

Canadian Life and
Health Insurance
OmbudService



Service de conciliation
des assurances de
personnes du Canada

CLHIO • SCAPC

CANADIAN LIFE AND HEALTH INSURANCE
OMBUDSERVICE

2003-2004 ANNUAL REPORT

The Canadian Life and Health Insurance OmbudService (CLHIO)

The Canadian Life and Health Insurance OmbudService (CLHIO) is an independent organization that investigates consumer complaints about life and health insurance products and services. The CLHIO provides a forum for the impartial, prompt resolution of complaints for consumers who have completed the internal complaints-handling processes of their insurance companies.

The CLHIO is committed to providing service that is:

- Knowledgeable, fair and impartial
- Confidential
- Independent and objective
- Accessible
- Timely
- Courteous
- Clear
- Accurate
- Consistent

The CLHIO is governed by a Board of Directors, the majority of whom are independent of the life and health insurance industry. It is part of the Financial Services OmbudsNetwork (FSON), an industry-based integrated consumer assistance system launched in November 2002 to provide Canada's financial services consumers with single-window access to recourse when they have concerns or complaints. The FSON is an independent organization endorsed by financial services regulators and sponsored by the financial services industry. It is made up of three parts:

- company complaints-handling services;
- industry ombudsman services, such as the Canadian Life and Health Insurance OmbudService; and
- the Centre for the FSON (CFSON) that refers consumers to the right place to get help with their complaints, based on what their problems are, and also sets standards for the way complaints are handled by the financial services industry.

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Independent Directors

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Former Ontario Insurance Ombudsman

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*Former President,
The Empire Life Insurance Company*

MESSAGE FROM THE CHAIRMAN



The past 14 months have been very eventful indeed. Your Board of Directors has worked diligently to ensure that the Canadian Life and Health Insurance OmbudService renders an effective impartial dispute-resolution service to its stakeholders. This has been a time of significant growth and development for the CLHIO in keeping with the Board's vision of a high quality independent system by which Canadian life and health consumers can seek redress.

Throughout 2003-2004, the Board undertook several important initiatives to broaden the CLHIO mandate, and enhance the services provided by the OmbudService. For example, early on, members of the Board recognized that in carrying out its mandate, the CLHIO receives personal information from consumers and from companies. Although federal privacy legislation does not apply to the CLHIO, the Board prudently decided to adopt a Privacy Statement to provide assurance to our stakeholders that their personal information will be protected.

The Board also sought to facilitate and simplify consumer access to a complaint-resolution mechanism. As a result, the complaint-handling functions formerly undertaken by the industry's Consumer Assistance Centre have been consolidated under the CLHIO umbrella. This consolidation affords greater transparency for consumers and eliminates any duplication of complaint-handling services.

Another key priority has been our operations in Quebec. On behalf of the Board, I have had some very positive discussions with the Minister of Finance and with the Autorité des marchés financiers. They are very aware of the important structures that have been established by life and health insurance companies to deal with complaints from consumers in Quebec, and that the CLHIO is a natural extension of this "industry-first" approach. The CLHIO will continue to have an active role in the consultative process, and will make operational adjustments if necessary as future developments unfold.

Over the past several months, I have been working closely with the Chairs of the Boards of Directors of CFSON, GIO (General Insurance OmbudService) and OBSI (Ombudsman for Banking Services and Investments) to develop a plan that will achieve greater harmonization and ensure that financial consumers continue to be provided with an efficient, cost-effective OmbudsNetwork. This is an ongoing priority.

It has been my privilege to serve as Chairman for the Canadian Life and Health Insurance OmbudService. On behalf of the Board of Directors, I would like to take this opportunity to thank Barbara Waters, General Manager, and the CLHIO staff who worked tirelessly to make our first full year a successful one. Your professionalism and dedication has prepared us well for the future.

The Hon. Gilles Loiselle

MESSAGE FROM THE GENERAL MANAGER



It is my pleasure to present the Annual Report of the Canadian Life and Health Insurance OmbudService (CLHIO) for the year ending March 31, 2004.

From the beginning, our focus has been the development of a comprehensive, first-class dispute-resolution service. To that end, a number of initiatives have been implemented. As noted by the Chairman, the complaint-handling functions of the industry's Consumer Assistance Centre were consolidated earlier this year under the CLHIO umbrella with the result that the CLHIO has enhanced the service it provides to stakeholders. As of April 2004, consumers now have only one number to call, and will immediately be put in touch with a CLHIO Counsellor who has extensive knowledge of the life and health insurance industry. Our experience has been that many complaints are quickly and satisfactorily resolved through in-depth discussion with a Counsellor.

