



INCOME INSURANCE ACCIDENT AND SICKNESS

PRODUCT GUIDE



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











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1. Income Insurance - Accident and Sickness

3 DISTINCT PLANS

 = Included
 = Not available

		 Essential Plan	 Superior Plan	 Elite Plan
Advantages based on selected plan	Regular Occupation	 3 years *	 To age 65 *	 To age 65 *
	Partial Disability	 6 months	 12 months	 24 months
	Critical Illness (4 conditions)	 3 X monthly indemnity	 3 X monthly indemnity	 5 X monthly indemnity
	Additional Insurance Option		 \$1,500	 \$2,500
	Indexation			
Advantages included in all plans	\$2,500 non-integrated and non-coordinated 36 months			
	1st day Hospitalization **			
	Guaranteed Premiums for the First 5 years			
	Waiver of Premiums			
	Assumed Total and Permanent Disability			
Riders available for all plans	Death Benefit			
	Accidental Death, Dismemberment or Total Loss of Use Benefit			
	20-Year Premium Refund Benefit ***			

* Without exceeding the benefit period
 ** If waiting period of 90 days or less
 *** Available with a waiting period of 1, 14, 30 or 90 days

Income Insurance – Accident and Sickness

TYPE OF CONTRACT	
Premium	<ul style="list-style-type: none"> Level premium until age 65 Guaranteed for the first 5 years of the contract
Renewal	Guaranteed renewable to age 100
Contract Continuation	<p>Contract continuation with the following reductions in coverage at age 65:</p> <ul style="list-style-type: none"> 50% of the indemnity, maximum of \$2,000 Benefit Period: 2 years Total Disability: 1 activity of daily living No Partial Disability
Type of Coverage	Accident and sickness
Issue Age	18 to 64 years old
WAITING PERIOD	
Choices	14, 30, 90 or 120 days
1st day Hospitalization	<ul style="list-style-type: none"> Included in contracts with a waiting period of 90 days or less Hospitalization for at least 18 hours or day surgery
BENEFIT PERIOD	
Choices	2 years, 5 years, to age 65
Recurrent Disability	6 months
BENEFIT AMOUNT	
Minimum and Maximum	\$500 - \$6,000, non-taxable amount
Offer for unemployed, part-time, seasonal, students and retirees	\$1,000
Coordination and Integration	<ul style="list-style-type: none"> First \$2,500 not coordinated or integrated for 36 months Over and above: coordination equal to 90% of earned income
Minimum Guaranteed	Up to \$2,500 for 36 months
Earned Income	<p>Salaried employee: employment income Self-employed and business owner: the greater of the net profit of the company + employment income or 50% of gross profit of the company</p>

INCLUDED COVERAGE

Total Disability

Duration of the Regular Occupation period:

- Essential Plan: 36 months
- Superior Plan: to age 65
- Elite Plan: to age 65

Without exceeding the Benefit Period

Partial Disability

Duration of the Partial Disability period:

- Essential Plan: 6 months
- Superior Plan: 12 months
- Elite Plan: 24 months

50% of the monthly benefit payable without the obligation of being totally disabled before

Unemployed at Time of Claim

After more than 90 days at the onset of Disability, the insured is still covered but some changes apply (see page 18)

Waiver of Premium

Included - equal to Waiting Period

Assumed Total and Permanent Disability

Included

Rehabilitation

Included

Death Benefit

Included - 5 times the monthly benefit, maximum \$10,000

Critical Illness

Covered conditions:

1. Cerebrovascular accident (stroke)
2. Cancer
3. Coronary surgery
4. Heart attack

Lump-sum amount paid:

- Essential Plan: 3 times the total disability benefit
- Superior Plan: 3 times the total disability benefit
- Elite Plan: 5 times the total disability benefit

INCLUDED COVERAGE BASED ON SELECTED PLAN

Additional Insurance Option

Individuals aged between 18 to 50

5 options of 20%; with proof of income

Availability based on the plan:

- Essential Plan: No
- Superior Plan: \$1,500
- Elite Plan: \$2,500

Indexation

Linked to the Consumer Price Index (CPI), maximum 5%

Availability based on the plan:

- Essential Plan: No
- Superior Plan: No
- Elite Plan: Yes

Does not apply to contracts with a 2-year Benefit Period

RIDERS AVAILABLE FOR ALL PLANS

Accidental Death, Dismemberment or Total Loss of Use Benefit

Amount available: \$50,000 \$100,000, \$200,000 or \$300,000

Premium Refund Benefit

Every 20 years (50%, 75% or 100% at the insured's choice):

- Available from age 18 to 45
- Rider available with waiting period of 1, 14, 30 and 90 days

PREMIUMS AND ADJUSTMENTS TO REFLECT EXPERIENCE

This policy has a level premium up to the Policy anniversary date following the Insured's sixty-fifth (65th) birthday. The level premium rate is based on the Insured's risk class when the coverage is issued. On the policy anniversary date following the Insured's sixty-fifth (65th) birthday, the premium will be adjusted according to the rates established by the Insurer at the time of the change in coverage. The only other possible increases are adjustments to reflect experience.

Adjustments to reflect experience

Once the policy has been in effect for five years, the Insurer may change the premium for each guarantee based on the experience of contracts with similar features.

Minimum monthly premium: \$12

GUARANTEED RENEWAL

Renewal of the policy is guaranteed up to the policy anniversary date following the Insured's 100th birthday.

