

**GROUP CREDIT INSURANCE
SCHEDULE OF INSURANCE**

Certificate No: ##### Group Credit Insurance Policy No.: GM522C Effective Date of Insurance: XX/XX/XXXX Birth Date of Primary Cardholder: XX/XX/XXXX Primary Cardholder: (Herein called "You" or "Your")	Group Credit Insurance Policy Holder: XXXXXXXXXXXXXXXXXXXX (Herein called "Creditor") Maximum Amount of Insurance: \$10,000.00 The monthly Premium Rate shown below will be applied per \$100 of the INSURED AVERAGE DAILY BALANCE INCLUSIVE OF ANY APPLICABLE DEFERRED OR INSTALMENT PURCHASE AMOUNT(S) OF YOUR CIBC ACCOUNT ON YOUR BILLING DATE. APPLICABLE TAXES WILL BE ADDED. Total Insurance Rate per \$100 is \$X.XX
---	---

CERTIFICATE OF INSURANCE

Issued by

**Canadian Premier Life Insurance Company
80 Tiverton Court, 5th Floor
Markham, Ontario L3R 0G4**

For questions, service or to make a claim, call: XXX-XXX-XXXX.

PLEASE READ YOUR CERTIFICATE

If You do not want this Certificate, send it back to Us. If You do so within thirty (30) days from the Effective Date, We will credit Your Account for any premium You may have been charged for this coverage.

This Certificate replaces and cancels any Certificate previously issued under any Group Credit Master Policy insured by Canadian Premier Life Insurance Company or Legacy General Insurance Company with the Creditor for Your Account.

Definitions

"Account" means Your CIBC Credit Card account.

"Average Daily Balance" means the sum obtained by dividing the aggregate of all the daily balances of a billing period by the number of days in that billing period.

"Outstanding Balance" means the amount that appears on Your Account statement issued as of the last billing date prior to the date of death, Disability, diagnosis of Cancer or Involuntary Unemployment.

"Creditor" means the Creditor named on the Schedule of Insurance and to whom the debt is owed.

"Effective Date" means the day, month and year shown on the Schedule of Insurance.

"We", "Us" and "Our" means Canadian Premier Life Insurance Company.

"He", "His" and "Him" refer to both genders.

"You", "Your" and "Insured" means:

1. for Life and Accidental Death Insurance Coverage the Primary Cardholder and, if applicable, the Spouse of the Primary Cardholder; and
2. for Disability, Hospitalization, Cancer and Involuntary Unemployment Insurance Coverage – the Primary Cardholder.

"Primary Cardholder" means the person in whose name the Account is issued and who has been approved for coverage. If the Account is issued in more than one (1) name, "Primary Cardholder" will be deemed that person who is named first on the billing statement.

"Spouse" means a person:

1. who is legally married to the Primary Cardholder; or
2. who cohabits with the Primary Cardholder and has been publicly represented as His spouse for the last twelve (12) consecutive months.

"Minimum Monthly Payment" will be the greater of \$10 and 3% of Your Outstanding Balance.

INSURING AGREEMENTS

In return for the payment of premiums, this insurance covers the Outstanding Balance on Your Account up to a maximum of ten thousand dollars (\$10,000) in connection with purchases or charges under an Account agreement. Coverage is provided for Life, Accidental Death, Disability, Hospitalization, Cancer and Involuntary Unemployment insurance as shown in this Certificate subject to the provisions of the Master Policy We have issued to the Creditor.

In no event will the total benefit exceed the amount incurred on Your Account as of the last billing date prior to the time of loss.

All benefits are paid to the Creditor and will be credited to Your Account.

PREMIUM CHARGE

Your premium rate for the Account is shown on the Schedule of Insurance.**

The Creditor will furnish You with a statement each month which shows the amount of premium charged.

The premium charged for this Certificate is based on the Average Daily Balance of Your Account for Your statement period, times the monthly premium rate.

