# PROHEALTH

## CANCER INSURANCE

Don't wait until it's too late

HUMANIA ASSURANCE MD®

Revision 2017

# "Every hour of every day, about 23 people will be diagnosed with cancer."

## How many cancers are diagnosed every year?

**In Canada in 2016:**

"An estimated 202,400 new cases of cancer and 78,800 cancer deaths are expected."

## Which cancers occur most frequently?

For women and men combined:
**Lung cancer: an estimated 28,400 new cases in 2016**

For women:
**Breast cancer: an estimated 25,700 new cases in 2016**

"Half of the new cases of breast cancers occur between ages 50 and 69."

For men:
**Prostate cancer: an estimated 21,600 new cases in 2016**

"Prostate cancer will be diagnosed most frequently in males aged 60-69 years."

## At what age is cancer most often diagnosed?

**5.7 out of 10 (57%) cancers affect people under the age of 70**

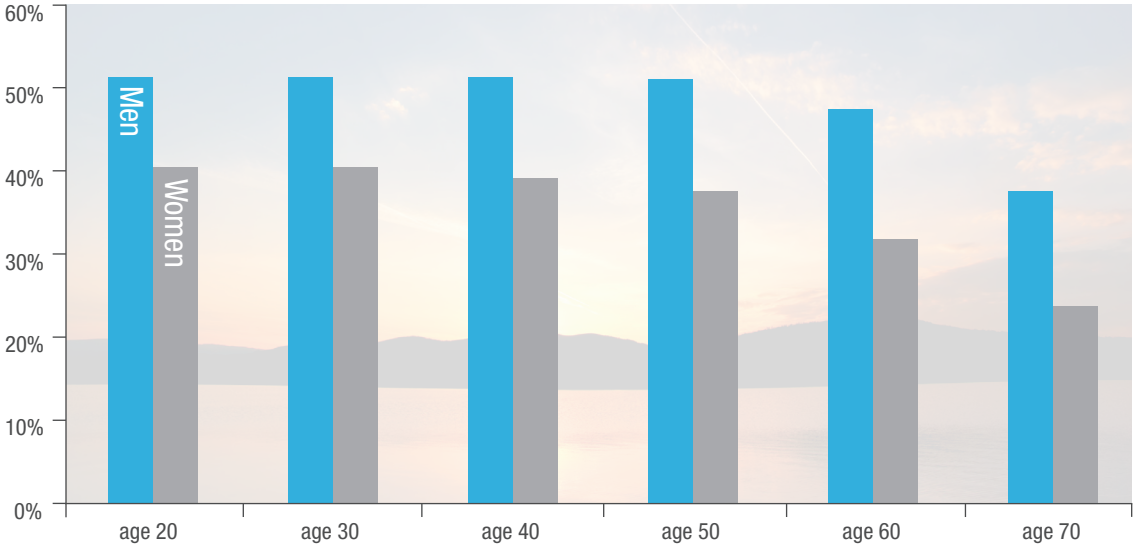
**4.3 out of 10 (43%) cancers affect people age 70 and over**