In response to feedback from a number of stakeholders urging the CLHIO to deal with all types of complaints, including those involving agents and brokers, the CLHIO has expanded its mandate to provide companies with the option of having the CLHIO handle complaints involving intermediaries. We believe that our stakeholders will be well served by this initiative.

Since our launch in November 2002, we have had many successes along with some challenges, and we believe that overall, the system is working, and working well! Now, more than ever before, consumers have an attractive alternative to the courts at no cost whatsoever, and our member companies have the opportunity to resolve a complaint without the need for litigation.

Finding ways to operate more effectively is a never-ending process. Looking ahead, we will continue to operate in the best interests of our stakeholders, and I have every confidence that we will meet any challenges that lie ahead.

I would like to take this opportunity to express my gratitude to Board Chair, the Hon. Gilles Loiselle, our Board Members, and to our staff for their support and guidance. Our success would not be possible without their unfailing commitment to excellence.

Barbara Waters

ABOUT THE CLHIO COMPLAINTS-HANDLING PROCESS

The CLHIO helps consumers with concerns and complaints about life and health insurance products and services that they are not able to resolve by dealing directly with their insurance companies.

Before the consumer contacts the CLHIO, he or she should first contact the life and health insurance company directly and try to work things out. All CLHIO member companies are required to have a Consumer Complaints Officer.

When a consumer contacts the CLHIO, they will immediately be put in touch with an experienced Counsellor who can help them decide how best to deal with their complaint and if required, will put them in touch with their insurance company Consumer Complaints Officer. Many complaints are quickly resolved in this way without the need of a formal complaint investigation. If the Counsellor is unable to resolve the problem, or feels that the matter requires an investigation, the consumer will be referred to an OmbudService Officer specializing in informal conciliation.

After the OmbudService receives a signed authorization from a consumer, the OmbudService Officer speaks with the consumer and the insurance company and, if necessary, with other parties. The OmbudService Officer tries to solve the problem by finding some common ground between the consumer and the insurance company. Quite often, concerns and complaints are resolved to everyone's satisfaction through this process. If this does not occur, the CLHIO may make a written non-binding recommendation to the consumer and the insurance company.

Consumers can contact the CLHIO directly by phone, fax or e-mail. Service is available in English and in French. Consumers can also visit the CLHIO website (www.clhio.ca), which provides general information about the CLHIO, tips for using the complaint process, and contact information in both English and in French. Consumers are directed to their insurance company as the first recourse for dispute resolution, and the site has been designed to link consumers directly to their companies.

Consumers who are concerned that using the CLHIO could affect their legal rights in the future should get advice from their own lawyers before authorizing the CLHIO to contact their insurance companies. Consumers who believe they may have grounds for legal action against their insurance companies have a limited period of time in which to file claims. They may wish to get advice about the limitation period that applies to them before they contact the CLHIO.

QUICK FACTS

- The CLHIO is an independent corporation governed by a Board of Directors. The majority of these Directors are not associated in any way with the life and health insurance industry.
- The CLHIO complaint-resolution service is provided free of charge.
- The CLHIO is committed to protecting consumers' privacy. Its standards require it to maintain the confidentiality of personal information provided to the CLHIO.
- The time it takes to handle a complaint depends on how complicated it is. The CLHIO's standards require it to respond to complainants promptly and inform them of any delays.
- The CLHIO endeavours to resolve disputes through informal conciliation. When this does not prove possible, the CLHIO can make non-binding recommendations, including restitution.
- Consumers who do not agree with a recommendation may then pursue arbitration or legal action on their own. If an insurance company does not follow a CLHIO recommendation, this fact will be made public.
- The CLHIO will never refuse to discuss a consumer's problem. However, its mandate does not permit it to deal with complaints that are already before the courts, have been taken to binding arbitration, or involve breaches of law.
- The CLHIO's OmbudService Officers have extensive knowledge of the life and health insurance industry and its products and services, as well as special training for investigating and resolving consumer complaints. Typically, they are retired life and health insurance company executives with experience in areas such as marketing, claims and law. OmbudService Officers do not work on complaints that involve an insurance company that has employed them in the past.

