

emma

Life insurance



Policyowner:

Policy Number:

Effective Date:

Insurer: Humania Assurance Inc.

Summary of Coverages

POLICY N°:

INSURED:

RISK CLASS: [SEX, AGE, SMOKING STATUS]

Your contract is composed of this policy, the application, the eligibility and insurability questionnaire and any policy rider or notice of change annexed to this policy.

Please read your contract carefully, including this policy, the application and the eligibility and insurability questionnaire and validate the answers given therein. If the answers do not reflect your statement or are inaccurate, you must notify the Insurer accordingly within thirty (30) days following the delivery of the policy. Failure to notify the Insurer of any inaccuracy or erroneous statement can render the contract void. Subject to the provisions and riders of the policy, the Insurer will pay the benefits listed below when a covered event occurs.

Should the Insurer receive a request to cancel the contract or a stop-payment order on any premium due, all obligations of the Insurer under the contract terminate immediately as of the date such is received.

COVERAGES

The following coverages have the same effective date of [DATE D'EFFET]

Description	Benefit(s)	Modal Premium
Emma life insurance term 100	[MONTANT]	[PRIME]
Emma life insurance term 10 renewable and convertible	[MONTANT]	[PRIME]
Dependent child life insurance	[MONTANT]	[PRIME]
Cancer insurance	[MONTANT]	[PRIME]
Total disability benefit	[MONTANT]	[PRIME]

Your monthly payment, due on the [DAY] day of each month, is [PRIME MENSUELLE]

This policy is guaranteed to be renewable up to age 80 as provided for in the policy.

Final Conversion Date:

Policy Termination Date:

Authorized signature:



Cathy Leclair

Director, Individual Insurance

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Part A – Definitions

WHEN USED IN THIS POLICY, THE TERMS LISTED BELOW MEAN:

ACCIDENT (OR ACCIDENTAL): an event that occurs while the Policy is in force and whose cause is external, violent, sudden, fortuitous and beyond the Life Insured's control. If an Accident results in a loss that first appears over ninety (90) days after the Accident, that loss is considered to be the result of Sickness.

BENEFICIARY: a natural or legal person designated by the Policyowner, in any written notice filed with the Insurer, as being entitled to receive benefits under this Policy.

CARE OF A PHYSICIAN: regular and personal care that is provided by a Physician and that, based on current medical standards, is appropriate for the condition underlying the Life Insured's Disability.

INJURY: bodily Injury resulting directly or indirectly from an Accident sustained by the Life Insured and independently of any Sickness or other cause, while the Policy is in force.

INSURER: Humania Assurance Inc., whose head office is located at 1555 Girouard Street West, Saint-Hyacinthe, Quebec, J2S 2Z6.

LIFE INSURED: The person designated as such in the application.

NON-SMOKER: a person who has not used tobacco in any form whatsoever, including cigarettes, electronic cigarettes or in a vape, nicotine products, nicotine substitutes, cigarillos, small cigars, more than 12 large cigars, in the twelve (12) months before signing the application for insurance or reinstatement.

PHYSICIAN: any person legally authorized to practice medicine in Canada within the scope of his or her medical degree (M.D.), and who does not have a family or business relationship with the Life Insured or the Policyowner.

POLICY: the present contract, the application for this Policy, any application for reinstatement and any written request for change to the contract.

POLICYOWNER: the person who owns this Policy.

RISK CLASS: the characteristics of the Life Insured that determine the premium rate for a coverage. Risk Classes are based on the Life Insured's gender, age, tobacco use and health.

SICKNESS: a deterioration of health or a disorder of the body confirmed by a Physician, that is not caused by an Injury and whose first symptoms appear while this Policy is in force.

Work: means the gainful or remunerative occupation(s), employment or Work performed by the Life Insured when the Disability begins.

Part B – Term 100 Life Insurance Benefit

Benefits

In the event of the Life Insured's death, the Insurer will pay to the Beneficiary, while this Policy is in force, the benefit indicated in the Summary of Coverages subject to the limitations and exclusions of the Policy.

Exclusions

No death benefit is payable if the Life Insured commits suicide within two (2) years of the effective date of coverage or reinstatement of this Policy, whether he or she is sane or insane.

No benefits will be payable if the claim results directly or indirectly from the insured's participation in any of the following activities or sports:

- Mountain climbing;
- Ice climbing;
- Scuba diving (other than at a vacation resort);
- Paragliding;
- Parasailing;
- Hang gliding;
- Skydiving;
- Bungee jumping;
- Heli-skiing;
- Backcountry skiing;
- Backcountry snowmobiling;
- Aviation (except for commercial pilots on scheduled flights);
- Motor racing;
- Kitesurfing.

This exclusion applies even if the above activities are undertaken recreationally, under supervision, or with a certified instructor.

