HUGO

A leap to smart insurance

LIFE INSURANCE

PRODUCT GUIDE

HUMANIA ASSURANCE MD®

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HUGO LIFE INSURANCE FACT SHEET

TERM LIFE INSURANCE PRODUCT

Benefits available	Minimum $50,000, maximum $5,000,000.
Age limit upon purchase	Available to people aged 18 to 70 inclusively (varies according to term). Age at nearest birthday.
Duration of contract	• Term of 10, 15, 20, 25 or 30 years depending on the option chosen by the Policyholder • Fixed term up to age 80 • Term of up to 100 years (conversion)
Renewal	Guaranteed up to age 80. Two renewal options: • Platinum • Gold
Conversion	Conversion privilege up to age 65 for terms of 10, 15, 20, 25, 30 and 80.
Exchange privilege	Offered as of the first policy anniversary and before the fifth policy anniversary.
Type of contract	**Guaranteed premium and non-cancellable coverage:** Premiums are not subject to adjustments to reflect experience.
Beneficiary	As designated by the policyholder.
Riders (option)	• **Accidental Death and Dismemberment Rider** • **Total Disability Waiver of Premium Rider** • **Dependent Child Life Insurance Rider**
Exclusions and limitations	**There is no pre-existing condition.** Please refer to the policy specimen for full details.

SPECIAL OFFER

For contracts issued without exclusions or extra premiums with a minimum of $100,000 in life insurance coverage

HuGO Critical Illness Insurance	• Term critical illness insurance of $25,000 • 25 critical illnesses covered; access to Best Doctors service Please refer to the fact sheet for full details.

HuGO Debt Insurance	• $400 to $1,500 in monthly debt payments, 90-day waiting period two-year benefit period
	• Included: premium waiver
	• Premium by profession
	  - Full-time student: 2A
	  - Unemployed B (ages 18 to 59)
	  - Class X = B
	
	Please refer to the fact sheet for full details.

TERM LIFE INSURANCE RENEWABLE UP TO AGE 80 AND CONVERTIBLE UP TO AGE 65.

ELIGIBILITY AND CONTRACT FEATURES

Minimum capital: $50,000

Maximum capital: $5,000,000

Definition of age: age at nearest birthday

Termination age: policy anniversary following the Insured's 80th birthday.

Minimum premium:
$12 including policy fees (if written alone);

Benefits available and age at issue:

Life Insurance renewable term	Age at issue
10-year	Age 18 - 69
15-year	Age 18 - 64
20-year	Age 18 - 59
25-year	Age 18 - 54
30-year	Age 18 - 49
80-year	Age 18 - 70
100-year	Age 18 - 70 Designed for conversion

Guaranteed premium and non-cancellable coverage: premiums are not subject to adjustments to reflect experience.

Increase: any increase of the insurance amount or the addition of other terms requires the purchase of a separate policy.

Beneficiary: as designated by the policyholder

Renewable: up to age 80

Convertible: up to age 65

Exchange privilege: up to age 65

Conversion privilege

As long as the life insurance policy is in force and before the policy anniversary following the Insured's sixty-fifth (65th) birthday, the policyholder may convert the Insured's coverage, without evidence of insurability, to a new non-participating full life insurance policy at a level premium, designated by the Insurer at the date of conversion. The coverage converted cannot exceed the coverage amount specified in the schedule of benefits.

Exchange privilege

Between the first (1st) and fifth (5th) anniversary of the effective date of this term life insurance coverage, the policyholder may exchange the Insured's coverage in totality or in part, without evidence of insurability, for new term life insurance coverage, for which the term must be longer than that chosen on the original policy application. This exchange privilege can be used no more than once during the first five (5) years, provided that this insurance policy is in force at the time of the request and according to the conditions set out in the paragraph "Exchange privilege and conversion conditions."

Exchange privilege and conversion conditions

The life insurance benefit cannot exceed the coverage amount specified in the policy's schedule of benefits.
The new premium will be determined based on the following factors:

- Age reached on Insured's nearest birthday
- Premium rates applicable at the date of exchange or conversion
- Risk classification of this policy

If this policy is issued with an extra premium, limitations and exclusions, the new exchanged or converted policy will be issued with these same conditions.

We require satisfactory evidence of insurability when adding any additional benefits.

Any conversion or exchange requests must be accompanied by the first premium payment.

If, at the time of the exchange or conversion, the policy in force includes a waiver of premium or AD&D coverage, the new policy will also include waiver of premium coverage provided the Insured's premiums are not being waived at the time the exchange or conversion privilege is exercised.

Limitation

If the Insured exercises their exchange or conversion right while premiums are being waived, the new policy will not include waiver of premium coverage and the policyholder will have to pay premiums.

Termination of coverage

In addition to the terms and conditions stipulated in the general provisions of this policy, this term life insurance coverage terminates at the earlier of the following dates:

- The date on which the Insurer receives a written request from the policyholder to cancel the term life insurance policy or the date specified in that request, if later than the date of receipt by the Insurer
- The date on which the exchange privilege is exercised in full
- The date on which the coverage is converted in full
- The policy's termination date as indicated in the schedule of benefits
- Upon the death of the Insured
- The date on which the grace period for premium payment expires

Riders Available for HuGO Life Insurance

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

Benefits

Accidental Death

If the Insured dies as a result of accidental injury, the Insurer will pay the benefit indicated in the policy's schedule of benefits, provided the accidental death and dismemberment rider is in force at the time the Insured undergoes the accident and the death of the Insured occurs within three hundred and sixty-five (365) days immediately following the date of the accident.

