

OPERATIONAL GUIDE

ADMINISTRATION, CLAIMS, COMPLIANCE, AUXILIARY SERVICES, CUSTOMER EXPERIENCE, UNDERWRITING, CASE MANAGEMENT, SALES, MARKETING AND CONTRACT MANAGEMENT

HUMANIA INSURANCE™®

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About this guide

This operational guide is intended to inform agencies of the operational rules and case processing procedures at Humania Assurance for administration, case management and underwriting.

For specific information on underwriting, please consult the appropriate guides.

This information is provided for guidance only and is not binding on Humania Assurance Inc.

INDIVIDUAL INSURANCE ADMINISTRATION

Before submitting a "paper" application:

- Make sure the representative has signed the application in the representative's identification section;
- Make sure the initial premium is attached for products where this is required;
- Make sure a legible illustration (from the current software) is submitted with the application (one illustration per product and per policy is required);
- Make sure to use online applications only once per client (the application number is unique and will be required for processing).

Failure to meet these requirements will result in the application being returned without being processed. Since no documents are kept, everything will have to be sent again for processing.

To speed up processing of an application:

- Make sure the application is filled out in full, especially the "Employment History" section.
- Make sure the representative's code is clearly indicated and is correct; if the representative's code is pending, please indicate your agency code.
- Make sure that proof of income is included if required on the illustration.

Note: The first agent listed in the "Identification of Financial Advisor" section will be the contract service advisor/representative.

Documents and requests sent by e-mail

Must be sent to the following addresses:

- Applications: newapplications@humania.ca
- Delivery requirements: deliveryrequirements@humania.ca
- Changes, questions in force policies: repservices@humania.ca

Accepted documents:

Applications
Delivery requirements
Pre-authorized debit agreement
Declaration of insurability
Absolute assignment
Assignment of the contract
Request for cash surrender value
Cancellation
Change of beneficiary

Criteria for acceptance of documents by e-mail:

- Must be complete and legible;
- Must be in PDF format, with one document per PDF file;
- No credit card number may be entered;
- No document with a password will be accepted.

Note: You must keep the originals.

Delivery requirements

- May be e-mailed back to deliveryrequirements@humania.ca (unless a credit card number is included);
- No alteration, erasure or annotation is authorized on the notice of change as it renders the document null and void;
- Refer to the "Delivery instructions" document sent by e-mail;
- Inform the client of pending debits as indicated in the "Representative's attention."

Contracts mailing

ProHealth Income Insurance - Accident & Sickness:

- Are sent to the agency as a single item and given to the representative who is to deliver the contract. The summary is enclosed; please keep the agent's copy.

Children360, Insurance Without Medical Exam:

- Client's copy mailed directly to the Policy Owner;
- Representative's copy sent to the agency; please keep a copy for your files.

HuGO:

- Hyperjet and Express:
  - Client's copy mailed directly to the Policy Owner;
  - Representative's copy sent to the agency; please keep a copy for your files.
- Referred:
  - Are sent to the agency as a single item and given to the representative who is to deliver the contract. The summary is enclosed; please keep the agent's copy.

5575, ProHealth Income Insurance Accident, ProHealth Cancer Insurance, ProHealth Hospitalization Insurance, ProHealth Medical Expense Insurance :

- Client's copy placed on the secure portal; the link is emailed directly to the Policy Owner;
- Representative's copy placed on the extranet; please keep a copy in your files.

Settlement

- The settlement occurs when all delivery requirements are received.
- If an application has been submitted with payment, the commission will be paid on the Monday following the payment of the first premium.
- If no payment has been submitted with the application, the commission will be paid on the Monday following payment of the first premium.
- No letter will be sent to the Policy Owner to indicate adjustments to the client's direct debit or credit card statement following the settlement.

Note: If a change is requested during delivery, please return all required items as well as the contract, accompanied by a signed request or a new illustration.

Effective date

- All policies are issued as of the current date unless a different date is requested by the representative or the Policy Owner, either to accommodate the age of the insured or to coincide with the replacement of an in force policy.
- No policy will be dated on the 29th, 30th or 31st day of the month. Policies issued on those days will be dated on the 28th day of the month or, if that date causes a double bank withdrawal, on the first day of the following month for "traditional" products.
- Requests for specific dates must be made at the time the application is submitted, or, at the very latest, before the settlement of the policy.
- For Web products, no policy will be issued on the 29th, 30th or 31st day of the month. These policies will be issued as of the first day of the following month.

