Insured: Mr. XXX
Policy No.: HLTCXXXXX

Your contract consists of this policy, the copy of the application, and any notices of modification or any amendments attached.

Please review your policy and the copy of the application carefully. If any changes need to be made to the answers provided, please notify the insurer within 30 days following the delivery of the policy. Failure to notify the insurer of any inaccuracy or misrepresentation may result in the nullity of the contract.

Home Care Assistance

Home Care Assistance
Insurance Policy

10-day review period

Within ten (10) days after the receipt of this contract, you may return it to us or to the representative through whom it was purchased. The premium paid will be refunded, and the contract will be deemed void as of the date of issue.

Signed at the head office of Humania Assurance Inc., Saint-Hyacinthe, Quebec, Canada

Nicolas Moskiou
President and Chief Executive Officer

Dimitri Georgoulas
Senior Vice-President, Finance and Treasurer

HUMANIA ASSURANCE MD®

HOME CARE ASSISTANCE

Policy specifications

Name and address of the policyholder
M. ABC
3 Turgeon St
Ste-Therese, Qc, J7E 3H2

Policy No.: HLTCXXXXX

Renewal date: (DD) (MONTH) of each year

Insured

	Name	Age
Insured	Mr. ABC	61

Product **Home Care Assistance**

Effective date XX-XX-XXXX

SUMMARY OF BENEFITS AND PREMIUMS

Description	Effective date	Monthly premium
Home Care Assistance		
Plan 1	XX-XX-XXXX	$XXX.XX

Total monthly premium :	$XX.XX
Total annual premium :	$XXX.XX

Authorized Signatory :

Cathy Leclair
Director, Administration, Individual Insurance

HOMECARE ASSISTANCE
PLAN A
Summary of Benefits

Protection	Coinsurance	Annual Maximum
Payable when the insured person is functionally dependent		
Professional Care		
Audiologist	90%	$1,250 per calendar year
Dietitian	90%	$1,250 per calendar year
Naturopath or osteopath	90%	$1,250 per calendar year
Occupational therapist	90%	$1,250 per calendar year
Physiotherapist	90%	$1,250 per calendar year
Podiadrist or chiropodist	90%	$1,250 per calendar year
Respiratory therapist	90%	$1,250 per calendar year
Psychologist	90%	$1,250 per calendar year
Speech therapist	90%	$1,250 per calendar year
Other expenses Covered at 100 %		
Monitoring system	100%	$1,000 per calendar year
Moving allowance	100%	$1,000 lifetime maximum
Home conversion	100%	$10,000 lifetime maximum
Meals	100%	$500 per month
Rental or purchase of equipment	100%	Unlimited
Respite	100%	$3,000 per calendar year
Transportation expenses	100%	$750 per year
Support for an Informal caregiver	100%	$1,250 per year
Private nurse or personnal support worker	100%	$100 per day, maximum of 200 days per calendar year
Other expenses Covered at 90 %		
Orthopaedic shoes	90%	Unlimited
External breast prostheses	90%	$300 per 24 months
Colostomy, Ileostomy and Urostomy supplies	90%	Unlimited
Transcutaneous electrical nerve stimulator (TENS)	90%	$500 per 36 months
Reagent strips, syringes and needles	90%	Unlimited
Dextrometer or a Glucometer and Diabetic supplies	90%	Unlimited
Hearing aids	90%	$500 per 36 months
Hair prostheses (wigs)	90%	$300 lifetime maximum
Stockings for varicose veins and phlebitis	90%	2 pairs per calendar year
Maxi-mist nebulizer (including masks) or CPAP device	90%	$500 lifetime maximum
Rental or purchase of a non-motorized wheelchair, ventilator, hospital bed (excluding mattress) or crutches	90%	$5,000 lifetime maximum
Medical supplies	90%	$1,500 per year
Incontinence supplies for bowel and /or bladder	90%	$1,500 per year
LIFETIME MAXIMUM		**$75,000**

* The lifetime maximum is the total amount of benefits that the insurer will pay to the Beneficiary under this Policy, across all coverages, for the entire duration of the contract. Any benefit payment reduces the available lifetime maximum by the same amount. Once this amount is reached, no further benefits are payable, regardless of any annual or coverage-specific limits set out in the contract.

