



Addition to application no. _____

1. INSURED

Name of the Insured: _____

The Insured under the Accidental Fracture Plus rider must be the proposed insured indicated in the application to which this application is added.

2. INSURANCE REQUESTED

The Accidental Fracture Plus rider will cover the following persons insured according to the plan that you choose in the following table:

Table with 2 columns: Insurance Plan Selection (Plan A-D) and Insured Information (Spouse and Children names). Includes checkboxes for unit counts.

*Spouse means a person: (a) to whom the Insured is married; or (b) with whom the Insured has been cohabiting in a conjugal relationship for at least one year...

**Children* means each child of the Insured who is single and dependent upon the Insured for support and: (a) who is a natural or adopted child and is at least 15 days but less than 18 years old...

The persons whose names appear in the table above will be insured as long as they meet the definition of spouse or children. The determination of spouse and children insured will be made at the date of the accident only.

3. NON GUARANTEED PREMIUMS

The premiums are not guaranteed and may be increased in the event of unfavorable experience, on written notice from Assumption Life of at least 30 days.

4. BENEFICIARIES

The accidental death benefit on the life of the Insured will be paid to his beneficiary indicated in the application to which this application is added, subject to changes made by the owner.

5. INSURANCE REPLACEMENT

Is this application intended to replace any existing life insurance? [] Yes [] No

If YES, complete and attach a disclosure statement. If the insurance being replaced is with Assumption Life, a written notice signed by the owner must be sent to Assumption Life in order to terminate the existing insurance.

6. CONFIRMATION, AUTHORIZATION AND ACKNOWLEDGEMENT

Confirmation of the Insured: By purchasing insurance on the life of my spouse or my children, I hereby confirm having received their consent to purchase this insurance and to submit any claim on their behalf in the future.

Authorization of the Insured and the spouse: I hereby authorize any physician, health care professional, hospital, clinic, or other medical or paramedical facility, as well as any insurance company, the Medical Information Bureau and any other organization...

Acknowledgement of the Insured, the Spouse and the Owner: I hereby acknowledge receipt of the "COVERAGE SUMMARY".

Signed at _____, this _____ day of _____ 20____

Signature of the Insured

Signature of Owner * (if other than the Insured)

Spouse's signature (If the Insured has requested insurance on spouse)

Signature of Additional Owner * (if other than the Insured)

Agent's Signature

* If the Owner is a Body Corporate (corporation, association, etc.), the signature of the authorized individuals with their title is required.

This document is a non-exhaustive summary of the coverages contained in your Accidental Fracture Plus rider. It is not part of the contract. It is therefore important to read the rider upon receipt.

To the attention of all persons insured and owner

ACCIDENTAL FRACTURE COVERAGE

Benefit

If the person insured suffers a bone fracture or total sectioning of a bone following an accident, we will pay the following amounts:

Fracture	Amount per unit Insured & Spouse*	Amount per unit Child
Skull (excluding facial bones), spine, pelvic girdle (including hip), sacrum (excluding the coccyx), femur	\$5,000	\$2,500
Sternum, manubrium, larynx, trachea, scapula, humerus, patella, tibia, fibula	\$1,500	\$750
Facial bones (excluding the nose), radius, ulna	\$1,000	\$500
Rib, clavicle, nose, tarsus, carpus, any other bone that is not listed above	\$500	\$250

* For the Insured and his or her spouse, when the actual age of the person insured is 70 or more but less than 80 at the date of the accident, the amount payable per unit is reduced by half the amount indicated in the above table.

For an amount to be payable for an accidental fracture, the fracture must have been diagnosed within 30 days of the accident.

Multiple fractures for the same accident

Only the highest amount indicated above, per person insured, is paid as a consequence of the same accident.

ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE

Benefit

We will pay the following amount when the death of the person insured or the loss indicated below:

- (a) Results directly from an accident that occurred while the *Accidental Fracture Plus* rider was in force; and
- (b) Occurs within ninety (90) days of the date of the accident.