ACCIDENT AND SICKNESS COVERAGE

When the Insured suffers a Disability covered under this Policy, the Insurer will pay the monthly Eligible Benefit. Payments begin when the Waiting Period has elapsed and will continue for the Maximum Benefit Period, subject to the limitations, exclusions and General Provisions of the policy and the related coverages.

Onset of disability

The Waiting Period begins on the date of the first medical consultation related to the Disability after the onset of said Disability.

Disability adjustment

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

2. Total Disability Benefit Coverage

DEFINITION OF TOTAL DISABILITY

For an Insured who is gainfully employed or has been unemployed for ninety (90) days or less at the onset of disability:

- During the waiting period and the Regular Occupation period as indicated in the Schedule of Benefits: inability of the Insured, due to an Accident or Sickness, to perform the main duties of his or her Occupation at the onset of Disability and who, during that period, is not engaged in any other gainful activity and is under the continuous and appropriate treatment and Care of a Physician;
- For a period that lasts beyond the Regular Occupation period as indicated in the Schedule of Benefits inability of the Insured, due to an Accident or Sickness, to perform any gainful Occupation that he or she is reasonably qualified to perform based on his or her education, training or experience, while under the continuous and appropriate treatment and Care of a Physician.

Duration of the Regular Occupation period varies:

- Essential Plan: 36 months
- Superior Plan: to age 65
- Elite Plan: to age 65

Without exceeding the Benefit Period.

WAITING PERIOD

Definition: 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.

Available waiting periods: 14 days, 30 days, 90 days and 120 days

1st day of hospitalization

The benefit for Total Disability resulting from an Accident or Sickness is payable from the first (1st) day of Hospitalization or Day Surgery, for policies with a Waiting Period of ninety (90) days or less.

Hospitalization is defined as a stay by an Insured in a Hospital, as an inpatient, further to an admission request by a Physician, for a period of at least eighteen (18) hours.

Day surgery is defined as a surgical procedure performed by appointment in a Hospital, clinic or department affiliated with a Hospital, that does not require Hospitalization and for which the Insured is admitted and discharged on the same day as the procedure.

Accumulation of disability days

Continuous periods of Disability lasting seven (7) days or more and resulting from the same cause may be accumulated to satisfy the Waiting Period. Recurring disabilities may be added together over a period of six (6) months to satisfy the Waiting Period.

RECURRING DISABILITY AND MULTIPLE CAUSES OF DISABILITY

Recurring disability

All recurring disability due to the same or a related cause are considered to be the continuation of one and the same Disability. The Waiting Period does not begin to elapse anew and benefit payments are added to past payments in determining the Maximum Benefit Period specified in the Schedule of Benefits, subject to the Multiple Causes of Disability clause.

If the Insured becomes disabled again after being able to engage in Employment for a period of at least six (6) consecutive months, the Disability will be considered a new Disability even if due to the same or a related cause. The Waiting Period and the Maximum Benefit Period specified in the Schedule of Benefits will apply again.

Multiple causes of disability

If another Accident or Sickness occurs during the Benefit Period, no additional benefits will be payable under this Policy for the other Accident or Sickness.

If, at the end of the Maximum Benefit Period, the Total Disability continues and the 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 the other Accident or Sickness.

MAXIMUM BENEFIT PERIOD

Maximum period of time, as specified in the Schedule of Benefits, during which benefits are payable as a result of a covered event.

Maximum available benefit period: 2 years, 5 years and up to 65 years.

Some high-risk occupations will be limited to a two-year benefit period.

ASSUMED TOTAL AND PERMANENT DISABILITY

If, as a result of an Accident, the Insured sustains total and permanent loss of use of two limbs or one sense, as described below, the Insured will be 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 is defined as:

- **One hand, one 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;
- **Hearing:** total and irreversible loss of hearing in both ears, with a hearing threshold of 90 decibels or more within a speech threshold of 500 to 3,000 cycles per second, confirmed by an otolaryngologist registered and licensed to practise in Canada and practising in Canada;
- **Sight:** total and irreversible loss of sight in both eyes (visual acuity of twenty over two hundred [20/200] or less, or a field of vision of less than twenty [20] degrees).

OTHER INCLUDED BENEFITS

Rehabilitation

When the Insured receives a Disability benefit under this policy, the Insurer may pay the cost of services related to a rehabilitation program provided such services are not already covered by another program or service and that the Insurer approves the program in writing prior to the Insured's participating therein.

Death benefit

If the Insured dies while in receipt of Disability benefits, the Insurer shall pay the Beneficiary a lump sum equal to five (5) times the monthly benefit amount that was being paid at the time of death, up to a maximum of ten thousand dollars (\$10,000).

Waiver of premiums

While the Insured is eligible to receive benefits as a result of a Disability, the Insurer will waive the payment of premiums falling due according to the method of payment in effect at the onset of Disability.

Waiver of premiums will end on the date the Insured is no longer eligible to receive Disability benefits.

TERMINATION OF POLICY AND COVERAGES

This coverage terminates at the earliest of the following dates:

- The date a written request to this effect is received from the Policyowner or the date specified in the request if later than the date of receipt;
- The date on which the Income Insurance – Accident and Sickness coverage is cancelled;
- The date on which the grace period for premium payment expires;
- The Policy anniversary date following the Insured's one hundredth (100th) birthday;
- The date on which the Insured dies.

3. Partial Disability Benefit Coverage

Each month, the Insurer will pay the Insured, while partially disabled as a result of an Accident or Sickness, the Eligible Benefit shown in the Schedule of Benefits, subject to the Waiting Period and the Maximum Benefit Period shown in the Schedule.

