



SÉCUR+

First day **accident**







CERTIFICATE – POLICY # 18641

INSURED PERSON: _____

BROKER (ADVISOR): _____

This booklet is provided for the purpose of explaining the benefits provided under the group policy offer by Humania Assurance Inc. This booklet briefly describes the coverage of the group insurance plan.

Possession of this booklet does not confer or create any contractual rights. All rights and obligations with respect to the benefits provided under the group policy will be governed solely by the terms and conditions of such policy.

For questions regarding the information in this booklet or if additional information about the benefits is required, the Insured Person should contact his broker (advisor).

For the purposes of this booklet, the masculine form includes the feminine unless a different meaning is required from the context. In addition, the singular shall include the plural where required.

Administered by : Aurea Signature

1205 Ampère, suite 201
Boucherville, Quebec J4B 7M6
Toll free: 1 877 831-4884



DEFINITIONS

Certain identified terms used in the present guide are defined within the Group Insurance Contract.

“Accident” means an event occurring while the policy is in force and due to external, violent, sudden and fortuitous causes beyond the Insured Person’s control. If the accident causes a loss that occurs more than thirty (30) days after the accident, this loss is not admissible under this policy.

« **Fracture** » means a break in the continuity (complete or incomplete) of a bone or cartilage, with or without movement of fragments, as the result of an Accident.

“Gross annual salary” means the average of the last two years of all sums the Insured Person receives in return for services provided, less usual business expenses but before deduction of income tax of. Annual salary includes bonuses, professional fees, commissions, gratuities, and any other income from employment.

For a business owner or a professional: the total income paid to him or her, from that business on account of his or her professional activities, plus his or her share of the business’ net profits.

Limitation

Salary excludes any income that is not generated directly by an occupation or employment such as interest, rent, copyright or other royalties, investment income, dividends and any income from retirement plans, annuity contracts, profit sharing plans, deferred compensation plans or any other income not received directly in return for a service provided.

« **Physician** », means a medical doctor, other than the Insured Person of the Insured Person’s Immediate Family, who is licenced to administer medical treatment and prescribe drugs in the place where he or she provides medical services. Are not considered to be Physicians naturopaths, herbalists and homeopaths.

“Income from all other sources” means any disability benefits that are payable or that would have been payable to the Insured Person had a satisfactory application been made under:

- (a) the Quebec or Canada Pension Plan, excluding benefits payable for the dependent children;
- (b) a workers’ compensation act;
- (c) a provincial automobile insurance law;
- (d) a provincial crime victims compensation act;
- (e) any government body;
- (f) a franchise or association insurance plan;
- (g) any group insurance or pension plan;
- (h) by a third party in the form of damages for loss of income.

Cost of living adjustments made to amounts received from such sources shall not result in further reductions or increases.

“Injury” means bodily injury which is sustained by an Insured Person as a direct result of an unintended unanticipated Accident, provided such Accident is external to the body and occurs while the Insured Person’s insurance under this contract is in force.

“Policy Year” means a period of twelve (12) months from January 1st to December 31st.

“Total Disability” or “Totally Disabled” with respect to an Insured Person means a state of incapacity of the Insured Person resulting from an Injury that requires treatment by a Physician within thirty (30) days of the date of the Accident causing Injury and which prevents the Insured Person from performing all regular duties of his or her regular employment he or she held immediately before the date of such Accident.

“Waiting Period” means with respect to an Insured Person, seven (7) days from the date the Physician determines that the Insured Person is unable to perform all the regular duties of his or her regular employment that he or she held immediately before the Accident, the benefits are retroactive to the first day of disability.

“Weekly salary” means the average of the gross annual salary for the two (2) years immediately preceding the year in which the Total Disability occurred divided by one-hundred-four (104).

BENEFITS

WEEKLY ACCIDENT INDEMNITY

Weekly maximum \$750

7 days waiting period, retroactive to the first day if disability persists.

The total amount payable to the Insured Person under this contract **and any income from all other sources** will not exceed the lesser of the following amounts: (i) The subscribed limit of \$750 per week; (ii) 66.7% of the Insured Person's regular gross weekly income (if applicable, including net profit or loss profit before the company tax); (iii) The expected weekly amount in the individual long term disability contract.