HOMECARE ASSISTANCE
PLAN B
Summary of Benefits

Protection	Coinsurance	Annual Maximum
Payable when the insured person is functionally dependent		
Professional Care		
Audiologist	100%	$1,500 per calendar year
Dietitian	100%	$1,500 per calendar year
Naturopath or osteopath	100%	$1,500 per calendar year
Occupational therapist	100%	$1,500 per calendar year
Physiotherapist	100%	$1,500 per calendar year
Podiadrist or chiropodist	100%	$1,500 per calendar year
Respiratory therapist	100%	$1,500 per calendar year
Psychologist	100%	$1,500 per calendar year
Speech therapist	100%	$1,500 per calendar year
Other expenses Covered at 100 %		
Monitoring system	100%	$1,250 per calendar year
Moving allowance	100%	$1,000 lifetime maximum
Home conversion	100%	$15,000 lifetime maximum
Meals	100%	$700 per month
Rental or purchase of equipment	100%	Unlimited
Respite	100%	$3,000 per calendar year
Transportation expenses	100%	$1,000 per year
Support for an Informal caregiver	100%	$1,500 per year
Private nurse or personnal support worker	100%	$120 per day, maximum of 200 days per calendar year
Other expenses Covered at 100 %		
Orthopaedic shoes	100%	Unlimited
External breast prostheses	100%	$300 per 24 months
Colostomy, Ileostomy and Urostomy supplies	100%	Unlimited
Transcutaneous electrical nerve stimulator (TENS)	100%	$500 per 36 months
Reagent strips, syringes and needles	100%	Unlimited
Dextrometer or a Glucometer and Diabetic supplies	100%	Unlimited
Hearing aids	100%	$500 per 36 months
Hair prostheses (wigs)	100%	$300 lifetime maximum
Stockings for varicose veins and phlebitis	100%	2 pairs per calendar year
Maxi-mist nebulizer (including masks) or CPAP device	100%	$500 lifetime maximum
Rental or purchase of a non-motorized wheelchair, ventilator, hospital bed (excluding mattress) or crutches	100%	$7,500 lifetime maximum
Medical supplies	100%	$1,500 per year
Incontinence supplies for bowel and /or bladder	100%	$1,500 per year
LIFETIME MAXIMUM		**$125,000**

* The lifetime maximum is the total amount of benefits that the insurer will pay to the Beneficiary under this Policy, across all coverages, for the entire duration of the contract. Any benefit payment reduces the available lifetime maximum by the same amount. Once this amount is reached, no further benefits are payable, regardless of any annual or coverage-specific limits set out in the contract.

HOMECARE ASSISTANCE
PLAN C
Summary of Benefits

Protection	Coinsurance	Annual Maximum
Payable when the insured person is functionally dependent		
Professional Care		
Audiologist	100%	$1,750 per calendar year
Dietitian	100%	$1,750 per calendar year
Naturopath or osteopath	100%	$1,750 per calendar year
Occupational therapist	100%	$1,750 per calendar year
Physiotherapist	100%	$1,750 per calendar year
Podiadrist or chiropodist	100%	$1,750 per calendar year
Respiratory therapist	100%	$1,750 per calendar year
Psychologist	100%	$1,750 per calendar year
Speech therapist	100%	$1,750 per calendar year
Other expenses Covered at 100 %		
Monitoring system	100%	$2,000 per calendar year
Moving allowance	100%	$1,500 lifetime maximum
Home conversion	100%	$20,000 lifetime maximum
Meals	100%	$1,000 per month
Rental or purchase of equipment	100%	Unlimited
Respite	100%	$6,000 per calendar year
Transportation expenses	100%	$1,500 per year
Support for an Informal caregiver	100%	$2,000 per year
Private nurse or personnal support worker	100%	$160 per day, maximum of 250 days per calendar year
Other expenses Covered at 100 %		
Orthopaedic shoes	100%	Unlimited
External breast prostheses	100%	$300 per 24 months
Colostomy, Ileostomy and Urostomy supplies	100%	Unlimited
Transcutaneous electrical nerve stimulator (TENS)	100%	$500 per 36 months
Reagent strips, syringes and needles	100%	Unlimited
Dextrometer or a Glucometer and Diabetic supplies	100%	Unlimited
Hearing aids	100%	$500 per 36 months
Hair prostheses (wigs)	100%	$300 lifetime maximum
Stockings for varicose veins and phlebitis	100%	2 pairs per calendar year
Maxi-mist nebulizer (including masks) or CPAP device	100%	$500 lifetime maximum
Rental or purchase of a non-motorized wheelchair, ventilator, hospital bed (excluding mattress) or crutches	100%	$7,500 lifetime maximum
Medical supplies	100%	$1,500 per year
Incontinence supplies for bowel and /or bladder	100%	$2,000 per year
LIFETIME MAXIMUM		**$200,000**

* The lifetime maximum is the total amount of benefits that the insurer will pay to the Beneficiary under this Policy, across all coverages, for the entire duration of the contract. Any benefit payment reduces the available lifetime maximum by the same amount. Once this amount is reached, no further benefits are payable, regardless of any annual or coverage-specific limits set out in the contract.

