



INSURANCE WITHOUT
MEDICAL EXAM

Simple and easy to apply!

PRODUCT GUIDE

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FOR WHOM IS INSURANCE WITHOUT MEDICAL EXAM INTENDED?

Have you ever been refused life, critical illness (cancer, stroke, heart attack) or disability insurance?

Insurance Without Medical Exam by Humania Assurance is for individuals who, for medical or other reasons, have trouble finding insurance coverage.

- Life Insurance
- Critical Illness Insurance
- Disability Insurance (income and debt)

Want to sign up? **There's no medical exam.** Just answer **six questions to find out if you are eligible.**

You will **be covered immediately**, as soon as we receive your application.

This policy is:

- **Instantly issued**;
- **Simple**;
- **Easy** to apply for.

Receive up to **\$100,000** following a cancer diagnosis, heart attack, stroke or coronary artery bypass surgery.

If an accident or illness is keeping you from working, we will pay a benefit of **\$2,500** per month to cover your loss of pay, or* **\$2,500** per month so you can pay your debts.

Your beneficiaries will receive up to **\$300,000** in the event of your death.

Insurance Without Medical Exam by Humania Assurance is available exclusively through a duly authorized financial security advisor.

Insurance Without Medical Exam by Humania Assurance lets you sign up for four separate policies at once:

- IWME - Life Insurance
- IWME - Critical Illness Insurance
- IWME - Disability Income Insurance
- IWME - Disability Debt Insurance

*The total benefits payable each month by the insurer for all HUMANIA ASSURANCE - INSURANCE WITHOUT MEDICAL EXAM disability policies for an insured cannot exceed two thousand five hundred dollars (\$2,500).



AM I ELIGIBLE?

NO MEDICAL EXAM NECESSARY. JUST ANSWER SIX EASY QUESTIONS.

Client is working

- | | | |
|--|-----|----|
| 1. Are you currently working?
(Answer yes if you are currently receiving benefits from a parental leave plan) | Yes | No |
| 2. In the past 12 months , (or the 12 months prior to your parental leave if applicable), were you able to complete all your occupations (28 weeks, 21 hours/week) and on a regular basis? | Yes | No |
| 3. In the past 2 years , (or the 2 years prior to your parental leave if applicable), were you absent from work for more than 15 consecutive days due to illness or received disability or critical illness benefits from a private, group or public insurance plan?
This refers to any private insurance plan you may have, any insurance coverage provided by your employer, professional association or other group or organization, and coverage provided by government agencies, both provincial and federal. | Yes | No |
| 4. In the last 2 years , did you receive treatment or were you advised to seek treatment regarding the use of drugs or alcohol?
Treatment includes, but is not limited to participation in a support group. | Yes | No |
| 5. In the last 5 years , were you incarcerated in a penitentiary for more than 48 hours ? | Yes | No |
| 6. In the last 6 months , did you have any physical or mental symptoms or discomfort for which <u>you have not yet consulted</u> a health professional? | Yes | No |

Client is not working

- | | | |
|--|-----|----|
| 1. Are you currently working?
(Answer yes if you are currently receiving benefits from a public parental insurance plan) | Yes | No |
| 2. I confirm that I have not received any diagnosis of cognitive impairment and confirm being able to perform regular daily living activities such as bathing, dressing, toileting, maintaining continence, moving and eating by myself? | Yes | No |
| 3. In the last 2 years , In the last 2 years, were you unable to perform your regular occupations, including daily living activities, for more than 15 consecutive days due to illness or received disability or critical illness benefits from a private, group or public insurance plan?
This refers to any private insurance plan you may have, any insurance coverage provided by your employer, professional association or other group or organization, and coverage provided by government agencies, both provincial and federal. | Yes | No |
| 4. In the last 2 years , In the last 2 years, did you receive treatment or were you advised to seek treatment regarding the use of drugs or alcohol?
Treatment includes, but is not limited to participation in a support group. | Yes | No |
| 5. In the last 5 years , were you incarcerated in a penitentiary for more than 48 hours ? | Yes | No |
| 6. In the last 6 months , did you have any physical or mental symptoms or discomfort for which <u>you have not yet consulted</u> a health professional? | Yes | No |

Eligible to four types of coverage

Life • Critical Illness • Disability Income • Disability Debt

Eligible to two types of coverage

Life • Critical Illness

THE FOLLOWING QUESTIONS WILL DETERMINE THE PREMIUM RATES AND THE TERMS OF YOUR POLICY

In the **last five years**, were you diagnosed with, received treatment for or recommended therapy or medication for any of the following disorders:

- | | | |
|---|-----|----|
| 7. Heart or blood vessel disorder or stroke (cerebrovascular accident)? | Yes | No |
| 8. Cancer, tumour, cystic fibrosis, Hodgkin's disease, lymphoma, leukemia, emphysema or chronic bronchitis? | Yes | No |
| 9. Diabetes, Crohn's disease, ulcerative colitis, hepatitis B or C, or other disorder of the liver or pancreas? | Yes | No |
| 10. Multiple sclerosis, muscular dystrophy or paralysis? | Yes | No |
| 11. Seizures or motor neuron disease? | Yes | No |
| 12. Prostate disorder, polycystic kidney disease or other kidney disorder? | Yes | No |
| 13. Acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV)? | Yes | No |
| 14. Rheumatoid arthritis, fibromyalgia or spinal disc disease? | Yes | No |
| 15. Depression, psychosis, schizophrenia, or bipolar disorder? | Yes | No |

If your client answers yes to question 15, the following question must be answered.

