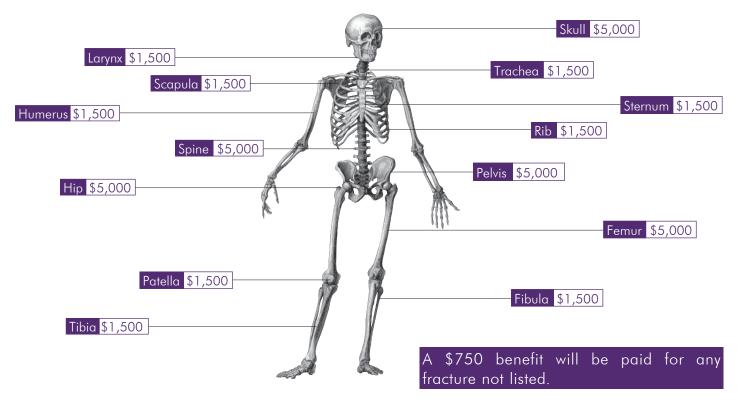


## Receive up to \$10,000 in the event of an accidental fracture.

- > Fracture provides coverage:
  - 24 hours a day;
  - No matter where you are: at home or at play;
  - Around the world whenever you travel;
  - Up to \$10,000 in benefits.
- ➤ Benefits are payable in addition to any other insurance you may have with another insurer or government plan.
- ➤ Available for persons aged 14 days to 75 years.
- Optional coverage: accidental death, dismemberment or total loss of use, maximum \$25,000 (ADD).



Here's how much you may receive for each unit of coverage.



These benefits are not cumulative. Where multiple fractures are sustained, you will be paid the benefit for the fracture with the highest associated benefit.



## Benefits from Fracture

3 choices of coverage amounts: Half unit/single unit/double unit

			Half	Unit			
	Individual	dividual Couple Single parent			Family		
			Parent	Children	Parents	Children	
Maximum benefit (ex.: skull)	N/A	\$2,500	\$2,500	\$1,250	\$2,500	\$1,250	
Minimum benefit: any other bone	N/A	\$375	\$375	\$187.50	\$375	\$187.50	

			Single	e Unit		
	Individual	ndividual Couple Single parent F				nily
			Parent	Children	Parents	Children
Maximum benefit (ex.: skull)	\$5,000	\$5,000	\$5,000	\$2,500	\$5,000	\$2,500
Minimum benefit: any other bone	\$750	\$750	\$750	\$375	\$750	\$375

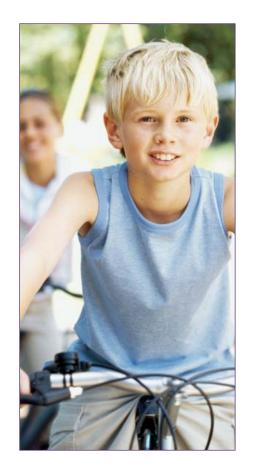
			Doubl	e Unit		
	Individual Couple Single parent				Far	nily
			Parent	Children	Parents	Children
Maximum benefit (ex.: skull)	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$5,000
Minimum benefit: any other bone	\$1,500	\$1,500	\$1,500	\$750	\$1,500	\$750

Limitation: The amount payable by Humania Assurance on a single insured cannot be more than \$10,000 per event, no matter how many coverages in force with the company.

## Coverage Cost

		Monthly <sub>I</sub>	oremiums	
Fracture	Individual	Couple	Single parent*	Family*
Half Unit	N/A	\$7.65	\$7.65	\$10.80
Single Unit	\$7.65	\$14.40	\$14.40	\$20.70
Double Unit	\$14.40	\$26.55	\$26.55	\$38.70
Accidental death and dismemberment	\$2.43	\$4.86	\$7.38	\$9.81

	Annual premiums							
Fracture	Individual	Couple	Single parent*	Family*				
Half Unit	N/A	\$85	\$85	\$120				
Single Unit	\$85	\$160	\$160	\$230				
Double Unit	\$160	\$295	\$295	\$430				
Accidental death and dismemberment	\$27	\$54	\$82	\$109				





<sup>+</sup> policy fee: \$1.35 per month or \$15 per year.

<sup>\*</sup> Premium for four (4) children or less. To find out the premium for five (5) children or more, please refer to the insurance application.

## Summary of Fracture

- Fracture provides coverage:
   24 hours a day;

  - no matter where you are: at work, at home or at play;
  - around the world whenever you travel.
- ➤ Up to \$10,000 in benefits (ex: skull fracture with double unit)
- Minimum benefit (fracture of any bone):

	Insured/ Spouse	Child
Ha <b>l</b> f Unit	\$375	\$187
Single Unit	\$750	\$375
Double Unit	\$1,500	\$750

- Benefits are payable in addition to any other insurance you may have with another insurer or government plan.
- Available for persons aged 14 days to 75 years. Your premium is levelled and the coverage is guaranteed renewable up to the primary insured's 76th birthday. Benefits in the case of a fracture are then reduced by 50% for the primary insured if the option selected is the Single or Double unit. In the case where the half unit may have been selected, the fracture benefits for the primary insured remain the same. Whatever the option, the coverage for accidental death, dismemberment or total loss of use as well as all of the coverage for the spouse and children, if any, cease as soon as the primary insured reaches age 76.





# Policy Conditions



#### ➤ 1. Benefit under Fracture

Where the person insured under this policy sustains a fracture as the result of an accident, the Insurer will pay the benefit indicated below, according to the type of coverage chosen in the application.

	Half	Unit	Single	e Unit	Double Unit			
Type of fracture	Insured and spouse	Child (children)	Insured and spouse	Child (children)	Insured and spouse	Child (children)		
Skull	\$2,500	\$1,250	\$5,000	\$2,500	\$10,000	\$5,000		
Spine	\$2,500	\$1,250	\$5,000	\$2,500	\$10,000	\$5,000		
Pelvis	\$2,500	\$1,250	\$5,000	\$2,500	\$10,000	\$5,000		
Femur	\$2,500	\$1,250	\$5,000	\$2,500	\$10,000	\$5,000		
Hip	\$2,500	\$1,250	\$5,000	\$2,500	\$10,000	\$5,000		
Rib	\$750	\$375	\$1,500	\$750	\$3,000	\$1,500		
Sternum	\$750	\$375	\$1,500	\$750	\$3,000	\$1,500		
Larynx	\$750	\$375	\$1,500	\$750	\$3,000	\$1,500		
Trachea	\$750	\$375	\$1,500	\$750	\$3,000	\$1,500		
Scapula	\$750	\$375	\$1,500	\$750	\$3,000	\$1,500		
Humerus	\$750	\$375	\$1,500	\$750	\$3,000	\$1,500		
Patella	\$750	\$375	\$1,500	\$750	\$3,000	\$1,500		
Tibia	\$750	\$375	\$1,500	\$750	\$3,000	\$1,500		
Fibula	\$750	\$375	\$1,500	\$750	\$3,000	\$1,500		
Any other bone	\$375	\$187.50	\$750	\$375	\$1,500	\$750		

The fracture must be diagnosed by a physician and confirmed by an X-ray within 30 days of the accident. If an X-ray is not submitted, the benefit will be limited to 50% of the amount stipulated. Benefits are not cumulative. Where multiple fractures are sustained, the Insurer will pay the benefit for the fracture with the highest associated benefit. As such, only one of the benefits listed above shall be paid and that benefit is payable provided the insured is still living 30 days immediately following the accident.

# 2. Benefit for accidental death, dismemberment or total loss of use (optional coverage)

If this policy, benefit for accidental death, dismemberment or total loss of use, has been selected on the application, that the corresponding premium is paid and that the insured person is still covered at the moment of the accident, the Insurer pays, in the case of death of the insured resulting from injuries from an accident, a \$25,000 benefit as long as the death occurs in the 365 days immediately following the date of said accident and that the insured has not reached age 76.

In the event where an insured person is injured following an accident that leads to a dismemberment or total loss of use, the Insurer pays the benefit mentioned hereunder:

\$25,000	for both feet and both hands;
\$25,000	for one hand and one foot;
\$25,000	for one foot and the sight of one eye;
\$25,000	for one hand and the sight of one eye;
\$25,000	for hearing in both ears and speech;
\$25,000	for sight in both eyes;
\$12,500	for one foot or one hand;
\$12,500	for hearing in both ears or speech
\$3,125	for sight in one eye;
\$3,125	for hearing in one ear;
\$625	for two phalanges or more of the same finge or the same toe

Definitions of the terms "dismemberment or total loss of use" as they pertain to:

**hand or foot:** total amputation at the wrist joint or ankle; if there is no amputation, total and definitive loss of the use of the hand or the foot;

eye: total and definitive loss of sight;

**speech or hearing:** total and definitive loss of these functions;

**eye or toe:** total amputation of at least two phalanges of the same finger or the same toe or, if there is no amputation, total and definitive loss of the use of the finger or toe.

The benefits are not cumulative. Consequently, only the greatest benefit that applies is paid. This benefit is payable on condition that the insured is still alive after the 365-day period immediately following the accident.

#### ≥ 3. Medical Certificate

An amount of \$20 is paid to the policyholder upon presentation of any medical certificate required by the Insurer and justifying the payment of the benefit, as long as such fees have not been paid under another policy or insurance coverage issued by the Insurer.

#### ➤ 4. Renewal

The renewal of this policy is assured as long as the premium is paid within the required deadline and that the primary insured has not reached age 76.

When the option selected in the application is "Double or Single" and that the primary insured has reached age 76, the benefits



### ➤ 4. Renewal (Cont.)

provided are reduced by 50% and the renewal is no longer guaranteed, but when the option selected in the application is "Half Unit", the fracture benefits remain the same for the primary insured.

At the same moment, when the primary insured reaches age 76, whatever the option selected when the policy was issued, the coverage for accidental death, dismemberment or loss of use as well as all of the coverage for the spouse and children, if any, cease immediately and the premium is then adjusted according to the rates in effect.

#### ➤ 5. Limitations

The total amount of benefits payable by the Insurer per insured, for a single event under a La Fracture coverage, cannot exceed \$10,000. Where the amount the insured person holds exceeds \$10,000, regardless of the number of La Fracture coverages in force with Humania Assurance, the benefit payable by the Insurer shall be limited to \$10,000.

In the case where an insured person under this policy holds other guarantees for accidental death, dismemberment or total loss of use with Humania Assurance, the total amount payable by the Insurer per person cannot be more than \$150,000 in the case of accidental death and more than \$200,000 in the case of accidental dismemberment or total loss of use.

In the event where the amounts for accidental death, dismemberment and total loss of use are greater than the amounts specified in this provision, no matter how much coverage is in force with Humania Assurance, the Insurer will pay only one claim, that is, the one that corresponds to the policy providing the highest amount.

#### > 7. Contract

This policy is issued by Humania Assurance (herein referred to as the Insurer), based on the application submitted.