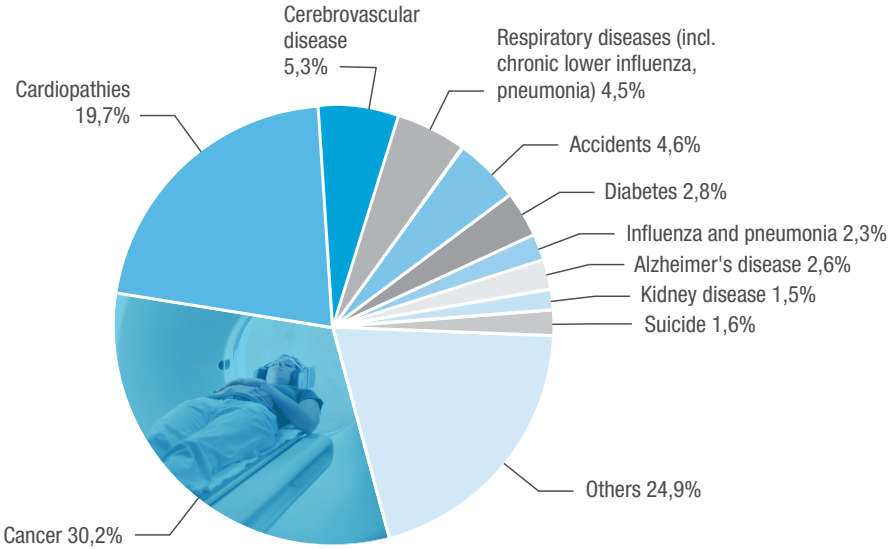


All cancer statistics and citations are drawn from the "Canadian Cancer Society's Steering Committee: **Canadian Cancer Statistics 2016. Toronto: Canadian Cancer Society, 2016.**"

# LIFETIME LIKELIHOOD OF A CANCER DIAGNOSIS




# PROPORTION OF DEATHS DUE TO CANCER
## AND OTHER CAUSES, CANADA, 2012



# PROHEALTH
## CANCER INSURANCE

**Receive up to $25,000 in the event of a cancer diagnosis.**

**Available sum insured: from $10,000 to $25,000**

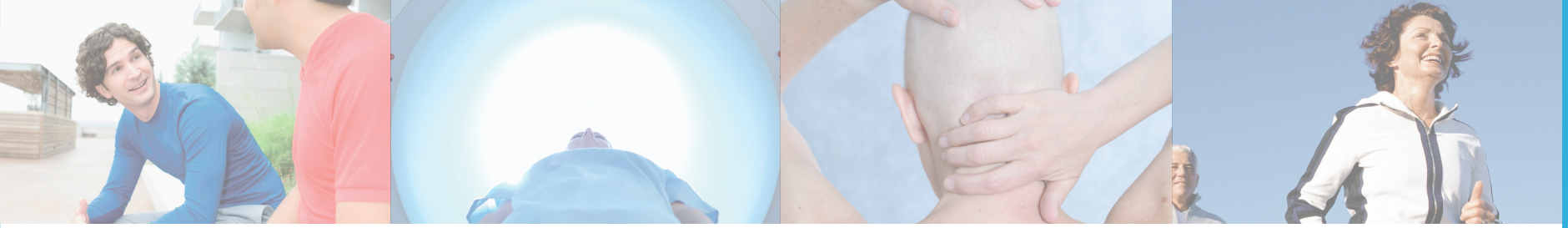
- Lump sum
- Non-taxable
- Paid at the time of diagnosis
- Supplements any other insurance.

**Age at issue: 1 day to 80 years of age.**

**Non-cancellable policy, coverage to age 90.**

**Premium guaranteed for 10 years.**

**24-hour coverage, anywhere in the world.**



## YOU'RE FREE TO CHOOSE

**You can use the sum you receive any way you like. For example:**

- Benefit from parallel health care services not covered by government plans;
- Cover a loss of income;
- Take an unpaid leave;
- Protect your savings and your quality of life.

## FAST AND EASY APPLICATION PROCESS

**No medical exam**

Only 2 declarations of admissibility:

- I hereby declare that I have not ever received a diagnosis of cancer or malignant tumour, presented with signs or symptoms of cancer, consulted a physician or undergone tests showing abnormal results regarding cancer, I am not waiting for or been advised to undergo any test or examination regarding cancer which have not yet been performed and I have not undergone any such test or examination for which I have yet received the results.
- I hereby declare that I have not ever received a diagnosis Acquired Immune Deficiency Syndrome (AIDS) or had a positive test for Human Immunodeficiency Virus (HIV).