DEFINITION OF PARTIAL DISABILITY

Partial Disability refers to an Insured who, although not Totally Disabled, is unable to perform at least one of the main duties of his or her Occupation at the onset of Disability, or who is unable to work at least fifty percent (50%) of the time usually devoted to his or her Occupation, while under the continuous and appropriate treatment and Care of a Physician.

An Insured need not be Totally Disabled before qualifying for Partial Disability.

Duration of the Partial Disability period:

- Essential Plan: 6 months
- Superior Plan: 12 months
- Elite Plan: 24 months

LIMITATIONS

When for the same Disability both Total Disability and Partial Disability benefits are paid, the total benefit period cannot exceed the Maximum Benefit Period for Total Disability.

TERMINATION OF PARTIAL DISABILITY COVERAGE

This coverage will end on the earlier of the following dates:

- Policy termination date specified in the General Conditions of this policy; or
- Policy anniversary date following the Insured's sixty-fifth (65th) birthday;

4. Critical Illness Benefit

Covered conditions:

1. Cerebrovascular accident (stroke)
2. Cancer
3. Coronary surgery
4. Heart attack

Lump-sum amount paid based on the selected plan:

- Essential Plan: 3 times the total disability benefit
- Superior Plan: 3 times the total disability benefit
- Elite Plan: 5 times the total disability benefit

BENEFITS

When the Insured is diagnosed with a Critical Illness covered by the contract, the Insurer shall pay, while the coverage is in effect, the benefit corresponding to the benefit shown in the Schedule of Benefits, excluding any Additional Insurance Option. However, this benefit is payable only if the Insured is still alive after the Survival Period.

DEFINITIONS

Critical Illness

Refers to any of the conditions described in Section 3, List and Definitions of Covered Critical Illness Categories diagnosed by a Physician or a Specialist while the Policy is in effect.

Specialist

A Physician who holds a licence and has specialized medical training related to the covered critical illness for which a claim has been submitted.

Survival Period

Period of thirty (30) days, during which the Insured must survive after the date of the diagnosis of a Critical Illness for the benefit amount to be payable.

LIST AND DEFINITIONS OF COVERED CRITICAL ILLNESS CATEGORIES

STROKE (CEREBROVASCULAR ACCIDENT WITH PERSISTENT NEUROLOGICAL DEFICITS)

A formal diagnosis of an acute cerebrovascular event (CVA) caused by intracranial thrombosis, hemorrhage or embolism, with:

- acute onset of new neurological symptoms; and
- new objective neurological deficits on clinical examination that persist on an ongoing basis for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging showing changes that are consistent in character, location and timing with the new neurological deficits.

The diagnosis of stroke (cerebrovascular accident) must be made by a Specialist.

For Policy purposes, neurological deficits must be detectable by a Specialist and may include, but are not limited to, measurable hearing loss, measurable vision loss, measurable decline in neurocognitive function, objective loss of sensitivity, paralysis, localized weakness, dysarthria (difficulty pronouncing), dysphasia (difficulty speaking), dysphagia (difficulty swallowing), abnormal gait (difficulty walking), loss of balance, a lack of coordination or onset of seizures that are being treated. Headaches and fatigue shall not be considered neurological deficits.

Exclusions: no benefit will be payable under the definition of stroke (cerebrovascular accident) for the following conditions:

- transient ischemic attack;
- intracerebral vascular events due to trauma;
- ischemic disorder of the vestibular system;
- tissue death of the optic nerve or retina without the complete loss of sight of the affected eye; or
- lacunar infarcts which do not meet the definition of stroke (cerebrovascular accident) as described above.

CANCER

Formal diagnosis of a malignant tumour. The tumour must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of healthy tissues. Types of cancer include carcinoma, melanoma, leukemia, lymphoma and sarcoma.

The diagnosis of cancer must be made by a Specialist and confirmed by a pathology report.

The following cancers are excluded:

- carcinoma in situ;
- stage 1A malignant melanoma as defined by the TNM classification (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion);
- 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 payable under the definition of cancer for the following conditions:

- lesions described as benign, non-invasive, pre-cancerous, of low and/or uncertain malignant potential, borderline, carcinoma in situ, or Tis or Ta tumours;
- malignant skin melanoma that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or accompanied by lymph node metastases or distant metastases;
- any non-melanoma skin cancer without lymph node or distant metastasis; This includes, but is not limited to, cutaneous T-cell lymphoma, basal cell carcinoma, squamous cell carcinoma or Merkel cell carcinoma;
- stage T1a or T1b prostate cancer 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;
- Rai stage 0 chronic lymphocytic leukemia, without damage to the lymph nodes, spleen or liver, and with a normal number of red blood cells and platelets;
- AJCC stage 1 gastrointestinal stromal tumours;
- grade 1 neuroendocrine (carcinoid) tumours restricted to the affected organ, treated by surgery only and requiring no further treatment, other than taking medication to counteract the effects of hormonal hypersecretion; or
- stage 1 thymoma limited to the thymus, with no evidence of invasion into the capsule or spread beyond the thymus.

90-day exclusion period: no benefit will be payable for cancer if, within 90 days of the effective date of the contract or the effective date of the most recent reinstatement of the contract if that date is later, the Insured:

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

Medical information regarding the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be provided to the Insurer within six (6) months of the date of diagnosis. If this information is not provided within the prescribed time, the Insurer may deny a claim for cancer, or for any Critical Illness caused by a cancer or its treatment.

HEART SURGERY (CORONARY ARTERY BYPASS)

Heart surgery (coronary artery bypass surgery) is defined as: Heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical procedures such as angioplasty and the use of lasers to unblock the arteries are not covered.