Premium

The initial premium is guaranteed for a period of 100 years. The premium for this coverage is indicated in the Summary of Coverages. The premium is fixed and payable until the date of the Policy anniversary nearest to the Life Insured's one hundredth (100th) birthday. Thereafter, the coverage remains in force and future premiums will be waived.

Termination of coverage

In addition to the terms of this Policy's General Provisions, this Life Insurance coverage terminates at the earliest of the following dates:

- the date a written request from the Policyowner is received by the Insurer, stating that he wishes to terminate this Life Insurance coverage or the date stipulated in that request, if such date is later than the date of receipt by the Insurer;
- the date on which the Life Insured dies.

General Provisions

The definitions, limitations and exclusions of this benefit apply in addition to those indicated in the General Provisions. The General Provisions of the Policy govern this coverage when they are relevant to and compatible with its terms.

SPECIMEN

Part B – Term Life Insurance Benefit

Term 10 Renewable up to 80 years and Convertible up to 65 years

Benefits

In the event of the Life Insured's death, the Insurer will pay to the Beneficiary, while this Policy is in force, the benefit indicated in the Summary of Coverages, subject to the limitations and exclusions of the Policy.

Exclusions

No death benefit is payable if the Life Insured commits suicide within two (2) years of the effective date of coverage or reinstatement of this Policy, whether he or she is sane or insane.

No benefits will be payable if the claim results directly or indirectly from the insured's participation in any of the following activities or sports:

- Mountain climbing;
- Ice climbing;
- Scuba diving (other than at a vacation resort);
- Paragliding;
- Parasailing;
- Hang gliding;
- Skydiving;
- Bungee jumping;
- Heli-skiing;
- Backcountry skiing;
- Backcountry snowmobiling;
- Aviation (except for commercial pilots on scheduled flights);
- Motor racing;
- Kitesurfing.

This exclusion applies even if the above activities are undertaken recreationally, under supervision, or with a certified instructor.

Premium

The premium for this coverage is indicated in the Summary of Coverages. Renewal premiums are indicated in the Renewal Premium Schedule.

Coverage exchange right

Between the first (1st) and the fifth(5th) anniversary of this Life Insurance coverage's effective date, the Policyowner can exchange this coverage, on the same Life Insured, in whole or in part, for a new temporary life coverage with a longer premium level term than initially chosen. The exchange is done without underwriting requirement on other coverage offered by the Insurer. This exchange right can be exercised only once during the five (5) years, provided that the coverage is in force at the time of the exchange and subject to terms described in the following "Conditions related to the Exchange Right and Conversion Privilege".

Conversion privilege

While this Term life insurance coverage under is in force the Policyowner may request that such coverage be converted without evidence of the Life Insured's insurability, to a non-participating whole life insurance policy with level premiums as designated by the Insurer at that time.

Conditions related to the Exchange Right and Conversion Privilege

The life benefit cannot exceed the benefit indicated in the Summary of Coverages.

The Conversion Privilege must be exercised prior to the *policy* anniversary following the sixty-fifth (65th) birthday of the *Life Insured*.

The premium for the new Policy shall be based on:

- the *Life Insured's* attained age;
- the rates in use at the date of the conversion; and
- the *Risk Class* of this coverage.

If this coverage is issued with an extra premium or with limitations or exclusions, the converted coverage will also be issued subject to same conditions. All additional coverages or benefits will be subject to satisfactory evidence of insurability.

Termination of coverage

In addition to the terms of this Policy's General Provisions, this Life Insurance coverage terminates at the earliest of the following dates:

- the date a written request from the Policyowner is received by the *Insurer*, stating that he wishes to terminate this Life Insurance coverage or the date stipulated in that request, if such date is later than the date of receipt by the *Insurer*;
- the date at which the entire coverage is converted;
- the date of termination of this coverage, as indicated in the Summary of Coverages;
- the date on which the *Life Insured* dies.

General Provisions

The definitions, limitations and exclusions of this benefit apply in addition to those indicated in the General Provisions. The General Provisions of the Policy govern this coverage when they are relevant to and compatible with its terms.

Modal premium on renewal for the sum insured of :

[illegible][illegible]

Part B – Total Disability Benefit

Definitions

When used in this Policy, the terms listed below mean:

Activities of Daily Living:

- **Bathing:** the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices;
- **Dressing:** the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances with or without the aid of assistive devices;
- **Toileting:** the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices;
- **Bladder and bowel continence:** the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained;
- **Transferring:** the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices; and
- **Feeding:** the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices.

Canadian Resident: a person who is legally authorized to live in Canada, who lives in Canada at least six (6) months per calendar year and who is eligible for health and hospital insurance under the government plans in his or her province of residence.

Disability (or Disabled): the Person Insured's state of Total Disability, due to a condition resulting from an Accident or Sickness.