- | | | |
|---|-----|----|
| In the past 5 years , have you been hospitalized, had suicidal thoughts, considered hurting yourself one way or another or have you been prescribed more than 2 medications for any of the listed conditions? | Yes | No |
| 16. Did more than one member of your family (parents, brother or sister) have cancer, diabetes, stroke, heart attack, angina, multiple sclerosis, polycystic kidney disease or motor neuron disease before age 60 ? | Yes | No |
| 17. In the past 2 years , have you received a treatment or a therapy, been prescribed or taken prescription medication other than birth control, antibiotics or nonsteroidal anti-inflammatory drugs? | Yes | No |

PRE-EXISTING CONDITION CLAUSES APPLY TO ALL POLICIES

Based on your answers to the health questionnaire, the pre-existing conditions clause may be **12 or 24 months** (depending on the policy purchased by the policyholder). The duration of the pre-existing condition exclusion is clearly indicated on the screen and in the schedule of benefits attached to the insurance policy.

What is a pre-existing condition?

A pre-existing condition is an injury, illness or condition that began during the 12 or 24 months prior to the date the policy took effect, and for which:

- the insured was diagnosed, treated, hospitalized or attended to by a physician or any other health professional;
- the insured was advised to seek treatment or consult a physician or any other health professional;
- the insured was prescribed or took medication, showed signs or symptoms, or underwent tests or exams.

What if I need to make a claim during the pre-existing condition period?

No benefit will be payable during the 12 or 24 months (depending on the policy purchased by the policyholder) following the date the policy takes effect if the claim results from a pre-existing condition and the first signs and symptoms of the illness appear during the 12- or 24-month period after the coverage takes effect. If this should occur, the insurer's liability will be limited to a refund of the paid premiums and the policy will terminate with no further value.

Illustration of how a 24/24 pre-existing condition clause applies

Marie suffers from heart problems and high blood pressure. For the past 24 months, she has been on prescribed medication and seen her doctor regularly. Marie decides to purchase an Insurance Without Medical Exam policy from Humania Assurance.

If, within 24 months of purchasing the policy, Marie wishes to make a claim directly or indirectly related to her heart problems or high blood pressure (pre-existing conditions), no benefit would be payable. However, any condition not related to the pre-existing conditions would be covered in accordance with the terms and conditions of the policy.

After 24 months, Marie will be able to make a claim for any situation covered by her policy, regardless of whether the claim is related to her pre-existing condition.

Duration of the pre-existing condition exclusion

The duration of the pre-existing condition exclusion is set at 12 or 24 months, depending on the answers to the health questions (7 to 17). These are also clearly indicated in the policy summary.

TERMINATION OF POLICY AND COVERAGES

Unless stipulated otherwise in a given coverage, this policy and its coverages terminate at the earliest of the following dates:

- the date on which the Insurer receives a written request from the insured to cancel this policy or the date stipulated in that request, if later;
- the date on which the grace period for any premium payment expires;
- the date on which the person insured becomes, within 12 or 24 months (as per Person Insured's rating) after the effective date, totally disabled resulting from a pre-existing condition;
- the date on which the maximum payable benefits of twenty-four (24) times the benefit amount shown in the Schedule of Benefits is paid;
- the policy anniversary date on which the person insured has reached the insurance age of sixty-five (65);
- the date the person insured ceases to be a Canadian resident, and
- the date on which the person insured dies.

SUMMARY OF LIFE INSURANCE WITHOUT MEDICAL EXAM

Benefits offered	Minimum \$5,000, maximum \$300,000
Age limit upon purchase	Available to persons ages 18 to 70, inclusively
Contract type	Term of 10 or 20 years depending on the option chosen by the policyholder
Renewal	Coverage for up to 80 years of age
Premium	This <i>policy</i> comes with premiums that change every 10 or 20 years, depending on the option selected by the policyholder. The premium is guaranteed for the selected period. At the end of the 10- or 20-year period, depending on the option selected, the premium will be adjusted to reflect the <i>insured's</i> age, the <i>insured's</i> original <i>risk class</i> and the premium rates applicable at that date. The new premium will also be guaranteed for another 10- or 20-year period.
Beneficiary	As designated by the policyholder
Pre-existing condition clauses	Pre-existing condition clauses of 12 or 24 months apply (depending on the insured's policy).
Exclusions and restrictions	Please refer to the online specimen policy document for life insurance for full details.

Insurance Without Medical Exam by Humania Assurance is available exclusively through a duly authorized financial security advisor.

PAYMENT OF BENEFITS UNDER THE LIFE INSURANCE POLICY

If the insured's death is not the result of a pre-existing condition, the insurer will pay the life insurance benefit indicated in the schedule of benefits, subject to the policy limitations and exclusions.