Change in the effective date (redating)

- Upon delivery, if the client wants the contract to be redated to the current date, and if this change does not affect the premium, the "Redating request" form may be filled out and signed without returning the contract.
- Fill out the "Declaration of insurability" form.
- Solely to accommodate age, we agree to backdate policies by no more than:
    - Six months prior to the application date for any life insurance policy;
    - Six months prior to the application date for any disability insurance policy;
    - Three months prior to the date of issue of the policy for any critical illness insurance policy.
- **To accommodate the age of the person to be insured and to make that person eligible for coverage** or for a product or benefit for which they are not otherwise eligible due to their insurance age at the time the application is signed, we agree to backdate policies by no more than:
    - Six months prior to the application date for any life insurance policy;
    - Three months prior to the application date for any disability insurance policy;
    - Three months prior to the date of issue of the policy for any critical illness insurance policy.
- No policy may be issued with an effective date in the future. Issuance of the policy will be held back until the requested effective date. This date may be no more than 30 days after the date of approval by the underwriter. Any policy issued in this way will require a declaration confirming that there is no change in the health of the person to be insured or in the answers to the questions contained in the application.
- No request for redating a policy after its initial issuance will be considered unless the policy is returned accompanied by any delivery requirement and any premium that may be payable or if the policy has been settled. The reissued policy will bear the current date, unless there is a request to keep the age of insurance, as outlined above.

Change Request

- Fill out the "Disability, life and critical illness change application" form rather than an application.
- Fill out the "Declaration of insurability" form as well as the questionnaires relevant to the request or based on the condition of the insured.
    - The underwriter may set additional requirements (e.g., urine test, physician's statement, etc.).
- A change in insurability may lead to denial of the change.
- Change of beneficiary: The appropriate form must be filled out for designation of the beneficiaries under the policy, dated and signed by the Policy Owner and the irrevocable beneficiary.
- "Absolute assignment" form: To be filled out to change the Policy Owner .
- "Assignment of the contract" form: To be filled out when a policy is pledged as collateral.
- Title transfer following a death: The children in the first degree are the heirs. A declaration of heredity will be requested in the absence of a will.

Reinstatement

- Consult the contract or the timeline table to learn about reinstatement delays.
- Premiums due must be provided with the declaration of insurability or confirmation that the premiums can be debited directly from a bank account or credit card.

Renewal

- For annual policies:
    - A premium notice is sent 60 days before the anniversary for life, accident-illness and critical illness products.
    - A reminder notice is sent 30 days before the anniversary for life products.
    - A notice of lapse is sent on the anniversary for life, accident-illness and critical illness products.
- For policies paid on a monthly basis:
    - An anniversary statement is sent 30 days before the anniversary.

Correspondance

The advisor receives a copy of all correspondence sent to the Policy Owner. Please keep a copy in your files.

Automated alerts for online sales

It should be noted that alerts are different from online sales confirmations and require immediate action.

CRITERIA:

- The total annual premium under the application received exceeds $3,000; or
- The total premium under the application received results in the total submitted by the broker over the last seven days exceeding $5,000.

PROCEDURES:

- An alert is sent when a sale is confirmed by the client (information included: broker, Agency, policy number(s) and total annual premium).
- The General Agent must confirm the validity of the sale, or notify us of an action to be taken, or notify us of the rejection of the sale. Send all answers to repservices@humania.ca;
- Until the sale is validated by the General Agent, it will not be processed.

CASE MANAGEMENT

For any policy in underwriting, questions, documents and follow-up requests must be sent to teleunderwriting@humania.ca.

Sending documents:

- Send one email message per file.
- Send documents in PDF format, with one document per PDF file.
- Make sure that documents are clear and legible.
- Send documents without passwords.

Basic requirements:

- Indicate in Part 2 of the application if you have ordered the basic requirements.
- If a request is presented at the same time to another insurer, order for both companies simultaneously to avoid a medshare and to reduce waiting time.
- A receipt confirming basic requirements is sent for each file.

Underwriting Requirements for the Prohealth Salary Insurance Product:

During the sale you will have to:

- Decide whom from your agency or Humania Assurance will be responsible for ordering the underwiting requirements;
- Indicate the best time to contact your client to do the telephone interview;
- Inform your client to prepare for their telephone interview by having the following information with them:
  - Medical historiry including names of doctor;
  - Lists of medications;
  - Life habits.
  - Family history.

