



TERM LIFE INSURANCE

Insurance Contract

Nicolas Moskiou
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INSURER

Humania Assurance Inc.

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

Customer Service: 1-800-773-8404

Email: clients@humania.ca

Website: www.humania.ca

Name of Owner:

Name of Insured:

Contract Number:

Contract Start Date:

Schedule of Benefits

Term life insurance

Your contract includes this Schedule of Benefits, a Table of Contents, Sections A to C, your application for insurance (Appendixes A and B), and any change agreed upon with you in writing.

Please read your contract carefully, including this policy, the Appendix A - Copy of Application and Appendix B - Eligibility and Insurability Questionnaire and validate the answers given therein. If the answers do not reflect your statement or are inaccurate, you must notify the Insurer accordingly within thirty (30) days following the delivery of the policy. Failure to notify the Insurer of any inaccuracy or erroneous statement can render the contract void.

By completing your application for insurance, you declare that all your answers are accurate and complete. Your contract is issued on the basis of the information you provide us and may be cancelled by Humania Assurance if any information is inaccurate.

Subject to the provisions and riders of the policy, the Insurer will pay the benefits listed below when a covered event occurs. Should the Insurer receive a request to cancel the contract or a stop-payment order on any premium due, all obligations of the Insurer under the contract terminate immediately as of the date such is received.

CONTRACT START DATE:

DESCRIPTION	BENEFIT(S)	MODAL PREMIUM
Term Life Insurance [10/20/65] years		
Administrative fees		
Your monthly payment, due on the XX of each month, is		

This policy is guaranteed renewable up to 65 years old, provided the premiums on the benefits are paid.

Final Conversion Date:

Policy Termination Date:

Signing authority:



Cathy Leclair

Director, Individual Insurance, Administration

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Part A

Definitions

For the purposes of this *Policy*, the terms in italics are defined as follows:

Beneficiary

A natural or legal person designated by the *Policyowner* in any written notice filed with the *Insurer* as being entitled to receive benefits under this *Policy*.

Insured

The person designated as such in the application.

Insurer

Humania Assurance Inc., whose head office is located at 1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6.

Non-smoker

A person who has not used tobacco in any form whatsoever, including electronic cigarettes or in a vape, water pipe (hookah), nicotine substitutes or nicotine products, in the twelve (12) months before signing the application for insurance or *reinstatement*.

Policy

The present contract, the application for this *Policy*, any application for *reinstatement*, any written request for changes to the contract, and any related documents.

Policyowner

The person who owns this *Policy*.

Risk Class

The characteristics of the *Insured* that determine the premium rate for a coverage. The Risk Class is based on the *Insured's* gender, age, tobacco use and health.

Part B

Term life insurance renewable up to age 65, convertible up to age 65

1. Benefits

In the event of the Insured's death, the Insurer will pay, while this coverage is in force, the term life insurance benefit indicated in the Schedule of Benefits, subject to the limitations and exclusions of the Policy.

2. Premium

The renewal schedule, included in the Policy, determines the renewals premium payable.

Renewal of the premiums indicated in the Renewal Premium Schedule is guaranteed as long as the premiums are paid on time.

3. Conversion privilege

While this life insurance coverage is in force, the Policyowner may request that such coverage for the Insured be converted, without evidence of insurability, to a non-participating whole life insurance Policy with level premiums as designated by the Insurer at that time.

4. Terms of the right of conversion

The life insurance benefit cannot exceed the benefit indicated in the Schedule of Benefits.

The right of conversion must be exercised prior to the Policy anniversary closest to the Insured's sixty-fifth (65th) birthday. The premium will be determined based on:

- the Insured's attained age on their last birthday;
- the rates in effect on the date of the conversion; and
- the Risk class of this coverage.

If this coverage is issued with an extra premium or with limitations or exclusions, the converted coverage will also be issued subject to same conditions.

All additional coverages or benefits will be subject to satisfactory evidence of insurability. Any request for conversion must be accompanied by payment of the first premium.

5. Termination of coverage

In addition to the terms of this *Policy's* general provisions, this life insurance coverage terminates at the earliest of the following dates:

- the date on which the *Insurer* receives a written request from the *Policyowner* to cancel the term life insurance coverage, or the date stipulated in such request if later than the date the Insurer receives it;
- the date on which the entire coverage is converted;
- the date of termination of the coverage, as indicated in the Schedule of Benefits;
- the date on which the *Insured* dies.

6. General provisions

The definitions, limitations and exclusions of this coverage apply in addition to those indicated in this *Policy's* General Provisions.

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Part C

General Provisions

1. Contract

This Policy is issued by Humania Assurance Inc., an incorporated life insurance company, hereinafter called the "Insurer," based on the application for insurance, a copy of which is attached, as well as on any document subsequently submitted to reinstate or change the Policy. No representative is authorized to change this Policy or to render null any of its provisions.

Any change to the Policy or its riders must be signed by an officer of the Insurer.

2. Effective Date

This Policy takes effect on the date the Insurer approves the application, provided the application is approved without change, the first premium has been paid, and no change has occurred in the Insured's insurability and/or the state of health of the Insured's since the application was signed.

3. Premiums

The premium for each coverage is indicated in the Schedule of Benefits.