If the insured's death results from a pre-existing condition and death occurs more than 12 or 24 months (depending on the policy purchased by the policyholder) after the policy takes effect, the insurer will pay the life insurance benefit, subject to the policy limitations and exclusions.

No life insurance benefit will be payable during the 12 or 24 months following the effective date of the policy if death results from a pre-existing condition. If this should occur, the insurer's liability will be limited to a refund of the paid premiums and the policy will terminate with no further value.

Total benefits payable

*The total benefits payable by the insurer for all HUMANIA ASSURANCE - INSURANCE WITHOUT MEDICAL EXAM life insurance policies for an insured cannot exceed three hundred thousand dollars (\$300,000). In the event that the amount of coverage held by an insured is greater than three hundred thousand dollars (\$300,000), the insurer will pay a total benefit of three hundred thousand dollars (\$300,000) and will refund any premiums paid for benefits in excess of that amount.

SUMMARY OF CRITICAL ILLNESS INSURANCE WITHOUT MEDICAL EXAM

Benefits available	Minimum \$5,000, maximum \$100,000.
Age limit upon purchase	Available to persons ages 18 to 55 inclusively.
Contract type	Term of 10 or 20 years depending on the option chosen by the policyholder.
Renewal	Coverage for up to 65 years of age.
Premium	This <i>policy</i> comes with premiums that change every 10 or 20 years, depending on the option selected by the policyholder. The premium is guaranteed for the selected period. At the end of the 10- or 20-year period, depending on the option selected, the premium will be adjusted to reflect the <i>insured's</i> age, the <i>insured's</i> original <i>risk class</i> and the premium rates applicable at that date. The new premium will also be guaranteed for another 10 to 20 years.
Illnesses covered	<ul style="list-style-type: none"> • Stroke (cerebrovascular accident) • Cancer • Heart surgery (coronary artery bypass) • Heart attack (myocardial infarction) Please refer to the specimen policy document on critical illness insurance for the specific payable conditions.
Survival period	30 days
Moratorium period for cancer	90 days
Refund of premiums upon death	Yes
Beneficiary	The insured, unless otherwise indicated in the application.
Pre-existing condition clauses	Pre-existing condition clauses of 12 or 24 months apply (depending on the insured's policy).
Rider (optional)	After 20 years without claim, receive a premium refund of up to 75% of the total premiums paid.
Exclusions and restrictions	Please refer to the online specimen policy document on critical illness insurance for full details.

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PAYMENT OF BENEFITS UNDER CRITICAL ILLNESS INSURANCE POLICY

If the insured is diagnosed with a critical illness covered by the policy and the critical illness does not result from a pre-existing condition, the insurer will pay the critical illness benefit if the insured is still alive thirty (30) days after the date of diagnosis.

If a critical illness covered by the policy results from a pre-existing condition and the insured is diagnosed with the critical illness 12 or 24 months (depending on the policy purchased by the policyholder) after the date the policy takes effect, the insurer will pay the critical illness benefit if the insured is still alive thirty (30) days after the date of diagnosis.

No benefit for critical illness will be payable if a critical illness covered by the policy results from a pre-existing condition and the insured is diagnosed with the critical illness 12 or 24 months, depending on the policy that is purchased, after the effective date of the policy. If this should occur, the insurer's liability will be limited to a refund of the paid premiums and the policy will terminate with no further value.

If the insured should die, provided that no critical illness benefit is payable, the insurer will pay a benefit equal to the total amount, without interest, of the premiums paid plus the administration fees paid during the policy coverage period, subject to a maximum payment not to exceed the critical illness benefit under the policy.

Limitations

Conditions relating to payment of a benefit for covered critical illnesses:

The benefit is only payable after the survival period, provided that it is the first incidence of a critical illness covered under the policy. Critical illness benefits are not cumulative. Consequently, the insurer can never be required to pay more than one benefit under this coverage.

Exclusions

No benefit will be payable during the 12 or 24 months (depending on the insured's policy) after the coverage takes effect if the covered critical illness results from a pre-existing condition.

No benefit will be payable for a covered critical illness that results from:

- attempted suicide or intentionally self-inflicted injury or dismemberment, whether the person insured is sane or insane;
- participating in the commission or attempted commission of a criminal or unlawful act, or the insured driving a motor vehicle or boat while under the influence of narcotics or while his or her blood alcohol level exceeds the legal limit;
- intentional use of any drug or medication without a prescription by a physician or any other health professional or the use of any drug or medication prescribed by a physician or any other health professional other than as directed.

Maximum amount payable

The total amount of benefits payable by the insurer for all HUMANIA ASSURANCE – INSURANCE WITHOUT MEDICAL EXAM critical illness policies for a single insured person may not exceed one hundred thousand dollars (\$100,000). If the amount of coverage for a single insured person exceeds that amount, the insurer will pay a total benefit of one hundred thousand dollars (\$100,000) and will refund any premiums paid on the benefits in excess of that amount.

LIST AND DEFINITIONS OF CRITICAL ILLNESSES COVERED

Stroke:

A cerebrovascular event producing neurological sequelae lasting more than thirty (30) days and caused by thrombosis, hemorrhage, or embolism from an extra-cranial source. There must be evidence of measurable, objective neurological deficit. Transient ischemic attacks are specifically excluded.