Only the higher of the amounts indicated below, per person insured, is paid as a consequence of the same accident.

Only one amount is payable under the *Accidental Fracture* coverage and the *Accidental Death and Dismemberment* coverage per person insured, per accident, and this is the higher amount payable between the two coverages.

	Amount per unit Insured & Spouse	Amount per unit Child
Accidental Death	\$5,000	\$2,500
Loss of both hands, both feet or both eyes	\$5,000	\$2,500
Loss of one hand and one foot	\$5,000	\$2,500
Loss of one hand or foot, and loss of one eye	\$5,000	\$2,500
Loss of one hand, one foot or one eye	\$2,500	\$1,250

Double indemnity

We will pay double the amount indicated in the above table, for an accidental death occurred in a common carrier involved in an accident.

ACCIDENTAL TOTAL DISABILITY FOR CHILDREN INSURED COVERAGE

Benefit

If a child insured becomes totally disabled following an accident, we will reimburse the re-education or remedial course expenses incurred for this child insured up to the maximum amount set out in the following table for each unit, per accident.

	Amount per unit
Reimbursement of re-education expenses	Maximum of \$3,000
Reimbursement of remedial courses	\$20 per hour; maximum of \$500

The remedial course expenses remain at \$20 per hour even though two units are payable.

Reimbursement of re-education expenses: If a child insured has to abandon his or her postsecondary study program due to an accidental total disability and to change career plans because of this same disability, we will reimburse the re-education expenses incurred in accordance with the amounts indicated in the above table, provided that:

- (a) The new study program enables the child insured to redirect his or her career plans toward work other than the work in which he or she intended to engage before the accidental total disability; and
- (b) The new study program was approved by us before the expenses were incurred; and
- (c) The expenses were incurred within one year (365 days) of the date of the accident that caused the total disability; and
- (d) We deem the expenses incurred to be reasonable and necessary.

Reimbursement for remedial courses: We will reimburse the remedial course expenses in accordance with the amounts indicated in the above table, provided that the child insured was unable to attend his or her regular courses for at least 15 consecutive days due to accidental total disability and the remedial courses are given by a certified professor who is not a member of the family of any person insured under the *Accidental Fracture Plus* rider.

LIMITS OF COVERAGES

(a) *Accidental Fracture coverage*

The *Accidental Fracture* coverage terminates, at the latest, on the dates indicated below:

- For the Insured: at the anniversary of the *Accidental Fracture Plus* rider nearest his or her 80th birthday.
- For the spouse: at the date of his or her 80th birthday.
- For a child: at the date of his or her 18th birthday or the date of his or her 25th birthday if he or she is registered as a full-time student in a recognized teaching institution.

(b) *Accidental Death and Dismemberment coverage*

The *Accidental Death and Dismemberment* coverage terminates at the latest, on the following dates:

- For the Insured and the Spouse: at his or her 70th birthday.
- For a child: at the date of his or her 18th birthday or the date of his or her 25th birthday if he or she is registered as a full-time student in a recognized teaching institution.

(c) *Accidental Total Disability for Children Insured coverage*

The *Accidental Total Disability for Children Insured* coverage ceases automatically, for a child insured, at the date of his or her 18th birthday or at the date of his or her 25th birthday if he or she is registered as a full-time student in a recognized teaching institution.

LIMIT ON THE NUMBER OF BENEFITS BY THE PERSON INSURED

We will pay no more than three (3) benefits per person insured under the *Accidental Fracture Plus* rider, except for the spouse, for whom we will pay no more than three claims for the entire spouse category. Once the event rendering the third claim payable occurs, the coverage under the *Accidental Fracture Plus* rider ceases automatically for that person insured.

LIMIT ON THE NUMBER OF UNITS PER PERSON INSURED

The maximum number of units under all the *Accidental Fracture Plus* riders issued by us must not exceed two (2) units per person insured.

