

Insurance Illustration Summary

To: Mr. Client

From: Independant Broker

| | | <u>Sex</u> | <u>Date of birth</u> | <u>Age</u> |
|----------------------|------------|------------|----------------------|------------|
| Customer: | Mr. Client | M | 08/08/2004 | 8 |
| Policyholder: | Mr. Parent | | 04/29/1976 | 36 |

Encoded information :



Selected Coverage

| <u>Coverage</u> | <u>Amount</u> | <u>Guaranteed Monthly Premium</u> | <u>Guaranteed Annual Premium</u> | <u>Payment Options</u> |
|---|---------------|-----------------------------------|----------------------------------|------------------------|
| Critical Illness Insurance (25 illnesses) | \$100,000 | \$46.80 | \$520.00 | 20 years |
| Refund of premium on death rider | | \$3.24 | \$36.00 | 20 years |
| Policy fees | | \$6.75 | \$75.00 | |
| Total Premium | | \$56.79 | \$631.00 | |

LS Mutual Life Insurance Company is one of the oldest and soundest mutual insurance companies in Canada. LS Mutual covers over 200,000 people and relies on exceptional service to serve the interests of its current and future customers.

This document is provided for information purposes only. Please refer to the policy text for more details. In the event of discrepancy with this document, the policy text prevails.

I, the undersigned, acknowledge that I have studied this illustration of the PRODIGE insurance plan and I understand that it will be used with respect to my insurance application, attached herewith, dated _____ 20____ and that it accurately represents the insurance coverage I require.

Signed at _____ on _____ 20____

Policyholder's signature

Representative's signature

Comparative chart of various options available to you

| | | | |
|-----------------------------|------------|----------------------|------------|
| | <u>Sex</u> | <u>Date of birth</u> | <u>Age</u> |
| Customer: Mr. Client | M | 08/08/2004 | 8 |

Amount of Critical Illness Insurance: \$100,000

| Premium Payment Options | | Critical Illness Coverage | With Premium Refund upon Death Rider | With Life Insurance Rider |
|-------------------------|----------------------|---------------------------|--------------------------------------|---------------------------|
| 4 illnesses | Payable for lifetime | \$30.42 | \$31.86 | \$44.55 |
| | Payable to age 65 | \$31.59 | \$32.85 | \$46.44 |
| | Payable in 20 years | \$40.14 | \$42.48 | \$58.77 |
| 24 illnesses | Payable for lifetime | \$33.66 | \$35.19 | \$50.04 |
| | Payable to age 65 | \$34.92 | \$36.36 | \$52.20 |
| | Payable in 20 years | \$43.47 | \$46.08 | \$65.97 |
| 25 illnesses | Payable for lifetime | \$40.68 | \$42.66 | \$57.06 |
| | Payable to age 65 | \$42.48 | \$44.28 | \$59.76 |
| | Payable in 20 years | \$53.55 | \$56.79 | \$76.05 |

This comparison is based on monthly premiums and includes policy fees.

Underwriting requirements: ParaProdige

ParaProdige Medical questionnaire completed by a specialised firm authorised by the Insurer

Summary of selected coverage

> CRITICAL ILLNESS INSURANCE

The Insurer will pay a lump sum if the insured is diagnosed with one of the covered illnesses. However, this benefit will be payable only if the Insured is still living 30 days after the date of the diagnosis or during the period specified for the diagnosed covered illness, excluding the number of days during which the person is kept on life support.

Enhanced Coverage: 25 illnesses (including loss of independence)

- Cancer
- Heart attack (myocardial infarction)
- Stroke (cerebrovascular accident)
- Coronary surgery (coronary artery bypass)
- Kidney failure
- Major organ transplant or major organ failure on a waiting list
- Aortic surgery
- Heart valve replacement
- Benign brain tumour
- Blindness
- Deafness
- Paralysis
- Multiple sclerosis
- Burns
- Coma
- Loss of speech
- Loss of limbs
- Motor neuron disease
- Alzheimer's disease
- Parkinson's disease
- Occupational HIV infection
- Cystic fibrosis (must be diagnosed before 18 years of age)
- Autism (must be diagnosed before 3 years of age)
- Non-life-threatening disease
- Loss of independence

Loss of independence is defined as "a definitive diagnosis, made by a specialist, for a continuous period of 90 days,

- a) of total and permanent inability to perform by one's self at least two of the six activities of daily living, without reasonable possibility of recovery, or
- b) of cognitive impairment".

If the insured reaches age 100 while this policy is still in force, the Insurer will pay to the policyowner a benefit equivalent to the total amount of the basic benefit under the Critical Illness insurance coverage and any increase thereof, if any.