WEEKLY ACCIDENT INDEMNITY

As long as you are disabled for a minimum period of 7 continuous days, conditional **that your non-cancellable disability insurance contract is still in force**, and that disability occurs within thirty (30) days of the date of the Accident that causes the loss, Humania Assurance Inc. will pay retroactive to the first day of the disability, up to \$750** per week, but not exceeding the number of consecutive days as indicated on your insurance application. This benefit is payable only if the Accident is due to external, violent, sudden and fortuitous causes beyond the Insured Person's control, and causes an injury which prevents you from performing all regular duties of your regular employment you held immediately before the date of such Accident. You have to be under the regular cares and services of Physician, other than you or your immediate family.

** The total benefit payable under this policy, **plus any income from all other sources** received during the disability period, should not exceed **the lesser of** a) 66.7% of the Insured Person's regular gross weekly income (if applicable, including net profit or loss profit before the company tax), b) the expected weekly amount in the individual long term disability contract or, c) \$750.

ACCIDENTAL DEATH AND DISMEMBERMENT

If you sustains a loss stated therein resulting from Injury, provided that such loss occurs within three hundred and sixty-five (365) days after the date of the Accident causing such loss, the amount of the benefit payable shall be the amount set out in the following table of losses, for that specific loss (« Table of losses »). If more than one (1) loss is sustained as the result of any Accident, only one (1) benefit shall be payable, the largest.

TABLE OF LOSSES

Quadriplegia, Paraplegia, Hemiplegia	\$300,000	Loss of the Entire Sight of One Eye	\$ 112,500
Loss of Life	\$150,000	Loss of Thumb and Index Finger of the Same Hand	\$50,000
Loss of Both Hands or Both Feet	\$150,000	Loss of Speech and Hearing	\$150,000
Loss of Entire Sight of Both Eyes	\$150,000	Loss of Speech or Hearing	\$112,500
Loss of One Hand and One Foot	\$ 150,000	Loss of Hearing in One Ear	\$100,000
Loss of One Hand and the Entire Sight of One Eye	\$150,000	Loss of Four Fingers of One Hand	\$50,000
Loss of One Foot and the Entire Sight of One Eye	\$150,000	Loss of All Toes of One Foot	\$37,500
Loss or loss of use of One Arm or One Leg	\$120,000	Loss of Use of Both Arms or Both Hands	\$150,000
Loss or loss of use of One Hand or One Foot	\$112,500	Accidental para-medical expense reimbursement benefit*	\$25,000

* subject to certain limits

ADDITIONAL BENEFITS

HOME ALTERATION AND VEHICLE MODIFICATION

If an Insured Person suffers Injury resulting in a loss (other than loss of life) for which the Company has paid a benefit set out in the Table of losses and which loss results in and necessitates the use of a wheelchair in order for the Insured Person to be ambulatory, the Company shall pay the reasonable and necessary expenses actually incurred for:

- (a) the one-time cost of alterations to the injured Insured Person's residence to make the residence wheel-chair accessible and habitable; and
- (b) the lesser of:
 - (i) the one-time cost of modifications necessary to a motor vehicle, owned by the injured Insured Person, to make the vehicle accessible or drivable for the Insured Person; and
 - (ii) the one-time cost to purchase a wheelchair accessible specially modified vehicle, with the prior approval of the Company.

This benefit is payable only if:

- (a) Home alterations are made on behalf of the Insured Person and carried out by an experienced individual in such alterations and recommended by a recognized organization, providing support and assistance to wheel-chair users; and

(b) vehicle modifications are made on behalf of the Insured Person and carried out by an experienced individual in such matters and modifications are approved by the Provincial vehicle licensing authorities in the Insured Person's province of residence.

The maximum amount payable for this benefit for all injuries resulting from any one (1) accident is fifteen thousand dollars (\$15,000.00) per Insured Person.

PSYCHOLOGICAL THERAPY

If an Insured Person sustains Injury which results in a loss payable under the Table of losses other than loss of life, and subsequently as a result of such Injury and loss, the Insured Person requires, within two (2) years from the date of such Injury, psychological therapy as prescribed by a Physician, the Company will pay the reasonable and customary expenses for psychological therapy.