STATISTICAL REVIEW

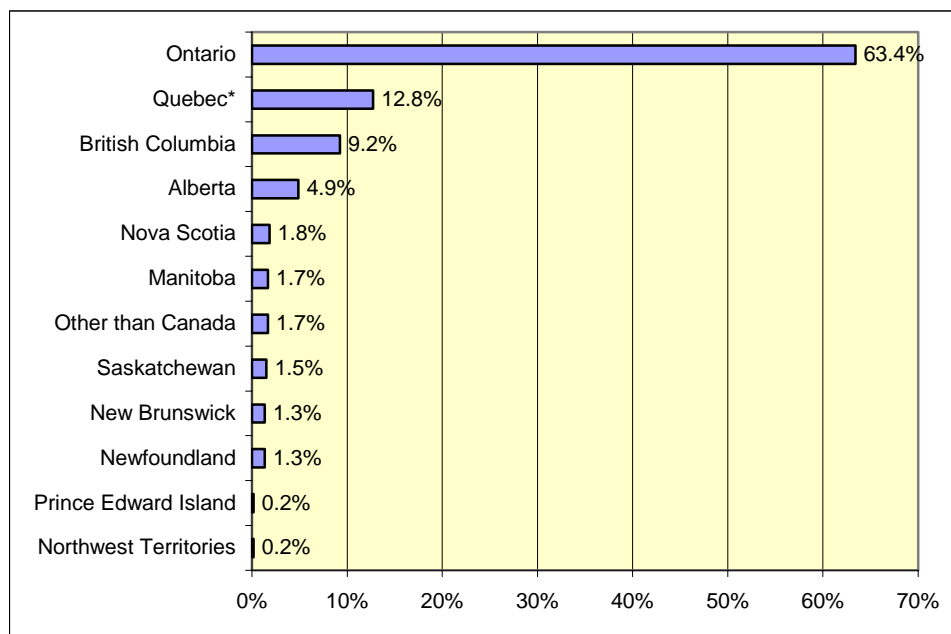
Volume of enquiries/complaints

The CLHIO has been monitoring all forms of contact since the service commenced on November 29, 2002.

Between that date and the end of the second fiscal year on March 31, 2004, the CLHIO received 596 requests for assistance of which 63.4 per cent (378 requests) were from Ontario; 12.8 per cent (76 requests) were from Quebec; 9.2 per cent (55 requests) were from British Columbia; and 4.9 per cent (29 requests) were from Alberta. Together, Newfoundland, New Brunswick, Nova Scotia, Prince Edward Island and the Territories accounted for 4.8 per cent (29 requests), and Manitoba and Saskatchewan accounted for 3.2 per cent (19 requests). 1.7 per cent (10 requests) were from Canadian life insurance consumers residing outside of Canada.

Two primary factors have contributed to the large volume of complaints in Ontario. The first is the decision by the Financial Services Commission of Ontario (FSCO) to redirect consumer complaints to the CLHIO. The second is that following the launch of the CLHIO, many member companies amended their complaints-handling protocols to include referral to the CLHIO, instead of FSCO, for those consumers who remain dissatisfied after having completed the company's internal dispute-resolution mechanism.

Enquiries/complaints by region



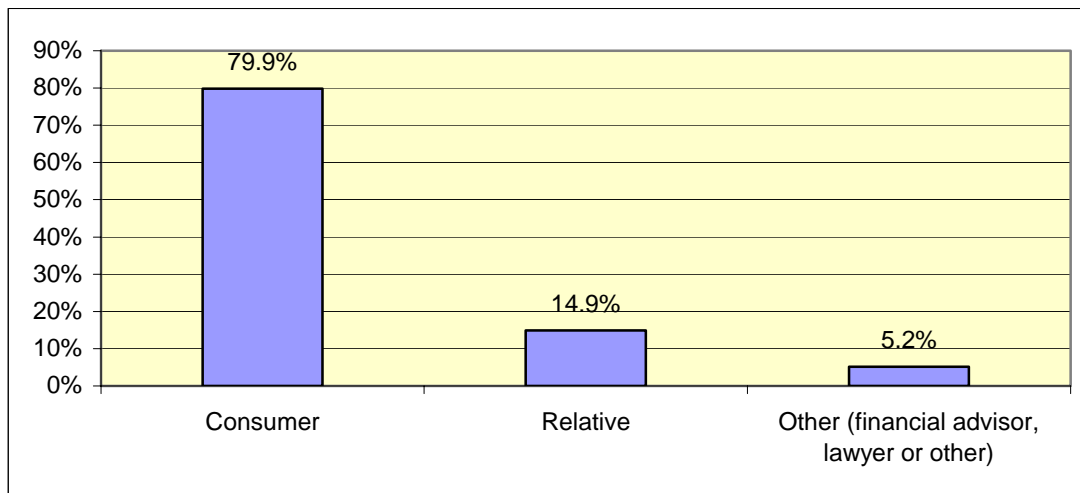
* During the period under review, many Quebec government agencies continued to refer callers to the industry's Consumer Assistance Centre, a policy established prior to the creation of the CLHIO and the subsequent consolidation of complaint-handling services under the CLHIO.

