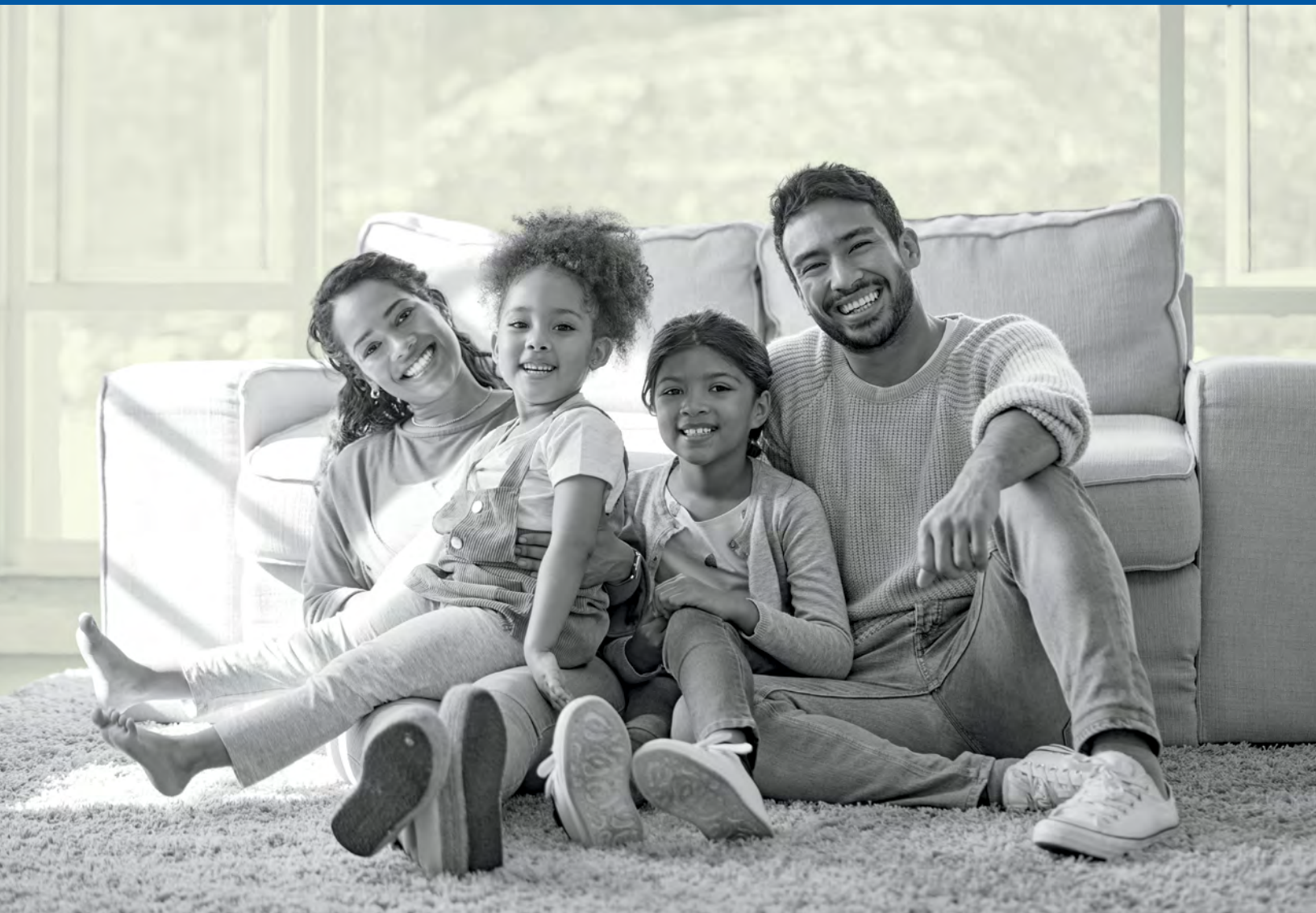


Whole life insurance



PRODUCT GUIDE



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WHOLE LIFE INSURANCE - AN OVERVIEW

iA offers whole life insurance representing the ideal solution if your clients are looking for a flexible, guaranteed protection in effect for their entire life. With whole life insurance, your clients can protect their family and their estate until their death.

There are many advantages to whole life insurance: guaranteed face amount and premiums, guaranteed surrender values and paid-up insurance. There are also plenty of riders and additional benefits you can offer your clients to give them personalized coverage that best meets their needs.

