



This document is only updated when deploying new features to the electronic application.

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1. REQUIRED SYSTEM CONFIGURATION

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Web browser	<ul style="list-style-type: none">• Microsoft Edge <i>*The latest version should be used.</i>• Mozilla Firefox <i>*The latest version should be used.</i>• Google Chrome <i>*The latest version should be used.</i>
Platform	<ul style="list-style-type: none">• Windows

2. FIRST USE

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

To initialize the tool correctly.

- ✓ **Verify and complete the section “Representative’s management”.**

All codes belonging to the representative must be completed.

- ✓ **When creating the first case, the right representative’s code must be selected 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

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

1. Access DSign-I. See – [Structure of the DSign-I tool](#)

2. Produce the illustration(s) required for the case.



The illustration must be produced in the same language used for locking the case.

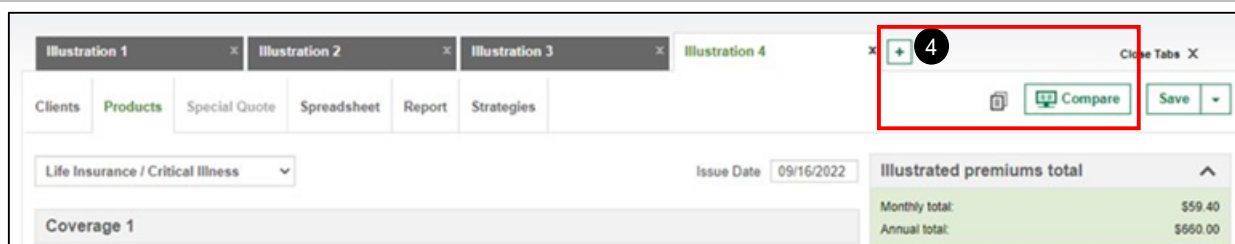
3 If applicable, open the **Illustrated premiums total** section. Select the desired illustrations to validate the Illustrated premiums.



The sum of illustrations cannot be displayed when a modification is needed in one of the illustrations. Therefore, the representative will need to update the illustration needing the modification.






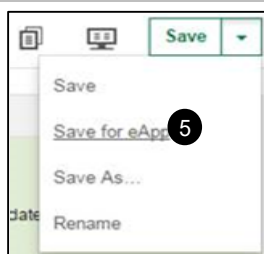
- Allows to ensure that the illustration premium amount matches the client's budget based on identified needs.
- Can be viewed in the Illustration on the input screen.



4 If applicable, copy or compare the illustration.



- By clicking the button , it is possible to copy the information from the current illustration or start a new illustration.
- The buttons  or  can also be use.



5 Click on **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

Please replace the issue date with the following date: **July 28, 2023**. Replacing the date lets you keep the proposed premium and lowers the amount to be paid retroactively.

If you aren't changing the issue date, check this box:

☐ 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.

7 Select the language desired by the customer.

8 Click on **Save**, a confirmation message will appear.

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

Help | Change password | Logout

Representatives management

Search cases

Create a new case **10**

Signed and submitted cases

10 Click on the button **Create a new case**.


Desjardins Insurance
Life • Health • Retirement

Application number: 28960
Version: 31

Representative

Representative code **11**

The screenshot shows the Desjardins Insurance application interface. At the top, there's a header with the Desjardins logo and navigation links: 'Messages', '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 present. The main navigation bar includes tabs for 'Representative', 'Illustrations', 'Application', 'Attached files', 'Requirements', 'Distribution', and 'Documents'. The 'Representative' tab is currently selected. Below the tabs, there's a section titled 'Representative' with a label 'Representative code' and a text input field containing '1211'. A red circle with the number '11' highlights the input field. A 'Select' button is located to the right of the input field.

- 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

Application number: 28960
Version: 31

Illustrations

Please attach all illustrations associated with this application. **12**

The screenshot shows the Desjardins Insurance application interface with the 'Illustrations' tab selected. The header and navigation bar are the same as in the previous screenshot. The 'Illustrations' tab is highlighted in the main navigation bar. Below the tabs, there's a section titled 'Illustrations'. At the bottom of this section, there's a text prompt: 'Please attach all illustrations associated with this application.' followed by a 'Browse...' button. A red circle with the number '12' highlights the 'Browse...' button.

- 12** Go to the **Illustrations** tab and click on **Browse** button, the following window will appear:

Search

Last Name
First Name
Illustration Name

Search

[Advanced Search](#)

10 Result(s)

		Policyowner Name	Illustration Name	Date	Coverage Category	Advisor
<input checked="" type="checkbox"/>		Smith, Thomas	Thomas Smith Term Life	January 25, 2019 11:06 AM	Term Life	Tremblay, Guy
<input checked="" type="checkbox"/>		Clark, Sarah	Sarah Clark_Term Life	January 25, 2019 07:50 AM	Term Life	Tremblay, Guy
<input type="checkbox"/>		Clark, Jonathan	Jonathan Clark_Term Life	January 25, 2019 07:48 AM	Term Life	Tremblay, Guy
<input type="checkbox"/>		Johnson, Lynda	Lynda Johnson Term Life	January 24, 2019 03:54 PM	Term Life	Tremblay, Guy
<input type="checkbox"/>		Smith, Tom	Tom Smith Term Life	January 24, 2019	Term Life	Tremblay, Guy

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

Cancel

Add

13 Check the illustration to attach to the application.

It is possible to check up to 10 illustrations.

14 Click the **Add** button. The selected list of illustrations will be displayed:

Illustrations

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

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	<input type="checkbox"/> Delete

Previous

Go to Application

15 Answer this question “Is the policy owner physically present with you to view their identification documents?”.

16 Click on **Go to Application** to complete the application.

See [Application tab](#).

4. DESCRIPTION OF THE PAGES AND TABS


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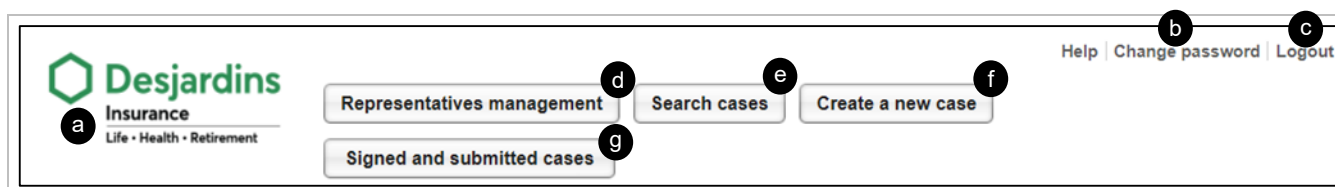
4.1 Homepage



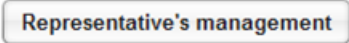

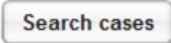
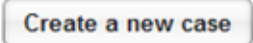
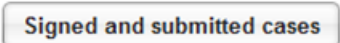
[Back TOC](#)

Header

[Beginning of section](#)

 The header can be accessed from any page of the tool (Web version).



Reference	Element	Description
a		Go back to homepage.
b	Change password	Change the password.  This function can be used only in the Web mode.
c	Français	Switch language.
d		Page used for managing representative information.  This function can be used only in the Web mode.
e		Access the search page.
f		Access the page to create a new case.
g		Used to: <ul style="list-style-type: none"> Consult the cases signed and submitted by one or many representatives. Manage alerts for the cases signed or submitted.

Recent Cases

Beginning of section ➔

Desjardins Insurance
Life • Health • Retirement

Help | Change password | Logout | Français

Representatives management Search cases Create a new case

Signed and submitted cases

Welcome **a**

Recent Cases **b**

c	d	e	f
Application number	Name	Product Category	Status
g			Created Jan 12, 2023

Reference	Element	Description
a	Recent Cases	Displays the last 10 cases saved to which the user has access.
b	Application number	Displays the number of the application.
c	Name	Displays the name of the first policyowner of the case.
d	Product Category	Displays the type of product: <ul style="list-style-type: none"> • SOLO • Universal Life • Traditional Life
e	Status	Indicates the status of the application: <ul style="list-style-type: none"> • Created • Incomplete • Completed – not locked • Completed – locked • Locked – Electronic signature • Electronic signature – Completed • Locked – Paper signature • Submit – In process • Submit – Success • Submit – Pending
f	Last update	Indicates the date of the last update of the case.
g	Line of case	Click the line of the case to open it.

Footer

Beginning of section ➔



Reference	Description
a	Allow you to reach the “Contact Us” page to join support teams.
b	Indicates the software version.
c	Indicates the date of the last update of DSign.



4.2 Representative's management Page

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- To access the page, click on the button “Representative's management” of the header.
- The page is used to search/select a representative and to consult/change his information.

