



This document is **only** updated when **new features** are deployed to the electronic application.

- **Latest update:** May 18th 2026

Table of Contents

1. REQUIRED SYSTEM CONFIGURATION	3
2. FIRST USE	3
3. COMPLETE AN E-APP – OVERVIEW	4
4. DESCRIPTION OF THE PAGES AND TABS	8
4.1 Homepage	8
Header	8
Recent Cases	9
Footer	10
4.2 Representative's Management Page	11
Please Select a Representative Section	11
Representative Information Section	12
4.3 Search Cases Page	13
My Cases Section	13
Saved Cases Section	14
4.4 Case Page.....	16
Ribbon of Tabs.....	16
Action Buttons.....	16
Tab Overview.....	17
Tab Details and Sections.....	18
Representative Tab	22
Illustration Tab	23
Application Tab.....	24
Coverage(s) Section	24
Insured(s) Section.....	25
Owner's Section.....	30
Company's Financial Position Section	36
Beneficiary(ies) Section	37
Eligibility Section.....	39

HELP – DSIGN

General Questions Section.....	40
Children Section	41
Paying for the Insurance Section.....	41
Authorized Signatory(ies) Section	48
Provisional or Conditional Insurance Section	49
Declaration of Tax Residence Section	50
Choice of contract format Section	51
Confirm/Lock Section	51
Insurability Section.....	54
Special Instructions Section	56
Complete Section	57
Electronic signature Section	61
Attached Files Tab.....	65
Requirements Tab	66
Distribution Tab	67
Documents Tab.....	69
4.5 Signed and Submitted Cases Page	70
Search Criteria.....	70
List of Signed Applications	71
List of Submitted Applications	72
4.6 Edit Notifications Page	73

1. REQUIRED SYSTEM CONFIGURATION

[Back TOC](#)

Web browser	• Microsoft Edge • Google Chrome  Ensure to use the latest version of the selected browser.
Platform	Windows

2. FIRST USE

[Back TOC](#)

- ✓ **Initiate the first session of DSign in Web mode.**

To initialize the tool properly.

- ✓ **Verify and complete the Representative's Management section.**

All codes belonging to the representative must be completed.

- ✓ **When creating the first case, select the right representative's code in the Representative tab.**

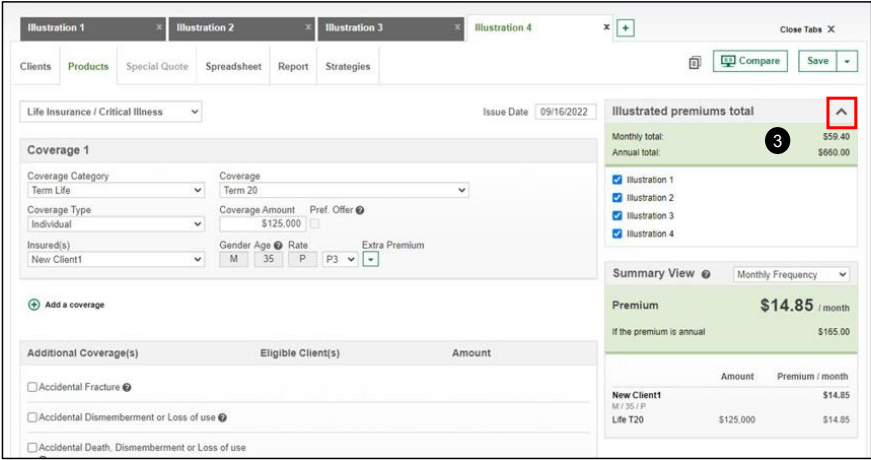
Default code that will be assigned to the new cases until the selection of a different code.

3. COMPLETE AN E-APP – OVERVIEW

[Back TOC](#)

- The following steps are part of the process of completion and high-level submission.
- For more details, see the [DESCRIPTION OF THE PAGES AND TABS](#).

- Access DSign-I.
 - Refer to the [Structure of the DSign-I tool](#).
- Produce the illustration(s) required for the case.
 - Each illustration must be produced in the **same language** used for locking the case.

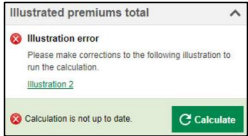


- If applicable, open the **Illustrated Premiums Total** section to select the desired illustrations to validate the Illustrated premiums.



The sum of illustrations **cannot** be displayed when a modification is required in one of the illustrations.

- Therefore, the representative will first need to update the illustration that requires modification.



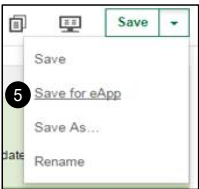
- Ensures that the illustration premium amount matches the budget of the client based on identified needs.
- Can be viewed in the Illustration on the input screen.



4 If applicable, copy or compare the illustration:

- Click  to:
 - Copy the information from the current illustration
 - Start a new illustration

 You can also click  or .



5 Click **Save for eApp**.

 If an illustration has already been saved, the **Rename** option appears (see below):

Final check before the application step

Make changes as needed and check the boxes to confirm that the information is correct.

Saving the age

☐ The policyowner understands that they'll have to pay the amount due **retroactive to the issue date indicated in the illustration**.

6 Information about the policyowners and the insureds

☐ **CLient Conser – Policyowner and insured**

Date of Birth: January 28, 1986

Gender: Male

Rate: Preferred / Non-smoker 

 A person who, in the last 12 months, has used any form of tobacco or nicotine products (cigarette, cigarillo, cigar, pipe, electronic cigarette, nicotine gum or patches) or anti-smoking medication **can't qualify for the Preferred / Non-smoker rate**. If they've only smoked cigars, consult Webi to see the rate they're eligible for.

Illustration language

7 ☒ French ☐ English

8 **Make changes** **Save**

6 Check the appropriate boxes.

HELP – DSign

7	Select the language desired by the customer.
8	Click Save. A confirmation message appears. The illustration has been saved Retrieve it by clicking on Browse in the Illustrations tab of the eApp.
9.	Access DSign.
	Desjardins Insurance Life • Health • Retirement Representatives management Search cases Create a new case Signed and submitted cases Help Change password Logout 10
10	Click Create a new case .
	Desjardins Insurance Life • Health • Retirement Representatives management Search cases Create a new case Signed and submitted cases Help Change password Logout Français messages Application number: 28960 Version: 31 Representative Illustrations Application Attached files Requirements Distribution Documents Representative Representative Code A01211 Select Save Submit
11	In the Representative tab, confirm that the representative's code is the right one for the case.  This is the default code that will be assigned to the new cases until the selection of a different code.
	Desjardins Insurance Life • Health • Retirement Representatives management Search cases Create a new case Signed and submitted cases Help Change password Logout Français messages Application number: 28960 Version: 31 Representative Illustrations Application Attached files Requirements Distribution Documents Illustrations Please attach all illustrations associated with this application. Browse... 12
12	Go to the Illustrations tab and click Browse. The Search window appears.

Search

Last Name

First Name

Illustration Name

Search

Advanced Search

10 Result(s)

	Policyowner Name	Illustration Name	Date	Coverage Category	Advisor
☒			January 25, 2019 11:06 AM	Term Life	
☒			January 25, 2019 07:50 AM	Term Life	
☐			January 25, 2019 07:48 AM	Term Life	

Note: The illustrations above are the ones that have been saved for eApp.

Cancel

Add

13 Check each illustration to attach to the application.

It is possible to check up to 10 illustrations.

14 Click **Add**.

- The list of selected illustrations appears.

Illustrations

15 Is the policy owner physically present with you to view their identification documents ? Yes ☐ No ☐

Please attach all illustrations associated with this application.

Browse...

File Name	Insured(s)	Coverage	Modal Premium	Optional	
Test_Test_Traditional_20211012091436.zip	Test Test	Life Term 20	\$125,000	\$15.19	☐ Delete

Previous

Go to Application

15 Check **Yes** or **No** to answer the question.

16 Click **Go to Application** to complete the [Application tab](#).

4. DESCRIPTION OF THE PAGES AND TABS

[Back TOC](#)

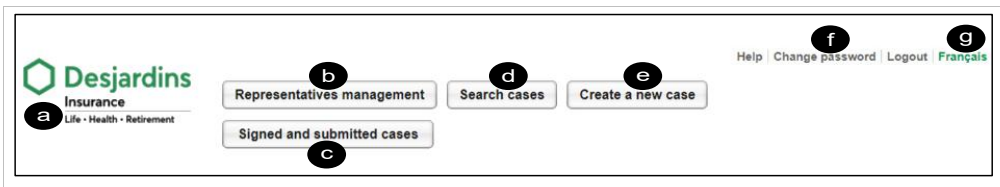
4.1 Homepage

[Back TOC](#)

Header

[Beginning of section](#)

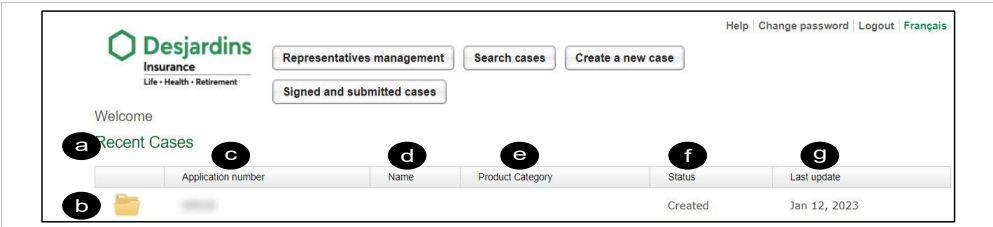
 In the Web version of the tool, access the header from any page.