Eligible Debt: any fixed-term loan for which the Person Insured is personally and legally responsible as a borrower or co-borrower with a recognized Financial Institution including, but not limited to: any personal loan (e.g., leverage loan, car loan, boat loan, motorcycle loan, recreational vehicle (RV) loan, student loan, renovation loan), credit card, line of credit, lease, mortgage loan and home equity line of credit.

When the Person Insured has neither a mortgage loan nor a home equity line of credit, his/her monthly residential lease will be considered an Eligible Debt, provided it is supported by at a minimum a one-year term agreement, payable to a landlord with no family or business ties or relationship with the Person Insured or the Insured.

Loans between individuals and business loans are not considered Eligible Debt.

Debt (or any increase in debt) contracted during a period of Disability will not be considered Eligible Debt.

Debt (or any increase in debt) contracted by the Person Insured in the ninety (90) days prior to total Disability will not be considered Eligible Debt unless the debt (or any increase in debt) has been contracted within ninety (90) days following the effective date of the disability coverage.

Any debt covered by other Disability insurance is not eligible.

The benefits to which the Person Insured may be entitled hereunder are established based on this definition of Eligible Debt.

Eligible Monthly Amount: a monthly amount equivalent to the periodic payment the Person Insured must make to reimburse Eligible Debt.

The Eligible Monthly Amount is based on the periodic payment payable converted to a monthly basis by multiplying the periodic payment by the following factor: for a weekly payment, a factor of 52/12; for a bi-weekly payment, a factor of 26/12.

Specifically, the Eligible Monthly Amount for:

- a line of credit or a credit card corresponds to the lesser of three percent (3%) of the balance owing at the onset of Disability and the minimum amount payable to the Financial Institution on the balance owing at the onset of Disability. This amount is eligible for ten (10) years and is nil thereafter;
- a home equity line of credit corresponds to the regular periodic amount debited by the Financial Institution in the six (6) months prior to the onset of Disability. If there is no regular periodic payment, the Eligible Monthly Amount corresponds to the lesser of three percent (3%) of the balance owing at the onset of Disability, and the monthly interest charged by the Financial Institution on the balance owing at the onset of Disability;
- a mortgage loan corresponds to the higher of the amount established in the amortization schedule or the regular periodic amount debited by the Financial Institution in the six (6) months prior to the onset of Disability.

The Eligible Monthly Amount can be increased at the renewal of a fixed-rate mortgage. If, the mortgage loan is renewed under the same conditions (same outstanding balance, payment frequency, term and amortization schedule) and the revised periodic amount is higher than the current Eligible Monthly Amount, the Eligible Monthly Amount is revised upward to the revised periodic amount. In any other case, the Eligible Monthly Amount remains the same;

When a mortgage loan or home equity line of credit are considered Eligible Debt, Property and School taxes on the collateralized property become eligible amounts. The Eligible Monthly Amount will equal 1/12 of the annual assessments.

- an residential lease is eligible for two (2) years and is nil thereafter;
- a leverage loan to finance an investment corresponds to the higher of three percent (3%) of the balance owing at the onset of Disability and the minimum amount payable to the Financial Institution. This amount is eligible for ten (10) years and is nil thereafter;
- a personal loan corresponds to the periodic to payment established in the contract to repay the debt. This amount is eligible for the remaining term of the loan and is nil thereafter.

A loan contracted at the end of a personal loan or lease of a moving vehicle (car, boat, motorcycle, recreational vehicle (RV)), for that same vehicle, to finance the residual value established in the original contract will be considered an Eligible Debt. The new Eligible Monthly Amount would then be the lesser of the revised periodic payment established in the contract to repay the residual value and the previous Eligible Monthly Amount of that moving vehicle's loan or lease;

- any other type of Eligible Debt corresponds to the periodic payment established in the contract to repay the debt.

Except for the Eligible Monthly Amount of a mortgage loan, the Eligible Monthly Amount or the Eligible Monthly Amount calculation is determined when the Disability begins and remains the same throughout the loan's original amortization period.

For any personal Eligible Debt contracted by several parties on a joint basis, the Eligible Monthly Amount corresponds to 100% of the eligible payment.

When the Eligible Debt has been repaid in full, the Eligible Monthly Amount is nil (\$0).

If the Person Insured declares bankruptcy while Disabled, the Eligible Monthly Amount becomes nil (\$0) and no other benefit is payable.

The Eligible Monthly Amount does not take into account any form of early or lump-sum payment.

The Insurer bears no liability with respect to late payments, late interest or fees charged by a Financial Institution.

Financial Institution: a Canadian or foreign bank, trust company, loan company, insurance company, cooperative credit society or any corporation governed by the Trust and Loan Companies Act that is legally authorized to operate in Canada or in the Person Insured's province of residence.