STATISTICAL REVIEW

Who contacted the CLHIO

Almost 80 per cent of the calls received during the period under review came from consumers; 15 per cent from relatives acting for consumers; and 5 per cent from other parties (e.g., financial advisors, lawyers, Members of Parliament, union representatives). The majority of consumers (76 per cent) contacted the CLHIO by telephone, followed by mail (12 per cent); e-mail (9 per cent); and fax (3 per cent).

Who contacted the CLHIO



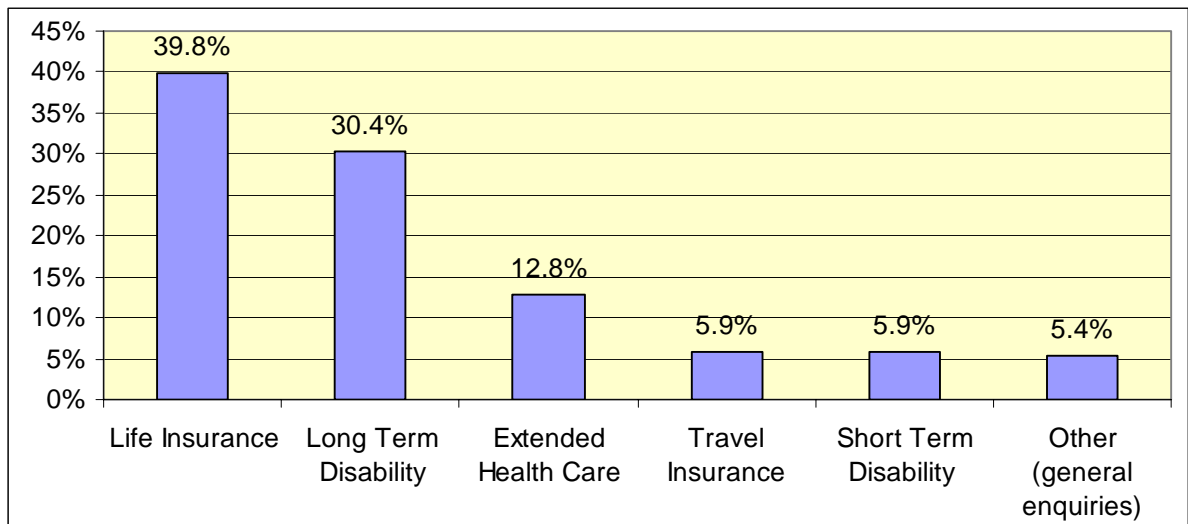
STATISTICAL REVIEW

What types of enquiries and complaints are received by the CLHIO

Of the 596 contacts made during the period under review, 40 per cent (237 contacts) related to miscellaneous issues about **life insurance** such as policy performance, taxation, ownership and policy surrender, while 30 per cent (181 contacts) pertained to the denial or discontinuation of claims for **long term disability** benefits. Almost 13 per cent (76 contacts) required assistance with the denial of claims for **extended health care** benefits.

Approximately 6 per cent (35 contacts) were requests for assistance with **travel insurance** policies, with the most frequent complaint being the denial of travel insurance based on a pre-existing medical condition and/or misstatement of health by an applicant. Another 6 per cent (35 contacts) had to do with denial of claims for **short term disability insurance** and the remaining 5 per cent (32 contacts) were general enquiries or required referral to the Centre for the Financial Services OmbudsNetwork or other industry-level OmbudServices.

