

INSURANCE APPLICATION

Young Bar of Montreal

Policy 32385 - Period from August 1, 2022 to July 31, 2023



2197 Sherbrooke Street East, suite 200, Montréal (Québec) H2K 1C8
 3107 des Hôtels avenue, Québec (Québec) G1W 4W5
 Montréal: 514 871-1181 | Québec: 418 681-7785 | Toll-Free: 1 877 371-1181
 Fax | Montréal: 514 871-4943 | Toll-Free: 1 877 871-4943
 info@medicassurance.ca | www.medicassurance.ca

| INFORMATION ABOUT YOU | | | |
|--|--|--------|-------------------------------------|
| Last name | Woman | Man | Date of birth (day / month / year) |
| First name | English | French | Place of birth (province / country) |
| E-mail address | Smoker Non-smoker Non-smoker means that you have not used any tobacco products or tobacco cessation products within the last 12 consecutive months | | |
| Address | Residence | Office | City |
| Province | | | Postal code |
| Telephone (residence) | Telephone (office) | | Telephone (mobile) |
| Month and year of the taking of the oath | Regional Bar | | |
| Does your spouse have insurance coverage that would allow coordination of benefits? Yes No | | | |
| Is a group insurance offered by your employer? Yes No | | | |

| INFORMATION ABOUT YOUR SPOUSE | |
|--|---|
| Required only if you apply for Couple or Family coverage | |
| Name (Last name, First name) | Date of birth (day / month / year) |
| Common law spouse: Yes No Occupation: _____ | Smoker Non-smoker Non-smoker means that you have not used any tobacco products or tobacco cessation products within the last 12 consecutive months. |
| Date of cohabitation (day / month / year): _____ | |

| INFORMATION ABOUT YOUR CHILDREN | | | |
|---|------------------------------------|-------------|---------|
| Required only if you apply for Single Parent or Family coverage | | | |
| Name of the child (Last name, First name) | Date of birth (day / month / year) | Sex | Student |
| | | Female Male | Yes No |
| | | Female Male | Yes No |
| | | Female Male | Yes No |
| | | Female Male | Yes No |

DECLARATION AND AUTHORIZATION

I, the undersigned, declare that my answers in this application are true and complete and i understand that concealment, misrepresentation and false declaration concerning this application will cause the insurance to be void. A photocopy version of this declaration is as valid as the original, and shall remain in effect for the duration of my insurance coverage.

I authorize any insurer, reinsurer, physician, health care provider or professional, pharmacy, hospital, clinic, my group insurance administrator, administrator of a government or other fringe benefits program, organization, or service provider within the scope of my group insurance plan that holds information pertaining to me or my dependents to collect and exchange such records or information with the insurer for the purposes of determining eligibility to benefits and for plan administration or claims analysis purposes. This information may be of medical or other nature.

In the event of death, i authorize any beneficiary, heir or executor to provide the insurer or its reinsurers with all information or authorizations deemed necessary for claims adjudication purposes and for obtaining supporting documents. I authorize any coroner, police force or toxicologist that holds my personal information, including any accident and police investigation reports regarding a claims analysis following death, disability or dismemberment, to exchange such information with the insurer. I also authorize the communication of my personal information (other than of a medical nature) to any private investigator and authorize this private investigator to communicate any information collected regarding me to the insurer.

Signature of the applicant
(Handwritten signature required)

Date of the signature (day / month / year)

To ensure the confidentiality of the personal information held on you, MédicAssurance inc. will set up an insurance file in which be entered the information provided on your insurance application, as well as any claim information.

Only those employees or representatives responsible for underwriting, investigating and processing claims or any other person authorized by yourself will have access to this file. Your file will be kept in our offices. You are entitled to consult the personal information contained in this file and to have it rectified, if necessary, by sending a written request to one of the following addresses:

- 2197 Sherbrooke Street East, suite 200, Montréal (Québec) H2K 1C8

- 3107 des Hôtels avenue, Québec (Québec) G1W 4W5

IMPORTANT: Your insurance coverage will be effective on the 1st of the following month upon receipt of your application duly completed unless you specify otherwise hereunder. The coverage cannot be effective other than the 1st of the month and will be canceled on the last day of the month following receipt of 30 days written notice from you.

I wish my coverage be effective on the 1st of the month of _____. Your initials _____

MEDICAL FORM

Young Bar of Montreal
Policy 32385

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info@medicassurance.ca | www.medicassurance.ca

Required only if you apply for enhanced coverage (1, 2, 3, 4, 5 and 6)

APPLICANT'S NAME

| | |
|-----------|------------|
| Last name | First name |
|-----------|------------|

| 1 Have you or your dependents ever been diagnosed or treated and / or prescribed medication for any of the following conditions? | YES | NO |
|--|-----|----|
| a) Cerebrovascular or neurological disorder | | |
| b) Heart, circulatory, vascular disorder including aneurysm | | |
| c) Emotional, psychological or nervous disorder | | |
| d) Immunological disorder, including HIV infection or AIDS | | |
| e) Respiratory or pulmonary disorder (excluding cancer) | | |
| f) Stomach, intestinal, kidney, bladder, pancreatic or liver disorder, including hepatitis B and C | | |
| g) Rheumatoid arthritis, ankylosing arthritis or any other form of arthritis | | |
| h) Cancer | | |
| i) Diabete | | |
| j) Have you ever consulted a health professional for any physical or mental disorders? | | |