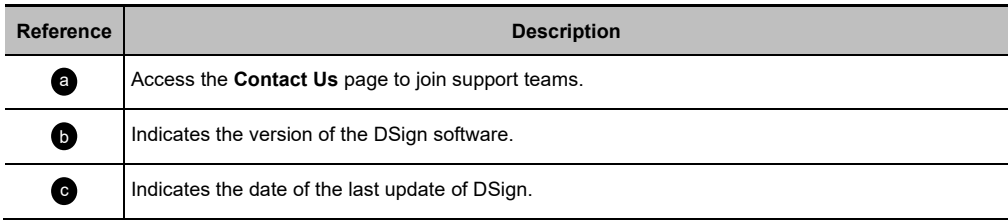
Reference	Element	Description
a		Click the logo to go back to homepage.
b	Representative's management	Page used for managing the information of the representative.  This function is only available in Web mode.
c	Signed and submitted cases	- Consult the cases signed and submitted by one or many representatives. - Manage alerts for the cases signed or submitted.
d	Search cases	Access the Search page.
e	Create a new case	Access the page to create a new case.
f	Change password	Change password.  This function is only available in Web mode.
g	French	Switch language.

Recent Cases

Beginning of section 



Reference	Element	Description
	Recent Cases	Displays the last 10 cases saved to which the user has access.
	Application number	Displays the number of the application.
	Name	Displays the name of the first policyowner of the case.
	Product Category	Displays the type of product: • SOLO • Universal Life • Traditional Life
	Status	Indicates the status of the application: • Created • Incomplete • Completed – not locked • Completed – locked • Locked – Electronic signature • Electronic signature – Completed • Locked – Paper signature • Submit – In process • Submit – Success • Submit – Pending
	Last update	Indicates the date of the last update of the case.
	Line of the case	Click the line of the case to open it.



4.2 Representative's Management Page

[Back TOC](#)



- To access the **Representative's Management** page, click **Representative's Management** in the header.
- Use this page to:
 - Search/select a representative.
 - Consult/change the information related to a representative.

Please Select a Representative Section

[Beginning of section](#)

Please select a representative

Search Criteria

First name

Last name

Representative code

Company/firm name

Field office

a

Search

Please select from this list the representative that you want to consult or to change the information.

Code	First name	Last name	Company/firm name	Field office	
					b c

Reference	Description
a	Enter search criteria to find a representative.
b	Lists the representatives corresponding to the search results.
c	Click  to consult or change the information of the representative.  You can also double-click the line of the representative directly.

Page 11 of 73

Representative Information Section

Beginning of section 

a

Representative Information

Representative code

First name

Name

Company/firm name

Email

Field office

Administrative Site

Trainee

☐ Yes ☒ No 

b

Supervisor

Select

First name

Name

Company/firm name

Email

Field office

c

Save

d

Cancel

Reference	Description
a	Displays information related to the selected representative.  - From this page, the representative can edit the information, but only for their own codes. - For other codes, the representative can consult only.
b	Fields completed by the supervisor when the representative is a trainee.  - When Yes is selected in the Trainee section, the supervisor must be identified. - The supervisor's personal information cannot be edited. Only the supervisor of the representative can edit the information on the Representative's Management page.
c	Save the new information entered.
d	Delete the information entered.

4.3 Search Cases Page

[Back TOC](#)



- Use the **Search cases** page to consult all cases to which the user has access.
- To access the page, click **Search cases** in the header of the homepage or in the page of a case

My Cases Section

[Beginning of section](#)

Reference	Element	Description
a	My Cases	Enter search criteria in this section. • In a same session, the last criteria entered are displayed. • Use one or many search criteria can be used. • Use contains instead of equals to launch a search based on certain criteria.
b		Hide or display the criteria in the Search Criteria , Clients or Representative name sections.
c		Delete all entered search criteria or the ones already displayed following a previous search.
d		Start the search.

Saved Cases Section

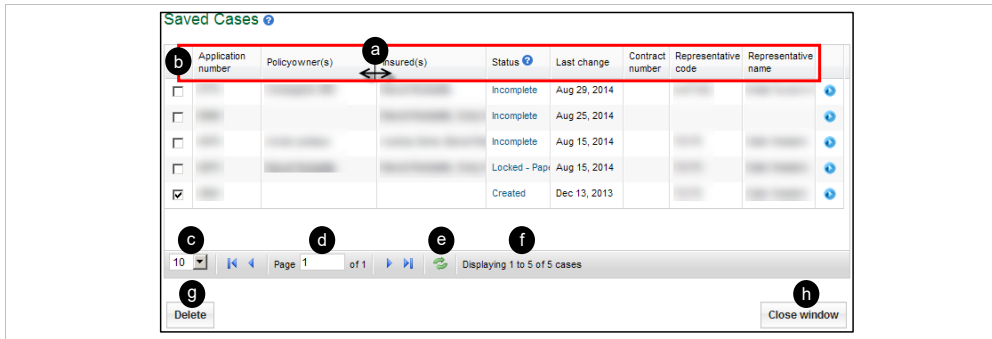
Beginning of section ?

- The section appears when launching the search from the **My Case** section from the page **Search Case**.
- When opening the page, if no previous research has been launched, it displays all the cases to which the user has access.

a Saved Cases ?									
b	☒	Application number	Policyowner(s)	Insured(s)	d Status ?	Last change	Contract number	Representative code	Representative name
c	☒				Locked - Paper	Sep 05, 2014			e
	☒				Created	Sep 05, 2014			
	☒				Incomplete	Sep 05, 2014			
	☒				Incomplete	Sep 04, 2014			
	☒				Incomplete	Aug 25, 2014			

Reference	Element	Description
a	Saved Cases	Displays the search results.  Each case found corresponds to research where all the given criteria are answered.
b		Check that box to select all the cases from the current page at the same time and delete them at once.
c		Check one or multiple boxes to select one or more cases at the same time and delete them at once.
d	Status	Indicates the status of a case.  To view the status history of a case, click the status of the case.
e		Access a case.  It is possible to double-click the representative's line directly.

HELP – DESIGN



Reference	Element	Description
a	Column Border	Drag the border line of a column to change the width.
b	Column Name	Sort the cases resulting from the search. - To display the elements of a column in descending order: - Click the title of the desired column. (ex.: Policyowner(s), Insured(s), etc.) - To display the elements of a column in ascending order: - Double-click the title of the column. By default, search results are displayed in descending order according to the date of the Last change column.
c		Select the number of cases to display on one page.
d	Page 1 of 1	Shows the page displayed and the total number of pages in the search. The page number is editable.
e		Refresh the page.
f	Displaying 1 to 5 of 5 cases	Show the interval of the cases displayed as well as the total number of the cases found.
g	Delete	Delete one or more cases previously selected.
h	Close window	Close the Saved Cases window.

4.4 Case Page

[Back TOC](#)



On this page, you can:

- Create a new case from the homepage.
- Access an existing case of the homepage.
- Click a folder (**Recent cases** section) of the homepage.

Ribbon of Tabs

[Back TOC](#)

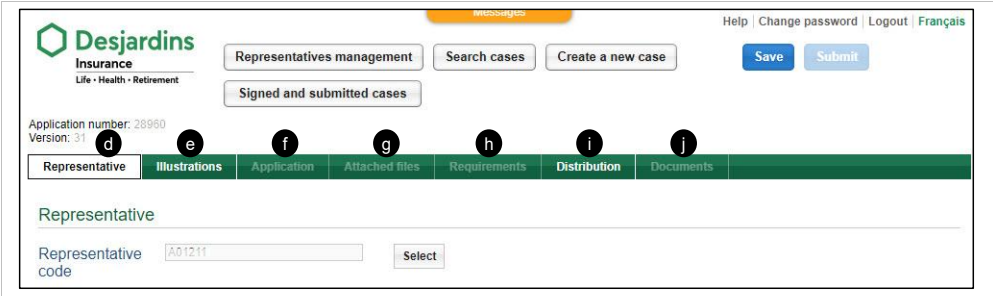
Action Buttons

[Beginning of section](#)

Reference	Element	Description
a	Messages	Display messages (error, operation status, information, etc.)
b	Save	Save the case.
c	Submit	Submit the case to the head office. • The Submit button is available once all sections of the application are completed. • When the button turns darker, it can be clicked.

