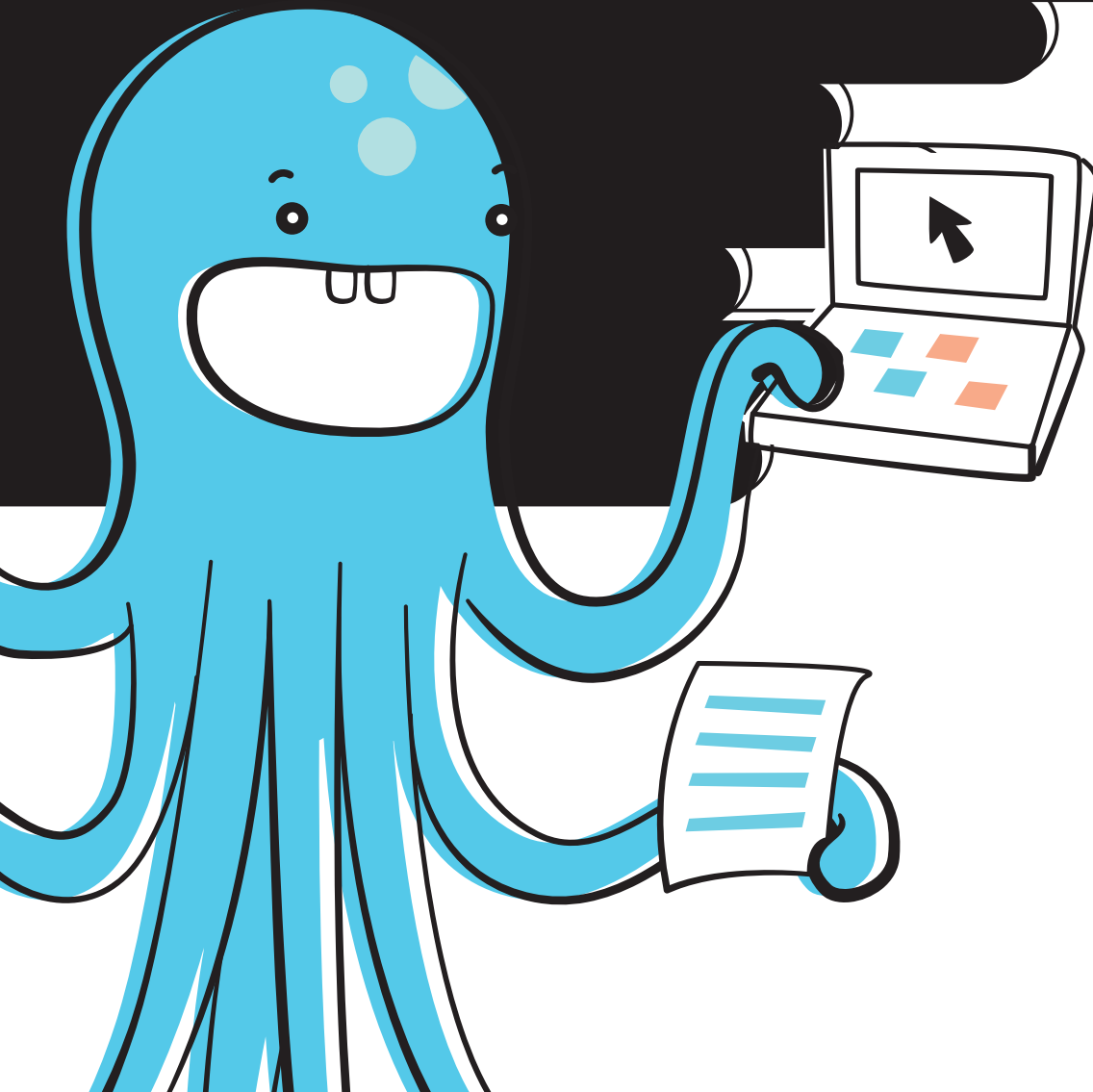


Life insurance policy



PARACHUTE Life Insurance Policy

This Policy sets out the life insurance coverage provided to You by Humania Assurance Inc. In this Policy, Humania Assurance Inc. is called "Humania", "We" or "Us".

"You" and "Your" refer to the individual identified as the policyholder in the Summary of Coverage.

