

**KALEIDO**

# Summary

Group Life and Disability Insurance





# Summary

## Information about the product and the distributor

Name of insurance product: **Group Insurance,  
Policy No. 18835**

Type of insurance product: **Group Life Insurance  
and Disability Insurance**

Insurer's contact information:

Name: **Humania Assurance Inc.**

Address: 1555 Girouard Street West  
P.O. Box 10000  
Saint-Hyacinthe QC J2S 7C8

Email: conformite@humania.ca  
Telephone: 450 773-1809 / 1 800 818-7236

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Distributor's contact information:

Name: **Kaleido Growth Inc.**

Address: Centre d'affaires Henri-IV  
1035 Wilfrid-Pelletier Avenue  
Suite 500  
Quebec QC G1W 0C5

Phone: 418 651-8975 / 1 877 710-7377 (RESP)  
Fax: 418 651-8030

Internet address: kaleido.ca  
Email: info@kaleido.ca

Coverages offered by:



## Description of the insurance offered

This insurance covers the outstanding contributions that would remain payable in relation to your *scholarship plan agreement* in the event of your death or disability.

With regard to the Disability Insurance offered, individuals must be officially recognized as being disabled, as defined into the policy.

### Summary of specific conditions

To be eligible for this insurance, you must:

- have subscribed for a *scholarship plan agreement* issued by the Kaleido Foundation;
- be under 60 years of age;
- select a contribution option other than single or “annual—2 years” for your *scholarship plan agreement*.

Since this coverage is offered as a package, the Life Insurance and Disability Insurance components cannot be subscribed to separately.

### What is the amount of the coverage?

The coverage is determined based on the Plan(s) selected. It is important to note, however, that this **benefit shall not exceed \$60,000 per plan member under any circumstances, regardless of the number of plans subscribed.**

### To whom is the benefit of this insurance paid?

The benefit provided for in the case of death or disability is paid to Kaleido Growth Inc.

Do note that the benefit can only be paid once for a given *scholarship plan agreement*, either for Life Insurance or for Disability Insurance.

### How is my insurance premium paid?

Your insurance premium is paid to the Insurer, at an agreed upon payment frequency, from your contribution payments provided in your *scholarship plan agreement*. If for any reason you cannot make a contribution on the established date, and therefore fail to pay the insurance premium that is due on that date, you will have 60 days to make the missed payment. Failure to do so will result in your insurance coverage being terminated on the 60<sup>th</sup> day following the date on which you should have made the contribution in question.

The insurance premiums are determined based on premium rates, which vary according to the contribution option selected and the beneficiary’s age at the time the *scholarship plan agreement* was established, between \$0.35 and \$14.77 per contribution.

Your premium does not vary during the contractual period.

If you change your contribution option or amount of your contributions, your premium will be revised in accordance with the premium rate applicable to the new option or amount.

### **What is the term of this insurance contract?**

This insurance coverage protects you for the entire period during which contributions are payable as set out in your *scholarship plan agreement*.

### **What is the effective date of my insurance?**

Subject to any applicable legislation and payment of the first premium, your insurance will start on the date you sign the Policyholder's Account Opening Form.

### **Will I have to answer any questions related to my health?**

You will not be required to answer any health-related questions.

### **What is the waiting period if I have to file a claim?**

There is no waiting period for the payment of the *benefit* provided for under the insurance contract.

### **Exclusions applicable to Life Insurance**

No benefit is payable for a death:

- 1) that occurs during the first 12 months following the effective date of the insurance and which is the result of sickness or injury for which the plan member received treatment, medical care or took medication prescribed by a physician within 24 months prior to the effective date of the insurance; or
- 2) that is the result of a suicide that occurs during the first 2 years following the effective date of the insurance. In such a case, the Insurer reimburses the portion of the Life Insurance premiums paid by the plan member since the effective date of the insurance.