Tab Overview

Beginning of section 



The screenshot shows the Desjardins Insurance application interface. At the top, there's a header with the Desjardins logo and navigation links: Help, Change password, Logout, and Français. Below the header, there are buttons for "Representatives management", "Search cases", "Create a new case", "Save", and "Submit". A "Signed and submitted cases" button is also visible. The main area features a tabbed interface with tabs labeled "Representative", "Illustrations", "Application", "Attached files", "Requirements", "Distribution", and "Documents". Each tab is marked with a letter in a circle: d for Representative, e for Illustrations, f for Application, g for Attached files, h for Requirements, i for Distribution, and j for Documents. Below the tabs, there's a "Representative" section with a text input field containing "A01211" and a "Select" button.

Reference	Element	Description
d	Representative	Identifies the representative of the case and displays their information.  The management of the representative's information is done with the Representative's management button.
e	Illustrations	Add or delete the illustrations of the case.  When accessing a new case or an existing one, the system defaults to this tab.
f	Application	Complete the application of the case.  An illustration must have been associated with the case to access this tab and to access both the Attached files and Documents tabs.
g	Attached files	Link related applications and attach files.
h	Requirement request	Indicates information related to the requirement requests.  The case must be locked to access the tab.
i	Distribution	Indicates information related to compensation and sharing of commission.
j	Documents	View the documents generated by the case.

Tab Details and Sections

Beginning of section

Desjardins Insurance
Life • Health • Retirement

Application number: 38315
Version: 36

Help | Change password | Logout | Français

Representatives management

Search cases

Create a new case

Signed and submitted cases

Save

Submit

Link to a referral

Referral number:
Last saved: Since 12 min

Representative

Illustrations

Application

Attached files

Requirements

Distribution

Documents

Coverage(s)

Insured(s)

Owner(s)

Beneficiary(ies)

General questions

Paying for the Insurance

Provisional or condit...

Declaration of tax re...

Confirm/Lock

a

Insured(s)

Personal information

First Name

Initial

Last Name

Date of birth

Sex

Male

Female

Rate

Regular (Smoker)

Last name at birth

Country of birth

Contact Information

Country

Enter Address

An address is required to proceed

This address corresponds to a Canadian standardized address

Yes

No

Email

Telephone

Cellular

Overseas

Extension

Telephone

Home

Overseas

Extension

Telephone

Work

Overseas

Extension

Language

Do you speak and understand English?

Yes

No

Occupation

Main occupation

Employer

Employment income

Annual income from all occupations

Net worth of insured

What's your estimated personal net worth¹ in Canada?

What's your estimated personal net worth¹ abroad?

Net worth = Assets minus liabilities

- Assets: What you have (liquid assets, personal property, savings, investments, RRSPs, etc.)

- Liabilities: What you owe (mortgages, lines of credit, personal loans, credit card balances, etc.)

Consent to disclose supplementary personal information to the representative

As part of the insurance application process, you provide personal information, such as details about your health and lifestyle. While we are reviewing this insurance application, we may get supplementary personal information in addition to what you have already provided.

Do you authorize us to share this supplementary personal information with the representative so that they can explain our decision regarding the insurance applied for to you?

Please note that this consent is optional and you can cancel it at any time by contacting us.

Signature

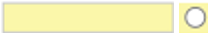
Please check this box if the insured has been declared legally incapable

Previous

2 of 14

Continue

Save and continue

Reference	Element	Description
a	Left menu	- The content of the menu on the left is updated dynamically based on the content of the non-optional illustrations added to the case and to the information entered in the Application tab. - Directly access a section of the application by clicking on the corresponding section in the menu.  : Indicates a section that has been completed properly.  : Indicates a section that is incomplete and/or with an error. Bold: Indicates the section that is currently displayed.
b	Date format	Enter the date in the format that corresponds to the selected language: English: MM-DD-YYYY (month/day/year) French: DD-MM-YYYY (day/month/year)  Click the calendar  to select a date directly.
c	 Yellow fields and radio buttons	Indicates required fields and options, or fields with errors  Move the cursor over a yellow field to display a help message.
d		Click the question mark to display help related to the corresponding field or section.
e	 	Navigate from one section to another in the application by clicking on Previous and Continue at the bottom of each page in the Application tab.

Owner(s) Section

Owner(s)

Display 

☒  

☒  

Reference	Element	Description
	Display	 - The filter only appears when there are at least two owners for the case. - By default, all the owners of the case are displayed. Check a box to show or hide the information related to the corresponding owner.

Representative Tab

Back TOC

Representative

a

Representative code

b

Select

First name

Name

Company/firm name

Email

Field office

Administrative Site

Trainee

Yes

No

c

Supervisor

First name

Name

Company/firm name

Email

Field office

d

Next

Reference	Element	Description
a	Representative code	Enter the code of the representative associated to the case. When creating a new case, the last code used appears by default.
b	Select	Search and select the representative for the case. - Click Select to open a search page. When a code is selected, the information of the representative appears. - The information cannot be edited in this tab. - To edit the information, click Representative's management.
c	Supervisor	Shows the information related to the supervisor when the representative is a trainee. Only applies in Quebec.
d	Next	Click to access the Illustrations tab.

Illustration Tab

[Back TOC](#)

 Each illustration added to the case generates a separate contract.

Illustrations

Is the policy owner physically present with you to view their identification documents ? Yes ☒ No ☐ **a**

Please attach all illustrations associated with this application.

File Name	Insured(s) c	Coverage d	e	Modal Premium f	Optional g	
Test Test		Life Term 20	\$125,000	\$15.19	☐	Delete h
test test		Health Priorities - Term 20	\$125,000	\$54.98	☐	Delete

Reference	Element	Description
a	☐	Indicates whether the representative is present with the policyholder.  If No is checked and the product is covered, additional fields appear for dual-process identification (two forms of ID).
b	Browse...	Search and select an illustration related to the application.  - This file is generated by DSign-I. - Other formats are not supported in DSign.
c	Insured(s)	Indicates the name of each insured on the illustration.
d	Coverage	Indicates the name of each coverage on the illustration.
e	Volume	Indicates the volume of insurance coverage.
f	Modal Premium	Indicates the modal premium of the illustration.
g	Optional	Select an optional illustration.
h	Delete	Delete an illustration.  Information that was already entered in the application may be erased: To replace an illustration, add the new illustration before deleting the old illustration.

Application Tab

Back TOC

Commenté [RB1]: Nouvelle section : Choice of contract format à mettre entre declaration of Tax Residence Section et Confirm/Lock.

Voir la procédure franco pour les détails.

Captures :

Choice of contract format

For each Illustration below, please choose the format for receiving the

Illustration: Consentement_Test_Traditionnel_20260223151837.zi

Electronic ☐ Paper ☐

Choice of contract format

For each Illustration below, please choose the format for receiving the

Illustration: Consentement_Test_Traditionnel_20260223151837.zi

Electronic ☒ Paper ☐

Since your contract contains confidential personal information, your re

Please note that our electronic transmission solution will be rolled ou

Ne pas oublier de masquer l'information après « Illustration: »

Coverage(s) Section

Beginning of section

The **Coverage(s)** section displays the coverage(s) by illustration (not by insured).

Coverage(s)

Illustration display

☒

☒

Illustration:

Traditional Coverage(s) - Individual

Insured(s) : Test Test

Life Term 20

Insurance amount

\$125,000

Illustration:

Traditional Coverage(s) - Individual

Insured(s) : test test

Health Priorities - Term 20

Insurance amount

\$125,000

Previous

1 of 18

Continue

Reference	Element	Description
a	Coverage(s)	Displays the coverage(s) and insured amounts for each insured.

Insured(s) Section

Beginning of section [↗](#)

	If the insured is not the policyowner, the Act Respecting the Protection of Personal Information in the Private Sector requires us to obtain this consent.  This consent is required for all insureds who are: • Quebec: 14 years or older • Outside Quebec (in other provinces): 16 years or older
Insured(s) In the following sections, we'll be asking you some questions. Your answers must be accurate and complete to help us fully understand your situation and provide you with the best possible coverage. The personal information you provide in this application will be printed and attached to the insurance contract given to the policyowner (the owner of the contract). Do you authorize Desjardins Insurance to share the personal information you provide in this application with the policyowner? 1 [Select] ▼	
1 To continue, select Yes from the drop-down list.	

Page 26 of 73

Reference	Element	Description
a	Personal information	- Displays the personal information of the insured. - The following personal information is pre-filled based on the information in the illustrations: - First Name - Last Name - Gender (Sex) - Rate - Date of Birth in MM-DD-YYYY format
b	Contact information	Enter the contact information of the insured. Enter a New Address Copy an Existing Address  - A cellular number is required as the main contact number of the insured and appears first in the list of numbers. - An email address is required to access the remote electronic signature option. - If the client cannot provide an email address, check the box No email address. - When the box No email address is checked, a message appears.
c	Language	Enter all details related to the language of the insured. - When No is checked, additional questions appear.  Not displayed for insureds under: Quebec: 14 years old Outside Quebec: 16 years old
d	Occupation	Enter the following details related to the insured's job: - Select the main occupation - Enter the employer  Not displayed for children under 16.
	Main occupation	Select the insured's main occupation.  Displayed when there is at least one disability claim has been submitted.  Not displayed for children under 16. - Complete employer-related information in the Eligibility – Company/employer profile section.