Cancer:

A tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The cancer diagnosis must be made by a *medical specialist*.

The following forms of *cancer* are excluded:

- carcinoma in situ;
- stage 1A malignant melanoma as defined by the TNM classification (melanoma less than or equal to one point zero (1.0) millimetre in thickness, not ulcerated and without Clark level IV or level V invasion);
- any non-melanoma skin cancer that has not metastasized (spread to adjacent organs);
- stage A (T1a or T1b) prostate cancer.

Moratorium period

No benefit is payable for any cancer when the earlier of the following dates occurs within ninety (90) days of the effective date of this coverage:

- the date of diagnosis of any cancer, whether covered or excluded;
- the date on which any early signs or symptoms of any cancer, whether covered or excluded, appear;
- the date of medical consultations and tests leading to the diagnosis of any cancer, whether covered or excluded.

Any diagnosis of cancer (whether covered or excluded under this benefit) or any sign or symptom or any medical consultation or test leading to a diagnosis of cancer (whether covered or excluded under this coverage) that appears during the moratorium period must be reported in writing to the insurer within six (6) months of the diagnosis. Failure to do so entitles the insurer to refuse any claim under this coverage.

Heart surgery (coronary artery bypass):

Heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). Non-surgical procedures such as angioplasty and laser relief of obstruction are not covered.

Heart attack (myocardial infarction):

Necrosis of a portion of cardiac muscle as a result of inadequate blood supply, as evidenced by:

- recent electrocardiographic (ECG) changes indicative of a myocardial infarction;
- elevation of cardiac biochemical markers to levels considered diagnostic for infarction.

Heart attack during an angioplasty is covered, provided that there is a diagnosis of new changes to the Q-wave on the ECG in addition to an elevation of cardiac markers.

Heart attack does not include an incidental finding of ECG changes suggesting a prior symptomless myocardial infarction or a prior myocardial infarction in the absence of a corroborating medical event.

SUMMARY OF DISABILITY INSURANCE WITHOUT MEDICAL EXAM

Benefits available	Minimum \$400, maximum \$2,500 a month
Waiting period	90 days
Benefit period	24 months
Age limit upon purchase	Available to persons ages 18 to 55 inclusively
Contract type	Term of 10 or 20 years depending on the option chosen by the policyholder
Renewal	Coverage for up to 65 years of age
Premium	This <i>policy</i> comes with premiums that change every 10 or 20 years, depending on the option selected by the policyholder. Unless explicitly stated otherwise in the schedule of benefits, the insurer may adjust the coverage premium based on experience if not as expected.
Retroactive benefit	6 months If the insured receives total disability benefits for six (6) consecutive months, the insurer will pay a lump sum benefit equal to the total disability benefits that would have been paid during the waiting period as though the waiting period did not apply.
Disability coverage	Any total disability resulting from an accident or illness
Waiver of premiums	3 months
Coordination	100%
Integration	\$1,200 non-integrated
Beneficiary	The insured
Pre-existing condition clauses	Pre-existing condition clauses of 12 or 24 months apply (depending on the insured's policy).
Rider (optional)	After 20 years without claim, receive a premium refund of up to 75% of the total premiums paid.
Exclusions and restrictions	Please refer to the online specimen policy document for disability insurance.

Humania Assurance - Insurance Without Medical Exam is available exclusively through a duly authorized broker (financial security advisor).

PAYMENT OF BENEFITS UNDER DISABILITY INSURANCE POLICY

If the *insured's disability* does not result from a *pre-existing condition*, the *insurer* will pay each month, while the *insured* is *totally disabled*, the *eligible benefit indicated* in the policy summary after a *90-day waiting period* for a maximum of 24 months, subject to the policy limitations and exclusions.

If the disability results from a pre-existing condition and the insured becomes disabled after the 12- or 24-month period (depending on the insured's policy) following the date this coverage takes effect, the insurer will pay, while the insured is totally disabled and while the coverage is in effect, the eligible monthly benefit shown in the schedule of benefits, subject to the limitations and exclusions of the policy.

No benefit for disability will be payable if the disability results from a pre-existing condition and the insured becomes disabled during the 12- or 24-month period following the date this coverage takes effect. If this should occur, the insurer's liability will be limited to a refund of the paid premiums and the policy will terminate with no further value.

The first one thousand two hundred dollars (\$1,200) of monthly benefits payable under all HUMANIA ASSURANCE – INSURANCE WITHOUT MEDICAL EXAM disability coverage for an insured is neither integrated with government plans nor coordinated with other insurance.

All monthly disability benefits over one thousand two hundred dollars (\$1,200) become fully integrated and coordinated. Disability benefits are then determined based on the insured's average monthly earned income, up to the insured maximum indicated in the schedule of benefits.

Definition of total disability

For a person insured who holds remunerative work when the disability begins: the inability to perform each and every duty of his or her occupation when the disability begins and who, since the disability began, does not hold other employment, and is under the continuous and appropriate treatment and care of a physician.