HOME CARE ASSISTANCE

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OTHER JOINT DOCUMENT

PART A - DEFINITIONS

Terms in *italics* in the text have the following meanings:

Accident: Means an event that occurs while the *Policy* is in force and is caused by external, violent, sudden or fortuitous causes beyond the control of the *Insured*.

Activities of Daily Living: Means the set of actions performed daily by a person including eating, getting dressed, moving around, bathing, toileting and maintaining continence:

- Eating/Feeding: The ability to consume prepared and served food, with or without the help of adaptive utensils
- Dressing: The ability to put on and remove necessary clothing, including orthoses, artificial limbs and other surgical prostheses
- Transferring: The ability to move out of a bed, chair or wheelchair in any manner, with or without the help of assistive equipment
- Bathing: The ability to wash in a bathtub, in the shower or with a washcloth, with or without the use of accessories
- Toileting: The ability to get to and from the toilet and maintain personal hygiene
- Continence: The ability to manage bowel and bladder functions, with or without protective undergarments, to maintain a level of personal hygiene that promotes good general health

Application: Means any insurance *Application* attached to the *Policy*.

Assistive Devices or Accessories: Means a device that facilitate the *Insured's Activities of Daily Living*. If using an *Assistive Device or Accessory* allows you to fully and safely perform an *Activity of Daily Living*, you are not considered to have a loss of autonomy for that activity.

Assistive Device or Accessory include, without limitation: adjustable beds, button hooks, canes, crutches, grab bars, handheld showerheads, bath brushes, raised toilet seats, transfer benches, walkers, and wheelchairs.

Beneficiary: Unless otherwise indicated, the *Beneficiary* is the *Insured* or the one designated by the *Policyholder*.

Canadian Resident: Means a person authorized by law to reside in Canada, who resides there for at least six (6) months per calendar year and is eligible for the government health and *Hospitalization* insurance programs of the province in which they reside.

Child: Means any person who has a direct parent-child relationship with the *Insured* or their *Spouse*, whether by birth, from a previous union or by legal adoption. Grandchildren of the *Insured* or their *Spouse* are also considered children for the purposes of this *Policy*.

Coinsurance: Means the percentage of *Eligible Expenses* reimbursed by the *Insurer* to the *Beneficiary* for certain healthcare and/or dental care services.

Convalescent Centre: Means a centre for patients in the transitional period between the end of the active phase of a condition and recovery. In order to be considered a *Convalescent Centre,* a location must meet all of the following conditions:

- be eligible to receive payments in accordance with provincial health care legislation;
- be operated in accordance with applicable local laws;
- have a licensed *Physician* and registered nursing staff on duty 24 hours a day;
- provide room, board and nursing care for an *Illness* or *Injury* during the convalescent period;
- be authorized to administer medications to patients as directed or recommended by a *Physician*;

- maintain a medical record for each patient; and
- not be a senior's residence, nursing home, maternity *Facility* or a *Facility* for persons who are blind, deaf, alcohol-dependent, drug-dependent or incapable of consenting.

Dentist: Means a *Healthcare Professional* who specializes in the diagnosis, prevention and treatment of diseases and conditions affecting the teeth, gums and oral cavity.

Deterioration of Mental Faculties (Cognitive Impairment): Means constant supervision by another person is required to protect physical health and safety due to deterioration or loss of:

- short-term memory;
- orientation in time and space and the ability to recognize people;
- the ability to reason; and
- the ability to exercise judgment with respect to awareness of danger.

Deterioration of Mental Faculties must be caused by an organic brain disease, such as Alzheimer's disease or irreversible dementia, or by a traumatic brain *Injury.* The diagnosis must be made by a *Physician*.

Diagnostic Services: Means medical examinations and tests necessary to identify the nature or extent of an *Illness* or *Injury*. These examinations and tests must be administered to the *Insured* in a *Physician's* or *Dentist*'s office, in a *Hospital* or in a private healthcare *Facility* previously approved by the *Insurer.* They must also be prescribed by a *Physician, Dentist* or nurse practitioner.

Eligible Expenses: Means expenses incurred by the *Insured* for medical supplies or services that are considered reimbursable because they:

- are *Usual, Customary and Reasonable Fees*;
- are recommended, approved or prescribed by a *Healthcare Professional*;
- are approved by the *Insurer*;
- exceed amounts reimbursed or reimbursable by any other insurer or *Government Program*;
- were not provided by a person who lived with the *Insured* before the *Insured* became *Functionally Dependent,* or who is a member of their *Immediate Family,* a business partner or their employer; and
- were rendered while the present coverage was in force.