Please refer to the "Complete Description of Covered Illnesses" section for the full wording of the covered conditions, exclusions and waiting period for each illness.

> BENEFIT PAYABLE IN THE EVENT OF THE DIAGNOSIS OF A NON-LIFE-THREATENING DISEASE

The amount of benefit payable for a non-life-threatening disease is equal to 10% of the amount insured (10% of basic coverage and increases), subject to a maximum of \$10,000. This benefit is only payable once while the policy is in force and will be subtracted from any other benefit payable under this policy.

> PROGRESSIVE PREMIUM REFUND AFTER 10 YEARS

At any time, starting on the 10th anniversary of the policy's effective date and up to the termination of the policy, provided no Critical Illness benefit or death benefit was paid in full, the policyowner may, by submitting a written request, select to terminate the policy and avail himself/herself of the progressive premium refund option.

The amount paid will be equivalent to the total premiums paid, without interest, for each coverage that remained in force for at least 10 years since its effective date, to which will be applied the percentage indicated hereunder, based on the number of years the coverage was in force.

Any premium waived under the Premium Waiver coverage will not be refunded.

Refund Calculation Schedule

| Anniversary of coverage | Percentage (%) of premiums paid since the coverage was issued |
|---------------------------|---|
| 10th anniversary | 50% |
| 11th anniversary | 55% |
| 12th anniversary | 60% |
| 13th anniversary | 65% |
| 14th anniversary | 70% |
| 15th anniversary | 75% |
| 16th anniversary | 80% |
| 17th anniversary | 85% |
| 18th anniversary | 90% |
| 19th anniversary | 95% |
| 20th anniversary and over | 100% |

Under no circumstances can the total refund exceed the total amount of the basic benefit under the Critical Illness coverage and any increase thereof, if any.

Any benefit amount paid for a non-life-threatening disease included in the Critical Illness coverage will be deducted from the Progressive Premium Refund after 10 years benefit.

Prodige: 25 illnesses

| Year* | Age | Total Annual Premiums** | Cumulative Annual Premiums | Progressive Premium Refund | Death Premium Refund | Critical Illness Insured Amount |
|-------|-----|-------------------------|----------------------------|----------------------------|----------------------|---------------------------------|
| 1 | 8 | \$631.00 | \$631.00 | \$0.00 | \$631.00 | \$100,000 |
| 2 | 9 | \$631.00 | \$1,262.00 | \$0.00 | \$1,262.00 | \$100,000 |
| 3 | 10 | \$631.00 | \$1,893.00 | \$0.00 | \$1,893.00 | \$100,000 |
| 4 | 11 | \$631.00 | \$2,524.00 | \$0.00 | \$2,524.00 | \$100,000 |
| 5 | 12 | \$631.00 | \$3,155.00 | \$0.00 | \$3,155.00 | \$100,000 |
| 6 | 13 | \$631.00 | \$3,786.00 | \$0.00 | \$3,786.00 | \$100,000 |
| 7 | 14 | \$631.00 | \$4,417.00 | \$0.00 | \$4,417.00 | \$100,000 |
| 8 | 15 | \$631.00 | \$5,048.00 | \$0.00 | \$5,048.00 | \$100,000 |
| 9 | 16 | \$631.00 | \$5,679.00 | \$0.00 | \$5,679.00 | \$100,000 |
| 10 | 17 | \$631.00 | \$6,310.00 | \$3,155.00 | \$6,310.00 | \$100,000 |
| 11 | 18 | \$631.00 | \$6,941.00 | \$3,817.55 | \$6,941.00 | \$100,000 |
| 12 | 19 | \$631.00 | \$7,572.00 | \$4,543.20 | \$7,572.00 | \$100,000 |
| 13 | 20 | \$631.00 | \$8,203.00 | \$5,331.95 | \$8,203.00 | \$100,000 |
| 14 | 21 | \$631.00 | \$8,834.00 | \$6,183.80 | \$8,834.00 | \$100,000 |
| 15 | 22 | \$631.00 | \$9,465.00 | \$7,098.75 | \$9,465.00 | \$100,000 |
| 16 | 23 | \$631.00 | \$10,096.00 | \$8,076.80 | \$10,096.00 | \$100,000 |
| 17 | 24 | \$631.00 | \$10,727.00 | \$9,117.95 | \$10,727.00 | \$100,000 |
| 18 | 25 | \$631.00 | \$11,358.00 | \$10,222.20 | \$11,358.00 | \$100,000 |
| 19 | 26 | \$631.00 | \$11,989.00 | \$11,389.55 | \$11,989.00 | \$100,000 |
| 20 | 27 | \$631.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 23 | 30 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 28 | 35 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 33 | 40 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 38 | 45 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 43 | 50 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 48 | 55 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 53 | 60 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 58 | 65 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 63 | 70 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 68 | 75 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 73 | 80 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 78 | 85 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 83 | 90 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 88 | 95 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |
| 93 | 100 | \$0.00 | \$12,620.00 | \$12,620.00 | \$12,620.00 | \$100,000 |

* The amounts in the Progressive Premium Refund Column are calculated at the end of the policy year mentioned.

