



**HUMANIA**  
ASSURANCE<sup>MD®</sup>

INSURANCE WITHOUT  
MEDICAL EXAM

Simple and easy to apply!

GUARANTEED ISSUE

**PRODUCT GUIDE | COPPER**

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## FOR WHOM IS INSURANCE WITHOUT MEDICAL EXAM INTENDED?

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.** You just need to answer **a few eligibility questions.**

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 **\$50,000** 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 **\$1,250** per month to cover your loss of pay, and/or\* **\$1,250** per month so you can pay your debts.

Your beneficiaries will receive up to **\$100,000\*\*** 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 5 separate policies at once:

- IWME - Life Insurance Term 10, 20 or 100 years;
- IWME - Critical Illness Insurance Term 10 or 20 years;
- IWME - Disability Income Insurance Term 10 or 20 years;
- IWME - Disability Debt Insurance Term 10 or 20 years.

\*The total amount of monthly indemnities payable by the insurer for all disability policies or for all creditor policies HUMANIA ASSURANCE - INSURANCE WITHOUT MEDICAL EXAM GOLD, SILVER, BRONZE, COPPER, on the life of an insured cannot exceed two thousand and five hundred dollars (\$2,500).

\*\*The total benefits payable by the insurer for all HUMANIA ASSURANCE - INSURANCE WITHOUT MEDICAL EXAM GOLD, SILVER, BRONZE, COPPER life policies for an insured cannot exceed (three hundred thousand dollars (\$300,000) or five hundred thousand dollars (\$500,000), as per Person Insured's rating).

# DEFERRED PERIOD

## **Life Insurance:**

No benefits under this policy will be payable during the twenty-four (24) month period following the effective date of this policy or its reinstatement if the death of the person insured results from or is directly or indirectly related to a sickness.

In such an event, the Insurer's liability will be limited to a refund of the premiums paid and this policy will terminate with no further value.

A sickness is a deterioration of health or a disorder of the body confirmed by a physician, that is not caused by an injury and whose first symptoms appear while this policy is in force.

## **Critical Illness Insurance:**

No benefit for a covered critical illness will be payable during the twenty-four (24) month period following the effective date of this coverage. In such an event, the Insurer's liability will be limited to a refund of the premiums paid and this policy will terminate with no further value.

## **Disability (Debt and Income) Insurance:**

No benefit for total disability will be payable if the total disability results from or is directly or indirectly related to a sickness and the person insured becomes totally disabled during the twenty-four (24) month period following the effective date of this coverage. In such an event, the Insurer's liability will be limited to a refund of the premiums paid and this policy will terminate with no further value.

A sickness is a deterioration of health or a disorder of the body confirmed by a physician, that is not caused by an injury and whose first symptoms appear while this policy is in force.

# TERMINATION OF POLICIES AND COVERAGES

## Life Insurance

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

- the date a written request of termination is received by the Insurer from the Owner;
- the date the grace period for premium expires;
- for T10 and T20 protections: the policy anniversary date on which the person insured has reached the insurance age of eighty (80);
- for T10 and T20 protections: the date on which the policy is fully converted;
- for T10, T20 and T100 protections: the date on which the person insured dies.

## Critical Illness Insurance

Unless stipulated otherwise under a given coverage, this policy and coverage will terminate on the earliest of the following dates:

- the date on which the Insurer receives a written request from the Owner to cancel this policy;
- the date on which the grace period for any premium payment expires;
- the date on which the person insured suffers, within twenty-four (24) months after the effective date, from a critical illness;
- the date on which a benefit is paid under the critical illness insurance coverage;
- the policy anniversary date on which the person insured has reached the insurance age of sixty-five (65);
- the date on which the person insured dies.

## Disability (Debts and Income) Insurance

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 Owner to cancel this policy;
- the date on which the grace period for any premium payment expires;
- the date on which the person insured becomes, within twenty-four (24) months after the effective date, totally disabled resulting from or directly or indirectly related to a sickness;
- 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;
- the date on which the person insured dies.