Facility: Means a long-term care *Facility* that provides accommodation, assistance, support, supervision and/or psychological services to the *Insured* who is suffering from a functional or psychological loss of autonomy.

Functionally Dependent: Means the *Insured* is unable to perform at least two (2) *Activities of Daily Living,* has *Impaired Mental Faculties* or requires *Immediate Physical Assistance* for bathing or transferring. To be considered *Functionally Dependent*, the *Insured* must also follow the treatments recommended by a *Healthcare Professional*, when such treatments are prescribed, where applicable.

Government Programs: Means all provincial, territorial and federal *Government Programs,* or any other program or legislation that entitles the *Insured* to *Home Care Benefits,* under which the *Insured* is eligible to receive benefits.

Healthcare Professional: Means a person who is legally authorized to practise a profession through which medical services are administered. *Healthcare Professionals* include *Physicians*, pharmacists, *Dentists*, nurse practitioners and any other professional approved by the *Insurer*.

Home Care: Means health and personal care services provided by a *Healthcare Professional*, outside of a *Facility* or *Hospital. Home Care* means that the *Insured* is *Functionally Dependent* and resides in a private residence or any other location that does not meet the definitions of *Facility* or *Hospital* set out in this contract.

Hospital: Means an institution recognized as an acute care hospital under the laws of the province of residence of the *Insured*. This definition excludes the long-term care unit (beds in that institution used for convalescent or chronically ill patients).

A clinic, health *Facility* or establishment that provides essentially rehabilitation or custodial care is not recognized as a *Hospital,* even if that establishment is part of or affiliated with a *Hospital*.

Hospitalization: Means an admission for a stay in a *Hospital*:

- for at least 18 hours for urgent medical care; or
- for surgery that is not primarily cosmetic in nature.

Illness: Means a deterioration of health or disorder of the body, diagnosed by a *Physician*, that is not caused by an *Injury* and whose first symptoms appear while the present *Policy* is in force.

Immediate Family: Means the *Spouse*, *Child*, brother, sister, parent, grandparent or grandchild of the *Insured*.

Immediate Physical Assistance: Means the constant and immediate presence of a third party is required for the *Insured* to fully and safely perform activities such as bathing or transferring and this person must be able to intervene physically without delay.

An *Insured* is considered *Functionally Dependent* when they require *Immediate Physical Assistance* for one of these activities and significant physical assistance for at least one other *Activity of Daily Living*.

Informal Caregiver: Means a person who provides substantial support or care on a regular basis to a *Functionally Dependent Insured* and who does not act in a professional capacity, whether as a volunteer or having left paid employment to assume this role.

Injury: Means bodily harm resulting directly or indirectly from an *Accident* sustained by the *Insured,* independently of any *Illness* or other cause, while the *Policy* in force.

Insurability: Means whether the *Insured* meets the *Insurer's* requirements for this *Policy*, including eligibility and health requirements.

Insured or Insured Person: Means the person designated as such on the insurance *Application*.

Insurer: Means Humania Assurance Inc. with its headquarter at 1555 rue Girouard Ouest, Saint-Hyacinthe, Quebec, J2S 2Z6.

Physician: Means any person who is legally authorized to practise medicine in Canada, within the scope of their Doctor of Medicine (M.D.) degree who has no family or business relationship with the *Insured*, *Beneficiary* or *Policyholder*.

Policy: Means this contract, the *Application* for this *Policy,* any notice of change, reinstatement or amendment attached to this contract.

Policyholder: Means the person who owns this *Policy*.

Private Nurse: Means a registered nurse or licensed practical nurse who is registered with their respective professional association.

Rider: Means any document identified as a *Rider* that provides additional coverage subscribed to by the *Insured* and that is issued and approved by the *Insurer* and forms an integral part of the *Policy* only if indicated in the policy specification.

Risk Class: Means the characteristics of the *Insured* used to determine the premium rate for coverage. *Risk Classes* are based on gender, age and health status.

Spouse: Means the person who:

1. is married to and cohabits with the *Insured*; or

2. has lived in a conjugal relationship with the *Insured* for at least twelve (12) consecutive months (or immediately if a *Child* has been born of their union) and meets the following criteria:

    a. is designated as a *Spouse* on the "Declaration of Marital Status" form; and

    b. is publicly presented as their *Spouse*.

However, annulment of the marriage, divorce or separation results in the loss of *Spouse* status.

Summary of Benefits: Means the *Summary of Benefits* attached to this *Policy*.

Usual, Customary and Reasonable Fees: Means fees or charges that do not exceed the rates generally charged by other professionals, similar healthcare *Facilities* or pharmacies in the same region or locality for identical or comparable care, services or supplies. The *Insurer* sets these charges annually or more frequently.