For each question answered in the affirmative, please specify the question no. and the person's name and provide details about the disorder, symptoms, duration, treatments, start date of the disorder and date of recovery.

| 2 Are you or any of your dependents now taking or do you have in your possession a prescription for one or more medications other than those mentioned above, if any? If so, please specify the name of the person and the medications involved. | YES | NO |
|--|-----|----|
|--|-----|----|

DECLARATION AND AUTHORIZATION

I declare that the answers and statements made in this application are, to my knowledge, complete and truthful. I recognize that the insurance requested is governed by the terms of the group prescription drug insurance policy. I understand that any intentional omission or false statement can cancel my insurance. This consent is valid for the purposes of this contract, its modification, extension or reactivation. Moreover, I authorize any physician, hospital, insurance company, other health professional, MédicAssurance and Assomption Vie to exchange information concerning this request for the purposes of processing the application and the administration of my health insurance plan. I assume responsibility for any expenses incurred for completing this form. A copy of this authorization will be as valid as the original.

| | |
|--|--|
| Signature of the applicant (Handwritten signature required) | Date of the signature (day / month / year) |
|--|--|

Direct card
Monthly premium 9% tax excluded

| OPTION 1 | | | | |
|---|----------|----------|---------------|----------|
| Generic drugs mandatory - reimbursement: generic 100% and brand-name 70%, deductible \$200/\$300, Critical illness - \$10,000 | | | | |
| AGE | COVERAGE | | | |
| | Single | Couple | Single parent | Family |
| 18 - 24 | \$134.94 | \$240.43 | \$184.50 | \$289.99 |
| 25 - 29 | \$134.94 | \$240.43 | \$193.48 | \$298.71 |
| 30 - 34 | \$134.94 | \$240.43 | \$193.48 | \$298.71 |
| 35 - 39 | \$141.84 | \$253.51 | \$203.99 | \$315.68 |
| 40 - 44 | \$147.57 | \$265.15 | \$212.62 | \$330.21 |
| 45 - 49 | \$179.02 | \$333.65 | \$261.20 | \$415.85 |
| 50 - 54 | \$215.98 | \$410.51 | \$317.36 | \$511.89 |
| 55 - 59 | \$225.97 | \$437.60 | \$334.09 | \$545.72 |
| 60 - 64 | \$257.42 | \$493.89 | \$379.61 | \$616.08 |

| OPTION 2 | | | | |
|---|----------|----------|---------------|----------|
| Generic drugs mandatory - reimbursement: generic 100% and brand-name 70% Medical expenses – reimbursement 80%, deductible \$200/\$300 applicable to drugs and medical expenses, Critical illness - \$10,000, Travel and trip cancellation insurance | | | | |
| AGE | COVERAGE | | | |
| | Single | Couple | Single parent | Family |
| 18 - 24 | \$153.94 | \$280.68 | \$222.20 | \$350.19 |
| 25 - 29 | \$176.60 | \$310.85 | \$248.96 | \$387.19 |
| 30 - 34 | \$177.41 | \$310.85 | \$248.96 | \$387.19 |
| 35 - 39 | \$184.65 | \$328.87 | \$265.15 | \$410.27 |
| 40 - 44 | \$201.35 | \$355.66 | \$288.60 | \$443.66 |
| 45 - 49 | \$236.32 | \$422.89 | \$340.37 | \$527.70 |
| 50 - 54 | \$276.05 | \$511.41 | \$402.19 | \$638.33 |
| 55 - 59 | \$316.11 | \$580.20 | \$459.49 | \$724.20 |
| 60 - 64 | \$366.86 | \$667.63 | \$532.03 | \$833.43 |

OPTION 3

Generic drugs mandatory - reimbursement: generic 100% and brand-name 70%
Medical expenses – reimbursement 80%, deductible \$200/\$300 applicable to drugs and medical expenses,
Critical illness - \$10,000, **Travel and trip cancellation insurance**, **Dental care** reimbursement: 80%

| AGE | COVERAGE | | | |
|---------|----------|----------|---------------|----------|
| | Single | Couple | Single parent | Family |
| 18 - 24 | \$201.76 | \$376.30 | \$392.50 | \$467.51 |
| 25 - 29 | \$224.43 | \$406.47 | \$419.26 | \$504.49 |
| 30 - 34 | \$225.24 | \$406.47 | \$419.26 | \$504.49 |
| 35 - 39 | \$232.49 | \$424.50 | \$435.45 | \$527.58 |
| 40 - 44 | \$249.18 | \$451.29 | \$458.91 | \$560.96 |
| 45 - 49 | \$284.12 | \$518.51 | \$510.67 | \$645.01 |
| 50 - 54 | \$323.89 | \$607.04 | \$572.49 | \$755.65 |
| 55 - 59 | \$363.93 | \$675.82 | \$629.80 | \$841.52 |
| 60 - 64 | \$414.69 | \$763.26 | \$702.33 | \$950.74 |