# SUMMARY OF LIFE INSURANCE WITHOUT MEDICAL EXAM | COPPER

<b>Benefits offered</b>	Term 10 or 20 years: minimum \$5,000, maximum \$100,000. Term 100: minimum \$5,000, maximum \$100,000.
<b>Age limit upon purchase</b>	Term 10, 20 or 100 years: available to persons between 18 and 70 years old inclusively.
<b>Contract type</b>	Term 10, 20 or 100 years depending on the option chosen by the policyholder.
<b>Renewal</b>	Term 10 or 20 years: guaranteed until age 80.
<b>Premium</b>	<p><b>Term 10 or 20 years:</b> This policy has premiums that vary in 10- or 20-years periods depending on the option chosen by the owner. The premium is <b>guaranteed</b> for the period chosen. At the end of 10 or 20 years, depending on the option chosen, the premium is adjusted to reflect the attained age of the insured, the initial risk class of the insured and the premium rates in use at that date. This new premium is also guaranteed for another 10 or 20 years.</p> <p><b>Term 100:</b> The initial premium is guaranteed for a period of 100 years depending on the policyholder's policy. The premium is <b>guaranteed</b> for the selected period. The premium is fixed and payable until the policy anniversary closest to the date the insured reaches age 100. Thereafter, the coverage remains in force and the Insurer releases the owner from the payment of any future premiums.</p>
<b>Beneficiary</b>	As designated by the policyholder.
<b>Deferred period</b>	No benefit for life insurance will be payable during the twenty-four (24) month period following the effective date of this policy or its reinstatement if the death of the person insured results from or is directly or indirectly related to a sickness.
<b>Exclusions and restrictions</b>	Please refer to the online specimen policy document for life insurance for full details.

\* The amount of combined Life Insurance coverage cannot exceed \$100,000 for Copper, \$300,000 for Bronze or \$500,000 for Gold and Silver. See the sample policy for more 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**

When a person insured's death does not result from or is not directly or indirectly related to a sickness, the Insurer will pay, while the coverage is in effect, the life benefit shown in the Schedule of Benefits subject to the limitations and exclusions of the policy.

When the death of the person insured results from or is directly or indirectly related to a sickness, and that death occurred more than twenty-four (24) months following the effective date of this policy or its reinstatement, the Insurer will pay, while the coverage is in effect, the life benefit shown in the Schedule of Benefits subject to the limitations and exclusions of the policy.

No benefit for life insurance will be payable during the twenty-four (24) month period following the effective date of this policy or its reinstatement if the death of the person insured results from or is directly or indirectly related to a sickness. In such an event, the Insurer's liability will be limited to a refund of the premiums paid and this policy will terminate with no further value.

### **Total benefits payable**

The total amount of benefits payable by the insurer for all HUMANIA ASSURANCE – INSURANCE WITHOUT MEDICAL EXAM GOLD, SILVER, BRONZE, COPPER life insurance policies issued in respect of a single person insured may not exceed (three hundred thousand dollars (\$300,000) or five hundred thousand dollars (\$500,000), as per Person Insured's rating). In the event that the amount of coverage held in respect of a single person insured is greater than (three hundred thousand dollars (\$300,000) or five hundred thousand dollars (\$500,000), as per Person Insured's rating), the Insurer will pay a total benefit of (three hundred thousand dollars (\$300,000) or five hundred thousand dollars (\$500,000), as per Person Insured's rating) and will refund any premiums paid in respect of any benefits in excess of that amount.

The total amount of benefits payable by the insurer for all TERM 100 HUMANIA ASSURANCE – INSURANCE WITHOUT MEDICAL EXAM GOLD, SILVER, BRONZE, COPPER life insurance policies issued in respect of a single person insured may not exceed one hundred thousand dollars (\$100,000). In the event that the amount of coverage held in respect of a single person insured is greater than one hundred thousand dollars (\$100,000), the Insurer will pay a total benefit of one hundred thousand dollars (\$100,000) and will refund any premiums paid in respect of any benefits in excess of that amount.

# SUMMARY OF CRITICAL ILLNESS INSURANCE WITHOUT MEDICAL EXAM | COPPER

<b>Benefits available</b>	Minimum \$5,000, maximum \$50,000.
<b>Age limit upon purchase</b>	Available to persons ages 18 to 55 inclusively.
<b>Contract type</b>	Term of 10 or 20 years depending on the option chosen by the policyholder.
<b>Renewal</b>	Coverage for up to 65 years of age.
<b>Premium</b>	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 <b>guaranteed</b> 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.
<b>Illnesses covered</b>	<ul style="list-style-type: none"> <li>• Stroke (cerebrovascular accident)</li> <li>• Cancer</li> <li>• Heart surgery (coronary artery bypass)</li> <li>• Heart attack (myocardial infarction)</li> </ul> Please refer to the specimen policy document on critical illness insurance for the specific payable conditions.
<b>Survival period</b>	30 days
<b>Moratorium period for cancer</b>	90 days
<b>Refund of premiums upon death</b>	Yes
<b>Beneficiary</b>	The insured, unless otherwise indicated in the application.
<b>Deferred period</b>	No benefit for a covered critical illness will be payable during the twenty-four (24) month period following the effective date of this coverage.
<b>Rider (optional)</b>	After 20 years without claim, receive a premium refund of up to 75% of the total premiums paid.
<b>Exclusions and restrictions</b>	Please refer to the online specimen policy document on critical illness 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 CRITICAL ILLNESS INSURANCE POLICY

If the person insured is diagnosed with a covered critical illness and the covered critical illness is diagnosed after the twenty-four (24) month period following the effective date of this coverage, the Insurer will pay, while the coverage is in effect, the critical illness benefit shown in the Schedule of Benefits, if the person insured is still alive after the survival period.