Dismemberment

If an accidental injury occurs while the accidental death and dismemberment coverage is in force, and the Insured loses a member, sight, speech or hearing following this accident, the Insurer will pay the percentage of the dismemberment benefit indicated below as set out in the policy's schedule of benefits:

100%	for loss of both (2) hands or both (2) feet
100%	for one (1) hand and one (1) foot
100%	for loss of one (1) hand and sight in one (1) eye
100%	for the loss of one (1) foot and sight in one (1) eye
100%	for loss of hearing in both (2) ears and loss of speech
100%	for loss of sight in both (2) eyes
50%	for loss of one (1) foot or one (1) hand
50%	for loss of hearing in both (2) ears or loss of speech
12.5%	for loss of sight in one (1) eye
12.5%	for loss of hearing in one (1) ear
2.5%	for loss of two (2) or more phalanges of the same finger or same toe

Definitions

Dismemberment and Total Loss of Use

- Loss of a hand or 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 speech: diagnosis of total and irreversible loss of the ability to speak. A diagnosis of loss of speech must be made by a specialist;
- Loss of sight: total and irreversible loss of sight in one (1) eye (visual acuity of twenty over two hundred [20/200] or less, or a field of vision of less than twenty [20] degrees);
- Loss of hearing: total and irreversible loss of hearing in both (2) ears, with a hearing threshold of ninety (90) decibels or over 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 one (1) finger and one (1) toe: complete severance of two (2) or more phalanges of the same finger or same toe.

Limitations

If the Insured dies as a result of injuries sustained in an accident for which the accidental death benefit is payable under this policy, no benefit will be payable for any dismemberment or loss of use resulting from this same accident.

Benefits are not cumulative. Where multiple dismemberments or losses are sustained, the Insured will be paid the maximum benefit for the dismemberment or loss.

The Insurer will pay the total loss of use benefit only if the total loss of use persists beyond the consecutive period of three hundred and sixty-five (365) days following the date of the accident that caused the total loss of use.

The total amount of the dismemberment and total loss of use benefits payable under this policy cannot exceed one hundred percent (100%) of the amount of the benefit payable for accidental dismemberment and total loss of use indicated in the schedule of benefits.

Any dismemberment or total loss of use undergone by the Insured prior to the date the policy was issued will not be considered a covered loss under this coverage.

The total amount of benefits payable by the Insurer per insured cannot exceed five hundred thousand dollars ($500,000) in the event of accidental dismemberment or total loss of use. In the event that the insurance amount for accidental dismemberment and total loss of use held by the Insured with the Insurer exceeds five hundred thousand dollars ($500,000), no matter the coverage in force with Humania Assurance, the Insurer will pay only one benefit, i.e. the one that corresponds to the policy providing the highest amount. The policyholder will be reimbursed for premiums received for the dismemberment or loss of use coverage for which no benefit is payable.

Termination of coverage

In addition to the terms of the general provisions of this policy, this accidental death and dismemberment coverage terminates at the earlier of the following dates:

- The date on which the Insurer receives a written request from the Policyholder to cancel the accidental death and dismemberment rider or the date specified in that request, if later than the date of receipt by the Insurer;
- The policy anniversary following the Insured's seventy-first (71st) birthday; or
- The date on which the Insured dies.

General provisions

The definitions, limitations and exclusions of this accidental death and dismemberment rider are in addition to those listed in the general provisions of the policy.

Please read all the details contained in the text of the policy. In the event of a discrepancy between the policy and this document, the policy will prevail.

TOTAL DISABILITY WAIVER OF PREMIUM RIDER

Age at issue: Age 18 to 60 (last birthday)

Termination age: policy anniversary following the date of the Insured's 65th birthday

Wait period: 6 consecutive months

Benefits

While this coverage is in force, the Insurer will waive the policy premiums until the policy anniversary following the Insured's sixty-fifth (65th) birthday, as long as the Insured meets the following requirements:

- The Insured was totally disabled for a period of six (6) consecutive months;
- The Insured's total disability results from an accident or illness that occurred while this coverage was in force; and
- The Insured is still totally disabled.

When the Insurer concludes that the Insured is eligible to have the premiums waived for this policy, all premiums due for this policy during the waiting period will be waived retroactively.

Termination of coverage

In addition to the terms of the general provisions of this policy, this waiver of premium coverage terminates at the earlier of the following dates:

- The date on which the Insurer receives a written request from the Policyholder to cancel the waiver of premium coverage or the date specified in that request, if later than the date of receipt by the Insurer;
- The policy anniversary following the date of the Insured's sixty-fifth (65th) birthday;
- The date on which the Insured dies.

General provisions

The definitions, limitations and exclusions of this total disability waiver benefit are in addition to those listed in the general provisions of the policy.

Please read all the details contained in the text of the policy. In the event of any disagreement between the policy and this document, the policy will prevail.

DEPENDENT CHILD LIFE INSURANCE RIDER

Benefit

In the event of the *Dependent child's* death while this coverage is in force, the *Insurer* will pay the life benefit of the *Child Life Insurance,* subject to the limitations and exclusions of the *Policy.*

For a *Dependent child* already present by the effective date of the coverage, no life benefit is payable during the twelve (12) months following the effective date of this coverage if death results from a pre-existing condition.

The *Insurer's* liability will therefore be limited to the refund of premiums paid and the coverage will terminate without value. However, if other dependent children are present, the *Policyowner* can waive the premium refund. The coverage will therefore remain in force.

If the *Dependent child* is covered by more than one *Child Life Insurance* coverage issued by the Insurer, the maximum benefit is then limited to $25,000 for all of these coverages.

Definitions

Dependent child

A *Dependent child* is a child over whom you exercise parental authority, or would if he or she were a minor, whom you support and who:

- is at least twenty-one (21) years of age; or
- is between twenty-one (21) and twenty-five (25) years of age and is a full-time student; or
- suffers from a significant functional deficiency that occurred before his or her 21st birthday.

In addition, to be eligible the *Dependent child:*

- must not be married or in a common-law relationship; and
- must not have full-time *work;* and
- must have a permanent address in Canada; and
- must be covered by the health plan in his or her province of residence.

A *Dependent child* intending to study abroad must first take all the necessary steps to keep his or her provincial health insurance coverage. If this coverage lapses, the child will no longer be covered by this *policy.*

A child who is born or legally adopted after this coverage comes into force is automatically covered from the age of fifteen (15) days provided that he or she is discharged from hospital after birth.

Pre-existing condition

A *Sickness* or a condition that appears during the 12-month period prior to the effective date of the coverage and for which:

- the *Dependent child* was diagnosed or was treated, hospitalized or attended to by a *Physician* or other health professional; or
- the *Dependent child* was advised to seek treatment or consult a *Physician* or other health professional; or
- the *Dependent child* was given a prescription or took medication, showed signs or symptoms or underwent tests or examinations.