Please select a representative

[Beginning of section](#)

Reference	Description
a	Section used to find a representative using search criteria.
b	Lists the representatives corresponding to the search results.
c	To consult or change information of the representative, click on icon  .  A double-click on the representative's line will also work.

Representative information

Beginning of section ➔

Representative Information

Representative code

First name Name

Company/firm name

Email

Field office

Administrative Site

Trainee ☐ Yes ☒ No ?

Supervisor

First name Name

Company/firm name

Email

Field office

c Save **d** Cancel

Reference	Description
a	<p>Displays information of the selected representative.</p> <p> From this page, the representative may change the information. However, he can do so only for codes that he owns. Otherwise, the right to access will only be to consult.</p>
b	<p>Fields to be filled for supervisor when the representative is a trainee.</p> <p></p> <ul style="list-style-type: none"> If « Yes » selected in Trainee section, the supervisor must be identified. The supervisor's personal information cannot be changed. Only the representative's supervisor can modify the information on the "Representative's management" page.
c	Saves the new data entered.
d	Deletes the information entered.

4.3 Search cases Page

[Back TOC](#)


The page is accessible when clicking on the button “Search cases” in the header of the homepage or in the page of a case. It is used to consult all cases to which the user has access.

My Cases

[Beginning of section](#)

Reference	Element	Description
a	My Cases	Section where search criteria is entered. <ul style="list-style-type: none"> • Last entered criteria during the same session remain displayed. • The search can be carried out by using one or several search criteria. • The search on certain criteria is carried out in “contains” mode and not in “equals” mode.
b		The indicator is used to hide or display the criteria in sections “Search Criteria”, “Clients” or “Representative name”.
c		Clears all entered search criteria or the ones already displayed following a previous search.
d		Starts the search.

Saved Cases

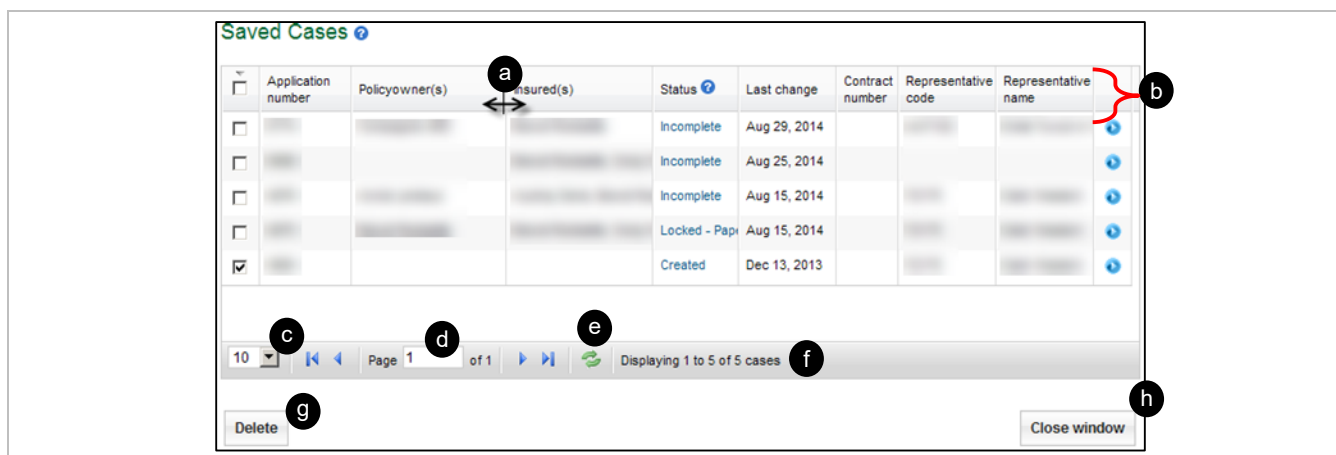
Beginning of section ➔



- The section is displayed 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.

	Application number	Policyowner(s)	Insured(s)	Status	Last change	Contract number	Representative code	Representative name
<input checked="" type="checkbox"/>				Locked - Paper	Sep 05, 2014			
<input checked="" type="checkbox"/>				Created	Sep 05, 2014			
<input checked="" type="checkbox"/>				Incomplete	Sep 05, 2014			
<input checked="" type="checkbox"/>				Incomplete	Sep 04, 2014			
<input checked="" type="checkbox"/>				Incomplete	Aug 25, 2014			

Reference	Element	Description
a	Saved Cases	Section where the search results are displayed. Each case found corresponds to research where all the given criteria are answered.
b		Selects all cases from the current page to be deleted at the same time.
c		Removes one or more cases at the same time.
d	Status	Indicates the status of a case. To view the status history of a case, click on the status of the case.
e		To access a case, click on the icon . A double- click on the line of the case results in the same action.



Reference	Element	Description
a	Column Border	Changes the width of a column.
b	Column Name	<p>Sorts the cases resulting from the search.</p> <ul style="list-style-type: none"> To display the elements of a column in descending order: <ul style="list-style-type: none"> Click on the title of the desired column. (ex.: Policyowner(s), Insured(s), etc.) To display the elements of a column in ascending order: <ul style="list-style-type: none"> Click twice on the title of the column. <p> By default, search results are displayed in descending order according to the date of the « Last change » column. </p>
c		Determines the number of cases to display by page.
d		<p>Indicates the page displayed and the number of pages the search contains.</p> <p> The page number is modifiable.</p>
e		Refreshes the page.
f		Shows the interval of the cases displayed as well as the total number of the cases found.
g		Deletes one or more cases (previously selected).
h		Closes window.

4.4 Case Page

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This page is available for:

- Create a new case (« Create a new case » button) of the homepage.
- Access an existing case (“Search cases” button) of the homepage.
- Click on a folder (“Recent cases” section) of the homepage.

Ribbon of tabs

[Beginning of section](#)

Reference	Element	Description
a		Displays messages (error, operation status, information, etc.)
b		Saves the case.
c		Submits the case to the head office. The “Submit” button is accessible when all sections of the application are completed.



[Representatives management](#)
[Search cases](#)
[Create a new case](#)
[Save](#)
[Submit](#)

[Signed and submitted cases](#)

Application number: 28960
Version:

d

e

f

g

h

i

j

Representative

Illustrations

Application

Attached files

Requirements

Distribution





Documents

Representative

Representative code

A01211

Select

Reference	Element	Description
d	Representative	<p>Identifies the representative of the case and displays their information.</p> <p> The management of the representative's information is done with the "Representative's management" button.</p>
e	Illustrations	<p>Add or delete the illustration(s) of the case.</p> <p> When accessing a new case or an existing one, by default, the system brings us to this tab.</p>
f	Application	<p>Completes the application of the case.</p> <p> An illustration must have been associated with the case to access this tab and to access the tabs "Attached files" and "Documents".</p>
g	Attached files	To indicate linked applications and to attach file(s).
h	Requirement request	<p>Indicates information relating to the requirement requests.</p> <p> The case must be locked to access the tab.</p>
i	Distribution	Indicates information related to compensation and sharing of commission.
j	Documents	To view the documents generated by the case.

Overview

Beginning of section ➔

Desjardins Insurance
Life • Health • Retirement

Representatives management

Search cases

Create a new case

Signed and submitted cases

Help | Change password | Logout | Français

Application number: 28959

Version: 31

Representative

Illustrations

Application

Attached files

Requirements

Distribution

Documents

✓ Coverage(s)

✗ Insured(s)

✗ Test Test

✗ Owner(s)

✗ Test Test

✗ Company's Financial P...

✗ Beneficiary(ies)

✗ General questions

✗ Test Test

✗ Payment and premium

✗ Request for Temporary...

✗ Confirm

Insured(s)

Test Test

Personal information

Title [Select] First Name Test Initial Last Name Test Suffix [Select]

Date of birth Sex Male Female Status Preferred (Non-Smoker)

Date of birth Place of birth

What is your legal status in Canada? [Select]

Contact information

Country Canada

Manage addresses This address corresponds to a Canadian standardized address Yes No

Address - Line 1

Address - Line 2

Address - Line 3

City Province or territory Postal code

Email

Telephone Home Overseas Extension Availability AM to AM

Telephone Cellular Overseas Extension Availability AM to AM

Telephone Work Overseas Extension Availability AM to AM

Language

Do you speak and understand English? Yes No

Occupation

Employer Employer's city







Occupation [Select] Annual income \$

Additional details

Signature

Please check this box if the individual is not capable of signing

Previous 2 of 14 Continue

Reference	Element	Description
a	Left menu	<ul style="list-style-type: none"> The content of the menu on the left is updated dynamically based on the content of 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 complete and error free section.  : Indicates an incomplete section and/or with error. Bold: Indicates the section currently displayed.
b	Date	<ul style="list-style-type: none"> English: MM-DD-YYYY (month/day/year) French: DD-MM-YYYY (day/month/year)  The date can be selected using the calendar .
c	Yellow fields	<p>Indicates mandatory data to enter or data in error.</p> <p> A tooltip is displayed when the cursor is in a yellow field.</p>
d		When clicking on the question mark, a tooltip appears related to the corresponding field or section.
e	Previous and Continue	To navigate from one section to another in the application using the links “Continue” and “Previous” at the bottom of each page of the “Application” tab.

