## Table of coverages

DISMEMBERMENT OR LOSS OF USE	
Two of the following: hand, foot, arm, leg, or sight in one eye	\$500,000
Hearing in both ears and speech	\$500,000
One hand, one foot, one arm or one leg	\$250,000
Hearing in both ears or speech	\$250,000
Sight in one eye or hearing in one ear	\$75,000
One finger or one toe (per finger/toe)	\$5,000
DEATH OF AN INSURED AGE 24 OR YOUNGER	
Accidental death while on board a common carrier	\$1,000,000
Accidental death due to other circumstances	\$40,000
Non-accidental death	\$20,000
DEATH OF AN INSURED AGE 25 OR OLDER	
Accidental death while on board a common carrier	\$1,000,000
Accidental death due to other circumstances	\$100,000
FRACTURE	
Skull, spine, pelvis, hip	\$3,500
Rib, sternum, coccyx, larynx, trachea, shoulder blade, humerus, patella, tibia, fibula, femur	\$1,000
Any other bone not included above	\$250
СОМА	
For at least 96 consecutive hours	\$40,000
HOSPITAL AND PARAMEDICAL EXPENSES	
Emergency transportation	up to \$10,000
Hospitalization	\$75/day for up to 30 days
Care from a trained nurse	\$50/day for up to 30 days
Purchase or rental of a cane, crutches, compression garment, walker	
Furthase of rental of a carte, elatenes, compression garment, warker	up to \$500
Purchase or rental of a wheelchair	up to \$500 up to \$5,000
Purchase or rental of a wheelchair	up to \$5,000
Purchase or rental of a wheelchair Purchase of an initial hearing aid or artificial eye	up to \$5,000 up to \$700
Purchase or rental of a wheelchair Purchase of an initial hearing aid or artificial eye Replacement glasses or contact lenses	up to \$5,000 up to \$700 up to \$300
Purchase or rental of a wheelchair Purchase of an initial hearing aid or artificial eye Replacement glasses or contact lenses Purchase or rental of an orthotic device	up to \$5,000 up to \$700 up to \$300 up to \$400
Purchase or rental of a wheelchair Purchase of an initial hearing aid or artificial eye Replacement glasses or contact lenses Purchase or rental of an orthotic device Dental work	up to \$5,000 up to \$700 up to \$300 up to \$400 \$250/tooth up to \$1,250
Purchase or rental of a wheelchair   Purchase of an initial hearing aid or artificial eye   Replacement glasses or contact lenses   Purchase or rental of an orthotic device   Dental work   Treatments from a chiropractor, occupational therapist, osteopath, physiotherapist, orthotherapist	up to \$5,000 up to \$700 up to \$300 up to \$400 \$250/tooth up to \$1,250 \$25/treatment up to \$250
Purchase or rental of a wheelchair Purchase of an initial hearing aid or artificial eye Replacement glasses or contact lenses Purchase or rental of an orthotic device Dental work Treatments from a chiropractor, occupational therapist, osteopath, physiotherapist, orthotherapist Transportation and accommodation for follow-up treatment (more than 50 km away)	up to \$5,000 up to \$700 up to \$300 up to \$400 \$250/tooth up to \$1,250 \$25/treatment up to \$250
Purchase or rental of a wheelchair Purchase of an initial hearing aid or artificial eye Replacement glasses or contact lenses Purchase or rental of an orthotic device Dental work Treatments from a chiropractor, occupational therapist, osteopath, physiotherapist, orthotherapist Transportation and accommodation for follow-up treatment (more than 50 km away) EDUCATIONAL EXPENSES	up to \$5,000 up to \$700 up to \$300 up to \$400 \$250/tooth up to \$1,250 \$25/treatment up to \$250 \$75/day for up to 10 days
Purchase or rental of a wheelchair   Purchase of an initial hearing aid or artificial eye   Replacement glasses or contact lenses   Purchase or rental of an orthotic device   Dental work   Treatments from a chiropractor, occupational therapist, osteopath, physiotherapist, orthotherapist   Transportation and accommodation for follow-up treatment (more than 50 km away)   EDUCATIONAL EXPENSES   Private tutoring	up to \$5,000 up to \$700 up to \$300 up to \$400 \$250/tooth up to \$1,250 \$25/treatment up to \$250 \$75/day for up to 10 days \$30/hour up to \$3,500/accident
Purchase or rental of a wheelchair   Purchase of an initial hearing aid or artificial eye   Replacement glasses or contact lenses   Purchase or rental of an orthotic device   Dental work   Treatments from a chiropractor, occupational therapist, osteopath, physiotherapist, orthotherapist   Transportation and accommodation for follow-up treatment (more than 50 km away)   EDUCATIONAL EXPENSES   Private tutoring   School transportation	up to \$5,000 up to \$700 up to \$300 up to \$400 \$250/tooth up to \$1,250 \$25/treatment up to \$250 \$75/day for up to 10 days \$30/hour up to \$3,500/accident \$15/day up to \$150/accident