Conversion privilege

As long as this *Dependent child's life insurance* coverage remains in force, the *Policyowner* can convert this coverage for the *Dependent child,* without proof of insurability, to a new non-participating whole life insurance *policy* with level premiums, as designated by the *Insurer* at that time, and for which the benefit is equal to a maximum of five (5) times the value of this coverage.

The conversion privilege is only allowed at the following dates:

- within sixty (60) days preceding an event that would make the dependent child no longer meet the definition of dependent child;
- within sixty (60) days preceding the anniversary date of the Policy, closest to the date on which the insured reaches sixty-five (65) years old.

The premium for the new *Policy* shall be based on:

- the *Dependent child's* attained age on his or her closest birthday;
- the rates in use at the date of the conversion; and
- the *Risk Class* of this coverage.

Termination of coverage

- The date on which there is no longer a *Dependent child;*
- The Policy anniversary date on which the person insured has reached the insurance age of sixty-five (65);
- The date on which the principal coverage terminates;
- The date a written request from the *Policyowner* is received by the *Insurer,* stating that he wishes to terminate this *Child Life Insurance* coverage, or the date stipulated in that request, if such date is later than the date of receipt by the *Insurer;*
- The date on which the entire coverage is converted for all the life insureds under this coverage.

General provisions

The definitions, limitations and exclusions of Dependent Child Life Insurance Rider are in addition to those listed in the general provisions of the policy.

Please read all the details contained in the text of the policy. In the event of a discrepancy between the policy and this document, the policy will prevail.

GENERAL EXCLUSIONS

No death benefit is payable if the Insured or the dependent child commits suicide within two (2) years of the rider's effective date or reinstatement, whether he or she is sane or insane. The following exclusions apply if the **waiver of premium** or **accidental death and dismemberment** are covered under the contract.

No **waiver of premium** or **accidental death and dismemberment** benefit will be payable for disability that results from:

- Attempted suicide or intentionally self-inflicted injury or dismemberment, whether the Insured is sane or insane;
- the Insured's participation in the commission or attempted commission of an unlawful act or crime, or driving a motor vehicle or piloting a boat while under the influence of narcotics or while his or her blood alcohol concentration exceeds the legal limit;
- Drug addiction, alcohol abuse or the use of hallucinogens, drugs or narcotics;
- Service, whether or not as a combatant, with armed forces engaged in surveillance, training, peace keeping, insurrection, war (whether declared or undeclared) or any related act, or the Insured's participation in a popular uprising;
- Injury sustained during a flight, except if the Insured is a passenger on an aircraft operated by a common carrier;
- Cosmetic surgery or elective surgery, and any resulting complication;
- Experimental treatments and treatments involving the application of new procedures or new treatments that are not yet standard practice.

No **waiver of premium** benefit will be payable for:

- Any period during which the Insured is entitled to paid leave under an agreement between the Insured and his or her employer;
- Pregnancy, childbirth, miscarriage or any resulting condition, except in the case of a pathological complication;
- Any period during which the Insured is incarcerated in a penitentiary or a government detention facility.

Promotional offer for critical illness insurance of $25,000 - 25 conditions

If the Insured is approved for $100,000 or over of life insurance without an exclusion or a rating, he or she will automatically receive, without additional requirements, an offer for HuGO Critical Illness Insurance and HuGO Debt Insurance.

Following diagnosis of one of the 25 critical illnesses covered, Humania Assurance will pay the lump-sum amount of $25,000.

HUGO CRITICAL ILLNESS INSURANCE FACT SHEET

Benefits available	$25,000.
Age limit upon purchase	Available to persons ages 18 to 59 inclusively (varies according to term). Age on last birthday.
Duration of contract	• Term of 10, 15, 20, 25 and 30 years (same term as life insurance or T75 if unavailable) • Fixed term of 75 years (term offered with T80 or T100 life insurance)
Renewal	Coverage up to age 75.
Conversion	Conversion privilege up to age 60.
Type of contract	**Guaranteed premium and non-cancellable coverage**: Premiums are not subject to adjustments to reflect experience.
Illnesses covered	25 illnesses covered (non life-threatening cancer: lump-sum amount of $2,500).
Survival period	30 days (See definitions for covered critical illnesses).
Moratorium period	90 days.
Beneficiary	As designated by the policyholder.
Rider	• **Waiver of premiums in the event of the Insured's total disability (included if selected in life insurance policy)**
Exclusions and limitations	**There is no pre-existing condition.** Please refer to the policy specimen for full details.

ELIGIBILITY AND CONTRACT FEATURES

Benefits available:

Critical Illness Insurance renewable term	Age at issue
10-year	Age 18 - 59
15-year	Age 18 - 59
20-year	Age 18 - 54
25-year	Age 18 - 49
30-year	Age 18 - 44
75-year	Age 18 - 59

Eligibility: the Insured must be approved for life insurance without exclusions or extra premiums to benefit from Term Critical Illness coverage.

Capital: $25,000

Definition of age: last birthday

Termination age: policy anniversary following Insured's 75th birthday

Guaranteed premium and non-cancellable coverage: premiums are not subject to adjustments to reflect experience.

Convertible: up to age 60

Conversion privilege

As long as the critical illness policy is in force and before the policy anniversary following the Insured's 60th birthday, the Policyholder may convert the Insured's coverage, without evidence of insurability, to a new permanent critical illness policy of similar coverage, designated by the Insurer at the date of conversion. The coverage converted cannot exceed the coverage amount specified in the schedule of benefits. The new premium will be determined based on the following factors:

- The insurance age reached by the Insured;
- The premium rates applicable at the date of conversion;
- The risk classification of this coverage.

If, at the time of conversion, the current coverage includes waiver of premium coverage, the new policy will also include waiver of premium benefits provided a waiver of premiums for the Insured is not in effect at the time of conversion.

Limitation

If conversion takes place while premiums are being waived, the new policy will not include waiver of premium benefits and the Policyholder will be required to pay the premiums.