It is important that You read this Policy document carefully along with Your Summary of Coverage, which sets out details of Your coverage, including the amount of Your coverage, and whether Your Spouse and Children are covered. Your Summary of Coverage along with this Policy document are part of Your contract of insurance.

Humania Assurance Inc. hereby agrees to pay the benefits in accordance with and subject to the provisions of this Policy.

Please take the time to review this Policy

Within 10 days of delivery of the Policy and on the condition that no claim has been made, You may cancel for any reason and receive a full refund of any premium You have paid if You provide Us with written Notice of cancellation.

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Article 1

1.1 Schedule of Benefits

Minimum and Maximum Face Amounts

* The maximum Child Face Amount is \$50,000 or 50% of Your Face Amount, rounded to the next \$1,000, whichever is the lesser. All eligible Children will be insured for the same Face Amount.

	Units	Minimum	Maximum
You	\$25,000.00	\$25,000.00	\$250,000.00
Spouse	\$25,000.00	\$25,000.00	\$250,000.00
Dependent — Child	\$10,000.00	\$10,000.00	\$50,000.00 *

Non-Evidence Maximum \$100,000.00

Maximum Issue Age 64 years of age

Termination Age 70 years of age

Article 2

2.1 Definitions

This article sets out the definitions for words and phrases that have specific meanings when used in this Policy. These words and phrases appear in bold in this Policy. They include the plural as well as the singular.

Actively at Work means You perform all the functional and crucial duties of Your occupation for a full workday at:

1. Your employer's place of business;
2. an alternate place approved by Your employer; or
3. a place where Your employer requires You to travel.

You are considered Actively at Work on any day that is not Your regular scheduled workday (e.g. vacation or holiday), provided You were Actively at Work on the preceding scheduled workday and You are not confined to Hospital or otherwise incapacitated from reporting to place of employment for Your employer. If You are on parental leave under a Provincial or Federal program, You are considered Actively at Work.

Actively at School means you:

1. are a student at an Institute for Higher Learning;
2. satisfy the definition of full-time student at such Institute for Higher Learning; and
3. attend your classes on a regular basis.

You are considered actively at school on any day that is not your regular scheduled school day (e.g. vacation or holiday), provided you were Actively at School on the immediately preceding scheduled school day, and you are not confined to Hospital.

Application means the form requesting insurance coverage under this Policy submitted by You to Us for approval.

Beneficiary means the individual who is entitled to receive the benefits under this Policy.

Child means Your natural or adopted child or stepchild who, at the time of Application for insurance, is wholly

dependent on You for support, over 25 hours old, and either (i) less than 21 years old, or (ii) less than 26 years old, and in attendance at an accredited school as a full-time student, and is:

1. a Full-Time Resident of Canada;
2. unmarried;
3. not employed on a full-time basis; and
4. not eligible for voluntary life insurance as an employee under a group benefit plan.

We may require written proof of the Child's status as often as We determine is reasonably necessary.

Claim means a formal request to Us for payment of a Face Amount under this Policy, along with supporting documents.

Claimant means an individual who makes a Claim for a Face Amount under this Policy.

Dependent or **Eligible Dependent** means Your Child or Children.

Effective Date of Coverage means the date and time that coverage becomes effective for an Insured Person or, for an increase in coverage, the date the increase becomes effective as shown on Your Summary of Coverage.

Evidence of Insurability means:

1. the part of your Application containing the statement or medical evidence that serves as proof of Your or Your Dependents' or Spouse's medical, lifestyle and family medical history; and

2. the information about the existence of Grandfathered Coverage supplied by You as part of the Application and used by Us in our decision to issue this Policy.

All Evidence of Insurability must be submitted on forms provided by Us.

Face Amount is the dollar amount of the benefit that will be paid on the death of an Insured Person, as set out in the Summary of Coverage.

Full-Time Resident of Canada means an individual who is a resident of Canada and who is covered by a Canadian Provincial or Territorial Health Care Insurance Plan.

Grace Period means the number of days in which coverage for an Insured Person under this Policy remains effective although the required premium is late.

Grandfathered Coverage means that an Insured Person was covered by a Prior Policy, the existence of such Prior Policy being part of the Evidence of Insurability and material to Our decision to issue this Policy. If issued, the Insured Person will be insured under this Policy for a Face Amount equivalent to the amount of the death benefit under the Prior Policy, subject to the maximum Face Amount available, on the Effective Date of Coverage.