# A SIMPLE PRODUCT THAT'S EASY TO UNDERSTAND

**Definition of a covered cancer:**

*A tumour characterized by the uncontrolled proliferation and spread of malignant cells and the invasion of tissue. The cancer must be diagnosed by a specialist.*

***Exclusions: No benefit will be paid for the following cancers:***

- *carcinoma in situ;*
- *stage 1A malignant melanoma as defined by the TNM classification (no more than one (1.0) millimetre thick, without ulceration and without invasion at Clark's Level IV or V);*
- *any non-melanoma skin cancer that has not become metastatic (spread to adjacent organs); or*
- *stage A (T1a or T1b) prostate cancer.*

**Exclusions**

No benefit will be paid, the policy will terminate without value and premiums will be refunded for any diagnostic of cancer related to one of the following exclusions:

**Pre-existing conditions**

No benefit will be paid if the Insured is diagnosed with a covered cancer at any time during the 12-month period following the effective date of the policy which results directly or indirectly from, or is in any way associated with, a pre-existing condition that occurred during the 12-month period prior to the effective date of the policy.

**Moratorium period**

No benefit will be paid if, during the first ninety (90) days following the effective date of the policy, the Insured is diagnosed with a cancer or if the Insured has any signs, symptoms, medical consultations or tests that lead to a diagnosis of a cancer.

This text is provided for information purposes only.
Please refer to the policy wording for full details concerning the applicable definitions, exclusions and limitations.

# PROHEALTH
## CANCER INSURANCE

> **Receive up to $25,000 in the event of a cancer diagnosis.**

Available sum insured: from $10,000 to $25,000

· Non-taxable benefit payment.
· Payable in addition to any other insurance.

> **You'll receive a lump-sum payment if you are diagnosed with cancer.**

You can use this payment any way you like, there are no restrictions.

> **Available for purchase by individuals from 1 day to 80 years of age.**

> **Non-cancellable policy, coverage to age 90.**

> **Premium guaranteed for 10 years.**

> **24-hour coverage, anywhere in the world.**

## Monthly Premiums for Non-Smoker Insured

| | $25.000 | | $20.000 | | $15.000 | | $10.000 | |
|---|---|---|---|---|---|---|---|---|
| Sex / Age | Male $ | Female $ | Male $ | Female $ | Male $ | Female $ | Male $ | Female $ |
| 0-19 | 12.50 | 13.75 | 11.00 | 12.00 | 9.45 | 10.20 | — | — |
| 20-24 | 12.50 | 13.75 | 11.00 | 12.00 | 9.45 | 10.20 | — | — |
| 25-29 | 13.75 | 16.25 | 12.00 | 14.00 | 10.20 | 11.70 | — | 9.50 |
| 30-34 | 13.75 | 22.50 | 12.00 | 19.00 | 10.20 | 15.45 | — | 12.00 |
| 35-39 | 16.25 | 27.50 | 14.00 | 23.00 | 11.70 | 18.45 | 9.50 | 14.00 |
| 40-44 | 21.25 | 33.75 | 18.00 | 28.00 | 14.70 | 22.20 | 11.50 | 16.50 |
| 45-49 | 30.00 | 38.75 | 25.00 | 32.00 | 19.95 | 25.20 | 15.00 | 18.50 |
| 50-54 | 42.50 | 41.25 | 35.00 | 34.00 | 27.45 | 26.70 | 20.00 | 19.50 |
| 55-59 | 60.00 | 47.50 | 49.00 | 39.00 | 37.95 | 30.45 | 27.00 | 22.00 |
| 60-64 | 78.75 | 53.75 | 64.00 | 44.00 | 49.20 | 34.20 | 34.50 | 24.50 |
| 65-69 | 92.50 | 60.00 | 75.00 | 49.00 | 57.45 | 37.95 | 40.00 | 27.00 |
| 70-74 | 105.00 | 66.25 | 85.00 | 54.00 | 64.95 | 41.70 | 45.00 | 29.50 |
| 75-79 | 111.25 | 72.50 | 90.00 | 59.00 | 68.70 | 45.45 | 47.50 | 32.00 |
| 80 and + | 113.75 | 76.25 | 92.00 | 62.00 | 70.20 | 47.70 | 48.50 | 33.50 |

To calculate an annual premium, multiply the monthly premium by 12.
Minimum premium: $100 per year, $9 per month. Where a dash appears in the table, the premiums do not meet the minimum premium amount.