Termination of coverage

In addition to the terms of the general provisions of this policy, this term critical illness coverage terminates at the earlier of the following dates:

- The date on which the Insurer receives a written request from the Policyholder to cancel the term critical illness insurance, or the date specified in that request, if later than the date of receipt by the Insurer;
- The date on which the coverage has been converted in full;
- The policy's termination date, as indicated in the schedule of benefits.
- The date on which the Insured dies.
- The date on which the grace period for premium payment expires.

LIST OF COVERED CRITICAL ILLNESSES

1) Alzheimer's Disease
2) Aortic Surgery
3) Autism
4) Benign Brain Tumour
5) Blindness
6) Burns
7) Cancer
8) Coma
9) Coronary Surgery (Coronary Artery Bypass)
10) Cystic Fibrosis
11) Deafness
12) Heart Attack (Myocardial Infarction)
13) Heart Valve Replacement
14) Kidney Failure
15) Loss of Autonomy
16) Loss of Limbs
17) Loss of Speech
18) Major Organ Failure (waiting list)
19) Major Organ Transplant
20) Motor Neuron Disease
21) Multiple Sclerosis
22) Occupational HIV Infection
23) Paralysis
24) Parkinson's Disease
25) Stroke (Cerebrovascular Accident)

LIST OF COVERED CRITICAL ILLNESSES AND THEIR DEFINITIONS

25 COVERED ILLNESSES

Your client is covered for the following 25 illnesses, as defined herein:

Alzheimer's Disease is defined as:

A definitive clinical diagnosis, by a Specialist, of Alzheimer's disease, which is a progressive degenerative disease of the brain. The Insured must present signs of significant loss of intellectual capacity impairing memory and judgment and resulting in significantly reduced mental and social functioning, such that the Insured requires continuous daily supervision. All other dementing organic brain disorders or psychiatric Illnesses are excluded.

Aortic Surgery is defined as:

Surgery to correct a condition of the aorta requiring surgical replacement of the affected artery with a graft. "Aorta" or "aortic" refers to the thoracic and abdominal aorta, excluding its branches.

Autism is defined as:

An organic abnormality in brain development, characterized by the inability to develop a language of communication or other forms of social communication. The diagnosis must be confirmed by a Specialist before the Insured's third (3rd) birthday.

Benign Brain Tumour is defined as:

A non-malignant tumour of the brain or meninges. The histological nature of the tumour must be confirmed by an examination of tissues through biopsy or surgical excision. Tumours of the bony cranium and pituitary microadenomas of less than ten (10) millimetres in diameter are excluded.

Moratorium period: No benefit is payable for any Cancer or Benign Brain Tumour when the earliest of the following dates occurs within ninety (90) days of this coverage's effective date or reinstatement:

- the date of diagnosis for any Cancer, whether covered or excluded, or for Benign Brain Tumour; or
- the date at which any early signs or symptoms for any Cancer, whether covered or excluded, or for Benign Brain Tumour appear; or
- the date at which the Insured has any medical consultation or test leading to the diagnosis of any Cancer, whether covered or excluded, or of Benign Brain Tumour.

However, these exclusions do not result in termination of the coverage. The Insured remains insured against the other covered Illnesses.

Disclosure Obligation: Any diagnosis of Cancer (whether covered or excluded under this coverage) or of Benign Brain Tumour or any sign or symptom or medical consultation or test leading to a diagnosis of Cancer (whether covered or excluded under this coverage) or of Benign Brain Tumour that manifests during the moratorium period must be reported in writing to the Insurer within six (6) months of the diagnosis. Failure to do so entitles the Insurer to refuse any Critical Illness claim under this coverage.

Blindness is defined as:

Total and irrecoverable loss of sight in both (2) eyes, confirmed by an ophthalmologist, with a corrected visual acuity of twenty over two hundred (20/200) or less in each eye, or a field of vision of less than twenty (20) degrees in both (2) eyes.

Burns are defined as:

Third-degree burns over at least twenty percent (20%) of the body surface.

Cancer is defined as:

A tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

Benefit payable in the event of diagnosis of non life-threatening cancer
The amount of the benefit payable for non life-threatening cancer corresponds to 10% of the amount insured, i.e. $2,500.
Definition of non life-threatening cancer:

- Stage T1a or T1b (Stage A) prostate cancer;
- 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 V invasion); or
- Ductal carcinoma in situ of the breast (requires confirmation by biopsy).

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

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

These exclusions do not, however, end the coverage. The Insured remains covered for other critical illnesses.

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

Coma is defined as:

A state of unconsciousness without reaction to external stimuli or response to internal needs for a continuous period of four (4) days. The Glasgow Coma Scale must continuously indicate four (4) or less during the four (4) days.

Exclusions:

- a medically induced coma;
- a coma resulting directly from alcohol or drug use.

Coronary Surgery (coronary artery bypass surgery) is defined as:

Heart surgery that uses a coronary artery bypass to correct the narrowing or obstruction of at least one coronary artery. Non-surgical procedures such as angioplasty and laser relief of obstruction are not covered.

Cystic Fibrosis is defined as:

A final diagnosis of cystic fibrosis made before the Insured reaches the age of eighteen (18), as evidenced by chronic lung disease and pancreatic failure.

Deafness is defined as:

Total and irrecoverable loss of hearing in both (2) ears, with a hearing threshold of ninety (90) decibels or greater, within a speech threshold of five hundred (500) to three thousand (3,000) cycles per second.

Heart Attack (myocardial infarction) is defined as:

Necrosis of a portion of the cardiac muscle resulting from inadequate blood supply, as evidenced by:

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

Heart Attack during an angioplasty is covered provided new Q-wave changes on the electrocardiogram are diagnosed in addition to the elevation of cardiac markers.

Heart Attack does not include incidental discovery of ECG changes suggestive of a past symptomless myocardial infarction or a past myocardial infarction without a corroborating medical event.

Heart Valve Replacement is defined as:

Replacement of any heart valve with a natural valve, a valve made of animal tissue, or a mechanical valve. Heart valve repair is specifically excluded.

Kidney Failure is defined as:

End stage of the chronic, irreversible failure of both (2) kidneys, requiring treatment through regular dialysis, peritoneal dialysis or kidney transplant.