Coronary artery bypass surgery: heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass graft(s). The surgery must be determined to be medically necessary by a Specialist.

Exclusions: no benefit will be payable under the definition of Coronary artery bypass surgery for the following conditions:

- angioplasty;
- intra-arterial surgery;
- percutaneous transcatheter procedures; or
- non-surgical procedures.

HEART ATTACK (MYOCARDIAL INFARCTION)

Heart attack (myocardial infarction): a definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in:

- a rise and fall of biochemical markers to levels that confirm the diagnostic of myocardial infarction, with at least one of the following:
 - heart attack symptoms;
 - recent electrocardiogram (ECG) changes consistent with a heart attack;
 - development of new pathological Q-waves on the electrocardiogram (ECG) following an intra-arterial cardiac procedure, including, but not limited to, coronary angiography and/or coronary angioplasty.

The diagnosis of a heart attack must be made by a Specialist.

Exclusions: no benefit will be payable under the definition of HEARTH ATTACK (MYOCARDIAL INFARCTION) for the following conditions:

- electrocardiogram (ECG) changes suggesting a prior myocardial infarction;
- other acute coronary syndromes such as angina pectoris and unstable angina; or
- elevated biochemical cardiac markers and/or symptoms resulting from medical procedures or diagnoses other than heart attack.

LIMITATIONS

The benefit is payable only after the Survival Period and provided this is the first manifestation of the Critical Illness covered by the contract under which the claim is made. Critical Illness benefits are not cumulative. As such, the Insurer will never be required to pay more than one benefit under this coverage.

MAXIMUM AMOUNT PAYABLE

The total benefit amount payable by the Insurer to an Insured for all Critical Illness benefit under the Income Insurance Coverages shall not exceed fifty thousand dollars (\$50,000). In the event that the amount held by an Insured person exceeds this amount, the Insurer will pay a total of fifty thousand dollars (\$50,000).

EXCLUSIONS

If the Insured suffered from a covered Critical Illness prior to the effective date of this coverage, no benefit will be payable for that category of Critical Illness.

No Critical Illness benefit is payable when the Illness results from the Insured's intentional use of a drug or medication not prescribed by a Physician or other health professional or if the Insured has used a drug or medication prescribed by a Physician, a Specialist or an health professional not used as directed.

TERMINATION OF COVERAGE

This coverage will end on the earlier of the following dates:

- The Policy termination date specified in the General Provisions of this Policy;
- The Policy anniversary date following the Insured's sixty-fifth (65th) birthday; or
- The date a benefit is paid under Critical Illness coverage.

5. Included benefits based on selected plan

ADDITIONAL INSURANCE OPTION

Issue age: 18 to 50 years old

Availability based on the plan:

- Essential Plan: No
- Superior Plan: \$1,500
- Elite Plan: \$2,500

EXERCISE OF AN OPTION

This coverage allows the policyowner to increase the Insured's monthly benefit by twenty percent (20%) of the amount indicated on the Schedule of Benefits, at each policy anniversary, without evidence of good health, subject to the following conditions:

- the rider must be in force;
- the Insured must not be disabled when the option is exercised or twelve (12) months prior;
- financial evidence satisfactory to the Insurer must be provided to justify the increase;
- the increase must be requested no later than thirty (30) days before the option's anniversary date;
- a maximum of 5 (five) options may be exercised.

A FEW RULES

The Waiting Period and the Maximum Benefit Period indicated in the Schedule of Benefits under the Additional Insurance Option determine the characteristics of the monthly disability benefit.

The disability benefits resulting from exercise of these options must be multiples of one hundred dollars (\$100).

If the policyowner does not take advantage of the maximum amount when exercising an Additional Insurance Option, the excess amount is not carried over to a later Additional Insurance Option.

The disability benefit that results from exercising an Additional Insurance Option takes effect at the policy anniversary following the date at which the option is exercised.

The premium for this coverage is based on the Insured's attained age at that anniversary, the same risk class as the initial disability and the rates in effect at the time of the Additional Insurance Option. The coordination, restrictions and exclusions related the disability benefits also apply to the added benefits resulting from the exercise of an Additional Insurance Option.

When an Additional Insurance Option is exercised, the following coverages (and the related premiums) also automatically increase, when these coverages are indicated in the Schedule of Benefits and are in force when the Additional Insurance Option is exercised:

- Indexation of benefits
- 20-Year Premium Refund Benefit

TERMINATION OF COVERAGE

This coverage will end on the earlier of the following dates:

- The date at which the maximum number of options have been exercised;
- The policy anniversary date following the insured's fifty-fifth (55th) birthday.

INDEXATION

Availability based on the selected plan:

- Essential Plan: No
- Superior Plan: No
- Elite Plan: Yes

When the Insured's Total Disability extends beyond twelve (12) consecutive months and Total Disability benefits are paid, these benefits are indexed on January 1st of each year, in accordance with the Consumer Price Index published by Statistics Canada, subject to a maximum indexation of five percent (5%) per year.

6. Available Riders

ACCIDENTAL DEATH, DISMEMBERMENT OR TOTAL LOSS OF USE BENEFIT

Benefits

Death

If the Insured dies as a result of an Accidental Injury, the Insurer will pay the benefit shown in the Schedule of Benefits, provided the Policy is in force and the death occurs within three hundred and sixty-five days immediately following the date of the Accident.

