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## AGENT INFORMATION SHEET

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March 10, 2008

AG000-E001  
Policy: A23456Z

Policy Effective Date: March 10, 2008

**AGENT  
01234**

**Please deliver the enclosed contract to BRIAN DOE**

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This policy is only effective if there has been no adverse change in the health of the Life Insureds between the date of the Application and the date the Policy is delivered. Acceptance of the Policy by the Owner represents that, since the date of the original Application, the Life Insureds have not had a change in their health condition; have not made an application for insurance with any other company which has been declined, postponed or modified; and have not consulted a physician or other health care practitioner for any illness, injury or impairment.

If you become aware of such circumstance, please advise Us immediately and return this Policy to Head Office.

We calculate the initial modal premium to be:	\$ 735.70
Amount Received/Total Credits:	\$ 0.00
Total Credit/Balance Payable:	\$ 735.70

The Policy will not be issued on the Life System until the outstanding premium is received.

The balance payable to complete the initial premium MUST be collected by you upon delivery.

If the balance is not collected within 21 days from the date of this memo, the Policy MUST be returned as NOT TAKEN.

Processing to set up commissions, billings, etc., CANNOT be completed until the balance is received.

The initial premium amount pays for the month the Policy is Effective. If premiums are in arrears, we will collect the arrears, as well as the present months premium on the PAC date selected by the client. This is very important information that yourself and your client should be aware of.

The enclosed Declaration of Good Health forms are to be signed by your client. Please return one copy to Head Office as soon as possible.



**DECLARATION OF GOOD HEALTH - ADDENDUM TO APPLICATION**

I, Brian Doe, hereby request delivery of Policy # A23456Z applied for by me on March 10, 2008.

I certify that since the date of my application, I have not:

- |                                                                                                                                                             |                                  |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|
| 1. Changed or discontinued occupation                                                                                                                       | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |
| 2. Changed smoking habits                                                                                                                                   | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |
| 3. Consulted a doctor or any other health care provider (including herbalist, acupuncturist, chiropractor, practitioner of homeopathy or naturopathy, etc.) | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |
| 4. Suffered any injury, sickness, disease or symptoms thereof                                                                                               | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |
| 5. Undergone any diagnostic tests or investigations                                                                                                         | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |

For any statement where "incorrect" was selected, please provide full details and to whom they refer:

I agree that:

- The information provided to Co-operators Life Insurance Company is full, complete and true and shall form part of my application for insurance;
- In accordance with the Agreement signed as part of my application for insurance, Co-operators Life Insurance Company has no liability under this Policy until it assesses the above-provided information and subsequently confirms coverage is in effect; and
- **If there is a material misrepresentation in the information provided to Co-operators Life Insurance Company, I will have no insurance when a claim occurs.**

Dated at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
 (City) (Province) (Month) (Year)

\_\_\_\_\_  
 Insured

\_\_\_\_\_  
 Witness to all signatures

\_\_\_\_\_  
 Owner (if other than Person(s) to be Insured)

**\*NOTE TO AGENT: If all Person(s) to be Insured select "Correct" for the above statements, insert one copy of this form in the Policy Contract to be delivered and return the other copy to Head Office immediately. When any Person to be Insured selects "Incorrect" to any of the above statements, the Policy Contract CANNOT be delivered but must be returned, together with this form, to Head Office Immediately.**

**Co-operators Life Insurance Company Privacy Statement**  
 Co-operators Life Insurance Company ("Co-operators") is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.



## DECLARATION OF GOOD HEALTH - ADDENDUM TO APPLICATION

I, Brian Doe, hereby request delivery of Policy # A23456Z applied for by me on March 10, 2008.

I certify that since the date of my application, I have not:

- |                                                                                                                                                             |                                  |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|
| 1. Changed or discontinued occupation                                                                                                                       | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |
| 2. Changed smoking habits                                                                                                                                   | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |
| 3. Consulted a doctor or any other health care provider (including herbalist, acupuncturist, chiropractor, practitioner of homeopathy or naturopathy, etc.) | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |
| 4. Suffered any injury, sickness, disease or symptoms thereof                                                                                               | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |
| 5. Undergone any diagnostic tests or investigations                                                                                                         | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |

For any statement where "incorrect" was selected, please provide full details and to whom they refer:

I agree that:

- The information provided to Co-operators Life Insurance Company is full, complete and true and shall form part of my application for insurance;
- In accordance with the Agreement signed as part of my application for insurance, Co-operators Life Insurance Company has no liability under this Policy until it assesses the above-provided information and subsequently confirms coverage is in effect; and
- **If there is a material misrepresentation in the information provided to Co-operators Life Insurance Company, I will have no insurance when a claim occurs.**

Dated at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(City) (Province) (Month) (Year)