Loss of Autonomy is defined as:

A definitive diagnosis, by a specialist, for a continuous period of ninety (90) days, confirming the Insured's complete and permanent inability to perform, on his or her own, at least two (2) of the six (6) Activities of Daily Living listed in that definition, without reasonable likelihood of recovery, or confirming a Cognitive Impairment as defined below.

Cognitive Impairment is defined as:

Mental deterioration and loss of mental capacity resulting in a deterioration of memory, orientation and the faculty of reason, which are measurable and due to an objective organic cause, diagnosed by a specialist. The degree of cognitive impairment must be serious enough to warrant continuous daily supervision.

The finding of cognitive impairment must be based on clinical data and standardized assessments, validating the impairment. Any mental or nervous disorder without a demonstrable organic cause is not covered.

Loss of Limbs is defined as:

Irreversible severance of two (2) or more limbs above the wrist or ankle joint, resulting from an Accident or a medically necessary amputation. A loss resulting directly from drug or alcohol use is excluded.

Loss of Speech is defined as:

The total and irrecoverable loss of the faculty of speech, resulting from an Injury or a physical and persistent Illness for a continuous period of at least one hundred and eighty (180) days. Any psychiatric cause is specifically excluded.

Major Organ Failure on Waiting List is defined as:

The diagnosis of irreversible failure of the heart, both (2) lungs, liver, both (2) kidneys, or bone marrow. Transplantation must be medically necessary.

To qualify under Major Organ Failure on Waiting List, the Insured must be an eligible recipient, as part of an approved government program for organ or bone marrow transplant in Canada or in the United States, for one (1) or more organs or of bone marrow, as specified in this clause.

With respect to the Survival Period, the date of diagnosis is the date at which the Insured's registration with the transplant program takes effect.

Major Organ Transplant is defined as:

The diagnosis of irreversible failure of the heart, both (2) lungs, liver, both (2) kidneys, or bone marrow. Transplantation must be medically necessary. To qualify under Major Organ Transplant, the Insured must undergo surgery to receive transplantation of the heart, both (2) lungs, liver, both (2) kidneys, or bone marrow. For the purposes of this coverage, "Major Organ Transplant" is limited to the organs specified in this paragraph.

Motor Neuron Disease is defined as:

A definitive diagnosis of one of the following diseases: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, spinal muscular atrophy, progressive bulbar palsy or pseudobulbar palsy. For the purposes of this coverage, "Motor Neuron Disease" is limited to the diseases specified above.

Multiple Sclerosis is defined as:

A definitive diagnosis, by a neurologist, of multiple sclerosis, characterized by well-defined neurological abnormalities that persist for a continuous period of at least six (6) months or with two (2) separate episodes, documented with clinical facts. The disseminated demyelinating lesions must be confirmed by magnetic resonance imaging (MRI) or by a medical imaging technique customarily used to diagnose multiple sclerosis.

Occupational HIV is defined as:

A diagnosis of infection by the human immunodeficiency virus (HIV), resulting from Accidental Injury in the course of the Insured performing the regular duties of his or her Occupation, which exposes him or her to body fluids contaminated with HIV.

The benefit will be payable provided all of the following criteria are met:

a) the Accidental Injury must be reported to the Insurer within fourteen (14) days of the Accidental event;

b) a test for HIV must be performed within fourteen (14) days of the Accidental Injury and the result must be negative;

c) a test for HIV must be performed between ninety (90) and one hundred and eighty (180) days after the Accidental Injury and the result must be positive;

d) all HIV tests must be conducted by a laboratory approved by the Insurer;

e) the Accidental Injury must be reported, investigated and documented in accordance with Canadian labour standards.

No benefit will be payable if:

a) the Insured refuses a vaccine that is approved and available and that offers protection from HIV;

b) an approved preventive or curative treatment for HIV infection becomes available before the Accidental Injury;

c) the HIV infection was contracted otherwise than as the result of Accidental Injury (including, but not limited to, sexual transmission or the use of intravenous drugs).

Paralysis is defined as:

Complete and permanent loss of use of two (2) or more limbs during a continuous period of ninety (90) days following the event giving rise to the loss, without any sign of improvement during that period. Any psychiatric cause is specifically excluded.

Parkinson's Disease is defined as:

A definitive clinical diagnosis, by a specialist, of primary idiopathic Parkinson's disease, which is characterized by at least two (2) of the following clinical features: muscle rigidity, tremor or bradykinesia (abnormal slowing of movement, slowing of physical and mental reactions). The Insured must require substantial physical help from another adult to perform two (2) or more of the following six (6) Activities of Daily Living: bathing, dressing, toileting, continence, transferring or eating, as specified in the definitions. Any other type of parkinsonism is specifically excluded.

Stroke is defined as:

A cerebrovascular accident that produces neurological sequelae that last over thirty (30) days and are caused by thrombosis, hemorrhage or extracranial embolism. There must be evidence of objective, measurable neurological deficit. Transient ischemic attacks (TIAs) are specifically excluded.

TOTAL DISABILITY WAIVER OF PREMIUM BENEFIT RIDER (INCLUDED IF SELECTED IN HUGO LIFE INSURANCE)

Age at issue: age 18 to 60 (age at last birthday)

Termination age: policy anniversary following the date of the Insured's 65th birthday

Wait period: 6 consecutive months

Benefits

While this coverage is in force, the Insurer will waive the policy premiums until the policy anniversary following the Insured's sixty-fifth (65th) birthday, as long as the Insured meets the following requirements:

- The Insured was totally disabled for a period of six (6) consecutive months;
- The Insured's total disability results from an accident or illness that occurred while this coverage was in force; and
- The Insured is still totally disabled.

Termination of coverage

In addition to the terms in the general provisions of this policy, this waiver of premium benefit terminates at the earlier of the following dates:

- The date on which the Insurer receives a written request from the Policyholder to cancel the waiver of premium coverage or the date specified in that request, if later than the date of receipt by the Insurer;
- The policy anniversary following the date of the Insured's sixty-fifth (65th) birthday;
- The date on which the grace period for premium payment expires; or
- The date on which the Insured dies.

General provisions

The definitions, limitations and exclusions of this waiver of premium coverage for the Insured are in addition to those listed in the general provisions of the policy.