Tele-Interview HuGo

During the sale you will have to chose between answering the medical questions with your client or having them completed by a telephone interview.

If you chose to have them complete a telephone interview, you will need to advise your client to prepare for the telephone interview by having the following information with them:

• Medical historiry including names of doctor;

• Lists of medications;

• Life habits.

• Family history.

Additional requirements

An e-mail is sent to confirm that we have placed an order or that you must provide documents or information.

Follow-up of applications

- Pending requirements are entered in the applications follow-up's section of our extranet platform.
- Please note that the information is not updated instantly but on a daily basis.
- For HuGO: Only the policy number ending in V is available.
- For files related to the same insured, the follow-up will be noted on a single policy, usually the ProHealth policy.

Note: Once medical requirements are completed, up to one week may elapse before we receive the results.
For a physician's statement, the average turnaround time is more than 30 days. Instant Issue products are not available for application follow-up.

Processing times

- E-mail to teleunderwriting: 24 to 48 hours, but this delay may vary based on work load.

Medical authorization

- For web products, authorization is required to obtain a physician's report. Electronic authorization may not be considered by medical clinics or doctor's offices because it must include a signature.
- The authorization must include the true handwritten signature of the insured.
- The copy that is sent must be clear. Otherwise, it will be rejected by the doctor's office.

UNDERWRITING

Any questions, document or request must be sent to teleunderwriting@humania.ca.

For a general question on underwriting, please consult the underwriting guides and the product guides. If any questions remain, please let us know at the e-mail address above.

VIP brokers

Only brokers appointed to VIP status by Humania Assurance have direct access to the underwriters, coordinators and department directors.

Elite brokers

Only the brokers appointed to Elite status by Humania Assurance have direct access to the underwriters.

CUSTOMER EXPERIENCE

Our business hours:
Monday to Friday
8 a.m. to 7:30 p.m. – Eastern Time

Telephone

Representative and customer service: 1 877 554-7181
Claims: 1-877-987-3076

When contacting the customer experience team, be sure to have the policy number, the first and last name of the insured and the service broker's code.

If you are contacting us by email, please include this information in the email subject line.

For greater efficiency and shorter waiting times to serve you better, please take note of the following e-mail addresses for your communications:

By e-mail

- **clients@humania.ca**: Any request from a client.
- **repservices@humania.ca**: Any request from a firm.
- **teleunderwriting@humania.ca**: Follow-up requests or new business requirements currently being examined by one of our underwriting experts
- **deliveryrequirements@humania.ca**: Delivery requirements.
- **newapplications@humania.ca**: New applications and related documents.
- **contracting@humania.ca**: Requests for client lists and portfolio evaluations.
- **licences.permis@humania.ca**: Renewal of licences and liability insurance.
- **repinfo@humania.ca**: Requests concerning CEUs and questions regarding webinars, events and symposiums.
- **papeterie@humania.ca**: Any order for documents or forms.

Chat

You can contact our customer experience team by chat at www.humania.ca (same business hours).

Simply click on:

Additional resource

Mr. Eddy Boissy
Director, Client Experience, Culture, Talent and Customer Experience
eddy.boissy@humania.ca
1-800-363-1334, ext. 355

SALES, MARKETING AND CONTRACT MANAGEMENT

Important addresses

- **contracting@humania.ca:** Distribution contracts, transfers, client lists and portfolio evaluations.
- **permis.licences@humania.ca:** Updates of licences and liability insurance.
- **repinfo@humania.ca:** Webinars, training.
- **marketing@humania.ca:** Events, promotions, logo requests.

Contract management

Contracting – representatives:

Contracting is accepted electronically or through APEXA by the contracting departement, no paper copy is required. Always use the latest versions of our distribution contracts, which can be found on the extranet and on our website.

REQUIRED DOCUMENTS:

- Current licence and liability insurance for all provinces where the broker wishes to do business and for the corporation under which the broker is doing business, if applicable.
- Representative's contract duly filled out, signed and initialled by the representative and his or her General Agent. The contract must be free of any alteration, deletion or annotation. It must include every page, with high-quality digitization, and it must be legible.
- Broker's code assigned by the General Agent.
- Specimen cheque or indication of payment if the broker is connected to a company or firm and must be paid through the corresponding entity.
- An incorporated advisor will need to submit two contracts, one for the corporation and one for the advisor. The General Agent needs to assigned two codes, an individual one and a corporate one. The individual code will have selling rights while the corporate code will receive commission payments.