For a person insured who is without work when the disability begins: it is the state of an insured who is unable to perform at least one of the activities of daily living and who remains under the continuous and appropriate treatment and care of a physician.

Activities of daily living: the series of actions that a person performs daily for the purpose of eating, dressing, transferring, bathing, toileting and continence, where such terms mean the following:

- Eating: the ability to consume food that has been prepared and served, with or without the use of adaptive utensils;
- Dressing: the ability to put on and remove necessary clothing, including braces, artificial limbs or other surgical prostheses;
- Transferring: the ability to move oneself in some manner from a bed, a chair or a wheelchair, with or without the use of ancillary equipment;
- Bathing: the ability to wash oneself in a bathtub or shower or by sponge bath, with or without the use of equipment;
- Toileting: the ability to get to and from the toilet and maintain personal hygiene;
- Continence: the ability to manage bowel and bladder function with or without protective undergarments so that a reasonable level of hygiene is maintained.

Limitations

If the insured has been **without work** for over **one hundred twenty (120) days** when the total disability begins, the benefit payable is modified as follows:

- The insurer will pay the monthly eligible benefit amounts up to either fifty percent (50%) of the maximum amount for the disability benefit shown in the schedule of benefits, or one thousand two hundred dollars (\$1,200), whichever is less, for all disability coverage the insured holds with the insurer.

Exclusions

No benefit for disability will be payable, for the duration of the disability, if the disability results from a pre-existing condition and the insured becomes disabled during the 12- or 24-month period (depending on the insured's policy) following the date this coverage takes effect.

No benefit will be payable for a disability that results from:

- attempted suicide or intentionally self-inflicted injury or dismemberment, whether the person insured is sane or insane;
- participating in the commission or attempted commission of a criminal or unlawful act, or the insured driving a motor vehicle or boat while under the influence of narcotics or while his or her blood alcohol level exceeds the legal limit;
- drug addiction, alcoholism or the use of hallucinogens, drugs or narcotics;
- service, whether or not as a combatant, with armed forces engaged in surveillance, training, peacekeeping, insurrection, war (whether declared or not) or any related act, or the insured's participation in a popular uprising;
- an injury sustained during a flight, except where the insured is a paying passenger aboard an aircraft operated by a common carrier;
- practicing for or participating in sports as a professional or any contest of motorized speed;
- injury while participating in any high-risk activity including, but not limited to, bungee jumping, freestyle skiing/snowboarding, heli-skiing/snowboarding, ski jumping, parachuting, skydiving, sky-surfing, street luge, skeleton activity, mountain or rock climbing with or without ropes, participation in any rodeo or ultimate fighting activity;
- cosmetic surgery or elective surgery, and any resulting complication;
- experimental treatments or treatments that apply new procedures or treatments that are not yet standard practice.

No disability benefit will be payable for:

- a pregnancy, birth, miscarriage, abortion or any resulting condition, except in the case of a pathological complication;
- a period in which the insured is incarcerated in a penitentiary or government detention centre.

Waiver of premiums

After three (3) consecutive months of total disability, the insurer will waive the subsequent premiums for as long as the insured is eligible to receive total disability benefits.

Retroactive benefit

If the insured receives total disability benefits for six (6) consecutive months, the insurer will pay a lump sum benefit equal to the total disability benefits that would have been paid during the waiting period as though the waiting period did not apply.

Assumed total and permanent disability

If, as a result of an accident or an illness, the insured sustains a total and permanent loss of use of two limbs or one of the senses listed below, the insured is considered to be totally disabled, whether or not he or she holds other employment or is under the regular care of a physician.

Total and permanent loss of use of two limbs or of one of the senses listed below means:

- loss of a hand or a foot: complete severance at or above the wrist or ankle joint; where there is no severance, total and permanent loss of use of the hand or foot;
- loss of hearing: total and irreversible loss of hearing in both (2) ears, with a hearing threshold of ninety (90) decibels or more, within a speech threshold of 500 to 3,000 cycles per second, confirmed by an otolaryngologist registered and licensed to practice in Canada and practicing in Canada;
- loss of sight: total and irreversible loss of sight in both (2) eyes (visual acuity of twenty over two hundred (20/200) or less, or a field of vision of less than twenty (20) degrees).

Maximum amount payable

The total amount of monthly benefits payable by the insurer under all HUMANIA ASSURANCE – INSURANCE WITHOUT MEDICAL EXAM disability policies issued for one insured may not exceed two thousand five hundred dollars (\$2,500). In the event that the amount held by an insured is greater than that amount, the insurer will pay a total benefit of two thousand five hundred dollars (\$2,500) and will refund the premiums paid on benefits in excess of that amount.