Hospital means a facility licensed to provide full-time medical care and treatment under the direction of a full-time staff of licensed Physicians. It does not include a facility that is primarily a nursing home, rest home or facility for treating drug or alcohol abuse.

Institute for Higher Learning means any university, private or community college, CEGEP or trade school in Canada.

Insured or **Insured Person** means You, Your Spouse and Your Dependents who are insured under this Policy. An Insured Person cannot be insured as both the policyholder and as a Spouse or Dependent under one of Our Parachute Life policies.

Insurer, We, and **Us** means Humania Assurance Inc.

Life Event means one of the following events:

1. Your marriage (including common-law) or divorce,
2. the birth or adoption of Your Child; or
3. the death of Your Spouse or Child.

For the purposes of this definition, We will consider that Your marriage has occurred on the date:

1. of Your legal marriage;
2. You have been living with another person in a role like that of a marriage partner continuously for the immediately preceding 12-month period;
3. You enter into a civil union as defined by the Civil Code of Quebec; or

You register a domestic partnership in Nova Scotia.

Non-Evidence Maximum means the maximum Face Amount available under this Policy without requiring You, Your Spouse or Your Dependents to provide satisfactory Evidence of Insurability.

If the requested Face Amount exceeds the Non-Evidence Maximum, the amount in excess of this limit is available only if You, Your Spouse or Your Dependent provide Evidence of Insurability to Us and We approve this excess amount.

Notice means a written communication by an Insured Person or Claimant to Us, or vice versa.

Notice of Claim means the initial written Notice given to Us that a Claimant is making a Claim under this Policy, using a form provided by Us.

Policy means this insurance contract.

Policy Anniversary means the annual anniversary of the Policy.

Policyholder means You.

Prior Policy means a Group Life policy under which You were insured that terminated within 31 days of Your Effective Date of Coverage.

Proof of Claim means evidence or documentation submitted to Us by the Claimant or obtained by Us in the course of our investigation of a Claim.

Provincial or Territorial Health Care Insurance Plan

means any plan that provides hospital, medical or dental benefits established by the government in the Insured Person's province or territory of primary residence.

Schedule of Benefits summarizes the benefit features available to You, Your Spouse and Your Dependents according to the terms and conditions of this Policy.

Smoker means an individual who, in the 12 months before declaring their smoking status on an Application or Change in Smoking Status form:

1. has used tobacco in any form (with the exception of one large cigar per month), nicotine products, nicotine substitutes, oral and nasal sprays, or smoking cessation products; or
2. has consumed marijuana or hashish more than three times per week.

Spouse means an individual who:

1. is a Full-Time Resident of Canada; and
2. satisfies one of the following:
 - a. is legally married to You;
 - b. has been living with You in a role like that of a marriage partner continuously for the immediately preceding 12-month period;
 - c. is in a civil union with You as defined by the Civil Code of Quebec;
 - d. is Your registered domestic partner in Nova Scotia; or
 - e. is the biological or adoptive father or mother of at least one of Your children.

Only one Spouse is eligible for insurance under this Policy and it is the person who most recently satisfies the definition of Spouse who is eligible to apply for coverage under the Policy.

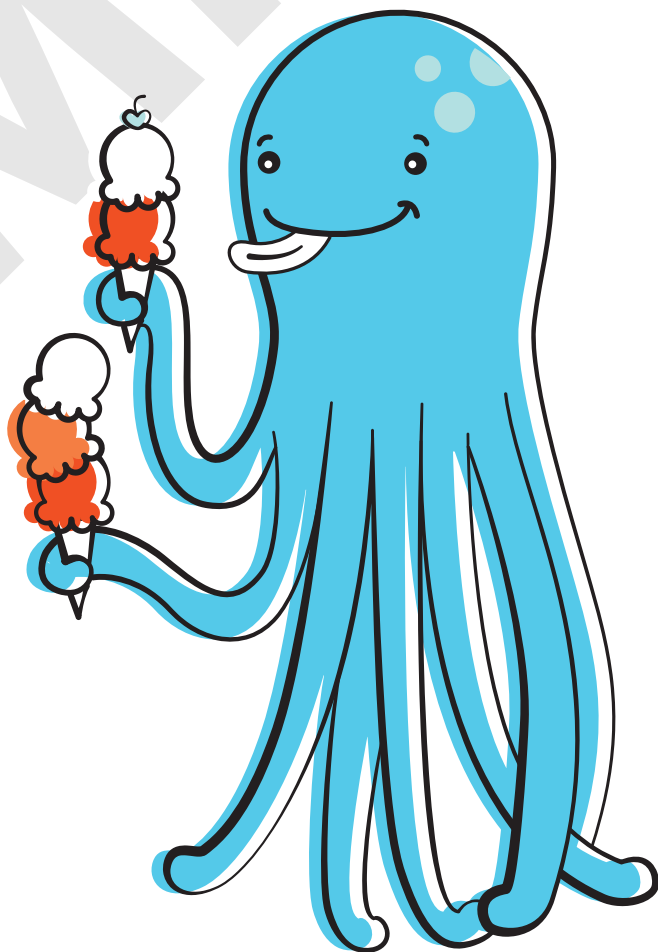
We may require written proof of the Spouse's status as