PART B – *HOME CARE* ASSISTANCE COVERAGE

BENEFITS

If this coverage is in force, and if the *Insured* is considered *Functionally Dependent* and resides in a private residence, the *Insurer* will reimburse the *Insured* for eligible *Home Care* expenses, in accordance with the terms and conditions set forth in the *Summary of Benefits* and all other provisions of the *Policy*, the *Eligible Expenses* as described in the *Eligible Expenses* clause of this Part B.

This coverage does not apply to an *Insured* who resides, either permanently or temporarily, in a care *Facility*, including a *Hospital*, public or private *Convalescent Centre* or any other similar *Facility*.

This coverage is not intended to replace government health or hospitalization insurance programs in the *Insured*'s province of residence or any other *Government Programs*.

LIMITATIONS

The *Insurer* pays *Eligible Expenses* up to the following limits:

- the sub-limits applicable to each type of expense, as indicated in the *Summary of Benefits;* and
- the lifetime maximum, as indicated in the *Summary of Benefits*.

The lifetime maximum is the total amount of benefits that the insurer will pay to the *Beneficiary* under this *Policy*, across all coverages, for the entire duration of the contract. Any benefit payment reduces the available lifetime maximum by the same amount. Once this amount is reached, no further benefits are payable, regardless of any annual or coverage-specific limits set out in the contract.

PREMIUM

The premium amount is indicated in the policy specification. Premiums are payable annually or monthly by pre-authorized debit, or annually by cheque, at the *Policyholder's* discretion. Any premium payment made by pre-authorized debit is deemed made only if the payment is honoured. A 30-day grace period is granted for payment of each premium. If the premium remains unpaid after this period, the *Policy* terminates. If the *Insured* is not *Functionally Dependent,* the *Policyholder* may change the payment terms by providing fifteen (15) day's notice. Any unpaid premiums will be deducted from any amount payable by the *Insurer.*

The premium is guaranteed for the first twelve (12) months of the contract. After this period, however, it is no longer guaranteed and may be subject to adjustments based on experience at the contract renewal date.

ADJUSTMENTS DUE TO EXPERIENCE

After the first year that the *Policy* is in force, the Insurer reserves the right to adjust the applicable premium for each coverage based on the observed experience across all similar contracts.

RENEWAL

Provided that no premium is outstanding on the last day of an insurance year, this contract is automatically renewed each year.

The years of insurance each have a twelve (12) months period and are calculated from the effective date of the contract.

ELIGIBLE EXPENSES

ELIGIBLE EXPENSES FOR A *FUNCTIONALLY DEPENDENT INSURED*

If this coverage is in force on the date the *Insured* is recognized as *Functionally Dependent* and is not residing in a care *Facility* (whether a *Hospital, Convalescent Centre* or any other similar *Facility*) on a permanent or temporary basis, and if the *Insured* incurs expenses for *Home Care* on that date, the *Insurer* will reimburse the following *Usual, Customary and Reasonable Fees* in accordance with the percentage and maximums set out in the *Summary of Benefits*:

PROFESSIONAL CARE

Fees for paramedical services provided by a/an:

- Audiologist
- Dietitian
- Naturopath or osteopath
- Occupational therapist
- Psychologist
- Physiotherapist
- Podiatrist or chiropodist
- Respiratory therapist
- Speech therapist

Such services must be within the specialist's area of specialty, and the specialist must be a member of their respective professional association. The portion of expenses borne by the *Insured* is subject to the maximum per specialist indicated in the *Summary of Benefits*.

The practitioner must not reside in the *Insured's* home, be a member of their *Immediate Family*, be their business partner or be their employer. These expenses are reimbursable up to the maximum indicated in the *Summary of Benefits*.

OTHER EXPENSES

In accordance with the percentages and maximums indicated in the *Summary of Benefits* for this purpose, the *Insurer* pays the following *Usual, Customary and Reasonable Fees*:

Monitoring System
The cost of a medical alert system, including a wireless emergency transmitter, a base unit connected to a telephone line, and a highly sensitive microphone and speaker, up to the maximum indicated in the *Summary of Benefits*.

Moving Allowance
The cost of relocation expenses that the *Insurer* will pay to the *Insured* or *Policyholder* for moving the *Insured's* from their residence to a long-term care *Facility*, up to the maximum indicated in the *Summary of Benefits*.

Home Conversion
The cost for the adaptation of the *Insured's* residence, up to the maximum indicated in the *Summary of Benefits*.

Meals
The cost of meal preparation provided outside the *Insured's* residence, up to the maximum indicated in the *Summary of Benefits*.