"Reasonable and Customary" means the lesser of:

- (a) the usual charge made by Physicians or other health care providers for a given service or supply; or
- (b) the charge determined to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished; or
- (c) the amount negotiated by the Company and the health care provider.

"Psychological Therapy" means treatment or counselling by a therapist or counsellor, who is licensed, registered, or certified to provide such treatment, whether such treatment is on an out-patient basis or provided while a patient at a medical facility licensed to provide such treatment.

The maximum amount payable for this benefit for all injuries resulting from any one (1) accident per Insured Person is five thousand dollars (\$5,000.00).

IN-HOSPITAL BENEFIT

If an Insured Person suffers Injury resulting in a loss (other than loss of life) for which the Company has paid a benefit set out in the Table of losses, and as a consequence of such loss the Insured Person is, pursuant to the instructions of a Physician, confined to a hospital for more than five (5) consecutive overnight stays, the Company will pay:

- (a) for a period of confinement in hospital of more than thirty (30) consecutive overnight stays, one percent (1%) of the Insured Person's principal sum; or
- (b) for a period of confinement of thirty (30) consecutive overnight stays or less, one thirtieth (1/30) of the amount determined in accordance with section (a) for each overnight stay in hospital.

The Company will pay this benefit monthly, retroactive to the first (1st) overnight stay of confinement in hospital.

The maximum amount payable for this benefit for all injuries resulting from any one (1) accident per Insured Person is two thousand five hundred dollars (\$2,500.00) per month.

Benefits are not payable for more than a total of twelve (12) months of confinement for any one (1) accident causing injury.

Successive periods of confinement to hospital for injury resulting from the same accident, if separated by a period of less than three (3) months, are considered one (1) period of confinement to hospital for the purposes of calculating this benefit.

FAMILY TRANSPORTATION

If an Insured Person suffers Injury resulting in a loss (other than loss of life) set out in the Table of losses and if such loss requires that the Insured Person be confined to a hospital located more than one hundred (100) kilometres from his or her permanent place of residence, the Company shall pay the reasonable and necessary expenses actually incurred for the transportation of one (1) immediate Family member to such Hospital. This benefit is only payable if:

- (a) confinement to Hospital occurs within three hundred and sixty-five (365) days of the Accident causing Injury; and
- (b) reimbursement of expenses are limited to the cost of one (1) economy class return airfare via the most direct route, or the equivalent amount toward another type of common carrier transportation for such immediate Family member.

The maximum amount payable for this benefit for all injuries resulting from any one (1) accident is fifteen thousand dollars (\$15,000.00) per Insured Person.

REPATRIATION BENEFIT

If an Insured Person suffers Injury causing loss of life and:

- (a) such loss of life occurs more than fifty (50) kilometres from his or her permanent city of residence; and
- (b) such loss of life occurs within three hundred and sixty-five (365) days of the date of the Accident causing the Injury, the Company shall pay the actual expenses incurred for preparing the deceased Insured Person for burial or cremation and shipment of the body to the city of residence of the deceased Insured Person.

The maximum amount payable for this benefit for all Injuries resulting from any one (1) accident is fifteen thousand dollars (\$15,000.00) per Insured Person.

IDENTIFICATION BENEFIT

If an Insured Person suffers Injury causing loss of life for which a benefit is paid or payable hereunder and the Insured Person's body requires identification, the Company will pay to one immediate Family member of the Insured Person, the reasonable and necessary expenses actually incurred by such immediate family member for:

- (a) commercial lodging and board while en route and/or during the stay in the city or town where the body is located (not to exceed a maximum duration of three (3) consecutive nights); and
- (b) transportation by the most direct route to such location.

This benefit is payable by the Company only if the body of the Insured Person is located not less than one hundred and fifty (150) kilometres from the said immediate Family member's normal place of residence and the identification of the body is requested by the police or a similar law enforcement agency having authority over such matters.

Payment will not be made for ordinary living, travelling or clothing expenses, other than as specifically stated above. If transportation occurs in a vehicle or device other than one (1) operated under the licence for the conveyance of passengers for hire, the reimbursement of transportation expenses will be limited to a maximum of twenty cents (\$0.20) per kilometre travelled.

This benefit is payable only once in connection with Injuries and losses suffered by any one (1) Insured Person, regardless of the number of policies providing coverage for this benefit for such Insured Person, that may be issued by the Company.

