

Lock-in number

Under this Conditional insurance agreement in case of disability, the SOLO Disability coverage submitted for the proposed insured takes effect on the effective date subject to the following conditions:

1. the proposed insured is between age of 18 and 60, inclusively, on the date the application is signed;
2. the proposed insured answered **no** to all of the eligibility questions from **section K** of the application;
3. **Initial premium payment:** on signing the application, the policyowner must pay at least one monthly premium or 1/20 of the premium for a single-premium policy, depending on the coverages applied for in this application. However, the policyowner is not required to pay any amount exceeding one monthly premium for a monthly disability benefit of \$5,000. Desjardins Insurance sets a limit of \$5,000 for the monthly disability benefit under the Conditional insurance agreement in case of disability, which cannot be invalidated even if the initial premium paid is higher than the minimum required. If payment of the initial premium is not honoured, this Conditional insurance agreement in case of disability will be deemed to have never taken effect;
4. **Maximum benefit payable in case of disability:** this Conditional insurance agreement in case of disability provides for the same benefit payable as the SOLO Disability coverage applied for, with the same amount of monthly disability benefit (maximum of \$5,000 for all Conditional insurance agreements in case of disability issued by Desjardins Insurance for the same person), the same waiting period and benefit period, **with the condition that**, according to Desjardins Insurance's directives and underwriting procedures, the proposed insured be entitled to this coverage without any substandard premium, exclusion, limitation, reduction or other modifications. If such changes are necessary to issue the requested contract, the benefit payable under this Conditional insurance agreement in case of disability will be limited to the modified SOLO Disability coverage offered to the proposed insured on the effective date of this agreement.

Definitions:

The **effective date** for this Conditional insurance agreement in case of disability is the later of the following dates:

1. the date the application is signed;
2. the date on which the requested paramedical, medical exams and any other tests have been completed, according to Desjardins Insurance's underwriting procedures.

The definition for «**disability**» is the one stated in the contract of the SOLO Disability coverage applied for in this application.

Exclusions and limitations

1. No benefit is payable under this Conditional insurance agreement in case of disability if there are important facts not being declared or if there is a fraudulent declaration in the application and/or within the requested medical exam, if applicable
2. This Conditional insurance agreement in case of disability also considers all conditions, exclusions and limitations described in the SOLO Disability coverage submitted for the proposed insured.

Declarations

Any statements made by the policyowner or the proposed insured in this application for disability insurance may be contested with respect to this Conditional insurance agreement in case of disability.

Termination of coverage

Coverage under this Conditional insurance agreement in case of disability terminates on the earlier of the following dates:

1. the effective date of the policy applied for;
2. the issue date of a policy that differs from the policy applied for, such policy being made as a counter-offer by Desjardins Insurance to the policyowner;
3. the date on which Desjardins Insurance sends the policyowner a letter advising that coverage under this Conditional insurance agreement in case of disability has terminated or that this application for disability insurance has been rejected;
4. the 91st day following the date the application is signed.

No representative of Desjardins Insurance is authorized to amend this Conditional insurance agreement in case of disability.

If the conditions on this page apply, give it to the policyowner.