With whole life insurance, your clients can:

- Meet their financial commitments.
- Maintain their family's standard of living in the event of premature death.
- Cover expenses related to death.
- Leave an inheritance or protect their estate.

Whether your clients purchase insurance for peace of mind or to ensure their family's financial security, whole life insurance meets their needs.



WHOLE LIFE INSURANCE — AT A GLANCE

Coverage options	<ul style="list-style-type: none"> — L10, L20, L65, L100 — T100 — Child Life & Health Duo — Life and Serenity 65
Child Life & Health Duo	<ul style="list-style-type: none"> — Dual protection: <ul style="list-style-type: none"> – Paid-up whole life insurance as soon as the insured reaches age 30; remains in effect until death – Term critical illness insurance covering 30 illnesses, in effect until the insured reaches age 30, convertible into permanent critical illness insurance
Life and Serenity 65	<ul style="list-style-type: none"> — Dual protection: <ul style="list-style-type: none"> – Whole life insurance whose premiums are guaranteed and payable until age 100 – Monthly benefit paid to the insured, as soon as age 65, in the event of diagnosis of dementia, Parkinson’s Disease, paralysis or loss of independent existence, corresponding to 1% of the life insurance face amount, until it is depleted.
Face amount – minimum and maximum	<ul style="list-style-type: none"> — L10, L20, L65, L100, T100: \$10,000 to \$10,000,000 (A special quote is required for face amounts over \$10,000,000.) — Child Life & Health Duo: \$20,000 to \$500,000 — Life and Serenity 65: \$10,000 to \$1,000,000
Type of face amount	Level
Maximum age at issue	<ul style="list-style-type: none"> — L10, L20, L100: Age 0 to 70 — L65: Age 0 to 54 — T100: Age 0 to 85 — Child Life & Health Duo: Age 15 days to 20 years — Life and Serenity 65: Age 15 to 60
Surrender value and reduced paid-up insurance	<p>Guaranteed and available starting on the 11th policy anniversary for all coverage options, with the exception of:</p> <ul style="list-style-type: none"> — T100 coverage does not offer surrender value and reduced paid-up insurance. — L10 coverage does not offer reduced paid-up insurance.
Guaranteed Insurability (GI)	<ul style="list-style-type: none"> — Benefit granted to children insured before age 21 years (age 0 to 20) for all whole life coverage options, except the T100 and Life and Serenity 65 — Two possible increases of the initial face amount, without evidence of insurability, up to 200% (maximum of \$150,000)
Types of insurance	<ul style="list-style-type: none"> — Individual (The Child Life & Health Duo and Life and Serenity 65 are offered on a type of individual insurance only.) — Joint first-to-die — Joint last-to-die — Joint last-to-die, paid-up on the first death

Maximum number of insureds per policy	Up to 9 insureds on the same contract, including the principal insured.	
Rate bands	<p>Band 1: \$10,000 to \$49,999 Band 1 starts at \$20,000 for the Child Life & Health Duo</p> <p>Band 2: \$50,000 to \$99,999</p> <p>Band 3: \$100,000 to \$199,999</p> <p>Band 4: \$200,000 to \$499,999</p> <p>Band 5: \$500,000 to \$999,999</p> <p>Band 6: \$1,000,000 or up</p>	
Premium payment	<ul style="list-style-type: none"> — Annually — Monthly (pre-authorized cheque (PAC)) <p>Semi-annual and quarterly options are also available.</p>	
Accelerated underwriting	Accelerated underwriting with instant decision, available for face amounts under \$2,000,000 for insureds age 50 or under. Some restrictions apply.	
Riders and additional benefits	<ul style="list-style-type: none"> <li style="width: 50%;">— Accidental Death (AD) <li style="width: 50%;">— Hospitalization <li style="width: 50%;">— Accidental Death and Dismemberment (AD&D) <li style="width: 50%;">— Hospitalization and Home Health Care <li style="width: 50%;">— Accidental Fracture (AF) <li style="width: 50%;">— Paramedical Care in the event of an accident <li style="width: 50%;">— Child Critical Illness <li style="width: 50%;">— Supplementary Income (SI) <li style="width: 50%;">— Child Module <li style="width: 50%;">— Waiver of premiums in the event of the applicant's disability (WPDIs) <li style="width: 50%;">— Child Module Plus <li style="width: 50%;">— Waiver of premiums in the event of the insured's disability (WPIDis) <li style="width: 50%;">— Critical Illness <li style="width: 50%;">— Waiver of premiums in the event of the applicant's death (WPD) <li style="width: 50%;">— Disability Credit <li style="width: 50%;">— Guaranteed Insurability (GI) 	
Combined protections discount	Add one or more riders and additional benefits with no extra policy fees	
Policy fees	<p>Type of individual insurance:</p> <ul style="list-style-type: none"> — 1 insured: \$60 — 2 or more insureds: \$90 	<p>Type of joint insurance:</p> <ul style="list-style-type: none"> — Without additional insured: \$90 — With additional insured: \$120