SUMMARY OF DEBT INSURANCE WITHOUT MEDICAL EXAM FOR DISABILITIES

Benefits available	Minimum \$400, maximum \$2,500 a month
Waiting period	90 days
Benefit period	12 or 24 months
Age limit upon purchase	Available to persons ages 18 to 55, inclusively
Contract type	Term of 10 or 20 years depending on the option chosen by the policyholder
Renewal	Coverage for up to 65 years of age
Premium	This <i>policy</i> comes with premiums that change every 10 or 20 years, depending on the option selected by the policyholder. Unless explicitly stated otherwise in the schedule of benefits, the insurer may adjust the premium's coverage based on experience if not as expected.
Retroactive benefit	6 months. If the insured receives total disability benefits for six (6) consecutive months, the insurer will pay a lump sum benefit equal to the total disability benefits that would have been paid during the waiting period as though the waiting period did not apply.
Disability coverage	Any total disability resulting from an accident or illness.
Waiver of premiums	3 months
Coordination	Not coordinated. Any debt covered by other insurance is not eligible.
Beneficiary	The insured
Pre-existing condition clauses	Pre-existing condition clauses of 12 or 24 months apply (depending on the insured's policy).
Rider (optional)	After 20 years without claim, receive a premium refund of up to 75% of the total premiums paid.
Exclusions and restrictions	Please refer to the online specimen policy document for disability insurance.

Humania Assurance - Insurance Without Medical Exam is available exclusively through a duly authorized broker (financial security advisor).

PAYMENT OF BENEFITS UNDER DEBT DISABILITY INSURANCE POLICY

If the *insured's disability* does not result from a *pre-existing condition*, the *insurer* will pay each month, while the *insured* is *totally disabled*, the *eligible benefit indicated* in the policy summary after a *90-day waiting period* for a maximum of 24 months, subject to the policy limitations and exclusions.

If the disability results from a pre-existing condition and the insured becomes disabled after the 12- or 24-month period (depending on the insured's policy) following the date this coverage takes effect, the insurer will pay, while the insured is totally disabled and the coverage is in effect, the eligible monthly benefit shown in the schedule of benefits, subject to the limitations and exclusions of the policy.

No benefit for a disability will be payable if the disability results from a pre-existing condition and the insured becomes disabled during the 12- or 24-month period (depending on the insured's policy) following the date this coverage takes effect. If this should occur, the insurer's liability will be limited to a refund of the paid premiums and the policy will terminate with no further value.

Definition of total disability

For a person insured who holds remunerative work when the disability begins: the inability to perform each and every duty of his or her occupation when the disability begins and who, since the disability began, does not hold other employment, and is under the continuous and appropriate treatment and care of a physician.

For a person insured who is without work when the disability begins: it is the state of an insured who is unable to perform at least one of the activities of daily living and who remains under the continuous and appropriate treatment and care of a physician.

Activities of daily living: the series of actions that a person performs daily for the purpose of eating, dressing, transferring, bathing, toileting and continence, where such terms mean the following:

- Eating: the ability to consume food that has been prepared and served, with or without the use of adaptive utensils
- Dressing: the ability to put on and remove necessary clothing including braces, artificial limbs or other surgical prostheses
- Transferring: the ability to transfer oneself in some manner from a bed, a chair or a wheelchair, with or without the use of ancillary equipment
- Bathing: the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the use of equipment
- Toileting: the ability to get to and from the toilet and maintain personal hygiene
- Continence: the ability to manage bowel and bladder function with or without protective undergarments so that a reasonable level of hygiene is maintained

Limitations

If the insured has been ***without work*** for over ***one hundred twenty (120) days*** when the total disability begins, the benefit payable is modified as follows:

- The insurer will pay the monthly eligible benefit amounts up to either fifty percent (50%) of the maximum amount for the disability benefit shown in the schedule of benefits, or one thousand two hundred dollars (\$1,200), whichever is less, for all disability coverage the insured holds with the insurer.

Exclusions

No benefit for disability will be payable, for the duration of the disability, if the disability results from a pre-existing condition and the insured becomes disabled during the 12- or 24-month period (depending on the insured's policy) following the date this coverage takes effect.

No benefit will be payable for a disability that results from:

- attempted suicide or intentionally self-inflicted injury or dismemberment, whether the person insured is sane or insane;
- participating in the commission or attempted commission of a criminal or unlawful act, or the insured driving a motor vehicle or boat while under the influence of narcotics or while his or her blood alcohol level exceeds the legal limit;
- drug addiction, alcoholism or the use of hallucinogens, drugs or narcotics;

- service, whether or not as a combatant, with armed forces engaged in surveillance, training, peacekeeping, insurrection, war (whether declared or not) or any related act, or the insured's participation in a popular uprising;
- an injury sustained during a flight, except where the insured is a paying passenger aboard an aircraft operated by a common carrier;
- practicing for or participating in sports as a professional or any contest of motorized speed;
- injury while participating in any high-risk activity including, but not limited to, bungee jumping, freestyle skiing/snowboarding, heli-skiing/snowboarding, ski jumping, parachuting, skydiving, sky-surfing, street luge, skeleton activity, mountain or rock climbing with or without ropes, participation in any rodeo or ultimate fighting activity;
- cosmetic surgery or elective surgery, and any resulting complication;
- experimental treatments or treatments that apply new procedures or treatments that are not yet standard practice.

No disability benefit will be payable for:

- any period during which the person insured is entitled to paid leave under an agreement between the person insured and his or her employer;
- a pregnancy, birth, miscarriage, abortion or any resulting condition, except in the case of a pathological complication;
- a period in which the insured is incarcerated in a penitentiary or government detention centre.