FILE UPDATES AND CHANGES:

- Change of address or telephone number: process the change on the APEXA profile.
  If the broker is not on APEXA write to: contracting@humania.ca
- Change of email address : process the change on the APEXA profile.
  If the broker is not on APEXA write to: contracting@humania.ca

Note: This affects the address through which the broker is connected to the extranet.

- Name change: Send a new completed contract;
- Licence and liability insurance: update the APEXA profile. If the advisor is not on APEXA' send a copy to permis.licence@humania.ca

Transfers:

FULL TRANSFER

Transfer of a broker between firms (mandatory full transfer)

- Transfer form available in the My Agency space – Reference documents on the extranet platform.

PROCEDURES FOR THE MANDATORY FULL TRANSFER OF A REPRESENTATIVE TO ANOTHER MGA

When a representative submits contracting under a new General Agent, the request is treated as a transfer request. All inforce portfolios must be fully transferred to the new code under the new General Agent.

For the new MGA the acquisition cost is five times the overriding commissions.

There are no fees for a transfer request, unless it is the second request for the same agent within one year. In this case, administrative fees of $250 will be required.

Process

Any transfer request must be sent to contracting@humania.ca, accompanied by a new contract and a full contracting package. Upon receipt, we shall:

- inform the ceding General Agent of the transfer request;
- indicate the transaction amount to both MGAs;
- inform both MGAs if the advisor has a negative balance with Humania Assurance;
- attach the transfer request that has been received;
- create and activate the new representative's code under the requesting MGA.
- no commissions will be paid to the representative under the new General Agent until we have received the transfer request form, duly signed by all concerned parties.

IMPORTANT: We shall await confirmation of the transaction, through the release signed by all parties concerned, before finalizing the transfer.

- Finally, we will transfer the portfolios to the new representative's code.

Release

The only reason justifying rejection of a transfer request is when the advisor has a debt to the ceding General Agent. Should such a situation arise, the General Agent has to provide a proof of this debt specifying the amount owed.

Approval times

- Any new contracting request will be handled upon receipt of the complete file so as not to penalize the representative as regards new business.
- Any transfer request must be processed by both firms within ten (10) business days.

Pending

During the period when the transfer request process is under way, any new application (paper or Web) submitted through the representative will be processed under the new representative's code (by default, the follow-up is ascribed to the new firm), but payment will not be made until the release has been duly signed and received at our offices.

Clarification

A full transfer request transaction includes all of the representative's current portfolios.

TRANSFER OF POLICIES BETWEEN AGENTS (SERVICE AND COMMISSIONS)

It is possible for brokers to transfer only part of their portfolio or several policies to another agent. See the form in Appendix 1.

- If the transfer occurs between two brokers with the same general agent, we proceed upon reception of the transfer request form duly filled out and signed by the brokers concerned.
- If the transfer occurs between two brokers with different general agents:
  - Send a calculation request or partial transfer form signed by the brokers to contracting@humania.ca;
  - We will send details of the calculation for buyout of the overriding commissions on renewals for the policies in question.
  - When we receive confirmation of payment and the partial transfer form signed by all parties, we will proceed with the transfer.

Note: Commissions are transferred only upon renewal of each policy.

Agent of service change

Send the request to contracting@humania.ca

For a change in service agent on a policy, the client must send a signed letter or an e-mail from his or her personal address indicating a wish to have the policy entrusted to the new broker. In this situation, the former broker has 20 days to send us an opposing view from the client to continue serving the policy.

Note that, even if the request indicates that it applies to service and commissions, only the service will be modified. There must be a signed agreement between two brokers for the commissions to be transferred as well.

A request for change of service may also be sent to us from the current service broker indicating that he or she is delegating the service to another broker. It is then the broker's responsibility to notify the client concerned.

Commissions

COMMISSIONS SCHEDULE

Most of our products offer brokers the possibility of choosing between high and low (regular) or levelled commission. Brokers must select the type of commission when they complete the application. When this is not indicated, the default structure is the regular commission.

We do not provide a bonus system for brokers, and we do not offer varied commission schedule. We have just one scale per structure and product, and it is fixed, for all brokers.