HELP – DESIGN

Reference	Element	Description
e	Occupation income	Enter the total annual income from all jobs.  Not displayed for children under 16.
f	Net worth of insured	Enter the net worth of the insured in both Canadian and foreign property.  Only displays for: • Insureds aged 18 and over • All Life and Critical Illness insurance products
g	Consent to disclose supplementary information to the representative	Check Yes or No to indicate whether the insured authorizes their personal information to be shared with their representative.
h	Signature	Check this box if the person is incapable of signing. • A message appears to remind you to attach legal documents that confirm the incapacity. • Upload each legal document in the Attached files tab.  When a person is declared incapable , legal documents are required to: • Confirm that the person is incapable. • Provide the name of the person authorized to sign on their behalf.  Not displayed for insureds under : • Quebec: 14 years old • Outside Quebec: 16 years old

Contact Information – Entering a New Address

Beginning of section 

Contact Information

Country

Canada

▼

Enter Address



An address is required to proceed

b

This address corresponds to a Canadian standardized address

Yes ☐ No ☐

Email

☐ No email address

Telephone

Cellular

Overseas

☐

Extension

Telephone

Home

Overseas

☐

Extension

Telephone

Work

Overseas

☐

Extension

Search for an address*

235 RU



*Source Canada Post

235 Rubidge St Peterborough, ON, K9J 3N9

235 Rue Abraham-Remy Mont-Saint-Hilaire, QC, J3H 6H8

235 Rue Abraham-Richard Varennes, QC, J3X 1V7

235 Rue Acres Kirkland, QC, H9H 4M1

235 Rue Académie Salaberry-de-Valleyfield, QC, J6T 4X2

235 Rue Acadia Lachine, QC, H8T 2V6

235 Rue Acadie Grande-Anse, NB, E8N 1B1

235 Rue Achbar Gatineau, QC, J8P 4J5

235 Rue Acher Laval, QC, H7X 4B8

235 Rue Adam Saint-Calixte, QC, J0K 1Z0

d

☐ Check this box if the search is unsuccessful

Address – Line 1

235 Ac

Address – Line 2

Address – Line 3

City

Kirkland

C/O

Postal code

H9H 4M1

e

Cancel

f

Save

Reference	Element	Description
a	Enter Address	Click Enter Address to display the Search for an address window.
b	This address corresponds to a Canadian standardized address	Indicates whether the address is standardized or not.  An email address is required to access the remote electronic signature option. - If the client cannot provide an email address, check the box No email address. - When the box No email address is checked, a message appears.
c	Search criteria	Enter search criteria to find an address: - Enter the address in the Search for an address field. - Select the address from the drop-down list.
d	Manual entry box	Enter the address manually if the search is unsuccessful.

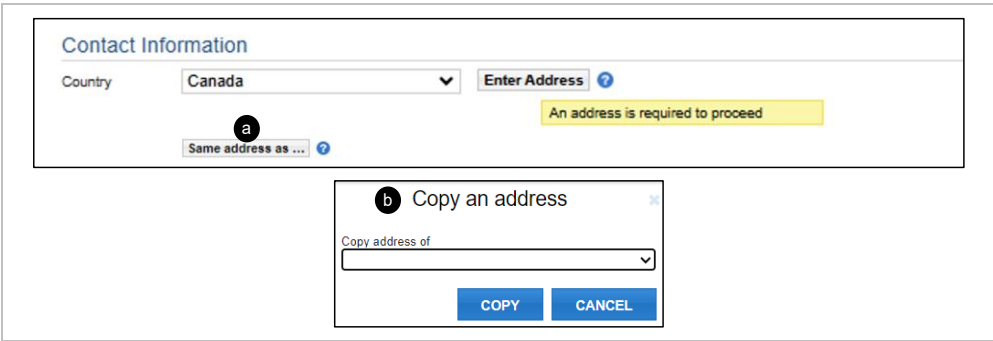
Page 29 of 73

HELP – DESIGN

Reference	Element	Description
e		Click to cancel the edited information.
f		Click to save the edited information.

Contact Information – Copying an Existing Address

[Beginning of section ↗](#)



The screenshot shows a 'Contact Information' form. The 'Country' dropdown is set to 'Canada'. The 'Enter Address' field is empty, and a yellow error message states 'An address is required to proceed'. Below the address field is a button labeled 'Same address as ...' with a question mark icon. A modal window titled 'Copy an address' is open, showing a dropdown list for 'Copy address of' and 'COPY'/'CANCEL' buttons.

Reference	Element	Description
a		Click Same address as , to open the Copy an Address window.
b	Copy an Address window	- Select the address from the drop-down list. - Click Copy.

Owner's Section

[Beginning of section ↗](#)

[A – Individual](#)

[B – Company](#)

[C – Contingent Policyowner \(Individual and Company\)](#)

A – Individual

Beginning of section 

Owner(s)

a

Personal information

First Name

Initial

☐

Last Name

Date of birth

b

Contact Information

Country

Canada

Enter Address



An address is required to proceed

This address corresponds to a Canadian standardized address

Yes

☐

No

☐

Email

☐ No email address

Telephone

Cellular

Overseas

☐

Extension

Telephone

Home

Overseas

☐

Extension

Telephone

Work

Overseas

☐

Extension

c

Identification of policyowner

Identification of policyowner

[Select]

Date ID checked



d

Language

Do you speak and understand English?

Yes

☐

No

☐

e

Net worth of policyowner

In Canadian dollars (CANS)

What's your estimated personal net worth* in Canada?

What's your estimated personal net worth* abroad?

*Net worth = Assets minus liabilities

- Assets: What you have (liquid assets, personal property, savings, investments, RRSPs, etc.)

- Liabilities: What you owe (mortgages, lines of credit, personal loans, credit card balances, etc.)

f

Signature

Please check this box if the insured has been declared legally incapable



☒

Go to the Attached files tab, and upload the legal documents confirming the insured's incapacity. This person will need to sign on behalf of the insured.

The insured's incapacity must be confirmed through legal documents, and the name of the person authorized to sign on their behalf must appear on these documents



The **Illustrations Associated with This Policyowner** section **only** appears when there are **at least two** illustrations:

- A different policyowner can be associated with each illustration.
- By default, a policyowner is automatically associated with **all** the illustrations of the case.

Reference	Element	Description
a	Personal information	Displays the personal information of each owner. • For a client already registered to the case, the personal information is prefilled and cannot be edited. • For a new individual, all fields must be filled. The Social Security Number field will appear as optional only for Universal Life policies.
b	Contact information	Displays the contact information of each owner: • For a client who is already registered in the case, this information is prefilled and cannot be edited. ◦ Enter a new address. ◦ Copy an existing address. • For a new individual, all fields must be filled out. A cellular number is required as the main contact number of the insured and appears first in the list of numbers. • An email address is required to access the remote electronic signature option. ◦ If the client cannot provide an email address, check the box No email address. ◦ When the box No email address is checked, a message appears.
c	Identification of policyowner	• Displays information regarding the identification of the owner, depending on the situation (i.e., whether the product is taxable or not, and whether the sale is face-to-face or not). • Whether it is for an owner already registered in the case or a new individual, all fields of this section must be filled out. If the entered information is incorrect, automated validations may display a message. • ID number: only for taxable products • Document with the full name and address: only for a taxable product and a non-face-to-face sale. • If the issue date of a document with the full name and address is more than three months prior to the current date, a message will appear.

Reference	Element	Description
d	Language	Indicates whether the owner speaks and understands English or not. - When No is checked, additional questions appear.  - For a new owner, the language section must be filled out. - For an owner who is already registered in the case, the language cannot be edited.
e	Net worth of policyowner	Enter the net worth of the policyowner in both Canadian and foreign property.  Displays for: - Policyowner aged 18 years and over - All Life and Critical Illness insurance products
f	Signature	Check this box if the person is incapable of signing. - A message appears to remind you to attach legal documents that confirm the incapacity. - Upload each legal document in the Attached files tab.  When a person, is declared incapable , legal documents are required to: - Confirm that the person is incapable. - Provide the name of the person authorized to sign on their behalf.

B – Company

Beginning of section 



For **taxable** products, the following phrase is automatically displayed:

- Before submitting an insurance application, you must fill out Form 08295E (available in Webi), get the required signatures, and add it to the **Attached Files** section.

Information on the company

a

Federal business number

Provincial business number

b

☐

I will provide any missing information to Desjardins Financial Security Life Assurance Company **within 90 days**.

Reference	Element	Description
a	Information on the company – Business numbers	 The Provincial business number field only appears when the company is registered in Quebec . Enter each required business number based on the province where the company is registered: • Quebec: Fill out both federal and provincial business numbers. • Outside Quebec: Only the federal business number is required.  The system automatically checks the format of each number.
b	Information on the company – If any missing information	Check this box to agree to provide missing information within 90 days .

