



Critical Illness Insurance

Benepac® Insurer Industrial Alliance Pacific Insurance and Financial Services Inc. ("IAP")

Benefit Highlights

Eligibility Employees and Spouses under age 70 and resident of Canada. Spouse means the legal spouse of an eligible Employee, providing there is no formal or informal agreement of separation in effect, or an individual who has been cohabitating with the Employee in a marriage-like relationship for a consecutive period of at least 12 months.

Dependent children under age 21. Eligibility extended to age 25 if child is unmarried and receiving parental support while in full-time attendance at university or college.

Coverage Options Employee Only
Employee and Spouse – for groups with 10+ Employees
Employee and Dependents (Spouse and Dependent Children) – for groups with 10+ Employees

<u>Group Size</u>	<u>Benefit Maximum (Guaranteed Issue Amount)</u>
3 to 9 Employees	\$25,000
10 to 24 Employees.....	\$50,000
25 to 49 Employees.....	\$100,000
50 to 249 Employees.....	\$150,000
250 or More Employees.....	\$200,000

Spouse coverage under Employee and Spouse is limited to 50% of the Employee benefit, to a maximum of \$50,000

Spouse coverage under Employee and Dependent is limited to units of \$5,000 to a maximum of \$25,000

Dependent Children coverage limited to \$5,000 or \$10,000 for each Dependent Child

25 Covered Conditions

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|-----------------------|--------------------------------|-------------------------------------|
| Employees and Spouses | Alzheimer's Disease | Loss of Independent Existence |
| | Aortic Surgery | Loss of Limbs |
| | Aplastic Anemia | Loss of Speech |
| | Bacterial Meningitis | Major Organ Failure on Waiting List |
| | Benign Brain Tumour | Major Organ Transplant |
| | Blindness | Motor Neuron Disease |
| | Cancer (Life-Threatening) | Multiple Sclerosis |
| | Coma | Occupational HIV |
| | Coronary Artery Bypass Surgery | Paralysis |
| | Deafness | Parkinson's Disease |
| | Heart Attack | Severe Burns |
| | Heart Valve Replacement | Stroke |
| | Kidney Failure | |

Critical Illness Insurance

Dependent Children Covered Conditions

Blindness	Cancer
Cerebral Palsy	Congenital Heart Disease
Cystic Fibrosis	Deafness
Down's Syndrome	Muscular Dystrophy
Paralysis	Type 1 Diabetes

Tax Free Benefits

The current understanding is that benefits are tax free.

AdvanceCare Benefit

Pays 10% of the benefit amount on the following AdvanceCare Benefit Conditions: Coronary Angioplasty and the following Early Stage Cancers: Malignant Melanoma, Stage A Prostate Cancer (T1a or T1b), Ductal Carcinoma in situ of the Breast. This benefit is payable for only one AdvanceCare Benefit Condition. However, payment of the AdvanceCare Benefit will not affect the benefit payment for a subsequent diagnosis of a Covered Condition. Applicable to Employees and Spouses only.

Covered Condition Benefit

Paid if the Insured survives for 30 days (or 90 days for Paralysis or Loss of Independent Existence and 180 days for MS, or Loss of Speech) after a Covered Condition has been diagnosed or after the defined event. Diagnosis must be made while the coverage is in force.

The benefit is not dependent upon ability or inability to work during recovery, and is paid independent of other medical insurance plans. How the Insured uses the funds is entirely up to them.

Multiple Event Coverage

Multiple Event Coverage ("MEC") allows Employees to claim multiple times upon diagnosis of unrelated Covered Conditions.

To receive a benefit payment under Multiple Event Coverage, the insured Employee must return to full-time active employment for at least 90 continuous days after payment of a benefit for a previous Covered Condition.

The subsequent diagnosis must be for a Covered Condition in a different Multiple Event Coverage Grouping. An insured Employee cannot claim more than once within each grouping. Please note that Stroke is included in both Group 2 and Group 3.