Dismemberment or total loss of use

While the Policy is in force and in the event of dismemberment or total loss of use resulting from an Accidental Injury, the Insurer will pay the following percentage of the dismemberment benefit shown in the Schedule of Benefits:

- Both feet or both hands : 100%
- One hand and one foot : 100%
- One hand and sight in one eye : 100%
- One foot and sight in one eye : 100%
- Hearing in both ears and speech : 100%
- Sight in both eyes : 100%
- One foot or one hand : 50%
- Hearing in both ears or speech : 50%
- Sight in one eye : 12.5%
- Hearing in one ear : 12.5%
- Two or more phalanges of the same finger or same toe : 2.5%

Definitions

Dismemberment or Total Loss of Use

- Hand or 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;
- Speech: diagnosis of total and irreversible loss of the ability to speak. A diagnosis of loss of speech must be made by a specialist;
- Eye: total and irreversible loss of sight in one eye (visual acuity of twenty over two hundred or less, or a field of vision of less than twenty degrees);
- Hearing: total and irreversible loss of hearing in both ears, with a hearing threshold of 90 decibels or over within a speech threshold of 500 to 3,000 cycles per second, confirmed by an otolaryngologist registered and licensed to practise in Canada and practising in Canada;
- One finger and one toe: complete severance of two or more phalanges of the same finger or same toe.

Limitations

If the Insured dies as a result of Accidental Injuries for which an accidental death benefit is payable under this Policy, no benefit will be payable for dismemberment or loss of use suffered by the Insured as a result of the same Accident.

Benefits are not cumulative. If a single Accident results in multiple dismemberments or losses, the Insurer will pay only for the dismemberment or loss giving rise to the largest amount.

The benefit for total loss of use is payable if the loss persists beyond the period of three hundred and sixty-five days immediately following the date of the Accident.

Total benefits for dismemberment or total loss of use cannot exceed one hundred percent of the benefit for dismemberment or total loss of use shown in the Schedule of Benefits.

Any dismemberment or loss of use that already exists on the date the Policy is issued will not be considered a loss covered under this benefit.

The total benefit payable by the Insurer to the Insured cannot be greater than three hundred thousand dollars for dismemberment or total loss of use resulting from an Accident. If the amount of insurance held by an Insured is greater than three hundred thousand dollars for dismemberment or total loss of use resulting from an Accident, regardless of the number of coverages in effect with Humania Insurance Inc., the Insurer will pay only a single benefit equal to that entitling the Insured to the highest amount. Premiums received for dismemberment or loss of use coverage for which no benefit is paid will be reimbursed to the Policyowner.

Termination of Coverage

This coverage terminates on the earliest of the following dates:

- The Policy termination date specified in the General Provisions of this Policy;
- The Policy anniversary date following the Insured's seventieth birthday.

General Provisions

The definitions, limitations and exclusions of this coverage 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.

20-YEAR PREMIUM REFUND BENEFIT

Benefits

Under this coverage, the Insurer will refund the percentage of Refundable Premiums for the Refund Period shown in the Schedule of Benefits of the 20-Year Premium Refund Benefit, provided the Insured is still alive at the date of entitlement to the refund. This refund will be made to the Policyowner within sixty days following the refund entitlement period.

Limitations

The refund applies to coverages issued prior to attainment of age forty-six and to coverages that have not been cancelled at the Policyowner's request.

If, following payment of a premium refund, a benefit is payable for the previous refund entitlement period, any amount paid by the Insurer under this coverage must be reimbursed beforehand.

No benefit will be payable by the Insurer following failure to return the premium refund.

Exclusions

The 20-year Premium Refund excludes waived premiums paid by the Insurer.

Definitions

Refund Period

The period of twenty consecutive years of coverage beginning at the effective date of each coverage, during which no benefit has been paid or would have been payable under the coverages of this Policy. If the Insurer pays a benefit of any kind, a new Refund Period begins to elapse at the date on which the next premium is payable following the date of the last benefit payment, provided the Insured is under age 46.

Premiums Paid

Premiums paid by or on behalf of the Policyowner to the Insurer, for each coverage under the Policy where the benefit amount has not been reduced by more than twenty-five percent at the Policyowner's request.

If the benefit amount has been reduced by more than twenty-five percent at the Policyowner's request, the resulting premium will be considered the premium paid from the start date of the Refund Period.

Refundable Premiums

The total Premiums Paid to the Insurer, since the beginning of the Refund Period, for each coverage in force at the beginning of the Refund Period.

Termination of Coverage

This coverage terminates at the earliest of the following dates:

- The date on which the shortest Waiting Period under the Policy is changed to more than ninety days;
- The Policy termination date specified in the General Provisions of this Policy;
- The Policy anniversary date following the Insured's sixty-fifth birthday

General Provisions

The definitions, limitations and exclusions of this coverage 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.