Rental or Purchase of Equipment
The rental or purchase, at the *Insurer's* discretion, of the following medical supplies or equipment:
- mobility aids or other *Assistive Devices*, such as canes, crutches and walkers;
- orthoses made of rigid material, such as plastic or metal, used to maintain a part of the body in proper position. (elastic support bands and foot orthoses are not covered under this category);

- the cost of oxygen and ventilators, as well as the rental of equipment required for their administration and/or maintenance.

Respite
The cost of respite care for the *Insured,* allowing the *Informal Caregiver* to take a break and have some free time, up to the maximum indicated in the *Summary of Benefits*.

Transportation Expenses
The cost of transporting the *Insured* for medical treatment or follow-up. When the *Insured* uses a personal vehicule, the benefit is payable at a rate of $0.35/km. When the *Insured* uses a taxi, the benefit corresponds to the cost of the taxi. Expenses are reimbursable up to a maximum of $50 per day and up to the maximum indicated in the *Summary of Benefits*.

Support for an *Informal Caregiver*
The cost of consulting a specialist who provides psychosocial support to the *Informal Caregiver* in their daily tasks and involvement with the *Insured,* up to the maximum indicated in the *Summary of Benefits*.

***Private Nurse* or personal support worker**
The professional services of a licensed *Private Nurse* or a personal support worker from an agency that specializes in *Home Care* and is a member in good standing of their respective professional association, up to the maximum indicated in the *Summary of Benefits*.

Orthopedic Shoes
The purchase of orthopedic shoes, up to the maximum indicated in the *Summary of Benefits.*

External Breast Prostheses
Coverage for the purchase of external breast prostheses following a mastectomy, up to the maximum indicated in the *Summary of Benefits*.

Colostomy, Ileostomy and Urostomy Supplies
Costs for eligible supplies required following a colostomy, an ileostomy or a urostomy, up to the maximum indicated in the *Summary of Benefits*.

Transcutaneous Electrical Nerve Stimulator (TENS)
A pain treatment device that uses electrical stimulation of nerve fibres to control chronic pain, up to the maximum indicated in the *Summary of Benefits*.

Reagent Strips, Syringes and Needles
The purchase of reagent strips, syringes and needles, up to the maximum indicated in the *Summary of Benefits*.

Dextrometer or a Glucometer and Diabetic Supplies
The purchase of a dextrometer or a glucometer and diabetic supplies, except lancets and glucose sensors, up to the maximum amount indicated in the *Summary of Benefits*.

Hearing aid
The purchase of a hearing aid prescribed by an audiologist, up to the maximum indicated in the *Summary of Benefits* per 36 consecutive months.

Hair prostheses (Wigs)
Hair prostheses required due to a medical condition or following chemotherapy treatment, up to the lifetime maximum indicated in the *Summary of Benefits*.

Stockings for Varicose Veins or Phlebitis
Stockings for varicose veins or phlebitis, up to the maximum indicated in the *Summary of Benefits*.

Maxi-Mist Nebulizer (including masks) or CPAP device
The rental or purchase, at the *Insurer's* discretion, of a maxi-mist nebulizer (including masks) or a CPAP device, up to the maximum indicated in the *Summary of Benefits*.

Rental or Purchase of a Non-Motorized Wheelchair, Ventilator, *Hospital* bed (excluding mattress) or Crutches
The rental or purchase, at the *Insurer's* discretion, of a non-motorized wheelchair (including repairs), a ventilator, a *Hospital* bed (excluding the mattress), crutches or any other equipment normally designed for therapeutic use in a *Hospital*, up to the maximum indicated in the *Summary of Benefits*.

Medical Supplies
The purchase, at the *Insurer's* discretion, of medical supplies to treat an *Illness* or *Accident* while the *Insured* is receiving care from a nurse, up to the maximum indicated in the *Summary of Benefits*.

Incontinence supplies for bowel and/or bladder
Incontinence supplies for bowel or bladder management up to the maximum indicated in the *Summary of Benefits*.

COORDINATION OF BENEFITS

If, at the time of the claim, the *Insured* is covered by one or more government health or hospitalization insurance programs, health care programs or any other *Government Programs* in the *Insured's* province of residence, or if the *Insured* is covered by individual or group insurance *Policies* offering benefits similar to or comparable with those provided under this *Policy,* the total benefits payable may not exceed 100% of the *Eligible Expenses* actually incurred.

The order of payment of benefits is established as follows:

- Government health insurance, hospitalization insurance, healthcare programs or any other *Government Programs* in the *Insured's* province of residence act as the first payer for *Eligible Expenses* under those programs.
- If one of the applicable policies does not include a coordination of benefits provision, then that policy is considered the first payer among private insurers.
- If more than one applicable policy includes a coordination of benefits provision, the *Eligible Expenses* are reimbursed first by the group insurance policy, then by the individual insurance policy or policies. If the *Insured* is covered by more than one policy, the order of payment is determined from the policy with the earliest effective or reinstatement date to the policy with the most recent effective or reinstatement date.