often as We determine is reasonably necessary.

Summary of Coverage means the insurance document called a "Summary of Coverage", or any replacement of such document, which We issue to You, which summarizes the Face Amount You, Your Spouse and Your Dependents have under this Policy. The Summary of Coverage forms part of Your contract of insurance.

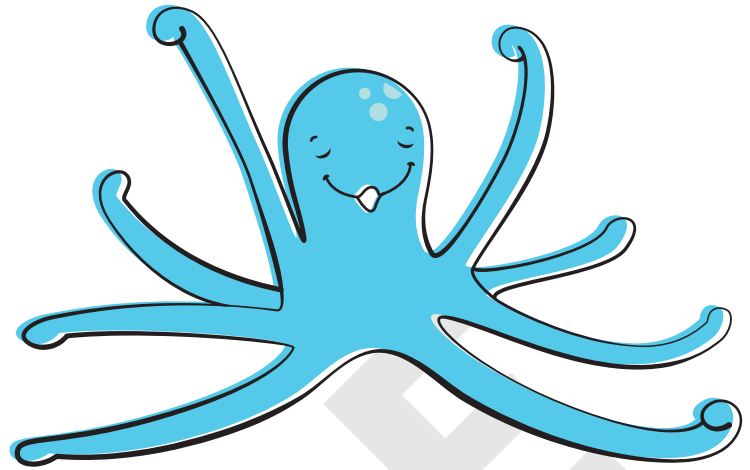
Termination Date means the date on which the Insured Person is no longer eligible for coverage under his or her Policy.

You and **Your** refer to the individual identified as the policyholder in the Summary of Coverage.



Article 3

3.1 Benefits Provisions



Your Spouse and Eligible Dependents

When are Your Spouse and Dependents eligible for coverage under this Policy?

Your Spouse and Dependents are eligible for coverage under this Policy on the latest of:

1. the date You are eligible for coverage under this Policy; and
2. the date such Spouse or Dependent first satisfies the definition of Spouse or Child under this Policy.

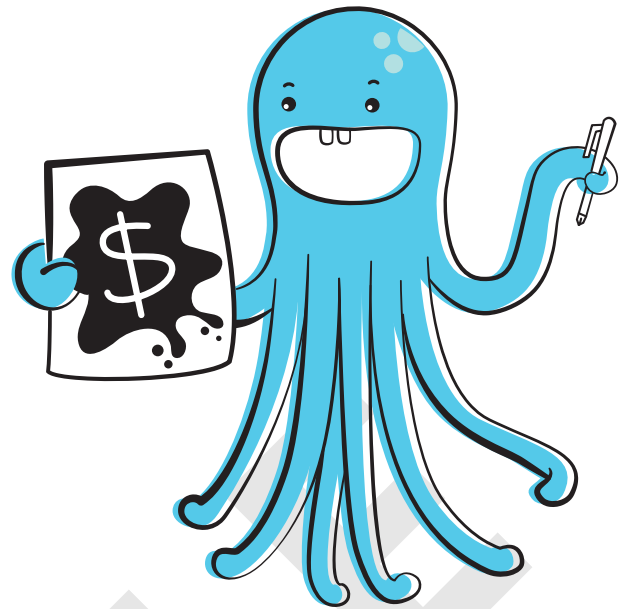
Who can apply for coverage under the Policy?