OPTION 4

Generic drugs mandatory - reimbursement: 100%, deductible \$900, **Critical illness** - \$10,000

| AGE | COVERAGE | | | |
|---------|----------|----------|---------------|----------|
| | Single | Couple | Single parent | Family |
| 18 - 24 | \$59.42 | \$111.25 | \$86.15 | \$137.98 |
| 25 - 29 | \$59.79 | \$112.30 | \$86.81 | \$139.32 |
| 30 - 34 | \$61.83 | \$114.15 | \$89.31 | \$141.62 |
| 35 - 39 | \$66.45 | \$127.56 | \$97.29 | \$158.38 |
| 40 - 44 | \$69.52 | \$128.85 | \$100.65 | \$159.98 |
| 45 - 49 | \$70.66 | \$133.65 | \$103.01 | \$165.99 |
| 50 - 54 | \$91.91 | \$174.96 | \$134.22 | \$217.26 |
| 55 - 59 | \$93.78 | \$177.30 | \$136.67 | \$220.20 |
| 60 - 64 | \$101.55 | \$189.23 | \$147.39 | \$235.07 |

OPTION 5

Generic drugs mandatory - reimbursement: 100%
Medical expenses - reimbursement 80%, deductible \$900 applicable to drugs and medical expenses,
Critical illness - \$10,000, **Travel and trip cancellation insurance**

| AGE | COVERAGE | | | |
|---------|----------|----------|---------------|----------|
| | Single | Couple | Single parent | Family |
| 18 - 24 | \$91.38 | \$161.59 | \$129.95 | \$201.56 |
| 25 - 29 | \$106.51 | \$190.79 | \$152.34 | \$238.02 |
| 30 - 34 | \$110.46 | \$200.36 | \$158.73 | \$250.00 |
| 35 - 39 | \$114.42 | \$204.50 | \$163.49 | \$255.01 |
| 40 - 44 | \$136.04 | \$242.89 | \$195.03 | \$302.98 |
| 45 - 49 | \$171.28 | \$310.51 | \$247.18 | \$387.50 |
| 50 - 54 | \$248.48 | \$476.00 | \$364.76 | \$593.29 |
| 55 - 59 | \$309.14 | \$582.29 | \$451.78 | \$725.90 |
| 60 - 64 | \$367.59 | \$685.73 | \$535.80 | \$854.91 |

OPTION 6

Generic drugs mandatory - reimbursement: 100%
Medical expenses - reimbursement 80%, deductible \$900 applicable to drugs and medical expenses,
Critical illness - \$10,000, **Travel and trip cancellation insurance**, **Dental care** reimbursement: 80%

| AGE | COVERAGE | | | |
|---------|----------|----------|---------------|----------|
| | Single | Couple | Single parent | Family |
| 18 - 24 | \$135.03 | \$248.87 | \$292.57 | \$308.64 |
| 25 - 29 | \$150.17 | \$278.08 | \$314.98 | \$345.10 |
| 30 - 34 | \$154.11 | \$287.63 | \$321.34 | \$357.09 |
| 35 - 39 | \$158.07 | \$291.79 | \$326.11 | \$362.09 |
| 40 - 44 | \$179.69 | \$330.16 | \$357.66 | \$410.06 |
| 45 - 49 | \$214.94 | \$397.80 | \$409.79 | \$494.58 |
| 50 - 54 | \$292.13 | \$563.29 | \$527.39 | \$700.37 |
| 55 - 59 | \$352.82 | \$669.59 | \$614.40 | \$832.98 |
| 60 - 64 | \$411.25 | \$773.01 | \$698.44 | \$961.99 |

OPTION WITHOUT MEDICAL EVIDENCE

Generic drugs mandatory - Deductible is equivalent to the maximum annual contribution established by the RAMQ*
 *Adjusted on July 1 of each year – reimbursement 100%

| AGE | COVERAGE | | | |
|-----|----------|----------|---------------|----------|
| | Single | Couple | Single parent | Family |
| | \$157.85 | \$317.79 | \$236.79 | \$396.70 |

Optional guarantees

Available with all options except the option without medical evidence.