Premiums and any applicable taxes will be:

1. charged when Your Account's Average Daily Balance is greater than zero (0); and
2. charged whenever an Account statement is issued; and
3. due with Your Account payment; and
4. automatically charged to Your Account.

**The premium rate is subject to change as provided in the Master Policy. You will be given written notice of any change. The current premium rate is shown on the Schedule of Insurance. You should attach any future notices of change to this Certificate.

COVERAGES

LIFE INSURANCE

Definitions

"Proof" means a certified copy of Your death certificate.

Benefit

If an Insured dies while this Certificate is in effect, We will pay to the Creditor a benefit equal to the Outstanding Balance on Your Account up to a maximum amount of ten thousand dollars (\$10,000), subject to the Exclusions and upon receiving Proof of Your death.

In the event of simultaneous death, only one (1) death benefit will be paid.

The benefits are equal to the Outstanding Balance on Your Account up to the maximum amount of insurance of ten thousand dollars (\$10,000).

This benefit terminates on the next Account statement date after Your seventieth (70th) birthday.

Exclusions

No benefits will be payable due to suicide:

1. while sane or insane; and
2. within six (6) months of the Effective Date.

DISABILITY PROTECTION

Definitions

"Disabled" or "Disability" means the condition of being prevented from performing the regular duties of employment and the inability to engage in any other employment or occupation, for which You are reasonably suited, for compensation or profit.

"Pre-existing Condition" means a disease or physical condition which occurs within the first six (6) months of the Effective Date of Your Certificate, that was diagnosed and for which treatment was received within six (6) months prior to the Effective Date of this Certificate.

"Gainfully Employed" means working for a minimum of thirty (30) hours per week (permanent full-time basis) or a minimum of twenty (20) hours per week (permanent part-time basis) for at least three (3) consecutive months.

Eligibility Requirements

To be eligible for Disability benefits, as of the Effective Date, You must be insured under this Plan.

Disability Benefits

We will pay Disability benefits if You:

1. become Disabled as a result of:
 - a. accidental bodily injury; or
 - b. sickness; and
2. are regularly attended by a licensed physician or surgeon (other than Yourself or a family member); and
3. remain Disabled for more than:
 - a. thirty (30) consecutive days (the "Waiting Period") if You are Gainfully Employed on the date of Disability; or
 - b. ninety (90) consecutive days (the "Waiting Period") if You are unemployed on the date of Disability.

Disability benefits are paid:

1. monthly to the Creditor;
2. retroactive from the first date of Disability;
3. based on the Outstanding Balance on Your Account;
4. after the completion of the Waiting Period indicated above (#3 a or b); and
5. until the earliest of the following occurs:
 - a. You are no longer Disabled; or
 - b. the Outstanding Balance on Your Account has been paid by Us; or
 - c. the maximum amount of insurance of ten thousand dollars (\$10,000) has been paid.

The amount of the monthly benefit will be:

1. the scheduled Minimum Monthly Payment;
2. subject to a five hundred dollars (\$500) maximum monthly payment; and
3. based upon the Outstanding Balance on Your Account.

Benefits will remain level during the benefit period unless You provide Us with additional information that would warrant adjustment.

If it is determined that You are permanently and totally Disabled, it will be Our option to:

1. make the monthly payments as provided above; or
2. pay the Outstanding Balance on Your Account.

In no event will the aggregate payments exceed the Outstanding Balance on Your Account.

This benefit terminates on the next statement date after Your sixty-fifth (65th) birthday.

Proof of Disability

During the initial period of Disability, You will have Your attending physician or surgeon submit a statement, on a form provided by Us or acceptable to Us, that You are Disabled as defined.

Upon Our request, You will give proof of Your continuing Disability each month.

Re-eligibility

You will be re-eligible for Disability benefits after the completion of payments under a Disability claim if You have been employed:

1. on a full-time basis; and
2. for a period of twenty-one (21) consecutive days.