MEC Grouping	Covered Condition
Group 1	Cancer (Life Threatening)
Group 2	Aortic Surgery, Coronary Artery Bypass Surgery, Heart Attack, Heart Valve Replacement, Stroke
Group 3	Alzheimer's Disease, Bacterial Meningitis, Benign Brain Tumor, Coma, Loss of Independent Existence, Loss of Speech, Motor Neuron Disease, Multiple Sclerosis, Paralysis, Parkinson's Disease, Stroke
Group 4	Aplastic Anemia, Kidney Failure, Major Organ Failure On Waiting List, Major Organ Transplant
Group 5	Blindness
Group 6	Deafness
Group 7	Severe Burns
Group 8	Loss of Limbs
Group 9	Occupational HIV Infection

Multiple Event Coverage is not available to insured Spouses or Dependent Children.

Pre-Existing Condition Exclusion

The standard Pre-Existing Condition timeframe for this product is 24 months. No benefit will be paid if diagnosis of a Covered Condition or AdvanceCare Benefit Condition results from a Pre-Existing Condition.

“Pre-Existing Condition” means any illness, disease, mental, nervous or psychiatric condition or disorder for which any one of medical advice, treatment, service, prescribed medication, diagnosis or consultation, including consultation to investigate, and/or diagnose (where diagnosis has not yet been made) was received by the insured person or would have been received by a prudent individual within the 24 months immediately preceding the issue date or latest reinstatement date of an insured person’s coverage.

This exclusion applies for the 24 months following the issue date or latest reinstatement date of an insured person’s coverage.

Additional Exclusions

No benefit will be paid if a Covered Condition or AdvanceCare Benefit Condition results from:

Attempted suicide; taking poison or inhaling gas, whether voluntarily or involuntarily, not connected with the employment of the insured person; taking any drug other than as prescribed by a licensed physician; participation in a criminal act or any attempt to commit a criminal offence; intentional self-inflicted injury, while sane or insane; and for blindness, coma, deafness, loss of limbs, paralysis, severe burns or stroke – participation in hazardous sports or activities.

Limitations

No benefit will be paid where cancer is diagnosed, or any signs, symptoms or investigations leading to the diagnosis of any cancer (covered or excluded under the Group Policy) is initiated within 90 days following the issue date or the latest reinstatement date of the insured person’s Critical Illness Insurance coverage. In the event of a diagnosis, coverage will remain in force but cancer will no longer be considered a Covered Condition for the insured person.

No benefit will be paid where Benign Brain Tumor is diagnosed, or any signs, symptoms or investigations leading to the diagnosis of a Benign Brain Tumor (regardless of when the diagnosis is made) is initiated within 90 days following the issue date or the latest reinstatement date of the insured person’s Critical Illness Insurance coverage. In the event of a diagnosis, coverage will remain in force but none of the Covered Conditions in MEC Group 3 (Alzheimer’s Disease, Bacterial Meningitis, Benign Brain Tumor, Coma, Loss of Independent Existence, Loss of Speech, Motor Neuron Disease, Multiple Sclerosis, Paralysis, Parkinson’s Disease, Stroke) will be considered a Covered Condition for the insured person.

The insured person must survive for 30 days after the date of diagnosis of a Covered Condition (90 days for Paralysis or Loss of Independent Existence, 180 days for Multiple Sclerosis or Loss of Speech) for the benefit to be paid.

Conversion

An Employee who ceases to be eligible before age 65 and who has never received a Covered Condition benefit payment or AdvanceCare Benefit payment may convert up to \$100,000 to an individual critical illness policy provided coverage has been in force for at least 24 months. This must be done within 31 days of ceasing to be eligible.

Termination Age

The termination age for insured Employees and Spouses is age 75. Coverage for Dependent Children terminates at the end of the month following their 21st birthday, or, in the case of Dependent Children in full-time attendance at university or college, at the end of the month following their 25th birthday.

OneWorld Medicare

If an insured chooses to obtain private treatment for a diagnosed condition, OneWorld Medicare can help.

OneWorld Medicare:

- links the insured with physicians at medical centres of excellence, who are best suited to treat the condition
- books the insured's surgery and pre and post-operative visits
- makes travel arrangements and books accommodations for the insured and his/her traveling companions
- co-ordinates any other details connected with the insured's medical procedure
- ensures that the insured's money goes considerably further than if they had arranged treatment personally

Waiver of Premium Disability Benefit – Optional

Where the Waiver of Premium Disability Benefit is selected by the Employer as a plan option, premiums for an Insured Employee who becomes Totally Disabled will be waived retroactively from the date of Total Disability after six continuous months of disability. The following conditions must be met:

- Total Disability must occur before the insured Employee's 75th birthday;
- No premium will be waived if the Total Disability is caused or contributed to directly or indirectly by an injury or sickness intentionally self-inflicted or resulting from an act of war

If Total Disability is due to a Covered Condition for which benefit payment is made, then the Group Critical Illness Insurance for the employee is suspended as of the Date of Diagnosis of the Covered Condition and the Employee may not make a further claim until he/she has returned to active full-time employment with the Employer for at least 90 consecutive calendar days.