C – Contingent Policyowner (Individual and Company)

Beginning of section 

Policyowner

[Select]

a

▼

Add

b

Contingent Policyowner

Upon the death of any policyowner, his rights and interests in the policy will be transferred to:

[Select]

c

▼

Reference	Element	Description
a	Policyowner	Select the policyowner(s) for the case: - For an existing policyowner: - Select the name of a client from the drop-down list. - For a new policyowner: - Select New individual, New Company or New Trust from the drop-down list.  The following pages appear based on the type of owner selected: Individual Company
b	Add	Click to add the policyowner selected from the drop-down list, then proceed to enter the next required information.
c	Contingent Policyowner	Add a contingent policyowner in the case, if applicable.

Company's Financial Position Section

Beginning of section 



This section is generated when **at least one** of these types of coverage applies:

- Health Insurance
- Life Insurance

Company's Financial Position

a

Is the insurance chosen considered to be Business Insurance (i.e.: partnership, key employee or business loan)?
Yes ☒ No ☐

Is the total amount of life insurance in force, including the requested amount, above \$500,000?
Test Test Yes ☒ No ☐

Provide the financial statements according to the amount of insurance requested.
Nature of business

Percentage owned by Insured

☐ No insured owns shares in the company

Insureds:

[Select]

Add

Information about the policyowner's company

End date of fiscal year

Last year

Prior to last year

Assets

\$

\$

Liabilities

\$

\$

Net earnings

\$

\$

Sales figures

\$

\$

Market value

\$

\$

Purpose of insurance

Insurance on other partners or officers (include insurance in force or pending)

Are there other partners or officers? Yes ☐ No ☒

Reference	Description
a	 The Company's Financial Position section only appears if the owner is a company. If the answer to the question is Yes, additional information appears and is required.

Page 36 of 73

Beneficiary(ies) Section

Beginning of section [↗](#)

 The beneficiaries must be designated per illustration and per insured.

Beneficiary(ies)

a

Province where application is signed

Quebec

Illustration: .zip

Beneficiary(ies) of

b

Beneficiary(ies) - Death

Sharing of benefit in equal portions between the beneficiaries

Yes ☐ No ☒

Personal information

Delete beneficiary

First Name Initial ☐ Last Name

Date of birth Sex Male ☐ Female ☐

Relationship to proposed insured / policyowner

[Select]

Details

Percentage allocation

0

 % Status Revocable ☐ Irrevocable ☐

Beneficiary

[Select]

Add

c

Contingent beneficiary(ies) - Death

Contingent beneficiary

[Select]

Add

Reference	Element	Description
a	Province where application is signed	Select the province where the application is signed from the drop-down list.  The province is required as regulation concerning the designation of a beneficiary may differ between provinces. - For provinces outside Quebec, the Trustee section appears. - Fill out the required information.  Each beneficiary must be an adult. - While entering the date of birth of the beneficiary if the beneficiary is a minor an error message will appear.
b	Beneficiary	- To designate an existing beneficiary in the case: - Select a client's name that appears from the drop-down list. - To designate a generic beneficiary in the case: - Select the relationship with the beneficiary from the drop-down list.  Generic beneficiary succession: by default, the revocability status is Revocable. - To designate a non-existing beneficiary in the case: - Select the relationship with the beneficiary from the drop-down list.
c	Contingent beneficiary(ies)	To designate a contingent beneficiary, if applicable: Select the beneficiary in the drop-down list.

Eligibility Section

Beginning of section [?](#)



The **Eligibility** section is generated when **at least one** SOLO protection appears on **one** of the illustrations of the case.

Eligibility

Specific situation

Are you on parental leave? Yes ☐ No ☐

Employment profile

Profession or occupation

Industry

Diploma obtained (level of education)

Date you began working in your current profession or occupation?

Responsibilities and duties - Indicate the percentage of your time spent on each type of responsibility and list the specific activities involved in the "Duties" column.

	Percentage	Duties
- Manual/Physical		
- Management/Office work		
- Supervision		
- Others	15	
Total	15	The total must equal 100%

Number of hours worked per week

Number of weeks worked per year

Do you work from home? Yes ☐ No ☐

Do you have any other part-time or full-time work? Yes ☐ No ☐

Company/employer profile

Company name

Address

Country

This address corresponds to a Canadian standardized address Yes ☐ No ☐

Since when have you worked for this employer or been self-employed?

Are you a self-employed worker or a business owner? Yes ☐ No ☐

Insurable net annual earned income profile (earned income after overhead expenses but before taxes)

Earned income based on your current employment situation

☐ Employee

☐ Self-employed worker paid on commission

☐ Self-employed worker

☐ Partners

☐ Owner of a business corporation/corporation (Inc)

☐ Recognized Agricultural Producer

Are you self-employed? Yes ☐ No ☐

Calculate your unearned income from last year and estimate your unearned income for this year. Does one of these amounts exceed the lesser of the following: \$30,000 or 15% of the income you reported in the question "Earned income based on your current employment situation"? Yes ☐ No ☐

Does your net worth (assets minus liabilities) exceed \$4,000,000? Yes ☐ No ☐

Are you applying for the guaranteed benefit? Yes ☐ No ☐

Beginning of section

HELP – DESIGN

b	Are you completing this application to replace life, disability or critical illness insurance issued by Desjardins Insurance or another insurer?	Appears when you answered Yes to the first question, confirming that the insured holds an active product.
---	---	--

Children Section

Beginning of section ↗

 The section appears when the benefit **Children's Life Protection** is present in the selected coverage.

Children

To be completed for children who are insured under Children's Life Protection or under a family or single-parent coverage of a SOLO Healthcare product.

Child of insured

a

Personal information

First Name

Last Name

Sex ☒ Male ☐ Female

Date of birth

Reference	Element	Description
a	Personal information	Enter the personal information of the child.

Paying for the Insurance Section

Beginning of section ↗

-  This section provides the financial information for an application.
- If there are several illustrations, the information must be completed **separately** for each illustration.

[Mandatory Questions](#) [Payment Method – Bank Account](#) [Saving the Age](#)

[Payment Information](#) [Payment Method – Credit Card](#)

Mandatory Questions

Beginning of section 

Paying for the insurance

Illustration:

.zip

If the premium payment information is provided today, the insured can take advantage of the benefits of the Conditional disability insurance if all the necessary criteria are met.

Mandatory questions

Premium

\$1,242.07

per year

\$111.79

per month

No payment is required today!

We will collect the first premium no earlier than 7 days after we have finished processing the insurance application.

Do you want the premium payment information to be provided today so the insured can take advantage of the benefits of the Conditional disability insurance?

Yes

No (COD)

The insured will be covered in the event of a disability if all the conditions provided for under the Conditional disability insurance are met (see the Provisional or conditional insurance section of the insurance application).

Also, when determining whether we will approve or deny the coverages requested in the illustration, we will not take into account:

any accident that occurs after the insurance application is signed;

any illness that occurs after the insured has answered all the insurability questions and undergone all the required examinations and/or tests.

Reference	Element	Description
a	Illustration display	The Illustration Display section appears when there are at least two illustrations. Check the box of an illustration to show related information. By default, all the boxes are checked.

Page 42 of 73

Reference	Element	Description
b	Mandatory Questions – Premium	Select the premium frequency : • Per year, payment can be made either by: ○ Debit ○ Credit ○ Cheque • Per month, payment can only be made by debit.
c	Mandatory Questions – Do you want the premium payment information to be provided today?	Check the answer to the question.  It is recommended to check Yes , so the provisional or conditional insurance will be effective on the current day .

Saving the Age

Beginning of section 

d Saving the age

The premium indicated above applies provided that the contract is issued no later than 09/08/2024

If the contract is issued after that date, the premium will go up. In that case, would the policyowner be willing to pay the amount due retroactive to 09/08/2024 to keep the above premium? Yes ☒ No ☐

When the policyowner chooses to pay the amount due retroactive to the date indicated above, they understand that the insureds will not be covered as of that date.

Reference	Element	Description
d	Saving the Age section	 A question is displayed if the system detects a change or saving in age within the next 30 days. The representative checks that box with the client to: • Confirm that the client agrees to pay the premium retroactively in the event of age saving. • Clarify the intentions of the client if the system detects a change in age within the next 30 days.

Payment Information

Beginning of section 

Payment Information

e

Payment method

☐ Pre-authorized debit (PAD)

☐ Credit card

☐ Cheque

Reference	Element	Description
e	Payment Information – Payment Method	Check the corresponding payment method: Bank account Credit card - Cheque (only for per year payment)

f

Others options

☐ Use a contract's cash surrender value 

☐ Choose a premium collection day

Reference	Element	Description
f	Payment Information – Other Options	Check each box that applies. - Use a contract's cash surrender value. - Choose a premium collection day.

Payment Method – Bank Account

Beginning of section 



When the payer is a **company**, always verify that this person is authorized to sign on behalf of the company:

- Refer to the online [Canada's Business Registries](#).