Waiver of premiums

After three (3) consecutive months of total disability, the insurer will waive the subsequent premiums for as long as the insured is eligible to receive total disability benefits.

Retroactive benefit

If the insured receives total disability benefits for six (6) consecutive months, the insurer will pay a lump sum benefit equal to the total disability benefits that would have been paid during the waiting period as though the waiting period did not apply.

Assumed total and permanent disability

If, as a result of an accident or an illness, the insured sustains a total and permanent loss of use of two limbs or one of the senses listed below, the insured is considered to be totally disabled, whether or not he or she is otherwise employed or is under the regular care of a physician.

Total and permanent loss of use of two limbs or of one of the senses listed below means:

- loss of a hand or a foot: complete severance at or above the wrist or ankle joint; where there is no severance, total and permanent loss of use of the hand or foot
- loss of hearing: total and irreversible loss of hearing in both (2) ears, with a hearing threshold of ninety (90) decibels or more, within a speech threshold of 500 to 3,000 cycles per second, confirmed by an otolaryngologist registered and licensed to practice in Canada and practicing in Canada
- loss of sight: total and irreversible loss of sight in both (2) eyes (visual acuity of twenty over two hundred (20/200) or less, or a field of vision of less than twenty (20) degrees)

Maximum amount payable

The total amount of monthly benefits payable by the insurer under all HUMANIA ASSURANCE – INSURANCE WITHOUT MEDICAL EXAM disability policies issued for one insured may not exceed two thousand five hundred dollars (\$2,500). In the event that the amount held by an insured is greater than that amount, the insurer will pay a total benefit of two thousand five hundred dollars (\$2,500) and will refund the premiums paid on benefits in excess of that amount.

SETTING THE INSURABLE AMOUNT AND BENEFITS PAYABLE

ASSURE-DEBT provides coverage of debt, such as loans, to the insured. The insurable and payable amounts are set based on the eligible debt and not on the insured's income. When submitting a claim, proof of the debt must be submitted to the insurer so the insurer can determine the benefit amount and the maximum benefit period.

Eligible debt: Any fixed-term loan for which the insured is personally and legally responsible as a borrower or co-borrower with a recognized financial institution, including, but not limited to: any personal loan (e.g., car, boat, motorcycle, recreational vehicle (RV), student, or renovation loan), credit card, line of credit, lease, mortgage loan and home equity line of credit.

When the insured has neither a mortgage loan nor a home equity line of credit, his or her monthly residential lease will be considered an eligible debt, provided it is supported by a minimum one-year term agreement and meets the *Régie du logement's* standards, payable to a landlord with no family or business ties or relationship with the insured or the policyholder.

The property and school taxes on a mortgaged property are considered eligible debt. The eligible monthly amount will equal 1/12 of the annual assessments.

Loans between individuals are not considered eligible debt.

Debt or any increase in debt contracted by an insured who is already disabled will not be considered eligible debt.

Debt or any increase in debt contracted by the insured in the ninety (90) days prior to the onset of total disability will not be considered eligible debt, unless the debt was contracted within ninety (90) days following the effective date of the coverage.

Any debt covered by other disability insurance is not eligible.

Lease: any loan regarding the rental of goods, specifically excluding any residential housing lease.

Eligible monthly amount: a monthly amount equivalent to the periodic payment the insured must make to reimburse eligible debt.

The eligible monthly amount is based on the periodic payment payable converted to a monthly basis by multiplying the periodic payment by the following factor: for a weekly payment, a factor of 52/12; for a bi-weekly payment, a factor of 26/12.

Specifically, the eligible monthly amount for:

- **A line of credit or a credit card** corresponds to the lesser of three percent (3%) of the balance owing at the onset of Disability and the minimum amount payable to the Financial Institution on the balance owing at the onset of Disability. This amount is eligible for ten (10) years and is nil thereafter;
- **A home equity line of credit** corresponds to the regular periodic amount debited by the Financial Institution in the six (6) months prior to the onset of Disability. If there is no regular periodic payment, the Eligible Monthly Amount corresponds to the lesser of three percent (3%) of the balance owing at the onset of Disability, and the monthly interest charged by the Financial Institution on the balance owing at the onset of Disability;
- **A mortgage loan** corresponds to the higher of the amount established in the amortization schedule or the regular periodic amount debited by the Financial Institution in the six (6) months prior to the onset of Disability. The Eligible Monthly Amount can be increased at the renewal of a fixed-rate mortgage. If the mortgage loan is renewed under the same conditions (same outstanding balance, payment frequency, term and amortization schedule) and the revised periodic amount is higher than the current Eligible Monthly Amount, the Eligible Monthly Amount is revised upward to the revised periodic amount. In any other case, the Eligible Monthly Amount remains the same; When a mortgage loan or home equity line of credit are considered Eligible Debt, Property and School taxes on the collateralized property become eligible amounts. The Eligible Monthly Amount will equal 1/12 of the annual assessments.
- **A residential lease** is eligible for two (2) years and is nil thereafter;
- **A leverage loan** to finance an investment corresponds to the higher of three percent (3%) of the balance owing at the onset of Disability and the minimum amount payable to the Financial Institution. This amount is eligible for ten (10) years and is nil thereafter;

- **A personal loan** corresponds to the periodic to payment established in the contract to repay the debt. This amount is eligible for the remaining term of the loan and is nil thereafter. A loan contracted at the end of a personal loan or lease of a moving vehicle (car, boat, motorcycle, recreational vehicle (RV)), for that same vehicle, to finance the residual value established in the original contract will be considered an Eligible Debt. The new Eligible Monthly Amount would then be the lesser of the revised periodic payment established in the contract to repay the residual value and the previous Eligible Monthly Amount of that moving vehicle's loan or lease;
- **Any other type of Eligible Debt** corresponds to the periodic payment established in the contract to repay the debt.