No benefit for a covered critical illness will be payable during the twenty-four (24) month period following the effective date of this coverage. In such an instance, the Insurer's liability will be limited to a refund of the premiums paid and the policy will terminate with no further value.

In the event that the person insured should die, provided no critical illness benefit is payable, the Insurer will pay, while the coverage is in effect, a benefit equal to the total amount, without interest, of the premiums paid for this critical illness coverage during the period of coverage under this benefit, subject to a maximum payment not to exceed the critical illness benefit shown in the Schedule of Benefits.

## 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 twenty-four (24) months following the effective date of coverage.

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 GOLD, SILVER, BRONZE, COPPER 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

## 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.

## Coronary 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.

## Stroke (cerebrovascular accident):

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.

# SUMMARY OF INCOME DISABILITY INSURANCE WITHOUT MEDICAL EXAM | COPPER

<b>Benefits available</b>	Minimum \$400, maximum \$1,250 a month.
<b>Waiting period</b>	90 days
<b>Benefit period</b>	24 months
<b>Age limit upon purchase</b>	Available to persons ages 18 to 55 inclusively.
<b>Contract type</b>	Term of 10 or 20 years depending on the option chosen by the policyholder.
<b>Renewal</b>	Coverage for up to 65 years of age.
<b>Premium</b>	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.
<b>Disability coverage</b>	Any total disability resulting from an accident or illness.
<b>Waiver of premiums</b>	3 months
<b>Coordination</b>	100%
<b>Integration</b>	\$1,200 non-integrated
<b>Beneficiary</b>	The insured
<b>Deferred period</b>	No benefit for total disability will be payable if the total disability results from or is directly or indirectly related to a sickness and the person insured becomes totally disabled during the twenty-four (24) month period following the effective date of this coverage.
<b>Rider (optional)</b>	After 20 years without claim, receive a premium refund of up to 75% of the total premiums paid.
<b>Exclusions and restrictions</b>	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 person insured is totally disabled and the total disability does not result from or is not directly or indirectly related to a sickness, the Insurer will pay, while the person insured is totally disabled the eligible monthly benefit shown in the Schedule of Benefits, subject to the waiting period, the maximum benefit period, and the limitations and exclusions of this policy.

If the total disability results from or is directly or indirectly related to a sickness and the person insured becomes totally disabled after the twenty-four (24) month period following the effective date of this coverage, the Insurer will pay, while the person insured is totally disabled the eligible monthly benefit shown in the Schedule of Benefits subject to the waiting period, the maximum benefit period and the limitations and exclusions of this policy.

No benefit for total disability will be payable if the total disability results from or is directly or indirectly related to a sickness and the person insured becomes totally disabled during the twenty-four (24) month period following the effective date of this coverage. In such an instance, the Insurer's liability will be limited to a refund of the premiums paid and this policy will terminate with no further value.

The first one thousand and two hundred dollars (\$1,200) of monthly disability benefits payable under all HUMANIA ASSURANCE – INSURANCE WITHOUT MEDICAL EXAM disability income policies in respect of a person insured is not integrated or coordinated.

Any monthly disability benefits payable over this one thousand two hundred dollars (\$1,200) amount are fully integrated and coordinated. Disability benefits are then determined based on the person insured's average monthly earned income, up to the insured benefit 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 total disability will be payable if the total disability results from or is directly or indirectly related to a sickness and the person insured becomes totally disabled during the twenty-four (24) month period following the effective date of this coverage.

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.

### **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 indemnities payable by the insurer for all disability policies or for all creditor policies HUMANIA ASSURANCE - INSURANCE WITHOUT MEDICAL EXAM GOLD, SILVER, BRONZE, COPPER, on the life of an insured cannot exceed two thousand and five hundred dollars (\$2,500).

# SUMMARY OF DEBT INSURANCE WITHOUT MEDICAL EXAM FOR DISABILITIES | COPPER

<b>Benefits available</b>	Minimum \$400, maximum \$1,250 a month.
<b>Waiting period</b>	90 days
<b>Benefit period</b>	12 or 24 months
<b>Age limit upon purchase</b>	Available to persons ages 18 to 55, inclusively.
<b>Contract type</b>	Term of 10 or 20 years depending on the option chosen by the policyholder.
<b>Renewal</b>	Coverage for up to 65 years of age.
<b>Premium</b>	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.
<b>Disability coverage</b>	Any total disability resulting from an accident or illness.
<b>Waiver of premiums</b>	3 months
<b>Coordination</b>	Not coordinated. Any debt covered by other insurance is not eligible.
<b>Beneficiary</b>	The insured
<b>Deferred period</b>	No benefit for total disability will be payable if the total disability results from or is directly or indirectly related to a sickness and the person insured becomes totally disabled during the twenty-four (24) month period following the effective date of this coverage.
<b>Rider (optional)</b>	After 20 years without claim, receive a premium refund of up to 75% of the total premiums paid.
<b>Exclusions and restrictions</b>	Please refer to the online specimen policy document for disability insurance.

