


The [SOLO Disability Income](#) and/or [SOLO Loan Insurance](#) sample contracts round out the Conditional disability insurance agreement. Your representative will describe and provide you with a copy of the sample contract(s) that are relevant to your application. The sample contracts are available on [web](#).

 The terms in *italics* in this text have the same definitions as the ones in the text about coverages included in the SOLO contract to be issued, if applicable.

Purpose of Conditional disability insurance

The Conditional disability insurance makes it possible to move up the effective date of coverages that is defined in the General provisions of the SOLO contract to be issued, if the insured person becomes *disabled* and all the conditions in the **Applicable conditions** section are met.

The effective date of the coverages to be issued may be moved up:

- to the date on which the insurance application is signed, if the *disability* is the result of an **accident**;
- to the date on which the insured person answered all the insurability questions and underwent all the required examinations and/or tests, if the *disability* is the result of an **illness**.

The insured person may then be covered by the coverages of the contract to be issued starting on one of these dates, depending on the cause of their *disability*.

Applicable conditions

- 1- By the date the insurance application is signed, the premium payment information must be provided in **section H - Paying for the insurance** of the insurance application.
- 2- We must approve the coverages requested in the insurance application with or without changes (see the **Approval of coverages requested with or without changes** section below).
- 3- The **accident** that causes the insured person's *disability* must occur:
 - a) after the insurance application is signed; and
 - b) before the earliest of the following dates:
 - the effective date of the coverages defined in the General provisions of the contract to be issued; and
 - the 91st day after the date the insurance application is signed.

OR

The **illness** that causes the insured person's *disability* must occur:

- a) after they have answered all the insurability questions and undergone all the required examinations and/or tests; and
 - b) before the earliest of the following dates:
 - the effective date of the coverages defined in the General provisions of the contract to be issued; and
 - the 91st day after the date the insurance application is signed.
- 4- The *monthly benefit* must be payable according to the contract to be issued (see the **About the contract to be issued** section below).

Why it is important to provide accurate information

If the information about the insured person that is provided when applying for the insurance is inaccurate or incomplete, we may cancel the contract to be issued for that person and/or deny a claim. The Conditional disability insurance would therefore not be applicable.

Approval of coverages requested with or without changes

We decide whether to approve the coverages requested with or without changes, or deny them, using Desjardins Insurance's underwriting rules and taking into account all the information collected about the proposed insured for the insurance application.

When the Conditional disability insurance is applicable, our decision will not take into account:

- any *accident* that may occur after the insurance application is signed; and
- any *illness* that may occur after the insured person has answered all the insurability questions and undergone all the required examinations and/or tests.

- 1- **When we approve the coverages requested without changes**, this means that we will cover the insured person in the event of a *disability* as set out in the contract to be issued.

If the insured person becomes *disabled*, the effective date of the coverages in the contract to be issued may be moved up, if all the conditions in the **Applicable conditions** section are met.

Approval of coverages requested with or without changes (cont.)

- 2- **When we approve the coverages requested with changes**, this means that we will cover the insured person in the event of a *disability* as set out in the contract to be issued with **additional** exclusions and/or limitations (e.g., adding an exclusion, increasing the waiting period, decreasing the selected monthly benefit, etc.).

⚠ For example, if the contract is issued with 2 additional exclusions, one for a specific health condition and one for participation in hazardous sports, this means that no *monthly benefit* would be payable if the insured person becomes *disabled* as a result of this health condition or sport while or after the insurance application is reviewed.

If the insured person becomes *disabled*, the effective date of the coverages in the contract to be issued may be moved up, if all the conditions in the **Applicable conditions** section are met.

- 3- **When we deny the coverages requested**, this means we will not issue a contract for the insured person and they will not be covered in the event of a *disability*.

The Conditional disability insurance would therefore not be applicable.

About the contract to be issued

While waiting to receive their contract, the policyowner should refer to the **SOLO Disability Income sample contract** and/or **SOLO Loan Insurance sample contract**, as applicable, to understand:

- the scope of the Conditional disability insurance; and
- the conditions, limitations and exclusions applicable to the coverages requested.

⚠ The sample contract **does not replace** the contract to be issued because it is not personalized based on the coverages requested in the insurance application. It includes the text of the General provisions and all the coverages that can be included in a SOLO contract.