



**CONTRACT ENDORSEMENT**  
**BLUE FLEX**  
**Exclusive to Home Childcare Providers**  
**recognized by the Coordinating Office**

POLICYHOLDER'S NAME:

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APPLICATION NUMBER:

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The masculine gender, used in this endorsement, includes the feminine gender.

It is hereby agreed and declared that as of the effective date of the contract, the **Disability due to Accident** and **Disability due to Illness** benefits will be modified as follows:

**The 1<sup>st</sup> paragraph of the "Earned income" definition is replaced by the following:**

*"Earned income refers to the sum of all payments the Primary Insured receives from all his/her occupations. Income includes wages which consist of subsidies granted by the Home Childcare Coordinating Office and parental contributions, before taxes and less business expenses deductible for income tax purposes."*

The other paragraphs of this definition remain unchanged.

**The following exclusion provided for in the contract does not apply to a home childcare provider during the period during which he is being replaced by an occasional replacement.**

*"In addition, no benefits are payable during the following periods:*

*b) Any period during which the Primary Insured receives a full or partial salary (with the exception of commissions due for sales completed before the onset of total disability of a commissioned employee)."*

All other provisions of the contract remain unchanged.

The endorsement remains in effect as long as the signatory carries out the professional activity mentioned above and the Disability due to Accident and/or Illness benefits are in effect.

Signed in \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
*City Day Month Year*

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Policyholder

**Please return this document to Québec Blue Cross with the application.**