You must make Application to add coverage for Your Spouse or Dependents. Your Summary of Coverage will indicate whether You have this coverage.

Limitations

When will the Insurer not pay a benefit?

1. No benefit will be paid if You or Your Spouse commit suicide, whether sane or not sane, within the first year after the Effective Date of Coverage. The Claim will be denied and any premiums paid will be refunded.
2. If You or Your Spouse die within two years after applying for this coverage, We have the right to verify any medical information provided in the Application. If any misrepresentations or omissions are discovered, the Policy will be void, any Claim will be denied and any premiums paid will be refunded.
3. No benefit will be paid if You or Your Spouse die as the direct or indirect result of service, whether or not as a combatant, with armed forces engaged in surveillance, training, peacekeeping, insurrection, war (whether or not declared) or any related act, or participation in a popular uprising.



Article 4

4.1 Premium Provisions

Payment of Premiums

What is the premium amount and when are premiums due?

Your first premium is due on or before Your Effective Date of Coverage. Thereafter, premiums are due on the same day of each month while the Policy is in force. The amount of Your premium for the first 12 months, following Your Effective Date of Coverage, including premiums payable for Your Spouse and Dependents, is set out in Your Summary of Coverage.

If You cancel the Policy, Your premium refund will be calculated on a pro-rata basis from the effective date of the cancellation until the next premium due date. Premium adjustments for any other changes to the Policy will be calculated on a pro-rata basis from the effective date of the change until the next Policy Anniversary.

Premium Rates

Can the Insurer change the premium amount?

Your premiums are guaranteed for the first 12 months following your Effective Date of Coverage if You do not make any changes to Your coverage or Your Spouse's or Dependents' coverage. Afterwards, We may change the amount of the premiums on any Policy Anniversary. We will notify You at least 60 days in advance of any increase.

Grace period

What happens if a premium payment is late?

Other than for payment of the initial premium, which must be paid or Your coverage and that of Your Spouse and Dependents will not come into effect, We will grant a Grace Period of 60 days from the premium due date for the payment of overdue premium. Your coverage and that of Your Spouse and Dependents will remain in force during the Grace Period but will automatically terminate if You do not pay the required premium during the Grace Period.

Reinstatement of an Insured Person's Coverage

Can a terminated Policy be reinstated?

If Your Policy terminates due to non-payment of premium, You may apply to reinstate it. No Evidence of Insurability is required if:

1. You were a resident of any province or territory other than Quebec when You purchased Your Policy,
2. You apply for reinstatement within 90 days of the Termination Date,
3. You pay all premiums that would have been due up to and including the date of reinstatement, with interest where applicable, and
4. You and all other Insureds covered by the application for reinstatement are alive at the time payment is made.

If Your Policy has been terminated for more than 90 days, or if You were a resident of Quebec when You purchased Your Policy, in addition to items 3 and 4 above, Evidence of Insurability will be required for all Insureds covered by the application for reinstatement.

You may not reinstate Your Policy if it has been lapsed for more than two years after the Termination Date.

Article 5

5.1 Article 5: Effective Date and Termination of Coverage

Effective Date of Coverage for Insured Persons

When is coverage effective?

Your coverage will be effective on the Effective Date of Coverage set out in the Summary of Coverage.

Coverage for Your Spouse and Dependents will be effective on the latest of the following dates:

1. the Effective Date of Coverage set out in the Summary of Coverage; or
2. the date You apply, and are approved, for coverage for Your Spouse or Dependent.

Renewal of the Policy

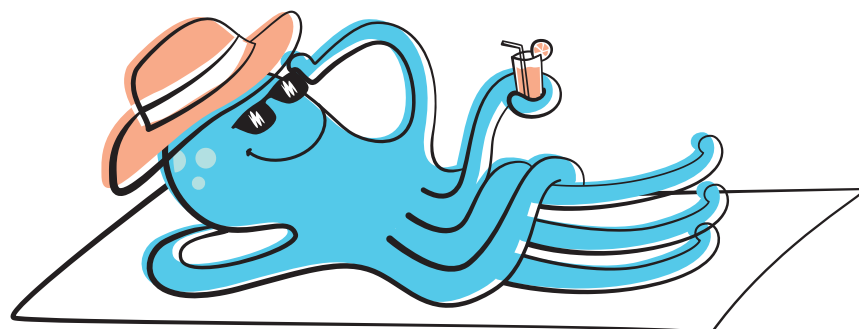
Will the Policy be renewed?