#### > 8. Definitions

For the purposes of this policy, the following terms are defined as follows:

- Accident: an event (while the policy is in force) resulting from a cause that is external, violent, sudden, fortuitous and beyond the control of the insured. If an accident causes a loss that manifests over 90 days after the accident, such loss is deemed to be the result of a sickness.
- **Insured and/or primary insured:** person designated as such in the policy.
- **Beneficiary upon death:** the beneficiary of any claim will be the person designated in the application or in any other subsequent document to this effect, sent to the Insurer in a timely manner.
- **Injury:** body lesion resulting directly, independently of any sickness or other cause, from an Accident sustained by an insured person while the policy is in effect.
- **Spouse:** person who is joined to the primary insured by a legally recognized marriage or civil union or the person with which the primary insured lives in a conjugal relationship for at least one year.
- **Dependant child:** child who is a dependant of the primary insured or his or her spouse, as mentioned in the application, of more than 13 days of age and of less than 21 years of age or, if he or she attends a recognized educational institution as a full-time student, of less than 25 years of age. The dependant child born (or adopted

#### ➤ 6. Exclusions

No benefits shall be payable if the fracture, accidental death, dismemberment or total loss of use results:

- From an intentionally self-inflicted injury, while sane or insane;
- From the insured's commission or attempted commission of a criminal or unlawful act, or the insured's driving of a motor vehicle or boat while under the influence of narcotics or while his or her blood alcohol level exceeds the limit permitted by law;
- From the insured's participation in a popular demonstration, an insurrection, a war (whether declared or undeclared), or any act related thereto;
- Directly or indirectly from a physical, mental or nervous impairment of the insured;
- From drug addiction, alcoholism or the use of hallucinogens, drugs or narcotics;
- From injury sustained during a flight, except where the insured is a passenger aboard an aircraft operated by a common carrier;
- From the insured's participation in a race, trials or speed trial involving automobiles, motorcycles (including motocross), or any motorized vehicle or craft, as well as any activity related thereto:
- From injury resulting from participation in any aviation activity, parachuting, underwater diving, hang-gliding, rodeo, or extreme sports;
- From injury sustained before the policy's effective date;
- From a sport for which the insured receives compensation or a grant.

- legally) after the coming into force of this policy is covered by this policy, under the same conditions as the child mentioned in the application.
- Canadian Resident: a person legally entitled to reside in Canada and who lives in Canada for at least six months per calendar year.
- **Extreme sport:** any sport that is practiced under extreme or unusual conditions and that involves a risk of injury that is higher than that of any other sport normally practiced.
- **Policyholder:** the person who takes out this insurance policy.

## ➤ 9. Coming into Force

Insurance coverage begins at 11:59 pm on the day the application is received at the head office of the Insurer, as long as the first premium has been paid and the application is acceptable according to the Insurer's standards.

The primary insured and his or her spouse must be 75 years of age or less and the children must be 14 days of age or more.





#### ➤ 10. Premium

The annual premium is due on the policy's anniversary. It can be paid in installments according to the terms proposed by the Insurer. Any payment of the premium made by bill of change is considered paid only if the bill is paid at the start date. Once the policyholder has chosen the terms of payment of the premium, a 30-day grace period is provided for the payment of each installment. At each renewal, the Insurer can change the premium which will then be equal to the premium required for a similar coverage having the same benefits. Any premium due will be deducted from the amount payable by the Insurer.

## ➤ 11. Age

For the purposes of this policy, the age used is the true age of the insured person at the beginning of the year of the policy in effect.

## ➤ 12. Incontestability

In the absence of fraud, no false declaration or concealment can be used as the basis to cancel or reduce the insurance that has been in force for two years.

- ➤ 13. The policies held by the spouse and/or the dependent child end when the first of the following events occurs:
- With regards to the spouse only, the date of his or her 76th birthday;
- The date on which the spouse and/or the dependent child no longer meet the definition of this policy.

#### ➤ 16. Notice and Proof of Claim

All claims must be filed by means of a written notice sent to the Insurer within 30 days at the date of the event. In support of this claim, the necessary documents and the completed forms must be received at the head office of the Insurer within 90 days of the said event. Failure to provide such proof within the stipulated period invalidates the insured's right to draw benefits, with respect to the claim in question. The Insurer reserves the right to require the insured to undergo any examinations it may deem necessary by a physician of its choice. In the case of death of the insured, the Insurer can demand an autopsy, in keeping with the provisions of the Law.

Further, the insured and/or the policyholder and/or the beneficiary are obligated to cooperate fully with the Insurer by providing any information it may request, and by signing any form and/or document that may allow the Insurer to obtain any information it may deem relevant.

#### > 17. Claim settlement

Any claim payable under this policy is paid by the Insurer through the production of all documents or information required by the Insurer. All claims are paid to the policyholder or, in the case of death of the latter, to his or her beneficiary and/or legal heirs in the absence of a legal beneficiary.

#### ➤ 18. Reimbursement

No cheque for the reimbursement of a premium of under \$20 will be issued.

- The date of death of the spouse, and/or dependent child;
- The date of death of the primary insured;
- The date the primary insured reaches age 76;
- The date on which the spouse and/or the dependent child cease to be permanent residents of Canada.



### ➤ 14. Policy Termination

This policy terminates at the earliest of the following dates:

- The date a written cancellation request is received from the primary insured and/or the policyholder, or the date stipulated in this application if it is later than the date of reception;
- The date the grace period expires;
- The date on which the primary insured ceases to be a permanent resident of Canada;
- The date of death of the primary insured.

### ➤ 15. Beneficiary

Subject to the provisions of the Law, the policyholder can at any time designate, change or revoke a beneficiary.

The Insurer will in no way be liable for the validity of such a designation, change or revocation.

### ➤ 19. Legal Tender

Any payment under the provisions of this policy shall be made in Canada's legal tender.

## ➤ 20. Cancellation Right

Upon request from the policyholder, this policy may be cancelled as long as the request is made in writing and that the policy is returned to the Insurer within ten days starting on the acceptance date, by the Insurer, of the insurance application. The premium paid under this policy will then be reimbursed.

## ➤ 21. Compliance with Law

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

## ➤ 22. Validity

The validity of this application is subject to a confirmation on the part of the Insurer. If you have not received a confirmation from Humania Assurance within the 30 days following the date your insurance application was sent, please contact customer service at 1-800-773-8404.

Jocelyne Desloges
Treasurer

Richard Gagnon
President and CEO



Please fill out the following application and return it using the enclosed envelope. For more information, please contact us at 1-800-818-7236.

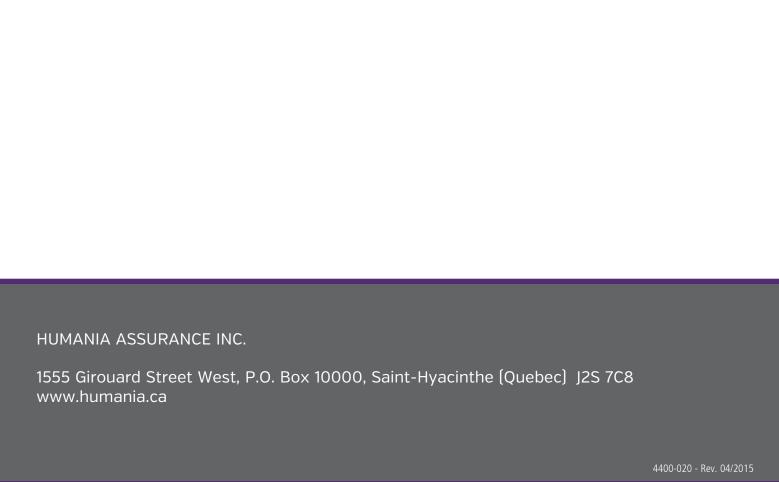


#### Notice Regarding Personal Information

In order to ensure the confidentiality of personal information concerning you, Humania Assurance will establish a file in which information concerning your application for insurance and information concerning any insurance claim will be held. Access to this file will be restricted to Humania Assurance employees, reinsurers or mandatories who will be responsible for underwriting, administration, investigation and claims, as well as any other person designated or authorized by you. Your file will be kept at the Company's head office. You may consult the personal information in this file and, where necessary, ask that the information be corrected by submitting a written request to the following address:

Access to Information Officer Humania Assurance Inc., P.O. Box 10,000 Saint-Hyacinthe (Québec) J2S 7C8

We wish to inform you that in keeping with the normal review of your application, an inspection report may be requested to obtain information from personal interviews with your acquaintances. This may be done in order to verify your reputation, your lifestyle and your finances. A representative of a company mandated to carry out such reports may visit or call you.