1. ADVANTAGES OF WHOLE LIFE INSURANCE

Customized

Upon enrolling in whole life insurance, your client may pay their policy premiums faster with guaranteed accelerated payments over a period of 10 years, 20 years or to age 65.

Flexibility

If your clients' needs change and they want to terminate their life insurance, they can obtain a predetermined amount from the surrender value. This amount is available starting on the 11th policy anniversary and grows over time.

The surrender value represents several opportunities for your client:

- Policy loan
- Collateral assignment for a bank loan
- Liquidity to finance a project
- Create a retirement income
- Possibility of obtaining a lower face amount, but free of premiums payment.

No compromise: Child Life & Health Duo

Parents do not want to make any compromise when it comes to protecting the people they love most. Hybrid Child Life & Health Duo protection insures children for their entire life while providing parents financial support to stay close to them if they should suffer from a critical illness.

Double protection: Life and Serenity 65

Specially designed for people aged 40 to 60, Life and Serenity 65 gives your clients access to the face amount in the form of a monthly benefit while they're alive, to maintain their quality of life in case of loss of independence.

Wide range of additional coverage options

Thanks to a vast selection of 16 riders and additional benefits, you can create custom coverage for your clients as their needs evolve under one contract, including disability and critical illness coverage. In addition, your clients can save money through the Combined Protections discount, which helps avoid extra policy fees!

Accelerated underwriting

The leader in instant decisions, iA Financial Group offers you accelerated quotes for amounts up to \$2 M via its EVO technology platform for clients 18 to 50 years of age, without any medical exam systematically required. Moreover, the contract is issued within 24 hours!

VIP underwriting program

Clients with a minimum annual premium of \$5,000 can benefit from iA Financial Group's VIP program without any additional steps. This personalized service offers you an initial follow-up in less than 24 hours as well as a direct line to the underwriter assigned to your client.

iA Large Case Solutions program team

For your high net worth clients who require more complex financial strategies, you can count on personalized expertise and guidance from our iA Large Case Solutions program team.

2. GENERAL INFORMATION ABOUT WHOLE LIFE INSURANCE

Whole life insurance offers **financial protection during the insured's lifetime**. The benefit is payable on the insured's death, regardless of the date of death. This type of insurance differs from term insurance by offering guaranteed additional values such as a **guaranteed surrender value and paid-up insurance** (except for the T100).

All of iA's whole life insurance products (L10, L20, Child Life & Health Duo, L65, Life and Serenity 65, L100 and T100) have a **face amount guaranteed for life and level for the duration of the contract**.

Whole life insurance can be purchased as **basic coverage** or as a **rider** to an existing policy.

Types of insurance

The types of insurance available are:

- **Individual:** The protection covers only one person. The face amount is payable when the person dies.
The Child Life & Health Duo and Life and Serenity 65 are only available with a type of individual insurance.
- **Joint first-to-die:** A maximum of 2 people are covered by the same type of joint insurance. The face amount is payable when the first insured dies. The payment of the face amount terminates the contract.
- **Joint last-to-die:** A maximum of 2 people are covered by the same type of joint insurance. The face amount is payable when the last insured dies. Premium payments are maintained after the first death and the payment of the face amount terminates the contract.
- **Joint last-to-die, paid-up on the first death:** A maximum of 2 people are covered by the same type of joint insurance. The face amount is payable when the last insured dies. Premium payments are interrupted when the first insured dies and the payment of the face amount terminates the contract.