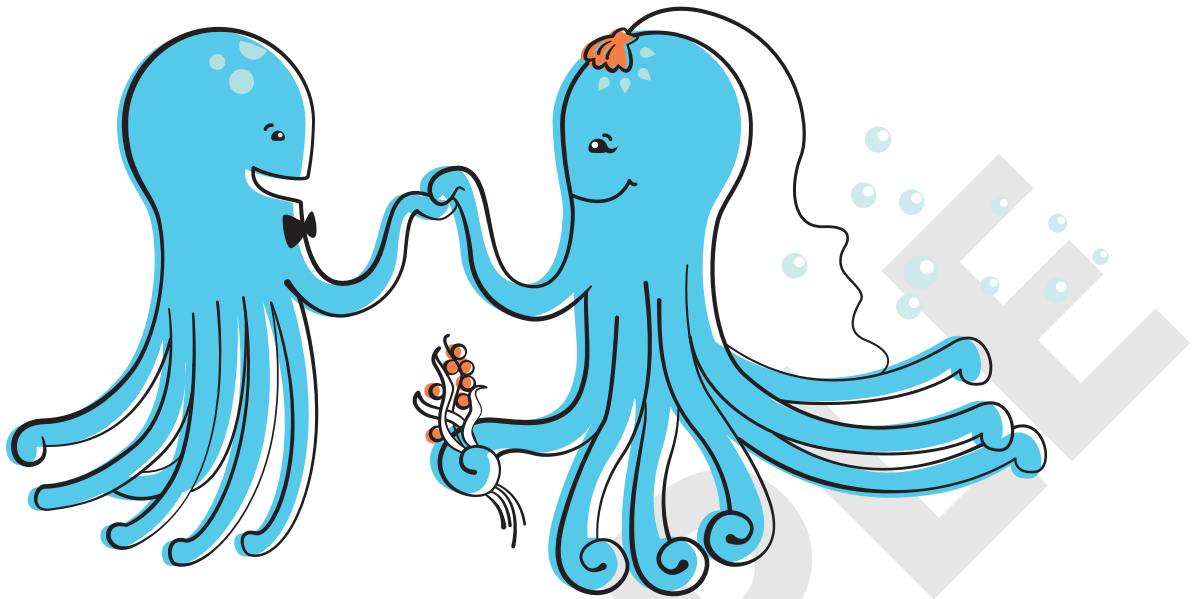
This Policy renews on each Policy Anniversary, provided that You are under 70 years of age, and You, Your covered Spouse and Children, if applicable, and are Full-Time Residents of Canada on the Policy Anniversary. In addition, You must confirm Your intention to renew Your coverage by paying to Us the premium due on the Policy Anniversary. We cannot cancel the Policy, other than for non-payment of premium.

When does the Policy terminate?

Your Policy expires on the date You turn 70 and it terminates as specified in the termination provisions.

You may terminate this Policy by providing written Notice to Us. Coverage will be terminated as of the date We receive such Notice.





Life Event

Can You request a change to the Benefit Amount?

You may request an increase in any or all of Your Face Amount, Your Spouse's Face Amount or Your Dependents' Face Amount, within 60 days of the occurrence of a Life Event, provided that You are Actively at School or Actively at Work on the date You request the increase.

If the new Face Amount is less than the Non-Evidence Maximum, Evidence of Insurability is not required. The increase will be effective on the latest of the following dates:

1. the date You apply for the increase; and
2. the date of Your Life Event.

If the new Face Amount is greater than the Non-Evidence Maximum, Evidence of Insurability will be required. The increase will be effective on the latest of the following dates:

1. the date You apply for the increase;
2. the date of Your Life Event; and
3. the date We approve the Evidence of Insurability.

If You do not apply within 60 days of the occurrence of a Life Event, Your coverage remains unchanged. To increase coverage after the 60-day period has passed, Evidence of Insurability will be required.

Termination of Your Insurance

When does the insurance of the policyholder terminate?

You will cease to be insured on the earliest of the following dates:

1. the date this Policy terminates;
2. the last day for which any required premium has been paid for Your insurance if the Grace Period has expired;
3. any Policy Anniversary upon which You are no longer a Full-Time Resident of Canada;
4. the date You reach the age of 70 years; and
5. the date You die.