### **Exclusions applicable to Disability Insurance**

No benefit is payable for a disability:

- 1) that occurs during the first 12 months following the effective date of the insurance and which is the result of sickness or injury for which the plan member received treatment, medical care or took medication prescribed by a physician within 24 months prior to the effective date of the insurance; or
- 2) that began before October 1, 2017; or
- 3) that began before the application date for insurance.

### **Restrictions applicable to Life and Disability Insurance**

- 1) The benefit payable in the event of death or disability cannot exceed a maximum amount of \$60,000 per plan member, under any circumstances, regardless of the number of plans subscribed.
- 2) The benefit can only be paid once for a given *scholarship plan agreement*, either for Life Insurance or for Disability Insurance.

## **The right to cancellation**

You must send a letter requesting the cancellation of your insurance, dated and signed by you as the subscriber to the *scholarship plan agreement*, and a copy of your *Account Opening Form* duly completed and signed to Kaleido at the following address:

Kaleido Growth Inc.  
Centre d'affaires Henri-IV  
1035 Wilfrid-Pelletier Avenue  
Suite 500  
Quebec QC G1W 0C5

Any premium, overpaid in full, or in part, will be reimbursed.

## **Benefit claims**

All claims for Life or Disability Insurance must include detailed information deemed satisfactory by the Insurer and must be submitted in writing to the Insurer's head office within the prescribed time frame. You will be requested to provide documentation proving your eligibility for a benefit. The benefit can only be paid once for a given *scholarship plan agreement*, either for Life Insurance or for Disability Insurance.

### **Life Insurance claims**

Only the liquidators of the succession of the *plan member* are authorized to submit such a claim. Any claim submitted within the time limits prescribed by law will be treated.

### **Disability Insurance claims**

Only the plan member, or his legal representative, if applicable, is authorized to submit such a claim. The claim form must be returned within 90 days following the date of the decision regarding a claim for a disability benefit from Retraite Québec or the Canada Pension Plan. Subsequently, the Insurer pays the benefit within 30 days of receipt of proof from Retraite Québec or the Canada Pension Plan confirming the disability of the plan member.

### **Submitting a claim**

A person who submits a claim for Life or Disability Insurance must complete the appropriate claim form. To obtain this form as well as instructions on how to complete it, the person must:

- call Kaleido Growth Inc. customer service number at 418-651-8975 or 1-877-710-RESP; or
- send a fax to Kaleido Growth Inc. customer service department at 418-651-8030, specifying the postal address the claim form is to be sent to, and a telephone number where the claimant can be reached.

## **Where do I send the claim form and documents?**

The duly completed claim form and all required documents must be submitted to Kaleido Growth Inc.

The insurer will then review your claim as soon as received. Kaleido will inform you after, by letter, if:

- your claim has been accepted; or
- your claim has been refused, in which case the reason of refusal will also be communicated; or
- your claim is incomplete (the missing documents will be communicated); or
- further information is required to take a decision.

Kaleido will generally send that letter within 30 days following the receipt of your claim. If your claim is deemed accepted by the insurer at receipt of the initial documents, payment will be sent within 30 days following the receipt of your claim. A written confirmation from Kaleido will also be sent.

## **Appeal of the insurer's decision and recourses**

If your claim is denied, you can appeal this decision by writing to Kaleido Growth Inc. within 2 years following the date the claim was refused. Your letter of appeal must include the reasons for the appeal, and any additional documents that may be necessary for the appeal.

Your appeal will be reviewed and Kaleido Growth Inc. will send you a letter confirming the Insurer's response to your appeal.

## **You wish to file a complaint to the insurer?**

Please read the procedure and the *Complaint Review policy* under "Filing a complaint" at the website [www.humania.ca/en-CA/filing-a-complaint](http://www.humania.ca/en-CA/filing-a-complaint).

For more information, you can consult the Autorité des marchés financiers at the address: [www.lautorite.qc.ca](http://www.lautorite.qc.ca).



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