\_\_\_\_\_  
Insured

\_\_\_\_\_  
Witness to all signatures

\_\_\_\_\_  
Owner (if other than Person(s) to be Insured)

**\*NOTE TO AGENT: If all Person(s) to be Insured select "Correct" for the above statements, insert one copy of this form in the Policy Contract to be delivered and return the other copy to Head Office immediately. When any Person to be Insured selects "Incorrect" to any of the above statements, the Policy Contract CANNOT be delivered but must be returned, together with this form, to Head Office Immediately.**

### Co-operators Life Insurance Company Privacy Statement

Co-operators Life Insurance Company ("Co-operators") is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

Client Copy

DG001-E001



**Best Doctors®**  
Information When It Matters Most



**the co-operators**

A Better Place For You™

**BEST DOCTORS® CERTIFICATE\***

This is to certify that Brian Doe, as an insured person under policy\*\* number 00A23456Z issued by Co-operators Life Insurance Company, is eligible to receive, at no cost, access to the services provided by internationally renowned Best Doctors upon diagnosis of a covered condition.

**Best Doctors - starting now - a full range of services designed to help you survive a life-altering illness.**

**(1) INTERCONSULTATION™  
"Problem Solver"**

By an in-depth review of your medical files, the InterConsultation process can reduce potentially serious complications from a misdiagnosis, and help your treating physician determine the proper course of action.

**HOW DOES IT WORK?**

1. Present Co-operators Life Insurance Company with a claim for a condition covered by your plan.
2. Call 1-888-362-8677. Please have your insurance policy number accessible.
3. A Best Doctors Personal Advocate will talk to you about the information you will need to submit (medical records).
4. Best Doctors requires that you complete a Release of Medical Information form so that Best Doctors can gather all the relevant medical records on your behalf.
5. Once your complete medical records are received by Best Doctors, they will be reviewed by the Best Doctors round table of experts affiliated with Harvard Medical School. This team of renowned physicians will create a profile of the key issues of your case, ensure that the correct questions about your condition have been posed, and define the type of expert (specialty and focus) needed for the consultation.
6. Upon analysis, the leading expert(s) for your medical condition will be identified and contacted regarding your case.
7. The entire InterConsultation process typically takes 7 to 10 days, but may require an additional 2 weeks if further medical test work is needed.

<sup>1</sup>You will have access to a Personal Advocate who will be responsible for liaising with the doctors reviewing your case; keeping you informed of their progress; and providing you guidance in your time of need.

**(2) FINDBESTDOC™  
"Physician Locator"**

Find the right care the first time with nurse guided searches for the highest quality care.

**HOW DOES IT WORK?**

1. Present Co-operators Life Insurance Company with a claim for a condition covered by your plan.
2. Call 1-888-362-8677. Please have your insurance policy number accessible.
3. A Best Doctors Personal Advocate will talk to you about the information you will need to submit (medical records).
4. Best Doctors will conduct a search for experts based on your geographic preference.
5. The Best Doctors global database will provide a list of appropriate Best Doctors physicians.
6. 3 to 5 business days after your initial request, you will receive a FindBestDoc report<sup>2</sup>.
7. If you select a Best Doctors physician in Canada, Best Doctors provides the report to your GP for referral. If you select a Best Doctors physician outside of Canada, Best Doctors coordinates all arrangements.

<sup>2</sup>Best Doctors will provide you with a list of surgeons, other specialists and facilities that have the experience to treat your condition. You will receive details of everything that you need to know, including:

- location
- professional background
- availability
- information required to see a doctor

Details of the doctors and facilities are taken from the Best Doctors database of 50,000 medical specialists throughout the world.

**(3) FINDBESTCARE®  
"Access Vehicle"**

Assistance with medical appointments to help ensure that your medical priorities are met.

**HOW DOES IT WORK?**

1. Present Co-operators Life Insurance Company with a claim for a condition covered by your plan. 2. Call 1-888-362-8677. Please have your insurance policy number accessible.
3. A Best Doctors Personal Advocate will talk to you about the information you will need to submit (medical records).
4. Best Doctors requires that you complete two documents: the FindBestCare and Travel Arrangement forms.
5. A Best Doctors Personal Advocate provides an estimated cost of treatment and a list of recommended facilities. You choose where to go<sup>3</sup>.
6. A Best Doctors Personal Advocate will coordinate all medical appointments and travel itineraries for you.
7. A Best Doctors Personal Advocate will monitor and coordinate your care delivery with the appropriate physicians.
8. Best Doctors helps you identify and access the most qualified centres for treatment of your condition. FindBestCare is enhanced by personalized services for you and your family if travelling outside of Canada for care. This service arranges for:
  - hospital estimates
  - interpreter services
  - access to identified medical center
  - assistance in travel and lodging
  - pre-admission arrangements
  - medical appointments and coordination of enquiries

<sup>3</sup>Please remember that you must meet your own costs of travel, lodging and medical treatment. Provision of "FindBestCare" is conditional on your ability to pay for all such expenses.