## Insurance application for Fracture No: FR

u) 1 umily mame	(	_	75 or unde	er)			-	er (if other		•			
b) First name:						a) Family name:							
c) Sex (M/F): Marital						c) Sex (M/F): Marital status:							
d) Date of birth: D M	_				1 1	d) Date of b							
e) Mailing address:				1 1 11 1		e) Relations							
						f) Address:						1 1 1	
f) Home address:						Hom				Wor		Pos	tal code
Home		Work		Postal code		g) Tel.:							
g) Tel.:													
	Insured c	hildren						Ins	ured st	001156	<u>.</u>		
						a) Family n	ame:		•				
Family name and first name				Date of bir	th	b) First nan							
			M/F D	M		c) Sex (M/F							
						d) Civil stat							
						e) Date of b	D D	M Y	Age	;			
				Dor	oficions	on dosth							
Family name:					eficiary up		First name	:					
						ˈ i:							
Date of birth: D M In Quebec, if a beneficiary			_	_									
	is not desi	_	e latter is i vocable		in the case	e or a spous	e rerated b	у шагтаде	OF CIV	11 UNI	ion and 19	s revocable	z III dll
Nova Scotia only	-u010 <u></u>	1110	. Jean L	_									
I understand that designating													
beneficiary, nor can I exerci	se my righ	ıs, piedge	tne policy a	as collater	aı, surrende	er or otherwi	ise dispose	or the poli	cy with	out t	ne conse	nt of the be	епепсіагу.
Signature of policyowner													
			Id	entificatio	on of the F	inancial Ad	lvisor						
Complete name of service	advisor/re	presentativ	ve (please p	print)		Cod	le		%	Tel	lephone r	10.	
Complete name of other a	dvisor/renr	esentative	(nlease pri	int)		Cod	le .		%	Tel	lephone r	10	
Complete name of other a	uvisoi/iepi	escillative	(piease pri				10		/0	101	repriorie i	10.	
Confirmation of advisor	disclosure	statemen	t										
I hereby confirm that I have I represent; b) my compen									concer	ning,	namely:	a) the comp	pany(ies)
I hereby confirm that I have									n to be	insur	red. The l	heneficiary	was not
present at the time these e			ovided to the										
CC 4 C1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			c ·			1							
effect of his/her designation Signature of representative	on of an irre	evocable b	eneficiary.			1							
Signature of representative	on of an irre	evocable b											
	on of an irre	evocable b			_	equeste	ed						
	on of an irre	evocable b			ums		ed	An	nua	I рі	remiu	ıms	
	on of an irre	evocable b			_		ed Individuelle	<b>An</b> Couple	<b>nua</b> Single po		remiu	VMS Single parent +	Family+
Signature of representative	on of an irre	Mo	nthly į	premi	ums Single	equeste		1	Single po	arent		Single	
Signature of representative	on of an irre	Mo Couple	nthly p	premi Family	UMS Single parent+	equeste	Individuelle	Couple	Single po	sent \$85	Family	Single parent+	Family+
Signature of representative  Fracture  Half Unit	on of an irre	Mo Couple  \$7,65	nthly   Single parent	Family \$10,80	Single parent +	Family+	Individuelle N/A	Couple \$85	Single po	\$85 160	Family \$120	Single parent+	Family + \$210
Fracture Half Unit Single Unit Double Unit Accidental death and	Individual  N/A  \$7,65	Mo Couple  \$7,65	<b>nthly</b>   Single parent	Family \$10,80	Single parent+    \$15,75   \$30,60   \$57,15	Family+    \$18,90   \$36,90	Individuelle N/A	Couple \$85	Single po	\$85 1160	Family \$120  \$230	Single parent +  □ \$175  □ \$340	Family+
Fracture Half Unit Single Unit Double Unit	Individual N/A S7,65 S14,40	Mo Couple \$7,65  \$14,40	nthly           Single parent         □ \$7,65         □ \$14,40         □ \$26,55	Family \$10,80 \$20,70 \$38,70	Single parent + \$15,75	Family+    \$18,90    \$36,90    \$69,30	Individuelle N/A S85 S160	Couple \$85  \$160  \$295	Single po	\$85 1160	Family \$120 \$230 \$430	Single parent+  □ \$175  □ \$340  □ \$635	Family+
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment	Individual N/A \$7,65	Couple \$7,65 \$14,40 \$26,55	Single parent  S7,65  S14,40  \$26,55  \$7,38	Family    \$10,80   \$20,70   \$38,70   \$9,81	Single parent +    \$15,75    \$30,60    \$57,15    \$19,62	Family+    \$18,90    \$36,90    \$69,30    \$22,14	Individuelle	Couple \$85  \$160  \$295  \$54	Single po	\$85 1160 295 \$82	Family  \$120  \$230  \$430  \$109	Single potent +       □     \$175       □     \$340       □     \$635       □     \$218	Family+
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees	Individual  N/A  \$7,65  \$14,40  \$2,43  \$1,35	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35	Single parent    \$7,65   \$14,40   \$26,55   \$7,38   \$1,35	Family    \$10,80   \$20,70   \$38,70   \$9,81   \$1,35	Single parent+    \$15,75    \$30,60    \$57,15    \$19,62    \$1,35	Family+    \$18,90    \$36,90    \$69,30    \$22,14    \$1,35	Individuelle	Couple  S85  \$160  \$295  \$54  \$15	Single po	\$85 1160 295 \$82 \$15	Family  3120  5230  5430  5109  515	Single potent +       □     \$175       □     \$340       □     \$635       □     \$218	Family+
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees	Individual  N/A  \$7,65  \$14,40  \$2,43  \$1,35	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35	Single parent    \$7,65   \$14,40   \$26,55   \$7,38   \$1,35	Family   Family   \$10,80   \$20,70   \$38,70   \$9,81   \$1,35	Single porent+  \$\instyle \text{Single porent} + \text{\$\exitin{\ext{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitin{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitin{\exitin{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitin{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texititit{\$\text{\$\text{\$\ti}\$\$}\$\text{\$\texititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$	Family+    \$18,90   \$36,90   \$69,30   \$22,14   \$1,35	Individuelle	Couple  S85  \$160  \$295  \$54  \$15	Single po	\$85 1160 295 \$82 \$15	Family  3120  5230  5430  5109  \$15	Single potent +       □     \$175       □     \$340       □     \$635       □     \$218	Family+
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees	Individual  N/A  \$7,65  \$14,40  \$2,43  \$1,35	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35	Single parent    \$7,65   \$14,40   \$26,55   \$7,38   \$1,35	Family   Family   \$10,80   \$20,70   \$38,70   \$9,81   \$1,35	Single porent+    \$15,75   \$30,60   \$57,15   \$19,62   \$1,35     overage wheelthod of page 2.5   \$15,00   \$1,00	Family+    \$18,90   \$36,90   \$69,30   \$22,14   \$1,35	Individuelle	Couple  \$85  \$160  \$295  \$54  \$15	Single po	sarent   \$85   160   295   \$82   \$15   \$sured	Family	Single potent +       □     \$175       □     \$340       □     \$635       □     \$218	Family+  S210  \$410  \$770  \$246  \$15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Aut	Individual  N/A  S7,65  \$14,40  \$2,43  \$1,35  Select the	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35	Single parent  Single parent  S7,65  S14,40  S26,55  S7,38  S1,35	Family   Family   \$10,80   \$20,70   \$38,70   \$9,81   \$1,35   \$1,35	Single purent +	Family+    \$18,90     \$36,90     \$69,30     \$22,14     \$1,35     ten there are are asyment	Individuelle  N/A  S85  S160  S27  S15	Couple  \$85  \$160  \$295  \$54  \$15	Single po	sarent   \$85   160   295   \$82   \$15   \$sured	Family	Single parent +  S175  S340  S635  S218  S15	Family+  S210  \$410  \$770  \$246  \$15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium	Individual  N/A  S7,65  \$14,40  \$2,43  \$1,35  Select the	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35	Single parent  Single parent  S7,65  S14,40  S26,55  S7,38  S1,35	Family   Family   \$10,80   \$20,70   \$38,70   \$9,81   \$1,35   \$1,35	Single porent+    \$15,75   \$30,60   \$57,15   \$19,62   \$1,35     overage wheelthod of page 15   \$15,65   \$1,65	Fomily+    \$18,90   \$36,90   \$569,30   \$22,14   \$1,35	Individuelle  N/A  S85  S160  S27  S15  S or more	Couple	Single po	\$85   1160   2295   \$82   \$15   \$15	Family	Single parent +  S175  S340  S635  S218  S15	Family+  S210  \$410  \$770  \$246  \$15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Aut	Individual  N/A  S7,65  \$14,40  \$2,43  \$1,35  Select the	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35	Single parent  Single parent  S7,65  S14,40  S26,55  S7,38  S1,35	Family   Family   \$10,80   \$20,70   \$38,70   \$9,81   \$1,35   \$1,35	Single porent+    \$15,75   \$30,60   \$57,15   \$19,62   \$1,35     overage wheelthod of page 15   \$15,65   \$1,65	Fomily+    \$18,90   \$36,90   \$69,30   \$22,14   \$1,35   ener there are are ayment   Credit can	Individuelle  N/A  S85  S160  S27  S15  S or more	Couple  S85  S160  S295  S54  S15  children t  Master C	Single po	\$85   160   295   \$82   \$15	Family    \$120   \$230   \$430   \$159   \$15	Single parent +  S175  S340  S635  S218  S15	Family+  S210  \$410  \$770  \$246  \$15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Autreverse side of this pa	Individual  N/A  \$7,65  \$14,40  \$2,43  \$1,35  Select the debit chorized Dege.	Mo Couple S7,65 S14,40 S26,55 S4,86 S1,35 Single pa	Single parent  Single parent  S7,65  S14,40  S26,55  S7,38  S1,35	Family   Family   \$10,80   \$20,70   \$38,70   \$9,81   \$1,35   \$1,35	Single porent+    \$15,75   \$30,60   \$57,15   \$19,62   \$1,35     overage wheelthod of page 15   \$15,65   \$1,65	Fomily+    \$18,90   \$36,90   \$69,30   \$22,14   \$1,35   ener there are are ayment   Credit can	Individuelle  N/A  S85  S160  S27  S15  S or more	Couple	Single po	\$85   160   295   \$82   \$15	Family    \$120   \$230   \$430   \$159   \$15	Single parent +  S175  S340  S635  S218  S15	Family+  S210  \$410  \$770  \$246  \$15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Aut reverse side of this pa	Individual  N/A  \$7,65  \$14,40  \$2,43  \$1,35  Select the debit chorized Dege.	Mo Couple S7,65 S14,40 S26,55 S4,86 S1,35 Single pa	Single parent  Single parent  S7,65  S14,40  S26,55  S7,38  S1,35	Family   \$10,80   \$20,70   \$38,70   \$9,81   \$1,35   Family+ co	Single purent +	Fomily+    \$18,90   \$36,90   \$69,30   \$22,14   \$1,35   ener there are are ayment   Credit can	Individuelle  N/A  S85  S160  S27  S15  s 5 or more	Couple  S85  S160  S295  S54  S15  children t  Master C	Single po	\$85   160   295   \$82   \$15	Family    \$120   \$230   \$430   \$159   \$15	Single parent +  S175  S340  S635  S218  S15	Family+  S210  \$410  \$770  \$246  \$15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Aut reverse side of this pa  Annual Amount paid with appl	Individual  N/A  S7,65  \$14,40  \$2,43  \$1,35  Select the debit chorized Dege.  The that none are that no that no that no that no that no that none are that	Mo Couple S7,65 S14,40 S26,55 S4,86 S1,35 Single pa	Single parent   \$7,65   \$14,40   \$26,55   \$7,38   \$1,35	Family   S10,80   S20,70   S38,70   S9,81   S1,35   S1	Single purent +	Family+  S18,90 S36,90 S69,30 S22,14 S1,35  Then there are are ayment Visa Name of color of the	Individuelle  N/A  S85  S160  S27  S15  S or more rd (annual	Couple  S85 S160 S295 S54 S15  c children t  Master (	Single po	Same	Family    \$120   \$230   \$430   \$109   \$15	Single porent +  S175  S340  S635  S218  S15  Cheque Expiratio	Family+  S210  S410  S770  S246  S15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authoric Complete the Pre-Autreverse side of this particular and the particular and	Individual  N/A  S7,65  \$14,40  \$2,43  \$1,35  Select the debit chorized Dege.  The that none and disabiliting received	Couple  \$7,65  \$14,40  \$26,55  \$4,86  \$1,35	Single parent Si	Family + compared insured ler, or motegarding per grant of the second control of the sec	Single porent+  S15,75  S19,62  S1,35  S19,62  S1,35  Overage wheelth of particular and eds has osteor neuron decreasonal info	Fomily+  S18,90  S36,90  S69,30  S22,14  S1,35  Then there are are are are are are are are are	Individuelle  N/A  \$85  \$160  \$27  \$15  2 5 or more  and (annual cardholder:  ervous systalso certify the that this the cardholder that the cardholder that the cardholder that this the cardholder that the c	Couple  S85  \$160  \$295  \$54  \$15  children t  or 1st mor  Master (                 em disorder that the disapplication	Single po	grand arent	Family  S120  S230  S430  S15  S15  I.	Single porent +  S175  S340  S635  S218  S15  Cheque Expiratio	Family+  S210  S410  S770  S246  S15  Paralysis, aplete and he policy,
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Autreverse side of this par Annual Amount paid with appl  We, the undersigned, declar loss of consciousness, ment truthful, acknowledge havin and were informed that our	Individual  N/A  \$7,65  \$14,40  \$2,43  \$1,35  Select the debit chorized Dege.  The that nonce all disabiliting received agent, personal contents of the conten	Couple  \$7,65  \$14,40  \$26,55  \$4,86  \$1,35  Esingle parents and read the sonal insur	Single parent Si	Family + compared insured er, or motogarding per processing part of a condition of the cond	Single porent+ Single single porent+ Style	Fomily+  S18,90  S36,90  S69,30  S22,14  S1,35  Then there are are are are are are are are are	Individuelle  N/A  \$85  \$160  \$27  \$15  \$15  \$25 or more  and (annual cardholder:  cardholder:  cardholder:  cardholder:  cardholder:  cardholder:  cardholder:  cardholder:	Couple  S85  \$160  \$295  \$54  \$15  children t  or 1st mor  Master (  that the d sapplication stative is pa	Single po	sured  sured  udding  cons r  oject t  comm	Family  S120  S230  S430  S15  S15  L.  g multiple made here to the contission. So	Single porent +  S175  S340  S635  S218  S15  Cheque Expiratio	Family+  S210  S410  S770  S246  S15  S15  Deparalysis, aplete and he policy, ayment of