This document is provided for information purposes only. Please read all the details contained in the text of the policy. In the event of any disagreement between the policy and this document, the policy will prevail.

BEST DOCTORS SERVICES

Humania Assurance provides free access to the world-renowned integrated services of Best Doctors following diagnosis of a health condition, whether simple or complex. **These services are also available to all members of your immediate family.**

Best Doctors offers four different services:

INTERCONSULTATION℠

A service that gives you and your physician access to excellent, relevant recommendations made by experts from around the world, without having to travel. World-renowned specialists study the medical file, give their opinion on the diagnosis of the illness and recommend the best treatment plan. As the InterConsultation medical report is provided rapidly, it can reduce potentially serious complications resulting from an incorrect diagnosis. InterConsultation will help the treating physician implement an appropriate action plan.

FINDBESTDOC℠

Are you looking for a specialist? Let Best Doctors do the work for you. This service takes into account your medical history and geographic location, matching you with the doctor best qualified to meet your needs. Best Doctors will help you find specialists such as internists, cardiologists, neurologists, among others.

FINDBESTCARE℠

If your medical condition requires treatment from a specialist outside of Canada, Best Doctors can identify one through its FindBestCare service. With a global database of over 53,000 physicians in more than 450 specialties and subspecialties, Best Doctors can find the experts best qualified to meet your needs. This service provides you with up to three recommendations for leading physicians.

BEST DOCTORS 360°

Whether your condition is simple or complex, Best Doctors will provide you with a variety of tools and resources, giving you peace of mind. These include condition-specific website links and articles, physician biographies, and contact information for specialists and facilities that can assist you with your medical needs.

The services provided by Best Doctors are not an integral part of the insurance policy. Humania Assurance has no obligation, based on the terms and conditions of the policy, to provide these services and can, at its discretion, at any time and without notice, cancel the access to these services.

SPECIAL PROVISIONS FOR CRITICAL ILLNESS INSURANCE

Payment conditions

The benefit is only payable provided that it is the first appearance of a covered critical illness.

Critical illness benefits are not cumulative. Consequently, the Insurer can never be required to pay more than one benefit under this coverage, except for the non life-threatening cancer benefit. The Insurer will pay a single benefit, i.e. the benefit that provides the highest amount.

Diagnosis in Canada

The diagnosis of a covered critical illness must be made by a specialist licensed to practice in Canada and must be confirmed by customary modern investigation techniques appropriate to that illness at the time of claim.

Diagnosis outside Canada

When a covered critical illness is diagnosed outside Canada by a specialist practicing in a jurisdiction deemed acceptable by the Insurer, the benefit will be paid provided all the following conditions are met:

a) The Insurer has received all medical records;

b) Based on the medical records received, the Insurer is certain that:

   i. The same diagnosis would have been made had the critical illness or accident been diagnosed by a duly licensed specialist practicing in Canada; and

   ii. The same treatment would have been prescribed in accordance with Canadian standards; and

   iii. The same treatment, including any necessary surgery, would have been prescribed had the treatment been administered in Canada.

The Insurer may require that the Insured undergo independent medical examinations carried out by a physician designated by the Insurer. In the event of elective surgery, the medical exam required must be carried out before said surgery is performed.

Exclusions

In addition to the exclusions set out in the general provisions of the policy, no amount is payable for illness or accident resulting directly or indirectly from an undisclosed diagnosed illness, or signs or symptoms known or being investigated and not disclosed before the date coverage was issued.

No benefit will be payable for any cancer or benign brain tumour during the full term of the policy if the date of the diagnosis of any cancer (whether covered or excluded under this policy) or benign brain tumour falls within the first (90) days of the commencement or reinstatement of this policy, or if the date of the onset of signs or symptoms or medical consultations or tests leading to the diagnosis of any cancer (whether covered or excluded under this policy) or benign brain tumour falls within the first (90) days of the commencement or reinstatement of this policy.

Obligation of disclosure

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

GENERAL EXCLUSIONS

The following exclusions apply to critical illness and waiver of premium benefit coverage.

No **waiver of premium** benefit will be applicable in the event of any of the following:

- Attempted suicide or intentionally self-inflicted injury or dismemberment, whether the Insured is sane or insane;
- The Insured's participation in the commission or attempted commission of an unlawful act or crime, or the driving of a motor vehicle or piloting of a boat while under the influence of narcotics or while his or her blood alcohol concentration exceeds the legal limit;
- Drug addiction, alcohol abuse or the use of hallucinogens, drugs or narcotics;
- Service, whether or not as a combatant, with armed forces engaged in surveillance, training, peace keeping, insurrection, war (whether or not declared) or any related act, or the Insured's participation in a popular uprising;
- Injury sustained during a flight, except if the Insured is a passenger on an aircraft operated by a common carrier;
- Cosmetic surgery or elective surgery, and any resulting complication;
- Experimental treatments and treatments involving the application of new procedures or new treatments that are not yet standard practice.

No **waiver of premium** benefit will be payable for:

- Any period during which the Insured is entitled to paid leave under an agreement between the Insured and his or her employer;
- Pregnancy, childbirth, miscarriage or any resulting condition, except in the case of a pathological complication;
- Any period during which the Insured is incarcerated in a penitentiary or a government detention facility.

Promotional offer for debt insurance in case of disability

If the Insured is approved for $100,000 or over of life insurance without an exclusion or a rating, he or she will automatically receive, without additional requirements, an offer for HuGO Critical Illness Insurance and HuGO Debt Insurance.

HuGO Debt Insurance covers your monthly payments for all types of debt with a financial institution and covers up to $1,500/month.

HUGO DEBT INSURANCE FACT SHEET

Benefits available	Minimum $400/month, maximum $1,500/month.
Age limit upon purchase	Available to persons aged 18 to 59 inclusively. Age at last birthday.
Waiting period	• 90 days
Benefit period	2 years.
Disability coverage	Any total disability resulting from an accident or sickness.
Type of contract	Guaranteed renewable contract. The level premium rate is based on the Insured's age and risk class on the date the coverage was issued. The only allowable increases are adjustments to reflect experience.
Renewal	Guaranteed up to age 65.
Integration and coordination	• No integration or coordination of benefits • 100% payment for joint debt
Beneficiary	As designated by the Policyholder.
Exclusions and limitations	**There is no pre-existing condition.** Please refer to the policy specimen for full details.

