

Oasis

Product description



Index

Product overview	2	Optional benefit riders	19
Oasis	5	Critical condition and critical condition plus	20
Availability	5	Return-of-premium at death	24
Benefit types	5	Return-of-premium at expiry	26
Coverage periods	5	Return-of-premium (year 10+, year 15+ and age 60+)	29
Benefit payment	5	Second-event	36
Issue ages	5	Waiver-of-premium on disability	38
Minimum issue	6	Automatic increasing benefit	40
Maximum issue	6	Premium reductions	41
Optional benefit riders	7	Policy fee waived	41
Premium	7	Added support	41
Level premium	7	Medical referral services	41
Graded premium	8	Counselling and support services	42
Renewable premium	8		
Non-cancellable and termination	8		
Non-cancellable	8		
Termination	9		
Key definitions	9		
Physician	9		
Date of the critical condition	9		
Diagnosis	9		
Surgery	10		
Survival period	10		
Benefit for critical condition	10		
Level benefit policies	10		
Decreasing benefit policies	10		
Payment of benefits	11		
Supplementary benefit	11		
Supplementary benefit amount	12		
Payment of benefit	12		
Policy extension does not apply for lifetime (paid-up at age 100) coverage period	12		
Application for conversion	14		
Approval of the application	14		
Converted policy	15		
Conversion of a return-of-premium benefit rider	15		
Tax treatment	16		
Critical condition	16		
Exceptions	18		
General exceptions	18		
Exception for certain critical conditions	18		

Product overview

Target market	<ul style="list-style-type: none"> • Professionals • Business owners • Employees • Part-time and seasonal workers • Non-income earning individuals • University students and recent graduates <p>Who want to complement their disability, life insurance or investment protection by providing a source to help fund additional expenses associated with a critical condition</p>
Coverage purpose	<ul style="list-style-type: none"> • Personal • Key person • Buy-sell • Business loan
Benefit type	<ul style="list-style-type: none"> • Level benefit • Decreasing benefit
Coverage period	<ul style="list-style-type: none"> • Level benefit — to age 65, to age 75, to age 75 (20 or 30 year pay), lifetime (paid-up at age 100) and term 10 renewable to age 75 • Decreasing benefit — 10, 15, 20 and 25 years
Benefit payment	<p>One-time lump sum</p>
Issue ages	<ul style="list-style-type: none"> • Level benefit to age 65 — 18 – 60 • Level benefit to age 75 — 18 – 65 • Level benefit to age 75 (20 year pay) — 18 – 54 • Level benefit to age 75 (30 year pay) — 18 – 44 • Level benefit lifetime (paid-up at age 100) — 18 – 65 • Level benefit term 10 renewable to age 75 — 18 – 64 • Decreasing benefit 10, 15, 20 and 25 years — 18 – 65

Built-in features

Renewal	Non-cancellable policy cannot be modified, premium raised (except as provided under the term 10 renewable to age 75 policy, second-event rider, automatic increasing benefit rider or graded premium payment rider) or policy terminated by Great-West Life (other than as provided under the Termination provision)
Critical conditions	<ul style="list-style-type: none"> • Heart attack • Life-threatening cancer • Stroke
Supplementary benefit	<p>15 per cent of benefit amount up to \$50,000. The supplementary benefit is payable a maximum of two times, provided each lump sum payment must occur for a different supplementary condition.</p> <ul style="list-style-type: none"> • Coronary angioplasty – 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; • Ductal carcinoma in situ of the breast ; • Early chronic lymphocytic leukemia classified less than Rai stage 1; • Early prostate cancer classified as T1a or T1b, without lymph node or distant metastasis; • Early thyroid cancer (papillary, follicular or both), that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis; or • Superficial malignant melanoma that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis.
Survival period	<p>30 days, with the following exceptions:</p> <ul style="list-style-type: none"> • 90 days for bacterial meningitis, loss of independent existence and paralysis • 180 days for acquired brain injury and loss of speech • 6 months for dementia, including Alzheimer’s disease • 1 year for Parkinson’s disease; and • The number of days until the second serum HIV test is taken as specified in the definition for occupational HIV infection.
Policy extension	<ul style="list-style-type: none"> • Level benefit — to age 65, to age 75, to age 75 (20 or 30 year pay) and term 10 renewable to age 75 • Decreasing benefit — 10, 15, 20 and 25 years

Available optional benefit riders

Critical condition rider (22 critical conditions)	<ul style="list-style-type: none"> Acquired brain injury Aortic surgery Aplastic anaemia Bacterial meningitis Benign brain tumour Blindness Coma Coronary artery bypass surgery Deafness Dementia, including Alzheimer's disease Heart valve replacement Kidney failure 	<ul style="list-style-type: none"> Loss of limbs Loss of speech Major organ failure on waiting list Major organ transplant Motor neuron disease Multiple sclerosis Occupational HIV infection Paralysis Parkinson's disease and specified atypical parkinsonian disorders Severe burns
	All plans	Issue ages — same as basic plan
Critical condition plus rider (23 critical conditions)	<ul style="list-style-type: none"> Acquired brain injury Aortic surgery Aplastic anaemia Bacterial meningitis Benign brain tumour Blindness Coma Coronary artery bypass surgery Deafness Dementia, including Alzheimer's disease Heart valve replacement Kidney failure Loss of independent existence 	<ul style="list-style-type: none"> Loss of limbs Loss of speech Major organ failure on waiting list Major organ transplant Motor neuron disease Multiple sclerosis Occupational HIV infection Paralysis Parkinson's disease and specified atypical parkinsonian disorders Severe burns
	All plans	Issue ages — same as basic plan
Return-of-premium at death	All plans	Issue ages — same as basic plan
Return-of-premium at expiry	Level benefit to age 75 and term 10 renewable to age 75	Issue ages — 18 – 60
	Level benefit to age 75 (20 year pay)	Issue ages — 18 – 54
	Level benefit to age 75 (30 year pay)	Issue ages — 18 – 44
Return of premium (year 10+)	Level benefit to age 75	Issue ages — 18 – 60
	Level benefit lifetime (paid-up at age 100) term 10 renewable to age 75	Issue ages — 18 – 65
		Issue ages — 50 – 60
Return of premium (year 15+)	Level benefit to age 75	Issue ages — 18 – 55
	Level benefit lifetime (paid-up at age 100)	Issue ages — 18 – 65
Return of premium (age 60+)	Level benefit to age 75, lifetime (paid-up at age 100) and term 10 renewable to age 75	Issue ages — 18 – 49
Second event	Level benefit to age 75, lifetime (paid-up at age 100) and term 10 renewable to age 75	Issue ages — 18 – 60
	Level benefit to age 75 (20 year pay)	Issue ages — 18 – 54
	Level benefit to age 75 (30 year pay)	Issue ages — 18 – 44
Waiver of premium on disability	Level benefit to age 75 (20 year pay)	Issue ages — 18 – 54
	Level benefit to age 75 (30 year pay)	Issue ages — 18 – 44
	all other plans	Issue ages — 18 – 55
Automatic increasing benefit (100%)	Level benefit to age 65, to age 75 and lifetime (paid-up at age 100)	Issue ages — 18 – 45
Automatic increasing benefit (45%)	Level benefit to age 65, to age 75 and lifetime (paid-up at age 100)	Issue ages — 18 – 45

Oasis

Oasis is designed to complement disability and life insurance coverage by providing a one-time lump sum benefit to help cover additional expenses associated with a critical condition.

Availability

Benefit types

The following benefit types are available for Oasis:

- **Level benefit** — where the benefit amount will remain the same throughout the coverage period.
Note: if an automatic increasing benefit rider is added, the benefit amount will automatically increase as described under the section — optional benefit riders.
- **Decreasing benefit** — where the benefit amount will decrease at the end of each year of coverage until the end of the coverage period. Clients may want this type of cost effective, quality coverage for mortgage, personal or business loans.

Coverage periods

The following coverage periods are available for Oasis:

Level benefit	Decreasing benefit
<ul style="list-style-type: none">• To age 65• To age 75• To age 75 (20 year pay)• To age 75 (30 year pay)• Lifetime (paid-up at age 100)• Term 10 renewable to age 75	<ul style="list-style-type: none">• 10 years• 15 years• 20 years• 25 years

Benefit payment

The critical condition benefit is paid as a one-time lump sum.

Issue ages

The insured's nearest age is used to determine premium rates and insurability requirements.

Level benefit		Decreasing benefit	
Coverage period	Issue ages	Coverage period	Issue ages
To age 65	18 – 60	10, 15, 20 and 25 years	18 - 65
To age 75	18 – 65		
To age 75 (20 year pay)	18 – 54		
To age 75 (30 year pay)	18 – 44		
Lifetime (paid-up at age 100)	18 – 65		
Term 10 renewable to age 75	18 – 64		

Minimum issue

The minimum amount of critical condition benefit Great-West Life will issue is \$10,000. The minimum premium must be \$100 annually or \$10 monthly (including the policy fee).

Maximum issue

The maximum amount of critical illness insurance we will issue on any one life, and the overall issue and participation limit, is \$2 million. The \$2 million can be personal, business or any combination of personal and business protection. We are also prepared to consider amounts up to \$2.5 million on an individual consideration basis.

The overall issue and participation limit includes coverage in force with other companies and is also limited by the following:

Personal insurance

- **Maximum amount of personal insurance available** — is based on the insured's nearest age and earned income:

Issue age	Maximum available
18 - 55	(9 x earned income) + mortgage balance on any real estate property (e.g. personal residence or cottage)
56 - 60	(7 x earned income) + mortgage balance on any real estate property (e.g. personal residence or cottage)
61 - 65	(5 x earned income) + mortgage balance on any real estate property (e.g. personal residence or cottage)

Note: Sources of earned income generally do not include rental, interest, pension or investment income.

- **High-net-worth applicants** — will be considered on an individual basis. Note: if the home is the primary asset, we will consider 25 per cent of the home's value, to a maximum of \$250,000.
- **If the applicant is retired** — will consider the total unearned income (pension, RRSPs, etc.), instead of earned income. The amount of coverage available is the lesser of:
 - \$250,000; and
 - Four times the combined income of the two spouses.

An amount greater than \$250,000 will be considered on an individual consideration basis. Please contact the living benefits team in your local sales and marketing centre.

- **Non-income earning spouse** — the amount of coverage we will consider is the lesser of:
 - Half the earned income multiple for personal insurance for the income earning spouse, plus mortgage balance on any real estate property (e.g. personal residence or cottage); and
 - The amount of critical condition benefit on the income earning spouse.

If the income earning spouse does not qualify for critical illness insurance, individual consideration will be given for an amount up to \$250,000. Please consult head office.

- **University or college students and recent graduates** — may apply for \$250,000, regardless of earned income. An amount up to \$500,000 will be considered on an individual consideration basis for certain professional studies (occupations). Please contact the living benefits team in your local sales and marketing centre.
- **Farm owners** — may apply for an amount up to 10 times their net income.
- **Individuals on social assistance** — are not eligible for coverage.

Business insurance

- **Key person insurance** — may apply for five times their annual salary and bonus up to age 60. All key persons in the firm must be insured. An amount up to seven times their annual salary and bonus will be considered on an individual consideration basis. Please contact the living benefits team in your local sales and marketing centre.
- **Business loan insurance** — may apply for the insured's share of the loan amount. All owners must be insured for their proportionate share.
- **Buy-sell insurance** — may apply for 100 per cent of the insured's share of the business value of the firm. All owners with more than 10 per cent ownership must be insured for their proportionate share.

Optional benefit riders

The following optional benefit riders allow you to offer additional coverage to your clients. They are described in detail under the section — optional benefit riders.

- Critical condition
- Critical condition plus
- Return-of-premium at death
- Return-of-premium at expiry
- Return-of-premium (year 10+)
- Return-of-premium (year 15+)
- Return-of-premium (age 60+)
- Second event
- Waiver-of-premium on disability
- Automatic increasing benefit (100%)
- Automatic increasing benefit (45%)

Premium

Level premium

The following policies are available on a level premium basis:

- Level benefit to age 65, to age 75, to age 75 (20 year pay), to age 75 (30 year pay) and lifetime (paid-up at age 100); and
- Decreasing benefit 10, 15, 20 and 25 years.