The maximum amount payable for this benefit is five thousand dollars (\$5,000.00) per Insured Person.

DAY CARE BENEFIT

If an Insured Person suffers Injury resulting in loss of life for which the Company has paid the benefit set out in the Table of losses, the Company will pay to the legal guardian of any surviving dependent child of the Insured Person, an amount equal to the lesser of the following:

- (a) the actual annual cost charged by a licenced day care centre; or
- (b) five percent (5%) of the Insured Person's principal sum; or
- (c) five thousand dollars (\$5,000.00) per year.

This benefit is payable annually for a maximum of four (4) consecutive payments per dependent child:

- (a) and only for such dependent child who at the date of the Insured Person's loss of life is under age thirteen (13);
- (b) provided such dependent child is enrolled in a licenced day care centre no later than ninety (90) days following the Insured Person's loss of life; and
- (c) provided that the dependent child continues his or her enrollment in a commercial and licenced day care centre.

DEPENDENT CHILD EDUCATIONAL BENEFIT

If an Insured Person suffers Injury resulting in loss of life for which the Company has paid the benefit set out in the Table of losses, the Company will reimburse the annual tuition, not including room and board, charged by an Institution of higher learning per school year for each dependent child of such Insured Person up to the lesser of the following amounts:

- (i) five thousand dollars (\$5,000.00) per school year; or
- (ii) five percent (5%) of such Insured Person's principal sum.

This benefit is payable annually up to a maximum of four (4) consecutive payments per dependent child:

- (a) only for such dependent child who is, at the time of such Insured Person's loss of life, enrolled as a full-time student in an Institution of higher learning beyond the twelfth (12th) grade level; and
- (b) only while such dependent child continues his or her continuous enrollment in an Institution of higher learning.

The Company will reimburse the person who has incurred the actual tuition expenses.

SPOUSAL EDUCATIONAL BENEFIT

If an Insured Person suffers Injury resulting in loss of life, for which the Company has paid the benefit set out in the table of losses, the Company will pay to the Insured Person's spouse the actual cost incurred for a professional or trades training program in which such spouse enrolls for the purpose of obtaining an independent source of support and maintenance provided such cost is incurred not later than thirty (30) months after the Insured Person's loss of life.

The maximum amount payable for this benefit is fifteen thousand dollars (\$15,000.00) per Insured Person.

FUNERAL EXPENSE

If an Insured Person suffers Injury resulting in loss of life for which the Company has paid the benefit set out in the Table of losses, the Company will reimburse the person who has incurred the actual expenses pertaining to the cremation, burial or funeral expenses of the Insured Person.

The maximum amount payable for this benefit is five thousand dollars (\$5,000.00) per Insured Person.

BEREAVEMENT BENEFIT

If an Insured Person suffers Injury which results in loss of life for which the Company has paid the benefit set out in the Table of losses, the Company will pay the reasonable and necessary expenses actually incurred for grief counselling provided that:

- (a) the counselling is for the spouse and/or dependent children;
- (b) such expenses are incurred within three hundred and sixty-five (365) days of the date of the Accident causing loss of life; and
- (c) such grief counselling is provided by a therapist or counsellor who is licenced, registered or certified to provide such treatment and who is not a member of the Immediate family of the Insured Person

The Company will pay the person who has incurred the actual expense.

The maximum amount payable for this benefit is one thousand dollars (\$1,000.00).

ACCIDENTAL PARA-MEDICAL EXPENSE REIMBURSEMENT BENEFIT

If as a result of Injury, and within thirty (30) days from the date of the Accident causing such Injury, an Insured Person who is insured under a Canadian provincial or territorial government health insurance plan obtains medical treatment in Canada from a Physician and as a consequence of such Injury incurs expenses for any of the following para-medical services when recommended by a Physician, the Company shall reimburse the Insured Person for the following reasonable and necessary expenses:

- (a) fees for private duty nursing by a licensed graduate nurse (R.N.) who does not ordinarily reside in the Insured Person's home and who is not a member of the Insured Person's Immediate family. This benefit is payable up to fifty dollars (\$50.00) per hour to a maximum of five thousand dollars (\$5,000.00) per Insured Person for all Injuries resulting from any one (1) Accident;
- (b) transportation costs, when such service is provided by a professional ambulance service to the nearest approved Hospital which is equipped to provide the required and recommended necessary treatment. This benefit is payable up to a maximum of five thousand dollars (\$5,000.00) per Insured Person for all Injuries resulting from any one (1) Accident;
- (c) Hospital charges for the difference between the public ward allowance under the Insured Person's provincial or territorial government health insurance plan and the accommodation charge for a semi-private Hospital room. This benefit is payable up to a maximum of five thousand dollars (\$5,000.00) per Insured Person for all Injuries resulting from any one (1) Accident;
- (d) fees for rental of a wheelchair, iron lung or other durable equipment, not to exceed the purchase price prevailing at the time rental became necessary;
- (e) fees for services of a licensed physiotherapist. This benefit is payable up to a maximum of twenty-five dollars (\$25.00) per treatment, and up to two hundred fifty dollars (\$250.00) per Insured Person for all Injuries resulting from any one (1) Accident, and subject to a maximum of five hundred dollars (\$500.00) per Policy year;
- (f) cost of prescription drugs and medicines (except in the Province of Quebec);
- (g) various expenses for: hearing aids, crutches, splints, casts, trusses and braces, orthopaedic appliances and excluding replacement cost; these fees are subject to a maximum of seven hundred fifty dollars (\$ 750.00) per Policy year;
- (h) fees for services of a licensed chiropractor. This benefit is payable up to a maximum of twenty-five dollars (\$25.00) per treatment, and up to two hundred fifty dollars (\$250.00) per Insured Person for all Injuries resulting from any one (1) Accident, and subject to a maximum of five hundred dollars (\$500.00) per Policy year;
- (i) fees for services of licenced acupuncturist, up to a maximum of twenty-five dollars (\$25.00) per treatment, and up to two hundred fifty dollars (\$250.00) per Accident, and five hundred dollars (\$500.00) per Policy year;
- (j) fees for services of a licenced podiatrist, up to a maximum of twenty-five dollars (\$25.00) per treatment, and up to two hundred fifty dollars (\$250.00) per Accident, and five hundred dollars (\$500.00) per Policy year;
- (k) x-rays, up to a maximum of fifty dollars (\$50.00) per treatment and up to five hundred dollars (\$ 500.00) per Policy year.

If as a result of Injury, benefits are payable under either one of the benefits of this policy and the Insured Person shall bear the costs below, as a result of the same Injury, the Company shall reimburse:

- 1) Cost of replacement of glasses actually incurred up to one hundred and forty dollars (\$ 140.00) per Policy year.

Reimbursement shall only be made provided that expenses are:

- (a) incurred in Canada;
- (b) incurred within fifty-two (52) weeks of the date of the Accident causing Injury;
- (c) incurred only for therapeutic and not elective or aesthetic treatment;
- (d) supported by an original receipts submitted to the Company as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.

The maximum amount payable for this benefit is twenty-five thousand dollars (\$25,000.00) per Insured Person for all injuries resulting from any one (1) Accident.

FRACTURE BENEFIT

If an Insured Person suffers Injury which results in a Fracture, the Insurer will pay a benefit based on the type of Fracture:

TYPE	BENEFIT
Skull	\$1,000
Spine	\$1,000
Pelvis	\$1,000
Femur	\$1,000
Hip	\$1,000
Rib	\$300
Sternum	\$300
Larynx	\$300
Trachea	\$300
Scapula	\$300
Humerus	\$300
Patella	\$300
Tibia	\$300
Fibula	\$300
Any other bone	\$150

The Fracture must be diagnosed by a Physician and confirmed by an x-ray within thirty (30) days of the Accident.

If the Insurer does not receive an x-ray report, the benefit will be limited to fifty percent (50%) of the stipulated amount.

Benefits are not cumulative. If a single Accident results in multiple Fractures, the Insurer will pay only for the Fracture giving rise to the highest benefit.

The Fracture benefit is payable provided the Insured Person survives for a period of thirty (30) days immediately following the date of said Accident.