ELIGIBILITY AND CONTRACT FEATURES

Eligibility: The Insured must have been approved for standard term life insurance with HuGO to benefit from personal coverage for debt following disability.

The Insured is classified by occupation to determine his or her risk class.

Definition of age: Age at last birthday

Level premium: The level premium rate is based on the Insured's age and risk class on the date the coverage was issued. The only allowable increases are adjustments to reflect experience.

Premium adjustments to reflect experience: The Insurer can change the premium for each coverage to reflect experience if it differs from anticipated results.

Total disability definitions

Insured who holds remunerative work at the onset of the disability: an Insured who, due to his state, as a result of an accident or an illness, is unable, during the waiting period and the twenty-four (24) months that follow, to perform the main duties of his or her occupation at the onset of the disability and who, during that period, does not hold other employment, and is under the continuous and appropriate treatment and care of a physician.

Insured who is unemployed: an Insured who, due to his state, 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 a set of routine activities carried out by an individual to feed him or herself, get dressed, move around, tend to personal care and remain continent.

- Feeding: the ability to consume food or drink that has been prepared and made available, 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 in and out of a bed, chair or wheelchair, with or without the use of equipment.
- Bathing: the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of equipment.
- Toileting: the ability to get to and from the toilet and maintain personal hygiene.
- Bladder and Bowel Continence: the ability to manage bowel and bladder function with or without protective undergarments so that a reasonable level of hygiene is maintained for good health.

Accumulation of disability days

Continuous disability periods of seven (7) days or more, resulting from the same cause, may be added together to satisfy the waiting period.

- For occupational classes B, 1A and 2A, recurrent disabilities may be added together for a period of six (6) months to meet the waiting period requirement;
- For occupational classes 3A and 4A, recurrent disabilities may be added together over a period of twelve (12) months to satisfy the waiting period.

Recurrent disabilities

All recurrent disabilities attributable to a same or related cause are considered to be the continuation of a single and same disability if the relapse occurs within a period of:

- Six (6) months for occupational classes B, 1A and 2A;
- Twelve (12) months for occupational classes 3A and 4A.

The waiting period does not begin to elapse anew and debt benefit payments are added to past payments in determining the maximum benefit period stipulated in the schedule of benefits, subject to the "Multiple causes of disability" clause.

Multiple causes of disability

If another accident or illness occurs during the benefit period, no benefit will be payable under this policy for that other accident or illness. If, at the end of the maximum benefit period, the total disability continues and the Insured has not recovered from his or her first disability and another accident or illness occurs, no benefit will be payable under this policy for that other accident or illness.

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 sense among those listed below, the Insured is considered to be totally disabled, whether or not he or she holds other employment and whether or not he or she is under the regular care of a physician.

Total and permanent loss of use of two limbs or one sense among those listed below is defined as:

- 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 over 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).

Waiver of premiums

For the period during which the Insured is eligible to receive disability benefits, the Insurer waives the premiums. This waiver terminates on the date the Insured is no longer eligible to receive disability benefits.

Death benefit

If the Insurer is paying total disability benefits for eligible debts and the Insured dies, the Insurer will pay a lump-sum benefit equal to five (5) times the amount of the monthly payment being made at the time of death, up to a maximum of seven thousand five hundred dollars ($7,500), to the beneficiary.

Rehabilitation

When the Insurer pays a disability benefit for eligible debt under this policy, the Insurer will pay the cost of services related to a rehabilitation program provided these services are not already covered by another plan or service and that the Insurer approves the program in writing prior to the Insured's participation.

Organ donation

No benefit is payable for disability resulting from organ donation, except when the donation is made after the coverage giving rise to a benefit has been in force for at least six (6) months.

Termination of coverage

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

- The date a written request from the Policyholder is received or the date stipulated in that request, if later than the date of receipt;
- The date the total disability benefit is cancelled;
- The date on which the grace period for premium payment expires; or
- The date of the policy anniversary following the Insured's sixty-fifth (65th) birthday;
- The date on which the Insured ceases to be a Canadian resident;
- The date on which the Insured dies.

Please read all the details contained in the text of the policy. In the event of any disagreement between the policy and this document, the policy will prevail.

ESTABLISHMENT OF THE ELIGIBLE DEBTS AND BENEFITS PAYABLE

HuGO Debt Insurance will pay a benefit to cover the Insured's debt (debt or loans). The insurable and payable amounts are established based on eligible debts and not on the Insured's revenue. In the event of a claim: proof of debt must be submitted to the Insurer for the purpose of determining benefit payment 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 (e.g. leverage loan, car loan, boat loan, motorcycle loan, recreational vehicle (RV) loan, student loan, 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.

Property and school taxes for a property subject to a mortgage loan are considered eligible. The eligible monthly amount is equal to the amount of annual taxes divided by 12.

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 total disability will not be considered eligible debt, unless the debt or any increase in debt has been contracted within ninety (90) days following the effective date of the coverage.

Any debt covered by other disability insurance is not eligible.

Lease: any debt arrangement financing goods, specifically excluding any residential or commercial housing lease.

Eligible monthly amount: monthly equivalent of regular payments payable by the Insured to repay an eligible debt.

The eligible monthly amount is based on regular payments made converted to a monthly amount by multiplying the regular payment by a factor: for weekly payments: 52/12; for bi-monthly payments: 26/12.

Specifically, the eligible monthly amount for:

- **A mortgage loan:** this amount corresponds to the higher amount between that established in the amortization plan and the regular payment withdrawn by the financial institution during the six (6) months previous to the onset of the disability.

  The eligible monthly amount may increase upon renewal of a mortgage loan. When a fixed-rate mortgage loan is renewed with the same conditions (same balance, payment frequency, term and amortization period) and the revised amount in the amortization plan is higher than the current eligible monthly amount, the eligible monthlyamount is increased to match the revised amount of the amortization plan. In all other cases, the eligible monthly amount remains unchanged.