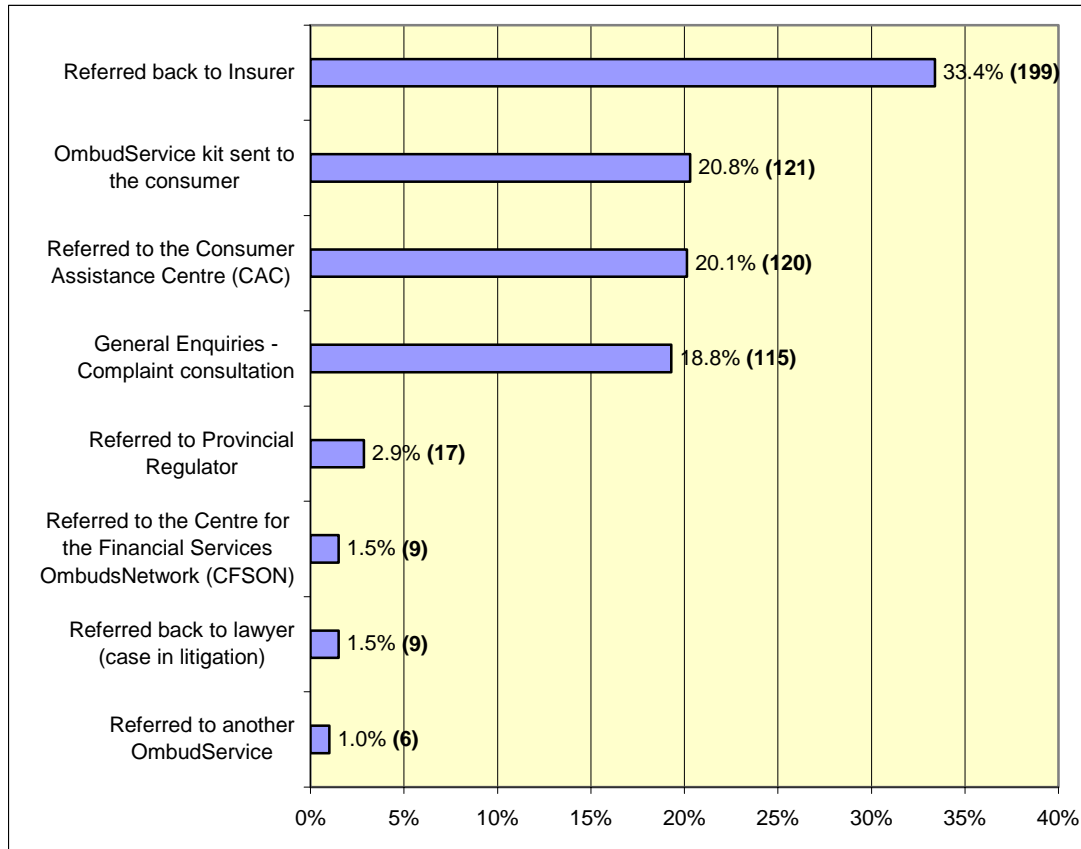
Nature of enquiries and complaints



STATISTICAL REVIEW

Disposition of enquiries/complaints received by the CLHIO

The CLHIO is designed to assist consumers, either directly by reviewing their concerns, or by guiding them to another organization for assistance. During the period under review, the 596 requests for assistance were handled as follows:



As can be seen in the chart above, of the 596 requests for assistance, the CLHIO referred approximately 33 per cent (199 consumers) back to the insurer to initiate, or complete, the company's internal complaints-handling processes consistent with the industry-first design of the Financial Services OmbudsNetwork. Nearly 21 per cent were designated as complaints requiring investigation and OmbudService kits were sent to these 121 consumers. More information on complaint cases follows.

STATISTICAL REVIEW

Twenty per cent of requests (120 consumers) were referred to the life and health insurance industry's Consumer Assistance Centre for information or assistance of a general nature. In just under 19 per cent of cases (115 consumers), the CLHIO simply advised the consumer about the complaints-handling processes of companies or the CLHIO, or consulted on the complaint. Almost three per cent (17 consumers) were referred to a provincial regulator, 1.5 per cent per cent (9 consumers) were referred to the Centre for the Financial Services OmbudsNetwork, and 1.5 per cent (9 consumers) were advised that the CLHIO is unable to assist on any matter that has been, or is currently before the courts, and were referred back to their lawyers. The remaining 1.0 per cent (6 consumers) were referred to another industry-level Ombudsman service.