BD000-E001

Best Doctors, Information When It Matters Most, InterConsultation, FindBestDoc, FindBestCare and the Star-in-cross logos are registered trademarks of Best Doctors Inc. in Canada and other countries.

\*This certificate does not form part of your policy.

\*\*The services are being provided solely by Best Doctors, Co-operators Life Insurance Company is not obligated to provide this service under the terms of your policy. Consequently, Co-operators Life Insurance Company may, at its sole discretion, cancel access to the services at any time without notice to you, and cannot guarantee their availability at time of claim. The policy and/or rider with which the Best Doctors service is connected must be in force at the time you contact Best Doctors.

Co-operators Life Insurance Company is not responsible for and assumes no liability for any services, advice or treatment provided, recommended or facilitated by Best Doctors.

CEO, Best Doctors Inc.



FP000-E001

**POLICY NUMBER:** A23456Z  
**POLICY OWNER(S):** Brian Doe  
**TOTAL INITIAL  
SEMI ANNUAL PREMIUM:** \$735.70

**LIFE INSURED(S):**  
Brian Doe

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We, Co-operators Life Insurance Company, agree to pay the Benefits provided by this Policy, subject to the terms and conditions stated in this Policy.

The Policy is only effective if there has been no adverse change in the health of the Life Insured(s) between the date of the Application and the date the Policy is delivered. Acceptance of the Policy by the Owner represents that, since the date of the original Application, the Life Insured(s) have not had a change in their health condition; have not made an application for insurance with any other company which has been declined, postponed or modified; and have not consulted a physician or other health care practitioner for any illness, injury or impairment.

Signed for Co-operators Life Insurance Company, Regina, Saskatchewan, Canada on the Policy Date.

Kevin Daniel  
Chief Operating Officer

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## POLICY INFORMATION

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POLICY NUMBER: A23456Z      LIFE INSURED(S): Brian Doe      PI001-E001

POLICY DATE: March 10, 2008

INSURANCE AGE: 47

RISK CLASS: Non-Smoker

GENDER: Male

OWNER(S): Brian Doe

INITIAL POLICY PREMIUM: \$735.70

PREMIUM FREQUENCY: Semi Annual

### INSURANCE, BENEFITS AND COVERAGES INCLUDED AS PART OF THIS POLICY:

INITIAL PREMIUM	DESCRIPTION	FACE AMOUNT	EFFECTIVE DATE	CONVERSION DATE	EXPIRY DATE
\$735.70	Critical Assist – 10 Year Renewals to Age 75	\$145,000.00	March 10, 2008		March 10, 2036

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\$735.70    Total Coverage Premium on the Life Insured(s) stated above.

Premiums for each Insurance, Benefit or Rider Coverage are payable semi-annually until expiry date of the coverage.

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## PREMIUM SCHEDULE(S)

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GPS00-E001

**INSURED(S):** Brian Doe  
**GENDER:** Male  
**RISK CLASS:** Non-Smoker

The premiums in the schedule(s) below are guaranteed.

In no case shall any premium be paid beyond the anniversary nearest the Expiry Date for this Policy as shown on the POLICY INFORMATION PAGE.

<b>Critical Assist - 10 Year Renewals to Age 75</b>			
<b>Face Amount: \$145,000.00</b>			
Insurance Age	Coverage Premium	Coverage Fee	Total Annual Premium
47	\$1,339.80	\$75.00	\$1,414.80
57	\$3,095.75	\$75.00	\$3,170.75
67	\$5,746.35	\$75.00	\$5,821.35

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## BENEFICIARY INFORMATION

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**Insured:** Brian Doe

BE000-E001

**Beneficiary Name:**

Estate of Brian Doe, 100%, for any proceeds payable under the Premium Payback at Death Benefit.

SAMPLE



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## GENERAL PROVISIONS

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GPC00-E001

### CRITICAL ASSIST DEFINITIONS

#### **ACTIVITIES OF DAILY LIVING** are:

- a) Bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of equipment.
- b) Dressing – the ability to put on and remove necessary clothing including braces, artificial limbs or other surgical appliances.
- c) Toileting – the ability to get to and from the toilet and maintain personal hygiene.
- d) 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.
- e) Transferring – the ability to move in and out of a bed, chair or wheelchair, with or without the use of equipment.
- f) Feeding – the ability to consume food that has already been prepared and made available, with or without the use of adaptive utensils.

**APPLICANT** means a natural person who is between the Insurance Ages of 18 and 65, and who completes an Application for this Policy.

**APPLICATION** means the paper or electronic form or forms furnished by Us to enable an Applicant to apply for this Policy.