Coverage(s) Section

Coverage(s)

Illustration display ⓘ

☒ ☒

Payment and premium Section

Payment and premium

Illustration display

☒ ☒

Insured(s) Section

Insured(s)

Display ⓘ

☒ ☒

General questions Section



General questions > General questions

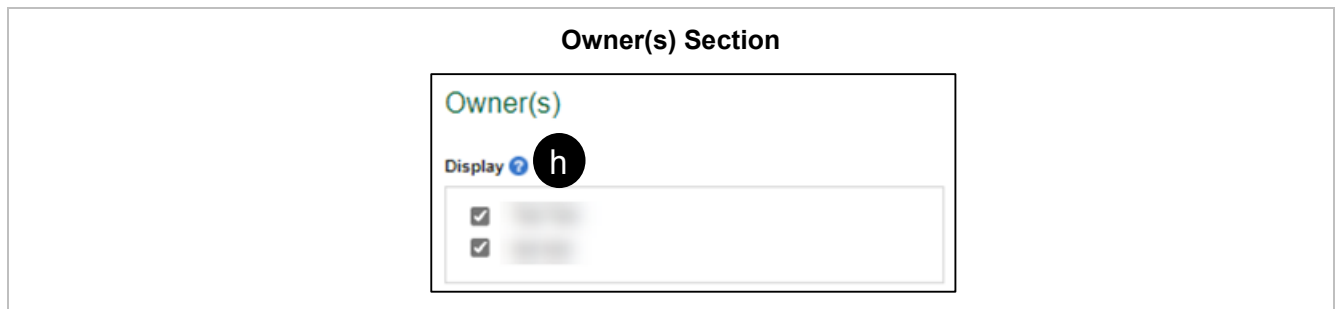
Insured display



☒ ☒

f

g

Reference	Element	Description
f	Illustration display	<ul style="list-style-type: none"> The filter is visible if there are two or more illustrations for the case. Used to show or hide the information of one or more illustration by checking or unchecking the associated box.  By default, all illustrations of the case are displayed.
g	Display	<ul style="list-style-type: none"> The filter is visible if there are two or more insured for the case. Used to show or hide the information related to one or more insured by checking or unchecking the associated box.  By default, all the insured in the case are displayed.



Reference	Element	Description
	Display	<ul style="list-style-type: none">• The filter is visible if there are two or more owners for the case.• It is used to show or hide the owner(s) information by checking or unchecking the associated box.  By default, all owners of the case are displayed.

Representative Tab

Beginning of section ➤

Reference	Element	Description
a	Representative code	To enter the representative code to be used for the case. 📌 When creating a new case, the last code used appears by default.
b	Select	To search and select the representative to be used for the case. 📌 <ul style="list-style-type: none"> By clicking on the button, a search page appears. When a code is selected, the representative's information appears. This information cannot be changed on this tab but rather via the "Representative's management" button.
c	Supervisor	Indicates information of the supervisor (if the representative is a trainee). 📌 Applies only in Quebec.
d	Next ➡	To access to the "Illustrations" tab.

Illustrations Tab

Beginning of section ➤



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 ☐

Please attach all illustrations associated with this application. Browse...

File Name	Insured(s)	Coverage	e	f	g	
	Test Test	Life Term 20	\$125,000	\$15.19	<input type="checkbox"/>	Delete
	test test	Health Priorities - Term 20	\$125,000	\$54.68	<input type="checkbox"/>	Delete

Reference	Element	Description
a	<input type="radio"/>	To indicate whether the representative is with the policyholder. If "No" is checked and the product is covered, more fields are added for dual-process identification (two forms of ID).
b	Browse...	To search and select an illustration related to the application. This is a file produced by DSign-I. Other formats cannot be read by DSign.
c	Insured(s)	Displays the name of the insured(s) present on the illustration.
d	Coverage	Displays the name of the coverage(s) of the illustration.
e	Volume	Displays the volume of insurance coverage.
f	Modal Premium	Displays the modal premium of the illustration.
g	Optional	To select an optional illustration.
h	Delete	To delete an illustration. To replace an illustration, it is best to add the new illustration before deleting the old one as data already entered in the application may be erased.

Application Tab

Beginning of section ➤

Coverage(s) Section

Beginning of section ➤



The 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)	Shows the coverage and insured amounts for each insured.

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Insured(s) Section

[Beginning of section](#)


If Insured is not 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 :

- 14 years or older in Quebec,
- 16 years or older in all other provinces.

Insured(s)

John Smith

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?

[Select]



Some personal information from the illustrations is filled out. (First Name, Last Name, Gender, Status, Date of Birth)

Insured(s)

Test Test

Personal information

[Select]

First Name

Test

Initial

Last Name

Test

Suffix

[Select]

Last name at birth

Sex

Male

Female

Status

Preferred (Non-Smoker)

Date of birth

01/24/1987

Place of birth

Italy

What is your legal status in Canada?

Work permit

Date of arrival in Canada

Has an application for permanent residence been made?

Yes

No

Reference	Element	Description
a	Personal information	Shows the insured's personal information.

Contact Information

b

Country

Canada

Manage addresses

This address corresponds to a Canadian standardized address

Yes

No

Address - Line 1

Address - Line 2

Address - Line 3

City

Province or territory

[Select]

Postal code

Email

Telephone

Home

Overseas

Extension

Telephone

Cellular

Overseas

Extension

Telephone

Work

Overseas

Extension

Language

c

Do you speak and understand English?

Yes

No

Specify your language

Italian

Please specify who explained and translated the contents of this application in your language

Another person

First Name

Last Name

Relationship to owner

* This person should not be a policyowner or a beneficiary named in the application.

Occupation

d

Employer

Employer's city

Occupation

[Select]

Annual income

\$

Additional details

Signature




e

Please check this box if the individual is not capable of signing

Previous

3 of 13

Continue

Reference	Element	Description
b	Contact information	<ul style="list-style-type: none"> Use this to enter the insured's contact information.
c	Language	<ul style="list-style-type: none"> Use this to enter all details related to the insured's language.  Does not display for those under : <ul style="list-style-type: none"> QC : 14 years Outside QC : 16 years old
d	Occupation	<ul style="list-style-type: none"> Use this to enter all details or instructions related to the insured's job.  Not displayed for children under 16. <ul style="list-style-type: none">
e	Signature	<ul style="list-style-type: none"> Check this box if the individual is unable to sign.  Does not display for those under : <ul style="list-style-type: none"> QC : 14 years Outside QC : 16 years old

Manage addresses


Contact Information

Country:



Manage addresses  **a**

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


Reference	Element	Description
a	Manage addresses	Allows one to manage the client's addresses.
b	This address corresponds to a Canadian standardized address	Indicates if the address is standardized or not.



Addresses - Jean Client 

Select an address from the list below or search for a new address in the 'Search for an address' section.

Individual / Company	Address	City	Province	Postal code	a	b
Madame Cliente	200 RUE DES COMMANDEURS	LEVIS	Quebec	G6V 6R2		

10 Page 1 of 1 Displaying 1 to 1 of 1 addresses

 Corresponds to a standardized address

Reference	Element	Description
a		Indicates that the address is standardized.
b		Allows one to associate an existing address on the case to a client.

Search for an address ?

Municipal number Postal code **a**

Apartment / suite / unit number Suffix **c**

Address / RR / PO Box

City

Search for an address

Select an address from the list below

Address	City	Province	Postal code
[209-249] RUE DES COMMANDEURS LEVIS QC G6V 8A7	LEVIS	Quebec	G6V 8A7
150 RUE DES COMMANDEURS LEVIS QC G6V 6P8	LEVIS	Quebec	G6V 6P8
200 RUE DES COMMANDEURS LEVIS QC G6V 6R2	LEVIS	Quebec	G6V 6R2
55 RUE DES COMMANDEURS LEVIS QC G6V 6P5	LEVIS	Quebec	G6V 6P5

10 Page 1 of 1 Displaying 1 to 5 of 5 addresses

Additional delivery information C/O **b**

☐ Check this box if the search could not find a standardized Canadian address.