Full-Time Employment: regular, active performance of remunerative Work for at least twenty-one (21) hours per week and at least thirty-five (35) weeks per year.

Injury: bodily lesion resulting directly or indirectly from an Accident sustained by the Person Insured and independently of any Sickness or other cause, while the Policy is in force.

Lease: any debt arrangement financing goods, specifically excluding any residential or commercial housing lease.

Loan: debt governed by and set out in a contract that clearly stipulates the date and initial amount of the granted loan, the due date and the periodic payment to be made until extinguishment of the debt or until the loan's due date.

Maximum Benefit Period: the maximum period of time, indicated in the Summary of Coverages, during which benefits are payable following a covered event.

Occupation: that to which the Person Insured devotes his or her activities and time other than leisure.

Occupational Class: a grouping of Occupations with similar duties that is used to determine the rate class related to occupation.

Person Insured: the person designated as such in the application.

Total Disability (or Totally Disabled): For a Person Insured who holds remunerative Work when the Disability begins, it is the state of a Person Insured who, as a result of an Accident or a Sickness, is unable, during the Waiting Period and the twenty-four (24) months that follow, to perform the main duties of his or her Occupation when the Disability begins and who, during that period, does not hold other employment, and is under the continuous and appropriate treatment and Care of a Physician.

For a Person Insured who is without Work when the Disability begins, it is the state of a Person Insured who is unable to perform at least one of the Activities of Daily Living and who remains under the continuous and appropriate treatment and Care of a Physician.

Waiting Period: a period, expressed in number of days, during which no benefit is payable. The Waiting Period begins on the date of the first medical consultation related to the Disability after the onset of that Disability.

Continuous Disability periods of seven (7) days or more, resulting from the same cause, may be added together to satisfy a Waiting Period of thirty (30) days or more.

For Occupational Classes C, B, 1A and 2A, recurrent Disabilities may be added together over a period of six (6) months to satisfy the Waiting Period.

For Occupational Classes 3A and 4A, recurrent Disabilities may be added together over a period of twelve (12) months to satisfy the Waiting Period.

Work; Employment; Occupation: these terms mean, indiscriminately, the gainful or remunerative occupation(s), employment or work performed by the Person Insured when the Disability begins.

Benefit

When the Person Insured suffers a Total Disability, the Insurer will pay, on a monthly basis, the total Eligible Monthly Amounts to a maximum of the amount of Total Disability Benefit indicated in the Summary of Coverages, subject to the Waiting Period and Maximum Benefit Period.

Benefits are payable for the sole purpose of reimbursing Eligible Debts. The Insurer reserves the right to take necessary actions to insure that benefits are used to reimburse Eligible Debts.

Any Disability benefit payable under a government plan does not affect the amount payable under this rider.

Exclusions and Limitations

If the insured refuses any treatment or medication deemed necessary for his or her state of health, the Insurer may suspend payment of monthly benefits.

If the benefit amount paid by the Insurer is less than the insured benefit, the Insurer will not reimburse the excess premium.

Recurrent Disability: All recurrent Disabilities attributable to a same or related cause are considered to be the continuation of a single and same Disability. The Waiting Period does not begin to elapse anew and debt benefit payments are added to past payments in determining the Maximum Benefit Period stipulated in the Summary of Coverages, subject to the "Multiple Causes of Disability" clause.

For Occupational Classes B, 1A, 2A

If the Person Insured becomes Disabled again after being able to perform Full-Time Employment, or after being able to perform his or her main Occupational Duties for a period of at least six (6) consecutive months, that Disability will be considered a new Disability, even if it is attributable to a same or related cause. The Waiting Period and the Maximum Benefit Period indicated in the Summary of Coverages will apply again.

For Occupational Classes 3A and 4A

If the Person Insured becomes Disabled again after being able to perform Full-Time Employment or after being able to perform his or her main Occupational Duties for a period of at least twelve (12) consecutive months, that Disability will be considered a new Disability, even if it is attributable to a same or related cause. The Waiting Period and the Maximum Benefit Period indicated in the Summary of Coverages will apply again.

Rehabilitation: When the Insurer pays a Disability benefit for Eligible Debt under this Policy, the Insurer will pay the cost of services related to a rehabilitation program provided these services are not already covered by another program or service and that the Insurer approves the program in writing prior to the Person Insured's participation.

Death Benefit: When the Insurer is paying Disability benefits for Eligible Debt and the Person Insured

dies, the Insurer will pay the Beneficiary a lump-sum benefit equal to five (5) times the Eligible Monthly Amount, to a maximum of ten thousand dollars (\$10,000).

Multiple Causes of Disability: If another Accident or Sickness occurs during the benefit period, no benefit will be payable under this Policy for that other Accident or Sickness.