**CRITICAL ASSIST BENEFIT** means the Face Amount stipulated on the Policy Information/Policy Amendment Page(s).

**DATE OF DIAGNOSIS** means the date after the Policy Date as identified in the applicable Covered Condition.

**EXPIRY DATE** means the date on which coverage expires under this Policy as stipulated on the Policy Information/Policy Amendment Page(s).

**INDEBTEDNESS** means any policy loans, Premium loans, overdue Premiums and accrued interest.

**INDEPENDENT ASSESSMENT** means independent medical examinations, assessments or tests performed by one or more Medical Practitioners of Our choice to confirm the diagnosis of a Covered Condition.

**INSURANCE AGE** means the Person Insured's age on the birthday which is nearest to the Policy Date as stipulated on the Policy Information/Policy Amendment Page(s).

**MEDICAL ASSESSMENT** means medical examinations, assessments or tests performed by one or more Medical Practitioners to diagnose a Covered Condition.

**MEDICAL PRACTITIONER** means a Physician or Specialist who is duly licensed, certified or registered to practice that profession in the Province or Territory in Canada or State in the United States (or any other jurisdiction We may approve) in which the person is practicing and whose practice is limited to the particular branch of medicine relating to the applicable Covered

Condition and where appropriate, the Specialist identified in the particular Covered Condition. Licensed, certified or registered means licensed, certified or registered to practice the profession by the appropriate authority of the Province or Territory in Canada or State in the United States (or any other jurisdiction We may approve) in which care or services are rendered, or where no such authority exists, having a certificate of competency from the professional body which establishes standards of competency and conduct for such profession. The Medical Practitioner cannot be:

- a) the Person Insured;
- b) related to the Person Insured;
- c) a business associate of the Person Insured.

**PERSON INSURED** means a natural person who is insured under this Policy.

**POLICY DATE** is the date used to determine Premium due dates, Policy anniversaries and Policy years.

**POLICY OWNER** means the Owner(s) of this Policy.

**SATISFIED THE CRITERIA** means the Person Insured:

- a) has in all respects satisfied the definition of the applicable covered condition including without limitation, where there are specific conditions to be met in addition to a diagnosis, the satisfaction of those conditions; and
- b) is not subject to an exclusion in the definition of the covered condition.

In addition, if a diagnosis of a disease or condition is required, We may require the diagnosis to be confirmed by an Independent Assessment.

**SURVIVAL PERIOD** means the period of time identified for the applicable Covered Condition that the Person Insured must survive the Covered Condition after the Date of Diagnosis before being eligible for payment of the Critical Assist Benefit.

**WE, OUR AND US** refers to Co-operators Life Insurance Company.

## **PROVISIONS**

### **THE CONTRACT**

The Contract consists of:

- a) the Policy;
- b) the Application, which consists of the following:
  - i the Electronic Application Signature Form;
  - ii the Co-operators Life Insurance Company Electronic Application;
  - iii the Paramedical Section; and
  - iv any other information provided during any medical or paramedical examination, any supplements and information provided by way of an amendment;
- c) all documents attached at issue;
- d) any Application for change to or Reinstatement of this Policy; and
- e) any amendments agreed upon in writing after this Policy has been issued.

### **NO WAIVER/AMENDMENT**

This Policy may not be amended nor any provision waived except by written agreement signed by one of Our authorized signing officers.

**APPLICATION**

We will, upon request, provide a copy of the Application to the Policy Owner or the Person Insured. If the Policy Owner differs from the Person Insured, the personal health information will not be disclosed to the Policy Owner without the consent of the Person Insured, which consent must be in writing.

**POLICY DATE**

This Policy is effective on the Policy Date indicated on the Policy Information/Policy Amendment Page(s).

**POLICY OWNER**

While the Person Insured is living and this coverage is in effect, all benefits, rights and privileges under the Contract belong to the current Policy Owner(s). Unless specifically provided otherwise, if there is more than one Policy Owner, all Policy Owners must agree to any amendments or changes to the Policy.

**NON-PARTICIPATING**

This Policy does not participate in the surplus distribution of Co-operators Life Insurance Company.

**PREMIUMS**

Premiums are due in full on the dates and in the amounts indicated on the applicable Policy Information/Policy Amendment Page(s). If any cheque, payment or other instrument given for payment is not honoured, the Premium remains unpaid.

**CURRENCY AND PLACE OF PAYMENT**

All amounts payable to or by Us will be payable in Canadian dollars at any of Our offices in Canada.

**DAYS OF GRACE**

Thirty-one Days of Grace are allowed for payment of each Premium except the first. During this time, the Policy will stay in force. If the Person Insured is diagnosed with a Covered Condition and the survival period ends during this time, any Premium due but unpaid will be deducted from the amount payable.