"Total Disability" or "Totally Disabled" with respect to the Basic Group Critical Illness Insurance means Injury or Sickness of an Insured Employee which requires the regular care and personal attendance of a registered physician and which totally and continuously disables and prevents the Insured Employee from performing every duty of any occupation for which such person is or may become reasonably fitted by reason of such person's training, education or experience.

Waiver of Premium will cease on the earliest of the following dates:

- the date the Insured Employee ceases to be Totally Disabled;
- *for Employees who were totally disabled prior to age 63:* the end of the month following their 65th birthday;
- *for Employees who were totally disabled at age 63 or older but under age 75:* premiums will be waived for a maximum of 24 months.

Where the Waiver of Premium Disability Benefit is selected by the Employer as a plan option, premiums for the insured Dependents will also be waived in the event that the insured Employee's premiums are waived due to Total Disability.

Special Consideration for existing Critical Illness coverage

In the event that an employer group already has existing critical illness coverage through a different insurance carrier (a Previous Plan), IAP is prepared to grandfather coverage on the following basis:

Common Covered Conditions means specific Covered Conditions as approved by IAP and on file with Benefits by Design which are included in both a Previous Plan and this IAP Policy

New Covered Conditions means specific Covered Conditions included under this IAP Policy which were not included in a previous plan.

Pre-Existing Condition Exclusion & Limitations

Current Employees

With respect to Employees who are insured under an existing critical illness plan which will move to an IAP Group Critical Illness Insurance plan :

- i) the Pre-Existing Condition exclusion for Common Covered Conditions will apply from each individual Employee's original effective date of coverage under the Previous Plan.
- ii) the Pre-Existing Condition exclusion for New Covered Conditions and AdvanceCare Benefit Conditions will apply from the effective date of the IAP Group Critical Illness Insurance plan as these conditions are not covered under the existing insurance carrier's plan.
- iii) the 90 day limitation applicable to a diagnosis of Cancer or Benign Brain Tumour will apply from the effective date of of the IAP Group Critical Illness Insurance plan if such limitation is not in the Previous Plan.

New Employees

With respect to Employees eligible for coverage on or after the policy transition date to IAP's Group Critical Illness Insurance plan, the Pre-Existing Condition exclusion for any of the Covered Conditions and AdvanceCare Benefit Conditions will apply from the effective date of the IAP Group Critical Illness Insurance plan.

Spouse and/or Dependent Children

With respect to a Spouse and/or Dependent Children who may have critical illness coverage under an existing plan, the Pre-Existing Condition exclusion and 90 day limitation rule will apply in the same manner as described above for the respective Employee of such spouse and/or dependent child.

Amount of Coverage

If the amount of critical illness coverage is increased by two or more times the amount held under a Previous Plan, then the Pre-Existing Condition exclusion will apply from the effective date of the IAP Group Critical Illness Insurance plan for the increased portion only for any of the Common Covered Conditions and for the full amount of coverage for any of the New Covered Conditions and the AdvanceCare Benefit Conditions subject to the terms and conditions of IAP's group policy.

Effective Date

Current Employees

Employees who are insured under an existing critical illness plan will have their coverage continue for any of the Common Covered Conditions and will have coverage for any of the New Covered Conditions take effect on the date of transition to the IAP Group Critical Illness Insurance plan subject to the terms and conditions of IAP's group policy.

New Employees

Employees who become eligible on or after the effective date of IAP's Group Critical Illness Insurance plan, will have coverage effective for any of the Covered Conditions on the date they first become eligible subject to the terms and conditions of IAP's group policy.