The premium at the date of issue is guaranteed and remains unchanged until the:

- Policy expiry date — for level benefit to age 65 and to age 75, and for decreasing benefit 10, 15, 20 and 25 years; and
- Last premium due date — for to age 75 (20 year pay), to age 75 (30 year pay) and lifetime (paid-up at age 100). On the last premium due date, the policy becomes paid-up. The policy remains in force until the end of the coverage period and no further premium payments are required.

Second-event rider — the premium for the second-event rider is not guaranteed and is subject to change. Any change in the second-event rider premium:

- Will not be made more than once in any 12 month period;
- May occur on other than a policy anniversary; and
- Will be made to all policies within a particular risk class.

Automatic increasing benefit rider — the premium for any automatic increases in benefit amount under the automatic increasing benefit rider is not guaranteed. It will be based on Great-West Life's rules and rates in effect on the applicable premium increase date. However, the premium for the policy will not change between premium increase date(s).

Rate banding for level benefit policies

When the original benefit amount is \$100,000 or more, an automatic premium reduction will apply on level benefit policies. It will not apply to decreasing benefit policies.

Band 1: \$10,000 - \$99,000

Band 2: \$100,000 - \$249,000

Band 3: \$250,000 - \$499,000

Band 4: \$500,000 or more

The premium reduction will be:

- Reduced if the benefit amount is reduced below \$500,000 but not less than \$100,000; and
- Removed if the benefit amount is reduced below \$100,000.

The living benefits illustration software automatically includes the premium reduction for rate banding when calculating the premium.

Graded premium

Graded premium is available at issue for level benefit to age 65, to age 75 and lifetime (paid-up at age 100) critical illness insurance policies provided the policy does not include the automatic increasing benefit rider. Graded premium is not available for to age 75 (20 or 30 year pay), term 10 renewable to age 75 or decreasing benefit plans.

The premium will increase at five-year intervals (from the effective date of the original coverage) until the end of the interval during which the insured turns 50 years old (nearest birthday). Premium then becomes level.

Example	<p>If the issue age is 28, the premium will increase at ages 33, 38, 43, 48 and 53. Beginning at age 53, the premium will remain level to:</p> <ul style="list-style-type: none">• The policy expiry date — for to age 65 and to age 75 plans; and• Age 100 — for lifetime (paid-up at age 100) plans.
----------------	---

The premium for the basic policy and any optional benefit riders, except the second-event rider, is on a guaranteed schedule of rates from issue and will not change between premium increase date(s).

Only return-of-premium at death is available on graded plans.

Renewable premium

Premium for a term 10 renewable policy will increase at 10-year intervals from the effective date of the policy. The premium for the basic policy and any optional benefit riders, except the second-event rider premium, is on a guaranteed schedule of rates from issue for as long as the policy remains in force and will not change between premium increase date(s).

Refer to the premium and fees section in the underwriting and administration guidelines manual for more details.

Non-cancellable and termination

Non-cancellable

While the policy is in force, Great-West Life cannot change the policy or terminate the policy other than as explained in the termination section below. The premium is guaranteed for as long as the policy remains in force, except for the second-event rider premium and the premium associated with any automatic increases provided under the automatic increasing benefit rider.

Termination

The Oasis policy will terminate on the earliest of:

- The date the critical condition benefit becomes payable, except as provided under the second-event rider, if applicable;
- The date the policy is terminated in accordance with the exception for certain critical conditions provision;
- For term 10 renewable to age 75 coverage period — the date the policy is terminated in accordance with the conversion provision;
- The date on which Great-West Life receives a request from the owner to terminate the policy;
- The date of the insured's death; and
- For all coverage periods except lifetime (paid-up at age 100) — the policy expiry date, unless the policy has been extended under the policy extension provision,

Unless the policy has already been terminated under the provisions of the policy.

If the policy terminates for any reason listed above — the remaining portion of any premium paid beyond the monthly anniversary following the date of termination will be refunded.

Example	The owner pays the premium annually on Dec. 1. On Sept. 15, 2015 the policy terminates due to the insured's death. Great-West Life will refund the premium for the period Sept. 15, 2015 to Dec. 1, 2015.
----------------	---

Key definitions

Physician

Physician means a licensed medical doctor, practising within the scope of the medical doctor's licensed authority, who:

- Is not related by blood or marriage to the owner or insured;
- Is not in a business relationship with the owner or insured; and
- Practices medicine in Canada, the United States or in such other jurisdiction as Great-West Life may approve.

Date of the critical condition

Date of the critical condition means:

- **For aortic surgery, coronary artery bypass surgery, heart valve replacement and major organ transplant** — the date on which the surgery or transplantation procedure which satisfies the definition of the critical condition is performed;
- **For major organ failure on waiting list** — the date of the insured's enrolment in the transplant centre; and
- **For all other critical conditions** — the date on which a diagnosis which satisfies the definition of the critical condition is made, and any other conditions contained in the definition of the applicable critical condition are met. This date must occur while the policy is in force.

Diagnosis

Diagnosis means the written confirmation of the existence of a critical condition for the insured by a physician recognized as a specialist in the field of medicine relating to the applicable critical condition by the physician's medical licensing body. The diagnosis must be supported by objective medical evidence.

In the absence or unavailability of a specialist, and as approved by Great-West Life, a critical condition may be diagnosed by a physician other than a specialist.

Surgery

Surgery means that the insured undergoes medically necessary surgery performed on the written advice of a physician. The surgery must be performed by a physician in Canada, the United States or in such other jurisdiction as Great-West Life may approve.

Survival period

The insured must be alive 30 days after the date of the critical condition before the critical condition benefit becomes payable. During the survival period, the insured must not have experienced irreversible cessation of all functions of the brain (i.e. the insured must not be brain dead).

If the critical condition rider or critical condition plus rider is included in the coverage — the survival period is different for certain critical conditions. The insured must be alive and not have experienced irreversible cessation of all functions of the brain — for a period of:

- 90 days — for bacterial meningitis, loss of independent existence and paralysis;
- 180 days — for acquired brain injury and loss of speech;
- 6 months for dementia, including Alzheimer's disease;
- 1 year for Parkinson's disease; and
- The number of days until the second serum HIV test is taken as specified in the definition of occupational HIV infection.

Note: loss of independent existence is a covered critical condition under the critical condition plus rider only.

Benefit for critical condition

Oasis pays a one-time lump sum benefit if the insured is diagnosed with a critical condition as defined in the policy and the survival period has been satisfied.

Level benefit policies

The benefit amount will remain the same throughout the coverage period.

If an automatic increasing benefit rider is added, the benefit amount will automatically increase as described under the section — optional benefit riders.

Decreasing benefit policies

The benefit amount will decrease at the end of each year of coverage until the end of the coverage period.

Example	The owner purchased an Oasis policy with a 10 year coverage period on May 1, 2010 with a \$500,000 benefit amount. If the date of the critical condition is June 15, 2012, the benefit amount payable will be \$400,000 as shown in the table below:																					
	<table border="1"><thead><tr><th>If the date of the critical condition is between:</th><th>Benefit amount</th></tr></thead><tbody><tr><td>May 1, 2010 and April 30, 2011</td><td>\$500,000</td></tr><tr><td>May 1, 2011 and April 30, 2012</td><td>\$450,000</td></tr><tr><td>May 1, 2012 and April 30, 2013</td><td>\$400,000</td></tr><tr><td>May 1, 2013 and April 30, 2014</td><td>\$350,000</td></tr><tr><td>May 1, 2014 and April 30, 2015</td><td>\$300,000</td></tr><tr><td>May 1, 2015 and April 30, 2016</td><td>\$250,000</td></tr><tr><td>May 1, 2016 and April 30, 2017</td><td>\$200,000</td></tr><tr><td>May 1, 2017 and April 30, 2018</td><td>\$150,000</td></tr><tr><td>May 1, 2018 and April 30, 2019</td><td>\$100,000</td></tr><tr><td>May 1, 2019 and April 30, 2020</td><td>\$50,000</td></tr></tbody></table>	If the date of the critical condition is between:	Benefit amount	May 1, 2010 and April 30, 2011	\$500,000	May 1, 2011 and April 30, 2012	\$450,000	May 1, 2012 and April 30, 2013	\$400,000	May 1, 2013 and April 30, 2014	\$350,000	May 1, 2014 and April 30, 2015	\$300,000	May 1, 2015 and April 30, 2016	\$250,000	May 1, 2016 and April 30, 2017	\$200,000	May 1, 2017 and April 30, 2018	\$150,000	May 1, 2018 and April 30, 2019	\$100,000	May 1, 2019 and April 30, 2020
If the date of the critical condition is between:	Benefit amount																					
May 1, 2010 and April 30, 2011	\$500,000																					
May 1, 2011 and April 30, 2012	\$450,000																					
May 1, 2012 and April 30, 2013	\$400,000																					
May 1, 2013 and April 30, 2014	\$350,000																					
May 1, 2014 and April 30, 2015	\$300,000																					
May 1, 2015 and April 30, 2016	\$250,000																					
May 1, 2016 and April 30, 2017	\$200,000																					
May 1, 2017 and April 30, 2018	\$150,000																					
May 1, 2018 and April 30, 2019	\$100,000																					
May 1, 2019 and April 30, 2020	\$50,000																					

Advance payment for coronary artery bypass surgery

If the insured has coronary artery bypass surgery, Great-West Life will pay the owner an advance on the critical condition benefit.

Advance payment amount will be the lesser of:

- 10 per cent of the benefit amount in effect on the date of the surgery; and
- \$10,000.

The advance payment will become payable on the date the surgery is performed.

The critical condition benefit will be **reduced** by the amount of the advance payment. The balance of the critical condition benefit will be paid if the survival period is satisfied. The advance will not have to be repaid if the insured does not survive the 30 days.

Payment of benefits

Before the critical condition benefit is payable to the owner, the following conditions must be satisfied:

- The insured has satisfied the survival period;
- The insured is examined by a physician or other person determined by Great-West Life, if and when it reasonably requires;
- Evidence satisfactory to Great-West Life of the occurrence of a claim has been provided; and
- If the diagnosis, surgery or transplantation procedure takes place in the United States or elsewhere outside of Canada — Great-West Life must be provided with full access in Canada to the insured's complete medical records from the country or jurisdiction in which the diagnosis, surgery or transplantation procedure took place. The medical records must provide confirmation, satisfactory to Great-West Life that:
 - The same diagnosis would have been made or surgery or transplantation procedure would have been recommended had the insured's critical condition occurred in Canada; and
 - In the case of surgery or transplantation procedure, the insured was in immediate need of the surgery or transplantation procedure.

Except where the surgery or transplantation procedure arises from a sudden unexpected injury or acute episode of disease, Great-West Life should be contacted prior to the insured undergoing the surgery or transplantation procedure in order to confirm whether such treatment would meet this requirement.

The critical condition benefit will be paid as a one-time lump sum and only for one critical condition.

Supplementary benefit

The supplementary benefit provides the owner with a maximum of two supplementary benefits, provided each lump sum payment occurs for a different supplementary benefit critical condition below:

- If the insured is diagnosed with one of the following forms of cancer by a physician recognized as an oncologist by the physician's medical licensing body and the cancer must be confirmed by biopsy:
 - Ductal carcinoma in situ of the breast;
 - Early chronic lymphocytic leukemia classified less than Rai stage 1;
 - Early prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
 - Early thyroid cancer (papillary, follicular or both), that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis; or
 - Superficial malignant melanoma that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis.
- If the insured undergoes coronary angioplasty which means an interventional procedure to unblock or widen a coronary artery that supplies blood to the heart to allow an uninterrupted flow of blood.

Supplementary benefit amount

The supplementary benefit will be the lesser of:

- 15 per cent of the critical condition benefit amount in effect on the date one of the events occurs; and
- \$50,000.