**LAPSE**

This Contract will Lapse and Our liability will cease at the end of the Days of Grace of an unpaid Premium.

**ASSIGNMENT**

We will not recognize an assignment until We receive written notice of it at Our Head Office. We are not responsible for the validity of any assignment.

**MISSTATEMENT OF AGE**

If the date of birth of the Person Insured under this Policy has been misstated, the insurance money provided by the Contract shall be increased or decreased to the amount that would have been provided for the same Premium at the correct Insurance Age, subject to Our then current rules on maximum amounts.

**VALIDITY**

We may contest the Contract if any statement or answer on any Application misrepresents or fails to disclose any fact material to the insurance. We shall not contest the Contract for these reasons after it has been in force during the lifetime of the Person Insured for two years from the date it takes effect on issue or on any Reinstatement.

In cases involving fraud, We may contest the Contract at any time.

## **REINSTATEMENT**

Within Three Years of Lapse:

This Contract may be reinstated within three years of Lapse. Reinstatement requires all of the following:

- a) a written application;
- b) evidence that satisfies Us that the Person(s) Insured under this Policy is/are acceptable risks at the date of the request for Reinstatement, and
- c) payment of the Premium necessary to effect the Reinstatement.

The Reinstatement Date will be the date Our official notification of Reinstatement has been issued.

Within 90 days of Lapse:

If application for Reinstatement is made within 90 days of Lapse, upon payment of all overdue Premiums from the date of Lapse, together with interest at the yearly rate determined by Us, the Contract will be deemed to have remained in effect from the original effective date. No Critical Assist Benefit will be paid for any Covered Condition for which the Person Insured has experienced any symptoms of, has undergone any tests or medical consultations that lead to a diagnosis, or has received a diagnosis for, after the Days of Grace and before payment of all premiums, in accordance with the terms of this provision, has been received by Us.

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## COVERED CONDITIONS

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CC000-E001

**Alzheimer's Disease** is defined as a progressive degenerative disease of the brain diagnosed by a specialist of Alzheimer's Disease.

Conditions to be met: The Person Insured must exhibit the loss of intellectual capacity involving impairment of memory and judgement, which results in a significant reduction in mental and social functioning, such as to require continuous daily supervision.

Exclusion: All other organic brain disorders involving dementia and psychiatric illnesses involving dementia are specifically excluded.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Aortic Surgery** is defined as 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.

Date of Diagnosis: the date the Person Insured undergoes the surgery for the Covered Condition.

Survival Period: 30 days.

**Benign Brain Tumour** is defined as a tumour arising from the brain or meninges and identified by a Medical Practitioner as being benign.

Conditions to be met: The histologic nature of the tumour must be confirmed by examination of tissue (biopsy or surgical excision).

Exclusions: Tumours of the bony cranium and pituitary microadenomas (less than 10 mm in diameter) are excluded.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Blindness** is defined as the total and irreversible loss of vision in both eyes as confirmed by an ophthalmologist.

Conditions to be met: The Person Insured must have a corrected visual acuity of 20/200 or less in each eye or possess a field of vision less than 20 degrees in both eyes.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Burns** are defined as third degree burns over at least 20% of the body surface.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Coma** is defined as a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of four days.

Exclusion: A coma which results directly from alcohol or drug use is excluded.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Coronary Artery Bypass Surgery** is defined as the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Exclusions: Non-surgical techniques such as balloon angioplasty or laser relief of an obstruction are specifically excluded.

Date of Diagnosis: the date the Person Insured undergoes the surgery for the Covered Condition.

Survival Period: 30 days.

**Deafness** is defined as 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 cycles per second.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Heart Valve Replacement** is defined as the replacement of any heart valve with either a natural or mechanical valve.

Exclusions: Heart valve repair is specifically excluded.

Date of Diagnosis: the date the Person Insured undergoes the surgery for the Covered Condition.

Survival Period: 30 days.

**Kidney Failure (End Stage Renal Disease)** is defined as end stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular hemodialysis, peritoneal dialysis or renal transplantation is initiated.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Life-threatening Cancer** is defined as a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

Exclusions:

- a) carcinoma in situ;
  - b) Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without level IV or V invasion);
  - c) any non-melanoma skin cancer that has not become metastatic (spread to distant organs);
  - d) stage A (T1a or T1b) prostate cancer; and
  - e) Kaposi's sarcoma,
- are specifically excluded.

Survival Period: 30 days.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner.

**Loss of Speech** is defined as the total and irreversible loss of the ability to speak as the result of physical injury or disease and which must be established for a continuous period of at least 180 days.

Exclusions: Loss of speech attributable to psychiatric related causes is specifically excluded.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Loss of Two or More Limbs** is defined as the irreversible severance of two or more limbs from above the wrist or ankle joint as the result of an accident or medically required amputation.

