

# Street-Wise

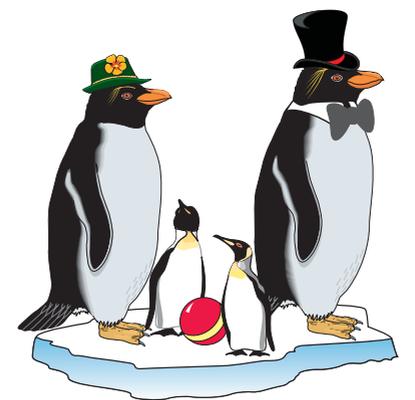
## ACCIDENT INSURANCE FOR THE WHOLE FAMILY!

Pre-school children • Students at all levels • Adults aged 18 to 70

	SUPER COVERAGE	REGULAR COVERAGE
<b>&gt; Natural Death</b>		
• 15 days to 24 years old	\$12,000	\$3,000
<b>&gt; Accidental Death</b>		
• 15 days to 24 years old, anywhere	\$20,000	\$5,000
• 25 years to 70 years old, anywhere	\$40,000	\$10,000
• 15 days to 70 years old, in school or public transportation	\$50,000	\$12,500
The benefits payable in the event of death are not cumulative		
<b>&gt; Accidental dismemberment or loss of use</b>		
• of both feet or both hands	\$200,000	\$50,000
• of one hand and one foot	\$200,000	\$50,000
• of one foot and sight in one eye	\$200,000	\$50,000
• of one hand and sight in one eye	\$200,000	\$50,000
• of hearing in both ears and speech	\$200,000	\$50,000
• of sight in both eyes	\$200,000	\$50,000
• of one foot or one hand	\$100,000	\$25,000
• of hearing in both ears or speech	\$100,000	\$25,000
• of sight in one eye	\$25,000	\$7,500
• of hearing in one ear	\$25,000	\$7,500
• of two phalanxes of the same finger or same toe	\$5,000	\$2,500
Dismemberment or loss of use benefits are not cumulative		
<b>&gt; Fracture</b>		
• of the skull, spine, pelvis or thigh bone	\$1,000	\$500
• of ribs, sternum, larynx, windpipe, shoulder blade, humerus, knee cap, shin bone, fibula	\$200	\$100
• of any bone not included in the above list	\$100	\$50
The benefits are not cumulative		

	SUPER COVERAGE	REGULAR COVERAGE
<b>&gt; Reimbursement of accident costs</b>		
• Transportation by ambulance or taxi, on the day of the accident and return trip	no limit	no limit
• Fees of a licensed nurse (when prescribed)	up to \$5,000	up to \$5,000
• Prescription drugs and prescribed orthopaedic appliances	no limit	no limit
• Chiropractor, osteopath, podiatrist, psychologist, speech therapist or logotherapist	\$15/visit - \$240/year	\$15/visit - \$240/year
• Physiotherapist (when prescribed)	\$15/visit - \$240/year	\$15/visit - \$240/year
• Dental costs, per natural tooth	up to \$300	up to \$300
• Initial dental prostheses	up to \$250	up to \$250
• Other initial prostheses and hearing aids (when prescribed)	up to \$3,000	up to \$3,000
• Repair or replacement of eyeglasses	up to \$75	up to \$75
• Medical and hospital costs outside Canada	up to \$10,000	up to \$10,000
• Private or semi-private room	up to \$55 per day	up to \$55 per day
<b>&gt; Hospitalization resulting from an accident</b>		
• From the 1 <sup>st</sup> to the 365 <sup>th</sup> day	\$25 per day	\$25 per day
<b>&gt; Total Disability resulting from an accident (for students only)</b>		
• Lump sum benefit after 12 months of disability	\$1,500	\$1,500
• Weekly indemnity June, July, August, 16 years old and over	\$150	\$150
<b>&gt; Reimbursement (for students only)</b>		
• Transportation and living expenses of the person accompanying the injured student	up to \$500	up to \$500
• Private remedial course	up to \$1,000	up to \$1,000
• Rehabilitation costs	up to \$3,000	up to \$3,000

<b>&gt; Annual Premiums</b>					
Age	Sex	SUPER Coverage		Regular Coverage	
		1 year	2 years	1 year	2 years
15 days to 5 years	Female	\$24	\$44	\$12	\$22
	Male	\$32	\$56	\$16	\$28
6 to 11 years	Female	\$24	\$44	\$12	\$22
	Male	\$36	\$64	\$18	\$32
12 to 17 years	Female	\$24	\$44	\$12	\$22
	Male	\$40	\$70	\$20	\$35
18 to 24 years	Female	\$28	\$50	\$14	\$25
	Male	\$50	\$90	\$25	\$45
25 to 69 years	Female	\$48	\$80	\$24	\$40
	Male	\$60	\$100	\$30	\$50
70 years	Female	\$48	n/a	\$24	n/a
	Male	\$60	n/a	\$30	n/a



**For more information:  
780-905-2580 or 639-565-4053**

## > Exclusions

To provide a quality product at an affordable cost, your policy will contain a few exclusions:

- Perpetration or attempted perpetration of a criminal or illegal act or if the insured drives a motor vehicle or boat under the influence of drugs or with a concentration of over 80 milligrams of alcohol per 100 millilitres of blood;
- Self-inflicted injuries, whether or not the insured is of sound mind;
- Gas inhalation, poisoning, ingestion of medication or drugs;
- A riot, a demonstration, an insurrection, a war or any related act;
- Travel aboard an aircraft, except as a passenger of an aircraft authorized for public transportation;
- Congenital malformation, physical or mental deficiency;
- Sports for which the insured receives monetary reward or remuneration;
- Fees of a chiropractor or physiotherapist following the insured's participation in any sports match played within the context of an organized league or training for such games except if the patient was hospitalized;
- Expenses covered by another insurance or government plan;
- Costs of cosmetic or esthetic services;
- Cost of prosthesis or orthotic devices used solely to engage in sports activities or not medically required for recovery purposes;
- Natural death resulting from an illness for which the insured has consulted a doctor or received one or more treatments before the effective date of this policy;
- Suicide in the first 2 years of the policy;
- Accident sustained by the insured at or after 71 years of age.

This document is provided for information purposes only. Please read the text of the policy for complete details. In the event of a discrepancy between the policy and this document, the text of the policy takes precedence.

**Why over 100 000 persons  
have already taken advantage  
of Street-Wise insurance?**

**Natural Death up to \$12,000**

**Accidental Death up to \$50,000**

**Dismemberment or loss of use up to \$200,000**

**Fractures up to \$1,000**

**Reimbursement of expenses included**

**Daily hospitalization benefits of \$25**

**Total Disability (for students)**

**Reduction if you prepay your premium for two years!**

### Notice

To ensure the confidentiality of the personal information that we hold on you, **Humania Assurance** will establish an insurance file in which will be placed the information on your application form as well as any insurance data.

Access to this file will be limited to authorized employees or underwriting, examination or claims representatives, as well as any other person authorized by you.

Your file will be kept in our Head Office.

You have the right to examine the personal information contained in this file and, if required, to have it corrected by sending a written request to the following address:

*Access to Information Officer*

*Humania Assurance Inc.*

*1555 Girouard Street West*

*Saint-Hyacinthe, Quebec J2S 2Z6*

### Advisor Disclosure Statement

The transaction represented by this application is between the Policyowner and Humania Assurance Inc. The financial advisor or representative soliciting this insurance application is an independent contractor and will receive compensation from Humania Assurance when the insurance becomes effective. The advisor may also be eligible to receive additional compensation under the form of a bonus, participation at conventions or other incentives. The applicant is not obligated to transact any other business with Humania Assurance Inc. as a condition of this application.

**Leonard Lamarsh**

**639-565-4053 or 780-905-2580**

**How to Apply**

**1. Go to [goldcapitalfs.com/associations](http://goldcapitalfs.com/associations)**

**2. Find the Streetwise application form**

**3. Print, sign, then text a photo to 780-905-2580 or email it to [info@goldcapitalfs.com](mailto:info@goldcapitalfs.com)**

**4. Or simply complete the online application and Download the file and email it to us.**



### Street-Wise Accident Insurance Application Form

Please, indicate the coverage selected by checking the corresponding box :

Super 1 year  Super 2 year   
Regular 1 year  Regular 2 year

Policyholder's name: \_\_\_\_\_ First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
dd-mm-yy

Address: No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_  
City / Town \_\_\_\_\_ Postal code \_\_\_\_\_ Province \_\_\_\_\_ Telephone \_\_\_\_\_

#### Name of each insured person

Name	First name	Relationship to policyholder	Date of birth	Age	Sex	Premium
_____	_____	_____	dd-mm-yy	_____	_____	_____
_____	_____	_____	dd-mm-yy	_____	_____	_____
_____	_____	_____	dd-mm-yy	_____	_____	_____

I, the undersigned, request insurance coverage for the above-mentioned persons. This insurance will come into force at 23:59 hours on the day **Total: \$** \_\_\_\_\_ which the total premium and application form are received at the Insurer's Head Office. Please make out your cheque to **Humania Assurance Inc.** and send to : Humania Assurance, 1555 Girouard Street West, St-Hyacinthe (Quebec) J2S 2Z6. The policy owner may cancel this policy upon request and on returning the policy within ten days of reception. Any premium paid will be reimbursed.

Signed at: \_\_\_\_\_ on \_\_\_\_\_ dd-mm-yy  
\_\_\_\_\_  
/ \_\_\_\_\_  
**(Signature of all the persons age 18 or older)** \_\_\_\_\_  
Signature of adult policyholder \_\_\_\_\_  
Signature of the parent or tutor \_\_\_\_\_

I hereby confirm that I have provided my client in writing with the necessary information, as outlined in the document entitled "AdvisorDisclosure", namely: (a) the company(ies) I represent; (b) my compensation; (c) bonuses and conference incentives; and (d) any potential conflict of interest.

Representative: \_\_\_\_\_ Code: \_\_\_\_\_ **Rev. 03/2016**