If, at the end of the Maximum Benefit Period, the Total Disability continues and the Person Insured has not recovered from his or her first Disability and another Accident or Sickness occurs, no benefit will be payable under this Policy for that other Accident or Sickness.

Organ Donation: No benefit is payable for Disability resulting from organ donation, except when the donation is made after the coverage giving rise to a benefit has been in force for at least six (6) months.

If the Person Insured refuses any treatment or medication deemed necessary for his or her health, the Insurer may interrupt payment of monthly benefits.

The Maximum Benefit Period for Disability shall never exceed the Policy anniversary that follows the Person Insured's sixty-fifth (65th) birthday.

No benefit will be payable for Disability, that results from:

- attempted suicide or intentionally self-inflicted Injury or dismemberment, whether the Life Insured is sane or insane;
- the Life Insured's participation in the commission or attempted commission of an unlawful act or crime, driving a motor vehicle or piloting a boat while under the influence of narcotics or while his or her blood alcohol concentration exceeded the legal limit;
- drug addiction, alcohol abuse or the use of hallucinogens, drugs or narcotics;
- service, whether or not as a combatant, with armed forces engaged in surveillance, training, peacekeeping, insurrection, war (whether or not declared) or any related act, or the Life Insured's participation in a popular uprising;

Injury sustained during a flight, except if the Life Insured is a passenger on an aircraft operated by a common carrier;

- cosmetic surgery or elective surgery, and any resulting complication;
- experimental treatments and treatments involving the application of new procedures or new treatments that are not yet standard practice.

No Disability benefit will be payable for:

- pregnancy, childbirth, miscarriage or any resulting condition, except in the case of a pathologic complication;
- debt (or any increase in debt) contracted during a period of *Disability*;
- debt (or any increase in debt) contracted by the *Person Insured* in the ninety (90) days prior to total *Disability* unless the debt (or any increase in debt) has been contracted within ninety (90) days following the effective date of the disability coverage;
- any debt specifically covered by other debt or credit insurance;
- any period during which the *Person Insured* is incarcerated in a penitentiary or a government detention facility.

If the *Person Insured* declares bankruptcy while *Disabled*, *Disability* benefits cease as of the date of bankruptcy.

No benefits will be payable if the claim results directly or indirectly from the insured's participation in any of the following activities or sports:

- Mountain climbing;
- Ice climbing;
- Scuba diving (other than at a vacation resort);
- Paragliding;
- Parasailing;
- Hang gliding;
- Skydiving;
- Bungee jumping;
- Heli-skiing;
- Backcountry skiing;
- Backcountry snowmobiling;
- Aviation (except for commercial pilots on scheduled flights);
- Motor racing;
- Kitesurfing.

This exclusion applies even if the above activities are undertaken recreationally, under supervision, or with a certified instructor

Assumed Total and Permanent Disability

If, as a result of an Accident or a Sickness, the Person Insured sustains the total and permanent loss of use of two limbs or one sense among those listed below, the Person Insured is considered to be Totally Disabled, whether or not he or she holds other Employment and whether or not he or she is under the regular Care of a Physician.

“Total and permanent loss of use of two limbs or one sense among those listed below” means:

- Loss of a hand or a foot: complete severance at or above the wrist or ankle joint; where there is no severance, total and permanent loss of use of the hand or foot;
- Loss of hearing: total and irrecoverable loss of hearing in both ears, with a hearing threshold of ninety (90) decibels or over within a speech threshold of five hundred (500) to three thousand (3,000) cycles per second, confirmed by an otolaryngologist registered and licensed to practice in Canada;
- Loss of sight: total and irrecoverable loss of sight in both (2) eyes (visual acuity of twenty over two hundred (20/200) or less, or a field of vision of less than twenty (20) degrees).

Termination of coverage

This coverage terminates on the earliest of the following dates:

- The date a written request from the Policyowner is received by the Insurer, or the date stipulated in that request, if such date is later than the date of receipt by the Insurer;
- The policy anniversary following the sixty-fifth (65th) anniversary of the Person Insured
- The date on which the Person Insured ceases to be a Canadian Resident;
- The date on which the Person Insured dies.
- The date on which this Policy is cancelled

General Provisions

The definitions, limitations and exclusions of this benefit apply in addition to those listed in the General Provisions of the Policy. The Policy's General Provisions govern this benefit when they are relevant and compatible with its terms.

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Part B – Dependent Child Life Insurance Benefit

Definitions

Dependent child : A Dependent child is a child over whom you exercise parental authority, or would if he or she were a minor, whom you support and who:

- is at least twenty-one (21) years of age; or
- is between twenty-one (21) and twenty-five (25) years of age and is a full-time student; or
- suffers from a significant functional deficiency that occurred before his or her 21st birthday.

In addition, to be eligible the Dependent child:

- must not be married or in a common-law relationship; and
- must not have full-time work; and
- must have a permanent address in Canada; and
- must be covered by the health plan in his or her province of residence.