Date of Diagnosis: the date the limbs are severed.

Survival Period: 30 days.

**Major Organ Transplant and Major Organ Failure on Waiting List** is defined as the diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow. Transplantation must be medically necessary.

To qualify under Major Organ Transplant, the Person Insured must undergo surgery as the recipient for transplantation of a heart, lung, liver, kidney or bone marrow.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

To qualify under Major Organ Failure on Waiting List, the Person Insured must become enrolled as the recipient in an approved government organ or bone marrow transplant program in Canada or the United States, for one or more of the organs or bone marrow specified in this provision. For the purposes of the Survival Period, the Date of Diagnosis is the date your enrolment in such a transplant program takes effect.

Date of Diagnosis: the date the Person Insured undergoes the surgery for the Covered Condition.

Survival Period: 30 days.

**Motor Neuron Disease** is defined as a definitive 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.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Multiple Sclerosis** is defined as a diagnosis by a neurologist of definite Multiple Sclerosis, characterized by well defined neurological abnormalities persisting for a continuous period of at least six months or with evidence of two separate clinically documented episodes. Multiple areas of demyelination must be confirmed by MRI scanning or imaging techniques generally used to diagnose Multiple Sclerosis.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Myocardial Infarction (Heart Attack)** is defined as the death of a portion of heart muscle as a result of inadequate blood supply as evidenced by:

- a) new electrocardiographic (ECG) changes indicative of a Myocardial Infarction, and
- b) the elevation of cardiac biochemical markers to levels considered diagnostic for acute infarction.

Exclusions: Myocardial Infarction does not include:

- a) an incidental finding of ECG changes suggesting a prior Myocardial Infarction, in the absence of a corroborating event; or
- b) an elevation of cardiac markers due to coronary angioplasty unless there are diagnostic changes of new Q wave infarction on the ECG.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Occupational HIV Infection** is defined as the diagnosis of Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the Person Insured's normal occupation which exposed the person to HIV contaminated body fluids.

Conditions to be met: Payment under this Covered Condition further requires satisfaction of all of the following:

- a) The accidental injury must be reported to Us within 14 days of the accidental injury;
- b) An HIV test must be taken within 14 days of the accidental injury and the result must be negative;
- c) An HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
- d) All HIV tests must be performed by facilities approved by Us;
- e) The accidental injury must have been reported, investigated and documented in accordance with current Canadian workplace guidelines.



Exclusions: No payment will be made if:

- a) The Person Insured has elected not to take any available licensed vaccine offering protection against HIV; or
- b) A licensed cure for HIV infection has become available prior to the accidental injury; or
- c) HIV infection has occurred as a result of non-accidental injury (including, but not limited to sexual transmission or intravenous drug use).

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Paralysis** is defined as the complete and permanent loss of use of two or more limbs for a continuous period of 90 days following the precipitating event, during which time there has been no sign of improvement. All psychiatric related causes are specifically excluded.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Parkinson's Disease** is defined as a definitive diagnosis by a specialist of primary idiopathic Parkinson's Disease, which is characterized by a minimum of two or more of the following clinical manifestations: muscle rigidity, tremor, or bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses).

Conditions to be met: The Person Insured must require substantial physical assistance from another adult to perform two or more Activities of Daily Living.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

**Stroke or Cerebrovascular Accident (CVA)** is defined as a cerebrovascular event producing neurological sequelae lasting more than 30 days and caused by intracranial thrombosis or hemorrhage, or embolism from an extra-cranial source.

Conditions to be met: The Person Insured must display evidence of measurable, objective neurological deficit.

Exclusions: Transient Ischemic Attacks are specifically excluded.

Date of Diagnosis: the date this Covered Condition is first identified by a Medical Practitioner, subject to verification by an Independent Assessment.

Survival Period: 30 days.

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## BENEFIT PROVISIONS

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BPC00-E001

### INSURING CLAUSE

Subject to the Exclusion section, the Critical Assist Benefit is payable to the Policy Owner after all of the following conditions have been satisfied:

- a) the Person Insured is diagnosed with a Covered Condition in accordance with the Covered Condition section;
- b) the Policy is in effect on the Date of Diagnosis of the Covered Condition;
- c) the Person Insured survives for the Survival Period or such longer period as is described in the Covered Conditions;
- d) the Person Insured has not experienced irreversible cessation of all functions of the brain; and
- e) the Person Insured has Satisfied the Criteria for the Covered Condition.

### CRITICAL ASSIST BENEFIT

Subject to the terms of this Contract, the amount payable after the diagnosis of the Person Insured with a Covered Condition will be the Face Amount as identified on the Policy Information/Policy Amendment Page(s) in force at that time (including any amounts payable under any additional Benefits or Riders), less any Indebtedness.