Definitions of Covered Conditions

Employee and Spouse

Alzheimer's Disease means a definite Diagnosis of a progressive degenerative disease of the brain. The insured must exhibit loss of intellectual capacity involving impairment of memory and judgement which results in a significant reduction in mental and social functioning and requires a minimum of 8 hours of daily supervision. The Diagnosis of Alzheimer's Disease must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for all other dementing organic brain disorders and psychiatric illnesses.

Aortic Surgery means the undergoing of surgery for disease of the aorta requiring excision and surgical replacement of the diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a Specialist.

Aplastic Anemia means a definite Diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring a blood product transfusion, and treatment with at least one of the following: marrow stimulating agents, immunosuppressive agents, bone marrow transplantation. The Diagnosis of Aplastic Anemia must be made by a Specialist.

Bacterial Meningitis means a definite Diagnosis of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of Diagnosis. The Diagnosis of Bacterial Meningitis must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for Viral Meningitis.

Benign Brain Tumour means a definite Diagnosis of a non-malignant tumor located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumor must require surgical or radiation treatment or cause irreversible objective neurological deficit(s). The Diagnosis of Benign Brain Tumor must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for pituitary adenomas less than 10 mm.

Blindness means a definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- o the corrected visual acuity being 20/200 or less in both eyes; or
- o the field of vision being less than 20 degrees in both eyes

The Diagnosis of Blindness must be made by a Specialist.

Cancer (Life-Threatening) means a definite diagnosis of a tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The Diagnosis of Cancer must be made by a Specialist.

The following conditions are NOT covered:

- o Carcinoma in situ
- o Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion)

- Non melanoma skin cancer that has not metastasized
- Stage A (T1a or T1b) prostate cancer

In addition, no benefit will be paid where cancer is diagnosed, or signs, symptoms or investigations leading to the diagnosis of any cancer (covered or excluded under the policy) is initiated within 90 days following the issue date or the latest reinstatement date of the insured person's critical illness coverage. In the event of a Diagnosis, coverage will remain in force but cancer will no longer be considered a covered condition for the insured person.

Coma

a definite state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours and for which period the Glasgow coma score must be 4 or less. The diagnosis must be made by a Specialist.

No benefit will be payable for:

- A medically induced coma
- A coma which results directly from alcohol or drug use
- A diagnosis of brain death

Coronary Artery Bypass Surgery

the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s), excluding any non-surgical or trans-catheter techniques such as balloon angioplasty or laser relief of an obstruction. The surgery must be determined to be medically necessary by a Specialist.

Deafness

means a definite Diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz. The Diagnosis of Deafness must be made by a Specialist.

Heart Attack

the definite Diagnosis of the death of heart muscle due to obstruction of blood flow, that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

Heart attack symptoms

- New electrocardiogram (ECG) changes consistent with a heart attack
- Development of new Q waves during or immediately following an inter-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. The Diagnosis of Heart Attack must be made by a Specialist.

No benefit will be payable for:

- Elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above.

Heart Valve Replacement

means the undergoing of surgery to replace any heart valve with either a natural or mechanical valve. The surgery must be determined to be medically necessary by a Specialist.

Exclusion: No benefit will be payable under this condition for heart valve repair.