PAYMENT OF BENEFITS

The accidental death benefit on the life of the Insured is paid to his beneficiary indicated in the application to which the application for the *Accidental Fracture Plus* rider is added, subject to the changes made by the owner. All other amounts payable under the *Accidental Fracture Plus* rider will be paid to the Insured.

EXCLUSIONS

No benefit is payable under the *Accidental Fracture Plus* rider if the fracture, loss, death or total disability results directly or indirectly from one of the following, whether or not the person insured is of sound mind at the time:

- (a) A suicide, an attempted suicide or a self-inflicted injury;
- (b) Self-inflicted fracture, loss, dismemberment or physical or mental damage by the person insured;
- (c) A physical or mental disability or illness of any kind;
- (d) The commission or attempted commission of a criminal act by the person insured, whether or not charges are laid;
- (e) of the operation of any motor vehicle by the person insured if his or her blood alcohol level exceed 80 milligrams per 100 milliliters of blood (0.08) or any other lower limit prescribed by law;
- (f) The participation by the person insured in mountaineering, rock climbing, parachuting, hang gliding, automobile or motorcycle racing (or the racing of any other motorized vehicle) or horse racing;
- (g) The absorption by the person insured of medication or legal substances in toxic quantities;
- (h) The absorption by the person insured of an illegal drug;

- (i) Poisoning or infection, except an infection occurring at the same time as an accidental injury and resulting from such injury;
- (j) A public demonstration, riot, insurrection, war or military operation, whether war has been declared or not;
- (k) The participation of the person insured in the flying or attempted flying of any kind of aircraft while the person insured is a member of the crew or is involved in any capacity whatsoever in the training for the flight or attempted flight.

PREMIUM

The premium is not guaranteed. We reserve the right to evaluate the experience of the entire class of persons insured under any *Accidental Fracture Plus* rider and to adjust the premium to reflect the experience of all the persons insured. If we increase the premium rate, the owner will be given at least thirty (30) days' advance notice.

RENEWAL

The *Accidental Fracture Plus* rider is renewed automatically until the anniversary of the rider nearest the Insured 71st birthday.

In the event of adverse experience, we reserve the right to refuse any renewal of the rider at any time after the anniversary date of the *Accidental Fracture Plus* rider following the Insured's 71st birthday.

TERMINATION

The *Accidental Fracture Plus* rider terminates automatically, without notice, on the earliest of the following dates:

- The expiry, surrender or termination of the policy or rider to which the *Accidental Fracture Plus* rider is attached;
- The date the policy or life insurance rider to which the *Accidental Fracture Plus* rider is attached is continued as reduced paid-up insurance;
- The date the policy or life insurance rider to which the *Accidental Fracture Plus* rider is attached terminates for whatever reason;
- The date we receive your written notice requesting termination of the *Accidental Fracture Plus* rider;
- The death of the Insured;
- Anytime after the anniversary of the *Accidental Fracture Plus* rider following the 71st birthday of the Insured if we have advised you of the termination of the rider, according to the conditions set out in the *Accidental Fracture Plus* rider;
- At the anniversary of the *Accidental Fracture Plus* rider nearest the Insured's 80th birthday.

PERSONAL INFORMATION

By requesting insurance on the life of his or her spouse or children under the *Accidental Fracture Plus* rider, the Insured confirms having received their consent to purchase this insurance and is therefore authorized to submit any claim on their behalf. Each person insured is informed that any claim will require disclosure of his or her personal information.

During the assessment of a claim, medical evidence on the person insured and proof of the accident that caused the loss, death or disability may be required. That evidence may be obtained from any medical authority, police force, coroner, expert in accident reconstitution, or any other person who may have carried out an investigation related to the accident for which a claim is made.

No amount will be paid under the *Accidental Fracture Plus* rider if the person insured, his or her estate, legal guardian, or personal representative refuses to consent to the disclosure of his or her personal information required to complete the assessment of the claim.