Payment of benefit

The supplementary benefit will be payable to the owner only if the following conditions are satisfied:

- The insured is examined by a physician or other person determined by Great-West Life, if and when it reasonably requires; and
- Evidence satisfactory to Great-West Life of the occurrence of a claim has been provided.

The supplementary benefit will not be payable if one of the above covered events occurs during the survival period for a critical condition, unless the survival period is not satisfied.

Example	The insured is diagnosed with a heart attack and undergoes coronary angioplasty during the survival period. If the insured dies before the end of the 30 day survival period for the Heart Attack, the supplementary benefit will be payable for coronary angioplasty. If the insured survives, the critical condition benefit will be payable for heart attack.
----------------	--

The supplementary benefit will not be payable for the Life-Threatening Cancer critical condition.

Payment of the supplementary benefit will not cause the policy to terminate and the critical condition benefit will not be reduced by the amount of the supplementary benefit payable unless, within 90 days of payment of the supplementary benefit, further investigations or procedures confirm a diagnosis of a related critical illness insured condition.

If an Oasis policy is issued under the terms of a conversion provision of a term 10 renewable to age 75 or Child Oasis policy, any supplementary benefit paid under the prior policy will apply with respect to the maximum two time payment of the supplementary benefit under this policy. The supplementary benefit will not be payable under the new Oasis policy if a similar benefit was payable under the original policy.

Example	A term 10 renewable to age 75 policy is purchased in Dec. 2011. In 2012, the insured is diagnosed with ductal carcinoma in situ of the breast and the supplementary benefit is payable. In 2013, the owner applies to convert the policy to a to age 75 plan. Since the supplementary benefit was paid for ductal carcinoma under the original term 10 renewable to age 75 policy, the supplementary benefit will not be available under the new to age 75 policy for ductal carcinoma, however, it would be available if the insured is diagnosed with another event.
----------------	--

Policy extension does not apply for lifetime (paid-up at age 100) coverage period

If the policy expiry date occurs during the survival period, the policy will continue in force until the earlier of:

- The insured's death; and
- The date the critical condition benefit becomes payable, unless terminated earlier under the provisions of the policy.

Conversion

for term 10 renewable to age 75 coverage period only

Before the insured's 65th birthday, the owner may apply to convert all or a portion of the benefit amount under a term 10 renewable policy to a level premium critical illness insurance plan then offered for conversion, if any. Medical evidence will not be required.

Availability

Plans and optional benefit riders

If the following riders are attached to the term 10 renewable to age 75 policy, the riders can be converted to the following level premium plans based on the insured's attained age at time of conversion as indicated in the table below.

	To age 75	Lifetime (paid-up at age 100)
Basic plan	18 – 65	18 – 55
Critical condition	18 – 65	18 – 55
Critical condition plus	18 – 65	18 – 55
Return-of-premium at death	18 – 65	18 – 55
Return-of-premium at expiry	18 – 65	n/a
Second event	18 – 60	18 – 55
Waiver of premium on disability	18 – 60	18 – 55

November 2015 & October 2008 versions — Return-of-premium (year 10+ or age 60+) conversion

The return-of-premium (year 10+ or age 60+) rider may be converted based on the insured's attained age at time of conversion. If the return-of-premium (year 10+ or age 60+) rider is converted to one of the following base plans and riders, the applicable eligible premium paid prior to conversion will be included in the return of premium benefit calculation for the new policy:

- To age 75:

Return-of-premium at expiry	Age at conversion
Return-of-premium (year 10+)	18 – 65;
Return-of-premium (age 60+)	50 – 60; or
	18 – 49.

- Lifetime (paid-up at age 100):

Return-of-premium (year 10+)	Age at conversion
Return-of-premium (age 60+)	50 – 55; or
	18 – 49.

If the return-of-premium (year 10+ or age 60+) rider is converted to a different plan and optional benefit rider combination than as listed above, the applicable eligible premium paid prior to the conversion will **not** be included in the return of premium benefit calculation for the new policy.

October 2004, June 2005 and August 2006 series — Flexible return-of-premium (sixties+) conversion

The flexible return-of-premium (sixties+) rider may be converted based on the insured's attained age at time of conversion. If the flexible return-of-premium (sixties+) is converted to one of the following base plans and riders, the applicable eligible premium paid prior to conversion will be included in the return of premium benefit calculation for the new policy:

- To age 75:

Return-of-premium at expiry	Age at conversion
Return-of-premium (year 10+)	18 – 65;
Return-of-premium (age 60+)	50 – 60; or
	18 – 49.

- Lifetime (paid-up at age 100):

Return-of-premium (year 10+)	Age at conversion
Return-of-premium (age 60+)	50 – 55; or
	18 – 49.

If the flexible return-of-premium (sixties+) rider is converted to a different plan and optional benefit rider combination than as listed above, the applicable eligible premium paid prior to the conversion will **not** be included in the return of premium benefit calculation for the new policy.

Number of level premium plans

Up to two level premium plans may be applied for. The term 10 renewable policy may be converted to one or two level premium policies.

Example: The owner has a \$100,000 term 10 renewable to age 75 policy. The owner applies to convert \$50,000 to a level benefit lifetime (paid-up at age 100) policy and \$50,000 to a level benefit to age 75 policy.

Partial conversion

Partial conversion of the benefit amount will be allowed, subject to the minimum limits in effect at the time of conversion.

Example: The owner has a \$100,000 term 10 renewable policy. The owner applies to convert \$50,000 to a level benefit lifetime (paid-up at age 100) policy and leave the remaining \$50,000 in force under the original policy.

Application for conversion

The owner must complete the appropriate sections identified in form F566.

Benefit amount — the benefit amount must not exceed the benefit amount under the term 10 renewable policy and will be subject to the minimum and maximum limits in effect at the time of conversion. If only a portion of the benefit amount is being converted, the portion to remain in force under the term 10 renewable policy cannot be less than the minimum limits then in effect.

Optional benefit riders — the owner may apply for any optional benefit riders(s) in force under the term 10 renewable policy, subject to the rules in effect at the time of conversion.

The first premium for the converted policy must be submitted with the written request.

Approval of the application

Approval of the application will be subject to the following:

- Great-West Life's rules then in effect, including any minimum and maximum limits under Great-West Life's rules in effect at the time of application;
- Receipt of the written request and the first premium for the converted policy before the insured's 65th birthday; and
- The insured must not be disabled — if the waiver-of-premium on disability rider is in force at the time of conversion.

If the application is approved, the converted policy will be effective on the date of approval.

If the application is not approved, the amount of any premium received for the converted policy will be refunded.

Effective on the date of approval

Benefit amount — the benefit amount under the original policy will be reduced by the amount converted to the new policy.

Termination — the term 10 renewable policy will terminate:

- Automatically if the total benefit amount is converted; or
- At the owner's request if the total benefit amount is not converted.

Converted policy

Rating or exclusion to benefits — any extra premium or exclusion to benefits on the term 10 renewable to age 75 policy will apply to the new policy.

Premium — for the new policy will be based on the insured's attained age and the rates in effect at the time of conversion. A premium reduction on the original policy is not guaranteed to apply to the new policy.

Incontestability period — will be measured from the later of the original policy effective date and the last date of reinstatement.

Conversion of a return-of-premium benefit rider

If a return-of-premium at death, return-of-premium at expiry or return-of-premium (year 10+ or age 60+) optional benefit rider is converted to a return-of-premium rider for the same specified event (death, expiry or withdrawal) as described in the availability section, a prorated portion of the return-of-premium benefit will be included in the calculation of the return of premium benefit under the new policy. The return-of-premium benefit under the original policy will be adjusted accordingly.

The amount to be included in the return-of-premium benefit will be a prorated portion determined using the following calculation:

- **For the new policy** —
$$a \times \frac{b}{\text{greater of } c \text{ and } (b + d)}$$
- **For the term 10 renewable policy if it remains in force with a reduced benefit amount** —
$$a \times \frac{d}{\text{greater of } c \text{ and } (b + d)}$$

In the calculations:

a = sum of the premium paid under the term 10 renewable policy from the effective date of the return of premium rider to the effective date of the conversion, adjusted for any reduction in benefit amount or removal of an optional benefit rider required in accordance with the return of premium benefit provision in the applicable rider.

b = the premium for the new policy.

c = the premium for the original term 10 renewable policy at the time of application for the new policy.

d = the reduced premium for the term 10 renewable policy if the policy remains in force or zero if the original policy is terminated as a result of the conversion.

Examples

Below are examples to help explain the calculation of the prorated portion of the return of premium benefit. Examples are based on the following assumptions:

- Nov. 2, 2010 — owner purchases an Oasis term 10 renewable policy with \$150,000 benefit amount and return-of-premium at death rider. Monthly premium was \$75.
- Dec. 2, 2011 — owner requests conversion of \$100,000 of level premium to age 75 coverage with return-of-premium at death. Monthly premium to age 75 policy is \$85. The term 10 renewable to age 75 policy would reduce to \$25.

Example 1	Remaining \$50,000 benefit amount is terminated — the amount to be included in the calculation of the return of premium at death benefit under the new “to age 75” policy would be \$975. $(\$75 \times 13 \text{ months}) \times \frac{\$85}{\text{greater of } \$75 \text{ and } (\$85 + \$0)} = \$975 \times (\$85 \div \$85) = \$975$
------------------	---

Example 2	<p>Remaining \$50,000 benefit amount is kept in force — the amount to be included in the calculation of the return of premium at death benefit under:</p> <ul style="list-style-type: none"> The original term 10 renewable policy is \$221.59. $(\\$75 \times 13 \text{ months}) \times \frac{\\$25}{\text{greater of } \\$75 \text{ and } (\\$85 + \\$25)} = \\$975 \times (\\$25 \div \\$110) = \\221.59 The new to age 75 policy is \$753.41. $(\\$75 \times 13 \text{ months}) \times \frac{\\$85}{\text{greater of } \\$75 \text{ and } (\\$85 + \\$25)} = \\$975 \times (\\$85 \div \\$110) = \\753.41
------------------	--

Tax treatment

Great-West Life's understanding of current taxation legislation as it applies to critical illness insurance is that the lump sum critical illness benefits are not taxable provided the policy is an accident and sickness policy for tax purposes. The Canada Revenue Agency generally accepts that critical illness insurance policies providing no return-of-premium benefits are accident and sickness policies. The Canada Revenue Agency and Revenue Quebec have not provided a formal ruling regarding the tax treatment of critical illness insurance policies which include return-of-premium benefits. The tax treatment of optional return-of-premium benefits is subject to interpretation.

If an employer pays the premium on an employee-owned critical illness insurance policy, the premium will constitute a taxable benefit to the employee and the amount paid will be deductible to the employer as a business expense.

The tax information provided above is of a general nature only and should not be relied upon as providing legal or tax advice. Clients are encouraged to consult with their own professional tax and/or legal advisor about their particular circumstances.

Critical condition

The basic Oasis policy covers the following three critical conditions — heart attack, life-threatening cancer, and stroke as defined in the policy.

Heart attack means the death of heart muscle due to obstruction of blood flow, that results in the 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 changes consistent with a heart attack; or
- Development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Exception: No benefit will be payable under this critical condition for elevated biochemical cardiac markers after an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves.

For greater certainty, new electrocardiogram changes suggesting a prior myocardial infarction does not satisfy the above definition of heart attack.

Life-threatening cancer means a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma, and sarcoma.

Exception: No benefit will be payable under this critical condition for the following:

- Lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumors classified as Ta;
- Malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- Any non-melanoma skin cancer, without lymph node or distant metastasis;
- Prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- Papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis;
- Chronic lymphocytic leukemia classified less than Rai stage 1; or
- Malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.

For purposes of this critical condition, the terms:

- Tis, Ta, T1a, T1b, T1 and AJCC Stage 2 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010; and
- Rai staging is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.

Benefits for life-threatening cancer are subject to the exception for certain critical conditions provision of the policy.

Stroke means 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 the critical condition. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

Exception: No benefit will be payable under this critical condition for:

- Transient ischaemic attacks; or
- Intracerebral vascular events due to trauma.