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# PAYMENT OF BENEFITS UNDER DEBT DISABILITY INSURANCE POLICY

If the person insured is totally disabled and the total disability does not result from or is not directly or indirectly related to a sickness, the Insurer will pay, while the person insured is totally disabled the eligible monthly benefit shown in the Schedule of Benefits, subject to the waiting period, the maximum benefit period, and the limitations and exclusions of this policy.

Benefits are payable for the sole purpose of reimbursing eligible debts. The Insurer reserves the right to take necessary actions to ensure that benefits are used to reimburse eligible debts.

If the total disability results from or is directly or indirectly related to a sickness and the person insured becomes totally disabled after the twenty-four (24) month period following the effective date of this coverage, the Insurer will pay, while the person insured is totally disabled the eligible monthly benefit shown in the Schedule of Benefits subject to the waiting period, the maximum benefit period and the limitations and exclusions of this policy.

No benefit for total disability will be payable if the total disability results from or is directly or indirectly related to a sickness and the person insured becomes totally disabled during the twenty-four (24) month period following the effective date of this coverage. In such an instance, the Insurer's liability will be limited to a refund of the premiums paid and this policy will terminate with no further value.

Any Disability benefit payable under a government plan does not affect the amount payable under this rider.

## 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 total disability will be payable if the total disability results from or is directly or indirectly related to a sickness and the person insured becomes totally disabled during the twenty-four (24) month period following the effective date of this coverage.

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.

### **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 indemnities payable by the insurer for all disability policies or for all creditor policies HUMANIA ASSURANCE - INSURANCE WITHOUT MEDICAL EXAM GOLD, SILVER, BRONZE, COPPER, on the life of an insured cannot exceed two thousand and five hundred dollars (\$2,500).



# SETTING THE INSURABLE AMOUNT AND BENEFITS PAYABLE

IWME - Disability Debt Insurance 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/en/advisor-centre/distributing-humania-products/](http://www.humania.ca/en/advisor-centre/distributing-humania-products/)

## 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 Guaranteed Issue – Copper” offers the following coverage plans:**

**Life insurance: up to \$100,000**

**Critical illness insurance: up to \$50,000**

**Income insurance: up to \$1,250 per month**

**Disability Insurance (Debt): up to \$1,250 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.

**Maximum amount payable:** The total amount of monthly indemnities payable by the insurer for all disability policies or for all creditor policies HUMANIA ASSURANCE - INSURANCE WITHOUT MEDICAL EXAM GOLD, SILVER, BONZE, COPPER, on the life of an insured cannot exceed two thousand and five hundred dollars (\$2,500).

The total amount of benefits payable by the Insurer for all HUMANIA ASSURANCE - INSURANCE WITHOUT MEDICAL EXAM GOLD, SILVER, BONZE, COPPER life insurance policies on the life of an insured may not exceed (three hundred thousand dollars (\$300,000) or five hundred thousand dollars (\$500,000), as per Person Insured's rating).

## CONVERSION PRIVILEGE

As long as the term 10 or 20 years Life Insurance coverage is in force, the policyholder can convert its coverage before age 65, without evidence of insurability, to a new term 100 years Life Insurance policy. The conversion privilege may be exercised for a maximum amount of \$50,000 per Person insured.

The new premium will be determined based on:

- the age attained by the insured;
- the premium rates in effect on the date of conversion; and
- of the risk class.

If the term 10 or 20 years Life Insurance coverage is issued with an additional premium, limitations and exclusions, the new coverage converted to term 100 years will also be issued with these same conditions.

For more information, please refer to the contract.

## 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)		✓
Conversion privilege: Life Insurance Term 10 or 20 years to Term 100 years.	Permitted at any time before the age of 65.	✓

## 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)



**INSURANCE WITHOUT  
MEDICAL EXAM**

**Humania Assurance Inc.**

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

Phone: 450-774-3120 • Toll free: 1-877-569-3120

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

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](mailto: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).

**WITH YOU FOR OVER A 150 YEARS**

Humania Assurance is one of the oldest and most stable life and health insurance companies in Canada. We design innovative insurance solutions at a competitive price and with a streamlined process that makes them easier to access. To date, our various insurance products and services protect hundreds of thousands of Canadians. Humania's vision is to give peace of mind to everyone through innovative solutions. In order to achieve this goal, we are committed to offering a human experience above all through the consistent efforts of our trusted employees, as well as our strong distribution network and innovative partnerships. Together, let's make insurance accessible!