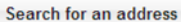

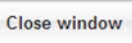
Address – Line 1 **f**

Address – Line 2

Address – Line 3

City Province or territory Postal code **g**

Close window

Reference	Element	Description
a	Search criteria	Fields used to enter the search criteria for an address.
b	Additional search criteria	Fields used to enter additional search criteria for an address (ex.: additional delivery information)  Additional search criteria must be entered BEFORE clicking on the Search for an address button.
c		Begins the search for an address.
d	Address list	List all the addresses found for the case.
e		Clicked to select an address associated with a client
f	Manual entry box	Manual entry box for address when the search is unsuccessful.
g		Exit the window while saving the modified data.

Owner(s) Section

[Beginning of section ➔](#)
[A- Individual](#)
[B- Company](#)
[C- Contingent policyowner \(individual and company\)](#)

A- Individual

Owner(s)

Test Test

Personal information **a**

Title [Select] First Name Test Initial Last Name Test Suffix [Select]

Date of birth Sex Male Female

Illustrations associated with this policyowner **b**

☒ Test_Test_Traditional_...zip

Reference	Element	Description
a	Personal information	<p>Displays personal information of the owner(s).</p> <ul style="list-style-type: none"> For a client already registered to the case, the personal information is prefilled and unchangeable. For a new individual, all fields are to be filled. <p> The Social Security Number field will be visible in and optional only in the case of Universal Life policies.</p>
b	Illustration(s) associated with this policyowner	<p>Displays the illustration(s) associated with the policyowner.</p> <ul style="list-style-type: none"> If more than one illustration, it is possible to designate different owners for each illustration. By default, at the time of designating an owner, the owner is associated with all the illustrations of the case.

Contact Information

Country Canada

Manage addresses

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

Address - Line 1 200 RUE DES COMMANDEURS

Address - Line 2

Address - Line 3

City LEVIS

Province or territory Quebec

Postal code G6V 6R2

Email

Telephone Home

Overseas ☐
(418) 888-8888
Extension

Telephone Cellular

Overseas ☐
Extension

Telephone Work


Overseas ☐
Extension

Identification of policyowner

Identification of policyowner [Select]

Identification of policyowner is required.

Date ID checked

Reference	Element	Description
c	Contact information	<p>Displays the owner(s) contact information.</p> <ul style="list-style-type: none"> For a client already registered at the case, this information is prefilled and unchangeable. For a new individual, all fields are to be filled.
d	Identification of policyowner	<p>Displays information regarding the owner's identification, according to the situation (cash surrender values in a product or not, non face to face sale or not)</p> <ul style="list-style-type: none"> Whether it is for an owner already registered at the case or a new individual, all fields of this section must becompleted.  If information entered is incorrect, automated validations may displayed a message. ID number : only product with cash surrender values Document with full name and address : only for product with cash surrender values AND non face to face sale. The Date of issue of a document with full name and address will display a message if it is over 3 months before the day date.

Language

Do you speak and understand English? Yes ☐ No ☒

Specify your language

Please specify who explained and translated the contents of this application in your language

First Name Last Name

Relationship to owner

* This person should not be a policyowner or a beneficiary named in the application.

Signature

Please check this box if the individual is not capable of signing ☐

Reference	Element	Description
e	Language	<p>Indicates if the owner speaks and understands English or not.</p> <ul style="list-style-type: none"> If not, others supplementary questions will displayed. For a new owner, the language section must be completed. For an owner already registered at the case, the language is unchangeable.
f	Signature	Check this box if the individual is unable to sign.

B- Company




For taxable product, the following phrase is automatically displayed:

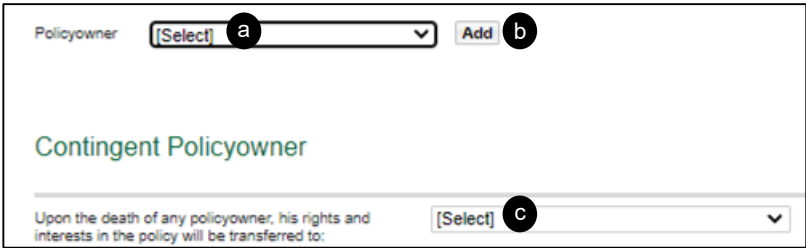
Before submitting an insurance application, you must fill out Form 08295E (available in Webi), get the required signatures and add it to the **Attached Files** section.



The screenshot shows a web form titled 'Personal information' (callout a). It contains several sections: 'Company name' (callout a), 'Illustrations associated with this policyowner' (callout b), 'Contact Information' (callout c), and 'Information on the company' (callout d). The 'Contact Information' section includes fields for Country (Canada), Address (Line 1, 2, 3), City, Province or territory, Postal code, Email, and Telephone (Home, Cellular, Work) with Overseas checkboxes and Extension fields. The 'Information on the company' section includes Federal business number and Provincial business number fields. At the bottom, there is a checkbox (callout e) with the text: 'I will provide any missing information to Desjardins Financial Security Life Assurance Company within 90 days.'

Reference	Element	Description
a	Personal information	Displays the name of the company.
b	Illustrations associated with this policyowner	Displays illustration(s) associated to the owner: <ul style="list-style-type: none"> If more than one illustration, it is possible to designate different owners for each illustration. By default, at the time of the designating an owner, the owner is associated with all the illustrations of the case.
c	Contact information	Displays the contact information of the owner(s): <ul style="list-style-type: none"> For a client already registered to the case, the contact information is prefilled and unchangeable. For a new individual, all fields are to be filled.

Reference	Element	Description
d	Information on the company (numbers)	<p>These numbers are mandatory.</p>  <ul style="list-style-type: none"> The Provincial number is not mandatory for outside Quebec. A validation of the format number is made by the system.
e	Information on the company (missing informations)	Check this box to agree to provide missing information within 90 days.

C- Contingent policyowner (individual and company)



Reference	Element	Description
a	Policyowner	<p>To select the policyowner(s) to be designated in the case.</p> <ul style="list-style-type: none"> To designate an <u>existing</u> owner in the case: <ul style="list-style-type: none"> Select a client's name appearing in the drop-down list. To designate a <u>non-existent</u> owner in the case: <ul style="list-style-type: none"> Select "New individual" or "New Company" as appropriate, in the drop-down list.  The following pages are displayed as per the owner type selected: Individual or Company .
b		To add the selected owner in the drop-down list and continue to enter the required information.
c	Contingent Policyowner	To add a contingent policyowner in the case, if applicable.

Company's Financial Position Section

[Beginning of section](#)


The section is generated when at least one of these types of protection is present:

- Health Insurance
- Life Insurance

Company's Financial Position

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 **a** 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:

Information about the policyowner's company

End date of fiscal year

Last year Prior to last year

Assets	\$ <input type="text"/>	\$ <input type="text"/>
Liabilities	\$ <input type="text"/>	\$ <input type="text"/>
Net earnings	\$ <input type="text"/>	\$ <input type="text"/>
Sales figures	\$ <input type="text"/>	\$ <input type="text"/>
Market value	\$ <input type="text"/>	\$ <input type="text"/>
Purpose of insurance	<input type="text"/>	

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

Are there other partners or officers? Yes ☐ No ☐

Reference	Description
a	<p>If the answer to the first question is "Yes" or if the owner is a company, additional information is required.</p> <p> Will only be displayed if the owner is a company.</p>

Beneficiary(ies) Section

Beginning of section ➔



The beneficiaries must be designated per illustration, per insured.