METHOD OF PAYMENT

The premium is payable annually by cheque or monthly by pre-authorized debit, as selected by the Policyowner. A premium paid by pre-authorized debit is considered paid only if the payment is honoured.

A grace period of thirty (30) days is granted for payment of each premium. If the premium is unpaid after the grace period, the Policy will terminate.

Provided the Insured is not disabled, the Policyowner may change the method of payment by giving fifteen (15) days' notice.

The Insurer will deduct outstanding premiums from any amount payable.

4. Exclusions

No death benefit is payable if the Insured commits suicide within two (2) years of the effective date of coverage or reinstatement of this Policy, whether they are sane or insane.

5. Age

For the purposes of this Policy, the Insured's age is the age attained at their last birthday preceding the issuance of coverage.

6. Termination of the policy and coverages

THIS POLICY TERMINATES ON THE EARLIEST OF:

- The date a written request to this effect is received from the Policyowner or the date specified in the request if later than the date of receipt;
- The date on which the grace period for premium payment expires;
- The Policy anniversary date following the Insured's one sixty-fifth (65th) birthday; or
- The date on which the Insured dies.

7. Incontestability

In the absence of fraud, the Insurer may not cancel or reduce coverage that has been in force or reinstated for more than two (2) years because of misrepresentation or concealment with respect to risk. However, this rule does not apply if the disability began within the first two (2) years of the effective date of the benefit or its reinstatement.

MISREPRESENTATION CONCERNING SMOKING HABITS

If the premium for this Policy is based on statements in the application for insurance or reinstatement to the effect that the Insured does not use tobacco in any form whatsoever, including nicotine substitutes and products, and such statements are in fact false, such statements will be considered fraudulent and this Policy will be void from the effective date or reinstatement date. Accordingly, any claim paid by the Insurer must be reimbursed.

8. Reinstatement

If this Policy terminates because the premium was not paid, it may be reinstated within two (2) years of the date of termination provided the Policyowner requests that it be reinstated, establishes the Life Insured's insurability to the Insurer's satisfaction and pays any outstanding premiums. The periods related to incontestability and suicide apply again as of the date of the last reinstatement.

When the Policy is reinstated within ninety (90) days of the date of cancellation, no proof of insurability is required.

9. Change of Beneficiary

Subject to legal provisions, the Policyowner may at any time designate, change or revoke a Beneficiary. For a change of Beneficiary to be recognized, the Insurer must receive written notice of the change. The Insurer bears no responsibility with respect to the validity of a change of Beneficiary designation.

10. Assignment

Subject to legal provisions, the Policyowner may at any time assign his or her Policy. For an assignment to be recognized, the Insurer must receive written notice of the assignment. The Insurer bears no responsibility with respect to the validity of an assignment.

11. Participation in the distribution of profits

This Policy is a non-participating Policy and does not grant any rights to a share of the Insurer's profits.

12. Notice and Proof of Claim

All claims must be made in writing and submitted to the Insurer within thirty (30) days of the date of the death, giving rise to a claim under this Policy.

The Policyowner or any person entitled to submit a claim must provide the Insurer with all the documents it may require within ninety (90) days of the date of the death giving rise to a claim.

Where the Policyowner or any person entitled to make a claim demonstrates that it was impossible for them to act in a timely manner, it will not prevent them from receiving the benefit, provided that the information is submitted to the Insurer within one year of the date of the disability, critical illness or death giving rise to a claim under this Policy.

The Insurer reserves the right to require that the Insured undergo any examination(s) it may consider necessary by a physician of its choice. Refusal to do so will deprive the person of the right to receive benefits. In the event of the Insured's death, the Insurer may, if permitted under applicable law, require an autopsy, and any failure to satisfy that request will give the Insurer grounds to refuse payment of the benefit.

The Policyowner and the Beneficiary are required to cooperate fully with the Insurer by providing all the information it may require and by signing any form or other document allowing the Insurer to obtain any information it deems relevant, within no more than ninety (90) days.

The Policyowner must notify the Insurer of any change of address for the purpose of facilitating correspondence and the transmission of any document.

13. Payment under the Policy

Death benefits will be paid to the Beneficiary designated in the application or in any other document subsequently submitted to the Insurer by the Policyowner.

If the Policyowner has not designated a Beneficiary, the death benefit will be payable to the Policyowner or the Policyowner's estate.

14. Reimbursement

No cheque in reimbursement of premiums will be issued for amounts of less than twenty dollars (\$20).

15. Legal Currency

Any payment under the provisions of this Policy will be made in the legal currency of Canada.

16. Right to Cancel

The Policyowner may have this Policy cancelled within fifteen (15) days of the date of its receipt or within sixty (60) days after the Policy start date. When a written and signed by the Policyowner cancellation request is received by the Insurer within these periods, any premium collected under the Policy will be reimbursed to the Policyowner.

17. Cash value

This Policy does not have any cash value.

18. Compliance with the law

Any provision of the *Policy* that, at the effective date, does not comply with applicable legislation in the province where the *Policy* was issued will be amended so as to meet the minimum requirements of that legislation.

19. General Provisions

The exclusions, limitations and General Provisions apply to the *Policy*, as well as to all coverages when they are relevant.

Some coverages contain exclusions and limitations specific to those coverages. These exclusions and limitations apply in addition to those indicated in the General Provisions.

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