



GROUP INSURANCE

**CONVERSION APPLICATION**

## Eligibility

- **You are eligible for Life Insurance conversion only if:**
  - Your conversion application is received by Humania Assurance within 31 days of your termination of employment.
- **You are eligible for Critical Illness conversion only if:**
  - Your conversion application is received by Humania Assurance within 31 days of your termination of employment; and
  - Upon termination of employment or cancellation of insurance, you were insured by Humania Assurance for at least 12 consecutive months.
- **You are eligible for Disability Insurance conversion only if:**
  - Your conversion application is received by Humania Assurance within 31 days of your termination of employment;
  - Upon termination of employment or cancellation of insurance, you were insured by Humania Assurance for at least 12 consecutive months;
  - Your Long-Term Disability (LTD) group insurance ended as a result of termination of employment, cancellation or withdrawal of this insurance by your employer; and
  - Upon termination of employment or cancellation of insurance, you had long-term disability insurance for at least 24 consecutive months without a disability claim under a plan sponsored by your employer.
- **You are not eligible for the conversion of your group Long-Term Disability (LTD) insurance if:**
  - You turned sixty-three (63) on your last birthday;
  - You are currently disabled under the terms of your group insurance policy;
  - Immediately prior to your termination of employment or upon cancellation of Long-Term Disability (LTD) insurance, you were not at work; you had left your employment or were on leave of absence;
  - You retire or are receiving a public or employer-sponsored pension plan; you become eligible or insured under another Long-Term Disability (LTD) plan within 31 days of your termination of employment or cancellation of Long-Term Disability (LTD) insurance. If so, and if you had already submitted your conversion application, you must notify Humania Assurance.

## Process for converting Group Life, Critical Illness or Long-Term Disability insurance

All conversion applications must be received by Humania Assurance within 31 days of the date your coverage ends.

Upon approval of your conversion application, the converted insurance policy will be sent directly to the address indicated in the **Identification of Insured** section. It will take effect at 12:01 a.m. on the day your group insurance ceases.

The steps are as follows:

1. Read the above **Eligibility** section carefully to determine whether you are eligible to convert the product in question;
2. Calculate the amount using the calculator on Humania Assurance's website;
3. Complete parts 1, 2, 3, 4, 5, 7 and 8 below;
4. Keep parts 9, 10 and 11.
5. Send your completed group insurance conversion form by email to [assuranceindividuelle@humania.ca](mailto:assuranceindividuelle@humania.ca) or by mail to:  
Humania Assurance Inc.  
1555 Girouard Street West  
Saint-Hyacinthe (Quebec) J2S 2Z6
6. You can contact our customer service department at **1-800-818-7236** for a preliminary indication.



**Part 3 - Coverage Requested**

**Disability Insurance**

To be eligible for this disability coverage, the insured must be between the ages of 18 and 62 inclusively.  
The chosen percentage of benefit must be equal to or less than 50% of the group policy benefit.

**For insureds between the ages of 18 and 60**

Waiting period	Term	Benefit	Monthly premium	Annual premium
180 days	2 years	\$ _____	\$ _____	\$ _____
180 days	5 years	\$ _____	\$ _____	\$ _____

For disability, the conversion terms are:

- 2 years or 5 years for insureds between the ages of 18 and 60 inclusively.
- 2 years for insureds over the age of 60.
- Waiting period of 180 days.

**For insureds over the age of 60**

Waiting period	Term	Benefit	Monthly premium	Annual premium
180 days	2 years	\$ _____	\$ _____	\$ _____

**Critical Illness Insurance**

To be eligible for this conversion coverage, the insured must be less than 60 years of age.

Benefit amount	Monthly premium	Annual premium
\$ _____	\$ _____	\$ _____

**Life Insurance**

Term 1

To be eligible for the Term 1 plan, the insured must be between the ages of 18 and 64 inclusively.  
The insured capital must be greater than \$5,000.

Benefit amount	Monthly premium	Annual premium
\$ _____	\$ _____	\$ _____

Term 65

To be eligible for the Term 65 plan, the insured must be between the ages of 18 and 63 inclusively.  
The insured capital must be greater than \$25,000.

Benefit amount	Monthly premium	Annual premium
\$ _____	\$ _____	\$ _____

### Part 3 - Requested Coverage (continued)

Life Term to 100

To be eligible for the Life Term to 100 plan, the insured must be less than 65 years of age.  
The insured capital must be greater than \$5,000 with a minimum monthly premium of \$18.

<b>Benefit amount</b>	<b>Monthly premium</b>	<b>Annual premium</b>
\$ _____	\$ _____	\$ _____

### Part 4 - Beneficiary Designation

Beneficiary designation for :  Benefit payable upon death  Critical illness

First and last name	Relationship to insured	Date of birth day / month / year	Share of benefit	Irrevocability
			%	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
			%	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

\* In Quebec, if the beneficiary is not qualified, he/she is irrevocable in the case of a married or civil union spouse and revocable in all other cases.

Designation of trustee for a minor child – Non-resident of Quebec:

Any amount payable to the beneficiary who is a minor child will be paid to the following person as trustee:

Name of minor beneficiary	Name of trustee	Relationship to beneficiary

### Part 5 - Signature

Signed at: \_\_\_\_\_ On: 











 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 / 







 /

## Part 7 - Pre-Authorized Debit Agreement (PDA)

### BANKING INFORMATION

These services are for: (check one)  personal use  Business

Name of bank or financial institution:

Transit no.:

Bank no.:

Account no.:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal code: \_\_\_\_\_

The financial institution named above is hereby authorized as of now to honour requests for PDA or fees made by Humania Assurance on the above account, including resubmitting within 30 days any pre-authorized debit that was not honoured the first time it was submitted. The payors named below authorize Humania Assurance to make such withdrawals from another account, from time to time, according to their verbal or written instructions.