For greater certainty, lacunar infarcts which do not have the neurological symptoms and deficits set out above, persisting for more than 30 days, do not satisfy the definition of stroke.

If the critical condition rider is included in the coverage — the following 22 illnesses, disorders or surgeries will be added as critical conditions covered under the policy:

<ul style="list-style-type: none">• Acquired brain injury• Aortic surgery• Aplastic anaemia• Bacterial meningitis• Benign brain tumour• Blindness• Coma• Coronary artery bypass surgery• Deafness• Dementia, including Alzheimer's disease• Heart valve replacement	<ul style="list-style-type: none">• Kidney failure• Loss of limbs• Loss of speech• Major organ failure on waiting list• Major organ transplant• Motor neuron disease• Multiple sclerosis• Occupational HIV infection• Paralysis• Parkinson's disease and specified atypical parkinsonian disorders• Severe burns
---	--

If the critical condition plus rider is included in the coverage — it includes the 22 critical conditions listed above, as well as **loss of independent existence**.

These critical conditions are defined under the critical condition or critical condition plus optional benefit rider description later in this section.

Exceptions

General exceptions

Benefits are not payable under the policy where a critical condition is contributed to or caused by:

- Intentionally self-inflicted injury;
- Attempt at suicide, while the insured is sane or insane;
- Committing or attempting to commit an assault, battery or criminal offence, whether or not the insured is charged with a criminal offence;
- Operating a motorized vehicle while the concentration of alcohol in 100 ml. of blood exceeds 80 mg.;
- The use of any drug, poisonous substance, intoxicant, or narcotic, unless prescribed for the insured by a licensed physician and taken in accordance with directions given by the licensed physician; or
- War and any hazard arising from war.

Exception for certain critical conditions

Certain critical condition means benign brain tumour, Parkinson's disease, specified atypical parkinsonian disorders, life-threatening cancer or any forms of cancer set out in the supplementary benefit provision.

No benefit will be payable for a certain critical condition if:

- for benign brain tumour, life-threatening cancer or any forms of cancer set out in the supplementary benefit provision, within the first 90 days following the latest of the effective date, issue date and the last date of reinstatement of the policy; or
- for Parkinson's disease or specified atypical parkinsonian disorders, within the first year following the latest of the effective date, issue date and the last date of reinstatement of the policy,

The insured has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of a certain critical condition or any other type of cancer (covered or excluded under the policy) or parkinsonism, regardless of when the diagnosis is made; or
- a diagnosis of a certain critical condition or any other type of cancer (covered or excluded under the policy) or parkinsonism.

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Great-West within six months of the date of diagnosis. If this information is not provided within this period, Great-West has the right to deny any claim for the certain critical condition or any critical condition caused by such certain critical condition or its treatment.

Upon receipt, Great-West Life will provide confirmation to the owner that the exception for certain critical conditions provision applies. The owner may, by written request, elect to maintain the policy in force provided the written request is received by Great-West Life within 30 days of the date of the confirmation to the owner. Otherwise, the policy will terminate and any premium paid from the later of the benefit effective date or the last date of reinstatement of the policy will be refunded.

If the owner elects to maintain the policy in force and the insured is diagnosed with:

- benign brain tumour, life-threatening cancer or any forms of cancer set out in the supplementary benefit provision, benefits are not payable under the policy for:
 - benign brain tumour;
 - life-threatening cancer;
 - any forms of cancer within the supplementary benefit;

- any other critical condition caused by such certain critical condition for which the insured was diagnosed with or its treatment; or
- any other type of cancer (covered or excluded under the policy), or
- Parkinson's disease or atypical parkinsonian disorders, benefits are not payable under the policy for:
 - Parkinson's disease;
 - specified atypical parkinsonian disorders; or
 - any other critical condition caused by such certain critical condition for which the insured was diagnosed with or its treatment.

In all other respects, the rights of the owner and Great-West Life will remain the same under the policy.

Optional benefit riders

There are several optional benefit riders available which can be added to design critical illness insurance coverage to meet the individual needs of your clients.

The table below indicates the coverage type and issue ages available for each optional benefit rider:

Optional benefit rider	Plan availability	Issue ages
Critical condition	All level and decreasing benefit plans	same as basic plan
Critical condition plus	All level and decreasing benefit plans	same as basic plan
Return-of-premium at death	All level and decreasing benefit plans	same as basic plan
Return-of-premium at expiry	Level benefit to age 75	18 – 60
	Level benefit to age 75 (20 year pay)	18 – 54
	Level benefit to age 75 (30 year pay)	18 – 44
	Term 10 renewable to age 75	18 – 60
Return-of-premium (year 10+)	Level benefit to age 75	18 – 60
	Level benefit lifetime (paid-up at age 100)	18 – 65
	Term 10 renewable to age 75	50 – 60
Return-of-premium (year 15+)	Level benefit to age 75	18 – 55
	Level benefit lifetime (paid-up at age 100)	18 – 65
Return-of-premium (age 60+)	Level benefit to age 75, lifetime (paid-up at age 100) and term 10 renewable to age 75	18 – 49
Second event	Level benefit to age 75, lifetime (paid-up at age 100) and term 10 renewable to age 75	18 – 60
	Level benefit to age 75 (20 year pay)	18 – 54
	Level benefit to age 75 (30 year pay)	18 – 44
Waiver-of-premium on disability	Level benefit to age 75 (20 year pay)	18 – 54
	Level benefit to age 75 (30 year pay)	18 – 44
	All other level and decreasing benefit plans	18 – 55

Automatic increasing benefit (100%)	Level benefit to age 65, 75 and lifetime (paid-up at age 100)	18 – 45
Automatic increasing benefit (45%)	Level benefit to age 65, 75 and lifetime (paid-up at age 100)	18 – 45

Note: Optional benefit riders can only be added at issue to age 75 (20 year pay) and to age 75 (30 year pay) plans.

Critical condition and critical condition plus

Provides additional illnesses, disorders or surgeries as critical conditions covered under the policy:

- 22 under the critical condition rider; and
- 23 under the critical condition plus rider (includes loss of independent existence).

Availability

All level and decreasing benefit plans.

Notes:

- The critical condition plus rider can only be added at issue.
- Optional benefit riders can only be added at issue to age 75 (20 year pay) and to age 75 (30 year pay) plans.

Issue ages

Same as the basic plan — The insured's nearest age is used to determine premium rates and insurability requirements.

Critical condition definitions

Acquired brain injury means new damage to brain tissue caused by a traumatic injury, anoxia, hypoxia or encephalitis resulting in signs and symptoms of neurological impairment that:

- are present and verifiable on clinical examination or neuro-psychological testing;
- are corroborated by Magnetic Resonance Imaging (MRI) or Computerized Tomography (CT) studies of the brain showing changes that are consistent in character, location and timing with the new damage; and
- persist for a period of at least 180 days from the date of the new damage.

For greater certainty, no benefit will be payable under this critical condition for:

- an abnormality seen on imaging studies of the brain without definite related signs and symptoms; or
- neurological signs occurring without symptoms or imaging abnormalities.

Aortic surgery means the undergoing of surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta means the thoracic and abdominal aorta but not its branches.

Exception: No benefit will be payable under this critical condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

Aplastic anaemia means chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:

- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

Bacterial meningitis means 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.

Exception: No benefit will be payable under this critical condition for viral meningitis.

Benign brain tumour means a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgery or radiation treatment or cause irreversible objective neurological deficits.

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

Benefits for benign brain tumour are subject to the exception for certain critical conditions provision of the policy.

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

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

Coma means a 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 four or less.

Exception: No benefit will be payable under this critical condition for medically induced coma.

Coronary artery bypass surgery means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Exception: No benefit will be payable under this critical condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

Deafness means 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.

Dementia, including Alzheimer's disease means dementia, which must be characterized by a progressive deterioration of memory and at least one of the following areas of cognitive function:

- aphasia (a disorder of speech);
- apraxia (difficulty performing familiar tasks);
- agnosia (difficulty recognizing objects); or
- disturbance in executive functioning (e.g. inability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behaviour), which is affecting daily life.

The insured must exhibit:

- dementia of a least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function; and
- evidence of progressive worsening in cognitive and daily functioning either by serial cognitive tests or by history over at least a 6 month period.

Exception: No benefit will be payable under this critical condition for affective or schizophrenic disorders, or delirium.

For purposes of this critical condition, reference to the Mini Mental State Exam is to Folstein MF, Folstein SE, McHugh PR, J Psychiatr Res. 1975;12(3):189.

Heart valve replacement means the undergoing of surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities.

Exception: No benefit will be payable under this critical condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

Kidney failure means chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.

Loss of independent existence means: **(for critical condition plus rider only)** the total inability to perform, by oneself, at least 2 of the following 6 activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery.

Activities of daily living are:

- Bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices;
- Dressing – the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances with or without the aid of assistive devices;
- Toileting – the ability to get on and off the toilet and maintain personal hygiene;
- Bladder and bowel continence – the ability to manage bowel and bladder function with or without any 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 aid of assistive devices; and
- Feeding – the ability to consume food or drink that already have been prepared and made available, with or without the use of assistive devices.

Loss of limbs means 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.

Loss of speech means the total and irreversible loss of the ability to speak as the result of physical injury or disease for a period of at least 180 days.

Exception: No benefit will be payable under this critical condition for all psychiatric related causes.

Major organ failure on waiting list means 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 must become enrolled as the recipient in a recognized transplant centre in Canada or the United States that performs the required form of transplant. For the purposes of the survival period, the date of the critical condition is the date of the insured's enrollment in the transplant centre.

Major organ transplant means 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 must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.

Motor neuron disease means 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.

Multiple sclerosis means at least one of the following:

- Two or more separate clinical attacks, confirmed by magnetic resonance imaging of the nervous system, showing multiple lesions of demyelination;

- Well-defined neurological abnormalities lasting more than six months, confirmed by magnetic resonance imaging of the nervous system, showing multiple lesions of demyelination; or
- A single attack, confirmed by repeated magnetic resonance imaging of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart.

Occupational HIV infection means infection with human immunodeficiency virus resulting from accidental injury during the course of the insured's normal occupation, which exposed the insured to human immunodeficiency virus contaminated body fluids. The accidental injury leading to the infection must have occurred following the later of the benefit effective date of this rider, or the last date of reinstatement of this rider.

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

- The accidental injury must be reported to Great-West Life within 14 days of the accidental injury;
- A serum human immunodeficiency virus (HIV) test must be taken within 14 days of the accidental injury and the result must be negative;
- A serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
- All HIV tests must be performed by a duly licensed laboratory in Canada or the United States; and
- The accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States workplace guidelines.

Exceptions: No benefit will be payable under this critical condition if:

- The insured has elected not to take any available licensed vaccine offering protection against HIV; or
- A licensed cure for HIV infection has become available prior to the accidental injury.

For greater certainty, non-accidental injury including, but not limited to, sexual transmission or intravenous drug use does not satisfy the definition of occupational HIV infection.

Paralysis means 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.

Parkinson's disease and specified atypical parkinsonian disorders

Parkinson's disease means primary Parkinson's disease, a permanent neurologic condition which must be characterized by bradykinesia (slowness of movement) and at least one of: muscular rigidity or rest tremor. The Insured must exhibit objective signs of progressive deterioration in function for at least one year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson's disease.

Specified atypical parkinsonian disorders mean progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.

Exception: No benefit will be payable under Parkinson's disease and specified atypical parkinsonian disorders for any other type of parkinsonism.

Benefits for Parkinson's disease and specified atypical parkinsonian disorders are subject to the exception for certain critical conditions provision of this policy.

Severe burns means third degree burns over at least 20 per cent of the body surface.

Survival period

The survival period is different for a diagnosis of the following critical conditions. The insured must be alive and not have experienced irreversible cessation of all functions of the brain (i.e. the insured must not be brain dead) for a period of:

- 90 days — for bacterial meningitis, loss of independent existence and paralysis; and

- 180 days — for acquired brain injury and loss of speech.
- 6 months for dementia, including Alzheimer's disease;
- 1 year for Parkinson's disease; and
- The number of days until the second serum HIV test is taken as specified in the definition of occupational HIV infection.