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Autreverse side of this parent was a consciousness, ment truthful, acknowledge havin and were informed that our required premium and providates: a) date the application	Individual  N/A  \$7,65  \$14,40  \$2,43  \$1,35  Select the debit chorized Dege.  The that none all disabiliting received agent, persided the agent is received agent is received.	Couple S7,65 S14,40 S26,55 S4,86 S1,35 Single pare	Single parent Si	Family + co	Single potent + S15,75 S19,62 S1,35 S19,62 S19,62 S1,35 S19,62	Fomily+  S18,90  S36,90  S69,30  S22,14  S1,35  Then there are are a syment  Credit can  Visa  Name of control of the control	Individuelle  N/A  S85  S160  S27  S15  S or more rd (annual cardholder: ervous systalso certifyee that this ere represence will tai	Couple  S85 S160 S295 S54 S15 Cohildren t  Or 1st mor Master Cohildren t  em disorder t that the desapplication tative is parke effect at	Single po	sured  uding gions r piject t teomm p.m.	Family  S120  \$230  \$430  \$15  S15  I.  g multiple made here to the contission. Stoon the la	Single porent +  S175  S340  S635  S218  S15  Cheque  Expiration  expiration  expiration  expiration  conditions of tubject to patest of the	Family+  S210  \$410  \$770  \$246  \$15   paralysis, aplete and he policy, ayment of following
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Autreverse side of this parent was a consciousness, ment truthful, acknowledge havin and were informed that our required premium and prov	Individual  N/A  \$7,65  \$14,40  \$2,43  \$1,35  Select the debit chorized Dege.  The that none all disabiliting received agent, persided the agent is received agent is received.	Couple S7,65 S14,40 S26,55 S4,86 S1,35 Single pare	single parent  Single parent  S7,65  S14,40  S26,55  S7,38  S1,35  Trent+ and I	Family + co  Declar  or accidensurer's read office, or acciden	Single purent+ Single	Fomily+  S18,90  S36,90  S69,30  S22,14  S1,35  The control of the care ayment  Visa  Visa  Visa  I signatures coporosis, ne disease. We compare the care as insurance as the insurance as the insurance as the insurance. The	Individuelle  N/A  S85  S160  S27  S15  S or more  and (annual cardholder:  cardhol	Couple  S85 S160 S295 S54 S15 Cohildren t  Or 1st mor Master Cohildren t  em disorder t that the desapplication tative is parke effect at	Single po	sured  uding gions r piject t teomm p.m.	Family  S120  \$230  \$430  \$15  S15  I.  g multiple made here to the contission. Stoon the la	Single porent +  S175  S340  S635  S218  S15  Cheque  Expiration  expiration  expiration  expiration  conditions of tubject to patest of the	Family+  S210  \$410  \$770  \$246  \$15   paralysis, aplete and he policy, ayment of following
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Aut reverse side of this pa  Annual Amount paid with appl  We, the undersigned, declar loss of consciousness, ment truthful, acknowledge havin and were informed that our required premium and prov dates: a) date the applicatio in the event of a false declar	Individual  N/A  S7,65  \$14,40  \$1,35  Select the department of the standard debit department of the standard department of the s	Couple S7,65 S14,40 S26,55 Single pa ebit Agree	single parent  \$7,65  \$14,40  \$26,55  \$1,35  strent+ and 1  ement on to the notice recance broke meets the Insurer's hear	Family + co  Declar  med insure eler, or mote er, or accidensurer's re ad office, of  Payment	Single porent+ Single porent+ Style="background-color: green; color: gre	Fomily+  S18,90  S36,90  S69,30  S22,14  S1,35  Then there are are ayment  Credit can Visa  Visa  Visa  Visa  I signatures coporosis, ne disease. We soporosis, ne disease we soporosis, ne disease we soporosis, ne disease insurance, the insurance, the insurance of the correction of	Individuelle  N/A  S85  S160  S27  S15  S or more  and (annual cardholder:  cervous systalso certifice that this rece that this rece represente will take Insurer to bit	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master Cohildren t  Cohildre	Single po	syment suding duding from report to decorate to decorate the state of the symmetric state o	Family    Sample   Sample	Single porent +  S175  S340  S635  S15  Cheque  Expiration  Expiration  Expiration  c sclerosis, ein are comditions of tubject to patest of the policy null	Family+  S210  S410  S770  S246  S15  Paralysis, applete and he policy, ayment of following and void
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Autreverse side of this parent was a consciousness, ment truthful, acknowledge havin and were informed that our required premium and providates: a) date the application	Individual  N/A  S7,65  \$14,40  \$1,35  Select the department of the standard debit department of the standard department of the s	Couple S7,65 S14,40 S26,55 Single pa ebit Agree	single parent  \$7,65  \$14,40  \$26,55  \$1,35  strent+ and 1  ement on to the notice recance broke meets the Insurer's hear	Family + co  Declar  med insure eler, or mote er, or accidensurer's re ad office, of  Payment	Single porent+ Single porent+ Style="background-color: green; color: gre	Fomily+  S18,90  S36,90  S69,30  S22,14  S1,35  Then there are are ayment  Credit can Visa  Visa  Visa  Visa  I signatures coporosis, ne disease. We soporosis, ne disease we soporosis, ne disease we soporosis, ne disease insurance, the insurance, the insurance of the correction of	Individuelle  N/A  S85  S160  S27  S15  S or more  and (annual cardholder:  cervous systalso certifice that this rece that this rece represente will take Insurer to bit	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master Cohildren t  Cohildre	Single po	syment suding duding from report to decorate to decorate the state of the symmetric state o	Family    Sample   Sample	Single porent +  S175  S340  S635  S15  Cheque  Expiration  Expiration  Expiration  c sclerosis, ein are comditions of tubject to patest of the policy null	Family+  S210  S410  S770  S246  S15  Paralysis, applete and he policy, ayment of following and void
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Aut reverse side of this pa  Annual Amount paid with appl  We, the undersigned, declar loss of consciousness, ment truthful, acknowledge havin and were informed that our required premium and prov dates: a) date the applicatio in the event of a false declar	Individual  N/A  S7,65  \$14,40  \$1,35  Select the department of the standard debit of the standard department of the standard dep	Couple S7,65 S14,40 S26,55 Single pa ebit Agree	single parent  \$7,65  \$14,40  \$26,55  \$1,35  strent+ and 1  ement on to the notice recance broke meets the Insurer's hear	Family + co  Declar  med insure eler, or mote er, or accidensurer's re ad office, of  Payment	Single porent+ Single porent+ Style=	Fomily+  S18,90  S36,90  S69,30  S22,14  S1,35  Then there are are ayment  Credit can Visa  Visa  Visa  Visa  I signatures coporosis, ne disease. We soporosis, ne disease we soporosis, ne disease we soporosis, ne disease insurance, the insurance, the insurance of the correction of	Individuelle  N/A  S85  S160  S27  S15  S or more  and (annual cardholder:  cervous systalso certifice that this rece that this rece represente will take Insurer to bit	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master Cohildren t  Cohildre	Single po	syment suding duding from report to decorate to decorate the state of the symmetric state o	Family    Sample   Sample	Single porent +  S175  S340  S635  S15  Cheque  Expiration  Expiration  Expiration  c sclerosis, ein are comditions of tubject to patest of the policy null	Family+  S210  S410  S770  S246  S15  S15  Dear of following and void
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Aut reverse side of this pa  Annual Amount paid with appl  We, the undersigned, declar loss of consciousness, ment truthful, acknowledge havin and were informed that our required premium and prov dates: a) date the applicatio in the event of a false declar.  If the monthly payment is	Individual  N/A  S7,65  \$14,40  \$1,35  Select the department of the standard debit department of the standard department of the s	Couple S7,65 S14,40 S26,55 Single pa ebit Agree	single parent  \$7,65  \$14,40  \$26,55  \$1,35  strent+ and 1  ement on to the notice recance broke meets the Insurer's hear	Family + co  Declar  med insure eler, or mote er, or accidensurer's re ad office, of  Payment	Single porent+ Single porent+ Style="background-color: green; color: gre	Fomily+  S18,90  S36,90  S69,30  S22,14  S1,35  Then there are are ayment  Credit can Visa  Visa  Visa  Visa  I signatures coporosis, ne disease. We soporosis, ne disease we soporosis, ne disease we soporosis, ne disease insurance, the insurance, the insurance of the complete of the coporosis o	Individuelle  N/A  \$85  \$160  \$27  \$15  \$5 or more  and (annual cardholder:  ervous systematics certify the that this the representation of the complete of th	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master Cohildren t  Cohildre	Single po	syment suding duding from report to decorate to decorate the state of the symmetric state o	Family    Sample   Sample	Single porent +  S175  S340  S635  S218  S15  Cheque Expiration  expiration  expiration  expiration  the Insure	Family+  S210  S410  S770  S246  S15  S15  Dear of following and void
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Aut reverse side of this pa  Annual Amount paid with appl  We, the undersigned, declar loss of consciousness, ment truthful, acknowledge havin and were informed that our required premium and prov dates: a) date the applicatio in the event of a false declar.  If the monthly payment is	Individual  N/A  S7,65  \$14,40  \$1,35  Select the department of the standard debit of the standard department of the standard dep	Couple S7,65 S14,40 S26,55 Single pa ebit Agree	single parent    \$7,65   \$14,40   \$26,55   \$7,38   \$1,35   strent+ and 1   str	Family   \$10,80   \$520,70   \$538,70   \$59,81   \$1,35	Single potent + Single potent	Fomily+  S18,90  S36,90  S69,30  S22,14  S1,35  The control of the care are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  S or more  a familiar and cardholders  ervous systalso certify free that this free that this free represente will take Insurer a  bit  ereverse of  , on	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master Cohildren t  Cohildre	Single po	syment suding duding from report to decorate to decorate the state of the symmetric state o	Family    Sample   Sample	Single porent +  S175  S340  S635  S218  S15  Cheque Expiration  expiration  expiration  expiration  the Insure	Family+  S210  S410  S770  S246  S15  S15  Dear of following and void
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Aut reverse side of this pa  Annual Amount paid with appl  We, the undersigned, declar loss of consciousness, ment truthful, acknowledge havin and were informed that our required premium and prov dates: a) date the applicatio in the event of a false declar.  If the monthly payment is	Individual  N/A  \$7,65  \$14,40  \$2,43  \$1,35  Select the debit chorized Dege.  Idea that none all disabiliting received agent, persided the agent	Couple S7,65 S14,40 S26,55 Single pa ebit Agree	single parent    \$7,65   \$14,40   \$26,55   \$7,38   \$1,35   strent+ and 1   str	Family   \$10,80   \$520,70   \$538,70   \$59,81   \$1,35	Single potent + Single potent	Fomily+  S18,90  S36,90  S69,30  S22,14  S1,35  Then there are are ayment  Credit can Visa  Visa  Visa  Visa  I signatures coporosis, ne disease. We soporosis, ne disease we soporosis, ne disease we soporosis, ne disease insurance, the insurance, the insurance of the complete of the coporosis o	Individuelle  N/A  S85  S160  S27  S15  S or more  a familiar and cardholders  ervous systalso certify free that this free that this free represente will take Insurer a  bit  ereverse of  , on	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master Cohildren t  Cohildre	Single po	syment suding dons r boomming p.m.	Family    Sample   Sample	Single porent+  S175  S340  S635  S218  S15  Cheque  Expiration  Expiration  Expiration  expiration  conditions of tubject to patest of the policy null  the Insure  , 20	Family+  S210  S410  S770  S246  S15  S15  Dear of following and void
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-authori Complete the Pre-Aut reverse side of this pa  Annual Amount paid with appl  We, the undersigned, declar loss of consciousness, ment truthful, acknowledge havin and were informed that our required premium and prov dates: a) date the applicatio in the event of a false declar lift the monthly payment is Signed at  Signed at	Individual  N/A  \$7,65  \$14,40  \$2,43  \$1,35  Select the debit chorized Dege.  Idea that none all disabiliting received agent, persided the agent	Couple S7,65 S14,40 S26,55 Single pa ebit Agree	single parent    \$7,65   \$14,40   \$26,55   \$7,38   \$1,35   strent+ and 1   str	Family   \$10,80   \$520,70   \$538,70   \$59,81   \$1,35	Single potent + Single potent	Fomily+  S18,90  S36,90  S69,30  S22,14  S1,35  The control of the care are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  S or more  and (annual cardholder:  cardhol	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master Cohildren t  Cohildre	Single po	syment suding dons r boomming p.m.	Family    Family   Family   S120   \$230   \$430   \$109   \$15   I.    Int)   Intity   Intity	Single porent+  S175  S340  S635  S218  S15  Cheque  Expiration  Expiration  Expiration  expiration  conditions of tubject to patest of the policy null  the Insure  , 20	Family+  S210  S410  S770  S246  S15  S15  Dear of following and void