Signed at: \_\_\_\_\_  
(city/province)

On the: \_\_\_\_\_ day of: \_\_\_\_\_  
(month/year)

Last name of payor (account holder):

First name of payor (account holder):

Last name of second payor:   
(account holder) (if applicable)

First name of second payor:   
(account holder) (if applicable)

Signature of payor: \_\_\_\_\_

Signature of second payor (if applicable): \_\_\_\_\_

**VOID SAMPLE CHEQUE**

## Part 7 - Pre-Authorized Debit Agreement (PDA) (continued)

### PRE-AUTHORIZED DEBIT AGREEMENT (PDA)

The payor named below authorizes Humania Assurance Inc. (Humania Assurance) to make monthly pre-authorized debits on the bank account with the financial institution named below, or any other financial institution that the payor may later designate, for the purpose of paying the insurance premiums in accordance with the premium schedule stipulated in the policy or policies, including the initial premium.

### ACCOUNT

- This Agreement must be signed by all persons whose signature is required to make pre-authorized debits on the account designated below.
- You must attach a sample cheque marked "VOID." The sample cheque you send to Humania Assurance shall be used for all new debits that you may authorize on the account.
- If you wish to change the account from which the pre-authorized debits are made, you must forward a sample cheque for the new account to Humania Assurance.

### DEBITS

- You must be the policyholder or the payor of the policy contract and you must be the holder of the account from which the pre-authorized debits are made.
- You must select a debit date between the 1st and the 28th of the month, inclusively. The debits will be made on this date each month for the term stipulated in the policy contract.
- You can change the debit date provided the premium for the current month is paid or is due at least 10 days after the new date selected.
- The debit amount will vary according to the premium stipulated in the policy.
- In the event of a change in the debit amount, the account holder exempts Humania Assurance from having to provide prior notification.
- Unless otherwise indicated by you, this Agreement shall be valid for all renewals and conversions of your policy contract.

### TERMINATION OF AGREEMENT

- You can terminate this Agreement at any time for all policies covered by it, with 10 days written notice.
- You may obtain further information on your right to cancel the PDA by visiting the Payments Canada website at [www.payments.ca](http://www.payments.ca).

### CONSEQUENCES OF NON-PAYMENT

- You are always liable for the consequences of non-payment and any obligations arising from the terms and conditions of the policy contract.
- You are in default of payment when a pre-authorized debit cannot be made due to insufficient funds, a closed account or any other similar reason.
- If a debit cannot be honoured by your financial institution because of insufficient funds, Humania Assurance will debit the amount again with the next month's pre-authorized debit and will charge a fee of \$25 for each debit that it was unable to make. Humania Assurance may also terminate this Agreement, in which case the annual premium would be due for all policies covered by this Agreement.
- A stop payment initiated by you, without prior arrangements or agreement with Humania Assurance for the payment of the premium, may result in the cancellation of all policies covered by this Agreement.

### RIGHT TO REIMBURSEMENT

You have certain recourse rights if a debit does not comply with this Agreement. For example, you are entitled to be reimbursed for any debit that is not authorized or is not consistent with this Agreement. To obtain a claim form or for more information on your recourse rights, contact your financial institution or visit: [www.payments.ca](http://www.payments.ca).

### PERSONAL INFORMATION

In establishing your payments by pre-authorized debit, Humania Assurance will only disclose legally required information to your financial institution.

**Part 8 - Monthly pre-authorized debit** Monthly pre-authorized debit (Complete the **Pre-Authorized debit Agreement PART 7**)Date of withdrawals (1<sup>st</sup> to 28<sup>th</sup>) 

Amount paid with application: \$ \_\_\_\_\_ (cash payments or postal money orders are not accepted)

**Annual payment by cheque** Annual payment by cheque

Amount paid with application: \$ \_\_\_\_\_

**Credit Card payment mode** Credit Card payment mode (**Annual or first monthly premium only**)Authorized debit amount: \$ \_\_\_\_\_ **If no amount is indicated, the initial premium amount will be deduct.** Visa     Master Card

Name of card holder: \_\_\_\_\_

**All payments by credit card will be processed upon receipt of the application at the Head Office of Humania Assurance Inc.**Credit card number:  Expiration: **From the Head Office**

Date registered \_\_\_\_\_ By \_\_\_\_\_ Policy N°: \_\_\_\_\_

**Part 9 - Notice of Right of Cancellation**

At the policyholder's request, any policies established under this Agreement can be cancelled by submitting a written request and returning the policy to the insurer within 10 days of its receipt. Any premiums paid under the policy will then be refunded to the policyholder.

**Part 10 - Personal Information**

To maintain the confidentiality of your personal information, Humania Assurance Inc. will create an insurance file containing the information regarding your application for insurance as well as information on any insurance claims. Only employees or agents responsible for underwriting, investigations or claims, as well as any other persons authorized by you, will have access to this file. Your file will be kept at the Company's head office. You have the right to review the information contained in this file and, if required, have it corrected by submitting a written request to:

**Access to Information Officer, Humania Assurance Inc.  
1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6**

As part of the standard processing of insurance proposals, all insurance companies, including Humania Assurance Inc., may request a personal investigation or a consumer report containing personal information to be insured. You may be contacted to this effect.

**Part 11 - Receipt**

Received from: \_\_\_\_\_

The sum of: \_\_\_\_\_ /100 ( \$ \_\_\_\_\_ )

Signed at: \_\_\_\_\_ On: 

--	--	--	--

 / 

--	--

 / 

--	--

  
Year / Month / Day

Signature of representative: \_\_\_\_\_ Code: 

--	--	--	--	--	--

 Telephone: \_\_\_\_\_

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6