Life insurance and accidental death or dismemberment (ADD) are inseparable.

| LIFE INSURANCE (RATE/\$1,000) | | | | |
|-------------------------------|--------------|------------|--------------|---------|
| | WOMEN | | MEN | |
| | None-smokers | Smokers | None-smokers | Smokers |
| 18 - 24 | \$0.038 | \$0.049 \$ | \$0.050 | \$0.080 |
| 25-29 | \$0.038 | \$0.049 \$ | \$0.050 | \$0.080 |
| 30-34 | \$0.058 | \$0.105 \$ | \$0.070 | \$0.130 |
| 35-39 | \$0.080 | \$0.160 \$ | \$0.100 | \$0.200 |
| 40-44 | \$0.140 | \$0.270 \$ | \$0.180 | \$0.350 |
| 45-49 | \$0.230 | \$0.450 \$ | \$0.310 | \$0.600 |
| 50-54 | \$0.380 | \$0.750 \$ | \$0.560 | \$1.100 |
| 55-59 | \$0.640 | \$0.950 \$ | \$0.970 | \$1.750 |
| 60-64 | \$0.800 | \$1.190 \$ | \$1.680 | \$2.780 |

| ACCIDENTAL DEATH OR DISMEMBERMENT INSURANCE (RATE/\$1,000) | |
|--|---------|
| | UNISEXE |
| 18 - 64 | \$0.05 |

| LONG TERM DISABILITY INSURANCE (RATE/\$100) | | | | |
|---|--------------|---------|--------------|---------|
| | WOMEN | | MEN | |
| | None-smokers | Smokers | None-smokers | Smokers |
| 18 - 24 | \$0.57 | \$0.57 | \$0.85 | \$0.85 |
| 25-29 | \$0.88 | \$1.46 | \$0.87 | \$1.44 |
| 30-34 | \$1.62 | \$2.54 | \$1.14 | \$1.88 |
| 35-39 | \$2.07 | \$3.14 | \$1.17 | \$1.93 |
| 40-44 | \$2.62 | \$3.89 | \$1.34 | \$2.22 |
| 45-49 | \$3.64 | \$5.42 | \$1.88 | \$3.14 |
| 50-54 | \$3.85 | \$5.76 | \$2.71 | \$4.59 |
| 55-59 | \$3.49 | \$5.22 | \$2.41 | \$4.09 |
| 60-64 | \$2.25 | \$3.35 | \$1.87 | \$3.13 |

REMINDER OF CERTAIN OF OUR GENERAL PROVISIONS

Eligibility of dependent children 21 years old and older

Any unmarried child aged 21 or older but less than 26 is eligible if a full-time student (minimum three courses per semester) in a recognized educational institution. To extend a child's insurance, parents must send us written confirmation at the start of each semester, to confirm for us the child's name, semester underway, number of courses taken and the educational institution attended.

Cancellation

Any request for cancellation must be submitted in writing, by email, fax or regular mail, and will take effect on the 1st day of the month following its receipt.

Failure to pay a premium

Any payment refused by a bank (direct debit, cheque or credit card), for any reason, will result in administrative fees of \$45. In the case of a credit card, it is important that we be informed if the card has been lost, stolen, cloned or replaced or has expired so that we can redirect the collection in the next month and avoid your being charged the administrative fees.

At MédicAssurance, we know mistakes can happen, and so we do not invoice additional fees the first time this situation occurs.

Option change

It is possible to change the option within 60 days of the program renewal date.

Payment of premiums

Each payment can be made only on the 1st day of the month.

Suspension of insurance

When a premium payment has not been honoured, insurance will be suspended upon expiration of a grace period of 30 days.

PAYMENT AUTHORIZATION

Young Bar of Montreal

Policy 32385 - Period from August 1, 2022 to July 31, 2023



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PREMIUM PAYMENT METHOD

I wish to use the following means of payment:

Preauthorized bank payments: administration fee of \$2 per transaction, except for an annual payment.

Please complete the "Preauthorized Bank Payment Authorization" section.

Annual Semi-annual Quarterly Bimonthly Monthly

Credit card: administration fee of 2% of the premium.

Please complete the "Credit Card Payment Authorization" section.

Annual Semi-annual Quarterly Bimonthly Monthly

Annual cheque: Please calculate your premiums pro-rated (amount of the monthly premium x number of months covered) to reflect the annual renewal date of the policy. The period covered is indicated below. Your cheque should be made payable to MédicAssurance Inc.

Annual Interac e-Transfer: Send your payment to info@medicassurance.ca

PRE-AUTHORIZED PAYMENT

I hereby authorize MédicAssurance Inc. to withdraw from my account, the details of which appear on the attached specimen cheque, the sum of \$ _____ on the 1st day of each month and to change the amount to be debited from my account in case of a change in the premiums for which notice has been given 30 days' prior to the date on which the change takes effect.

SIGNATURE OF ACCOUNT HOLDER(S): _____

(Handwritten signature required)

DATE (day / month / year): _____

TYPE OF SERVICE:

Personal

Business

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD (Pre-Authorized Debit) Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

ATTACH A SPECIMEN CHEQUE MARKED "VOID"

Copy is accepted

CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorize MédicAssurance inc. (plan administrator) to charge my credit card for the amount due according to my insurance certificate and to adjust the amount charged to my credit card should the premiums change if a 30 days notice in writing has been given prior to the adjustment. This authorization can be cancelled at any time with 30 days written notice.