## Definitions

*Non-smoker*
*A person who has not used tobacco in any form whatsoever, including nicotine substitutes, nicotine products, marijuana or hashish, in the twenty-four (24) months before signing the application for insurance.*

*Age*
*The age attained by the Insured at his or her birthday on or prior to the effective date of this policy.*

## Monthly Premiums for Smokers

| | $25.000 | | $20.000 | | $15.000 | | $10.000 | |
|---|---|---|---|---|---|---|---|---|
| Sex / Age | Male $ | Female $ | Male $ | Female $ | Male $ | Female $ | Male $ | Female $ |
| 0-19 | 12.50 | 13.75 | 11.00 | 12.00 | 9.45 | 10.20 | — | — |
| 20-24 | 12.50 | 13.75 | 11.00 | 12.00 | 9.45 | 10.20 | — | — |
| 25-29 | 13.75 | 16.25 | 12.00 | 14.00 | 10.20 | 11.70 | — | 9.50 |
| 30-34 | 13.75 | 22.50 | 12.00 | 19.00 | 10.20 | 15.45 | — | 12.00 |
| 35-39 | 18.75 | 28.75 | 16.00 | 24.00 | 13.20 | 19.20 | 10.50 | 14.50 |
| 40-44 | 23.75 | 37.50 | 20.00 | 31.00 | 16.20 | 24.45 | 12.50 | 18.00 |
| 45-49 | 37.50 | 51.25 | 31.00 | 42.00 | 24.45 | 32.70 | 18.00 | 23.50 |
| 50-54 | 73.75 | 80.00 | 60.00 | 65.00 | 46.20 | 49.95 | 32.50 | 35.00 |
| 55-59 | 142.50 | 136.25 | 115.00 | 110.00 | 87.45 | 83.70 | 60.00 | 57.50 |
| 60-64 | 248.75 | 205.00 | 200.00 | 165.00 | 151.20 | 124.95 | 102.50 | 85.00 |
| 65-69 | 392.50 | 305.00 | 315.00 | 245.00 | 237.45 | 184.95 | 160.00 | 125.00 |
| 70-74 | 498.75 | 373.75 | 400.00 | 300.00 | 301.20 | 226.20 | 202.50 | 152.50 |
| 75-79 | 555.00 | 398.75 | 445.00 | 320.00 | 334.95 | 241.20 | 225.00 | 162.50 |
| 80 and + | 567.50 | 405.00 | 455.00 | 325.00 | 342.45 | 244.95 | 230.00 | 165.00 |

To calculate an annual premium, multiply the monthly premium by 12.
Minimum premium: $100 per year, $9 per month. Where a dash appears in the table, the premiums do not meet the minimum premium amount.

Available sum insured: from $10,000 to $25,000 (by $1,000 increments).
To obtain the premium for a sum insured not listed in this table, please contact your advisor.

Premiums are guaranteed for an initial period of ten (10) years and will be adjusted every ten (10) years thereafter. At the beginning of every ten (10) year period, the premiums will be revised based on the Insured's original risk class, his or her attained age and the Insurer's premium rates applicable at that time. This newly revised premium will also be guaranteed for a period of ten (10) years.

For the purposes of this policy, terms in *italics* have the meaning defined in the policy's Definitions section.

## 1. BENEFIT

While coverage is in force under this policy, the *Insurer* will pay the amount shown on the application for this policy if the *Insured* is diagnosed with *cancer* for the first time in his or her life, subject to the provisions of the policy.

## 2. DEFINITIONS

For purposes of this policy, the following terms mean:

***Beneficiary:*** the *Insured* or the *policyowner* if the *Insured* is under eighteen (18) years old. The *policyowner* can change the designation by providing the information in writing to the *Insurer*.