  School and property taxes for a property subject to an eligible mortgage loan are considered an eligible amount. The eligible monthly amount is equal to the amount of annual taxes divided by 12.
- **A home equity line of credit:** this amount corresponds to the regular monthly amount withdrawn by the financial institution during the six (6) months previous to the onset of the disability. If there are no regular payments, the eligible monthly amount corresponds to the lowest between 3% of the outstanding balance at the onset of the disability and the monthly interest charged on the outstanding balance at the onset of the disability by the institution;
- **Line of credit or credit card:** this amount corresponds to the lowest between 3% of the outstanding balance at the onset of the disability and the minimum monthly payment required by the financial institution on the outstanding balance at the onset of disability. This amount is eligible for ten (10) years and is null thereafter.
- **Leveraged loan to finance investments:** this amount corresponds to the lowest between 3% of the outstanding balance at the onset of the disability and the minimum monthly payment required by the institution. This amount is eligible for ten (10) years and is null thereafter.
- **Personal loan:** this amount corresponds to the regular payment established in the contract to repay the debt. This is an eligible amount.
- All other types of eligible debt correspond to the regular payment established in the repayment agreement for the debt.

With the exception of the eligible monthly amount for a mortgage loan, the eligible monthly amount is determined at the onset of the disability and remains the same until the end of the original amortization period for the loan.

For any personal Eligible Debt contracted by several parties on a joint basis, the Eligible Monthly Amount corresponds to 100% of the eligible payment.

Once the eligible debt has been completely repaid, the eligible monthly amount is zero ($0).

If the Insured declares bankruptcy while disabled, the eligible monthly amount becomes zero ($0) and no other disability benefit is payable.

The eligible monthly amount does not include any form of advance or lump-sum payment.

The Insurer assumes no responsibility for any overdue amounts or late-payment interest or fees charged by a financial institution.

EXCLUSIONS APPLICABLE TO HUGO DEBT INSURANCE

Creditor insurance

No benefit will be payable for disability that results from:

- Attempted suicide or intentionally self-inflicted injury or dismemberment, whether the Insured is sane or insane;
- The Insured's participation in the commission or attempted commission of an unlawful act or crime, or the driving of a motor vehicle or piloting of a boat while under the influence of narcotics or while his or her blood alcohol concentration exceeds the legal limit;
- Drug addiction, alcohol abuse or the use of hallucinogens, drugs or narcotics;
- Service, whether or not as a combatant, with armed forces engaged in surveillance, training, peace keeping, insurrection, war (whether declared or not) or any related act, or the Insured's participation in a popular uprising.
- Injury sustained during a flight, except if the Insured is a passenger on an aircraft operated by a common carrier;
- Cosmetic surgery or elective surgery, and any resulting complication;
- Experimental treatments and treatments involving the application of new procedures or new treatments that are not yet standard practice.

No disability benefit will be payable for:

- Pregnancy, childbirth, miscarriage or any resulting condition, except in the case of a pathological complication;
- Any debt or any increase in debt contracted by an Insured who is already disabled;
- Any debt or any increase in debt contracted by the Insured in the ninety (90) days prior to total disability will not be considered eligible debt, unless the debt (or any increase in debt) has been contracted within ninety (90) days following the date the disability coverage came into effect.
- Any debt specifically covered by another debt or creditor insurance.
- Any period the Insured is incarcerated in a penitentiary or a government detention facility.

If the Insured declares bankruptcy while disabled, disability benefits cease as of the date of bankruptcy.

No death benefit is payable if the Insured commits suicide within two (2) years of the rider's effective date or reinstatement whether he or she is sane or insane.

Other exclusions may apply to some policy riders. Please refer to the policy for all limitations and exclusions applicable to each rider.

Limitations

If the Insured refuses any treatment or medication deemed necessary for his or her health, the Insurer may interrupt payment of monthly benefits.

Disability benefits are determined based on the Insured's eligible monthly amount at the onset of the disability, up to the maximum sum insured indicated in the policy's schedule of benefits. The Policyholder should regularly check to ensure that the amount of coverage continues to meet his or her needs.

RISK CLASSIFICATION DESCRIPTION

Class 4A:

- Professionals and upper business management (white-collar jobs) who work in an office environment or who carry out only administrative or clerical duties;
- Select business executives or white collar occupations with limited sales tasks which do not include carrying out deliveries or demonstrations.

Class 3A:

- Most white-collar workers: office workers, managers, supervisors and inspectors who do not participate in supervised tasks;
- Representatives who do not make deliveries;
- No manual labour.

Class 2A:

- Professional workers who perform specialized work;
- Clerks and other workers who perform tasks limited to sales, supervision and providing services;
- Qualified professional workers who do not satisfy the criteria for Class 3A;
- Full-time students.

Class 1A:

- Manual workers who perform tasks that are more physically demanding and who work in favourable conditions;
- The work must not include hazards such as chemicals, explosives, machinery or heavy equipment.

Class B:

- Manual workers whose jobs include significant physical labour;
- Working conditions that pose an elevated risk of illness or accident - extreme heat or frequent changes in temperature;
- The use of chemicals, explosives, heavy machinery or equipment;
- Unemployed individuals and caregivers;
- All normally non-eligible occupations (class X) in Assur-Debt.

AMENDMENTS AUTHORIZED AFTER THE POLICY IS ISSUED

Below are the changes that are requested most frequently.

If the change you want to make does not appear in the following table, please contact Humania Assurance Representative Services for more information.

Type of change permitted	HuGO Life Insurance	HuGO Critical Illness Insurance	HuGO Debt Insurance
Coverage cancellation (riders)	X	X	N/A
Change from smoker to non-smoker status	X	X	X
Conversion	X	X	N/A
Exchange privilege	X	N/A	N/A
Change of policyholder	X	X	X
Change of beneficiary	X	X	X
Change of payer	X	X	X
Addition of riders	N/A	N/A	N/A
Increase of amount insured	N/A	N/A	N/A
Decrease of amount insured	X	N/A	X

X: Authorized at any time N/A: Not available

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Humania Assurance is one of the oldest insurance companies in Quebec. It provides insurance coverage to over 200,000 clients and delivers exceptional customer service to meet the needs of its clients. Humania Assurance, putting you first!

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