Payment of benefits

Before the critical condition benefit is payable to the owner, the following conditions must be satisfied:

- The insured has satisfied the survival period;
- The insured is examined by a physician or other person determined by Great-West Life, if and when it reasonably requires;
- Evidence satisfactory to Great-West Life of the occurrence of a claim has been provided; and
- If the diagnosis, surgery or transplantation procedure takes place in the United States or elsewhere outside of Canada — Great-West Life must be provided with full access in Canada to the insured's complete medical records from the country or jurisdiction in which the diagnosis, surgery or transplantation procedure took place. The medical records must provide confirmation, satisfactory to Great-West Life that:
 - The same diagnosis would have been made or surgery or transplantation procedure would have been recommended had the insured's critical condition occurred in Canada; and
 - In the case of surgery or transplantation procedure, the insured was in immediate need of the surgery or transplantation procedure.

Except where the surgery or transplantation procedure arises from a sudden unexpected injury or acute episode of disease, Great-West Life should be contacted prior to the insured undergoing the surgery or transplantation procedure in order to confirm whether such treatment would meet this requirement.

The critical condition benefit will be paid as a one-time lump sum and only for one critical condition.

Termination

The critical condition and critical conditional plus optional benefit riders will terminate on the earlier of:

- The date on which Great-West Life receives a request from the owner to terminate the rider; and
- The date the policy terminates.

Return-of-premium at death

Provides for the return of the eligible premium paid for the policy if the insured dies from any cause.

Availability

All level and decreasing benefit plans. Available on graded plans. **Note:** Optional benefit riders can only be added at issue to age 75 (20 year pay) and to age 75 (30 year pay) plans.

Issue ages

Same as the basic plan — The insured's nearest age is used to determine premium rates and insurability requirements.

Return-of-premium benefit

If the benefit amount is \$2,000,000 or less, the return-of-premium at death benefit will be the lesser of:

- The eligible premium paid for the policy from the date the return-of-premium at death rider was added to the policy to the date of the insured's death; and
- \$2,000,000.

If the benefit amount is over \$2,000,000, the return-of-premium at death benefit will be the lesser of:

- The eligible premium paid for the policy from the date the return-of-premium at death rider was added to the policy to the date of the insured's death; and
- The benefit amount

For purposes of determining the return-of-premium at death benefit, eligible premium is the sum of the policy fee, premium for the benefit amount and any optional benefit rider(s), and any premium ratings. It will not include any interest, any additional fees or any premium waived by Great-West Life.

Great-West Life will proportionately reduce the amount of premium included in the calculation of the return-of-premium at death benefit, if:

- The owner requests a reduction in benefit amount or removal of an optional benefit rider; or
- The benefit amount is reduced in conjunction with the payment of any prior partial return-of-premium benefit under any return-of-premium rider.

The amount of eligible premium paid before the change that will be included in the return-of-premium benefit at death calculation will be:

$$\left(\begin{array}{c} \text{Eligible premium paid} \\ \text{before change} \end{array} \right) \times \left(\frac{\text{monthly premium at change}}{\text{monthly premium before change}} \right)$$

This calculation will result in a reduction in the return-of-premium at death benefit otherwise payable. The reduction will become effective on the date of the change.

Example 1	<p>The owner has an Oasis policy with \$150,000 benefit amount. On September 2, 2014, the owner adds the return-of-premium at death rider. On December 2, 2015, the owner requests a \$50,000 reduction in benefit amount, leaving \$100,000 benefit amount in force. If the monthly premium before the benefit reduction was \$125 and the new premium is \$85, the amount of premium to be included in any future return-of-premium at death benefit would be \$1,275.</p> $(\$125 \times 15 \text{ months}) \times (\$85 \div 125) = \$1,875 \times .68 = \$1,275$
Example 2	<p>The owner has an Oasis term 10 renewable policy with \$150,000 benefit amount and the return-of-premium at death rider. The policy has an insurance begins date of September 2, 2014.</p> <p>The monthly premium for the first 10 years was \$125, increasing to \$325 effective September 2, 2024.</p> <p>On September 2, 2024 the owner requests a \$50,000 reduction in benefit amount, leaving \$100,000 benefit amount in force. The monthly premium reduces from \$325 to \$221. The amount of premium paid from September 2, 2014 to September 2, 2024 to be included in any future return of premium at death benefit would be \$10,200.</p> $(\$125 \times 120 \text{ months}) \times (\$221 \div \$325) = \$15,000 \times 0.68 = \$10,200$ <p>Note: References of policy premium in this calculation reflect premium after renewal has occurred.</p>
Example 3¹	<p>Nov. 2, 2010 — owner purchases an Oasis term 10 renewable policy with \$150,000 benefit amount and return-of-premium at death rider. Monthly premium was \$75 and the owner is age 30.</p> <p>Nov. 2, 2020 — owner renews Oasis term 10 renewable policy and reduces benefit amount to \$100,000.</p> <p>This will always be processed in two steps; First, the reduction of benefit amount giving a new monthly premium based on age 30</p>

¹ Alternatively, if request was received after renewal date, then the contract would be renewed first at \$150,000, with prorating applied based on the ratio of the attained age 40 renewal premium at reduced face of \$100,000 relative to the attained age 40 renewal premium at prior face of \$150,000.

Monthly premium based on \$100,000 of benefit amount is \$50. The amount to be included in the calculation of the return of premium at death benefit under the renewed term 10 policy would be \$6,000.

$$(\$75 \times 120 \text{ months}) \times \frac{\$50}{\text{greater of } \$75 \text{ and } (\$50 + \$0)} = \$9,000 \times (\$50 \div \$75) = \$6,000$$

Second, the policy would be renewed and a new premium would be charged based on \$100,000 of benefit amount and attained age 40.

Payment of benefit

The return-of-premium at death benefit will be payable to the owner if the insured dies from any cause while the rider is in force.

Exceptions

The return-of-premium at death benefit will not be payable if any of the following benefits are payable:

- The critical condition benefit;
- Return-of-premium at expiry benefit; or
- Maximum return-of-premium benefit under the terms of any return-of-premium rider.

Termination

The return-of-premium at death optional benefit rider will terminate on the earlier of:

- The date on which Great-West Life receives a request from the owner to terminate the rider; and
- The date the policy terminates.

Return-of-premium at expiry

Provides for the return of the eligible premium paid for the policy if the policy is in force on the policy expiry date (i.e. the insured's 75th birthday).

Availability

Level benefit to age 75, to age 75 (20 year pay), to age 75 (30 year pay) and term 10 renewable to age 75 plans only. Not available on graded plans. **Note:** Optional benefit riders can only be added at issue on the to age 75 (20 year pay) and to age 75 (30 year pay) plans.

A policy can include two return-of-premium riders:

- Return-of-premium at death and return-of-premium at expiry, or
- Return-of-premium at death and one of the other return-of-premium riders available on the plan. The return-of-premium (year 10+, year 15+, age 60+) riders available for to age 75 and the return-of-premium (year 10+, age 60+) riders available for term 10 renewable to age 75 plans have a built-in return of premium benefit at expiry.

Note: If the owner replaces one return-of-premium rider with another, the premium paid prior to the replacement is not included in the calculation of any return-of-premium benefit.

Issue ages

- 18 - 60 — level benefit to age 75 and term 10 renewable to age 75
- 18 - 54 — level benefit to age 75 (20 year pay)”
- 18 - 44 — level benefit to age 75 (30 year pay)”

The insured's nearest age is used to determine premium rates and insurability requirements.

Return-of-premium benefit

If the benefit amount is \$2,000,000 or less, the return-of-premium at expiry benefit will be the lesser of:

- The eligible premium paid for the policy from the date the return-of-premium at expiry rider was added to the policy to the insured's 75th birthday; and
- \$2,000,000.

If the benefit amount is over \$2,000,000, the return-of-premium at expiry benefit will be the lesser of:

- The eligible premium paid for the policy from the date the return-of-premium at expiry rider was added to the policy to the date of the insured's death; and
- The benefit amount

For purposes of determining the return-of-premium at expiry benefit, eligible premium is the sum of the policy fee, premium for the benefit amount and any optional benefit rider(s), and any premium ratings. It will not include any interest, any additional fees or any premium waived by Great-West Life.

Great-West Life will proportionately reduce the amount of premium included in the calculation of the return-of-premium at expiry benefit, if:

- The owner requests a reduction in benefit amount or removal of an optional benefit rider; or
- The benefit amount is reduced in conjunction with the payment of any prior partial return-of-premium benefit under any return-of-premium rider.

The amount of eligible premium paid before the change that will be included in the return-of-premium benefit at expiry calculation will be:

$$\left(\frac{\text{Eligible premium paid}}{\text{before change}} \right) \times \left(\frac{\text{monthly premium at change}}{\text{monthly premium before change}} \right)$$

This calculation will result in a reduction in the return-of-premium at expiry benefit otherwise payable. The reduction will become effective on the date of the change.

<p>Example 1</p>	<p>The owner has an Oasis policy with \$150,000 benefit amount. On September 2, 2014, the owner adds the return-of-premium at expiry rider. On December 2, 2015, the owner requests a \$50,000 reduction in benefit amount, leaving \$100,000 benefit amount in force. If the monthly premium before the benefit reduction was \$125 and the new premium is \$85, the amount of premium to be included in any future return of premium at expiry benefit would be \$1,275.</p> $(\$125 \times 15 \text{ months}) \times (\$85 \div 125) = \$1,875 \times .68 = \$1,275$
<p>Example 2</p>	<p>The owner has an Oasis term 10 renewable policy with \$150,000 benefit amount and the return-of-premium at expiry rider. The policy has an insurance begins date of September 2, 2014.</p> <p>The monthly premium for the first 10 years was \$125, increasing to \$325 effective September 2, 2024.</p> <p>On September 2, 2024 the owner requests a \$50,000 reduction in benefit amount, leaving \$100,000 benefit amount in force. The monthly premium reduces from \$325 to \$221. The amount of premium paid from September 2, 2014 to September 2, 2024 to be included in any future return of premium at expiry benefit would be \$10,200.</p> $(\$125 \times 120 \text{ months}) \times (\$221 \div \$325) = \$15,000 \times 0.68 = \$10,200$

	Note: References of policy premium in this calculation reflect premium after renewal has occurred.
Example 3²	<p>Nov. 2, 2010 — owner purchases an Oasis term 10 renewable policy with \$150,000 benefit amount and return-of-premium at expiry rider. Monthly premium was \$75 and the owner is age 30.</p> <p>Nov. 2, 2020 — owner renews Oasis term 10 renewable policy and reduces benefit amount to \$100,000.</p> <p>This will always be processed in two steps;</p> <p>First, the reduction of benefit amount giving a new monthly premium based on age 30 — Monthly premium based on \$100,000 of benefit amount is \$50. The amount to be included in the calculation of the return of premium at expiry benefit under the renewed term 10 policy would be \$6,000.</p> $(\$75 \times 120 \text{ months}) \times \frac{\$50}{\text{greater of } \$75 \text{ and } (\$50 + \$0)} = \$9,000 \times (\$50 \div \$75) = \$6,000$ <p>Second, the policy would be renewed and a new premium would be charged based on \$100,000 of benefit amount and attained age 40.</p>

Payment of benefit

To be eligible for the payment of the return-of-premium at expiry benefit, the insured must:

- Be living on the policy expiry date; and
- Not be experiencing irreversible cessation of all functions of the brain (i.e. the insured must not be brain dead).

The return-of-premium at expiry benefit will be payable to the owner on the policy expiry date, except if the policy has been extended because the policy expiry date occurred during the survival period.

In this event, the return-of-premium at expiry benefit will be payable to the owner:

- **On the policy expiry date** — if the return-of-premium at expiry benefit is for a greater amount than the critical condition benefit; or
- **On the date of the insured's death** — if the critical condition benefit is for a greater amount than the return-of-premium at expiry benefit.