***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. This policy is available only to those *policyowners* and *Insureds* who are Canadian residents at the effective date of the policy.

***Cancer:*** a tumour characterized by the uncontrolled proliferation and spread of malignant cells and the invasion of tissue. The *cancer* must be diagnosed by a *specialist*.

**Exclusions**

No benefit will be paid for the following cancers:

- carcinoma in situ;
- stage 1A malignant melanoma as defined by the TNM classification (no more than one (1.0) millimetre thick, without ulceration and without invasion at Clark's Level IV or V);
- any non-melanoma skin cancer that has not become metastatic (spread to adjacent organs); or
- stage A (T1a or T1b) prostate cancer.

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

***Insurer:*** Humania Assurance Inc., located at 1555 Girouard Street West, P.O. Box 10000, Saint-Hyacinthe, Quebec, J2S 7C8.

***Non-Smoker:*** a person who has not used tobacco in any form whatsoever, including nicotine substitutes, nicotine products, marijuana or hashish, in the twenty-four (24) months before signing the application for insurance.

***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 *Insured* or the *policyowner*.

***Policyowner:*** the owner of this policy designated as such in the application or other written document submitted subsequently to the *Insurer*.

***Pre-existing condition:*** an illness or condition for which, during the 12-month period prior to the effective date of the policy, the *Insured* was diagnosed or was treated, hospitalized or attended to by a *physician* or other health professional, or was advised to seek treatment or consult a *physician* or other health professional; was prescribed or took medication; showed indications, signs or symptoms or underwent tests or investigations.

***Specialist:*** a *physician* who holds a license and has specialized medical training related to the type of covered cancer for which a claim has been submitted.

## 3. RESTRICTIONS

The *Insurer* will never pay more than twenty five thousand dollars ($25,000) in benefits in aggregate for all PROHEALTH CANCER INSURANCE coverage insuring the *Insured*. If the *Insured* is insured under PROHEALTH CANCER INSURANCE policies in an aggregate amount that exceeds twenty five thousand dollars ($25,000), the *Insurer* will only pay a maximum of twenty five thousand dollars ($25,000) of benefits and will reimburse premiums paid for the amount of any benefits in excess of the twenty five thousand dollars ($25,000).

## 4. EXCLUSIONS

No benefit will be paid for the following cancers:

- carcinoma in situ;
- stage 1A malignant melanoma as defined by the TNM classification (no more than one (1.0) millimetre thick, without ulceration and without invasion at Clark's Level IV or V);
- any non-melanoma skin *cancer* that has not become metastatic (spread to adjacent organs); or
- stage A (T1a or T1b) prostate *cancer*.

No benefit will be paid, the policy will terminate without value and premiums will be refunded for any diagnostic of cancer related to one of the following exclusions:

- if the *Insured* was diagnosed with any type of cancer prior to the policy effective date;

- if the *Insured's cancer* results directly or indirectly from signs or symptoms known or under investigation prior to the policy effective date;
- if, during the first ninety (90) days following the effective date of the policy, the *Insured* is diagnosed with a *cancer* or if the *Insured* has any signs, symptoms, medical consultations or tests that lead to a diagnosis of a cancer;
- if the *Insured* is diagnosed with a covered *cancer* at any time during the 12-month period following the effective date of the policy which results directly or indirectly from, or is in any way associated with, a *pre-existing condition*.

## 5. STATUTORY CONDITIONS

### Contract

The application, this policy, any document attached to this policy when issued, and any amendment to the contract agreed upon in writing after the policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

### Copy of Application

The *Insurer* shall, upon request, furnish to the *Insured* or to a claimant under the contract a copy of the application.

### Waiver

The *Insurer* shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the *Insurer*.