Visa

MasterCard

American Express

CARD NUMBER: _____ EXPIRATION DATE (month / year): _____

CARDHOLDER NAME (as indicated on the card): _____

SIGNATURE: _____ DATE (day / month / year): _____

(Handwritten signature required)

THE CONSEQUENCES OF NON-PAYMENT

You are responsible for the consequences if you fail to make a payment provided in the insurance contract, i.e. when a payment is not made for any reason. At MédicAssurance inc., we know that mistakes can happen and that is why we do not charge any additional fees the first time this situation occurs. However, the second time, a fee of \$45 will be charged, each time a pre-authorized payment is not honoured by your financial institution. MédicAssurance inc. will then withdraw the unpaid amount at the same time as the pre-authorized payment for the following month. Moreover, MédicAssurance inc. may terminate the pre-authorized payment method, making the annual premium then payable in full for any insurance contract the pre-authorized payment had been arranged for. A stop payment for any pre-authorized payment on the payment of your monthly premium without any prior arrangement or agreement with MédicAssurance inc. could result in cancellation of the insurance contract for which the preauthorized payment was intended.

**DOCUMENT TO BE COMPLETED AND RETURNED, ACCOMPANIED
BY THE APPLICATION DULY COMPLETED.**



**Jeune Barreau
de Montréal**
Young Bar of Montreal

Competitive
Prices



Added-Value
Coverage

Personalized
Service



PROGRAM SUMMARY

August 2022 - Policy number 32385

Program administered by

ii | **médicassurance**

HELP MAINTAIN YOUR FINANCIAL STABILITY

with the Young Bar of Montreal's insurance program

Why you need insurance?

The Young Bar of Montreal understands the importance of providing financial security for your loved ones – and peace-of-mind for you. Comprehensive insurance coverage can provide you with a solid foundation of protection to help maintain a comfortable lifestyle for you and your family should an accident or illness prevent you from working. That's why the Young Bar of Montreal has partnered with MédicAssurance Inc. to offer you a quality insurance program that combines the flexibility of individual insurance with the price advantage of group insurance. As a member of the Young Bar of Montreal you have access to these important and affordably-priced insurance benefits.

Extended Health Care, Drugs insurance and Dental insurance

Comprehensive yet cost effective solutions for your health care needs

The program's Extended Health Care (EHC), Drugs insurance and Dental insurance plans provide coverage for a range of medically necessary health expenses which are not covered by your provincial health care plan. Whether you need prescription medications, emergency medical assistance when you're travelling outside the province, or dental care, EHC and Dental coverage can help cover your costs.

Critical Illness insurance

Because the right protection is critical

Advances in medical technology are making the chances of surviving the increasing incidence of a life-threatening illness greater than ever. The physical and emotional impact of being diagnosed with a critical illness is hard enough to endure. But what about the financial impact? The loss of employment income and the cost of medical treatments not covered by provincial or private health plans can put your financial security and independence at risk. Critical Illness insurance is designed to help give you peace-of-mind so you can concentrate fully on what matters most – your recovery.

Life insurance

A key component of a sound financial plan

Whether you are just starting your career, established and married, or planning your retirement, protect the financial well-being of your family and loved ones in the event of your death with Life insurance.

Accidental Death or Dismemberment insurance

Additional protection

Accidental Death and Dismemberment insurance

Long Term Disability insurance

Protect your ability to earn an income

Your ability to earn an income is one of your most important assets. Long Term Disability insurance is designed to help protect you and your family by providing a source of monthly income if an accident or sickness prevents you from working.

GENERAL INFORMATION

Exclusive member benefit

The Young Bar of Montreal's insurance program is offered exclusively to members. You are eligible to apply if you are:

- a member of the Young Bar of Montreal;
- working as a lawyer 20 hours or more weekly;
- you do not have access to group insurance offered by your employer;
- under 65, and;
- reside in Canada.

Coverage will become effective the first day of the month following the reception of your completed application.

Coverage for your dependents

If you required couple, single parent or family coverage, your spouse and children will be automatically covered by Drug insurance. If you required Extended Health Care and/or Dental insurance coverages (options 2, 3, 5 or 6), these coverages will automatically be extended to them.

Spouse means your spouse by marriage or under any other formal union recognized by law, or a person of the same or opposite sex with whom you have cohabited for at least twelve months, and who has been publicly represented as your spouse. The minimum cohabitation period does not apply if a child is born from this relationship.

Dependent child means a child, other than a foster child, of yours or your spouse, who is not married or in any other formal union recognized by law, under age 18, or age 26 if a full-time student and entirely dependent on you for support, or of any age if incapable of self-support because of physical or mental disability. However, the physical or mental disability had to be declared before the age of 18 and during the time the child had been recognized as a dependent.

Termination of coverage

Coverage will terminate on the earliest of the following:

- the date of the policy termination
- the date you no longer meets eligibility requirements as member
- the date the premium payment is in default
- the date of the last day of the month following receipt of a 30-day written notice from you
- the date you reach the age 65

Management and administration of the program

MédicAssurance Inc. administers the Young Bar of Montreal's insurance program, and is available to answer questions regarding the coverage and provide any necessary forms. The insurer of this plan is Assumption Life.