Examples

Below are some examples to help explain when the benefit is payable if the policy has been extended. The examples are based on the following assumptions:

- Date of critical condition — the insured is diagnosed with a heart attack on January 1
- Policy expiry date — January 15
- Policy extension — is applied because the date of critical condition is within 30 days of the policy expiry date. Therefore, the policy continues in force until the earlier of the insured's death or January 31 (i.e. the date the survival period is satisfied).

Example 1	Insured dies on January 5 — the return-of-premium at expiry benefit would not be payable because the insured is not living on the policy expiry date. Also, the critical condition benefit would not be payable because the survival period was not satisfied.
------------------	---

Example 2	Return-of-premium at expiry benefit = \$252,000 critical condition benefit = \$250,000
------------------	--

² Alternatively, if request was received after renewal date, then the contract would be renewed first at \$150,000, with prorating applied based on the ratio of the attained age 40 renewal premium at reduced face of \$100,000 relative to the attained age 40 renewal premium at prior face of \$150,000.

	Insured dies on January 30 — the return-of-premium at expiry benefit would be payable on January 15 (policy expiry date) because it is a greater amount than the critical condition benefit.
--	---

Example 3	Return-of-premium at expiry benefit = \$50,000 critical condition benefit = \$250,000 Insured dies on January 30 — the return-of-premium at expiry benefit would be payable on January 30 (date of death). In this case, Great-West Life waits to see if the survival period is satisfied because the critical condition benefit is a greater amount than the return-of-premium at expiry benefit. The survival period was not met.
------------------	--

Example 4	Return-of-premium at expiry benefit = \$50,000 critical condition benefit = \$250,000 Insured dies on February 1 — the critical condition benefit would be payable on January 31 when the survival period has been satisfied because the critical condition benefit is a greater amount than the return of premium at expiry benefit. No return-of-premium at expiry benefit would be payable because the policy terminated when the critical condition benefit was paid.
------------------	--

Exceptions

The return-of-premium at expiry benefit will not be payable if any of the following benefits are payable:

- The critical condition benefit; or
- Return-of-premium at death benefit.

Termination

The return-of-premium at expiry optional benefit rider will terminate on the earlier of:

- The date on which Great-West Life receives a request from the owner to terminate the rider; and
- The date the policy terminates.

Return-of-premium (year 10+, year 15+ and age 60+)

Provides for the return of all or a portion of the eligible premium paid for the policy if the owner elects a partial or maximum return-of-premium benefit on one of the optional return of premium dates.

Availability

Plan	Return-of-premium		
	(Year 10+)	(Year 15+)	(Age 60+)
To age 75	√	√	√
Lifetime (paid-up at age 100)	√	√	√
Term 10 renewable to age 75	√	n/a	√

Not available on graded plans.

A policy can include two return-of-premium riders:

- **Lifetime (paid-up at age 100)** — Return-of-premium at death and one of the return-of-premium (year 10+, year 15+ or age 60+) riders.
- **To age 75:**
 - Return-of-premium at death and return-of-premium at expiry, or
 - Return-of-premium at death and one of the other return-of-premium (year 10+, year 15+ or age 60+) riders. The return-of-premium (year 10+, year 15+, age 60+) riders available for to age 75 plans have a built-in return of premium benefit at expiry.
- **Term 10 renewable to age 75:**
 - Return-of-premium at death and return-of-premium at expiry, or

- Return-of-premium at death and one of the return-of-premium (year 10+ or age 60+) riders. The return-of-premium (year 10+, age 60+) riders available for term 10 renewable to age 75 plans have a built-in return-of-premium benefit at expiry.

Note: If the owner replaces one return of premium rider with another, the premium paid prior to the replacement is not included in the calculation of any return-of-premium benefit.

Issue ages

The insured's nearest age is used to determine premium rates and insurability requirements.

Plan	Return-of-premium		
	(Year 10+)	(Year 15+)	(Age 60+)
To age 75	18 – 60	18 – 55	18 – 49
Lifetime (paid-up at age 100)	18 – 65	18 – 65	18 – 49
Term 10 renewable to age 75	50 – 60	n/a	18 – 49

Optional return-of-premium dates

An optional return-of-premium date will occur on:

- **For return-of-premium (year 10+)** — the 10th policy anniversary following the effective date of the rider and every policy anniversary thereafter.
- **For return-of-premium (year 15+)** — the 15th policy anniversary following the effective date of the rider and every policy anniversary thereafter.
- **For return-of-premium (age 60+)** — the policy anniversary nearest the insured's 60th birthday and every policy anniversary thereafter.

For to age 75 and term 10 renewable to age 75 plans — the last return-of-premium date occurs on the policy anniversary prior to the policy expiry date.

Application for a return-of-premium

The owner may, by written request, apply to receive a return-of-premium benefit on any optional return-of-premium date. The request may be for:

- The maximum return-of-premium benefit; or
- A partial return-of-premium benefit.

Notification letter — Great-West Life will send the owner a reminder letter three months prior to the first optional return-of-premium date only. Reminder letters will not be sent for subsequent optional return-of-premium dates.

Approval of a return-of-premium

The application for a return-of-premium benefit will be approved if the written request is received within 60 days before and 30 days after the optional return of premium date.

If the application for the maximum return-of-premium benefit is approved, the policy will terminate effective as of the return of premium date.

Payment of a partial return-of-premium benefit does not cause the policy to terminate. In order to receive a partial return-of-premium benefit, the benefit amount under the policy must be reduced. The benefit amount remaining under the policy must meet Great-West Life's minimum limits (currently \$10,000) and rules in effect at the time of application. Great-West Life reserves the right to charge a fee for processing a partial return-of-premium benefit.

Maximum return-of-premium benefit

If the benefit amount is \$2,000,000 or less, the maximum return of premium benefit will be the lesser of:

- The eligible premium paid for the policy from the date the rider was added to the policy to the return-of-premium date multiplied by the appropriate percentage in the table below; and
- \$2,000,000.

If the benefit amount is over \$2,000,000, the maximum return-of-premium benefit will be the lesser of:

- The eligible premium paid for the policy from the date the rider was added to the policy to the return-of-premium date multiplied by the appropriate percentage in the table below; and
- The benefit amount.

Number of policy anniversaries following effective date of rider		Policy anniversary nearest insured's attained age	
ROP (year 10+)	ROP (year 15+)	ROP (age 60+)	% of premium
10	15	60	50%
11	16	61	60%
12	17	62	70%
13	18	63	80%
14	19	64	90%
15+	20+	65+	100%

For purposes of determining the return-of-premium benefit, eligible premium is the sum of the policy fee, premium for the benefit amount and any optional benefit rider(s), and any premium ratings. It will not include any interest, any additional fees or any premium waived by Great-West Life.

Great-West Life will proportionately reduce the amount of premium included in the calculation of the return-of-premium benefit, if:

- The owner requests a reduction in benefit amount or removal of an optional benefit rider; or
- The benefit amount is reduced in conjunction with the payment of any prior partial return of premium benefit.

The amount of eligible premium paid before the change that will be included in the return-of-premium benefit calculation will be:

$$\left(\begin{array}{c} \text{eligible premium paid} \\ \text{prior to change} \end{array} \right) \times \left(\frac{\text{monthly premium after change}}{\text{monthly premium before change}} \right)$$

This calculation will result in a reduction in the return-of-premium benefit otherwise payable. The reduction will become effective on the date of the change.

Example 1	<p>The owner has an Oasis policy with \$150,000 benefit amount. On September 2, 2009, the owner adds the return-of-premium (year 10+) rider.</p> <ul style="list-style-type: none"> • On December 2, 2014, the owner requests a \$50,000 reduction in benefit amount, leaving \$100,000 benefit amount in force. If the monthly premium before the benefit reduction was \$125 and the new premium is \$85, the amount of premium paid from September 2, 2009 to December 2, 2014 to be included in any future return-of-premium benefit would be \$5,355. $\left(\begin{array}{c} \text{eligible premium paid} \\ \text{prior to change} \end{array} \right) \times \left(\frac{\text{monthly premium after change}}{\text{monthly premium before change}} \right)$ $(\\$125 \times 63 \text{ months}) \times (\\$85 \div 125) = \\$7,875 \times 0.68 = \\$5,355$ • On September 2, 2019, the owner requests the maximum return-of-premium benefit. The maximum return-of-premium benefit would be \$5,100 and the policy would be terminated. $\text{maximum return-of-premium benefit} = \begin{array}{c} \text{applicable} \\ \% \text{ of premium} \end{array} \times \left(\begin{array}{c} \text{eligible premium for} \\ \text{ROP benefit} \\ \text{prior to change} \end{array} + \begin{array}{c} \text{eligible premium for} \\ \text{ROP benefit} \\ \text{after change} \end{array} \right)$
------------------	--

	$50\% \times [\$5,355 + (\$85 \times 57 \text{ months})] = 50\% \times (\$5,355 + \$4,845) = \$5,100$
Example 2	<p>The owner has an Oasis policy with \$150,000 benefit amount. On September 2, 2014, the owner adds the return-of-premium (year 10+) rider. The monthly premium is \$125.</p> <p>On September 2, 2024, the owner requests the maximum return-of-premium benefit. There have been no changes to the policy between September 2, 2014 and September 2, 2024. The maximum return-of-premium benefit would be \$7,500 and the policy would be terminated.</p> <p style="text-align: center;"> $\begin{matrix} \text{maximum return-of-} & & \text{applicable} & & \text{eligible premium for} \\ \text{premium benefit} & = & \% \text{ of premium} & \times & \text{ROP benefit} \\ & & & & \text{after change} \end{matrix}$ </p> <p style="text-align: center;">$50\% \times (\\$125 \times 120 \text{ months}) = 50\% \times \\$15,000 = \\$7,500$</p>
Example 3³	<p>Nov. 2, 2010 — owner purchases an Oasis term 10 renewable policy with \$150,000 benefit amount and return-of-premium year 60+ rider. Monthly premium was \$75 and the owner is age 30.</p> <p>Nov. 2, 2020 — owner renews Oasis term 10 renewable policy and reduces benefit amount to \$100,000.</p> <p>This will always be processed in two steps;</p> <p>First, the reduction of benefit amount giving a new monthly premium based on age 30 — Monthly premium based on \$100,000 of benefit amount is \$50. The amount to be included in the calculation of the return of premium year 60+ benefit under the renewed term 10 policy would be \$6,000.</p> <p style="text-align: center;"> $(\\$75 \times 120 \text{ months}) \times \frac{\\$50}{\text{greater of } \\$75 \text{ and } (\\$50 + \\$0)} = \\$9,000 \times (\\$50 \div \\$75) = \\$6,000$ </p> <p>Second, the policy would be renewed and a new premium would be charged based on \$100,000 of benefit amount and attained age 40.</p>

Partial return-of-premium benefit

The partial return-of-premium benefit is determined using the following formula:

$$\text{partial return-of-premium benefit} = \text{maximum return-of-premium benefit} - \left[\text{maximum return-of-premium benefit} \times \frac{\text{monthly premium after change}}{\text{monthly premium before change}} \right]$$

Example 1	<p>On December 3, 2014 the owner purchased an Oasis to age 75 policy with \$150,000 benefit amount and the return-of-premium (year 10+). The monthly premium was \$125.</p> <p>On December 3, 2024, the owner requested a partial return-of-premium benefit. The benefit amount is reduced to \$100,000 and the premium becomes \$85.</p> <p>Since the partial return-of-premium benefit depends on the amount that would have been paid for a maximum return-of-premium benefit, the maximum return-of-premium benefit is determined first.</p> <p style="text-align: center;"> $\text{maximum return-of-premium benefit} = 50\% \times (\\$125 \times 120 \text{ months}) = \\$7,500$ </p> <p>The partial return-of-premium benefit would be \$2,400.</p> <p style="text-align: center;"> $\\$7,500 - [\\$7,500 \times (\\$85 \div 125)] = \\$7,500 - \\$5,100 = \\$2,400$ </p> <p>The amount of premium paid from December 3, 2014 to December 3, 2024 to be included in any future return-of-premium benefit would be \$10,200.</p>
------------------	---

³ Alternatively, if request was received after renewal date, then the contract would be renewed first at \$150,000, with prorating applied based on the ratio of the attained age 40 renewal premium at reduced face of \$100,000 relative to the attained age 40 renewal premium at prior face of \$150,000.

$$(\$15,000) \times (\$85 \div 125) = \$10,200$$

Example 2

On December 3, 2010, the owner purchased an Oasis term 10 renewable policy with \$150,000 benefit amount and the return-of-premium (year 10+). The client is age 50 when he purchases the policy. The monthly premium for the first 10 years was \$125, increasing to \$325 effective December 3, 2020.

