



**FRACTUREINSURANCE**  
For the whole family

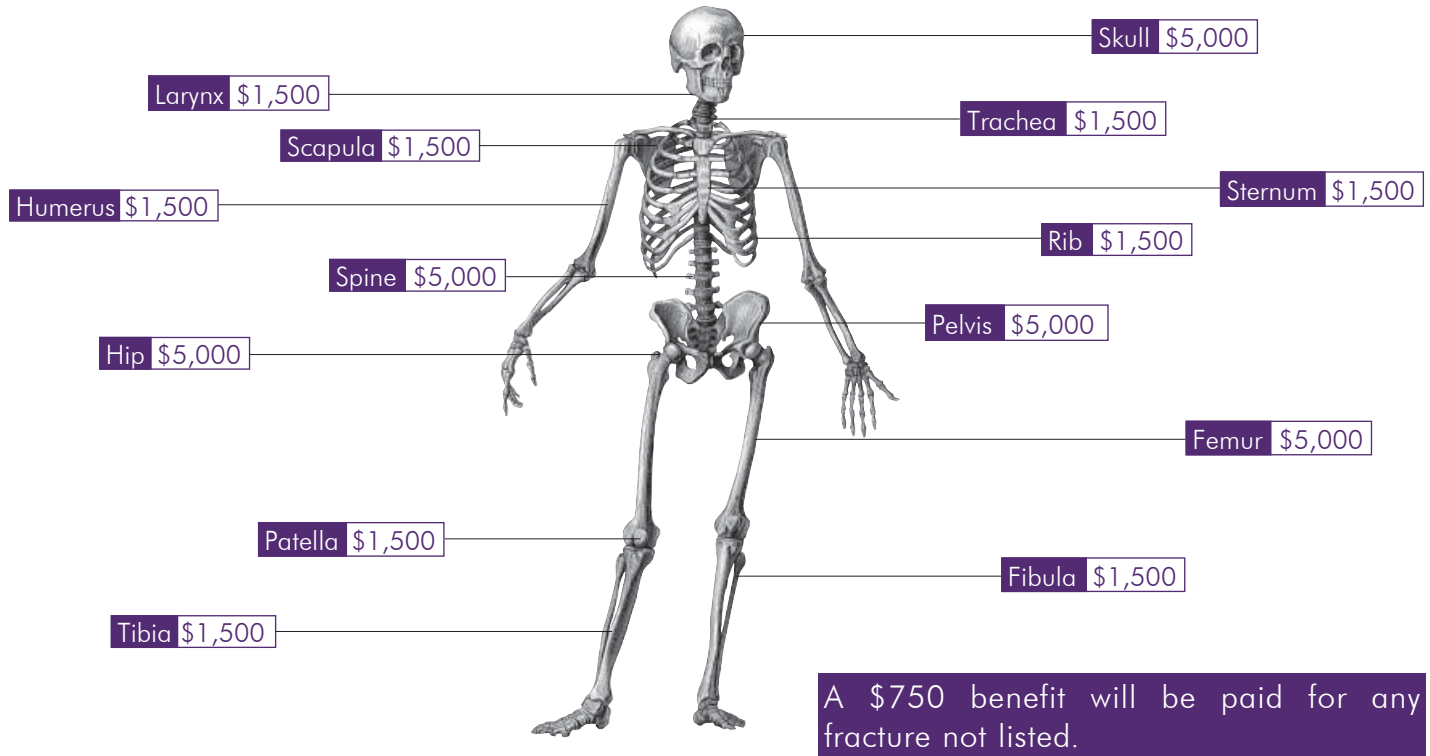


## Receive up to \$10,000 in the event of an accidental fracture.

- 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	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 Unit					
	Individual	Couple	Single parent		Family	
			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

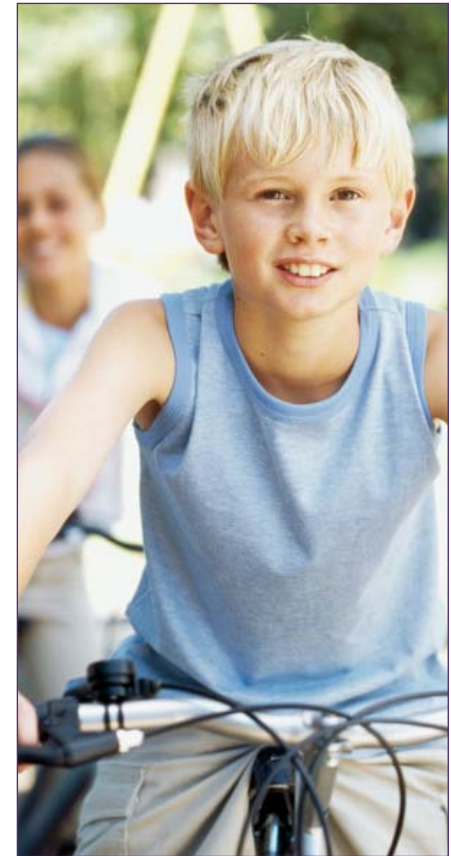
	Double Unit					
	Individual	Couple	Single parent		Family	
			Parent	Children	Parents	Children
Maximum benefit (ex.: skull)	\$10,000	\$10,000	\$10,000	\$5,000	\$10,000	\$5,000
Minimum benefit: any other bone	\$1,500	\$1,500	\$1,500	\$750	\$1,500	\$750