### PAYMENT OF CRITICAL ASSIST BENEFIT

We will pay to the Policy Owner the Critical Assist Benefit amount stated on the Policy Information/Policy Amendment Page(s) if the Person Insured is eligible for the Critical Assist Benefit in accordance with the terms set out in the "Insuring Clause".

We will pay the Critical Assist Benefit after We have received satisfactory proof of entitlement. **Only one Critical Assist Benefit will be paid on each Person Insured under this Policy.**

### LIMITATIONS

No Critical Assist Benefit shall be paid if the Person Insured refuses or fails to attend any Medical Assessment required by Us to adjudicate the claim.

### EXCLUSIONS

No Critical Assist Benefit shall be paid in any of the following circumstances:

- a) when the Person Insured experiences any symptoms of or undergoes any tests or medical consultations that lead to diagnosis of any cancer (Life Threatening Cancer, excluded cancers or any other cancers) or a Benign Brain Tumour within 90 days after:
  - i) the Policy Date; or
  - ii) the date of every Reinstatement of this Policy;
- b) in the event the Policy has Lapsed, for any Covered Condition for which the Person Insured has experienced any symptoms of, has undergone any tests or medical consultations for or which is diagnosed between the end of the Days of Grace and the date the Policy is reinstated;
- c) when a Covered Condition results directly or indirectly from:
  - i) an intentional, self-inflicted injury while sane or insane;
  - ii) committing, attempting or provoking an assault or criminal offence;
  - iii) civil disorder, war or act of war, or service in the armed forces of any country, combination of countries, or international organization at war, whether war is declared or not;
  - iv) the intentional taking of any poison, alcohol, drug, narcotic or sedative except as prescribed by a Medical Practitioner;

- v) medical care which is not medically necessary or which is of a cosmetic nature. The donation of an organ or tissue will be considered as necessary medical care;
- vi) the Person Insured sustaining injuries resulting directly or indirectly from a Vehicle accident if the Person Insured was driving the Vehicle involved in the accident and had:
  - a) alcohol in his or her blood in excess of 80 milligrams of alcohol per 100 millilitres of blood; or
  - b) his or her judgement impaired by the use or intake of alcohol or any drug, intoxicant, narcotic or poisonous substance except as prescribed and administered by a Medical Practitioner."Vehicle" means a vehicle that is drawn, propelled, or driven by any means other than muscular power and without limiting the generality of the foregoing, specifically includes a boat and a snowmobile.

#### **CLAIMS REQUIREMENTS**

A Person Insured must submit a claim for the Critical Assist Benefit upon the diagnosis of a Covered Condition, and must identify the Covered Condition for which the claim for a Critical Assist Benefit is being made. Satisfactory written proof of the Covered Condition, which will include a claim form, a statement from a Medical Practitioner and such other evidence as We may require, must be received by Us before We will pay the Critical Assist Benefit. Any expenses incurred by the Person Insured to prove the claim will be the responsibility of the Person Insured. We may request additional information, at Our expense, prior to making a decision.

Proof of the Covered Condition must be received by Us within 30 days of the onset of the Covered Condition. Failure to furnish proof within this time shall invalidate any claim unless it is shown to have been impossible to furnish the proof within this time frame and that the proof was furnished as soon as was reasonably possible and in any event within 12 months after diagnosis of the Covered Condition.

#### **INDEPENDENT ASSESSMENTS**

The Person Insured agrees to undergo Independent Assessments, at Our request, by a Medical Practitioner of Our choice in order to allow Us to adjudicate a claim. Any Independent Assessments required in connection with this provision shall be at Our expense.

#### **LIMITATION OF ACTION**

No action or proceeding at law or in equity shall be brought against Us to recover any Benefit payable under this Policy:

- a) prior to the expiration of 60 days after the Claim Form has been filed in accordance with the requirements of this Policy; or
- b) unless brought within one year from the expiration of the time within which the Claim Form is first required under the Policy, or from the day on which We first deny the claim for Benefits, whichever first occurs.

#### **CHANGES IN COVERAGE AMOUNTS**

The Policy Owner may decrease the coverage provided by this Policy once per calendar year, subject to minimums as determined by Us, without incurring a service fee. Any additional decreases to coverage amounts shall be subject to a service fee as determined by Us at the time of the change. Any decrease shall take effect on the date We accept the change.

Any increases in coverage amounts will require the purchase of a new Policy, subject to Our then current rules.

### **PREMIUM PAYBACK**

If the Person Insured dies while this Policy is in force or during the Days of Grace, and no Critical Assist Benefit has been paid, We will pay to the person designated to receive this Benefit, without interest, the Guaranteed Premiums that have been paid for this Policy from the Policy Date to the date of death, subject to a maximum which will not exceed the Critical Assist Benefit amount in force at the date of death, less any Indebtedness owed to Us by the Policy Owner. No Additional Risk Premium or Disability Premium Waiver Benefit Premium will be refunded. We will require proof of death acceptable to Us which must be provided at the cost of the claimant.