### Material Facts

No statement made by the *Insured* or person insured at the time of application for this contract shall be used in defence of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

### Notice and Proof of Claim

The *Insured* or a person insured, or a *beneficiary* entitled to make a claim, or the agent of any of them, shall,

a) give written notice of claim to the *Insurer*,
   i) by delivery thereof, or by sending it by registered mail to the head office or chief agency of the *Insurer* in the Province, or
   ii) by delivery thereof to an authorized agent of the *Insurer* in the Province, not later than thirty days from the date a claim arises under the contract on account of a sickness;

b) within ninety (90) days from the date a claim arises under the contract on account of a sickness, furnish to the *Insurer* such proof as is reasonably possible in the circumstances of the commencement of the sickness, and the loss occasioned thereby, the right of the claimant to receive payment, his or her age, and the age of the *beneficiary* if relevant; and

c) if so required by the *Insurer*, furnish a satisfactory certificate as to the cause or nature of the sickness for which claim may be made under the contract.

### Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed in this paragraph does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year, or longer if allowed by law of the applicable jurisdiction, from the date a claim arises under the contract on account of sickness if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

The *policyowner* must notify the *Insurer* of any change of address for the purpose facilitating the transmission of any document.

### Insurer to Furnish Forms for Proof of Claim

The *Insurer* shall furnish forms for proof of claim within fifteen (15) days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the sickness giving rise to the claim and of the extent of the loss.

### Rights of Examination

As a condition precedent to recovery of insurance money under this contract,

a) the claimant shall afford to the *Insurer* an opportunity to examine the person or the person *Insured* when and so often as it reasonably requires while the claim hereunder is pending; and

b) in the case of death of the person *Insured*, the *Insurer* may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

Examinations shall be carried out by a *physician* or *specialist* designated by the *Insurer*.

## 6. GENERAL PROVISIONS

### Effective Date

This policy takes effect at 23:59 on the date the application is signed, provided the first premium has been paid, the application is received at the head office of the *Insurer* within ten (10) calendar days of its signing and the application is acceptable by the standards of the *Insurer*.

### Premiums

Premiums are guaranteed for an initial period of ten (10) years and will be adjusted every ten (10) years thereafter. At the beginning of every ten (10) year period, the premiums will be revised based on the *Insured's* original risk class, his or her attained age and the *Insurer's* premium rates applicable at that time. This newly revised premium will also be guaranteed for a period of ten (10) years.

### Method of Payment

The premiums for this policy are payable monthly by automatic pre-authorized withdrawals or yearly by cheque or credit card, at the choice of the *policyowner*. A premium paid by cheque, credit card, or pre-authorized withdrawal is only considered paid if the payment is honoured.

### Grace Period

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 will no longer be in effect and will terminate without value. If the *Insurer* does not receive the first premium when due, this policy will be treated as if it had never been issued.

The *Insurer* will deduct outstanding premiums from any benefit amount payable by the *Insurer*.

### Age

For the purposes of this policy, the age of the *Insured* on the effective date is the age attained by the *Insured* at his or her birthday on or prior to the effective date of this policy. If, mistakenly or otherwise, the age used to calculate the premium is incorrect, any amount payable by the *Insurer* at the time of a claim will be adjusted to reflect the correct age of the *Insured* as of the effective date.

### Dividends

This is not a participating policy. The *policyowner* is not eligible to receive dividends under this policy.

### Disclosure

The *Insured*, the *policyowner* 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 *Insured*, the *policyowner* 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 of this policy dealing with incontestability and age, a failure to disclose or a misrepresentation of such a fact renders this contract voidable by the *Insurer*.

### Incontestability

Where this contract has been in effect continuously for two (2) years with respect to a person *Insured*, a failure to disclose or a misrepresentation of a fact with respect to that person does not, except in the case of fraud, render the contract voidable.

Where a claim arises from a *cancer* diagnosed before this contract has been in force for two (2) years with respect to the person in respect of whom the claim is made, the previous paragraph does not apply to that claim.

### Misrepresentation concerning Smoking Habits

If the premium for this policy is based on statements in the application for insurance to the effect that the *Insured* has not used tobacco in any form whatsoever, including nicotine substitutes, nicotine products, marijuana or hashish, and these statements are in fact false, those statements will be considered fraudulent and this policy will be void from the effective date. Accordingly, any claim paid by the *Insurer* will have to be reimbursed.