On December 3, 2020 the owner requested a partial return-of-premium benefit. The benefit amount is reduced to \$100,000 and the monthly premium is reduced from \$325 to \$221.

Since the partial return-of-premium benefit depends on the amount that would have been paid for a maximum return-of-premium benefit, the maximum return-of-premium benefit is determined first.

$$\text{maximum return-of-premium benefit} = 50\% \times (\$125 \times 120 \text{ months}) = \$7,500$$

The partial return-of-premium benefit would be \$2,400.

$$\$7,500 - [\$7,500 \times (\$221 \div 325)] = \$7,500 - \$5,100 = \$2,400$$

The amount of premium paid from December 3, 2010 to December 3, 2020 to be included in any future return-of-premium benefit would be \$10,200.

$$(\$15,000) \times (\$221 \div 325) = \$10,200$$

Note: Both references of policy premium in this example reflect premium after renewal has occurred.

Example 3

On December 3, 2008, the owner purchased an Oasis term 10 renewable policy with \$150,000 benefit amount and the return-of-premium (age 60+). The client is age 48 when he purchases the policy. The monthly premium for the first 10 years was \$125, increasing to \$325 effective December 3, 2018.

The first return-of-premium date is at age 60 on December 3, 2020.

On December 3, 2018 the owner requested a \$50,000 reduction in benefit amount, leaving \$100,000 benefit amount in force. The monthly premium reduces from \$325 to \$221.

The amount of premium paid from December 3, 2008 to December 3, 2018 to be included in any future return-of-premium benefit would be \$10,200.

$$(\$15,000) \times (\$221 \div 325) = \$10,200$$

Note: References of policy premium in this calculation reflect premium after renewal has occurred.

On December 3, 2020, the owner requested a partial return-of-premium benefit. The benefit amount is reduced to \$50,000 and the monthly premium is reduced from \$221 to \$127.

Since the partial return-of-premium benefit depends on the amount that would have been paid for a maximum return-of-premium benefit, the maximum return-of-premium benefit is determined first.

$$\text{maximum return-of-premium benefit} = 50\% \times [(\$10,200 + (\$221 \times 24 \text{ months}))] = 50\% \times \$15,504 = \$7,752.$$

The partial return-of-premium benefit would be \$3,297.23.

$$\$7,752 - [\$7,752 \times (\$127 \div 221)] = \$7,752 - \$4,454.77 = \$3,297.23$$

The amount of premium paid from December 3, 2008 to December 3, 2020 to be included in any future return-of-premium benefit would be \$8,909.54.

$$[\$10,200 + (\$221 \times 24 \text{ months})] \times (\$127 \div 221) = \$15,504 \times 0.574660633 = \$8,909.54$$

Payment of benefit

To be eligible for the payment of either the maximum return-of-premium benefit or a partial return-of-premium benefit, the insured must:

- Be living on the applicable return-of-premium date; and
- Not have experienced irreversible cessation of all functions of the brain (i.e. the insured must not be brain dead).

The return-of-premium benefit will be payable to the owner.

Paid-up option

for lifetime (paid-up at age 100) plan only

The paid-up option is only available with the return-of-premium (year 10+, year 15+ and age 60+) optional benefit included with a lifetime (paid-up at age 100) plan.

The owner may, by written request, apply to keep the policy in force at a benefit amount that may be reduced. The paid-up option is available for:

- **Return-of-premium (year 10+)** — on the 15th policy anniversary following the effective date of the rider and every 5th policy anniversary thereafter.
- **Return-of-premium (year 15+)** — on the 20th policy anniversary following the effective date of the rider and every 5th policy anniversary thereafter.
- **Return-of-premium (age 60+)** — on the policy anniversary nearest the insured's 65th birthday and every 5th policy anniversary thereafter.

No further premium payments would be required.

The benefit amount will be determined by Great-West Life based on the amount that would have been paid for a maximum return-of-premium benefit and using Great-West Life's rules and rates in effect on the policy anniversary to which the written request applies.

If this option is selected, all optional benefit riders (except the enhanced critical condition rider, critical condition rider or critical condition plus rider) will terminate.

This option is not available in conjunction with a partial return-of-premium benefit.

Return-of-premium at expiry benefit

(for to age 75 and term 10 renewable to age 75 plans only)

The return-of-premium at expiry benefit is only available with the return-of-premium (year 10+, year 15+ and age 60+) optional benefit included with a to age 75 or term 10 renewable to age 75 plan.

The return-of-premium at expiry benefit will be the amount of the maximum return-of-premium benefit calculated on the policy expiry date.

To be eligible for the payment of the return-of-premium at expiry benefit, the insured must:

- Be living on the policy expiry date; and
- Not have experienced irreversible cessation of all functions of the brain (i.e. the insured must not be "brain dead").

The return-of-premium at expiry benefit will be payable to the owner on the policy expiry date, except if the policy has been extended because the policy expiry date occurred during the survival period.

In this event, the return-of-premium at expiry benefit will be payable to the owner:

- **On the policy expiry date** — if the return-of-premium at expiry benefit is for a greater amount than the critical condition benefit; or
- **On the date of the insured's death** — if the critical condition benefit is for a greater amount than the return-of-premium at expiry benefit.

Examples

Below are some examples to help explain when the benefit is payable if the policy has been extended. The examples are based on the following assumptions:

- Date of critical condition — the insured is diagnosed with a critical condition on January 1
- Policy expiry date — January 15
- Policy extension — is applied because the date of critical condition is within 30 days of the policy expiry date. Therefore, the policy continues in force until the earlier of the insured's death or January 31 (i.e. the date the survival period is satisfied).

Example 1	Insured dies on January 5 — the return-of-premium at expiry benefit would not be payable because the insured is not living on the policy expiry date. Also, the critical condition benefit would not be payable because the survival period was not satisfied.
Example 2	Return-of-premium at expiry benefit = \$252,000 Critical condition benefit = \$250,000 Insured dies on January 30 — the return-of-premium at expiry benefit would be payable on January 15 (policy expiry date) because it is a greater amount than the critical condition benefit.
Example 3	Return-of-premium at expiry benefit = \$50,000 Critical condition benefit = \$250,000 Insured dies on January 30 — the return-of-premium at expiry benefit would be payable on January 30 (date of death). In this case, Great-West Life waits to see if the survival period is satisfied because the critical condition benefit is a greater amount than the return of premium at expiry benefit. The survival period was not met.
Example 4	Return-of-premium at expiry benefit = \$50,000 Critical condition benefit = \$250,000 Insured dies on February 1 — the critical condition benefit would be payable on January 31 when the survival period has been satisfied because the critical condition benefit is a greater amount than the return-of-premium at expiry benefit. No return-of-premium at expiry benefit would be payable because the policy terminated when the critical condition benefit was paid.

Exceptions

The return-of-premium benefit will not be payable if any of the following benefits are payable:

- The critical condition benefit; or
- Return-of-premium at death benefit.

Termination

The return-of-premium (year 10+, year 15+ or age 60+) optional benefit rider will terminate on the earliest of:

- The date on which Great-West Life receives a request from the owner to terminate the rider;
- The date upon which the maximum return-of-premium benefit is payable;
- The policy anniversary on which the policy becomes paid-up in accordance with the paid-up option provision of the rider; and
- The date the policy terminates.

Second-event

Provides the owner with a limited amount of coverage for a specified condition if the insured has received the critical condition benefit before age 65 for heart attack, life-threatening cancer or stroke. Should the critical condition benefit become payable for one of these critical conditions:

- The policy will not terminate;
- The policy will become paid-up and no further premium will be payable;
- The supplementary benefit provision will not apply; and
- All optional benefit riders, except this rider, will terminate.

If the critical condition was:

- Heart attack or stroke — limited coverage will be provided for life-threatening cancer.
- Life-threatening cancer — limited coverage will be provided for heart attack.

Coverage for the second event is provided until the earliest of:

- 10 years from the date the exclusion period was satisfied;
- The insured's 75th birthday; and
- The date the rider terminates for any other reason.

Availability

Level benefit to age 75, to age 75 (20 year pay), to age 75 (30 year pay), lifetime (paid-up at age 100) and term 10 renewable to age 75.

Notes:

- The second-event rider is available at issue only. It cannot be added to an in force policy after issue.
- An individual will only be issued one second-event rider, regardless of the number of Oasis policies purchased.

Issue ages

- 18 - 60 — level benefit to age 75, lifetime (paid-up at age 100) and term 10 renewable to age 75
- 18 - 54 — level benefit to age 75 (20 year pay)
- 18 - 44 — level benefit to age 75 (30 year pay)

The insured's nearest age is used to determine premium rates and insurability requirements.

Paid-up benefit

If the critical condition benefit becomes payable for heart attack, life-threatening cancer or stroke before age 65:

- The policy will not terminate;
- The policy will become paid-up and no further premium will be payable;
- The supplementary benefit provision will not apply; and
- All other optional benefit riders will terminate.

Exclusion period

There is a one year exclusion period for the second-event rider. It starts on the date the survival period for the critical condition is satisfied and ends one year later.

To satisfy the terms of the exclusion period, the insured must not have been diagnosed with a second event critical condition during the exclusion period or had any signs or symptoms during the exclusion period leading to a diagnosis of a second event critical condition.

The owner will be required to have the insured complete and return a declaration form, supplied by Great-West Life, confirming the insured has not been diagnosed with a second event critical condition. If the insured has been diagnosed with a second event critical condition or the form is not returned within 30 days of delivery of the form to the owner, the policy will terminate immediately and no coverage will be provided.

Second event survival period

The insured must be alive 30 days after the date of the second event critical condition before the second event critical condition benefit becomes payable. During the second event survival period, the insured must not have experienced irreversible cessation of all functions of the brain (i.e. the insured must not be brain dead).

Benefit for second event critical condition

The second-event rider pays a one-time lump sum benefit if the insured is diagnosed with a second event critical condition as defined in the policy, the terms of the exclusion period have been satisfied, and the second event survival period has been satisfied.

The second event critical condition benefit will be the lesser of:

- 50 per cent of the benefit for critical condition; and
- \$50,000.

Payment of benefit

Before the second event critical condition benefit is payable to the owner, the following conditions must be satisfied:

- The terms of the exclusion period have been satisfied;
- The insured has satisfied the second event survival period;
- The insured is examined by a physician or other person determined by Great-West Life, if and when it reasonably requires;
- Evidence satisfactory to Great-West Life of the occurrence of a claim has been provided; and
- If the diagnosis takes place in the United States or elsewhere outside of Canada — provided Great-West Life with full access in Canada to the insured's complete medical records from the country or jurisdiction in which the diagnosis took place. The medical records must provide confirmation, satisfactory to Great-West Life that the same diagnosis would have been made had the insured's second event critical condition occurred in Canada.

If the critical condition benefit was paid for a critical condition other than heart attack, life-threatening cancer or stroke, the policy terminates and no coverage will be provided under this rider.

General exceptions

The general exceptions of the basic policy will apply to a second event critical condition.

Premium

The premium for the second-event rider is not guaranteed and is subject to change. Any change in the second-event rider premium will not be made more than once in any 12 month period and may occur on other than a policy anniversary. Any change in premium will be made to all policies within a particular risk class. A risk class is comprised of insureds of the same age, with the same policy class and plan type.

Great-West Life will send the owner notification of a change in premium not less than 31 days prior to any change in premium.

Rider extension

If second-event rider would otherwise terminate during the second event survival period, the rider will continue in force until the earlier of:

- The insured's death; and
- The date the second event critical condition benefit becomes payable.