If the same or related Disability occurs within twenty-one (21) days from the date of cessation of Disability benefits, there will be no new Waiting Period. Disability benefits will continue, based on the Outstanding Balance on the statement issued prior to the date of the initial Disability. The maximum benefit will be equal to the unused portion of the maximum benefit for the initial Disability period.

Exclusions

This Certificate does not provide benefits for Disability resulting from:

1. normal pregnancy; or
2. intentionally self-inflicted injury; or
3. Pre-existing Conditions; or
4. attempted suicide; or
5. the commission or attempted commission of a criminal offense; or
6. nervous, mental, psychological, emotional or behavioral disorder unless You are under the full-time care of a licensed psychiatrist; or
7. abuse of drugs or alcohol, unless You are confined in a hospital or participating in a program of rehabilitation satisfactory to Us and the confinement or program began after the Effective Date.

ACCIDENTAL DEATH INSURANCE AT AGE SEVENTY (70) OR OVER

Definitions

“Accidental Death” means death through accidental means sustained directly and independently of all other causes. The accident causing such death must occur after the Effective Date of Insurance and while this Certificate is in force. Death must occur within one-hundred (100) days following the date of the accident.

Accidental Death Benefit

We will pay an amount equal to the Outstanding Balance on Your Account up to a maximum of ten thousand dollars (\$10,000) upon receiving proof of an Insured's Accidental Death. At the time of the Accidental Death, the Insured must be seventy (70) years of age or over.

HOSPITALIZATION BENEFIT

Eligibility Requirements

To be eligible for hospitalization benefits, You must:

1. not be eligible for Disability or Involuntary Unemployment benefits; and
2. become hospitalized as a result of accidental bodily injury or sickness; and
3. remain hospitalized for three (3) consecutive days or more.

Hospitalization Benefit

The amount of the hospitalization benefit will be one (1) Minimum Monthly Payment of Your CIBC Credit Card Account statement date balance immediately preceding Your hospital confinement, or five hundred dollars (\$500) whichever is lower. In no event, however, will the one (1) month payment exceed the statement date balance immediately preceding Your hospital confinement.

We will pay the benefit to the Creditor in one (1) payment.

This benefit terminates on the next statement date after Your sixty-fifth (65th) birthday.

Proof of Hospitalization

You shall submit proof from the hospital stipulating that You were hospitalized during the period covered under the claim.

Exclusions from Hospitalization Benefits

This insurance does not cover:

1. hospitalization due to a Pre-existing Condition, as defined under Disability Protection; or
2. hospitalization resulting from:
 - a. pregnancy or complications thereof;
 - b. intentionally self-inflicted injuries; or
 - c. flight on non-scheduled aircraft.

CANCER BENEFIT

Definitions

“Cancer” means a malignancy, other than in the epithelial tissue of the skin, characterized by the uncontrolled growth and/or metastatic spread of malignant cells. This does not include skin cancer, but it does include malignant melanoma, Stage II or higher.

“Date of diagnosis of Cancer” means the date of pathological examination of the involved tissue.

Eligibility Requirements

To be eligible for Cancer benefits, You must be:

1. insured under this Certificate for more than sixty (60) days;
2. living on the thirty-first (31st) day following the Date of diagnosis of Cancer; and
3. less than seventy (70) years of age at the time of diagnosis of Cancer.

Cancer Benefits

If You are diagnosed with Cancer and You have met the Eligibility Requirements, We will pay an amount equal to the Outstanding Balance on Your Account up to the maximum amount of insurance of ten thousand dollars (\$10,000). We will pay the benefits to the Creditor upon receiving proof of diagnosis of Cancer.

The Cancer benefit is paid only once during Your lifetime and in lieu of all other benefits provided by this Certificate. After the Cancer benefit is paid, You remain eligible for all other remaining benefits for unrelated conditions.