7. Exclusions, restrictions and special conditions

GENERAL EXCLUSIONS

No benefits shall be paid in the event of a disability resulting directly or indirectly from:

- Attempted suicide or intentionally self-inflicted injury or dismemberment, whether the insured is of sane or insane;
- Participation by the Insured in the commission or attempted commission of an assault or criminal offence, or driving a motor vehicle or piloting a boat while under the influence of narcotics or while his or her blood-alcohol concentration exceeds the legal limit;
- 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 participation by the Insured in a popular uprising.
- Injuries sustained during air travel, unless the Insured is a passenger on an aircraft used by a common carrier;
- Cosmetic surgery or surgical procedure not required by the Insured's health condition, and any complication resulting therefrom;
- Experimental treatments and treatments involving the use of new procedures or therapies that are not yet in mainstream use;
- Training for or participation in professional sports or motor vehicle speed contests;
- An injury obtained during the practise of any high-risk activity, including, but not limited to: bungee jumping, freestyle skiing or snowboarding, heliskiing or heliboarding, ski jumping, sky diving, hang gliding, sky surfing, street luge, skeleton, mountain or rock climbing with or without ropes, and participation in rodeos or ultimate fighting competitions;
- Pregnancy, childbirth, miscarriage or any resulting condition, except in the case of a pathologic condition;
- Refusal by the Insured of any treatment or medication deemed necessary for his or her condition, or refusal to submit to a medical examination required by his or her condition;
- Refusal by the insured to submit to a rehabilitation program recommended by the attending physician or to actively participate in a rehabilitation program previously approved by the Insured and the Insurer;
- Organ donation(s), except when the donation is made after the coverage giving rise to a benefit has been in force for at least six (6) months.

No disability benefit shall be payable for:

- Any period during which the Insured is receiving a salary, except as part of Partial Disability and/or a rehabilitation program approved by the Insurer.
- Any period during which the Insured is incarcerated in a penitentiary or a government detention facility.

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

CHANGES IN COVERAGE AT AGE 65

Effective from the Policy anniversary date following the Insured's sixty-fifth (65th) birthday, the following changes will apply:

- Total Disability means the inability of the Insured, due to an **Accident**, to perform at least one of the Activities of Daily Living, while under the continuous and appropriate treatment and Care of a Physician;
- The Total Disability benefit on that date will be reduced by 50%, without exceeding two thousand dollars (\$2,000);
- The Maximum Benefit Period for Total Disability due to an Accident will change to two (2) years from the onset of Disability, even if the Disability began before attaining the age of sixty-five (65) when the Maximum Benefit Period shown is greater than two (2) years;
- Partial Disability and Critical Illness coverages end.

SPECIAL CONDITIONS FOR INSURED WHO ARE UNEMPLOYED

The following changes apply when the Insured has been unemployed for more than ninety (90) days at the onset of Disability:

- Total Disability means the inability of the Insured, due to an Accident or Sickness, to perform at least one of the Activities of Daily Living, while under the continuous and appropriate treatment and Care of a Physician;
- If the Insured becomes disabled again after being able to perform all of his or her Activities of Daily Living for at least six (6) consecutive months, the Disability shall be considered a new Disability even if is due to the same or a related cause. The Waiting Period and the Maximum Benefit Period specified in the Schedule of Benefits will apply once again.
- The maximum benefit for all Disability coverages that the Insured has with the Insurer cannot be greater than two thousand five hundred dollars (\$2,500) per month.
- No Partial Disability benefit shall be payable.

8. Calculation of benefits at claim time

AMOUNT OF MONTHLY BENEFITS

The Disability benefits are established based on the Insured's actual earned income at the start of the Disability, up to the maximum insured amount shown in the Schedule of Benefits. It is important for the Policyowner to periodically make sure that the income reported on the proposal is accurate and to notify the Insurer of any decrease in income.

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

Eligible benefit

Maximum amount payable as specified in the Schedule of Benefits. The maximum amount can be changed under the provisions, limitations and exclusions of the Policy and its coverages.

Limitations

The maximum benefit for all Disability coverages that the Insured has with the Insurer cannot be greater than ten thousand dollars (\$10,000) per month.

If, by mistake, the sum of all benefits for all Disability benefits selected are greater than this amount, the Insurer shall pay a maximum benefit of ten thousand dollars (\$10,000), cancel the policies that exceed ten thousand dollars (\$10,000) in disability benefits, and reimburse the overpayments made.

CALCULATION OF EARNED INCOME

Earned income

All amounts which the Insured receives in return for services rendered, less the usual business expenses but before deduction of income tax. Earned income includes salaries, wages, bonuses, professional fees, commissions, gratuities and any other income from Employment.

Limitations

Earned income excludes any income that is not derived directly from Work, such as interest income, rent, copyright, royalties, investment income, and any income from pension plans, annuity contracts, profit sharing plans, deferred compensation plans or any other income not received directly in return for a service provided. Dividends, whether related to or not related to Work, are not considered Earned Income.

EMPLOYMENT STATUS	DEFINITION OF EARNED INCOME
Salaried employee:	Gross employment income as reported in the last Federal Tax Return (Box 14 on the T4 slip or line 10100 on the T1 slip)
Self-employed:	<p align="center">Earned income is the maximum between the following two calculations:</p> <p>Calculation #1: Net Profit of the company Net income as reported on the last Federal Tax Return? (Depending on the type of income, see box 13500, 13700, 13900, 14100 or 14300 in the "Self-Employment Income" section of the Income Tax and Benefit Return.)</p> <p>Calculation #2: 50% of his or her share of the Gross Profits * of the company. Revenues declared in the last Federal Tax Return minus:</p> <ul style="list-style-type: none"> • The cost of goods sold; • The gains realized from a transaction outside the normal course of business; and • Any business expense item related to salaries and payroll taxes, excluding the Insured's salaries and payroll taxes.
Business owner:	<p align="center">Earned income is the maximum between the following two calculations:</p> <p>Calculation #1: Net Profit of the company Net business income before taxes for the last completed fiscal year, based on the percentage of units held (Income Statement) + Other employment income, excluding dividends for the last completed fiscal year</p> <p>Calculation #2: 50% of his or her share of the Gross Profits* of the business Means, for a full fiscal year, a company's revenues minus:</p> <ul style="list-style-type: none"> • The cost of goods sold; • The gains realized from a transaction outside the normal course of business; and • Any business expense item related to salaries and payroll taxes, excluding the Insured's salaries and payroll taxes.