Kidney Failure	means the definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated. The Diagnosis of Kidney Failure must be made by a Specialist.
Loss of Independent Existence	<p>means a definite Diagnosis of a) the total inability to perform, by oneself, at least 2 of the following 6 Activities of Daily Living, or b) Cognitive Impairment as defined below for a continuous period of at least 90 days with no reasonable chance of recovery. The Diagnosis must be made by a Specialist.</p> <p>Activities of Daily Living are:</p> <ul style="list-style-type: none">○ Bathing – the ability to wash oneself in a bathtub, shower or by sponge bath with or without the aid of equipment.○ Dressing – the ability to put on and remove necessary clothing including braces, artificial limbs or other surgical appliances.○ Toileting – the ability to get on and off the toilet and maintain personal hygiene.○ Bladder or Bowel Continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained.○ Transferring – the ability to move in and out of bed, chair or wheelchair with or without the use of equipment.○ Feeding – the ability to consume food or drink that already have been prepared, made available, with or without the use of adaptive utensils. <p>Cognitive Impairment – means mental deterioration and loss of intellectual ability, evidenced by deterioration in memory, orientation and reasoning, which are measurable and result from demonstrable organic cause as diagnosed by a Specialist. The degree of cognitive impairment must be sufficiently severe as to require a minimum of 8 hours of daily supervision. Determination of a Cognitive Impairment will be made on the basis of clinical data and valid standardized measures of such impairments.</p> <p>No benefit will be payable under this condition for any mental or nervous disorder without a demonstrable organic cause.</p>
Loss of Limbs	means a definite Diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The Diagnosis of Loss of Limbs must be made by a Specialist.
Loss of Speech	<p>means a definite Diagnosis of the total and irreversible loss of the ability to speak as a result of physical injury or disease, for a period of at least 180 days. The Diagnosis must be made by a Specialist.</p> <p>No benefit will be payable under this condition for all psychiatric related causes.</p>
Major Organ Failure On Waiting List	means a definitive Diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow and transplantation must be medically necessary. To qualify under Major Organ Failure on Waiting List, the insured person must become enrolled as the recipient in a recognized transplant centre in Canada or the United States of America that performs the required form of transplant surgery. The date that the Insured Person is enrolled in the transplant center will be deemed the Date of Diagnosis for this Covered Condition. The Diagnosis of the major organ failure must be made by a Specialist.
Major Organ Transplant	means a definite Diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow and transplantation must be medically necessary. To qualify

under Major Organ Transplant, the Insured Person must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities. The Diagnosis of the major organ failure must be made by a Specialist.

Motor Neuron Disease means a definite Diagnosis of one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these conditions. The Diagnosis of Motor Neuron Disease must be made by a Specialist.

Multiple Sclerosis a definite Diagnosis of at least one of the following:

- o two or more separate clinical attacks confirmed by a magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions and demyelination
- o well-defined neurological abnormalities lasting more than 6 months confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination
- o a single attack, confirmed by repeated MRI imaging of the nervous system which shows multiple lesions of demyelination which have developed at intervals at least one month apart.

The diagnosis of Multiple Sclerosis must be made by a Specialist.

Occupational HIV Infection means a definite Diagnosis of infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the Insured Person's normal occupation, which exposed the person to HIV contaminated body fluids. The accidental injury leading to the infection must have occurred after the later of the Issue Date or Reinstatement Date of such Insured Person's coverage.

Payment under this condition requires satisfaction of all of the following:

- o The accidental injury must be reported to the insurer within 14 days of the accidental injury
- o A serum HIV test must be taken with 14 days of the accidental injury and the result must be negative
- o A serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive
- o All HIV tests must be performed by a duly licensed laboratory in Canada or the USA
- o The accidental injury must have been reported, investigated and documented in accordance with current Canadian or USA workplace guidelines.

The Diagnosis of Occupational HIV Infection must be made by a Specialist.

Exclusion: no benefit will be payable under this condition if:

- o The insured person has elected not to take any available licensed vaccine offering protection against HIV
- o A licensed cure for HIV infection has become available prior to the accidental injury
- o HIV infection has occurred as a result of non-accidental injury including, but not limited to, sexual transmission and intravenous (IV) drug use.

Paralysis means a definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The Diagnosis of Paralysis must be made by a Specialist.

Parkinson's Disease

means the definite Diagnosis of primary idiopathic Parkinson's Disease which is characterized by a minimum of two or more of the following clinical manifestations: muscle rigidity, tremor and/or bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses). The Insured Person must require substantial physical assistance from another adult to perform at least two of the following six Activities of Daily Living. The Diagnosis of Paralysis must be made by a Specialist.

- Bathing – the ability to wash oneself in a bathtub, shower or by spongebath with or without the aid of equipment.
- Dressing – the ability to put on and remove necessary clothing including braces, artificial limbs or other surgical appliances
- Toileting – the ability to get on and off of the toilet and maintain personal hygiene.
- Bladder and Bowel Continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained.
- Transferring – the ability to move in and out of a bed, chair or wheelchair with or without the use of equipment.
- Feeding – the ability to consume food or drink that already has been prepared and made available, with or without the use of adaptive utensils.

Exclusion: No benefit will be payable under this condition for all other types of Parkinsonism.

Severe Burns

means a definite Diagnosis of third-degree burns over at least 20% of the body surface. The Diagnosis of Severe Burns must be made by a Specialist.

