

**KALEIDO**

# Summary

Group Life and Disability Insurance



# Summary

## Information about the product and the distributor

Name of insurance product: **Group Insurance,  
Policy No. 18835**

Type of insurance product: **Group Life Insurance  
and Disability Insurance**

### Insurer's contact information:

Name: **Humania Assurance Inc.**

Address: 1555 Girouard Street West  
P.O. Box 10000  
Saint-Hyacinthe (Quebec) J2S 7C8

Email: conformite@humania.ca  
Phone: 450 773-1809 / 1 800 818-7236

Licence issued by the Autorité des marchés financiers du Québec. Number 2000737703

### Distributor's contact information:

Name: **Kaleido Growth Inc.**

Address: Centre d'affaires Henri-IV  
1035 Wilfrid-Pelletier Avenue  
Suite 500  
Quebec QC G1W 0C5

Phone: 418 651-8975 / 1 877 710-7377 (RESP)  
Fax: 418 651-8030

Website: kaleido.ca  
Email: info@kaleido.ca

Coverages offered by:



## Description of the insurance offered

This insurance covers the outstanding contributions that would remain payable in relation to your *Scholarship Plan Agreement* in the event of your death or disability.

With regard to the Disability Insurance offered, individuals must be officially recognized as disabled, as defined in the policy.

### Summary of specific conditions

To be eligible for this insurance, you must:

- have subscribed to a *Scholarship Plan Agreement* issued by the Kaleido Foundation;
- be under 60 years of age;
- select a contribution option other than single or “annual - 2 years” for your *Scholarship Plan Agreement*.

Since this coverage is offered as a package, the Life Insurance and Disability Insurance components cannot be subscribed to separately.

### What is the amount of the coverage?

The coverage is determined based on the plan(s) selected. It is important to note, however, that **this benefit shall not exceed \$60,000 per plan member under any circumstances, regardless of the number of plans subscribed.**

### To whom is the benefit of this insurance paid?

The benefit provided for in the case of death or disability is paid to Kaleido Growth Inc.

Note that the benefit can only be paid once for a given *Scholarship Plan Agreement*, either for Life Insurance or for Disability Insurance.

### How is my insurance premium paid?

Your insurance premium is paid to the Insurer, at an agreed upon payment frequency, from your contribution payments provided in your *Scholarship Plan Agreement*. If, for any reason, you cannot make a contribution on the established date, and therefore fail to pay the insurance premium that is due on that date, you will have 60 days to make the missed payment. Failure to do so will result in your insurance coverage being terminated on the 60<sup>th</sup> day following the date on which you should have made the contribution in question.

The insurance premiums are determined based on premium rates, which vary—according to the contribution option selected and the beneficiary’s age at the time the *Scholarship Plan Agreement* was established—between \$0.35 and \$14.77 per contribution.

The payable premium amount does not vary during the contractual period.

If you change your contribution option or the amount of your contributions, your premium will be revised in accordance with the premium rate applicable to the new option or amount.

### **What is the term of this insurance contract?**

This insurance coverage protects you for the entire period during which contributions are payable as set out in your *Scholarship Plan Agreement*.

### **What is the effective date of my insurance?**

Subject to any applicable legislation and payment of the first premium, your insurance will start on the date you sign the Policyholder's *Account Opening Form*.

### **Will I have to answer any questions related to my health?**

You will not be required to answer any health-related questions.

### **What is the waiting period if I have to file a claim?**

There is no waiting period for the payment of the benefit provided for under the insurance contract.

### **Exclusions applicable to Life Insurance**

**No benefit is payable for a death:**

- 1) that occurs during the first 12 months following the effective date of the insurance and which is the result of sickness or injury for which the plan member received treatment, medical care or took medication prescribed by a physician within 24 months prior to the effective date of the insurance; or
- 2) that is the result of a suicide that occurs during the first 2 years following the effective date of the insurance. In such case, the Insurer reimburses the portion of the Life Insurance premiums paid by the plan member since the effective date of the insurance.

### **Exclusions applicable to Disability Insurance**

**No benefit is payable for a disability:**

- 1) that occurs during the first 12 months following the effective date of the insurance and which is the result of sickness or injury for which the plan member received treatment, medical care or took medication prescribed by a physician within 24 months prior to the effective date of the insurance; or
- 2) that began before October 1, 2017; or
- 3) that began before the application date for insurance.

### **Restrictions applicable to Life and Disability Insurance**

- 1) The benefit payable in the event of death or disability cannot exceed a maximum amount of \$60,000 per plan member, under any circumstances, regardless of the number of plans subscribed.
- 2) The benefit can only be paid once for a given *Scholarship Plan Agreement*, either for Life Insurance or for Disability Insurance.

## **The right to rescission**

Within 20 days following the date that your insurance came into effect, you may send a notice of rescission by recommended mail to Kaleido Growth Inc., dated and signed by you, as a subscriber to the *Scholarship Plan Agreement*, and attach a copy of your *Account Opening Form* duly completed. Your insurance will then be cancelled with no penalty and any premium already paid will be reimbursed.

## **Benefit claims**

All claims for Life or Disability Insurance must include detailed information deemed satisfactory by the Insurer and must be submitted in writing to the Insurer's head office within the prescribed time frame. You will be requested to provide documentation proving your eligibility for a benefit. The benefit can only be paid once for a given *Scholarship Plan Agreement*, either for Life Insurance or for Disability Insurance.

### **Submitting a claim**

A person who submits a claim for Life or Disability Insurance must complete the appropriate claim form. To obtain this form as well as instructions on how to complete it, the person must:

- call Kaleido Growth Inc.'s customer service at 418 651-8975 or 1 877 710-7377 (toll-free number); or
- send a fax to Kaleido Growth Inc.'s customer service at 418 651-8030, specifying the postal address to which the claim form must be sent, and a telephone number where the claimant can be reached.

### **Where do I send the claim form and documents?**

The duly completed claim form and all required documents must be submitted to Kaleido Growth Inc.

### **Appeal of the insurer's decision and recourses**

If your claim is denied, you can appeal this decision by writing to Kaleido Growth Inc. within 2 years following the date the claim was refused. Your letter of appeal must include the reasons for the appeal, and any additional documents that may be necessary for the appeal.

Your appeal will be reviewed and Kaleido Growth Inc. will send you a letter confirming the Insurer's response to your appeal.

### **You wish to file a complaint with the insurer?**

Please read the procedure and the *Complaint Review Policy* under "Filing a complaint" on the website: [www.humania.ca/en-CA/group](http://www.humania.ca/en-CA/group).

For more information, you can also contact the *Autorité des marchés financiers* at the following address: [www.lautorite.qc.ca](http://www.lautorite.qc.ca).



[humania.ca](http://humania.ca)

**KALEIDO**