**Notice:** This application is subject to written confirmation by the Insurer. If you have not received written confirmation from Humania Assurance within 30 days of your application, please contact Client Services at 1-877-554-7181.



Name of the person to be insured				
PRE-AUTHORIZED DEBIT AGREEMENT (PDA)				
The Payor named below authorizes Humania Assurance Inc. (Huma with the financial institution named below, or any other financial in premium in accordance with the premium schedule stipulated in the	nstitution that th	e Payor may late	r designate, for the p	
THE ACCOUNT				
<ul> <li>This Agreement must be signed by all persons whose signature i</li> <li>You must attach a sample cheque marked «VOID.» The sample authorize on the account.</li> </ul>	e cheque you se	nd to Humania A	ssurance will serve f	or all new debits that you may
If you wish to change the account on which the PDA is drawn, y	ou must forward	l a sample cheque	e for the new account	to Humania Assurance.
<ul> <li>THE DEBIT</li> <li>You must be the designated Policyowner or the Payor of the poli</li> <li>You must select a debit date between the 1<sup>st</sup> and the 28<sup>th</sup> of the stipulated in the policy contract.</li> <li>You can change the date of the debits provided the premium for the</li> <li>The amount of the debit will vary in accordance with the premiu</li> </ul>	e month, inclusive current month is	rely. The debits w	vill be made at this determined the least 10 days after the	ate each month for the duration
<ul> <li>If the amount of the debit should vary, Humania Assurance is no</li> <li>Unless otherwise indicated by you, this Agreement shall be valid</li> </ul>	ot required to pro	vide notification.		act.
CANCELLING THIS AGREEMENT				
<ul> <li>You can end this Agreement at any time for all policies included</li> <li>You may obtain further information on your right to cancel www.cdnpay.ca.</li> </ul>		-		ments Association website at:
THE CONSEQUENCES OF NON-PAYMENT				
<ul> <li>You are solely responsible for the consequences of a non-payme policy contract.</li> </ul>	ent and any obli	gations that it ma	ny give rise to under	the terms and conditions of the
<ul> <li>You are in default of payment when a PDA is not honoured beca</li> <li>If your financial institution does not honour a debit because of monthly debit along with a fee of \$25 for each debit not honour would then be due for all policies covered by this Agreement.</li> <li>A notice of «Stop Payment» initiated by you without prior agree</li> </ul>	non-sufficient for red. Humania A	ands, Humania A ssurance may als	ssurance will debit the oterminate this agre	hat amount again with the next ement and the annual premium
cancellation of all policies covered by this Agreement.				
RIGHT TO REIMBURSEMENT  You have certain recourse rights if any debit does not comply with that is not authorized or is not consistent with this PDA Agreement. or visit: www.cdnpay.ca.	nis Agreement. F To obtain more	or example, you information on y	have the right to recei our recourse rights, c	ive reimbursement for any debit ontact your financial institution
PERSONAL INFORMATION  In establishing your PDA, Humania Assurance will release and exchange and exchange and exchange and exchange are supported by the property of the proper	ange with your f	inancial institutio	n only information th	at is legally required.
BANK ACCOUNT INFORMATION				
These services are for (check one) Personnal Business	use			
Name of bank or financial institution	Transit nun	nber	Bank number	Account number
Address				
City	Province		Pe	ostal code
Date of the withdrawals (from the 1 <sup>st</sup> to the 28 <sup>th</sup> ):  The financial institution named above is hereby authorized nov Humania Assurance on the above account, including a redraw with Payors named below authorizes, Humania Assurance to debit such a written instructions.	hin 30 days for	any debit that wa	as not honoured the f	first time it was presented. The
Signed at,,	(Province)	, on		, 20
City)	(Frovince)			
Name of payor (account holder)		Name of second	payor (account holde	er), if any
Signature of payor	_	Signature of seco	ond payor, if any	
ATTACH A VOI	D CHEQUE H	ERE (if applicab	ole)	
\$	ample void cheq	ue		