This summary provides the highlights, but not all the details of the insurance program. The complete terms, conditions exclusions and limitations governing the insurance coverage are found in the group insurance policy issued to the Young Bar of Montreal by Assumption Life.

PLAN BENEFITS AND FEATURES

Drug insurance

The prescription drugs covered are those appearing on the RAMQ list. The prescription drugs are reimbursed at the lowest price (**Bill 92**) and generics are compulsory. Any request for payment for an exceptional medication or patient must be sent to MédicAssurance for authorization in advance by the insurer.

The cost of medications, including the wholesaler's mark-up and the pharmacist's dispensing fees, will be reimbursed at the lowest price, the same rates and in the same amounts that are reimbursed by the Régie de l'assurance maladie du Québec for these costs as part of the general public plan. The insured is responsible for any amount not reimbursed, in addition to the annual deductible.

The option without medical proof is available to any new member wishing to purchase prescription drug insurance. A medical questionnaire must be completed for the policyholder and his dependents, if applicable, if an upgrade option (option 1, 2, 3, 4, 5 and 6) is requested.

Deductible and reimbursement level

| Option without medical evidence | |
|---------------------------------|--|
| Deductible | Equivalent to the maximum annual contribution established by RAMQ* *Adjusted on July 1 of each year |
| Reimbursement percentage | 100% of the lowest price |
| Payment type | Direct payment |

| Option 1 | |
|--------------------------|---|
| Deductible | \$200 per calendar year – individual \$300 per calendar year – couple, single-parent or family |
| Reimbursement percentage | 100% of the lowest price for generic drugs 70% of the lowest price for brand-name drugs |
| Payment type | Direct payment |

| Option 4 | |
|--------------------------|---|
| Deductible | \$900 per calendar year – individual, couple, single-parent or family |
| Reimbursement percentage | 100% of the lowest price |
| Payment type | Direct payment |

Extended health care insurance

Drug insurance included (Travel insurance included)

Deductible and reimbursement level

Eligible expenses are reimbursed at the following levels:

| Options 2 and 3 | |
|--------------------------|---|
| Deductible | \$200 per calendar year – individual \$300 per calendar year – couple, single-parent or family Applicable to drugs and extended health care expenses excluding hospital expenses and expenses incurred outside the province |
| Reimbursement percentage | 100% of the lowest price for generic drugs 70% of the lowest price for brand-name drugs 100% for hospital and out of province expenses 80% for all other eligible expenses |
| Paramedical services | Maximum reimbursable \$400 per specialist per calendar year |

| Options 5 and 6 | |
|--------------------------|---|
| Deductible | \$900 per calendar year – individual, couple, single-parent or family Applicable to drugs and extended health care expenses excluding hospital expenses and expenses incurred outside the province |
| Reimbursement percentage | 100% of the lowest drug price 100% for hospital and out of province expenses 80% for all other eligible expenses |
| Paramedical services | Maximum reimbursable \$400 per specialist per calendar year |

Below is a summary of expenses eligible under this coverage. These expenses are subject to the deductible and co-insurance.

| Covered expenses | Maximum |
|---|---|
| Alcoholism, Drug Addiction Treatment | \$80 per day - lifetime maximum of \$2,500 |
| Ambulance | Unlimited (air transport: \$2,000) |
| Blood Glucose Meter | \$300 per 36 months period |
| Dental Surgery / Accident | Unlimited |
| Eye Exam | \$50 per 24 months period |
| Hair Prosthesis | \$150 lifetime |
| Hearing Aids | \$300 |
| Hospitalization (semi-private room) | Maximum of 180 days |
| Intra Uterine Device | \$60 per 24 months period |
| Laboratory Tests and X-rays | \$500 |
| Mastectomy Prosthesis | \$200 per 24 months period |
| Miscellaneous Renting Fees | Reasonable maximum (1) |
| Orthopaedic Shoes and Orthotics | \$200 |
| Paramedical Services | Maximum reimbursable amount is \$400 per calendar year, per specialist: acupuncturist, chiropractor, dietician, hearing therapist, massage therapist, masseur*, naturopath, occupational therapist, orthotherapist, osteopath, physiotherapist, podiatrist, psychologist and speech therapist. *Medical referral required for the massage therapy. |
| Private Duty Nursing | \$5,000 |
| Rehabilitation Center and Convalescent Home (semi-private room) | Lifetime maximum of 180 days |
| Sclerosing Injections | \$25 per treatment |
| Support Hose | \$80 |
| Surgical Brassieres | \$200 |
| Transcutaneous Electrical Nerve Stimulator T.E.N.S. | \$500 lifetime |

The maximum applies per calendar year unless otherwise specified and by insured.

(1) Eligible expenses under the Health Insurance benefit are those reasonably incurred and justified by the serious-ness of the case as well as by current medical practice and the customary and reasonable charges applicable in the area.

