of the contract definition.

These are the illnesses that have a qualifying period:

Critical illness	Qualifying period
Stroke	**30 days**
Dementia, including Alzheimer's disease	**6 months**
Bacterial meningitis	**90 days**
Coma	**96 hours**
Acquired brain injury	**180 days**
Paralysis	**90 days**
Loss of speech	**180 days**
Occupational HIV infection	**90 to 180 days**
Permanent or temporary loss of independent existence	**90 days**
Multiple sclerosis	**6 months***

* Some criteria may cause the 6-month period to be circumvented.

IMPORTANT

The qualifying period for these critical illnesses begins when the eligibility criteria are met.

For example, in the event of a loss of independent existence, the qualifying period begins when you're no longer able to carry out 2 of the 6 activities of daily living as defined in the contract. A medical diagnosis is not always enough. All of the contract criteria must be met in order to qualify for a benefit payment.

HEALTH PRIORITIES - BUSINESS

The EHP provides Canadian-owned incorporated business owners with the opportunity to hold critical illness coverage. The costs are shared with the company but so too are the tax and financial benefits. Please refer to the concept in the illustration software and Webi.ca for further information.

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