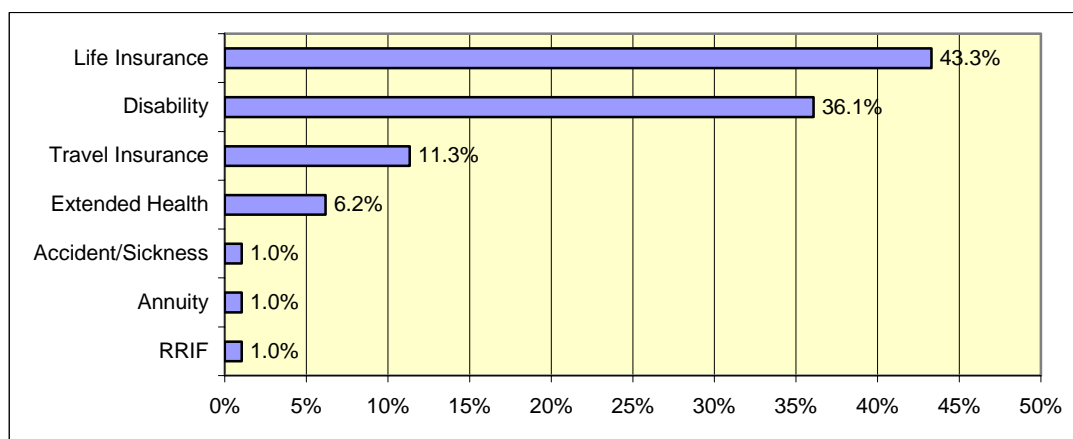
Complaint cases

As noted above, during the CLHIO's first 14 months of operation, 121 consumers were provided with an OmbudService kit. Of these, 24 consumers or just under 20 per cent elected not to pursue the matter after reviewing the kit. An OmbudService Officer was assigned to the remaining 97 cases (80 per cent) which were the subject of a complaint investigation.

Of these 97 complaint investigations, 14 cases remained open as of March 31, 2004. Of the 83 completed investigations, 77 per cent (64 cases) were closed with the insurer maintaining its position and, in all of these cases, the consumers declared their satisfaction with the additional explanation provided and elected not to pursue their complaint further with the CLHIO. Seventeen per cent (14 cases) were closed when the matter was resolved by the company in the consumer's favour; and seven per cent (5 cases) were closed when the request for assistance was withdrawn by the consumer.

No reports with non-binding recommendations were issued during the period under review.

Nature of complaint cases - Inception to March 31, 2004



CASE STUDIES

The following cases have been selected to illustrate the nature and disposition of routine complaint investigations conducted over the past year. In each case, the names have been altered to protect the privacy of the individuals and companies involved.

Effecting a “win-win” solution

Mr. T requested assistance from the CLHIO on behalf of his mother-in-law, **Ms. R**, when she discovered that her former husband had forged her signature in order to cash in his life insurance policy. Some years earlier the insurer had been notified that Ms. R was to be designated as irrevocable beneficiary under a divorce decree and the company adjusted their records accordingly. The company subsequently received a request from Ms. R’s ex-husband to surrender the policy and, noting the irrevocable beneficiary, advised him that they required written consent from Ms. R which he provided, and the transaction was completed. When Mr. T initially approached the company, they said that it appeared his mother-in-law’s signature had indeed been forged but they believed that, at the time of the transaction, with the information they had in hand, they had acted responsibly. Mr. T was preparing to seek legal recourse when he learned about the CLHIO. With authorization, the OmbudService Officer approached the parties involved to obtain their perspectives and to try to effect a resolution. In the end, both parties agreed that the death benefit would be reinstated with a restriction that it would be payable only upon the death of the policy owner i.e., Ms. R’s ex-husband. If Ms. R predeceased him, the death benefit would not apply. As a result, both parties were satisfied and ultimately avoided the complication and expense of going to court.

Knowing when to step aside

Mrs. B contacted the CLHIO to complain that her insurer had acted in bad faith in discontinuing her husband’s long term disability benefits. In her view the company had refused to review additional medical information that would fully support his claim for reinstatement of benefits. Although the deadline for submission of new medical information had expired a number of months before, following discussions with the OmbudService Officer assigned to the case, the company agreed to re-evaluate the claim, provided that Mrs. B’s husband undergo an Independent Medical Examination. He refused and subsequently filed a lawsuit. At this point, the CLHIO notified Mrs. B and the insurer that it was closing the file because it cannot deal with any matter that is before the courts.