For more information or to apply for Accirance Select, call toll-free:

#### 1-877-888-4873

Our offices are open Monday to Friday from 8 a.m. to 9 p.m., and Saturday from 8:30 a.m. to 4:30 p.m. (except statutory holidays).

You can also visit:

desjardins.com/accirance

This document summarizes the nature and conditions of Accirance Select. It has no contractual value. For answers to any questions about the nature and conditions of Accirance Select, refer to the insurance contract, which contains full details on the product's terms and conditions, as well as any exclusions and restrictions that may apply.

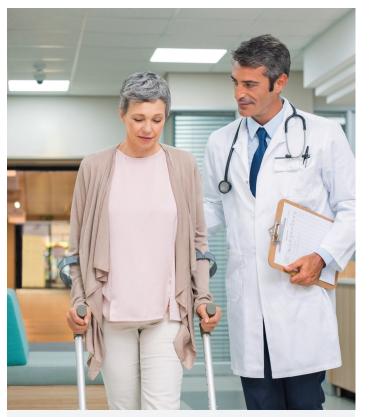


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Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.







# Don't think you have a high-risk lifestyle?

You don't need to be a stunt performer to be at risk for accidents. Every day, people injure themselves doing ordinary things, like cleaning out the garage, renovating the house, or going for their daily walk.

> EVERY YEAR, MORE THAN 7,000 CANADIANS ARE HOSPITALIZED AFTER SLIPPING ON ICE.

## On a tight budget?

Accirance Select has affordable premiums, and a monthly payment option is available to make it easier to incorporate into your budget.

# Think applying for insurance is a long and difficult process?

There is **no** medical questionnaire for **Accirance Select**. To apply, all it takes is a few minutes over the phone.

# Looking for full family coverage?

With **Accirance Select**, you can insure all your family members under a single contract. And for each additional insured, **you save \$3 a month**—that adds up over time!

	MONTHLY PREMIUM FOR 1 <sup>ST</sup> INSURED	MONTHLY PREMIUM PER ADDITIONAL INSURED
Children (age 0 to 17)	\$5.95	\$2.95
Women	\$6.95	\$3.95
Men	\$9.95	\$6.95

# Accident insurance: what's stopping you?

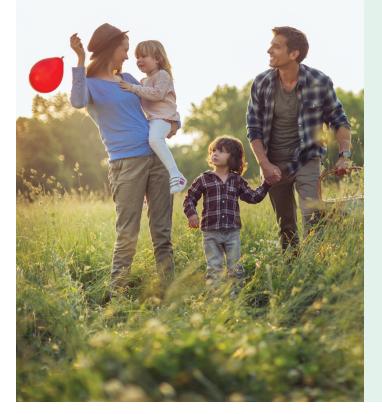
Accidents can happen to anyone, at any time, and lead to unexpected expenses. But sometimes we're more concerned about protecting our possessions (car, home, jewellery) than ourselves.

It's not that we think we're invincible; we just assume these things only happen to other people.

## Already covered under a group insurance plan?

**Accirance Select** is designed to complement your group insurance plan.

- It includes coverages that group plans generally don't (e.g. coma).
- **Did you know?** You can receive **Accirance Select** benefits even if you're already receiving benefits under a group insurance plan.
- Accirance Select reimburses reasonable hospital, paramedical and education expenses or pays a lump-sum benefit that you can use to get the care, services or items you need.



### Afraid an accident will leave you unable to care for yourself?

With **Accirance** *Select*, you have free access to telephone assistance services for guidance and support when you need it most!

- Convalescence Assistance
- Psychological Assistance
- Estate Settlement Assistance