Beneficiary(ies)

Province where application is signed [Select] **a** ▼

Illustration:Test_Test_Traditional_ .zip

Beneficiary(ies) of Test Test

Beneficiary(ies) - Death **b**

Beneficiary [Select] ▼ Add

Contingent beneficiary(ies) - Death **c**

Contingent beneficiary ⓘ [Select] ▼ Add

Reference	Element	Description
a	Province where application is signed	<p>To select the province where application is signed.</p> <p> The information is mandatory as current regulation concerning the designation of a beneficiary may differ from one province to another.</p>
b	Beneficiary	<ul style="list-style-type: none"> To designate an <u>existing</u> beneficiary in the case: <ul style="list-style-type: none"> Select a client's name appearing in the drop-down list. To designate a <u>generic</u> beneficiary in the case: <ul style="list-style-type: none"> Select the relationship with the beneficiary in the drop-down list. <p> Generic beneficiary "succession", the revocability status is "Revocable" by default.</p> To designate a <u>non-existing</u> beneficiary in the case: <ul style="list-style-type: none"> Select the relationship with the beneficiary in the drop-down list.
c	Contingent beneficiary(ies)	<p>To designate a contingent beneficiary, if applicable, using a dropdown menu.</p>

Eligibility Section

Beginning of section ➤



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

Eligibility

test valiquette

Specific situation

Are you on parental leave? Yes ☐ No ☐

Are you eligible to receive benefits from Employment Insurance (EI)? Yes ☐ No ☐

Are you eligible to receive benefits from Worker's Compensation Plan – CNESST (formerly the CSST) / WCB / WSIB / WHSCC? Yes ☐ No ☐

Employment profile

Profession or occupation

Industry

Professional designation

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	<input type="text"/> %	<input type="text"/>
- Management/Office work	<input type="text"/> %	<input type="text"/>
- Sales	<input type="text"/> %	<input type="text"/>
- Supervision	<input type="text"/> %	<input type="text"/>
- Others (Specify) <input type="text"/>	<input type="text"/> %	<input type="text"/>
Total	<input type="text"/> %	
-Indicate the percentage of time spent travelling outside North America	<input type="text"/> %	<input type="text"/>
Number of hours worked per week	<input type="text"/>	
Number of hours worked per week in the last four weeks	<input type="text"/>	
Number of weeks worked per year	<input type="text"/>	
Do you work from home?	Yes <input checked="" type="radio"/> No <input type="radio"/>	
- Indicate the percentage of work you do from home in a year:	<input type="text"/> %	
- If you have regular clients, do they go to your home each week to receive your services?	Yes <input type="radio"/> No <input type="radio"/>	
- After deducting employment expenses, did you earn an annual income of at least \$50,000 in each of the last 2 years?	Yes <input type="radio"/> No <input type="radio"/>	
Do you have any other part-time or full-time work?	Yes <input type="radio"/> No <input type="radio"/>	
Are you planning to change your occupation in the next 6 months?	Yes <input type="radio"/> No <input type="radio"/>	

Company/employer profile

Company name

Nature of business

Address

Country

[Manage addresses](#)

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

Address - Line 1

Address - Line 2

Address - Line 3

City Province or territory Postal code

Company website

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

Are you 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 ☐

General questions Section

Beginning of section ➔

General questions > General questions **a**

Do you have any disability insurance in force (not considering this application)?

Yes ☒ No ☐

Indicate the total amount of disability coverage currently in force (including Desjardins Insurance but excluding this application) and including coverage offered by your employer, if applicable.

Type of protection: Individual disability ins

Desjardins Insurance: ☐ Other company: ☒ Company name: test0

Monthly benefit: \$ 1,000 Waiting period: test Benefit period: test1 Taxable: Yes ☒ No ☐

Add a disability coverage

Are you covered by the MÉDIC Construction insurance plan?

Yes ☐ No ☒

Are you completing this application to replace life, disability or critical illness insurance issued by Desjardins Insurance or another insurer?

Yes ☐ No ☒

Have you submitted one or more applications for life, disability or critical illness insurance that are being assessed by Desjardins Insurance or another insurer?

Yes ☒ No ☐

Type of coverage: [Select] Type of protection: [Select] Total amount applied for: \$ Desjardins Insurance: ☐ Other company: ☐

Add

Indicate the total amount purchased, if approved, including this application.

Type of coverage: [Select] Amount: \$

Add

In the past ten years, have you been declined personal insurance (life, critical illness or disability)?

Yes ☐ No ☐

Have you used any form of tobacco or nicotine products (cigarettes, cigarillos, cigars, pipes, electronic cigarettes, nicotine gum or nicotine patches) or anti-smoking medication in the past 12 months?


Yes ☐ No ☐

Are you a former smoker?

Yes ☐ No ☐

Have you declared bankruptcy within the past 5 years?

Yes ☐ No ☐

Reference	Element	Description
a	General questions Subsection	<ul style="list-style-type: none"> It is possible to answer at the same time the questions of all the insured persons present in the application.  To start entering data, click on a sub-section or on the "Continue" button. To move from one subdivision to another, click on the "Continue" or "Previous" button. The questions are displayed according to certain parameters of the insured, such as age. The questions are not always there.

Children Section

[Beginning of section](#)

The section is displayed 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

Personal information ^a

First Name	<input type="text"/>	Last Name	<input type="text"/>
Sex	Male <input checked="" type="radio"/> Female <input type="radio"/>		
Date of birth	<input type="text"/>		

Reference	Element	Description
^a	Personal information	To enter the child's personal information.

Payment and premium Section

[Beginning of section](#)
[Payment method – Bank account](#)
[Payment method – Credit card](#)


- This section is used to provide the financial information for an application.
- If there are several illustrations, the information must be completed separately for each illustration.

Payment and premium

Mandatory questions ^a

Amount of total annual premium \$326.25 Amount of total monthly premium \$29.36

How is the first premium being paid? Automatic withdrawal (PAD) ▼

How will future payments be made?

Frequency Monthly ▼ Method Automatic withdrawal (PAD) ▼

Use of cash values Yes ☐ No ☒

Keeping the age ^b

There's been a change in age since you saved the illustration.

The premium indicated above can be kept provided that the policyowner pays the amount due retroactive to 07/18/2023

Is the policyowner willing to pay the amount due retroactive to that date? Yes ☐ No ☐

Special instructions ^c

You can use this section to apply for a Premium Deposit Account.

WARNING: Never use this section to provide social insurance numbers (SINs) or information about credit cards, driver's licences, passports or health insurance cards.


Reference	Element	Description
^a	Mandatory questions	<ul style="list-style-type: none"> • Total Annual premium amount • Total monthly premium amount • Payment method for the first premium • Payment method and frequency of future premiums • Allocation of cash Values
^b	Keeping the age	A question is displayed if the system detects a change or saving in age within the next 30 days. Box to be ticked by the representative in the presence of the client for: <ul style="list-style-type: none"> • Confirm that the client agrees to pay the premium retroactively in the event of age saving, or; • To clarify the client's intentions if the system detects a change in age within the next 30 days.
^c	Special instructions	The representative may use this section to request the opening of a Premium Deposit Account.


Payment method – Bank account


Pre-Authorized Debit (PAD)

Only a valid chequing account (not a line of credit) can be used.
IMPORTANT: Attach a personal cheque marked "VOID" to avoid errors in transcription.





Account details

Transit number  a

Institution number [Select] b 

Account number  c

Name and address of financial institution d

Reference	Element	Description
a	Transit number	<p>The Transit number must have 5 digits.</p> <p> If the format is not respected:</p> <ul style="list-style-type: none"> The field stay in yellow, and the following message appears: The Transit number must contain 5 digits. The application can't be locked. The "Confirm" tab will indicate that the transit is required.
b	Institution number  Mandatory field.	<p>Select from the drop-down list the institution.</p> <p></p> <ul style="list-style-type: none"> If the institution is not in the drop-down list, select "Other", enter the 3 digits institution number in the "Specify" box. The application can't be locked. The "Confirm" tab will indicate that the Institution number is required.
c	Account number	<p>The Account number must have 5 digits (7 for Desjardins).</p> <p> If the format is not respected:</p> <ul style="list-style-type: none"> The field stay in yellow, and the following message appears: The Transit number must contain 5 digits (7 for Desjardins). The application can't be locked. The "Confirm" tab will indicate that the Account number is required.
d	Name and address of financial institution	Field cannot be entered. Auto completed according to the Transit and Institution numbers.

Payment method – Credit card

Payment and premium

Mandatory questions

Amount of total annual premium \$168.75 Amount of total monthly premium \$15.19

How is the first premium being paid? Credit card

How will future payments be made?

Frequency Annual Method Credit card

Use of cash values Yes ☐ No ☒

Special Instructions (If applying for a Premium Deposit Account, please provide the direction.)

Credit card

Payor

[Select] **a** Add a payor **b**

Delete a payor

First Name Test Last Name Test

Telephone

Country Canada

Manage addresses This address corresponds to a Canadian standardized address Yes ☒ No ☐

Address - Line 1 150 RUE DES COMMANDEURS

Address - Line 2

Address - Line 3

City LEVIS Province or territory Quebec Postal code G6V 6P8


Email



Please check this box if the individual is not capable of signing ☐

Credit card information request

Send

c

Reference	Element	Description
a	Payor	Allow to select the payor.
b	Add a payor	Allow to add a payor already entered.
c	Payor information	To enter manually.  Not editable if the payor is also the owner or the insured.

Reference	Element	Description
d	SEND	Displays the “Send a credit card information request” window.
e	<input type="checkbox"/>	Select a payor to send a request for credit card information.
f	Language	Select a language.  By default, the one of 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 

Authorized signatory [Select] **a** Add a signatory **b**

Comments **c** The Authorized signatory is required.