Payment method

☒ Pre-authorized debit (PAD)

Account details

a Transit number

b Financial institution number

c Account number

d Name and address of financial institution

5-digit branch or caisse identification number

815 - Desjardins

Everyday banking account (enter all numbers, including zeros)

Reference	Element	Description
a	Transit number	The Transit number must have 5 digits.  If the format is not respected: - The field remains yellow, and the following message appears: - The Transit number must contain 5 digits. - The application can't be locked. - The Confirm tab indicates that the Account number is required.
b	Financial institution number  This field is required.	Select the financial institution from the drop-down list.  - If the institution is not from the drop-down list, select Other, enter the 3-digit institution number in the Specify field. - The application cannot be locked. - The Confirm tab indicates that the Institution number is required.

Reference	Element	Description
c	Account number	The account number must contain: ○ Desjardins: at least 7 digits ○ Other institutions: at least 5 digits  If the format is not respected: • The field remains yellow, and the following message appears: ○ The Transit number must contain 5 digits (7 for Desjardins). • The application cannot be locked. • The Confirm tab indicates that the Account number is required.
d	Name and address of the financial institution	Field is automatically completed according to the Transit and Institution numbers  This field cannot be edited.

Payment Method – Credit card

Beginning of section 

The **maximum** amount for a credit card payment is **\$10,000**.

Payor - Account holder(s)

First Name Last Name [Delete a payor](#)

Telephone ☐ Overseas

Country [?](#)

a This address corresponds to a Canadian standardized address Yes ☐ No ☐

b **c**

Payor

Authorization

I authorize Desjardins Insurance and my financial institution to debit the fixed amount indicated above from my account at the requested frequency.

Amount
\$28.35

Frequency
Monthly

Collection day of first premium
No earlier than 7 days after we have finished processing the insurance application.

Collection day of subsequent premiums
Same day as the one in the initial date in the contract's Policy Schedule

Reference	Element	Description
a	Payor information	Enter the payor's information.  If the payor is also the owner or the insured, the information cannot be edited.
b	Select a payor	Select a payor from the drop-down list.
c	Add a payor	Add the selected payor.

Entering credit card information

When you click **Trigger data entry**, the above-mentioned credit cardholder will receive an email telling them to go to the desjardinslifeinsurance.com secure site to enter their credit card information. Once that's been done, you will receive an email to let you know that the process is complete and that the application can now be locked and submitted.

Trigger data entry d

Send a credit card information request

☐ e

f
English

g

h

SEND

CANCEL

Reference	Element	Description
d	Trigger data entry	Displays the Send a Credit Card Information Request window.
e	☐ Payor name	Select a payor to send a request for credit card information.
f	Language	Select a language.  By default, the language of the application is selected.
g	SEND	Send the request of credit card information to the payor.
h	CANCEL or ☐	Close without sending the request.

Authorized Signatory(ies) Section

Beginning of section [↗](#)

Authorized signatory(ies)

Please attach the document(s) providing authorization to act by the authorized signatory(ies) identified in the above section (i.e.: Power of Attorney or Company Resolution).

Authorized signatory for

a

Authorized signatory

[Select]

▼

b

Add a signatory

c

Comments

The Authorized signatory is required.

Reference	Element	Description
a	Authorized signatory	Select the name of an authorized signatory for a corporation, a legal entity or for someone who has been legally declared incapable of signing.
b	Add a signatory	Add the selected authorized signatory.
c	Comments	Add complementary information and/or explanations concerning the authorized signatory.

Provisional or Conditional Insurance Section

Beginning of section 



- When there are **several different** products, there is **more than one** box to check.
- The Provisional or Conditional Insurance begins if the payment information to pay the premium is provided at the time of signature.
- The Provisional or Conditional Insurance takes effect on the day of signing the proposal and covers the insured for a maximum period of 90 days.

☐ By checking this box, the policyowner confirms that they have read the Provisional life insurance agreement and that they agree to all the applicable conditions, limitations and exclusions.



Check to confirm that the policyowner has **both**:

- Read the Provisional life insurance agreement
- Agreed to all the applicable conditions, limitations and exclusions

☐ By checking this box, the policyowner confirms that they have read parts 1 and 2 of the Provisional critical illness insurance agreement and that they agree to all the applicable conditions, limitations and exclusions.



Check to confirm that the policyowner has **both**:

- Read parts 1 and 2 of the Provisional critical illness insurance agreement
- Agreed to all the applicable conditions, limitations and exclusions

☐ By checking this box, the policyowner confirms that they have read the Conditional disability insurance agreement and the SOLO Disability Income sample contract.



Check to confirm that the policyowner has read **both**:

- The Conditional disability insurance agreement
- The SOLO Disability Income sample contract

☐ By checking this box, the policyowner confirms that they have read the Conditional disability insurance agreement and the SOLO Loan Insurance sample contract.



Check to confirm that the policyowner has read **both**:

- The Conditional disability insurance agreement
- The SOLO Loan Insurance sample contract.

Declaration of Tax Residence Section

Beginning of section ↗

Declaration of tax residence

Desjardins Financial Security Life Assurance Company is required under Part XVIII and Part XIX of Canada's Income Tax Act to collect tax residency information to determine if your financial account must be reported to the Canada Revenue Agency (CRA). The CRA may share this information with the government of a foreign country where you are a resident for tax purposes or with the U.S. government if you are a U.S. citizen.

Declaration of tax residence for:

IMPORTANT : You must complete all the fields before submitting the declaration.

I am a tax resident of Canada.

Yes ☒ No ☐

Social insurance number

I am a tax resident or a citizen of the United States.

Yes ☒ No ☐

Do you have a U.S. taxpayer identification number (TIN)?

Yes ☒ No ☐

U.S. taxpayer identification number

I am a tax resident in a country other than Canada or the United States.

Yes ☒ No ☐

Country of tax residence	Tax identification number	If you do not have a TIN, give the reason A, B or C

☐ I will provide any missing information on my declaration of tax residence to Desjardins Financial Security Life Assurance Company within 90 days.

Previous 20 of 21 Continue

Reference	Element	Description
a	Declaration of tax residence for...	Enter the tax residency information for the identified owner.
b	Add	Enter another country of tax residence.
c	Delete	Delete a country of tax residence previously entered.
d	I will provide to...	If the owner cannot provide the required information, check this box before submitting the application.

Choice of contract format Section

Début de section

Commenté [ML2]: @Rosalie Bégin Ceci conviendrait?

Choice of contract format

For each illustration below, please choose the format for receiving the contract, if it is issued.

Illustration:

1

Electronic ☐ Paper ☐

Choice of contract format

For each illustration below, please choose the format for receiving the contract, if it is issued.

Illustration:

1

Electronic ☒ Paper ☐

2

Please note that our electronic transmission solution will be rolled out gradually, so you might receive your contract in paper format.

Référence	Élément	Description
1	Choice of contrat format	Select the format in which the policyowner wishes to receive the contract. If electronic : The representative must send the electronic version to the policyowner.
2	Please note that electronic transmission solution will be rolled out ...	Our electronic solution is being rolled out in phases. Depending on the stage of implementation, some policyowners may therefore receive their policy in paper form. This is a normal and temporary situation.

Confirm/Lock Section

Beginning of section

[With Error or Incomplete](#)

[Lock](#)

With Error or Incomplete

Beginning of section 

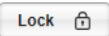
Confirm/Lock

Section	Field	Details
Insured(s)		This section has not been completed yet
Owner(s)		This section has not been completed yet
Company's Financial Position		This section has not been completed yet
Beneficiary(ies)		This section has not been completed yet
General questions	Do you have any inforce life or critical illness insurance (excluding group insurance or any coverages you are currently applying for)?	Do you have any inforce life or critical illness insurance (excluding group insurance or any coverages you are currently applying for)? is required.
General questions	Do you have any inforce life or critical illness insurance (excluding group insurance or any coverages you are currently applying for)?	Do you have any inforce life or critical illness insurance (excluding group insurance or any coverages you are currently applying for)? is required.
General questions	Are you completing this application to replace life, disability, critical illness or long term care insurance issued by Desjardins Insurance or another insurer?	Are you completing this application to replace life, disability, critical illness or long term care insurance issued by Desjardins Insurance or another insurer? is required.

Reference	Element	Description
	Detail	Displays details of the section(s) and the field(s) in error.  To reach the section to be corrected, click the error message.  Incomplete sections or in error prevents the locking of the case.

Beginning of section ↗

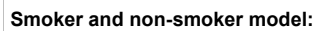
The diagram shows a screenshot of a web application interface. At the top, there's a header bar with a blue background and white text that says "Confirm/Lock". Below this, there's a main content area. On the left, there's a button labeled "Lock" with a padlock icon. To its right, there's a light blue information box containing text about locking the application. In the center, there's a large heading "Confirm/Lock" followed by explanatory text about the lock status and the Unlock button. Below this text is an "Unlock" button with a padlock icon. To its right, another light blue information box explains the function of the Unlock button. At the bottom of the page, there's a yellow banner titled "Validations" which contains a warning message about a banking information file being invalid and a "Messages" button.

Reference	Element	Description
a		- Lock the application. - Shows that the application is locked.  Only the representative of the case can lock and sign the case. - This button is inactive for anyone else, including the assistant of the representative. - The Completed section must be green  (complete and without error) for the Lock button to become active.
b	Lock the application	Click YES to confirm the lock request.  A second approval is required to complete locking the application.
c		Shows that the application is unlocked. The information entered in previous sections of the application tab can be edited.
d	Validations	If the banking information is not entered properly: The system requires you to attach a void cheque that will be added to the Representative's To do list.