CASE STUDIES

When it doesn't add up

Mrs. H contacted the CLHIO on behalf of her mother to request assistance in appealing an insurer's decision to deny a group creditor's life insurance claim on her late father. The insured was 73 at the time of his death and the claim had been denied under a provision in the policy that coverage terminates at the age of 73. Upon the death of the insured, the policy was to pay the outstanding amount on a loan that was taken out to finance the purchase of a recreational vehicle sold by a dealership, which was also the group policyholder. The insurance was paid through a single premium that provided protection for the five-year term of the loan. The application stated that, if the age of an applicant plus the term of the loan extends beyond the applicant's 73rd birthday, the applicant is ineligible for coverage. Mrs. H insisted that her father, who was 71 years of age at the time of the transaction, had questioned a representative of the dealership on this specific provision and was assured that he would be covered for the full term of the loan because he was not yet 73. After many discussions between the OmbudService Officer, the company and Mrs. H, the insurer made the decision to pay the claim in full.

Turn to the CLHIO before seeking legal recourse

Mrs. J was the beneficiary under her son's life insurance policy and wanted the CLHIO's assistance in appealing the company's decision to decline payment of the life insurance proceeds. The OmbudService Officer discussed the matter with Mrs. J and the company and learned that the medical history obtained by the company differed from the information provided by Mrs. J's son on his application for life insurance. The company confirmed that they would not have issued a policy had they been aware of the missing medical information and had denied payment on the basis of a misstatement of health by the applicant. Subsequent discussions revealed that legal action had previously been undertaken by the beneficiary and that both parties had agreed to mediation to settle the matter. Mrs. J was dissatisfied with the outcome, and turned to the CLHIO for assistance. Once the OmbudService Officer learned that the matter had already been settled by mediation, the CLHIO was obliged to withdraw from the case as it was clearly a matter that had already been before the courts.

Sometimes it's nobody's fault

Mrs. M requested the CLHIO's assistance in pursuing a complaint involving the suitability of a universal life policy she purchased. Mrs. M stated that she was an unsophisticated investor with no dependents and that she was unaware that she was purchasing a life insurance policy. Further, she believed that she had been victimized by her agent as the annual premium was equal to one-half of her employment income. The OmbudService Officer's investigation focused on the suitability of the policy, purpose of the insurance and what information was provided to Mrs. M at the time of issue. Documentation received confirmed that Mrs. M's goals were to maximize investment growth and minimize taxes.

CASE STUDIES

Sometimes it's nobody's fault (Continued)

As a result she had selected a universal life policy for its tax sheltering benefits and which had underlying investment funds with historically high rates of return. The policy was not to be funded by her employment income but rather from a transfer each year from other non-registered investments. She had been provided with a proposal that was based on a conservative rate of return which she had signed as having received and reviewed. In addition, she was provided with a 10-day Free Look Period during which time it was learned that she had sought a second opinion from an independent financial advisor who had questioned whether the policy was right for her. Mrs. M decided to accept the policy which performed well until the downturn in the market in 2001. In his investigation, the OmbudService Officer determined that the policy had been issued as applied for and that Mrs. M's objectives would have been met had the market performed as expected. All of the documentation clearly indicated that it was a life insurance policy and the company had provided full disclosure as to the nature and features of the policy. In the end, the information gathered during the course of the investigation suggested that the poor performance of the market may have triggered the complaint. Mrs. M did not dispute the findings of the CLHIO and elected not to pursue the matter any further.

Sometimes the insurer gets caught in the middle

Mr. G was referred to the CLHIO after the insurer had declined his request to terminate his policy retroactively to the date when he had replaced the coverage with a policy from a new carrier. He had only discovered this fact several months later when he received his annual statement confirming that the policy was still in force. The insurer denied Mr. G's request on the grounds that he had never asked to surrender the policy, nor had he ever made any enquiry into the funds that would be payable upon termination. Mr. G acknowledged this fact but contended that his agent was to have arranged for the surrendering of the policy at the same time that he was replacing the coverage through the other carrier. The documentation indicated that the company had already conducted a comprehensive review of the complaint, including an interview with the agent. The agent indicated that, because of the policy's very favourable terms, he had recommended that Mr. G carefully consider whether he really did want to terminate it and to get back to him with his decision. When he did not hear back from Mr. G, the agent assumed that he wanted to keep the policy in force. Further, Mr. G ignored premium notices that he continued to receive and he assumed that the policy would lapse without consequence. Further to the OmbudService Officer's intervention, Mr. G concluded that the insurer should not be held responsible for the misunderstanding. For its part, the insurer, in recognition of its longstanding relationship with Mr. G and as a goodwill gesture, provided Mr. G with additional cash value on his policy.