A Dependent child intending to study abroad must first take all the necessary steps to keep his or her provincial health insurance coverage. If this coverage lapses, the child will no longer be covered by this policy.

A child who is born or legally adopted after this coverage comes into force is automatically covered from the age of fifteen (15) days provided that he or she is discharged from hospital after birth.

Benefit

In the event of the Dependent child's death while this coverage is in force, the Insurer will pay the life benefit of the Child Life Insurance, subject to the limitations and exclusions of the Policy.

Pre-existing condition

A Sickness or a condition that appears during the 12-month period prior to the effective date of the coverage and for which:

- the Dependent child was diagnosed or was treated, hospitalized or attended to by a Physician or other health professional; or
- the Dependent child was advised to seek treatment or consult a Physician or other health professional; or

the Dependent child was given a prescription or took medication, showed signs or symptoms or underwent tests or examinations.

Exclusions

For a Dependent child already present by the effective date of the coverage, no life benefit is payable during the twelve (12) months following the effective date of this coverage if death results from a pre-existing condition.

No death benefit is payable if the Insured or the dependent child commits suicide within two (2) years of

the rider's effective date or reinstatement, whether he or she is sane or insane. The following exclusions apply if the waiver of premium or accidental death and dismemberment are covered under the contract.

For a Dependent child already present by the effective date of the coverage, no life benefit is payable during the twelve (12) months following the effective date of this coverage if death results from a pre-existing condition.

The Insurer's liability will therefore be limited to the refund of premiums paid and the coverage will terminate without value. However, if other dependent children are present, the Policyowner can waive the premium refund. The coverage will therefore remain in force.

If the Dependent child is covered by more than one Child Life Insurance coverage issued by the Insurer, the maximum benefit is then limited to \$25,000 for all of these coverages.

Conversion privilege

As long as this Dependent child's life insurance coverage remains in force, the Policyowner can convert this coverage for the Dependent child, without proof of insurability, to a new non-participating whole life insurance policy with level premiums, as designated by the Insurer at that time, and for which the benefit is equal to a maximum of five (5) times the value of this coverage.

The conversion privilege is only allowed at the following dates:

- within sixty (60) days preceding an event that would make the dependent child no longer meet the definition of dependent child;
- within sixty (60) days preceding the anniversary date of the Policy, closest to the date on which the insured reaches sixty-five (65) years old.

The premium for the new Policy shall be based on:

- the Dependent child's attained age on his or her closest birthday;
- the rates in use at the date of the conversion; and
- the Risk Class of this coverage.

Termination of coverage

- The date on which there is no longer a Dependent child;
- The Policy anniversary date on which the person insured has reached the insurance age of sixty-five (65);
- The date on which the principal coverage terminates;
- The date a written request from the Policyowner is received by the Insurer, stating that he wishes to terminate this Child Life Insurance coverage, or the date stipulated in that request, if such date is later than the date of receipt by the Insurer;
- The date on which the entire coverage is converted for all the life insureds under this coverage.

General provisions

The definitions, limitations and exclusions of this benefit are in addition to those listed in the general provisions of the policy. Please read all the details contained in the text of the policy. In the event of a discrepancy between the policy and this document, the policy will prevail.

SPECIMEN

Part B - Cancer Coverage Benefit

Definitions

AJCC Stage 2, Tis, Ta, T1a, T1b and T1: These terms are to be applied as defined in the American Joint Committee on Cancer (AJCC) Cancer Staging Manual (7th Edition, 2010).

Covered illness: An illness shown in the Summary of Coverages.

Early intervention cancer: The following forms of cancer:

- lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in situ (Tis), or
- tumours classified as Ta;
- malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is
- accompanied by lymph node or distant metastasis;
- any non-melanoma skin cancer, without lymph node or distant metastasis;
- prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest
- diameter and classified as T1, without lymph node or distant metastasis;
- chronic lymphocytic leukemia classified less than Rai stage 1; or
- malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.

Major cancer: A tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of healthy tissue, diagnosed by a specialist and confirmed by means of a pathology test.

Pathology test: Exam results that reveal the type and characteristics of cells and specify whether they are normal, abnormal but non-cancerous, or cancerous. The pathology test is signed by a pathologist.

Pre-existing condition: An illness or condition for which, during the twelve-four (12) months preceding the contract start date, or last reinstatement date:

- The Insured was diagnosed or was treated, hospitalized or attended to by a physician or other health professional; or-
- The Insured was advised to seek treatment or consult a physician or other health professional; or
- The Insured received a prescription or took medication; or-
- The Insured showed signs or symptoms or underwent tests or investigations.

Rai: Rai staging is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia (Blood 46:219, 1975).