** The total annual premiums include rider premiums, if any, and policy fees.

This illustration is provided for information purposes only. The amounts do not take into account, among others, any increasing benefit options that could occur in future years. For more details, please refer to the policy text.

> INCREASING BENEFIT OPTIONS

The amount of basic benefit coverage under the Critical Illness insurance will be automatically increased on the 2nd, 4th, 6th and 8th anniversary of the effective date of this coverage.

The benefit will then be increased by 15% of the basic amount up to a maximum of \$25,000 per increasing option, provided the insured has not reached:

- Age 45, when the Critical Illness coverage selected is payable to age 65;
- Age 55, when the Critical Illness coverage selected is payable for 20 years or up to age 100.

The total benefit amounts of all the increasing benefit options cannot exceed \$100,000.

If the policyowner does not wish to avail himself/herself of the increasing benefit option, he/she must send a written request to this effect to the Insurer and such notice must be received at the Insurer's head office at least 30 days before the policy renewal date.

The notice of refusal to exercise an increasing benefit option will terminate all future increasing options provided and the reinstatement of such increasing benefit options may not be subsequently requested.

The increasing benefit options under the Critical Illness coverage are not applicable if the policy is issued with an extra premium or rating, exclusions, amendments or endorsements.

The increasing benefit options under the Critical Illness insurance terminate when the policyowner requests a benefit reduction and/or the policy is on a premium waiver due to total disability.

> GUARANTEED PREMIUM AND NON-CANCELLABLE COVERAGE

While the policy is in force, the Insurer may not change the premiums for any coverage or the premiums for the increasing benefit options.

The premiums for the increasing benefit option are based on the insured's age at the time of the increase and subject to the same conditions as the original policy. These premiums are payable according to the payment term originally selected when the policy was issued.

Subject to the duration prescribed for certain coverages, the policy renewal is guaranteed as long as the premium is paid within the required timeframe.

> EXCLUSIONS AND GENERAL RESTRICTIONS

No amount will be payable under this policy if the covered illness or accident directly or indirectly results from:

- The insured's participation in an illegal or criminal act and/or attempt to commit an illegal or criminal act or if the insured drives a motor vehicle or boat under the influence of any substance (drug, toxic or intoxicating substance or narcotics) or with a blood alcohol concentration level over the legal limit;
- The use or consumption of any substance (drug, toxic or intoxicating substance, or narcotics), except when prescribed and administered by a physician in good standing practicing in Canada;
- An attempted suicide or intentionally self-inflicted injuries, while sane or insane;
- An illness that was diagnosed or symptoms or signs that were known or under investigation and not declared before the date on which the policy was issued;
- An insurrection, a war (whether or not it is declared) or any related action and/or the insured's participation in a popular demonstration;
- No benefit will be payable for any cancer and/or benign brain tumour during the full term of the policy if the date of the diagnosis of any cancer and/or benign brain tumour (whether covered or excluded under this policy) falls within the first 90 days of the commencement or reinstatement of this policy, or if the date of the onset of signs and/or symptoms or medical consultations or tests leading to the diagnosis of any cancer and/or benign brain tumours (whether covered or excluded under the present policy) falls within the first 90 days of the commencement or reinstatement of this policy. However, these exclusions do not terminate the contract. The insured remains covered for the other covered illnesses.

Other exclusions apply to the premium waiver coverage.

Rider

> **REFUND OF PREMIUM ON DEATH**

On the death of the insured, the Insurer will pay, without interest, a benefit equal to the total of all premiums paid for this policy, provided it is still in force.

Any premium waived under the premium waiver coverage will not be refunded.

Under no circumstances can the total refund be greater than the total Critical Illness benefit, including any increases, if any.

Any amount paid for a non-life-threatening disease included in Critical Illness coverage will be deducted from the Refund of Premium on Death benefit.

Full description of assistance programs

A)  **Best Doctors**[®]
Information When It Matters Most

LS Mutual provides, free of charge, access to the integrated services of Best Doctors, a company recognized worldwide, when a critical illness covered by the Prodige policy is diagnosed.