Proof of Diagnosis of Cancer

The diagnosis of Cancer must:

1. be made by a licensed physician;
2. be confirmed by pathological examination of the involved tissue; and
3. be made at least sixty-one (61) days after the Certificate's Effective Date.

Exclusions and Limitations

The Cancer benefit will not be paid for the following conditions which are excluded:

1. AIDS or related HIV condition; or
2. any form of skin cancer except malignant melanoma, Stage II or higher.

If You have been diagnosed with Cancer prior to the Effective Date, You will be eligible for Cancer benefits only after You complete a period of at least three hundred sixty five (365) consecutive days where You have been free of all symptoms and have not received treatment for such condition.

If You are diagnosed with Cancer within the first sixty (60) days from the Effective Date, You will not be eligible for Cancer benefits.

This benefit terminates on the next statement date after Your seventieth (70th) birthday.

INVOLUNTARY UNEMPLOYMENT PROTECTION

Definitions

"Gainfully Employed" means working for a minimum of thirty (30) hours per week (permanent full-time basis) or a minimum of twenty (20) hours per week (permanent part-time basis) for at least three (3) consecutive months in a non-seasonal occupation.

"Minimum Monthly Payment" will be determined as defined in Your cardholder agreement with the Creditor.

Eligibility Requirements

To be eligible for Involuntary Unemployment benefits, as of the Effective Date of this Certificate, You must be:

1. insured under this Plan; and
2. Gainfully Employed.

Involuntary Unemployment Benefits

We will pay Involuntary Unemployment benefits if You:

1. have an involuntary loss of employment or are unemployed due to labour disputes, strikes or lockouts; and
2. remain unemployed for more than thirty (30) consecutive days (the "Waiting Period"); and
3. were employed by the same employer for three (3) consecutive months prior to the termination of employment date.

Involuntary Unemployment benefits are paid:

1. monthly to the Creditor;
2. retroactive from the first date of unemployment;
3. based on the Outstanding Balance on Your Account;
4. after the completion of the thirty (30) day Waiting Period; and
5. until the earliest of the following occurs:
 - a. You return to work; or
 - b. the Outstanding Balance on Your Account has been paid by Us; or
 - c. the maximum amount of insurance of ten thousand dollars (\$10,000) has been paid.

The amount of monthly benefit will be:

1. the scheduled Minimum Monthly Payment;
2. subject to a five hundred dollar (\$500) maximum monthly benefit; and
3. based upon the Outstanding Balance on Your Account.

Benefits will remain level during the benefit period unless You provide Us with additional information that would warrant adjustment.

Proof of Involuntary Unemployment

In order to qualify for Involuntary Unemployment benefits, unless You are unemployed due to labour disputes, strikes or lockouts, You must verify that You are registered and eligible for benefits with Human Resources Development Canada, under the Employment Insurance Act (EI).

Registration should begin within fifteen (15) days after the date of involuntary unemployment and must continue for the entire period of the payment of benefits so long as You remain eligible for EI benefits, failing which, payments will be suspended until registration or re-registration occurs. Upon Our request, You will give proof of Your continuing unemployment by submitting an affidavit, executed in Canada, provided by Us, to be signed by You and a witness attesting to Your continuing unemployment.

Re-eligibility

You will be re-eligible for Involuntary Unemployment benefits after the completion of payments under an involuntary unemployment claim when You become re-eligible for EI benefits.

Exclusions

This Certificate does not provide benefits for:

1. retirement; or
2. self-employed persons; or
3. voluntary separation from employment; or
4. loss of seasonal employment; or
5. dismissal for cause; or
6. unemployment for any reason beginning within thirty (30) days from the Effective Date of coverage; or
7. unemployment known by You to be impending at the time of application for the insurance; or
8. normal pregnancy; or
9. intentional self-inflicted injuries or attempted suicide; or
10. commission or attempted commission of a criminal offence.