Reference	Element	Description
a	Authorized signatory	Used to select the name of an authorized signatory for a corporation, a legal entity or for someone is unable to sign.
b	Add a signatory	Used to add the authorized signatory selected.
c	Comments	Use this section to add complementary information and/or explanations regarding the authorized signatory.

Request for Temporary Insurance Agreement(s) Section

Beginning of section ➔



- To validate the eligibility for the Temporary Insurance Agreement(s), the eligibility questions must be answered by the insured.
- The “Payment and Premium” section must have been previously completed.

Request for Temporary Insurance Agreement(s)

Eligibility of illustration

This illustration could be eligible for the following Temporary Insurance Agreement(s):

Death

Does the client want to benefit to this coverage and answer the eligibility questions?

Yes ☒ No ☐

Temporary Insurance Agreement in case of Death

Eligibility Questions

During the last 60 months, has the proposed insured consulted a physician or another health professional for a heart attack, angina, stroke, cancer, AIDS or any other infection from HIV, diagnosed or suspected, or is the proposed insured waiting for results or a diagnosis following a consultation?

Yes ☒ No ☐

Has the proposed insured ever submitted a life insurance application that was rated, declined or postponed by Desjardins Insurance or any other insurer?

Yes ☒ No ☐

Any proposed insured who answers «No» to all of these questions is eligible for coverage under the Temporary Insurance Agreement in case of Death.

The Temporary Insurance Agreement in case of Death takes effect as soon as all conditions stipulated in the agreement are fulfilled. The representative will provide a copy of these conditions to the policyowner. Please complete and sign the Receipt for the Initial Premium.

This illustration is not eligible for the Temporary Insurance Agreement in case of Death.

Reference	Element	Description
a	Eligibility of illustration	If the illustration is potentially eligible for a Temporary Insurance Agreement, the agent indicates if the client wants to benefit from it or not.
b	Eligibility Questions	If the client wants a temporary insurance agreement, they must answer these questions.
c	Result of the Eligibility	Depending on the answers provided, indicate whether the illustration is eligible for a temporary insurance agreement.

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: a

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

Reason A : I will apply or have applied for a TIN but have not yet received it.

Reason B : My country of tax residence does not issue TINs to its residents.

Reason C : Other reason.

[Select] ▼

[Select] ▼

Delete c

Add b

d ☐

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...	Allows you to enter the tax residency information for the identified owner.
b	Add	Used to you to enter another country of tax residence.
c	Delete	Used to delete a country of tax residence previously entered.
d	« I will provide to... »	If the owner is unable to provide the required information, this box must be checked to submit the application.

Confirm Section



Beginning of section ➔

[A – With error or incomplete](#)

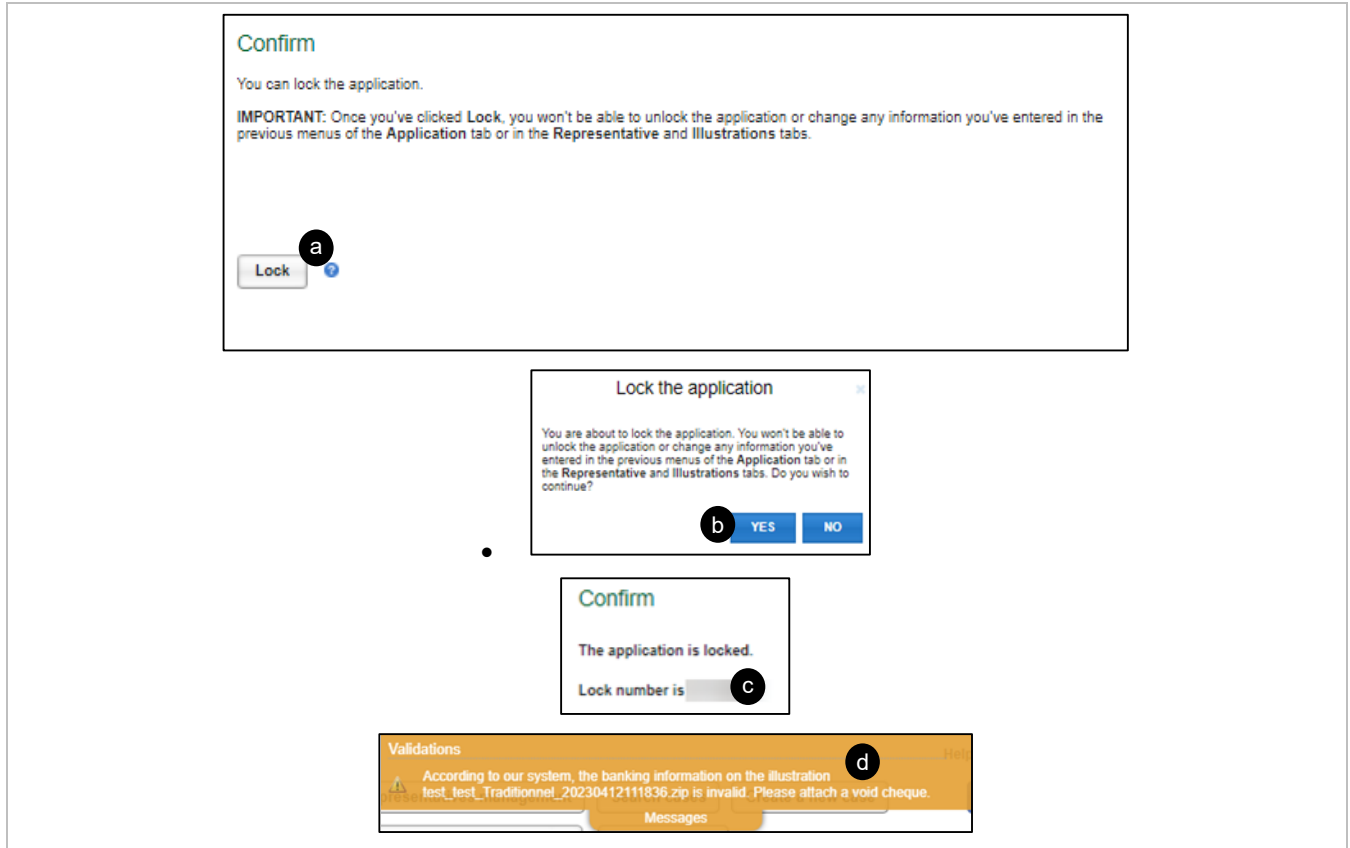
[B - Lock](#)

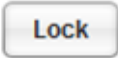



A- With error or incomplete

Confirm		
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
a	Detail	<p>Displays details of the section(s) and the field(s) in error.</p> <p> To reach the section to be corrected, click on the error message.</p> <p> Incomplete sections or in error prevents the locking of the case.</p>

B- Lock



Reference	Element	Description
a		<p>Lock the case of the application.</p> <ul style="list-style-type: none"> Only the representative of the case can lock and sign the case; this button is inactive for any other person, including the representative's assistant. The “Completed” section must be in green  (complete and without error) so that the button becomes active for locking.
b	Lock the application	<p>Confirm the lockout request.</p> <p> A second approval is required to complete the application lock-out.</p>
c	Confirm	<p>Provides the application lock number. It confirms that the application is locked.</p> <p> A confirmation that the application is locked and a lock number will appear.</p>
d	Validations	<p>If the banking information isn't correctly entered, the system will ask you to attach a void cheque. This will be added to the Representative's To do list.</p>

Insurability Section

Beginning of section 



Smoker and non-smoker model:

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

- When the representative locks their application, DSign-P redirects to the Insurability page.
- The representative must choose between the **Insurability Questionnaire** or the **Tele-interview**.

Insurability

Name _____

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.

☐ **Insurability questionnaire – This method speeds up the application process!**
 The proposed insured answers the insurability questionnaire with their representative.

 Then we can **immediately** confirm whether the application:

- Is approved, or
- Needs further review (more tests or exams may then be required).

☒ **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.

- If the representative chooses the **Tele-interview**:
 - He does not have to answer the Insurability questionnaire with the insured, as the questions will be asked during their paramedical exam or tele-interview.
 - A message will appear in the **Insurability** section of DSign-P.

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:

- Applies to all policyholders:
 - having completed the AURA insurability questionnaire;
 - eligible for a decision at the point of sale who are referred for selection.

Insurability

Test Test

a

Notice applicable to MIB, Inc.