Three levels of service are available:

I. INTERCONSULTATION™

A service that gives the insured and his/her physician access to excellent relevant recommendations made by experts from around the world, without having to travel.

Specialists, who are recognized worldwide study the medical file, give an opinion on the diagnosis of the illness and recommend the best treatment plan.

As the InterConsultation medical report is provided rapidly, it can reduce potentially serious complications resulting from an incorrect diagnosis. InterConsultation will help the treating physician implement an appropriate action plan.

II. FINDBESTDOC™

This service identifies, in the insured's location in Canada, the United States or worldwide, and recommends the top-notch physicians who are best qualified to treat the insured's illness.

A data base including over 50,000 physicians - in Canada, the United States and worldwide - who have been designated the best by their peers.

Assistance and referral to have access to three (3) doctors who are best qualified to treat the insured, the best doctors, regardless of their location.

III. FINDBESTCARE™

Best Doctors recommends the hospital centres that are best suited for the case. This report details the provider's qualifications, the therapeutic strategy and the treatment costs.

Monitoring: while the insured receives medical care, Best Doctors reviews the information received from the specialists involved and follows up to ensure that the insured's medical needs are met.

Outside Canada: when the insured travels out of country to receive treatments, the insured and his/her family members can avail themselves of the following services:

Assistance to organize the trip and accommodations, make medical appointments and complete hospital pre-admission formalities, determine the estimated cost of the hospital stay and the discounts to which the insured is entitled. This is available 24 hours a day, 7 days a week.

The services provided are not an integral part of the insurance policy. LS Mutual has no obligation, based on the terms and conditions of the policy, to provide these services and can, at its discretion, at any time and without notice, cancel the access to these services.

Best Doctors, *Information When It Matters Most*, InterConsultation, FindBestDoc, FindBestCare and the Best Doctors logo are registered trademarks of Best Doctors, Inc. in the United States and other countries.

B) CRITICAL ILLNESS ASSISTANCE

LS Mutual gives peace of mind to the insured through telephone assistance. The insured and his/her family benefit from the various assistance services available as soon as the policy is purchased, and if applicable, for the full year following the diagnosis of a covered illness.

1. On the purchase of a PRODIGE Critical Illness Insurance policy, the insured enjoys the unlimited use of the following services at no additional cost. These services are available 24 hours a day, 7 days a week.

- Health Assistance
- Convalescence Assistance (referral)
- Legal Assistance
- Home Assistance

Health Assistance

Supported by our medical team and sophisticated computerized research and diagnosis systems, our graduate nurses help the insured find the answers and solutions to his/her questions and problems related to medicine, lifestyle and health in general.

Convalescence Assistance (referral)

Our medical team and our assistance personnel work together to help the insured find information and provide referrals to the services and suppliers he/she will require to recover from an illness, an accident or a surgery.

Home Assistance

This invaluable service gives access to local pre-qualified resources and references for property maintenance and repairs.

Legal Assistance

From Monday to Saturday, our team of lawyers helps the insured find answers to his/her legal problems and questions and the legal consequences of the diagnosis of a covered illness.

2. In addition, if the insured is unfortunately diagnosed with a covered illness:

Psychological Assistance

Upon the announcement of a diagnosis confirming the existence of an illness covered by the policy, the insured and his/her family members can consult, free of charge, a mental health professional (a total of 4 consultations of a maximum duration of one hour). Our certified mental health specialists will help them overcome the shock or psychological consequences of this difficult news. Whether for marital or family questions or crisis or bereavement management, this service provides an essential support.

Convalescence Assistance (coordination)

This service coordinates the required home care and services. Convalescence Assistance aids the insured and helps him/her recover from a critical illness. We analyse his/her needs, answer his/her questions, find the services of experienced and qualified experts and facilitate the contacts with them.

Following a complete assessment of his/her needs, we coordinate the services and our team will:

- Contact suppliers;
- Negotiate agreements with private suppliers of health and other services, such as household service, travel and child care;
- Closely monitor the insured during his/her convalescence;
- Organise his/her admission to a convalescent home;
- Follow-up his/her file with his/her physician.

Our medical team works with a data base of preferred suppliers capable of helping him/her recover from an illness or a surgery related to a critical illness. The cost of the services over and above the portion paid by the government is the insured's responsibility.

The services provided are not an integral part of the insurance policy. LS Mutual has no obligation, based on the terms and conditions of the policy, to provide these services and can, at its discretion, at any time and without notice, cancel the access to these services.