## Insurance application for Fracture No: FR

-			75 or unde					er (11 otne		_				
b) First name:						a) Family name:								
c) Sex (M/F): Marital						c) Sex (M/F): Marital status:								
d) Date of birth:						d) Date of birth: D M Y Age								
D M e) Mailing address:		ge												
						e) Relationship to person to be insured:  f) Address:  Postal code								
f) Home address:				Dontel and	_		ne			Worl	ζ.			
Home g) Tel.:		Work				g) Tel.:								
	Insured c	hildren						Ins	ured :	spouse				
Family name and first name			Sex I	Date of birt	th	a) Family r	name:							
-			M/F D	M	Y	b) First nar								
						c) Sex (M/								
						d) Civil sta								
						e) Date of	birth: LL D	M Y	⊥ L⊥ Ag	e				
				Ben	eficiary up	on death								
Family name:							First name	:						
Date of birth: D M	Y	Rel	ationship to	person to	be insured	d:								
In Quebec, if a beneficiary	is not desi	-			e in the cas	e of a spous	se related b	y marriag	e or ci	vil unio	on and i	s revo	cable	in all
other cases. Revo	ocable	Irre	vocable [											
I understand that designating beneficiary, nor can I exercise														
Signature of policyowner														
			Id	entificatio	on of the F	inancial Ac	dvisor							
Complete name of service	advisor/re	presentati			,	Со			%	Tele	ephone i	10.		
Complete name of other a	dvisor/repr	resentative	(please pri	int)		Co	de							
Confirmation of advisor  I hereby confirm that I have				to my clier	nt recordin	a the advisor	r disalasura	ctatament	conce	rnina i	namals:	a) tha	comp	any(iac)
I represent; b) my compen									conce	illing, i	iamery.	a) the	comp	any (ics)
I hereby confirm that I ha														
present at the time these effect of his/her designation				ne person	to be insur	ed. The pers	son to be 11	nsured clea	ırıy ın	aicatea	tnat ne	sne u	naersi	tood the
Signature of representative	e·													
Signature of representative	·													
Signature of representative							ed							
Signature of representative			ı	Cover	rage re	equest	ed	An	ทบด	ıl pr	emiı	Jms		
Fracture	Individual		nthly <sub>I</sub>	Cover	rage re	equest	ed Individuelle	An			emių Family			Family+
		<b>Mo</b> Couple	nthly	Cover	rage rounds			Couple	Single	parent	Family	Sin parer		Family +
Fracture Half Unit	Individual N/A	<b>Mo</b> Couple □ \$7,65	nthly   Single parent	Cover	rage roums Single parent+	Family+	Individuelle	Couple \$85	Single	parent \$85 [	Family \$120	Sin parer	gle nt+ \$175	\$210
Fracture	Individual N/A \$7,65	Couple \$7,65	<b>nthly</b>     Single parent   \$7,65   \$14,40	Family \$10,80	rage roums Single porent+ S15,75 S30,60	Family+    \$18,90   \$36,90	Individuelle N/A  \$85	Couple \$85	Single	\$85 [ \$160 [	Family \$120 \$230	Sin parer	gle nt+ \$175 \$340	\$210 \$410
Fracture Half Unit Single Unit Double Unit Accidental death and	Individual N/A S7,65 S14,40	Couple \$7,65 \$14,40 \$26,55	Single parent \$7,65 \$14,40 \$26,55	Cover premis   Family   \$10,80   \$20,70   \$38,70	rage ro  single porent +  \$15,75  \$30,60  \$557,15	Family+  \$18,90  \$36,90  \$69,30	Individuelle N/A S85 S160	Couple \$85  \$160  \$295	Single	\$85 [ \$160 [ \$295 [	Family \$120 \$230 \$430	Sin parer	\$175 \$340 \$635	\$210 \$410 \$770
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment	Individual N/A \$7,65 \$14,40 \$2,43	Couple \$7,65  \$14,40  \$26,55  \$4,86	Single parent  S7,65  S14,40  S26,55  S7,38	Family   \$10,80   \$20,70   \$38,70   \$9,81	rage ro  ums  Single porent+  \$15,75  \$30,60  \$57,15  \$19,62	Family+    \$18,90    \$36,90    \$69,30    \$22,14	Individuelle	Couple \$85  \$160  \$295  \$54	Single	\$85 ( \$160 ( \$295 ( \$82 (	Family  \$120  \$230  \$430  \$109	Sin parer	\$175 \$340 \$635 \$218	\$210 \$410 \$770 \$246
Fracture Half Unit Single Unit Double Unit Accidental death and	Individual N/A S7,65 S14,40	Couple \$7,65 \$14,40 \$26,55	Single parent \$7,65 \$14,40 \$26,55	Cover premis   Family   \$10,80   \$20,70   \$38,70	rage ro  single porent +  \$15,75  \$30,60  \$557,15	Family+  \$18,90  \$36,90  \$69,30	Individuelle N/A S85 S160	Couple \$85  \$160  \$295	Single	\$85 [ \$160 [ \$295 [	Family \$120 \$230 \$430	Sin parer	\$175 \$340 \$635	\$210 \$410 \$770
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees	Individual  N/A  S7,65  S14,40  S2,43  \$1,35	Couple \$7,65 \$14,40 \$26,55 \$4,86 \$1,35	Single parent S7,65 S14,40 S26,55 S7,38 S1,35	Cover premiu   Family   \$10,80   \$20,70   \$38,70   \$9,81   \$1,35	rage ro  Single porent +  \$15,75  \$30,60  \$57,15  \$19,62  \$1,35	Family+    \$18,90    \$36,90    \$69,30    \$22,14	Individuelle	Couple  S85  \$160  \$295  \$54  \$15	Single	\$85 [ \$160 [ \$295 [ \$82 [ \$15 ]	Family      \$120      \$230      \$430      \$109      \$15	Sin parer	\$175 \$340 \$635 \$218	\$210 \$410 \$770 \$246
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees	Individual  N/A  S7,65  S14,40  S2,43  \$1,35	Couple \$7,65 \$14,40 \$26,55 \$4,86 \$1,35	Single parent S7,65 S14,40 S26,55 S7,38 S1,35	Cover premity   Family   \$10,80   \$20,70   \$38,70   \$9,81   \$1,35     Family + co	rage ro  Single porent +  \$15,75  \$30,60  \$57,15  \$19,62  \$1,35	Family+    \$18,90   \$36,90   \$69,30   \$22,14   \$1,35	Individuelle	Couple  S85  \$160  \$295  \$54  \$15	Single	\$85 [ \$160 [ \$295 [ \$82 [ \$15 ]	Family      \$120      \$230      \$430      \$109      \$15	Sin parer	gle nt+ \$175 \$340 \$635 \$218 \$15	\$210 \$410 \$770 \$246 \$15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium	Individual  N/A  \$7,65  \$14,40  \$2,43  \$1,35  Select the	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35	Single parent  S7,65  S14,40  S26,55  S7,38  S1,35	Cover premity   Family   \$10,80   \$20,70   \$38,70   \$59,81   \$1,35     Family+ co	Single porent +   Single porent +   Sis,75   Signature   Signatu	Fomily+    \$18,90   \$36,90   \$69,30   \$22,14   \$1,35   ener there are averaged ayment   Credit care	Individuelle  N/A  S85  S160  S27  S15  S16  Aurd (annual	Couple  S85  S160  S295  S54  S15  c children to	Single	\$85 [ \$160 [ \$295 [ \$15 ]	Family	Sin parer	\$175 \$340 \$635 \$218	\$210 \$410 \$770 \$246 \$15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium	Individual  N/A  S7,65  S14,40  S2,43  S1,35  Select the ized debit thorized D	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35	Single parent  S7,65  S14,40  S26,55  S7,38  S1,35	Cover premity   Family   \$10,80   \$20,70   \$38,70   \$59,81   \$1,35     Family+ co	Single porent +   Single porent +   Sis,75   Signature   Signatu	Family+    \$18,90   \$36,90   \$69,30   \$22,14   \$1,35   en there are ayment   Credit car	Individuelle  N/A  S85  S160  S27  S15  e 5 or more	Couple  S85  S160  S295  S54  S15  children t  Master 6	Single	parent   \$85   [   \$160   [   \$295   [   \$82   [   \$15   ]   ]     \$15     \$15     \$15     \$15	Family	Sin parel	g e	S210 S410 S770 S246 S15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Autreverse side of this pa	Individual  N/A  S7,65  S14,40  S2,43  \$1,35  Select the ized debit thorized Dage.	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35	Single parent  S7,65  S14,40  S26,55  S7,38  S1,35	Cover premity   Family   \$10,80   \$20,70   \$38,70   \$59,81   \$1,35     Family+ co	Single porent +   Single porent +   Sis,75   Signature   Signatu	Family+    \$18,90   \$36,90   \$69,30   \$22,14   \$1,35   anen there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  e 5 or more	Couple  S85  S160  S295  S54  S15  children t  Master (	Single	parent   \$85   [   \$160   [   \$295   [   \$82   [   \$15   ]   ]     \$15     \$15     \$15     \$15	Family	Sin parel	gle nt+ \$175 \$340 \$635 \$218 \$15	S210 S410 S770 S246 S15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Aut	Individual  N/A  S7,65  S14,40  S2,43  \$1,35  Select the ized debit thorized Dage.	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35	Single parent S7,65 S14,40 S26,55 S7,38 S1,35 S1,35	Cover premity   Family   \$10,80   \$20,70   \$38,70   \$59,81   \$1,35     Family+ co	Single porent +   Single porent +   Sis,75   Signature   Signatu	Family+    \$18,90   \$36,90   \$69,30   \$22,14   \$1,35   anen there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  e 5 or more	Couple  S85  S160  S295  S54  S15  children t  Master (	Single	parent   \$85   [   \$160   [   \$295   [   \$82   [   \$15   ]   ]     \$15     \$15     \$15     \$15	Family	Sin parel	g e	S210 S410 S770 S246 S15
Fracture  Half Unit  Single Unit  Double Unit  Accidental death and dismemberment  Policy Fees  Total premium  Monthly by pre-author reverse side of this pa	Individual  N/A  S7,65  S14,40  S2,43  \$1,35  Select the ized debit thorized Dage.	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35	Single parent S7,65 S14,40 S26,55 S7,38 S1,35 S1,35	Cover premity   \$10,80   \$10,80   \$38,70   \$9,81   \$1,35   \$1,35   \$1,45   \$1,	Single porent +	Family+    \$18,90   \$36,90   \$69,30   \$22,14   \$1,35   anen there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  ard (annual	Couple  S85  S160  S295  S54  S15  children t  Master (	Single	parent   \$85   [   \$160   [   \$295   [   \$82   [   \$15   ]   ]     \$15     \$15     \$15     \$15	Family	Sin parel	g e	S210 S410 S770 S246 S15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Aurreverse side of this parally Amount paid with appl	Individual  N/A  S7,65  S14,40  S2,43  S1,35  Select the ized debit thorized Dage.	Couple   \$7,65   \$14,40   \$26,55   \$4,86   \$1,35   \$1,35	Single parent   \$7,65   \$14,40   \$26,55   \$7,38   \$1,35	Family+ co	Single porent+   Sing	Fomily+  S18,90  S18,90  S69,30  S22,14  S1,35  Then there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  ard (annual cardholder:	Couple  S85 S160 S295 S54 S15  c children to Master (	Single	\$85 [ \$160 [ \$295 [ \$315 ] \$315 ] \$315 ] \$329 [ \$329 [ \$315 ] \$329 [ \$31	Family   \$120   \$230   \$430   \$15   \$15	Sin parei	g e   rt +	\$210   \$410   \$770   \$246   \$15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Aurreverse side of this particular and mount paid with apple	Individual  N/A  S7,65  S14,40  S2,43  S1,35  Select the debit thorized Dage.  Itication: \$	Couple S7,65 S14,40 S26,55 S4,86 S1,35 Single pa	Single parent S7,65 S14,40 S26,55 S7,38 S1,35 S1,35 Single parent	Family+ co	single porent+  \$\ins \text{Single porent} + \text{\$\text{\$\single porent} + \$\text{\$\single \$\single \$\single \$\single \$\single \$\single \$\text{\$\single \$\single \$\sin	Fomily+  S18,90  S18,90  S69,30  S22,14  S1,35  Then there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  ard (annual cardholder:	Couple  S85 S160 S295 S54 S15  c children to Master (  Master (  that the disorder)	Single  O be i  O be i  Card	parent   S85   C   S160   C   S295   C   S15	Family   \$120   \$230   \$430   \$15   \$15	Sin parei	g e   ri +	\$210   \$410   \$770   \$246   \$15   \$15
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Aurreverse side of this parally amount paid with apple We, the undersigned, declated loss of consciousness, mentruthful, acknowledge havir and were informed that our acceptance of the process of the parallel services of the par	Individual  N/A  S7,65  S14,40  S2,43  \$1,35  Select the debit thorized Dage.  Itication: \$	Couple S7,65 S14,40 S26,55 S1,35 Single pa	single parent S7,65 S14,40 S26,55 S7,38 S1,35 S1,35 Single parent S14,40 S26,55 S7,38 S1,35	Family + co	single porent+  \$\ins \text{Single porent+}\$ \$\ins \text{S15,75}\$ \$\ins \text{S30,60}\$ \$\ins \text{S17,15}\$ \$\ins \text{S17,62}\$ \$\text{S1,35}\$  \$\ins \text{coverage where the dof p}\$  \$\int Cations and eds has osted or neuron correspond infedent and illn's control of the corresponding to the cor	Fomily+  S18,90  S18,90  S69,30  S22,14  S1,35  Then there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  e 5 or more  ard (annual  cardholder:  s ervous syst also certify ree that this ce represen	Couple  S85 S160 S295 S54 S15  c children to the discrete disorder that the discrete distriction that the discrete districtive is particular.	Single  O be i  O be i  Card  I srs, indeclarant is suaid on	parent   S85   C   S160   C   S295   C   S15	Family  \$120  \$230  \$430  \$155  tt)  multiple adde here to the conssion. S	Sin parel	gle nt+ S175 S340 S635 S218 S15	s210 s410 s770 s246 s15 e e paralysis, plete and ne policy, syment of