Stroke

means a definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

- acute onset of new neurological symptoms, and
- new objective neurological deficits on clinical examination,

persisting for more than 30 days following the Date of Diagnosis. The new symptoms and deficits must be corroborated by diagnostic imaging testing. The Diagnosis of Stroke must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- Transient Ischaemic Attacks; or
- Intracerebral vascular events due to trauma; or
- Lacunar infarcts which do not meet the definition of stroke as described above.

Definition of AdvanceCare Benefit Conditions for Employees and Spouses

Coronary Angioplasty

means the undergoing of an interventional procedure to unblock or widen a coronary artery that supplies blood to the heart to allow an uninterrupted flow of blood. The procedure must be determined to be medically necessary by a Specialist.

Early Stage Cancer

refers to the following conditions:

- Malignant Melanoma means an invasive malignant melanoma into the dermis

- equal to or lower than a depth of 1.0mm
- Stage A Prostate Cancer (T1a or T1b)
- Ductal Carcinoma in situ of the Breast

The diagnosis of Early Stage Cancer must be made by a Specialist.

Note: No AdvanceCare Benefit will be paid where Early Stage Cancer is diagnosed, or signs, symptoms or investigations leading to the diagnosis of any cancer (covered or excluded under the policy), regardless of when the diagnosis is made, is initiated within 90 days following the issue date or the latest reinstatement date of the insured person's critical illness coverage.

In the event of a diagnosis, coverage will remain in force but Early Stage Cancer will no longer be considered an AdvanceCare Benefit condition for the insured person.

Definition of Covered Conditions for Dependent Children

Blindness

means a definite Diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes
- the field of vision being less than 20 degrees in both eyes

The Diagnosis of Blindness must be made by a Specialist.

Cancer (Life-Threatening)

means a definite diagnosis of a tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The Diagnosis of Cancer must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for the following non-life-threatening cancers:

- Carcinoma in situ, or
- Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion) or;
- any non-melanoma skin cancer that has not metastasized; or
- Stage A (T1a or T1b) prostate cancer.

In addition, no benefit will be paid where cancer is diagnosed, or signs, symptoms or investigations leading to the diagnosis of any cancer (covered or excluded under the policy) is initiated within 90 days following the issue date or the latest reinstatement date of the insured dependent child's critical illness coverage. In the event of a diagnosis, coverage will remain in force but cancer will no longer be considered a covered condition for the insured person.

Cerebral Palsy

means a non-progressive neurological defect characterized by spasticity and incoordination of movements.

Congenital Heart Disease

means a Diagnosis of one of the following heart conditions following a 30 day survival period from Diagnosis or birth, whichever comes later. The Diagnosis must be made by a qualified pediatric cardiologist and supported by appropriate cardiac imaging.

Total Anomalous Pulmonary Venous Connection
Tetralogy of Fallot

Truncus Arteriosus
Eisenmenger Syndrome

Transposition of the Great Vessels
Atresia of any heart valve
Coarctation of the Aorta
Single Ventricle
Hypoplastic Left Heart Syndrome

Double Inlet Ventricle
Hypoplastic Right Ventricle
Ebstein's Anomaly
Double Outlet Left Ventricle

Exclusion: Trans-catheter procedures such as balloon valvuloplasty or percutaneous Atrial septal Defect closure are excluded. All other congenital cardiac conditions are excluded.

Cystic Fibrosis	means a definitive Diagnosis of Cystic Fibrosis with evidence of chronic lung disease and pancreatic insufficiency.
Deafness	means a definite Diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz. The Diagnosis of Deafness must be made by a Specialist.
Down's Syndrome	means a definitive Diagnosis of Down's Syndrome supported by chromosomal evidence of Trisomy 21.
Muscular Dystrophy	means a definitive Diagnosis of Muscular Dystrophy, characterized by well defined neurological abnormalities, confirmed by electromyography and muscle biopsy.
Paralysis	means a definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event. The Diagnosis of Paralysis must be made by a Specialist.
Type 1 Diabetes	means a Diagnosis of type 1 mellitus, characterized by absolute insulin deficiency and continuous dependence on exogenous insulin for survival. The Diagnosis must be made by a qualified pediatrician or endocrinologist licenced and practicing in Canada or the United States of America and there must be evidence of dependence on insulin for a minimum of three months.