BENEFITS

When a major cancer or minor cancer covered by the contract is diagnosed in the insured and is not the result of a pre-existing condition, the Insurer pays, while the coverage is in force, the major cancer or minor cancer benefit indicated in the Summary of Coverages, subject to limitations and exclusions.

Limitations and exclusions

No compensation for major cancer or minor cancer is payable when it results from a pre-existing condition and the latter is diagnosed in the insured during the period of 24 months following the start date of the contract or its reinstatement. The Insurer's liability is then limited to the reimbursement of the premiums paid for this guarantee and it ends without any further value.

Any benefit payable for a major cancer will be reduced by any amount of benefit that has already been paid for a minor cancer.

Compensation for minor cancer is only payable once during the duration of this coverage.

If the aggregate amount of insurance selected should exceed \$75,000, Humania Assurance will pay a maximum amount of \$75,000, cancel the contracts in excess of this amount, and refund the portion of the overpayments made.

Survival period limitation

In order for the benefit to be paid, the Insured must still be alive thirty (30) days after the date of your diagnosis, excluding the number of days the Insured is kept alive artificially.

Moratorium period exclusion

No benefit will be paid if, within ninety (90) days after the contract start date:

- the insured showed signs or symptoms, or underwent investigations, that led to a diagnosis of cancer (whether or not covered by this contract), regardless of the date on which the diagnosis is made; or
- the insured was diagnosed with cancer (whether or not covered by this contract).

Premium

The premium for this coverage is indicated in the Summary of Coverages

TERMINATION OF COVERAGE

In addition to the terms of this Policy's General Provisions, this Life Insurance coverage terminates at the earliest of the following dates:

- the date a written request from the Policyowner is received by the Insurer, stating that he wishes to terminate this Cancer coverage or the date stipulated in that request, if such date is later than the date of receipt by the Insurer;
- the date on which an exclusion ends the coverage
- the date of termination of this coverage, as indicated in the Summary of Coverages;
- the date on which the maximum benefit is paid;
- the date on which the Life Insured dies;
- the date on which the contract is cancelled;
- The policy anniversary following the 80th birthday.

General provisions

The definitions, limitations and exclusions of this benefit apply in addition to those listed in the general provisions of the policy. The Policy's General Provisions govern this benefit when they are relevant and compatible with its terms.

Part C – General Provisions

Contract

This Policy is issued by the Insurer based on the application for insurance, a copy of which is attached, as well as on any document subsequently submitted to reinstate or change the Policy. No representative is authorized to change this Policy or to render null any of its provisions.

Any change to the Policy or its riders must be signed by an officer of the Insurer.

EFFECTIVE DATE

This Policy takes effect on the date the Insurer approves the application, provided the application is approved without change, the first premium has been paid, and no change has occurred in the Life Insured's insurability since the application for insurance or reinstatement was signed.

PREMIUMS

The premium of each coverage is indicated in the Summary of Coverages.

METHOD OF PAYMENT

Premium is payable monthly by automatic pre-authorized withdrawals. A premium paid by cheque or pre-authorized withdrawal is only considered paid if the payment is honoured.

A grace period of thirty (30) days is granted for payment of each premium except the first. If the premium remains unpaid after the grace period, this Policy lapses and all insurance coverage terminates.

The Insurer will deduct outstanding premiums from any amount payable.

Duty to disclose

The Person Insured, the Insured and the Beneficiary are required to cooperate fully with the Insurer and shall disclose to the Insurer in any application, on a medical examination, if any, and in any written statements or answers furnished as evidence of insurability, every fact within the person's knowledge that is material to the insurance and is not so disclosed by the other. The Person Insured, the Insured and the Beneficiary shall also sign any form or other document allowing the Insurer to obtain any information it deems relevant.

Subject to the provisions dealing with incontestability and age, failure to disclose or a misrepresentation of such a fact renders a contract voidable by the Insurer.

Age

For the purposes of this Policy, the Life Insured's age is the age attained at their last birthday when a coverage is issued. If, mistakenly or otherwise, the age used to calculate the premium is incorrect, any

amount payable by the Insurer will be adjusted to reflect the correct age.

Disability Benefits

When the Person Insured suffers a Disability covered under this Policy, the Insurer will pay, according to the Insured's instructions, Eligible Monthly Amount. Payments begin when the Waiting Period has elapsed and continue until the earliest of the following events: extinguishment of the debt, the Maximum Benefit Period, subject to the limitations, exclusions and General Provisions of this Policy and its coverages.

Onset of Disability: For the purposes of this Policy, a Disability begins on the date of the first medical consultation related to the Disability and following the onset of that Disability.

Disability Adjustment: Where necessary, the monthly benefit is adjusted to a daily rate based on one-thirtieth (1/30) of the monthly benefit for each day of Disability.