Coverage options

Several coverage options are available to clients, based on their needs:

Coverage options	Description
L10	Whole life insurance with premiums payable for 10 years
L20	Whole life insurance with premiums payable for 20 years
L65	Whole life insurance whose premiums are payable to age 65
L100	Whole life insurance whose premiums are payable to age 100.
T100	Whole life insurance whose premiums are payable to age 100. No surrender value included.
Child Life & Health Duo	Whole life insurance whose premiums are payable until age 30. Term critical illness insurance included.
Life and Serenity 65	Whole life insurance whose premiums are payable until age 100. Provides for the payment of a monthly benefit from the face amount, starting at age 65, if the insured suffers from one of the four covered illnesses or medical conditions.

Type of face amount

The face amount for all whole life coverage options is **guaranteed for life and level** for the duration of the contract. However:

- 50% of the **Child Life & Health Duo** face amount is paid in advance if the insured child should suffer from a covered critical illness before age 30.
- 1% of the face amount of the **Life and Serenity 65** protection is paid in advance as a monthly benefit as soon as the insured reaches age 65, when the insured is diagnosed with dementia, Parkinson's disease, paralysis or loss of independence.

The death benefit payable under this coverage could be lower than the initial face amount, but not lower than 25% of the face amount, despite the benefit payments.

Surrender value

The L10, L20, Child Life & Health Duo, L65, Life and Serenity 65 and L100 whole life coverage options include guaranteed surrender values, starting from the beginning of the 11th policy anniversary. However, if the policyowner decides to withdraw the entire surrender value, the contract terminates.

Reduced paid-up insurance

With the surrender values provided by reduced paid-up insurance, the policyowner can stop paying life insurance premiums and keep a reduced face amount throughout the life of the insured. As with the surrender value, the paid-up insurance is guaranteed starting from the beginning of the 11th policy anniversary.

Otherwise, when the insured reaches age 100, the entire face amount of the policy is paid-up, which means that the insured remains covered for the entire face amount until his or her death, with no premium payments.

In general, at age 100, the surrender value is equal to the face amount. If the policyowner chooses to withdraw this surrender value, it would be taxable whereas the face amount paid to the beneficiary on the death of the insured is non-taxable.

Example:

Insured: 20-year old female, non-smoker

Face amount: \$100,000

Coverage option: L100 whole life insurance

Annual premium: \$506

Age	Face amount	Surrender value	Paid-up insurance
	Guaranteed	Guaranteed	Guaranteed
30	\$100,000	\$680	\$1,667
40	\$100,000	\$3,540	\$18,333
50	\$100,000	\$6,710	\$35,000
60	\$100,000	\$15,590	\$51,667
65	\$100,000	\$21,770	\$60,000
70	\$100,000	\$29,460	\$65,714
80	\$100,000	\$48,620	\$77,143
90	\$100,000	\$71,480	\$88,571
100	\$100,000	\$100,000	\$100,000

In the example above, at age 65, the insured can benefit from a surrender value of \$21,770 fully guaranteed. The client can also stop paying premiums at age 50 and still take advantage of a \$35,000 face amount guaranteed for life.

Policy loans

One of the advantages of whole life insurance is that its flexibility allows clients to obtain a policy loan based on the surrender value accumulated over the years.

Policy loans are available for the L10, L20, Child Life & Health Duo, L65, Life and Serenity 65 and L100 coverage options.

There are two types of policy loan:

- Cash loan: The policyowner can request a cash loan at any time in writing.
- Automatic loan: The automatic loan is made by the Company when the premiums are due and unpaid before the end of the grace period.

Whether it is a cash loan or an automatic loan, the loan amount cannot exceed 90% of the surrender value, less any amount owed to the Company.

The interest rate applicable to policy loans is determined by the Company and is subject to change. This rate is available in the secure section of the Advisor Centre. Policy loans interest accrues daily and is capitalized on each policy anniversary.

3. CHILD LIFE & HEALTH DUO

The Child Life & Health Duo is a hybrid coverage that offers an interesting and affordable option for parents who want to insure their children's lives, while covering their needs in the event of a critical illness.

Description

Available from the 15th day following birth, the Child Life & Health Duo coverage includes **whole life insurance and term critical illness insurance**, the latter remaining in effect until the insured reaches age 30. The face amount in the event of death and critical illness is guaranteed for the duration of the coverage.

50% of the life face amount can be paid in a lump-sum if the insured is diagnosed with a covered critical illness before age 30. The remaining portion of the face amount is payable on the insured's death.