Except for the eligible monthly amount of a mortgage loan, the eligible monthly amount is determined when the disability begins and remains the same throughout the loan's original amortization period.

For any eligible personal debt contracted by several parties on a joint basis, the eligible monthly amount corresponds to 100% of the eligible payment.

When the eligible debt has been repaid in full, the eligible monthly amount is nil (\$0).

If the insured declares bankruptcy while disabled, the eligible monthly amount becomes nil (\$0) and no other benefit is payable.

The eligible monthly amount does not take into account any form of early or lump-sum payment.

The insurer bears no liability with respect to late payments, late interest or fees charged by a financial institution.

RIDER (OPTIONAL) - 20-YEAR PREMIUM REFUND

This rider is optional and is in force if selected by the policyholder, as indicated in the schedule of benefits, and all regular premium payments have been made. This optional rider is not available under the life insurance coverage.

Benefit

While this rider is in force and after twenty (20) consecutive years of coverage without any benefit payment, the insurer will refund seventy-five percent (75%) of the premiums paid during that period. A new coverage period without benefit payments begins when the beneficiary receives a premium refund.

Limitations

If, at the Insured's request, the basic coverage amount is reduced by more than twenty-five percent (25%), the premium amount paid in respect of the reduced coverage shall be considered the premium amount paid for the entire twenty (20) year period for the purposes of calculating the premium refund.



End of coverage

This rider terminates at the earliest of the following dates:

- The date on which the insurer receives a written request from the policyholder to cancel this coverage or the date specified in that request, if later than the date the request is received;
- The date on which the grace period for payment of the premium required for this rider expires;
- The date on which a benefit is paid and less than 20 years remain on the policy.

GENERAL INFORMATION

Insurance Without Medical Exam by Humania Assurance is available exclusively through a duly authorized financial security advisor. Policies can only be purchased on the Humania Assurance website, at <https://assem.humania.ca/en-CA/home>. There is no paper option for purchasing policies.

To be authorized to distribute this product, the financial security advisor must have a contract in due form with Humania Assurance and be registered and approved on the online portal for brokers.

www.humania.ca/gestion-acces-securise/connexion.

POLICYHOLDER, INSURED AND PAYER

At the time of purchase, the policyholder, the insured and the payer must all be the same person. Corporations are not accepted as policyholders at the time the policy is purchased. Once the policy has been issued, it is possible to change the policyholder or the payer. Please refer to the section explaining the permitted changes.

Policy issuance “Insurance Without Medical Exam by Humania Assurance” offers the following coverage plans:

Life insurance: up to \$300,000

Critical illness insurance: up to \$100,000

Disability insurance: up to \$2,500 per month

ASSURE-DEBT: up to \$2,500 per month

Each coverage is issued separately. Humania Assurance will issue a policy for each coverage.

Minimum monthly premium: \$10 per month per policy issued.

Policy Conversion: No option or conversion privilege is offered for this product.

Maximum amount payable: *The total benefits payable each month by the insurer for all HUMANIA ASSURANCE - INSURANCE WITHOUT MEDICAL EXAM disability policies for an insured cannot exceed two thousand five hundred dollars (\$2,500)



CHANGES AFTER SALE

Changes authorized after the policy is issued

Type of changes permitted ▼	Permitted at any time ▼	Cancellation and issuance of a new contract ▼
Change of policyholder	✓	
Change of payer	✓	
Smoker to non-smoker	✓	
Increased capital		✓
Reduced capital	✓	
Addition of premium refund		✓
Rates reduced following the improvement of health conditions (e.g., the client moves from Bronze to Gold)		✓

PROOF OF INCOME – DISABILITY INSURANCE POLICY

No proof required upon purchase

For the claim: The tax returns for the previous calendar year ended before the start of the disability, including the notice of assessment, or the tax returns and notice of assessment for the three (3) best years out of the previous five (5).

Average monthly income: Either the income earned in the previous calendar year ended before the start of the disability, or the average income earned in the three (3) best years out of the previous five (5), whichever is higher, divided by twelve (12)



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For more information on Insurance Without Medical Exam by Humania Assurance, please contact your financial security advisor, send us your questions to info@humania.ca, or call us at 1-800-773-8404, Monday through Friday, from 8:00 a.m. to 5:00 p.m. (EST).

Humania Assurance is one of the longest-standing, reliable insurance companies in Quebec. It provides insurance to over 200,000 clients and delivers exceptional customer service to meet the present and future needs of the people it insures. Humania Assurance, putting you first!