Termination of a Spouse's Insurance

When does the insurance of the Spouse terminate?

Your Spouse will cease to be insured on the earliest of the following dates:

1. the date this Policy terminates;
2. the date You cease to be an Insured Person;
3. the date We receive Your request to terminate Your Spouse's coverage in writing;
4. the date Your Spouse ceases to be legally married to You, or in a civil union with You as defined by the Civil Code of Quebec, or in registered domestic partnership in Nova Scotia, or has ceased living with You in a role like that of a marriage partner;
5. the last day for which any required premium has been paid for Your Spouse's insurance if the Grace Period has expired;
6. the Policy Anniversary if Your Spouse is no longer a Full-Time Resident of Canada;
7. the date Your Spouse reaches the age of 70 years; and
8. the date Your Spouse dies.

Termination of a Child's Insurance

When does the Child's insurance terminate?

Your Child will cease to be insured on the earliest of the following dates:

1. the date this Policy terminates;
2. the date You cease to be an Insured Person;
3. the date the Child becomes employed on a full-time basis;
4. the date the Child turns 21, or 26 if in attendance at an accredited school as a full-time student;
5. the date the Child gets married or enters into a civil union as defined by the Civil Code of Quebec, or a registered domestic partnership in Nova Scotia, or has been living with another person in a role like that of a marriage partner continuously for the immediately preceding 12-month period;
6. the date the Child becomes eligible for voluntary life insurance as an employee under any group benefit plan;
7. the last day for which any required premium has been paid for Your Child coverage if the Grace Period has expired;
8. the date We receive Your request to terminate Your Child's coverage in writing; and
9. the date the Child dies.

Article 6

6.1 Claim Provisions

Notice of Claim

What is required to file a Claim?

Written Notice of Claim must be given to Us within 180 days of the Insured Person's date of death. If such Notice of Claim is not provided within that time, the Claim will not be invalidated if Notice of Claim is given as soon as reasonably possible.

Proof of Claim

What Proof of Claim is required?

The Claimant must submit a Claim for benefits under this Policy using the approved Claim forms provided by Us. We will not pay any Claim until We receive satisfactory proof in writing that such benefits are payable under the terms of this Policy.

At a minimum We will require the following:

1. In the event of the death of an Insured Person, We will require a certified copy of the death certificate or funeral director's statement/certificate of death.
2. In the event of Your Spouse's death, We will also require a certified copy of the marriage certificate, or, for a common-law relationship, a statutory declaration by You and a notarized declaration by a disinterested third party confirming that the definition of "Spouse" in this Policy is satisfied, in a form satisfactory to Us.
3. In the event of Your Child's death, We will also require a certified copy of the Child's birth certificate or baptismal certificate.

The Claimant will be responsible for expenses incurred for providing Claim information.

Will an autopsy be required?

We may determine if an autopsy is necessary to assist in processing the Claim, unless otherwise prohibited by law. We will be responsible for any costs associated with any autopsy or review of an autopsy report. If the Claimant does not provide the documents set out above or refuses to permit the autopsy, We may not be able to adjudicate the Claim.

Beneficiary

Who receives the Face Amount under this Policy?

If Your Spouse or Dependent dies while insured under this Policy, We will pay the applicable Face Amount to You, unless You have designated another Beneficiary. If You die while insured under this Policy, We will pay the applicable Face Amount to the Beneficiary named in respect of Your coverage, subject to the terms and conditions of this Policy. If You have not named a Beneficiary, the benefit for coverage on Your life will be paid to Your estate.

If You survive Your Beneficiary, any Face Amount due will be payable to Your estate. If the Beneficiary is a minor, payment will be made to an appointed trustee or public trustee or in Quebec, to the minor Beneficiary's parent or legal guardian.

Can the Beneficiary be changed?

You have the right to change any revocable Beneficiary by sending Us a written designation in a form satisfactory to Us.

For Insured Persons living in Quebec, if You designate Your Spouse as Your Beneficiary, without specifically indicating that such designation is made revocable, You cannot revoke that designation unless Your Spouse consents. You may change all other Beneficiary designations unless those designations are irrevocable.

Methods of Payment

How is the Face Amount paid?

The Face Amount is payable as a lump sum.