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Aurreverse side of this parally amount paid with apple We, the undersigned, declar loss of consciousness, mentruthful, acknowledge havir and were informed that our required premium and providates: a) date the application	Individual  N/A  S7,65  S14,40  S2,43  \$1,35  Select the debit thorized Dage.  Itication: \$	Couple S7,65 S14,40 S26,55 S1,35 Single pa	single parent S7,65 S14,40 S26,55 S7,38 S1,35 S1,35 Single parent S14,40 S26,55 S7,38 S1,35 Single parent S14,40 S26,55	Family + co	single porent+  \$\ins \text{Single porent+}\$ \$\ins \text{S15,75}\$ \$\ins \text{S30,60}\$ \$\ins \text{S17,15}\$ \$\ins \text{S1,35}\$	Fomily+  S18,90  S18,90  S69,30  S22,14  S1,35  Then there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  e 5 or more  ard (annual  cardholder:  servous syst also certify ree that this ce represen nce will tal	Couple  S85 S160 S295 S54 S15  c children to the discrete disorder that the discrete distriction that the discrete districtive is parke effect at	Single  o be i  nthly p  Card  in is su  id on  it 12:59	parent   S85   C   S160   C   S295   C   S15	Family  \$120  \$230  \$430  \$155  t)  multiple adde here the conssion. Son the la	Sin parel	gle nt+ S175 S340 S635 S218 S15	s210 s410 s770 s246 s15 e e paralysis, plete and ne policy, syment of following
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Aurreverse side of this parally amount paid with appl  We, the undersigned, declated loss of consciousness, mentruthful, acknowledge havir and were informed that our required premium and proventions.	Individual  N/A  S7,65  S14,40  S2,43  \$1,35  Select the debit thorized Dage.  Itication: \$	Couple S7,65 S14,40 S26,55 S1,35 Single pa	single parent  S7,65  S14,40  S26,55  S7,38  S1,35  wrent+ and 1  ement on to the control of the	Family + co  Peclar  Declar  oned insure ler, or motegarding per ead office, of	single porent+  \$\ins \text{Single porent} +  \$\ins \text{Single porent} +  \$\ins \text{Single porent} +  \$\ins \text{S15,75}  \$\ins \text{S30,60}  \$\ins \text{S17,15}  \$\ins \text{S17,15}  \$\ins \text{S17,35}  \$\ins \text{coverage whethod of p}  \$\ins Cattions and eds has oste or neuron of cersonal information in the content of	Fomily+  S18,90  S18,90  S69,30  S22,14  S1,35  Den there are averaged by the state of the state	Individuelle  N/A  S85  S160  S27  S15  S16  Ard (annual cardholder: servous syst also certify ree that this ce represent nece will tall the Insurer in the servous syst also certify ree that this ce represent nece will tall the Insurer in the servous syst also certify ree that this ce represent nece will tall the Insurer in the servous syst also certify ree that this ce represent nece will tall the Insurer in the servous syst also certify ree that this ce represent nece will tall the Insurer in the servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst also certify ree that this ce represent neces are servous syst and the servous syst also certify ree that this certification is served as a serve are servous syst and the serve are	Couple  S85 S160 S295 S54 S15  c children to the discrete disorder that the discrete distriction that the discrete districtive is parke effect at	Single  o be i  nthly p  Card  in is su  id on  it 12:59	parent   S85   C   S160   C   S295   C   S15	Family  \$120  \$230  \$430  \$155  t)  multiple adde here the conssion. Son the la	Sin parel	gle nt+ S175 S340 S635 S218 S15	s210 s410 s770 s246 s15 e e paralysis, plete and ne policy, syment of following
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Aurreverse side of this parally amount paid with apple We, the undersigned, declar loss of consciousness, mentruthful, acknowledge havir and were informed that our required premium and providates: a) date the application	Individual  N/A  S7,65  S14,40  S2,43  \$1,35  Select the debit thorized D ge.  Itication: \$	Couple  \$7,65  \$14,40  \$26,55  \$4,86  \$1,35  Single particle and read to sonal insurpoplication and at the International content of	single parent    \$7,65   \$14,40   \$26,55   \$7,38   \$1,35   strent+ and 10   ove-mentic kills disord the notice recance broke meets the I naturer's hear	Family + co  Peclar  The prediction of the control	single porent+  \$\ins \text{Single porent} +  \$\ins Single p	Fomily+  S18,90  S18,90  S69,30  S22,14  S1,35  Then there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  e 5 or more  ard (annual  cardholder:  servous systa also certify are that this ce represen nce will tal the Insurer to	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master of that the dos application that the dos application that the dos application that the dos application that the dos applications the dos applications that the dos applications that the dos applications that the dos applications the dos applications that the dos applications the dos a	o be interest of the control of the	parent   S85   C   S160   C   S295   C   S82   C   S15	stop family size of the consistency of the consistency of the consistency of the constant of t	Expi	gle nt+ S175 S340 S635 S218 S15 Cheque irration so of the to pa f the f y null	s210 s410 s770 s246 s15 e paralysis, plete and ne policy, syment of following and void
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Aurreverse side of this parally and with apple  We, the undersigned, declated loss of consciousness, mentruthful, acknowledge having and were informed that our required premium and providates: a) date the application in the event of a false declar	Individual  N/A  S7,65  S14,40  S2,43  S1,35  Select the ized debit thorized Dage.  Itication: \$	Couple  \$7,65  \$14,40  \$26,55  \$4,86  \$1,35  Single particle and read to sonal insurpoplication and at the International content of	single parent    \$7,65   \$14,40   \$26,55   \$7,38   \$1,35   strent+ and 10   ove-mentic kills disord the notice recance broke meets the I naturer's hear	Family + co  Peclar  The prediction of the control	single porent+  \$\insightarrow{\text{Single}}{\text{porent}+} \$\insightarrow{\text{Single}}{\text{porent}+} \$\insightarrow{\text{S15,75}} \$\insightarrow{\text{S30,60}}{\text{S1,35}} \$\insightarrow{\text{S17,15}}{\text{S17,15}} \$\insightarrow{\text{s17,35}}{cations and eds has osteon neuron of cersonal infection to on:	Fomily+  S18,90  S18,90  S69,30  S22,14  S1,35  Then there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  e 5 or more  ard (annual  cardholder:  servous systa also certify are that this ce represen nce will tal the Insurer to	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master of that the dos application that the dos application that the dos application that the dos application that the dos applications the dos applications that the dos applications that the dos applications that the dos applications the dos applications that the dos applications the dos a	o be interest of the control of the	parent   S85   C   S160   C   S295   C   S82   C   S15	stop family size of the consistency of the consistency of the consistency of the constant of t	Expi	gle nt+ S175 S340 S635 S218 S15 Cheque irration so of the to pa f the f y null	s210 s410 s770 sy246 s15 e e paralysis, plete and ne policy, syment of following and void
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Autreverse side of this parally amount paid with appl We, the undersigned, declated loss of consciousness, mentruthful, acknowledge havir and were informed that our required premium and providates: a) date the application in the event of a false declar.  If the monthly payment	Individual  N/A  S7,65  S14,40  S2,43  \$1,35  Select the debit thorized D ge.  Itication: \$	Couple  \$7,65  \$14,40  \$26,55  \$4,86  \$1,35  Single particle and read to sonal insurpoplication and at the International content of	single parent    \$7,65   \$14,40   \$26,55   \$7,38   \$1,35   strent+ and 10   ove-mentic kills disord the notice recance broke meets the I naturer's hear	Family + co  Peclar  The prediction of the control	single porent+  \$\ins \text{Single porent} +  \$\ins Single p	Fomily+  S18,90  S18,90  S69,30  S22,14  S1,35  Then there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  e 5 or more  ard (annual  cardholder:  servous syst also certify ree that this ce represen nce will tal the Insurer in	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master of that the dos application that the dos application that the dos application that the dos application that the dos applications the dos applications that the dos applications that the dos applications that the dos applications the dos applications that the dos applications the dos a	o be interest of the control of the	parent   S85   C   S160   C   S295   C   S82   C   S15	stop family size of the consistency of the consistency of the consistency of the constant of t	Expi	gle nt+ S175 S340 S635 S218 S15	s210 s410 s770 sy246 s15 e paralysis, plete and ne policy, syment of following and void
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Autreverse side of this parally amount paid with appl We, the undersigned, declated loss of consciousness, mentruthful, acknowledge havir and were informed that our required premium and providates: a) date the application in the event of a false declaring the monthly payment Signed at  Signed at  Signed at	Individual  N/A  S7,65  S14,40  S2,43  \$1,35  Select the debit thorized Dege.  Itication: \$	Couple  \$7,65  \$14,40  \$26,55  \$4,86  \$1,35  Single particle and read to sonal insurpoplication and at the International content of	single parent  S7,65  S14,40  S26,55  S7,38  S1,35  when the parent on t	Family + compared insured insurer's read office, compared and sign in the compared insurer's read office, compared insurer's r	single porent+  \$\ins \text{Single porent+}\$ \$\ins \text{S15,75}\$ \$\ins \text{S30,60}\$ \$\ins \text{S19,62}\$ \$\text{S1,35}\$  \$\text{overage wheelth of p leads has osted or neuron of the company of the adjustments or b) on:  \$\text{by pre-authe agreer}\$  (Province)	Fomily+  S18,90  S18,90  S69,30  S22,14  S1,35  Then there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  e 5 or more  ard (annual  cardholder:  servous syst also certify ree that this ce represen nce will tal the Insurer to  ebit e reverse (	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master of that the dos application that the dos application that the dos application that the dos application that the dos applications the dos applications that the dos applications that the dos applications that the dos applications the dos applications that the dos applications the dos a	o be interest of the control of the	parent   S85   C   S160   C   S295   C   S82   C   S15	stone family size of the consistency size of the consi	Expi	gle nt+ S175 S340 S635 S218 S15	s210 s410 s770 sy246 s15 e paralysis, plete and ne policy, syment of following and void
Fracture Half Unit Single Unit Double Unit Accidental death and dismemberment Policy Fees Total premium  Monthly by pre-author Complete the Pre-Autreverse side of this parally and with apple We, the undersigned, declated loss of consciousness, mentruthful, acknowledge having and were informed that our required premium and providates: a) date the application in the event of a false declar.  If the monthly payment	Individual  N/A  S7,65  S14,40  S2,43  \$1,35  Select the debit thorized Dege.  Itication: \$	Couple  \$7,65  \$14,40  \$26,55  \$4,86  \$1,35  Single particle and read to sonal insurpoplication and at the International content of	single parent  S7,65  S14,40  S26,55  S7,38  S1,35  when the parent on t	Family + compared insured insurer's read office, compared and sign in the compared insurer's read office, compared insurer's r	single porent+  \$\ins \text{Single porent+}\$ \$\ins \text{S15,75}\$ \$\ins \text{S30,60}\$ \$\ins \text{S19,62}\$ \$\text{S1,35}\$  \$\text{overage wheelth of p leads has osted or neuron of the company of the adjustments or b) on:  \$\text{by pre-authe agreer}\$  (Province)	Fomily+  S18,90  S18,90  S69,30  S22,14  S1,35  Then there are are are are are are are are are	Individuelle  N/A  S85  S160  S27  S15  e 5 or more  ard (annual  cardholder:  servous syst also certify ree that this ce represen nce will tal the Insurer to  ebit e reverse (	Couple  Couple  S85  S160  S295  S54  S15  Cohildren t  Or 1st mor  Master of that the dos application that the dos application that the dos application that the dos application that the dos applications the dos applications that the dos applications that the dos applications that the dos applications the dos applications that the dos applications the dos a	o be interest of the control of the	parent   S85   C   S160   C   S295   C   S82   C   S15	stop family size of the consistency of the consistency of the consistency of the constant of t	Expi	gle nt+ S175 S340 S635 S218 S15	s210 s410 s770 sy246 s15 e paralysis, plete and ne policy, syment of following and void