The commission schedule will not be provided directly to brokers by our company. The General Agent can distribute it to its brokers if desired. You can request the schedule by writing to contracting@humania.ca.

Role of sales directors:

- Develop and maintain business relationships with advisors and general agents;
- Train and guide advisors;
- Provide consulting to our distributors.

Resource persons for general agents



Fanny Laurendeau
Director, Contract Management & Network Relations
fanny.laurendeau@humania.ca

Resource persons for representatives

Sales team – Individual Insurance – Quebec and Eastern Canada



Amélie Jodoin
National Vice-President,
Business Development, Individual Insurance
amelie.jodoin@humania.ca



Charles Tremblay
Business Development Director
East of Quebec
charles.tremblay@humania.ca



Ramy Michael
Business Development Director
Montreal, Laval, Laurentians, Abitibi,
Outaouais, Ottawa
ramy.michael@humania.ca



Isabelle Parent
Business Development Director
Atlantic
isabelle.parent@humania.ca



Sarah-Claude Beauregard
Business Development Director
Monteregie, Centre of Quebec,
Estrie, Lanaudiere
sarah-claude.beauregard@humania.ca



Tanya Lamanque
Inside Sales Representative
Quebec
ind-sales-support@humania.ca

Sales team – Individual Insurance – Western and Central Canada



Alex Mustafa
National Director, Individual Insurance,
For Central & Western Canada,
Interim: British Columbia & Saskatchewan
alex.mustafa@humania.ca



Connor Jack
Business Development Director
Alberta
connor.jack@humania.ca



Nabila Jariya
Business Development Director
Southern Ontario, Peel & Halton,
Northern Ontario, Manitoba
nabila.jariya@humania.ca



Muhammad Butt
Business Development Director
Central & Eastern Ontario
Toronto, York & Durham
muhammad.butt@humania.ca

COMMISSION SPLITS

Commissions splits must be specified by the advisor in the appropriate section of the policy application.

If a change is required, send request to contracting@humania.ca

Changes to commissions, for example a change in the commission split can be made only at the policy anniversary, or renewal date. When a policy is in force and the commissions have been paid, first-year commissions cannot be corrected. Brokers must ensure that the name AND broker code are properly indicated when they fill out the application to make sure that apportionments for first-year commissions are done correctly.

REQUESTS FOR LISTS

SEND REQUESTS TO CONTRACTING@HUMANIA.CA

- Client listings;
- Evaluation of commission portfolios.

CLAIMS

How to get a claim form

All our forms for disability, fracture, critical illness and death are available online:
www.humania.ca/en/individual-insurance/make-a-claim/

For medical and dental, claims can be submitted online.

What is the processing time for a claim?

An acknowledgment is sent to the client and the broker upon receipt of the initial document. An analyst will examine the claim once all the forms have been received. We aim for a processing time of 10 days for disability or critical illness and five days for death.

Additional documents may be required by the analyst before a decision is made. The insured and the broker will be kept up to date on the requested information as per privacy standards.

How should a claim be submitted?

Only the original of Standard authorization for disclosure of information is required. All other documents may be sent as a copy. The insured should keep the originals and should always keep a copy of everything sent to the insurer.

Send us the documents at:

By e-mail: claims@humania.ca

Fax: 1-877-660-2519

Post: Claims Department
1555 Girouard Street West
Saint-Hyacinthe, QC J2S 2Z6

When will disability payments be issued?

Once the analyst has made a decision to accept the claim:

- Long-term disability payments are issued at the end of each month. This means the insured will receive his or her payments no later than the last day of each month.
- Payments for fracture, death or critical illness are issued only once, as quickly as possible.

How to receive payments by direct deposit

Direct deposit is available only for payments for disability or fracture.

The client must fill out the Direct deposit form or the section of the claim form to this effect.

What are the insured's responsibilities?

The insured is responsible for staying in contact with the analyst and to inform the analyst of any change in his or her medical condition throughout his disability.

The insured must also send all documents requested by the analyst, whether medical, financial or administrative.

What are the insurer's responsibilities?

We are responsible for keeping the insured informed of the steps being taken throughout his claim and to explain the decisions that are made.

It is also our duty to maintain the confidentiality of your personal and medical information.

What medical information is taken into account in a claim?