If the Person Insured has symptoms of, or undergoes any tests or medical consultations that lead to a diagnosis of any cancer (Life-threatening Cancer, excluded cancer or any other cancer) or a Benign Brain Tumour within 90 days after the Policy Date or the date of every Reinstatement of this Policy, this Policy will terminate and We will refund to the Policy Owner the Guaranteed Premiums that have been paid for this Policy from the Policy Date to the date the Policy is terminated.

### **TERMINATION OF POLICY**

This coverage shall automatically terminate on the earliest of the following:

- a) 31 days after the due date of any Premium which remains unpaid for the Policy;
- b) the Policy Expiry Date as indicated on the Policy Information/Policy Amendment Page(s);
- c) the date of death of the Person Insured;
- d) the date of payment of a Critical Assist Benefit under this Policy; and
- e) the date the Person Insured experiences any symptoms of, undergoes any medical tests for, or receives a diagnosis of any cancer (Life-threatening Cancer, excluded cancer or any other cancer) or a Benign Brain Tumour if such symptoms, medical tests or diagnosis occur within 90 days after the Policy Date or the date of every Reinstatement of this Policy.

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## STATUTORY CONDITIONS

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STC00-E001

The following provisions reflect the Statutory Conditions of the Provincial Insurance Acts.

### **THE CONTRACT**

The application, this Policy, any document attached to this Policy when issued, and any amendment to the Contract agreed upon in writing after the Policy is issued, constitute the entire Contract.

### **WAIVER**

The insurer shall be deemed not to have waived any condition of this Contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

### **COPY OF APPLICATION**

The insurer shall, upon request, furnish to the Owner or to a Person Insured under the Contract a copy of the application.

### **MATERIAL FACTS**

No statement made by the Owner or the Person Insured at the time of application for this Contract shall be used in defence of a claim under or to avoid this Contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

### **NOTICE AND PROOF OF CLAIM**

The Owner or a Person Insured, or a Beneficiary entitled to make a claim, or the agent of any of them, shall:

- a) give written notice of claim to the insurer,
  - i. by delivery thereof, or by sending it by registered mail to the head office or chief agency of the insurer in the Province, or
  - ii. by delivery thereof to an authorized agent of the insurer in the Province, not later than thirty days from the date a claim arises under the Contract on account of an accident, sickness or disability;
- b) within ninety days from the date a claim arises under the Contract on account of an accident, sickness or disability, furnish to the insurer such proof as is reasonably possible in the circumstances of the happening of the accident or the commencement of the sickness or disability, and the loss occasioned thereby, the right of the claimant to receive payment his or her age, and the age of the Beneficiary if relevant; and
- c) if required by the insurer, furnish a satisfactory certificate as to the cause or nature of the accident, sickness or disability for which claim may be made under the Contract and as to the duration of such disability.

### **FAILURE TO GIVE NOTICE OR PROOF**

Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date the claim arises under the Contract if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

**INSURER TO FURNISH FORMS FOR PROOF OF CLAIMS**

The insurer shall furnish forms for proof of claim within fifteen days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the accident, sickness or disability giving rise to the claim and of the extent of the loss.

**RIGHTS OF EXAMINATION**

As a condition precedent to recovery of insurance money under this Contract, the claimant shall afford to the insurer an opportunity to examine the person insured when and so often as it reasonably requires while the claim hereunder is pending.

**LIMITATION OF ACTIONS**

An action or proceeding against the insurer for the recovery of a claim under this Contract shall not be commenced more than one year after the date the insurance money became payable or would have become payable if it had been a valid claim.

SAMPLE

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## NOTICE TO OWNER(S)

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21000-E001

### **21 DAY RIGHT TO EXAMINE POLICY**

Please read Your Policy. If it does not meet with Your satisfaction, it may be returned to Co-operators Life Insurance Company for cancellation within 21 days after You receive it. The premium paid will then be refunded in full. The Owner's right of cancellation prevails over any rights of the Beneficiary under this right of cancellation.

Note: This offer does not apply to policies reissued or modified at Your request.

### **REPLACEMENTS OR DISCONTINUATIONS**

This Policy provides valuable protection. It also contains many benefits You might not be aware of - benefits that have accrued over time.

Therefore, check with Us before You sign anything to replace or discontinue Your Co-operators Life Insurance Company Policy. What might seem like a better deal at first glance may not prove to be so if You're not comparing similar products (e.g., those with the same benefits, for the same term).

### **PRIVACY STATEMENT**

We are committed to protecting the privacy, confidentiality, accuracy and security of the personal information that We collect, use, retain and disclose in the course of conducting business.

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