Travel insurance (included with options 2, 3, 5 and 6)

Hospital and medical insurance, trip cancellation and interruption insurance

If you or your family suffers an unexpected medical emergency out of province in which you live, you may be covered for medical assistance and other family services and support provided by Hospital and Medical Insurance coverage. This coverage reimburses hospitalization expenses for a semi-private room and certain expenses occurring during emergencies when the insured is outside his province of residence for a stay not expected to exceed 60 consecutive days.

The medical/hospital insurance does not cover losses or expenses wholly or partially related, directly or indirectly, to any illness, injury or medical condition (other than a minor condition) that was not stable during the 90 days that preceded the departure date.

The annual maximum reimbursement for eligible out-of-province expenses is \$5,000,000 per trip, per participant. For travel cancellation or interruption insurance, the benefit is \$5,000 per trip, per insured.

Dental insurance

The insured must enrol for a minimum of 2 years. If the coverage is cancelled, the insured will have to wait for 2 years before it can be restored.

Deductible

No deductible will be applied to eligible incurred expenses.

Reimbursement level

80% of the cost of eligible expenses will be reimbursed. Reimbursement will be based on the current Dental Association Fee guide for General Practitioners in the province of Quebec.¹

Covered expenses will be reimbursed to an annual combined maximum of \$500 per person in the first year of coverage, \$1,000 per person in the second year of coverage, and \$1,500 per person thereafter.

Eligible expenses

Below is a summary of expenses reimbursable under this coverage. These expenses are subject to the co-insurance.

| | |
|--|---|
| Basic treatments Diagnostic, Prevention, Minor restoration, Extraction and Medication. | <ul style="list-style-type: none">• Complete examination, once every 6 months• Recalls, once every six months• Scaling, once every six months• Extractions• Reline and rebase of removable prosthodontics, once every 6 months• Fillings• Antibiotics related to dental procedures |
| Endodontics, Periodontics, Surgery, General anaesthesia. | <ul style="list-style-type: none">• Root canal treatments• Immobilization of loose teeth due to injuries• Treatment of gingival and supporting tissues• Gingival curettage and tissue debridement; root planing• Oral surgery; fractures and luxations; postoperative care• General anaesthesia for oral surgery |

¹ Fee Guide and Description of Dental Treatment Services published by the Association des chirurgiens dentistes du Québec (ACDQ)

Critical Illness Insurance (included in the options 1, 2, 3, 4, 5 and 6)

Nowadays, people live longer, thanks to healthier lifestyles and medical progress.

While more people now escape diseases once considered deadly, a disturbing number of Canadians will suffer from a critical illness at some time in their life¹.

- 1 Canadian in 2 will suffer from some form of heart disease
- 1 Canadian in 3 will have a life-threatening type of cancer
- 1 Canadian in 4 will suffer from kidney failure
- 1 Canadian in 20 is at risk of a stroke before the age of 70
- 1 in 500 will suffer from multiple sclerosis.

Solution

Critical illness insurance has been developed in response to these needs and to reduce the stress and financial burden that often accompany the diagnosis of a critical illness.

Amount of coverage

\$10,000 included within each of the options, with no declaration of health required. Coverage offered to the subscriber only.

Waiver of premium

If you become totally disabled before you reach the age of 65, the premium will be waived after six consecutive months of continuous total disability.

| Critical illnesses covered graves | | |
|--|--|--|
| <ul style="list-style-type: none">• Aortic surgery• Aplastic anemia• Benign brain tumor• Blindness• Cancer• Coma• Coronary bypass• Deafness• Dementia, including Alzheimer's | <ul style="list-style-type: none">• Heart attack• Heart valve replacement or repair• HIV infection contracted at work• kidney failure• Loss of autonomy• Loss of limbs• Loss of speech | <ul style="list-style-type: none">• Motor neuron disease• Multiple sclerosis• Paralysis• Parkinsonism• Purulent meningitis• Severe burn• Stroke• Vital organ failure on waiting list• Vital organ transplant |

¹Source: Heart and Stroke Foundation, Canadian Cancer Society and Statistics Canada Exclusions

Exclusions

This insurance does not apply and no benefit will be paid if the critical illness results, directly or indirectly, from one of the following causes:

- suicide or attempted suicide by the insured, whether or not in sound mind
- acts of self-mutilation and physical or mental injuries self-inflicted by the insured, whether or not in sound mind
- the perpetration or attempt at perpetration of a criminal act
- (or the fact of committing or attempting to commit a criminal act)
- driving a vehicle with a blood alcohol level exceeding 80 mg of alcohol per 100 ml of blood or the limit allowed by law
- the inhalation of toxic gases, unless that occurs as part of the insured's normal occupational duties
- the consumption of drugs, pharmaceutical products or legal substances except if they are taken in accordance with recommendations and according to the prescription of a duly qualified physician or a duly authorized pharmacist
- consumption by the insured of illegal drugs
- a cosmetic procedure or any other treatment mainly of a cosmetic nature
- injuries incurred during participation by the insured person in civil unrest, a riot, an insurrection or a military operation, whether or not war has been declared

For the purposes of this insurance, included in moments when the insured is not of sound mind are all situations in which they are under the influence of a narcotic, drug, medication or alcohol as well as any disorder or mental state that prevents the insured from forming an intention.