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 premiums			
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



+ policy fee: \$1.35 per month or \$15 per year.

\* 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
Half 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

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## ➤ 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.

Type of fracture	Half Unit		Single Unit		Double Unit	
	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 finger 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 mandataries 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.



HUMANIA ASSURANCE INC.

1555 Girouard Street West, P.O. Box 10000, Saint-Hyacinthe [Quebec] J2S 7C8  
[www.humania.ca](http://www.humania.ca)





Name of the person to be insured  
 \_\_\_\_\_

**PRE-AUTHORIZED DEBIT AGREEMENT (PDA)**

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

**THE ACCOUNT**

- This Agreement must be signed by all persons whose signature is required to affect withdrawals on the account designated below.
- You must attach a sample cheque marked «VOID.» The sample cheque you send to Humania Assurance will serve for all new debits that you may authorize on the account.
- If you wish to change the account on which the PDA is drawn, you must forward a sample cheque for the new account to Humania Assurance.

**THE DEBIT**

- You must be the designated Policyowner or the Payor of the policy contract and you must be the holder of the account on which the PDA is made.
- You must select a debit date between the 1<sup>st</sup> and the 28<sup>th</sup> of the month, inclusively. The debits will be made at this date each month for the duration stipulated in the policy contract.
- You can change the date of the debits provided the premium for the current month is paid or is due at least 10 days after the new date selected.
- The amount of the debit will vary in accordance with the premium as provided for in the policy contract.
- If the amount of the debit should vary, Humania Assurance is not required to provide notification.
- Unless otherwise indicated by you, this Agreement shall be valid for all renewals and conversions of your policy contract.

**CANCELLING THIS AGREEMENT**

- You can end this Agreement at any time for all policies included in it, by providing 10 days written notice.
- You may obtain further information on your right to cancel a PDA Agreement by visiting the Canadian Payments Association website at: [www.cdnpay.ca](http://www.cdnpay.ca).

**THE CONSEQUENCES OF NON-PAYMENT**

- You are solely responsible for the consequences of a non-payment and any obligations that it may give rise to under the terms and conditions of the policy contract.
- You are in default of payment when a PDA is not honoured because of non-sufficient funds, closed account or other similar reasons.
- If your financial institution does not honour a debit because of non-sufficient funds, Humania Assurance will debit that amount again with the next monthly debit along with a fee of \$25 for each debit not honoured. Humania Assurance may also terminate this agreement and the annual premium would then be due for all policies covered by this Agreement.
- A notice of «Stop Payment» initiated by you without prior agreement with Humania Assurance for the payment of the premium, may result in the cancellation of all policies covered by this Agreement.

**RIGHT TO REIMBURSEMENT**

You have certain recourse rights if any debit does not comply with this Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PDA Agreement. To obtain more information on your recourse rights, contact your financial institution or visit: [www.cdnpay.ca](http://www.cdnpay.ca).

**PERSONAL INFORMATION**

In establishing your PDA, Humania Assurance will release and exchange with your financial institution only information that is legally required.

**BANK ACCOUNT INFORMATION**

These services are for (check one)  Personal  Business use

Name of bank or financial institution \_\_\_\_\_ Transit number \_\_\_\_\_ Bank number \_\_\_\_\_ Account number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal 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 now or at any subsequent time to honour the requests for PDA or fees made by Humania Assurance on the above account, including a redraw within 30 days for any debit that was not honoured the first time it was presented. The Payors named below authorizes, Humania Assurance to debit such amounts on another account, as the Payors may direct from time to time, upon oral or written instructions.

Signed at \_\_\_\_\_, \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_  
 (City) (Province)

Name of payor (account holder) \_\_\_\_\_ Name of second payor (account holder), if any \_\_\_\_\_

Signature of payor \_\_\_\_\_ Signature of second payor, if any \_\_\_\_\_

**ATTACH A VOID CHEQUE HERE (if applicable)**

**Sample  
 void  
 cheque**



**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.



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