* Use of the company's gross profits is not allowed if the company posted a net loss for two (2) or more consecutive years immediately before the disability.

Definition of average monthly earned income

The average monthly earned income is the greater of:

- 1) The last full calendar year before the onset of the disability divided by twelve (12);
- 2) The average annual earned income for the best three (3) of the last five (5) years divided by twelve (12);
- 3) \$1,111.11

ADDITIONAL JUSTIFICATION OF INCOME

The insurer offers the possibility for clients who have a benefit of \$2,501 and over to submit additional evidence of income at underwriting and, at the time of claim, the client may not have to provide justification. However, evidence confirming that the insured was gainfully employed at the start of the disability will be required.

The additional evidence required is:

Employment status	Definition of earned income
Salaried employees:	Most recent T4 or T1
Self-employed:	Most recent T1 General Income and expense statement
Business owners:	Most recent personal T1 general Complete business financial statements for the past two years

To be eligible, the evidence provided must confirm stable or increasing income in **the last two years**. The Insurer reserves the right to refuse this option regardless of the evidence submitted.

When evidence satisfactory to the Insurer has been provided, an amendment confirming the provision will be added to this Prohealth Income Insurance Accident and Sickness policy.

COORDINATION OF BENEFITS

If the benefits payable under this Policy and any income replacement insurance from a company or a private, public or parapublic organization total more than ninety percent (90%) of the Insured's Average Monthly Earned Income, the Disability benefits that are payable will then be reduced so that the total of all benefits does not exceed such ninety percent (90%).

Where lump-sum or retroactive payments are made to the Insured, the Insured will be required to reimburse the Insurer any amounts that would not have been payable by the Insurer on account of the coordination of benefits.

If the Insured fails or refuses to exercise his or her rights under an insurance plan through any company or private, public or parapublic organization, the Insurer will assess the amount of benefits to which the Insured would have been entitled and reserves the right to reduce the monthly benefits payable to the Insured accordingly.

Coordination of total disability benefits

During the first thirty-six (36) months of benefit payments, the total eligible Disability benefit shown in the Schedule of Benefits will not be Coordinated with any other income replacement insurance from a company or a private, public or parapublic organization, up to the first two thousand five hundred dollars (\$2,500) of monthly benefits payable for all Disability coverages that the Insured has with the Insurer.

After the first thirty-six (36) months, the benefits payable will become fully Coordinated. Disability benefits shall then be based on the Insured's Average Monthly Earned Income, up to the Insured maximum amount shown in the Schedule of Benefits.

Coordination of partial disability benefits

The eligible partial disability benefit shown in the Schedule of Benefits will not be Coordinated with any other income replacement insurance from a company or a private, public or parapublic organization, up to the first one thousand two hundred and fifty dollars (\$1,250) of monthly benefits payable for all Disability coverage which the Insured has with the Insurer.

9. Underwriting

CALCULATION OF MONTHLY PREMIUM

The premium is based on the risk associated with your client's occupation. For example, a client who works 100% of the time in an office will benefit from a lower rate than one who does manual work.

Gender, smoking and age will also impact the premium.

Following the responses obtained during the tele-interview and the analysis of the underwriting requirements, the underwriter may issue the contract with a rating. Other changes such as exclusions or limitations may also apply to the contract. Please refer to the preselection guide for more information.

When taking out the coverage, insureds in high-risk occupations will be limited to a maximum benefit period of two (2) years and a minimum waiting period of 90 days.

MAXIMUM MONTHLY BENEFITS

Annual earned income	Non-taxable monthly benefit	Annual earned income	Non-taxable monthly benefit
Less than \$15,000*	\$1,000	\$61,001 to \$63,000	\$3,600
\$15,001 to \$16,000	\$1,100	\$63,001 to \$65,000	\$3,700
\$16,001 to \$18,000	\$1,200	\$65,001 to \$67,000	\$3,800
\$18,001 to \$20,000	\$1,300	\$67,001 to \$69,500	\$3,900
\$20,001 to \$21,500	\$1,400	\$69,501 to \$71,500	\$4,000
\$21,501 to \$23,000	\$1,500	\$71,501 to \$73,750	\$4,100
\$23,001 to \$25,000	\$1,600	\$73,751 to \$76,000	\$4,200
\$25,001 to \$27,000	\$1,700	\$76,001 to \$78,500	\$4,300
\$27,001 to \$28,500	\$1,800	\$78,501 to \$80,500	\$4,400
\$28,501 to \$30,500	\$1,900	\$80,501 to \$82,750	\$4,500
\$30,501 to \$32,000	\$2,000	\$82,751 to \$85,250	\$4,600
\$32,001 to \$34,000	\$2,100	\$85,251 to \$87,250	\$4,700
\$34,001 to \$35,500	\$2,200	\$87,251 to \$89,750	\$4,800
\$35,501 to \$37,250	\$2,300	\$89,751 to \$92,250	\$4,900
\$37,251 to \$39,000	\$2,400	\$92,251 to \$95,000	\$5,000
\$39,001 to \$40,500	\$2,500	\$95,001 to \$97,750	\$5,100
\$40,501 to \$42,500	\$2,600	\$97,751 to \$100,500	\$5,200
\$42,501 to \$44,500	\$2,700	\$100,501 to \$103,250	\$5,300
\$44,501 to \$46,500	\$2,800	\$103,251 to \$106,000	\$5,400
\$46,501 to \$48,500	\$2,900	\$106,001 to \$108,500	\$5,500
\$48,501 to \$50,750	\$3,000	\$108,501 to \$111,250	\$5,600
\$50,751 to \$53,000	\$3,100	\$111,251 to \$114,250	\$5,700
\$53,001 to \$55,000	\$3,200	\$114,251 to \$117,000	\$5,800
\$55,001 to \$57,000	\$3,300	\$117,001 to \$119,500	\$5,900
\$57,001 to \$59,000	\$3,400	\$119,501 and over	\$6,000
\$59,001 to \$61,000	\$3,500		

* Insureds reporting negative earned income will be limited to a 2-year benefit period, a minimum waiting period of 90 days and a maximum monthly benefit of \$1,000. A rating will also apply.