Termination

The second event optional benefit rider will terminate on the earliest of:

- The date on which Great-West Life receives a request from the owner to terminate the rider;
- The date the policy is terminated in accordance with the exception for certain critical conditions provision;
- The date of the insured's death;
- The insured's 65th birthday if the critical condition benefit is not payable before that date;
- The date the critical condition benefit is payable for other than heart attack, life-threatening cancer or stroke; and
- If the critical condition benefit is payable for heart attack, life-threatening cancer or stroke before the insured's 65th birthday, the earliest of:
 - The date of the second event critical condition, if that date occurs during the exclusion period;
 - The date the second event critical condition benefit becomes payable;
 - 10 years from the date the exclusion period was satisfied; and
 - The insured's 75th birthday.

Waiver-of-premium on disability

Provides the payment of the premium while the insured is totally disabled. Prior to the insured's 60th birthday, if the insured has been totally disabled for 90 consecutive days, Great-West Life will refund any premium paid during this 90 day period and waive any premium that comes due while total disability continues.

Availability

All level and decreasing benefit plans. **Note:** Optional benefit riders can only be added at issue to age 75 (20 year pay) and to age 75 (30 year pay) plans.

Issue ages

- 18 - 54 — level benefit to age 75 (20 year pay)
- 18 - 44 — level benefit to age 75 (30 year pay)
- 18 - 55 — all other level and decreasing plans

The insured's nearest age is used to determine premium rates and insurability requirements.

Total disability

The insured is totally disabled if, due directly to injury or sickness, the insured:

- Cannot perform the substantial duties of the regular occupation and is not working in any other gainful occupation, during the regular occupation period; and
- Thereafter, cannot work in any gainful occupation.

Regular occupation period is the first 24 months of total disability and terminates on the policy expiry date.

Regular occupation is the occupation(s) in which the insured is regularly engaged at the onset of total disability.

Gainful occupation is an occupation for which the insured is reasonably fitted by reason of the insured's education, training or experience.

Waiver-of-premium benefit

If the insured is totally disabled, the owner must continue to pay any premium when due, until waived by Great-West Life.

After the insured has been totally disabled for three months (90 days), Great-West Life will:

- Refund any premium paid during this 90 day period; and
- Waive any premium that comes due while total disability continues.

Premiums will continue to be waived while the insured is totally disabled until the policy terminates.

Upon the insured's recovery, the owner must pay the premium when due from the date the insured is no longer disabled.

Exceptions

No premium will be waived under the rider where total disability is contributed to or caused by:

- Injury or sickness first manifested before the benefit effective date;
- Intentionally self-inflicted injury;
- Attempt at suicide, while the insured is sane or insane;
- Committing or attempting to commit an assault, battery or criminal offence, whether or not the insured is charged with a criminal offence;
- Operating a motorized vehicle while the concentration of alcohol in 100 ml. of blood exceeds 80 mg.;
- The use of any drug, poisonous substance, intoxicant, or narcotic, unless prescribed for the insured by a licensed physician and taken by the insured in accordance with directions given by the licensed physician;
- Active duty in any armed forces whether or not at war; or
- War and any hazard arising from war.

Pregnancy, of itself, is not a disease or illness and will not constitute a cause of total disability under the policy. However, coverage will be provided if the total disability is contributed to or caused by the pregnancy (commonly referred to as complications of pregnancy).

Termination

The waiver of premium on disability optional benefit rider will terminate on the earliest of:

- The insured's 60th birthday if the insured is not totally disabled;
- If the insured is totally disabled on the insured's 60th birthday, the date the insured is no longer totally disabled;
- **For to age 75 (20 year pay), to age 75 (30 year pay) and lifetime (paid-up at age 100) only** — the last premium due date;
- The date on which Great-West Life receives a request from the owner to terminate the rider; and
- The date the policy terminates.

Automatic increasing benefit

Provides for automatic increases in the critical condition benefit. There are two versions of the automatic increasing benefit optional benefit rider to choose from:

- **Automatic increasing benefit (100%)** — an automatic increase of 25 per cent of the original benefit amount will occur on the 4th, 6th, 8th and 10th policy anniversary following the effective date of the rider.
- **Automatic increasing benefit (45%)** — an automatic increase of 15 per cent of the original benefit amount will occur on the 3rd, 6th and 9th policy anniversary following the effective date of the rider.

For an increase in benefit amount, the plan is guaranteed.

Although the premium for the original benefit amount is guaranteed for the life of the policy, the premium for the increases is not guaranteed and will be based on Great-West Life's rules and rates in effect on the applicable premium increase date.

Availability

Level benefit to age 65, to age 75 and lifetime (paid-up at age 100) plans — level premium only. Not available with graded premium.

Note: This rider can only be added if the critical condition benefit under the basic policy is:

- **For automatic increasing benefit (100%)** — \$500,000 or less.
- **For automatic increasing benefit (45%)** — \$689,655 or less.

Issue ages

18 - 45 — The insured's nearest age is used to determine premium rates and insurability requirements.

Automatic increasing benefit

- **For automatic increasing benefit (100%)** — an automatic 25 per cent of the original benefit amount will occur on the 4th, 6th, 8th and 10th policy anniversary following the effective date of the rider.
- **For automatic increasing benefit (45%)** — an automatic increase of 15 per cent of the original benefit amount will occur on the 3rd, 6th and 9th policy anniversary following the effective date of the rider.

No underwriting is required at the time of an increase.

Maximum total increase

- **For automatic increasing benefit (100%)** — the maximum total increase in benefit amount is the lesser of:
 - 100 per cent of the original benefit amount; and
 - \$500,000.
- **For automatic increasing benefit (45%)** — the maximum total increase in benefit amount is the lesser of:
 - 45 per cent of the original benefit amount; and
 - \$500,000.

Exceptions

If the automatic increase date occurs during the survival period, the critical condition benefit will not increase by the amount equal to the applicable benefit amount increase.

Premium for increase

The premium for the original benefit amount is guaranteed for the life of the policy. The premium associated with an increase in benefit amount is not guaranteed. It will be based on Great-West Life's rules and rates in effect on the applicable premium increase date. The premium for the policy will not change between premium increase dates.

Notification letter — Great-West Life will send the owner a benefit specifications page no less than 10 days prior to the premium increase date which will set out the increase in the benefit amount and premium applicable to the increase.

If the owner does not want any future increases to take effect, the owner may terminate the rider by written request. The rider cannot be reinstated once terminated by the owner.

Reduction in benefit amount

If the critical condition benefit is reduced at the request of the owner, the rider will terminate and cannot be reinstated.

Termination

The automatic increasing benefit (100% or 45%) optional benefit rider will terminate on the earliest of:

- The date on which Great-West Life receives a request from the owner to terminate the rider;
- The last benefit increase date shown on the benefit specifications;
- The effective date of any reduction in the benefit amount under the policy, if Great-West Life receives a written request from the owner for a reduction in the benefit amount; and
- The date the policy terminates.

Premium reductions

There are no premium reductions available for Oasis.

Policy fee waived

The owner may qualify for the policy fee to be waived when a second Oasis policy is applied for:

- **Within three months after the application date for the original Oasis policy** — if the second policy is for the same insured, regardless of the purpose of the insurance coverage; or
- **At any time after the application date for the original Oasis policy** — if the second policy is for the same insured **and** the insurance coverage is for the same purpose (i.e. both policies must provide personal **or** business insurance).

Added support

Expert Medical services

When an insured submits a claim for a critical condition covered under the policy, the contact number for Best Doctors, Inc. will be included in the communication sent to the claimant by the Living Benefits Claims Department.

What is Best Doctors®?

Best Doctors connects insured's and their treating physicians with leading medical specialists. They'll help to confirm the right diagnosis and correct treatment recommendations, without the insured having to leave home.

Founded in 1989 by Harvard Medical School physicians, Best Doctors has access to a global network of 53,000 peer-nominated physicians who represent the top five percent of specialists in their fields.

What does Best Doctors offer?

Best Doctors will link the insured and the insured's physician to the following services:

- **InterConsultationSM**— is more than just a second opinion. Medical experts perform an in-depth analysis of the insured's medical records, including x-rays, test results, imaging scans and pathology samples. They'll provide the insured with a top specialist's detailed summary of the findings to help confirm or change a diagnosis, and to determine the proper treatment plan – which the insured can share with their treating physician.
- **FindBestDocSM** — a personalized search conducted to identify peer-nominated specialists within Canada – taking into account the insured's unique medical history, geographic location and condition. The insured will receive a comprehensive physician-search report that includes biographies and credentials.
- **FindBestCareSM** — if the insured's medical condition requires treatment outside of Canada, they will coordinate a search of their global database of physicians in more than 450 specialties and sub-specialties to find the expert(s) best suited to the insured's needs. The insured will receive up to three recommendations for leading physicians.
- **Best Doctors 360[®]** – get help navigating the Canadian health care system and find the resources and information insureds need. If the insured has questions or concerns about their health, they'll provide the insured with personalized information biographies and contact information for specialists and facilities in the insured's community.
- **Ask the ExpertSM** – the insured's medical questions will be sent to a leading physician who specializes in the insured's condition. They'll send the insured a written report addressing the insured's specific questions so that the insured can better understand their condition and make well-informed decisions about their health.

Access for certain services will be provided by a Best Doctors Member Advocate (a Registered Nurse) who'll work directly with the insured and their physicians reviewing the insured's case. They'll provide up-to-date progress of the insured's case and support the process.

Great-West Life is not obligated to provide the services of Best Doctors, Inc. described above and may change or cancel access to these services at any time without notice.

Best Doctors, Inc. will not charge the insured for these services. The costs of any travel, lodging and treatment associated with the FindBestDoc and FindBestCare services are the responsibility of the insured. Provision of this service is conditional on a demonstrated ability to pay for all such costs. We recommend that the insured inform the insured's physician that these services are available to the insured.

The critical condition definitions in the Oasis contract may be more restrictive than those for which Best Doctors, Inc. provides services. These services may be provided even though the insured may not be entitled to benefits under the Oasis policy. Any representations or warranties concerning these services are those of Best Doctors, Inc. and not Great-West Life.

Best Doctors and the Star-In-Cross logo are registered trademarks of Best Doctors, Inc.

Counselling and support services

When an insured submits a claim for a critical condition covered under the policy, the contact number for Shepell will be included in the communication sent to the claimant by the Living Benefits Claims Department.

What is Shepell?

Shepell offers critical illness counselling and support services in Canada to help the insured and the insured's immediate family members cope with personal and family issues.

What does Shepell offer?

For up to one year after diagnosis, the insured and the insured's primary caregiver can access:

- **Professional counselling services** — confidential support from professional counsellors for personal or emotional issues. This includes up to 12 sessions for the insured and the insured's immediate family members.
- **Family support services** — consultants research locations, availability, fees, and options for child or elder care and can assist in seeking home care should it be required. Family support specialists also provide one-on-one telephone consultation that offers relevant parenting information for day-to-day challenges one may face when dealing with a critical illness.
- **Legal and financial consultation** — financial advice to help with day to day budgeting given possible changes in employment or financial situation, as well as general legal consultation.
- **Registered dieticians** — consultation and advice from registered dieticians to help answer questions the insured may have about changes to the insured's diet resulting from the insured's condition or its treatment.
- **Wellness website** — informative online tool that can help the insured and the insured's family discover practical solutions for the issues most impacting work, health or life.
- **Online smoking cessation services** — support and guidance to help the insured quit and get on the path to a smoke-free healthy lifestyle.
- **Online stress management tool** — an interactive program to help deal with the symptoms and management of stress associated with a critical illness.

Great-West Life is not obligated to provide the services of Shepell described above and may change or cancel access to these services without notice.

Shepell will not charge the insured for these services. The costs of any medical or other services are not included in these services.

The critical illness or condition definitions in the Oasis contract may be more restrictive than those for which Shepell provides services. These services may be provided even though the insured may not be entitled to benefits under the Oasis policy. Any representations or warranties concerning these services are those of Shepell and not Great-West Life.

Shepell is a trade name of Morneau Shepell Ltd.