Insurability

The proposed insured must now answer some insurability questions about their health and lifestyle. To answer the questions, they must choose one of the following 2 methods.

- b** **Tele-interview**
- The proposed insured will take part in a tele-interview that one of our partners will set up with them in the next few days.
- Following this tele-interview, we'll continue to review the application. Note that the proposed insured may need to undergo more tests or exams.



For an insured between 18 and 50 years, and for Life Insurance between 500k and 1M\$:

- In what language would you like to fill out the Insurability Questionnaire? English

- You do not need to complete the insurability questionnaire for this insured, as the questions will be asked during their paramedical exam or tele-interview.

- Predictive models Standard Acceptance – Serious Illness and Standard Acceptance – Life:**

- Page 54 of 73

Medical history

In the past 10 years, have you **consulted** a healthcare professional, received **treatment** or taken **medication** for any of the following reasons?

Tumour and cancer
For example: all types of cancer, lymphoma, leukemia, melanoma

☐ Yes ☒ No

Heart and blood vessels
For example: high blood pressure, high cholesterol, heart murmur, palpitations, chest pain, heart attack, Raynaud's disease, angina

☐ Yes ☒ No

Mental health, neurodivergence and developmental disabilities
For example: anxiety, stress, adjustment disorder, depression, personality disorder, eating disorder, autism spectrum disorder, attention-deficit hyperactivity disorder (ADHD), Down syndrome, developmental delay

☐ Yes ☒ No

Diabetes and hormones (endocrine system)
For example: thyroid issues, all types of diabetes including prediabetes, glucose intolerance

☐ Yes ☒ No

Muscles and bones
For example: pain, fracture, sprain, torn ligament, tendinitis, dislocation, fibromyalgia, herniated disc, curvature of the spine, carpal tunnel, sciatica

☐ Yes ☒ No

Reference	Element	Description
a	Medical history	Complete the insurability questionnaire (medical questions) for each insured, if applicable.

Special Instructions Section

Beginning of section 



- The section is used to provide the relevant information for the processing of the application or any additional information that the client wishes to state.
- Notes listed in this section are part of the application.

a

Special Instructions

WARNING

Never use this section to provide:

- Information about a person's insurability (e.g. medical conditions) (Use the «Insurability» section instead)
- Social insurance number (SINs)
- Information about a credit card, driver's license, passports or health insurance cards

 If you modify, add or replace the illustration after completing the **Special Instructions** section, please ensure that its contents are still accurate.

Reference	Element	Description
a	Special Instructions	Add more details related to the insurance application.  • The text entered here is included in the three following documents: ○ National Application PDF ○ The Rapport de Saisie Administration ○ The Underwriting report • Special instructions are printed on the application attached to the contract of the member/client. • We need to analyze all the information in the Special instructions section of the e-application. As a result, applications that have special instructions will not be displayed as a point-of-sale decision.

Complete Section

Beginning of section [↗](#)

[Select a Signing Method](#)

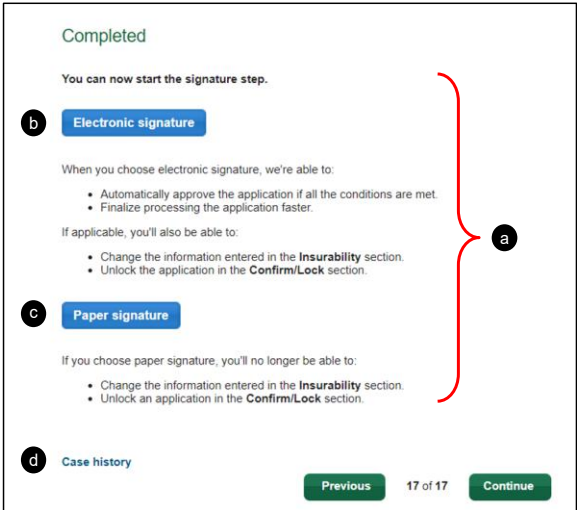
[Confirm the Signing Method](#)

[Result of the Point-of-Sale Decision](#)

Select a Signing Method

Beginning of section [↗](#)

 Example of a completed insurability questionnaire.



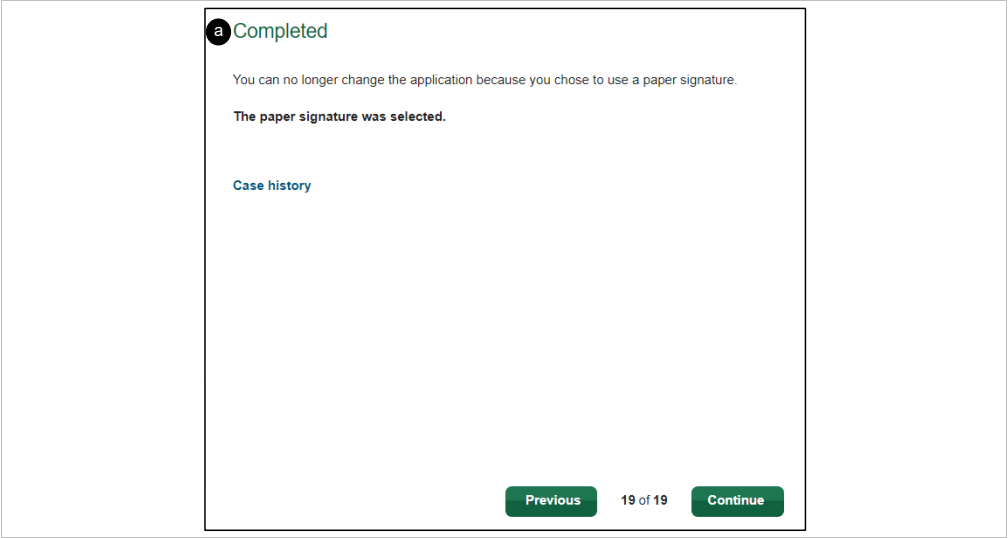
Reference	Element	Description
a	Completed	Ends the signing process with the client or clients.
b	Electronic signature	Select the electronic signature.  When choosing the electronic signature mode, a new Electronic Signature section is generated in the left menu. - The section must be completed to begin the signing process.

Reference	Element	Description
c	Paper signature	Select the paper signature.  Complete the required 13231E form—i.e., the Addendum to the Electronic Application.  When you choose the Paper signature the following message appears: Confirm paper signature  Important! If you choose paper signature: • We won't be able to automatically approve the application, even if all the conditions are met. • We won't review the application until we receive the signed Addendum to the Electronic Application. • You won't be able to change the information entered in the Insurability section. • You won't be able to change the information entered in the application. Do you want to continue? YES NO • By clicking YES, the representative agrees to forward as soon as possible the Addendum to the electronic application signed by each policyowner and each person to be insured.
d	Case history	Consult the history status.

Confirm the Signing Method

Beginning of section 

 Example of a paper signature.



Reference	Element	Description
	Completed	Displays the signing methods.

Result of the Point-of-Sale Decision

Beginning of section 

If you want to change the information entered in this section, you must cancel the signature process in the **Electronic signature** section.

Completed

If you want to change the information entered in the **Insurability** section or unlock the application, you must cancel the signature process in the **Electronic signature** section. All signatories will have to sign the application again.

The electronic signature was selected.

a Case history

Point-of-sale decision

Result of point-of-sale decision

The point-of-sale decision will be available when the signature process is complete.

[Previous](#) 18 of 19 [Continue](#)

 The result of point-of-sale decision will be available when the signing process is completed.

b

Point-of-sale decision

To see which illustrations have been approved and which ones need further review, please consult the **Point-of-sale decision** section. [Create a new case](#)

c Point-of-sale decision

Illustration		Proposed insureds	Answer
Para_Avec_Traditionnel	.zip	Avec Para	Referred
Critère_Aucun_Traditionnel	.zip	Aucun Critère	Approved

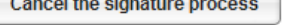
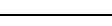
Approved illustrations: Please provide **only 1 Immediate confirmation** of contract for all approved illustrations. Remember to send us the documents required to finish processing the application. **Referred illustrations:** Please provide **a copy of any insurance agreements**. Remember to send us the documents required to review the application.

Reference	Element	Description
a	Case history	Link to display the decision(s) by illustration.
b	Window Point-of-sale decision	- The representative must submit the file along with the required documentation. - It is possible to consult the result of the point-of-sale decision once the signature process has been completed.
c	Consultation of the decision(s)	If the application is approved, the representative must: - Enter the application number on the Immediate Confirmation of the Contact form. - Provide the client's form.

Beginning of section

Signatory Information

Beginning of section

Reference	Element	Description
a	Location of signature	Enter the city and the province where the application is signed.
b	Parent or legal guardian	Add the link between the signatory and the minor insured.
c		Cancel the signature process.  Cancel the signature process if the user chooses paper signature.
d		Continue entering information related to the electronic signature.