Information regarding the insurability of the person to be insured will be treated as confidential by Desjardins Financial Security Life Assurance Company (hereinafter called "Desjardins Insurance"), its reinsurers and MIB, Inc., a non-for-profit membership organization of insurance companies that operates an information exchange on behalf of its members. If you submit an application for life or health insurance coverage for an individual or a benefit claim for an insured to another MIB, Inc. member company, upon request, MIB, Inc. will supply such company with the information it has on file about this person.

MIB, Inc. receives personal information for which the collection, use and disclosure is governed by the Personal Information Protection and Electronic Documents Act (PIPEDA) and provincial laws. Accordingly, MIB, Inc. has agreed to protect such information in a manner that is substantially similar to Desjardins Insurance's privacy and personal information protection practices and in accordance with applicable laws. As a U.S.-based company, MIB, Inc. is also bound by U.S. laws regarding the disclosure of personal information. If you have any questions about MIB, Inc.'s commitment to ensuring the confidentiality of insureds' personal information, contact the MIB, Inc. Privacy Department at privacy@mib.com.

Upon request, MIB, Inc. will disclose all of the information in an insured's file to that insured. Insureds can contact MIB, Inc. at 416 597-0590. Insureds who dispute the accuracy of the information MIB, Inc. has on record for them can seek a correction in accordance with the procedures set forth on MIB, Inc.'s website at www.mib.com. They can also write to MIB, Inc.'s information office at 330 University Avenue, Suite 501, Toronto, Ontario, M5G 1R7.

Desjardins Insurance and its reinsurers can also release information from their files to other insurance companies to which an application for life or health insurance or a benefit claim has been submitted. Consumers can obtain additional information about MIB, Inc. at www.mib.com.

☐ The insured has read the Notice applicable to MIB, Inc. and consents to MIB, Inc. exchanging their information with its member companies, as described in the notice.

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

Reference	Element	Description
a	Notice applicable to MIB, Inc.	Use this to confirm that "The insured has read the Notice applicable to MIB, Inc. and consents to MIB, Inc. exchanging their information with its member companies, as described in the notice".

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

a

Reference	Element	Description
a	Medical history	To complete the insurability questionnaire (medical questions) for each insured person, 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.

Special Instructions a

If the additional details you are about to provide relate to insurability, please update the information in the appropriate section instead.

Reference	Element	Description
a	Special Instructions	<ul style="list-style-type: none"> • To add more details related to the insurance application. <div> <ul style="list-style-type: none"> • The text entered here is included in the “National Application PDF”, in the “Rapport de Saisie Administration” and the “Underwriting report”. • Special instructions are printed on the application attached to the member/client’s contract. </div>

Complete Section

Beginning of section 

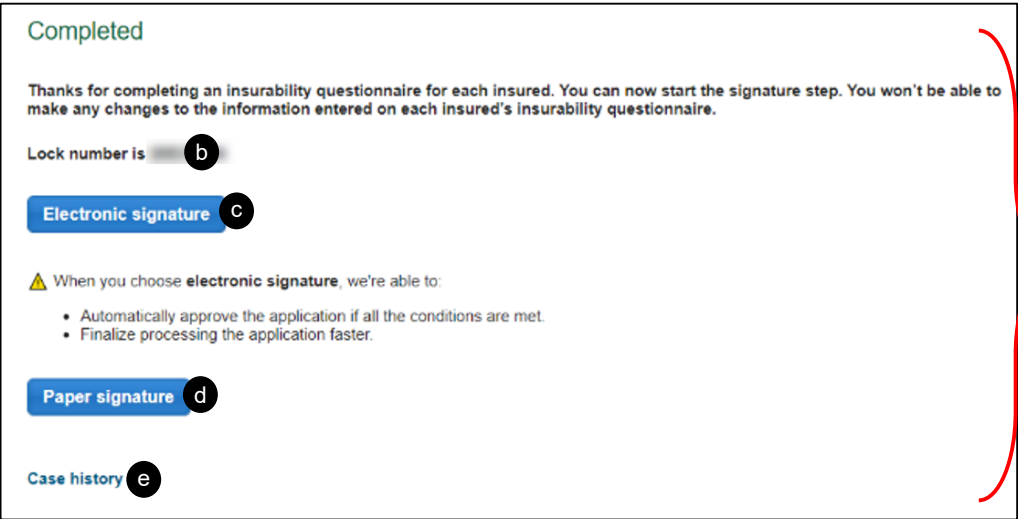
[A - Select signing method](#)

[B - Confirm signing method](#)

[C - Result of point-of-sale decision](#)

A – Select signing method

(Example with an insurability questionnaire completed)



Completed

Thanks for completing an insurability questionnaire for each insured. You can now start the signature step. You won't be able to make any changes to the information entered on each insured's insurability questionnaire.

Lock number is **b**



Electronic signature **c**




⚠ When you choose **electronic signature**, we're able to:

- Automatically approve the application if all the conditions are met.
- Finalize processing the application faster.

Paper signature **d**

Case history **e**

Reference	Element	Description
a	Completed	Finishes the signing process with the client or clients.
b	Lock number	Displays the lock number.  This number must be written on forms related to this case.
c	Electronic signature	Choses the electronic signature.  <ul style="list-style-type: none"> • When choosing the electronic signature mode, a new "Electronic Signature" section is generated in the left menu. • The section must be completed in order to begin the signing process.

d		<p>Chooses the paper signature.</p> <ul style="list-style-type: none"> The form 13231E must be completed if paper signature. (addendum to the electronic application) By choosing the Paper signature the following warning appears:<div data-bbox="779 409 1263 774"><p>Confirm paper signature ✕</p><p>Important!</p><p>If you choose paper signature:</p><ul style="list-style-type: none">• 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.<p>Do you want to continue?</p><p>YES NO</p></div>○ 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.
e	Case history	Consults the status history.

B – Confirm signing method (example for a paper signature):

Completed

You won't be able to make any changes to the information entered on each insured's insurability questionnaire.

Lock number is

The paper signature was selected. **a**

[Case history](#)

Reference	Element	Description
a	Confirmation of choice	Display the choice of signature type.

C – Result of point-of-sale decision:

Completed

You won't be able to make any changes to the information entered on each insured's insurability questionnaire.

Lock number is

The paper signature was selected.

[Case history](#) **a**



- Decisions by illustration are displayed at all times in the orange banner regardless of whether all decisions are accepted or referred.

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](#)

Point-of-sale decision **b**

Illustration		Proposed insureds	Answer
Para_Avec_Traditionnel	zip	Avec Para	c 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	<p>Three possible decisions:</p> <ul style="list-style-type: none"> The file has received point-of-sale approval. The representative must give the Immediate Confirmation of Contact form to the client and 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. If the file has not received point-of-sale approval, the representative must submit the file along with the required documentation.
c	Consultation of the decision(s)	<p>If the application is approved, the representative must:</p> <ul style="list-style-type: none"> Enters the lock number on the Immediate Confirmation of Contact form. Provided the client's form.

Electronic signature Section

Beginning of section ➔

[A – Additional information](#)

[B – Signatory information](#)

[C – Representative information](#)

[D – Electronic Signature Transaction](#)

A – Additional information:

Electronic signature

Additional information

Location of signature

City : Province :

Parent or legal guardian of minor children

Child: test mineur
 Parent or legal guardian:
 Relationship to child:

Buttons:
 [Cancel the signature process] [Re-do data entry] [Continue]

Reference	Element	Description
a	Location of signature	To seize the city and the province where the signature took place.
b	Parent or legal guardian	To add the link between the signatory and the minor insured.
c		To cancel the signature process. The function will be used if the user chooses paper signature mode.
d		To continue entering information related to the electronic signature.

B – Signatory information:

Signatory information

a **Assuré Un**
Role(s) : Policyowner and proposed insured

b ☒ Sign in person ☐ Sign remotely

☐ Sign in person ☒ Sign remotely



c Email

d Cell phone

Reference	Element	Description
a	Role(s)	Indicates the role(s) of the signatory.
b	Sign in person / Sign remotely	Use this to select the signing method. <ul style="list-style-type: none">  If “Sign remotely” is selected, the signatory will receive an email notification with a web link. <ul style="list-style-type: none"> The signatory can then complete the remote electronic signature process. Electronic signature in the presence of the representative is possible.
c	Email	If “remotely signature” is chosen, the email of the person with signing authority is required.
d	Cell phone	Use this to indicate the cell phone of the person with signing authority. <ul style="list-style-type: none">  The signatory will receive a PIN after clicking on the link in the email.

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C – Representative information:

Reference	Element	Description
a	Cell phone	<p>Use this to add the representative's cell phone.</p>  <ul style="list-style-type: none"> This is a required field. It allows the representative to authenticate their identity if they choose to sign remotely.
b		<p>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).</p>

D – Electronic signature transaction:

Electronic signature transaction

Transaction creation date : ?