- Clinical notes from the physician;
- Consultation reports from specialists;
- Progressive notes or reports from all attending therapists (example: physiotherapist, psychotherapist);
- Medical test results;

- Hospitalization report;
- Independent medical evaluation requested by the insurer;
- Intervention by a rehabilitation consultant requested by the insurer and;
- All relevant documents to assess the medical condition (example: copy of the claim file from other insurers)

What financial information is required in a claim?

REGARDING ELIBIGLE INCOME

- A complete copy of the federal income tax return for the year(s) preceding your disability, including schedules, T4 slips and notice of assessment.
- For the income of a **self-employed worker** in addition to the documents listed above:
  - The T2125; OR
  - Their statement of earnings and expenses
- For **dividend** income:
  - A copy of the financial statement of the company from which dividends are received;
  - A copy of the T5 form, if available;
  - A document certifying the distribution of the company's profits (quota).

Note: Please refer to the the policy to confirm the income considered for the purpose of calculating the payable benefit. The following options could be considered (but are not limited to): the insured's share of the net income before taxes of the company paying dividends or 50% of the insured's share of the gross profits of the company paying dividends.

REGARDING ELIGIBLE DEBTS AND/OR EXPENSES:

- For proof of each eligible **debt and/or expenses**:
  - A copy of the loan agreement showing the starting date of the loan, the scheduled payments and the scheduled maturity date of the loan;
  - Proof that this loan is not insured with the lender or with another insurer such as a letter from the financial institution or the signed form declining disability coverage;
  - Copy of the monthly billing services covering the month from the onset of disability
  - A bank statement showing the related transactions before and after the start of the current disability.
- For cards and lines of **credit**:
  - A full copy of the statement for the last month preceding the start of disability; or
  - If the insured makes regular payments, the statements for the six (6) months preceding the disability showing these regular payments.

Note: Please refer to the policy to confirm the eligible debts and/or expenses considered payable with this policy. To be eligible, the insured's name must figure on the submitted debts and/or expenses

Does the client have to continue paying premiums?

Yes, it is important that the client continue to pay his or her premiums.

If the premiums are waived, excess premium payments will be refunded.

How can a request for benefits be speeded up?

- By making sure that all documents are completed and signed;
- By maintaining contact with the analyst;
- By conducting follow-ups with governmental, financial or medical institutions from which documents have been requested.

How to contact the Benefits department

- By telephone with the Customer Experience department, which has access to the full claim; **1-877-987-3076;**
- By e-mail directly with the Claims Department: claims@humania.ca.

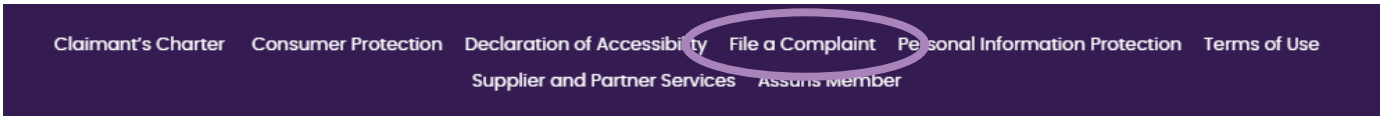
COMPLIANCE

Complaints

If there is dissatisfaction with a decision by the Claims department (for disability, critical illness or life insurance), it is possible to appeal the decision rather than file a complaint. When a claim is rejected or an adverse decision is issued, the letter explaining the decision indicates which documents to provide when requesting an appeal.

Here is the link to access all relevant information for filing a complaint: humania.ca/en/filing-a-complaint/

It is accessible from any page on the Humania website (bottom of each page):



Access to files

Any client requesting access to his or her file is entitled to it this access within the limits provided by law. A written request must be sent to the compliance division. Copying and shipping fees may apply.

E-mail: demande.acces@humania.ca
FAX: 1-844-773-4999

AUXILIARY SERVICES

For documents orders, you can send your request in four different ways:

By mail:

Humania Assurance
1555 Girouard Street West
Saint-Hyacinthe, QC J2S 2Z6

By e-mail:

papeterie@humania.ca

By fax:

450 773-1798

Online:

https://www.humania.ca/en-CA/forms/document-request

You must provide your firm's code or your broker's code as well as your name or your firm's name. Unless this information is sent, we will be unable to process your request.

Orders will be processed within 24 to 48 hours of being received.

Note: All orders will be sent directly to the firm with which the broker is connected.



Humania Assurance Inc.

1555 Girouard Street West, Saint-Hyacinthe, QC J2S 2Z6
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