Pre-existing conditions

When the total disability occurs within 24 months from the date on which the subscribed has become insured under this coverage or comparable coverage from another policy, no benefit will be paid under this coverage if, during the 24 months preceding the coming into force of it or of the comparable coverage, as appropriate, the subscriber, for any symptom, condition or illness, whatever its diagnosis, associated with the disease causing the disability for which benefits are claimed under this coverage, has:

- consulted a healthcare professional
- received medical care
- taken drugs prescribed by a physician

Optional Critical Illness Insurance also available

Life, accidental death or dismemberment and long-term disability insurance

These coverages are optional and life insurance and accidental death or dismemberment (ADD) are inseparable.

| | LIFE | ADD | LTD |
|---|-----------------------------------|-----------------------------------|---|
| Annual minimum taxable income as lawyer in order to be eligible for these coverages | \$40,000 | \$40,000 | \$40,000 |
| Minimum guarantee | 1 x insurable professional income | 1 x insurable professional income | n/a |
| Maximum insurance amount | \$150,000 | \$150,000 | \$6,000 |
| % of net salary | n/a | n/a | 66.67% of first \$3,750 of the monthly insurable profession income , 50% of the balance |
| Waiting period | n/a | n/a | 90 days |
| Maximum term of the guaranty | n/a | n/a | Less than 55 years old: until age 65 55 to 57 years old = 5 years' payment 58 years old = 4 years' payment 59 years old = 3 years' payment 60 to 61 years old = 2 years' payment 62 to 64 years old = 1 year payment |

Insurable professional income is defined as: the average of the last 2 years of actual direct and indirect net income, declared to the government as a lawyer.

In the event of a claim, proof of income must be provided (T1 or other official documents, as requested) for the 2 year period preceding the disability or death, so that the amount granted does not exceed the target replacement rate for the declared net income.

For example, an insured that was approved for a disability insurance amount of \$3,000 per month during medical selection, with a "salary" of \$2,500 at time of claim, will only be eligible for a benefit of \$2,500 for this period of disability.

The insured nevertheless retains the right to be insured for an amount up to \$ 3,000 for subsequent claims, if his income justifies it for the new claim. The insured will receive the lesser of the approved amount at medical selection, or the eligible salary at time of claim.

Total Disability, or the **Condition of Being Totally Disabled**, is the state of continuous incapacity resulting from illness or accident and for which the participant is under the continuous care of a physician and undergoing treatments recommended or approved by that physician. During the waiting period and for the following 24 months, this condition must prevent the participant from performing the essential duties of his or her regular occupation. After that, this condition must prevent the participant from carrying out the essential tasks of any gainful occupation for which he or she is reasonably qualified or for which he or she could conceivably become qualified by reason of his or her education, experience and training. The availability of such occupation is not a criterion that the insurer must take into account.

******In addition, any disability resulting from the following conditions is subject to a maximum benefit period of 24 months:

- Lower back pain, that of which can only be proven, based solely on the pain felt by the insured.
- Mental illness or nervous disorders, including anxiety, depression, emotional disorders and behavioral disorders.

Eligibility

Total disability, or the condition of being totally disabled is the state of continuous incapacity resulting from illness or accident and for which the participant is under the continuous care of a physician and undergoing treatments recommended or approved by that physician. The availability of such occupation is not a criterion that the insurer must take into account.

Coordination of benefits

The monthly benefit payable under this coverage shall be reduced by the following and adjusted on a monthly basis:

- any initial retirement or disability benefits received under Canada/Quebec Pension Plan (excluding benefits for the disabled contributor's spouse and dependent children); and
- any income received under the Workers' Compensation Act, Automobile Insurance Act, or any similar plan.

The monthly benefit of the totally disabled participant shall be further reduced so that his or her total monthly income from the disability coverage and other sources of income do not exceed the following:

1. if the benefit is non-taxable, 85% of the participant's net monthly salary;
2. if the benefit is taxable, 85% of the participant's insured monthly salary.

Other sources of income are :

- any direct or indirect remuneration derived from legal services;
- any income received under a group insurance plan;
- any income received under an employer's pension plan;
- any income received from a government agency.

Pre-existing conditions

If the onset of total disability occurs during the 12 months following the date that the participant first obtained the current insurance coverage or similar coverage under another contract, no benefit is payable under this coverage if, during the twelve months before the date that this or similar coverage became effective, whichever is applicable, the participant has:

- a) consulted a healthcare professional;
- b) received medical care; or
- c) taken medication prescribed by a physician.

for any symptom, condition, or illness, regardless of the diagnosis, related to the illness causing the disability and for which benefits are claimed under this coverage.

Features

With the approval of the attending physician, the insurer, and the employer, the disabled employee may be asked to participate in a rehabilitation activity.

With respect to a totally disabled participant, the insurer waives any future collection of premiums for this coverage for the period during which the participant is entitled to benefits under this coverage.



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