Review Procedure

Can a Claimant request that a denial of a Claim be reviewed?

If all or any part of a Claim is denied, the Claimant may request a review of the denial within 6 months after receiving a Notice of denial by writing to Us. The Claimant may submit written comments, documents, records or other information relating to the Claim, and may request free of charge a copy of the Application and any document provided to Us regarding the Insured Person's Evidence of Insurability and this Policy.

We will review the Claim and the Claimant's written submissions, and will notify the Claimant of Our decision within a reasonable time upon receipt of all required information.

Legal Proceedings

When can legal actions be brought against the Insurer?

No legal action may be brought against Us within 30 days after Proof of Claim has been submitted, or after the time limit for bringing such an action set out in applicable legislation has expired.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in The Insurance Act (Alberta, Manitoba and British Columbia), the Limitations Act, 2002 (Ontario), or other applicable provincial legislation.

Article 7

7.1 General Provisions

Entire Contract

What is included in the contract of insurance?

The entire contract of insurance consists of this Policy, the Summary of Coverage, the Application, any documents attached to the Policy when issued and any amendments to the Policy agreed upon in writing after the Policy is issued.

Misstatement of Facts and Clerical Error

What if an Insured Person misstates any information?

If You or any Insured Person misstates any relevant information relating to the Application, the true facts will be used to determine whether or not insurance is in force under this Policy. Where Evidence of Insurability is required, You and each other Insured Person must disclose to Us at the time of Application every fact of which You and they are aware that may be material to the coverage. Premium adjustments or refunds will be made if appropriate.

What if a clerical error is made?

A clerical error is a mistake in writing or copying data that is made by Us. A clerical error will not invalidate insurance that is otherwise in force or continue insurance otherwise terminated under the terms and conditions of the Policy.

Age

What if an Insured Person's age has been misstated?

We have the right to require satisfactory proof of the Insured Person's age before making payment of any Claim. If the age of an Insured Person has been misstated, the Face Amount will be adjusted upwards or downwards based on the premium rates and the Insured Person's true age. If You were not eligible for insurance based on Your true age, then Your coverage, and that of Your Spouse and Dependents, if any, will be voided and an equitable adjustment of premiums will be made with You.

If Your Spouse has misstated his or her age and is not eligible for insurance based on his or her true age, then Your Spouse's coverage will be voided and an equitable adjustment of premiums will be made with You.

Contestability of Policy

When is the Policy incontestable?

We will not contest the validity of this Policy or any statement made by an Insured Person, except for non-payment of premium or fraud, after the Policy has been in force for two years from the Effective Date of Coverage. This time period starts again following any reinstatement.

Currency

Are payments made in Canadian currency?

All payments under this Policy made either to or by Us will be made in Canadian currency.

Non-Participating Policy

Is this a participating policy?

This Policy is non-participating. You are not eligible to share in Our profits or surplus.

Conformity

What if this Policy does not comply with applicable provincial law?

This Policy is governed by the laws of the province or territory where the Insured Person is resident on the date this Policy is purchased. Any provision of this Policy that is inconsistent with such laws is automatically amended to conform to the minimum requirements of such laws

Can the benefits under this Policy be assigned?

No Insured Person is permitted to assign his or her rights under this Policy.

—END OF POLICY—

Article 8

8.1 Privacy Policy

The collection, use, disclosure and retention of personal information in connection with this Policy will be done in accordance with the provisions of applicable privacy legislation and Our Privacy Statement.

We collect, use and disclose personal information to process Applications and, if such Applications are approved, to provide and administer the relevant product(s) to the Insured Persons, including investigating and assessing Claims and creating and maintaining Our records.

The Insured Person may exercise certain rights of access and rectification with respect to the information in the Insured Person's file by sending a request in writing to Us. We limit access to personal information in such files to:

1. our employees who have a need to access such information to perform their jobs;
2. people We approve who need such information to perform their duties as they relate to Your Policy;
3. people to whom the Insured Person has granted access; and
4. people authorized by law to access such items.

For questions about Our personal information policies and practises, please contact Us:

Director, Compliance

Humania Assurance Inc.
1555 Girouard Street West
P.O. Box 10000
Saint-Hyacinthe, Quebec J2S 7C8

By email at:

conformite@humania.ca

At their website:

<https://www.humania.ca/en-CA/personal-information-protection>