Status : Completed **a**

Sign in person **b**

Unlock the transaction **c**

Cancel the transaction **d**

Account holder

Session status

Completed **e**

Completed

Completed

Point-of-sale decision

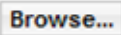



Result of point-of-sale decision **f**

Reference	Element	Description
a	Transaction Status	<p>Indicates the transaction status.</p> <ul style="list-style-type: none"> In progress Completed Locked Cancelled Expired
b		<p>To start a signature session to enable signing in the presence of the client.</p> <ul style="list-style-type: none"> One button per signatory. The representative button is available when all the signature sessions (for all clients) are completed.
c		<p>To unlock the transaction when a signatory authorized to sign from a distance has made too many authentication errors.</p> <p> This button is not active as long as there is no session status.</p>
d		<p>To cancel the signature transaction and to return to the previous section.</p>
e	Session Status	<p>Indicates the signature session status.</p> <ul style="list-style-type: none"> Pending Completed Locked Cancelled
f	Point-of-sale decision	<p>Link to display the point-of-sale decision.</p>

Attached files Tab

Beginning of section

The screenshot shows the 'Attached files Tab' interface. At the top, there is a section titled 'Linked applications and attached files' (a). Below this, there are two main sections: 'Linked applications' (b) and 'Attached files' (b). The 'Attached files' section contains a table with columns: 'Attached file name', 'File type' (e), 'Insured' (f), and a 'Delete' button (g). The table currently shows 'No Items'. Above the table, there are buttons for 'Browse...' (c) and 'Add' (d).

Reference	Element	Description
a	Linked applications	Indicates the application number(s) which must be linked to the present application.
b	Attached files	Indicates the name of the file(s) attached.
c		To search and select a PDF file to attach.
d		To add a file to attach to the case.  If more than one file to attach, repeat points c and d.
e	File type	To indicate the type of file to attach: Prior Notice of Policy Replacement (or Life Insurance Replacement Declaration), void cheque, other administrative document, underwriting form or questionnaire, financial document, medical information
f	Insured	Some file types require identifying the insured to which the attachment relates.
g		To delete the attached file.

Requirements Tab

Beginning of section



- The tab is used to enter information related to the requirement request.
- The tab 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.

Requirements

- Non-Medical
- Paramedical
- Blood Profile, Urine

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.

Paramedical firm

Paramedical firm
MedAxio

Date of request

Authorization number

Paramedical exam ☐

Blood profile ☐

Resting ECG ☐

ECF 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	<ul style="list-style-type: none"> The underwriting requirements required by the insured are posted to prepare the client member for the next steps. Allows <u>independent network advisors</u> (SFL, DFSIN, MGA) to order the right selection requirements, except tele-interviewing. Visible to all Networks
b	Questions	Answers preliminary questions about requirements orders. <u>Independent networks</u> (SFL, DFSIN, MGA)
c	Paramedical and Inspection firm	Provides details of requirements ordered from paramedical and survey firms. <u>Independent networks</u> (SFL, DFSIN, MGA)

Distribution Tab

Beginning of section



- This tab is used to enter information regarding the representative's compensation.
- Now you can submit the application.

The screenshot shows the Desjardins Insurance web interface. The header includes the Desjardins Insurance logo and the text 'Life • Health • Retirement'. The main navigation bar contains buttons for 'Representatives management', 'Search cases', 'Create a new case', 'Signed and submitted cases', and 'Import a case'. The 'Submit' button is highlighted with a red box. The top right corner includes links for 'Help', 'Change password', 'Logout', and 'Français'.



- By clicking **Submit**, if the **paper signature** is selected, the following warning appears:

The screenshot shows a warning dialog box titled 'Submit the case'. The text inside reads: '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.' Below this, it says 'Paper signature' and 'By submitting this insurance application, you confirm that the Addendum to the electronic application has been signed by each policyowner and each proposed insured.' It then states 'You also agree to send us the Addendum as soon as possible using one of the following secure methods:' followed by a list of options: 'Via the Attached files tab for this electronic application', 'Via Pending Business (Special Notes)', and 'By mail to: Desjardins Insurance, New Business and Underwriting Administrative Department, 200 Rue Des Commandeurs, Lévis QC G6V 6R2'. At the bottom, it says 'We won't review the application until we've received the signed Addendum to the electronic application.' and 'Do you wish to continue?' with 'YES' and 'NO' buttons.

- The representative must answer “yes” and sends the addendum as soon as possible.
- The study will begin upon receipt of the signed Addendum.



Distribution

Compensation type ☒ Career ☐ Accelerated **a**

Sharing of commission

Code	Name	Field office	% of share
<input type="text"/> b	<input type="text"/>	<input type="text"/>	<input type="text" value="100.00"/> c
<input type="button" value="Add"/> d			

Is the representative the proposed insured or the policyowner? ☐ Yes ☒ No **e**

Reference	Element	Description
a	Compensation type	Indicates the type of compensation. (career or accelerated)
b	Code	By default, the representative's code appears.  Same thing for the name of the representative and its field office.
c	% of share	By default, the percentage of share is 100%.
d	<input type="button" value="Add"/>	To add representatives for the sharing of commissions.  A maximum of 3 representatives can share the commission of a case. However, it is possible to add 3 additional representatives provided the principal representative of the case has a distribution % of zero.
e	Representative is insured or policyowner of the contract (yes or no)	Indicates whether the representative is the insured or the policyowner of the contract.

Documents Tab

Beginning of section



The tab is used to view the documents generated by the case:

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

Reference	Element	Description
a	Reports	To view a particular document by clicking on the document.
b	<input type="checkbox"/>	Box to check when selecting more than one document to view.
c	Forms	To view a particular document by clicking on this document.
d	View selected documents	To view all selected documents. The documents will be generated in PDF format.

4.5 Signed and submitted cases Page

[Back TOC](#)


- The page is accessible by clicking on the “Signed and submitted cases” button on the header of the homepage or on the page of a case.
- It is used to view the cases that have been signed and submitted according to the access rights of the user.

Search Criteria

[Beginning of section](#)

Signed and submitted cases

a

Search Criteria

Representative

First name

Last name

Code

Company/firm name

Field office

Status date from

to

c

Delete

d

Search

Reference	Element	Description
a		The indicator is used to hide or display the criteria of the “Search Criteria” section.
b	Search Criteria	To filter, by means of the representative’s information, the signed or submitted cases of a representative. <ul style="list-style-type: none"> The last criteria entered during the same session are displayed. The search can be done by using one or many search criteria. The search on certain criteria is to be done in mode “contains” and not in mode “equals”.
c		To clear all entered criteria or those already displayed following a previous search.
d		To launch the search.

List of signed applications

Beginning of section 

- The 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.


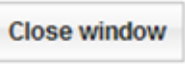
List of signed applications a						
Application number	Policyowner(s)	Insured(s)	Contract number	Representative code	Representative name	Status date b

10   Page 1 of 1  Displaying 1 to 2 of 2 cases

Reference	Element	Description
a	List of signed applications	<p>To consult all cases signed by a representative:</p> <ul style="list-style-type: none"> • locked with the paper mode signature; • locked with electronic mode signature (for which the signature process is completed).
b	Column names	<p>It is possible to sort cases by clicking on the name of the desired column.</p> <ul style="list-style-type: none"> • To display the elements of a column in <u>descending</u> order: <ul style="list-style-type: none"> ○ Click on the name of the desired column. • To display the elements of a column in <u>ascending</u> order: <ul style="list-style-type: none"> ○ Click twice on the name of the desired column.

List of submitted applications

Beginning of section 


Reference	Element	Description
a	List of submitted applications	To view all cases submitted by a representative.
b	Column names	See the description in the “ List of signed applications – Column names ”.
c		To access to the page to Edit Notifications for the representative's cases.
d		To close the window “Signed and submitted cases”.

4.6 Edit Notifications Page

[Back TOC](#)


The page serves to edit notifications in order to receive an e-mail notification each time a case is signed or submitted for the code(s) of the desired representative.

Reference	Element	Description
a	Search Criteria	Allows to search according to different criteria. (ex. Representative's name, Office's name, etc.)
b	Status box to check	To select, next to the desired representative, to receive notifications for cases with a "Sign" or "Submitted" status.
c	Email	Entering an email address to receive notices is mandatory.
d	Language of correspondence	The selection of the correspondence language for notices is mandatory.
e		To save the information entered. The "Edit Notifications" window will close automatically.
f		To cancel the task (no data will be saved) and close the window "Edit Notifications".