### Termination of Policy

The policy terminates without value on the earliest of the following dates:

- the date a written request to this effect is received from the *policyowner* or the date stipulated in that request, if later;
- the date on which an exclusion terminates the policy, as specified in Section 4 - Exclusions;
- the date the grace period for any premium payment expires;
- the date on which a benefit is paid;

- the date the *Insured* dies;
- the policy anniversary when the *Insured* is ninety (90) years old.

As long as premiums are paid within the time periods prescribed, the *Insurer* can not terminate this policy.

### Change of Beneficiary

Subject to compliance with requirements of applicable law, the *policyowner* may at any time designate, change or revoke a designation of *beneficiary*. 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.

### When Money is Payable

Benefits payable by the *Insurer* under this policy shall be paid within sixty (60) days after it has received proof of claim.

Benefits are payable to the *Insured* or to the *policyowner* if the *Insured* is under eighteen (18) years old, unless otherwise provided for in writing.

### Diagnosis in Canada

The diagnosis of a *cancer* must be made by a *specialist* licensed to practice in Canada and must be confirmed by customary modern investigation techniques appropriate to that *cancer* at the time of claim.

### Diagnosis outside Canada

When a *cancer* is diagnosed outside Canada by a *specialist* practicing in a jurisdiction deemed acceptable by the *Insurer*, the benefit will be paid provided all the following conditions are met:

a) the *Insurer* has received all medical records;

b) based on the medical records received, the *Insurer* is satisfied that:

   i) the same diagnosis would have been made had the *cancer* been diagnosed by a duly licensed *specialist* practicing in Canada; and

   ii) the same treatment would have been prescribed in accordance with Canadian standards; and

   iii) the same treatment, including any necessary surgery, would have been prescribed had the treatment been administered in Canada.

### Reimbursement

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

### Currency

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

### Right to Cancel within Ten Days and Receive Premium Refund

If the *policyowner* cancels this policy by delivery of a signed cancellation request to the *Insurer* within ten (10) days of the date the policy was received by the *policyowner*, any premium paid for the policy will be refunded in full.

### Compliance with Law

Any provision of this policy that does not comply with applicable legislation in the province where the policy is issued is amended so as to meet the minimum requirements of that legislation.

### Acceptance of Application for Policy

The *Insurer* will confirm the acceptance of the application for this policy. If the *policyowner* has not received confirmation of acceptance from the *Insurer* within thirty (30) days of submission of the application to the *Insurer*, the *policyowner* should contact the *Insurer's* customer service department at 1 877 554-7181.

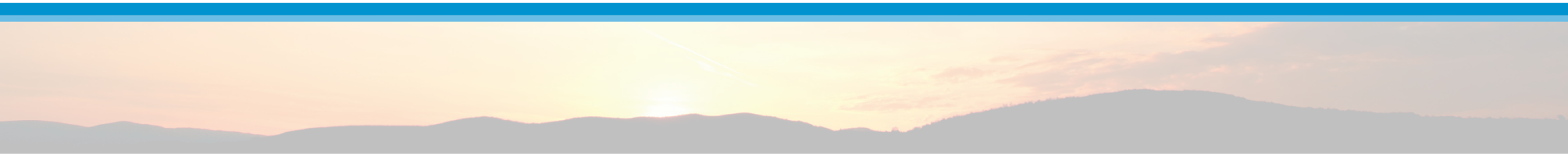
Marc Peliel
Treasurer

Stéphane Rochon
President and Chief
Executive Officer


PROHEALTH
CANCER INSURANCE

ATTACH YOUR APPLICATION HERE

**Humania Assurance** is one of the oldest and soundest insurance compagnies in Quebec. It provides insurance coverage to over 200 000 clients and delivers exceptional customer service to meet the needs of its clients. Humania Assurance, putting you first!



HUMANIA ASSURANCE MD®

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