CLHIO PRIVACY STATEMENT

The Canadian Life and Health Insurance OmbudService (CLHIO) is committed to protecting consumers' privacy. With the written authorization of the consumer that is making the complaint, the CLHIO will collect information from the consumer, the financial institution, and any relevant third parties, if applicable, to facilitate the investigation and resolution of complaints filed with the CLHIO. The CLHIO will only collect personal information, including medical information, to the extent necessary to investigate the complaint. Unless otherwise directed by the complainant, the CLHIO shall keep confidential any information that comes into its possession in the course of the complaint investigation. Any information collected during the course of the CLHIO review process will remain confidential and proprietary to the CLHIO. The files of the CLHIO, including any notes, or other written material, information, or evidence are confidential, and will not be provided directly or indirectly to the parties involved in the complaint process except to the extent required by law. Complaint files are retained in a secure facility, and can be accessed only by authorized CLHIO staff.

The CLHIO is a confidential process during which consumers entrust us with private information in return for our agreement that all information will be held secure. To ensure that there is no erosion of that trust, the CLHIO will not discuss a consumer's concern or complaint with any third-party except with the consumer's consent. The CLHIO will not discuss the consumer's concern or complaint with the media, even with the consent of the consumer.

The Canadian Life and Health Insurance OmbudService may use information for the purpose of statistical reporting. Any information collected for this purpose will be on an aggregate industry basis only, and will not identify the consumer or the insurer.

Personal Information Protection and Electronic Documents Act

The Personal Information Protection and Electronic Documents Act (PIPEDA) protects the privacy of Canadians with respect to the collection, use and disclosure of personal information. The CLHIO abides by the ten principles developed for the protection of personal information as follows:

1. **Accountability:** the CLHIO is responsible for information provided to it, and has designated an individual who is accountable for compliance with the principles.
2. **Identifying Purpose:** the CLHIO will identify to the consumer the purpose of collecting information before or at the time the information is collected.
3. **Consent:** the collection, use and disclosure of personal information will only be done with the knowledge and consent of the consumer.
4. **Limiting Collection:** the collection of personal information will be limited to that which is necessary for the CLHIO to investigate the complaint.

CLHIO PRIVACY STATEMENT

Ten principles developed for the protection of personal information (Continued)

5. **Limiting Use, Disclosure and Retention:** the CLHIO will only use or disclose personal information for the purpose for which it was collected. The CLHIO will only retain personal information for as long as it is necessary to fulfill that purpose.
6. **Accuracy:** personal information will be kept as accurate, complete and up-to-date as necessary for the purpose for which it is to be used.
7. **Safeguards:** personal information will be protected by security appropriate to the sensitivity of the information.
8. **Openness:** the CLHIO will make readily available to consumers specific information about policies and practices related to the CLHIO's management of personal information.
9. **Individual Access:** the CLHIO will, upon request, inform a consumer of the existence, use and disclosure of his or her personal information. A consumer will be given access to their personal information, and will be able to challenge its accuracy and completeness. However, as outlined in paragraph one above, and in the CLHIO Authorization and Agreement form, a consumer will not have access to any information collected during the course of the CLHIO review process, and the files of the CLHIO, including any notes, or other written material, information, or evidence will remain confidential.
10. **Challenging Compliance:** a consumer will be able to challenge the compliance with the above principles with the CLHIO's designated individual.

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CLHIO • SCAPC

CLHIO OFFICES:

TORONTO OFFICE

1 Queen Street East
Suite 1605A
Toronto, Ontario
M5C 2X9

Tel.: 416-777-9002
Toll Free: 1-888-295-8112
Fax: 416-777-9750

www.clhio.ca

MONTREAL OFFICE

1445 Stanley Street
Suite 1501
Montreal, Quebec
H3A 3T1

Tel. : 514-282-2088
Toll Free : 1-866-582-2088
Fax : 514-282-2214

www.scapc.ca