Disability benefits are determined based on the Person Insured's Eligible Monthly Amount at the onset of Disability, up to the maximum sum insured indicated in the Summary of Coverages. The Insured should regularly check to ensure that the amount of coverage continues to meet his or her needs.

No interest is paid for any Disability benefit payable under the Policy, except where required by law.

Policy and coverage termination

Unless stipulated otherwise in a given coverage, this Policy and its coverages terminate at the earliest of the following dates:

- the date a written request from the *Policyowner* is received by the Insurer stating that he wishes to terminate this *policy* or the date stipulated in that request, if such date is later than the date of receipt by the *Insurer*;
- the date the grace period for premium payment expires;
- the date of the *Policy* anniversary nearest to the *Life Insured's* eighty (80th) birthday;
- the date the *Life Insured* dies.

Incontestability

In the absence of fraud, the Insurer cannot cancel or reduce a coverage that has been in force for two (2) years or that was reinstated over two (2) years previous because of misrepresentation or concealment with respect to risk.

Misrepresentation concerning smoking habits

If the premium for this Policy is based on statements in the application for insurance or reinstatement to the effect that the Life Insured is a Non-Smoker and those statements are in fact false, those statements will be considered fraudulent, and this Policy will be void from the effective date or reinstatement date. Accordingly, any claim paid by the Insurer must be reimbursed.

Reinstatement

If this Policy terminates because the premium was not paid, it may be reinstated within two (2) years of the date of termination provided the Policyowner requests that it be reinstated, establishes the Life Insured's insurability to the Insurer's satisfaction and pays any outstanding premiums. The periods related to incontestability and suicide apply again as of the date of the last reinstatement.

When the Policy is reinstated within ninety (90) days of the date of cancellation, no proof of insurability is required.

Change of beneficiary

Subject to applicable law, the Policyowner may at any time designate or change a Beneficiary or revoke a Beneficiary designation that is not an irrevocable Beneficiary designation. For a change of Beneficiary to be recognized, the Insurer must receive written notice of that change. The Insurer bears no responsibility with respect to the validity of a Beneficiary designation or any change of Beneficiary.

Participation in the distribution of profits

This Policy is a non-participating Policy, it does not grant any rights to a share of the Insurer's profits.

Notice and proof of claim

All claims must be made in writing and submitted to the Insurer within thirty (30) days of the date of the death of the person insured, giving rise to a claim under this Policy.

The Insurer may, if permitted under applicable law, require an autopsy and any failure to satisfy that request will give the Insurer grounds to refuse payment of the benefit.

The Policyowner and the Beneficiary are required to cooperate fully with the Insurer by providing all the information it may require and by signing any form or other document allowing the Insurer to obtain any information it deems relevant.

The Policyowner or any person entitled to submit a claim must provide the Insurer with all the documents it may require within ninety (90) days of the date of the death of the person insured.

In the event of a failure to give notice or provide proof within the stipulated periods, the Policyowner or the beneficiary, as applicable, shall not be entitled to receive benefits, with respect to the claim in question, for the period prior to the date on which the Insurer actually receives that proof.

The Policyowner must notify the Insurer of any change of address for the purpose of facilitating correspondence and the transmission of any document.

Payment under the policy

Death benefits will be paid to the Beneficiary designated in the application or in any other document subsequently submitted to the Insurer by the Policyowner.

If the Policyowner has not designated a Beneficiary, the death benefit will be payable to the Policyowner or the Policyowner's estate.

Reimbursement

No cheque in reimbursement of premiums will be issued for amounts of less than twenty dollars (\$20).

Legal currency

Any payment under the provisions of this Policy will be made in the legal currency of Canada.

Right to cancel

The Policyowner may obtain cancellation of this Policy, within fifteen (15) days after receipt thereof. When a written and signed cancellation request is received by Humania Assurance within these periods, any premium collected under the contract will be reimbursed to the Policyowner.

Termination of this policy or any of its benefits

The policyholder may cancel this policy or any of its benefits at any time by sending a written request to Humania Assurance.

If your last monthly Premium was paid by its due date, the effective date of your cancellation will be the Monthly Processing Day following the date we receive your request to cancel. If your last monthly Premium was not paid by its due date and remains outstanding, the effective date of your cancellation will be the date we receive your written request to cancel.

If your premium payment frequency is annual, the effective date of your cancellation will be the Monthly Processing Day following the date we receive your request to cancel, and we will refund the unused portion of your annual Premium.

Cash value

This Policy does not have any cash-value.

Compliance with law

Any provision of the Policy that, at the effective date, does not comply with legislation of the province or territory in which the Policy was issued is amended to meet the minimum requirements of such legislation.

General provisions

The exclusions, limitations and General Provisions apply to the Policy as well as to all coverages when they are relevant.

Some coverages contain exclusions and limitations specific to those coverages. These exclusions and limitations apply in addition to the exclusions and limitations of the General Provisions.