The *Insured* must disclose the existence of any public plan, *Government Program* or other insurance policy covering similar expenses and must provide any information required to apply this clause upon request.

GENERAL PROVISIONS

The definitions, restrictions and exclusions of this coverage apply in addition to those set out in the *General Provisions* of this *Policy*.

PART C – GENERAL PROVISIONS

CONTRACT

This *Policy* is issued by the *Insurer* based on the *Application* submitted for this purpose. A copy of the *Application* is attached, along with any documents such as notices of change, reinstatement or amendment.

EFFECTIVE DATE

This *Policy* takes effect upon the *Insurer's* acceptance of the *Application,* provided that the *Application* has been accepted without modification, that the first premium has been paid and that no changes have occurred in the *Insured's Insurability* since signing the *Application* or reinstatement.

PREMIUM WAIVER

When the *Insurer* approves a claim for benefits, the *Insurer* will waive the premiums on the *Policy* for as long as the *Insured* is *Functionally Dependent*. Premiums must be paid until the *Insurer* notifies the *Policyholder* that the claim has been approved.

EXCLUSIONS

No benefits are payable under this coverage for expenses incurred as a result of:

- *Injuries* or physical or mental harm intentionally self-inflicted by the *Insured;*
- the commission or attempted commission of a criminal act by the *Insured;*
- *Injuries* resulting from the *Insured* actively participating in a public confrontation, riot, insurrection, or military operation, whether or not war has been declared;
- alcohol or drug abuse or use of illicit drugs;
- operation of a motor vehicle by the *Insured* with a blood alcohol level exceeding 80 milligrams per 100 milliliters of blood (0.08) or the legal limit;
- inhalation of toxic gases by the *Insured* unless such inhalation occurs during the *Insured's* normal job duties;
- suicide or attempted suicide by the *Insured,* whether of sound mind or not.

No benefits are payable for an *Insured* who is *Functionally Dependent* and resides outside of Canada.

This coverage does not apply to an *Insured* who resides, either permanently or temporarily, in a care *Facility*, including a *Hospital*, public or private *Convalescent Centre* or any other similar *Facility*.

GRACE PERIOD

A grace period of 30 days is granted for payment of each premium, except for the first premium, which is due on the contract's effective date. If the premium remains unpaid after this period, the *Policy* is terminated. If the *Insurer* does not receive the first premium payment as required, the *Policy* will be deemed never to have been issued.

Any unpaid premiums will be deducted from any amount payable by the *Insurer.*

LAPSE

The contract lapses, and the *Insurer's* obligations under the contract terminate automatically if premiums remain unpaid at the end of the grace period.

AGE

For the purposes of this *Policy* the *Insured's* age is their age at their last birthday when the *Policy* takes effect. If the

age used to calculate the premium is incorrect due to an error or otherwise, the *Insurer* will adjust the amount payable at the time of settlement to reflect the *Insured's* true age on the date they became *Insured*.

If the *Insured's* age was outside the eligible age limits on the *Policy's* effective date, the *Policy* will be considered void and will not be subject to any legal restrictions.

PARTICIPATION

This *Policy* is non-participating and carries no right to share in the *Insurer's* profits.

REINSTATEMENT

If this *Policy* lapses due to nonpayment of premiums, it may be reinstated within 120 days of the lapse date. To do so, the *Policyholder* must submit a written request, provide proof of the *Insured's Insurability* and/or health status that satisfies the *Insurer,* and pay any outstanding premiums. The incontestability periods begin anew as of the date of the most recent reinstatement.

Reinstatement will not extend the contract's duration or postpone the *Policy's* expiration date beyond the dates indicated in the policy specification.

CLAIM SUBMISSION AND PAYMENT

In the event of a claim, the *Insured* must submit the claim to the *Insurer* (coverage must be in force), within twelve (12) months from the date the expenses were incurred, accompanied by all supporting documentation deemed necessary by the *Insurer*, otherwise the claim will not be accepted.

Eligible Expenses are reimbursed or paid within 30 days of receipt of the claim and all required supporting documentation.

If the *Insured* disagrees with a decision made by the *Insurer,* they may request a review within 30 days of the decision by sending a written request to the *Insurer* along with any new supporting documentation.

The *Insurer* will not consider any request for review received more than twelve (12) months after its initial decision.

REIMBURSEMENT OF CLAIMS AFTER *POLICY* TERMINATION

We must receive your refund request within 90 days of the *Policy* termination date. No reimbursements will be made after 90 days, regardless of the service date.