* If the client has declared bankruptcy, we can consider an application for insurance once they have been discharged from the bankruptcy. As per a consumer proposal, we can consider once all the debts will have all been settled.

MAXIMUM BENEFIT FOR INDIVIDUALS THAT DO NOT WORK FULL-TIME

The maximum monthly benefit for an Insured who is NOT gainfully employed for at least 21 hours per week over 35 weeks per year shall be \$1,000.

The \$1,000 offer is an attractive solution for the following clients:

- Seasonal workers
- Part-time workers
- Unemployed individuals
- Individuals on leave
- Students
- Retirees
- Newly self-employed workers with no previous income

It is important to note that the policy includes specific terms and conditions for insureds who have been unemployed for more than 90 days at the onset of disability.

REQUIRED PROOF OF INCOME

At time of application

- The insured must report income earned when submitting the online application for insurance.
- No proof of income will be requested.

At time of claim

- The first \$2,500 in monthly benefit does not require proof of income for the first 36 months.
- The Insurer requires proof of income for amounts exceeding \$2,500.

Employment status	Definition of earned income
Salaried employees:	Most recent T4 or T1
Self-employed:	Most recent T1 General Income and expense statement
Business owners:	Most recent personal T1 general Complete business financial statements for the past two years

Details regarding acceptable proof:

When proof of income is required, only the T1 General, T4 and the company's financial statement can serve as acceptable proof of income.

- The company's financial statement, when required, must include the balance sheet, income statement and all notes for the full fiscal year;
- The T1 General, when required, must include all pages up to line 260 inclusively;
- The T4 is acceptable proof of income only for salaried employees;
- The Notice of Assessment is not acceptable proof of income.

OTHER FACTORS TO CONSIDER

Eligibility rules for temporary residents

Residency status: only the following statuses are eligible:

- Canadian citizens;
- Permanent Residents;
- Temporary residents for at least three years who have applied for permanent residence (excluding the following statuses: visitor, tourist, refugee, diplomat, ambassador or staff).

UNDERWRITING REQUIREMENTS

Disability insurance in case of accident or sickness

Age	\$0 to \$3,000	\$3,001 to \$4,000	\$4,001 to \$5,000	\$5,001 and over
18 to 49 years	Tele-interview	Tele-interview Urine-HIV	Tele-interview Urine-HIV Vital signs Blood profile	Tele-interview Urine-HIV Vital signs Blood profile Inspection report
50 years	Tele-interview	Tele-interview Urine-HIV Vital signs	Tele-interview Urine-HIV Vital signs Blood profile	Tele-interview Urine-HIV Vital signs Blood profile Inspection report
51 to 64 years	Tele-interview	Tele-interview Urine-HIV Vital signs	Tele-interview Urine-HIV Vital signs Blood profile	Tele-interview Urine-HIV Vital signs Blood profile Inspection report Attending Physician Statement

For the purpose of determining the underwriting requirements, the monthly benefit includes:

- 100% of the total disability benefit;
- 100% of all disability insurance issued in the previous 12 months with all companies and that will not be replaced;
- 50% of the Additional Insurance Option;
- 50% of the business overhead expense benefit if applied for.

The Insurer reserves the right to request any requirement deemed necessary by the underwriting department regardless of age, amount or product.

EMPLOYMENT STABILITY DISCOUNT

To be eligible for the Employment Stability Discount, the insured must:

- Exceed income requirements for the past two years (\$35,000 for blue- and grey-collar workers, \$60,000 for white-collar workers);
- Minimum of three (3) years experience in the same industry.

Some occupations are not eligible for the discount, including drivers, fishers, farm owners, forestry workers and other high-risk industries.

The Employment Stability Discount applies for the policy period.

10. Amendments authorized after the policy is issued

The following table summarizes the most frequently requested changes:

ACCIDENT AND SICKNESS

Type of change ▼	Allowed at any time ¹ ▼	Allowed on the policy anniversary only ▼	New application for insurance ▼
Change from smoker to non smoker	X		
Reduction in benefit amount	X		
Change to longer waiting period	X		
Change to shorter benefit period	X		
Cancellation of a rider	X		
Exercise an Additional Insurance Option		X	
Increase in benefit			X
Change to shorter waiting period			X
Change to longer benefit period			X
Change to lower-risk job			X
Change to plan			X

¹ Allowed at any time but applicable to the next pre-authorized withdrawal or invoicing date.

INTERNAL REPLACEMENT

- For a policy that has been in force for less than 5 years: The equivalent of the policy premium amount replaced will continue to be commissioned at the renewal rate and the premium increase will be commissioned as 1st year. This rule applies even when the replacement occurs in the first year.
- For a policy that has been in force for at least 5 years: The new policy will be fully commissioned as 1st year.