**Notice:** This application is subject to written confirmation by the Insurer. If you have not received written confirmation from Humania Assurance within 30 days of your application, please contact Client Services at 1-877-554-7181.

#### Right of cancellation

At the Policyowner's request, the policy could be cancelled by submitting a written request and returning the policy to the Insurer within 10 days of its receipt. Any premium paid under the policy will then be refunded to the Policyowner.

#### Advisor disclosure statement

The transaction represented by this application is between the Policyowner and Humania Assurance Inc. The financial advisor or representative soliciting this insurance application is an independent contractor and will receive compensation from Humania Assurance when the insurance becomes effective. The advisor may also be eligible to receive additional compensation under the form of a bonus, participation at conventions or other incentives. The applicant is not obligated to transact any other business with Humania Assurance as a condition of this application.

#### Notice concerning files and Personal Information

In order to ensure the confidentiality of the personal information held concerning you, Humania Assurance Inc. will establish a file in which the information concerning your application for insurance and information concerning any insurance claim will be held.

Access to this file will be restricted to Humania Assurance employees, or mandatories who will be responsible for underwriting, administration, investigation and claims, or any other person designated or authorized by you.

Your file will be kept at the Company's head office.

You are entitled to review the personal information contained in this file and, if required, to have the information corrected by submitting a written request to the address below:

Access to Information Officer, Humania Assurance, 1555 Girouard Street West, Postal Box 10000, Saint-Hyacinthe (Quebec) J2S 7C8.

Please be informed that, in the regular processing of application Humania Assurance, may request an investigation report to gather information based on personal interviews with your acquaintances. The investigation may cover your reputation, life style and finances. A representative of the company retained to prepare these reports may also visit or telephone you.

## Insurance application for Fracture No: FR

a) Family name:		a) Family name:											
b) First name:						b) First name:							
c) Sex (M/F): Marital status:						c) Sex (M/F): Marital status:							
d) Date of birth: D M Y Age						d) Date of birth: D M Y Age							
D M Y Age e) Mailing address:						e) Relationship to person to be insured:							
Postal code						f) Address:							
f) Home address:						Home Work  g) Tel.:							
g) Tel.:		Work				g) Tel.:							
Insured children								Ins	ured sp	oouse			
Family name and first name	;			ex Date of birth			name:ame:						
			M/F D	IVI			(M/F):						
						d) Civil status:							
						e) Date of birth: D M Y Age							
				Ren	eficiary up	on death							
Family name:							First nam	e:					
Date of birth: L   L   L   L   Relationship to person to be insured:													
In Quebec, if a beneficiary		_	e latter is in		in the case	e of a spou	se related	by marriage	or civ	il union an	d is revoca	ble in all	
Nova Scotia only I understand that designati beneficiary, nor can I exerc													
Signature of policyowner													
			Id	entificatio	on of the F	inancial A	dvisor						
Complete name of service advisor/representative (please print)					Co	ode % Telephone no.							
Complete name of other advisor/representative (please print)						Co	ode		%	Telephor	e no.		
I hereby confirm that I hav I represent; b) my comper I hereby confirm that I ha present at the time these effect of his/her designation Signature of representativ	ve made full nsation; c) b ave clearly e explanation on of an irre	disclosure conuses an explained s were pro	in writing of conference the effects ovided to the eneficiary.	of designate person	ves; and d) uting an irre to be insure	any potenti evocable be ed. The per	al conflict eneficiary	of interest.  o the perso	n to be	insured. Tl	e benefici	ary was not	
				Covor	rago r	equest	-od						
		Μ.				cquesi		Λ n	nual	hrom	iume		
Fracture	Individual	Couple	nthly p	Family	Single parent+	Family+	Individuelle		Single pa	prem	Single parent-	Family+	
Half Unit	N/A	\$7,65	\$7,65	\$10,80	parent+ \$15,75	\$18,90	N/A	· ·		\$85 🔲 \$1		75 🗖 \$210	
Single Unit	\$7,65	\$14,40	\$14,40	\$20,70	\$30,60	\$36,90	□ \$8!	<del>  -</del>		160 🔲 \$2		40 🔲 \$410	
Double Unit	\$14,40	\$26,55	\$26,55	\$38,70	\$57,15	\$69,30	\$160	+= -		295 🔲 \$4		35 🗖 \$770	
Accidental death and	\$2,43	\$4,86	\$7,38	\$9,81	\$19,62		\$20			\$82 🗖 \$1			
dismemberment Policy Fees	\$1,35	\$1,35		27,01	217,02			727			// <b>_</b>	18 7 5246	
Total premium	دوراد		Č1 35	\$1.35		\$22,14		\$15			_	18 🔲 \$246	
		\$1,03	\$1,35	\$1,35	\$1,35	\$1,35	\$1:	\$15		\$15 \$	_	18 <b>3246</b> 15 \$15	
	Select the			- ,	\$1,35		\$1:			\$15 \$	_		
	Select the			Family+ co	\$1,35	\$1,35	\$1:			\$15 \$	_		
☐ Monthly by pre-author  Complete the Pre-Au	rized debit	Single pa	arent+ and l	Family+ co	\$1,35 overage wheelthod of p	\$1,35	\$1:	e children t	o be ins	S15 \$	_	15 \$15	
	rized debit	Single pa	arent+ and l	Family+ co	\$1,35 overage wheelthod of p	sl,35  nen there ar  ayment  Credit ca  Visa	\$1:	e children t	o be ins	sured.	5	15 \$15 eque	
Complete the Pre-Au	rized debit  thorized D age.	Single pa	ement on t	Family+ co	\$1,35 overage wheelthod of p	sl,35  nen there ar  ayment  Credit ca  Visa	\$1:	e children t	o be ins	sured.  yment)	5 S	15 \$15 eque	
Complete the Pre-Au reverse side of this pa	rized debit  thorized D age.	Single pa	ement on t	Family+ co	\$1,35 overage whethod of particles [	sl,35  nen there ar  ayment  Credit ca  Visa  Name of	e 5 or mor	e children t	o be ins	sured.  yment)	5 S	15 \$15 eque	
Complete the Pre-Au reverse side of this pa	rized debit  athorized D  age.  dication: \$ _  are that non- atal disabilit ng received r agent, persivided the ap on is received	e of the ab	ement on to	Declar oned insurer's read office, of	st,35  ethod of period of	sl,35  nen there ar  ayment  Credit ca  Visa  Name of  I signature eoporosis, n disease. We ormation, ag ness insuran s, the insura	s ard (annual for cardholde servous systems certificate that the cereprese that the Insurer	e children t  I or 1st mor  Master (  Limit tem disorder  Ty that the disapplication  and the property of the	o be inso	sured.  yment)  ding multions made helict to the commission p.m. on the	Expira	eque  ition  is, paralysis, complete and of the policy, payment of the following	
Complete the Pre-Au reverse side of this pa  Annual  Amount paid with app  We, the undersigned, decla loss of consciousness, men truthful, acknowledge havin and were informed that our required premium and providates: a) date the application	rized debit  athorized D  age.  lication: \$ _  are that none attal disabilit ng received r agent, pers vided the ag  on is received aration.	e of the ab y, motor s and read the opplication is	ement on to	Declar oned insure ser, or accidensurer's read office, or Payment	stions and adds has osteor neuron coersonal infoent and illrequirements or b) on:	sl,35  nen there are ayment Credit ca Visa Name of I signature ecoporosis, we disease. We ormation, ageness insurants, the insurant, T	s ree 5 or more and (annual annual an	d or 1st mor  Master (  Master (  tem disorde  y that the d  sapplication ntative is pa  ke effect at  reserves the	o be insorthly pa	sured.  yment)  J  uding multions made higet to the commission p.m. on the o declare the sure of the commission p.m. on the commission p.m. on the control of the control o	Expira    Che   Expira    Che	eque tion sis, paralysis, complete and of the policy, o payment of the following null and void	
Complete the Pre-Au reverse side of this pare and a continuous paid with app.  We, the undersigned, declar loss of consciousness, men truthful, acknowledge havin and were informed that our required premium and providates: a) date the application in the event of a false declar.	rized debit  athorized D  age.  lication: \$ _  are that none attal disabilit ng received r agent, pers vided the ag  on is received aration.	e of the ab y, motor s and read the opplication is	ement on to	Declar oned insure ser, or accidensurer's read office, or Payment	stions and adds has osteor neuron coersonal infoent and illrequirements or b) on:	sl,35  nen there are ayment Credit ca Visa Name of I signature ecoporosis, we disease. We formation, ageness insurants, the insurant, T	s ree 5 or more and (annual annual an	tem disorder by that the disapplication that ive is pauke effect at reserves the	o be insorthly pa	sured.  yment)  J  uding multions made higet to the commission p.m. on the o declare the sure of the commission p.m. on the commission p.m. on the control of the control o	Expira	eque tion sis, paralysis, complete and of the policy, o payment of the following null and void	
Complete the Pre-Au reverse side of this pare the Annual Amount paid with app  We, the undersigned, decla loss of consciousness, men truthful, acknowledge havin and were informed that our required premium and providates: a) date the application in the event of a false declaring the monthly payment	rized debit  athorized D  age.  lication: \$ _  are that none attal disabilit ng received r agent, pers vided the ag  on is received aration.	e of the ab y, motor s and read the opplication is	ove-mentice kills disord he notice recance broke meets the Insurer's head, fill out	Declar oned insured er, or accidensurer's read office, or and sign	stions and eds has oste or neuron of cersonal information and illraquirements or b) on:  by pre-au (Province)	sl,35  nen there are ayment Credit ca Visa Name of I signature ecoporosis, we disease. We formation, ageness insurants, the insurant, T	se 5 or more and (annual annual annua	tem disorder by that the disapplication intative is parke effect at reserves the	o be insorthly particularly par	sured.  yment)  J  uding multions made heiget to the commission p.m. on the odeclare the surface of the control	Ch Expira	eque  ition  is, paralysis, complete and of the policy, payment of the following null and void	

**Notice:** This application is subject to written confirmation by the Insurer. If you have not received written confirmation from Humania Assurance within 30 days of your application, please contact Client Services at 1-877-554-7181.

or adult children

#### Right of cancellation

At the Policyowner's request, the policy could be cancelled by submitting a written request and returning the policy to the Insurer within 10 days of its receipt. Any premium paid under the policy will then be refunded to the Policyowner.

#### Advisor disclosure statement

The transaction represented by this application is between the Policyowner and Humania Assurance Inc. The financial advisor or representative soliciting this insurance application is an independent contractor and will receive compensation from Humania Assurance when the insurance becomes effective. The advisor may also be eligible to receive additional compensation under the form of a bonus, participation at conventions or other incentives. The applicant is not obligated to transact any other business with Humania Assurance as a condition of this application.

#### Notice concerning files and Personal Information

In order to ensure the confidentiality of the personal information held concerning you, Humania Assurance Inc. will establish a file in which the information concerning your application for insurance and information concerning any insurance claim will be held.

Access to this file will be restricted to Humania Assurance employees, or mandatories who will be responsible for underwriting, administration, investigation and claims, or any other person designated or authorized by you.

Your file will be kept at the Company's head office.

You are entitled to review the personal information contained in this file and, if required, to have the information corrected by submitting a written request to the address below:

Access to Information Officer, Humania Assurance, 1555 Girouard Street West, Postal Box 10000, Saint-Hyacinthe (Quebec) J2S 7C8.

Please be informed that, in the regular processing of application Humania Assurance, may request an investigation report to gather information based on personal interviews with your acquaintances. The investigation may cover your reputation, life style and finances. A representative of the company retained to prepare these reports may also visit or telephone you.