ACCESS TO PERSONAL INFORMATION

Any claim for payment under the *Policy* must be made in writing and supported by documentation. We may require any information the *Insurer* deems necessary to support the claim.

In processing a claim, we will require personal information about the *Insured,* including medical information about their health condition.

No amount will be paid if the *Insured*, *Policyholder* or *Beneficiary* refuses to consent to the disclosure of personal information about the *Insured* that is necessary for processing the claim.

ASSIGNMENT OR PLEDGE

The insurance under this contract may not be assigned or pledged.

ELIGIBILITY

To be eligible for coverage, the *Insured* must be eligible for coverage under the *Government Programs* for health insurance, hospitalization insurance and healthcare programs in their province of residence. The *Insured* must be between 18 and 82 years of age inclusively.

WAIVER

The *Insurer's* waiver of, or failure to require the performance or observance of, any provision of this contract shall not be construed as a waiver of the *Insurer's* right to take necessary action against any subsequent failure to perform or observe the same provision. Furthermore, the *Insurer's* approval of any action by the *Insured,* when such approval was required, does not relieve the *Insured* of the obligation to obtain the *Insurer's* approval for any subsequent, similar action.

SUBROGATION AND REIMBURSEMENT – THIRD-PARTY LIABILITY

When any amount is paid to the *Insured* under this contract as a result of an *Illness* or an *Accident* for which legal liability is attributable to a third party, the *Insurer* is subrogated to the rights of the *Insured* and may recover from the liable third party the amounts it has paid, where permitted by law.

DISCLOSURE

The *Insured* and the *Policyholder* are required to cooperate fully with the *Insurer* and must disclose all facts within their knowledge that are material to the insurance and have not been disclosed by the other party, including in the *Application,* during a medical examination where applicable, and in any written statement or answer provided as evidence of *Insurability*. The *Insured, Policyholder* and *Beneficiary* must also sign any form or document that enables the *Insurer* to obtain relevant information.

Subject to the incontestability and age provisions, failure to disclose or misrepresentation of such a fact renders the contract voidable by the *Insurer*.

INCONTESTABILITY

Once a coverage has been in force for two (2) years with respect to an *Insured Person,* failure to disclose or misrepresentation of a fact regarding that person does not void the coverage, except in cases of fraud.

TERMINATION OF THE *POLICY* AND COVERAGES

Unless otherwise specified for a given coverage, this *Policy* and the coverages terminate on the earliest of the following dates:

- on the date that the *Insurer's* representative receives a written request from the *Policyholder* to cancel this *Policy*;
    - when the *Policyholder* cancels their contract by sending written notice to the *Insurer's* representative head office, the termination date is the date the notice is received, if the premium was paid on an annual basis. However, if the premium is paid monthly, the notice must be received at least seven (7) business days before the next pre-authorized debit for the cancellation to take effect. Otherwise, the debit will be processed, no refund will be issued, and the cancellation will take effect at the end of the period for which the premium was collected;
- on the date that the premium grace period expires;
- on the date that the maximum benefits have been paid;
- on the date that the *Insured* ceases to be a *Canadian Resident*; or
- upon the death of the *Insured*.

CHANGE OF *BENEFICIARY*

Subject to applicable law, the *Policyholder* may designate, change or revoke a *Beneficiary* at any time. The *Insurer* only recognizes changes that have been notified in writing. The *Insurer* assumes no responsibility for the validity of the *Beneficiary* designation or any change of *Beneficiary*.

***POLICY* SETTLEMENT**

Any benefit is paid to the *Insured* or *Policyholder* unless otherwise indicated.

REFUND

No premium refund cheque will be issued for amounts less than twenty dollars ($20).

RECOVERY

No provision of this contract may be construed as preventing the *Insurer* from recovering any overpaid amount.

LEGAL CURRENCY

All payments under the provisions of this *Policy* are made in Canadian currency.

RIGHT OF CANCELLATION

The *Insured* has ten (10) days from the receipt date of their contract to review and cancel it without charge or penalty, provided that the *Insurer* receives written notice of cancellation at its head office within the stated period.

Upon receiving the cancellation notice within the stated period, the *Insurer* will refund all premiums paid to the *Insured*. The contract will be considered null and void as of the effective date, and no benefits will be payable.

COMPLIANCE WITH APPLICABLE LAW

Any provision of the *Policy* that, on the effective date, does not comply with the laws of the province or territory in which the *Policy* was issued will be amended to meet the minimum requirements of those laws.

GENERAL PROVISIONS

The exclusions, limitations and general provisions apply to the *Policy* and to all coverages to the extent that they are relevant.

Certain coverages have their own specific exclusions and limitations. These exclusions and limitations are in addition to the exclusions and limitations set out in the general provisions.