ACCIDENTAL DENTAL EXPENSE REIMBURSEMENT

If the Insured Person suffers Injury to whole and sound teeth, and within thirty (30) days from the date of the Accident causing such Injury obtains treatment in Canada for such Injury from a legally qualified dentist or dental surgeon and incurs related dental expenses, the Company shall reimburse the Insured Person the amount for such dental expenses up to the amount allowed for such service in the General Practitioner Schedule of Fees and Treatment Services of the Provincial Dental Association in the province or territory in which the Insured Person receives such treatment.

Reimbursement shall only be made provided that expenses are:

- (a) incurred in Canada;
- (b) incurred within fifty-two (52) weeks of the date of the accident causing injury;
- (c) incurred only for therapeutic and not elective or aesthetic treatment; and
- (d) supported by an original standard dental claim form submitted to the Company as proof of claim.

This benefit is in excess of any similar benefit provided under any other insurance, policy or plan, including but not limited to a policy of automobile insurance and any federal or provincial hospital, medical or drug plan.

The maximum amount payable for this benefit is two thousand five hundred dollars (\$2,500.00) per Insured Person for all Injuries resulting from any one (1) Accident.

TERMINATION OF INDIVIDUAL INSURANCE COVERAGE

The insurance of an Insured Person shall immediately end on the earliest of:

- (a) the date he or she no longer satisfies the definition of Insured Person;
- (b) the premium due date if the Insured Person fails to pay the required premium;
- (c) the date that the Insured Person reaches age seventy (70) years old;
- (d) the date of Insured Person's death; and
- (e) the date the master policy is terminated.

PREMIUM PROVISIONS

DUE DATE REQUIREMENT

The premium is payable on the effective date of coverage and subsequent premiums are payable, either:

- annually on January 1st of each year or;
- monthly in advance, by preauthorised debit between the 14th and 17th of each month.

GRACE PERIOD

After the payment of the first premium, a grace period of thirty (30) days is allowed for the payment of the outstanding required premium. If the required premium is not paid during the applicable grace period, **the coverage will be terminated.**

EXCLUSIONS

No coverage shall be provided under this contract and no payment shall be made for any loss or claim resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks even if the proximate or precipitating cause of the loss or claim is an accidental Injury:

- (a) suicide or any attempt thereof by the Insured Person while sane or insane;
- (b) self-inflicted injury or any attempt thereof by the Insured Person while sane or insane;
- (c) declared or undeclared war or any act thereof;
- (d) sickness, disease, or bodily infirmity whether the loss or claim results directly or indirectly from any of these;
- (e) mental incapacity whether the loss or claim results directly or indirectly from any mental incapacity;
- (f) sustained while the Insured Person is undergoing the medical or surgical treatment of sickness, disease, or bodily or mental infirmity;
- (g) stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, aneurysm;
- (h) travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
 - (i) riding as a passenger in any aircraft not intended or licenced for the transportation of passengers; or
 - (ii) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - (iii) riding as a passenger in an Aircraft owned by the Insured Person or Leased Aircraft operated by the Insured Person or his/her Employer.
- (i) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
- (j) injury or loss sustained from service, whether of not as a combatant, with armed forces engaged in surveillance, operations, training, peacekeeping, insurrection, war (declared or undeclared) or any acts related.
- (k) injury or loss sustained while the Insured Person is under the influence of alcohol and operating any vehicle or means of transportation or conveyance while his or her blood alcohol is over eighty (80) milligrams in one hundred (100) millilitres of blood;
- (l) injury or loss sustained while the Insured Person is under the influence of a drug or substance which is controlled as specified under the Controlled Drug and Substances Act (Canada) unless taken pursuant to the advice of and in strict accordance with the instructions of a duly licensed physician;
- (m) the commission or attempted commission by an Insured Person or injury incurred while an Insured Person is in the course of committing or attempting to commit any act which if adjudicated by a court would be an indictable offence under the laws of the jurisdiction where the act was committed;
- (n) an act, attempted act or omission taken or made by the Insured Person, or an act, attempted act or omission taken or made with the Insured Person's consent, for the purposes of interrupting the blood flow to the Insured Person's brain or to cause asphyxiation to the Insured Person whether with intent to cause harm or not;
- (o) natural causes; and
- (p) sustained while the Insured Person is undergoing cosmetic or elective surgery, and any resulting complication.



1205, Ampère, suite 201,
Boucherville (Quebec) J4B 7M6
Toll free: 1 877 831-4884
Fax: 450 641-8653

aurrea.com