Signatory Information

Beginning of section

Signatory information

a **b** ☒ Sign in person ☐ Sign remotely

c ☐ Sign in person ☒ Sign remotely

d **c** Email

d Cell phone

Reference	Element	Description
a	Role(s)	Indicates the role(s) of the signatory.
b	Sign in person / Sign remotely	Select the signing method.  - When the option Sign remotely is selected, the signatory: - Receives an email notification with a web link. - Complete the remote electronic signature process. - It is possible to sign electronically in the presence of the representative.
c	Email	When the option Sign remotely is selected, the email of the person with signing authority is required.
d	Cell phone	Enter the cell phone number of the person with signing authority.  The signatory receives a PIN code once they click the link in the email.

Representative Information

Beginning of section

Representative information 

Reference	Element	Description
a	Cell phone	Add the cell phone number of the representative.  This field is required to allow the representative to authenticate their identity if they choose to sign remotely.
b	Start the electronic signature transaction	Start the electronic signature transaction if all required fields have been answered (e.g., email and PIN if the signatory is authorized to sign remotely).

Electronic Signature Transaction

Beginning of section [↗](#)

Reference	Element	Description
a	Transaction Status	Indicates the transaction status: - Cancelled - Completed - Expired - In progress - Locked
b	Sign in person	Start a signature session to enable signing in person. - One button per signatory - The representative button is available when all the signature sessions (for all clients) are completed.
c	Unlock the transaction	Unlock the transaction when a signatory authorized to sign remotely has made too many authentication errors. This button is only active when there is a session status.
d	Cancel the transaction	Cancel the signature transaction and to return to the previous section.
e	Session Status	Indicates the signature session status. - Cancelled - Completed - Locked - Pending
f	Point-of-sale decision	Link to display the point-of-sale decision.

Attached Files Tab

[Back TOC](#)

Linked applications and attached files

a

Linked applications

b

Attached files

c

d

e

File type

f

Insured

g

Browse...

Add

Attached file name

No Items

Delete

Reference	Element	Description
a	Linked applications	Enter each application number to be linked to the current application.
b	Attached files	Indicates the name of each attached file.
c	Browse...	Search for and select each PDF file to attach.  Multiple files can be attached at once and will be added to the application automatically.
d	Add	Attach each selected file to the case.
e	File type	Indicates the type of each attached file: - Financial document - Medical information - Other administrative document - Prior Notice of Policy Replacement (or Life Insurance Replacement Declaration) - Underwriting form or questionnaire - Void cheque
f	Insured	Some file types require identifying the insured to which the attachment relates.
g	Delete	Delete the attached file.

Requirements Tab

[Back TOC](#)

- Use the **Requirements** tab to enter information related to the requirement request.
- It is available and must be completed **only** when the application is locked.
- If the signature mode selected is **electronic**, the signature process must be completed **before** accessing the tab.

Requirements

The underwriting requirements listed in this section replace the previously established requirements in the illustration.

a

Requirements

- Non-Medical
- Paramedical
- Blood Profile, Urine

b

Was a request for requirements placed for Desjardins Insurance in the last 6 months (12 months for electrocardiograms at rest or during exercise)?
Did you order requirements for this case?

Yes ☐ No ☐
Yes ☐ No ☐

Requirement request

When ordering requirements on an Elite file, inform the Paramedical and/or Inspection provider that it is an Elite case.

c

Paramedical firm

Paramedical firm
Med4xio

Date of request
Authorization number
Paramedical exam
Blood profile
Resting ECG
ECG during exercise
Urine test
Other

Add a request

Inspection firm

Inspection firm
Keyfacts

Date of request
MVR
Investigation report
Other

Add a request

Reference	Element	Description
a	Requirements	• The underwriting requirements by insured are posted to prepare the member/client for the next steps. • Allows independent network advisors to order the right selection requirements, except tele-interviewing.  Visible to all networks  Independent networks: SFL, DFSIN, MGA
b	Questions	Answer preliminary questions about requirements orders.
c	• Paramedical firm • Inspection firm	Provides details of the underwriting requirements ordered from paramedical and investigation firms.

Distribution Tab

[Back TOC](#)



Use the **Distribution** tab to enter information regarding the compensation of the representative.



Representatives managementSearch casesCreate a new caseSaveSubmit1Signed and submitted casesImport a case

Help | Change password | Logout | Français

1

Submit the application.

- If the **paper signature** method is selected, the **Submit the Case** window appears.

Submit the case

You are about to submit the case.
Please make sure you have completed the Notes and attached files tab.
No changes will be possible afterwards.

Paper signature
By submitting this insurance application, you confirm that the Addendum to the electronic application has been signed by each policyowner and each proposed insured.

You also agree to send us the Addendum **as soon as possible** using one of the following secure methods:

- Via the **Attached files** tab for this electronic application
- Via **Pending Business** (Special Notes)
- By mail to:
Desjardins Insurance
New Business and Underwriting Administrative Department
200 Rue Des Commandeurs
Lévis QC G6V 6R2

We won't review the application until we've received the signed Addendum to the electronic application.

Do you wish to continue?

2YESNO

2

Click **YES** to submit the case.

3.

 The analysis **only** begins upon receipt of the signed addendum.

Distribution

a

Compensation type ☒ Career ☐ Accelerated

b

Sharing of commission

c

Code

Name

Field office

% of share

b

100.00

d

Add

e

Is the representative the proposed insured or the policyowner? ☐ Yes ☐ No

Reference	Element	Description
a	Compensation type	Indicates the type of compensation: - Career OR - Accelerated
b	Code	By default, the code of the representative appears.  By default, the following information also appears: - The name of the representative - The field office of the representative
c	% of share	By default, the percentage of share is 100%.
d	Add	To add representatives for the sharing of commissions.  - A maximum of 3 representatives can share the commission of a case. - It is possible to add 3 additional representatives, provided the principal representative of the case has a distribution percentage of zero.
e	Is the representative the proposed insured or policyowner?	Check Yes or No to indicate whether the representative is the insured or the policyowner of the contract.

Page 68 of 73

Documents Tab

[Back TOC](#)



Use the **Documents** tab to view the documents generated by the case:

- Application
- Illustration(s)
- Additional form(s)
- Representative's To Do List

Documents

a

Reports

SiegeSocial_Test_Test_Traditionnel

Illustration_Test_Test_Traditionnel

National Application

Representative's To Do List

b

☐

c

Forms

d

View selected documents

Reference	Element	Description
a	Reports	Click a document to display.
b	☐	Check the box corresponding to each document that you want to view to display more than one document.
c	Forms	Click the document you want to view.
d	View selected documents	Click to view all selected documents. The documents will be generated in a PDF format.

4.5 Signed and Submitted Cases Page

[Back TOC](#)



The **Signed and Submitted Cases** page displays the cases that have been signed and submitted according to the access rights of the user.

- To access this page, click **Signed and submitted cases** in the header of the homepage or directly on the page of a case.

Search Criteria

[Beginning of section](#)

Reference	Element	Description
a		Hide or display the criteria of the Search Criteria section.
b	Search Criteria	Filter the signed or submitted cases of a representative based on the information of that representative. - In a same session, the last criteria entered are displayed. - Use one or many search criteria can be used. - Use contains instead of equals to launch a search based on certain criteria.
c		Delete all entered criteria or criteria that are already displayed from a previous search.
d		Launch the search.

List of Signed Applications

Beginning of section ↗



- The **List of Signed Applications** section appears when launching the search from the **Search Criteria** section of the **Signed and submitted cases** page.
- When it opens, if no previous search has been launched, the page displays all the cases to which the user has access.

a

List of signed applications

b

Application number	Policyowner(s)	Insured(s)	Contract number	Representative code	Representative name	Status date	
							⬇
							⬆

10

⏪ ⏩

Page 1 of 1

⏴ ⏵

🔄

Displaying 1 to 2 of 2 cases

Reference	Element	Description
a	List of signed applications	Consult all cases signed by a representative that are locked with the two following signature modes: • Paper signature mode • Electronic signature mode, for which the signature process is completed
b	Column names	Sort cases in a column: • In descending order, by clicking the name of the desired column. • In ascending order, by double-clicking the name of the desired column.

List of Submitted Applications

Beginning of section ↗

 The **List of Submitted Application** displays all cases submitted by a representative.

List of submitted applications

a

Application number	Policyowner(s)	Insured(s)	Contract number	Representative code	Representative name	Status date	
--------------------	----------------	------------	-----------------	---------------------	---------------------	-------------	--

No Match Found/No Case Found

10

⏪ ⏩

Page 1 of 1

⏴ ⏵

🔄

No Match Found/No Case Found

b

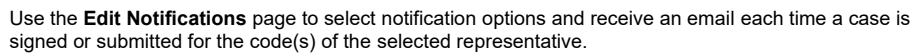
Edit Notifications

c

Close window

Reference	Element	Description
a	Column names	See the description in the List of Signed Applications – Column Names .
b	Edit Notifications	Access the Edit Notifications page for the cases of the representative.
c	Close window	Close the Signed and Submitted Cases window.

[Back TOC](#)



[Back TOC](#)

[Back TOC](#)