GENERAL PROVISIONS APPLYING TO ENTIRE MASTER POLICY CONTRACT

Notice of Claim

Notice of a claim under this Certificate of Insurance must be filed with Us at Our Home Office within sixty (60) days after the applicable Waiting Period.

Failure to report said loss within the stated period of time may invalidate any claim under this Certificate for such loss, if such delay has prejudiced Our ability to confirm the validity of the claim.

Claim Forms

After notification, we will send You a claim form:

1. for filing proof of loss; and
2. within fifteen (15) days after We receive notice of claim.

Complete the claim form and return it to Us.

If We do not provide You with a claim form within ninety (90) days, proof of claim may be submitted in the form of a written statement of the cause or nature of the loss giving rise to the claim. In all cases, We reserve the right to request additional documentation to prove the claim.

Purchases During Claim Period

Coverage will not apply to purchases or charges made to Your Account after the last billing date prior to the time of loss and while benefits are being paid.

Eligibility – Age Limits

To be eligible for this insurance, on the Effective Date of Your Certificate, You must:

1. be at least eighteen (18) years of age;
2. not have reached Your:
 - a. seventieth (70th) birthday for Life or Cancer Insurance; or
 - b. sixty-fifth (65th) birthday for Disability, Hospitalization or Involuntary Unemployment Insurance;
3. request this insurance;
4. agree to pay the premium charge for such insurance; and
5. be a Canadian resident.

Misstatement of Age

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

1. misstated Your age; and
2. are on the Effective Date:
 - a. under eighteen (18) years of age; or
 - b. seventy (70) years of age or over for Life or Cancer benefits; or
 - c. sixty-five (65) years of age or over for Disability, Hospitalization or Involuntary Unemployment benefits.

Legal Action Against Us

No legal action may be brought against Us, unless it is brought within:

1. twelve (12) months after a claim; or
2. the shortest applicable limit of time established by law.

Term of Insurance

The term of the insurance provided under this Certificate will end on the soonest of:

1. the next statement date after We receive Your written request to end this insurance coverage; or
2. the date Your credit privileges on Your Account are revoked; or
3. the next statement date after Your:
 - a. seventieth (70th) birthday for Life and Cancer benefits; and
 - b. sixty-fifth (65th) birthday for Disability, Hospitalization and Involuntary Unemployment benefits; or
4. thirty-one (31) days from the date You receive Our written notice, by first class mail to Your last known address, to cancel this Certificate because the Master Policy was canceled***; or
5. the date Your credit Account is terminated; or
6. the date of the Primary Cardholder's death.

***Cancellation of the Master Policy will be without prejudice to any claims arising prior to said cancellation, subject to the Notice of Claim provision.

If this Certificate should be canceled for any reason, any unearned premium will be promptly credited to Your Account.

No refund will be made if the amount is less than one dollar (\$1.00).

Changes

Notices to, or knowledge of any agent or person will not effect a waiver or change in this Certificate, or stop Us from any rights We may have under this Certificate. This Certificate's terms may not be changed or waived except by an endorsement issued by Us agreed to in writing by the Creditor and Us, and written notice of which is provided in advance to You.

Assignment

This Certificate may not be assigned. You may not assign any of Your rights.

Misrepresentation and Fraud

All statements made by You, in the absence of fraud, are deemed to be representations – not warranties.

Physical Examination

As a condition precedent to the payment of any benefits, We, at Our own expense, shall have the right to examine You, when and as often as We may reasonably require during the continuance of any claim under this Certificate and also the right to request an autopsy in the case of death where such action is not forbidden by law.

Language

The Primary Cardholder hereto confirms that he or she has expressly requested that this Certificate be drawn up in the English language. Les parties aux présentes ont expressément exigé que ce certificat soit rédigé en langue anglaise.

Currency

All benefits stated herein are payable in Canadian dollars.

In Witness Whereof, the Company has caused this Certificate to be issued.



President &
Chief Executive Officer



Secretary

SAMPLE