If the insured dies without having received benefits under the critical illness insurance, the face amount paid at death is equal to 100% of the face amount on the insured's life.

The critical illness insurance includes the following:

- **25 critical illnesses and afflictions,**
- **5 juvenile critical illnesses,**
- Prevention + Benefit covering **7 illnesses.**

Please refer to the appendices at the end of this guide for a detailed description of the critical illnesses and afflictions covered under the Child Life & Health Duo.

Main features of the Child Life & Health Duo

- Upon the insured's 30th birthday, the whole life insurance is paid up and the term critical illness insurance terminates, subject to the insured exercising the conversion privilege.
- The critical illness insurance can be converted into permanent critical illness insurance, without evidence of insurability (please refer to the section concerning the conversion privilege for term critical illness insurance).
- If the policyowner opts for reduced paid-up insurance to interrupt premium payments before the insured reaches age 30, the benefit payable in the event of critical illness is equal to 50% of the reduced life insurance face amount.
- The Child Life & Health Duo is only available with a type of individual insurance.
- The AF, GI and AD/AD&D additional benefits are payable for 10 years, regardless of the insured's age at issue.

List of 25 covered illnesses and afflictions

The Child Life & Health Duo coverage covers the following 25 critical illnesses and afflictions:

- Aortic Surgery
- Aplastic anemia
- Bacterial Meningitis
- Benign Brain Tumour
- Blindness
- Cancer (Life-Threatening)
- Coma
- Coronary Artery Bypass Surgery
- Deafness
- Dementia, including Alzheimer's Disease
- Heart Attack
- Heart Valve Replacement or Repair
- Kidney Failure
- Loss of Independent Existence
- 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
- Stroke (Cerebrovascular Accident)

List of 5 covered juvenile critical illnesses

The Child Life & Health Duo also covers the following 5 juvenile critical illnesses if a diagnosis is made before the insured's 25th birthday: :

- Cerebral palsy
- Congenital heart disease
- Cystic fibrosis
- Muscular dystrophy
- Type 1 diabetes mellitus

Prevention + Benefit

Prevention + Benefit pays a partial benefit equal to 15% of the face amount, up to \$50,000 per payment, if the insured is diagnosed with one of the following 7 diseases:

- Coronary angioplasty
- Cancers detected in early stages:
 - Ductal Carcinoma *in situ* of the breast
 - Gastrointestinal stromal tumours (GIST) and neuroendocrine tumours (classified less than AJCC Stage 2)
 - Papillary or follicular thyroid cancer stage T1
 - Stage 1 malignant melanoma
 - Stage A prostate cancer (T1a or T1b)
 - Rai Stage 0 chronic lymphocytic leukemia (CLL)

Prevention + Benefit can be paid up to four times for all the illnesses above (maximum once per illness) for the term of the contract. The insured can therefore receive up to a total of \$200,000 with Prevention + Benefit.

The contract continues under the same conditions after the benefit is paid and the face amount is not reduced by the amount paid.

Exclusions, limitations, delays and moratorium periods

Exclusions and limitations apply to several covered critical illnesses and afflictions. Certain delays and moratorium periods must also be completed before a benefit can be paid to the insured.

For more details about these exclusions and limitations as well as the various delays, please refer to the descriptions of the covered critical illnesses and afflictions as well as the illnesses covered under Prevention + Benefit in the appendices at the end of this guide.

Conversion privilege for term critical illness insurance

Between the insured's 18th and 30th birthdays, if no critical illness insurance benefit has been paid, the term insurance can be converted into permanent critical illness insurance without evidence of insurability.

Once the conversion is completed, only the whole life Child Life & Health Duo insurance remains in effect under the previous policy. The whole life face amount and premium are unchanged.

The critical illness insurance conversion is made under the following conditions:

- issue of a new critical illness insurance contract,
- maximum face amount equivalent to 50% Child Life & Health Duo face amount,
- premium calculated according to the age attained by the insured on the conversion date,
- no evidence of insurability required.

4. LIFE AND SERENITY 65

Your clients must be able to rely on coverage that will meet both their current and future needs. With Life and Serenity 65, you can offer them a whole life insurance with additional protection for the four main health problems that come with age.

Description

Starting at age 65, the insured's state of health can allow them **to profit from their life face amount by receiving a monthly benefit** that they can use to obtain long-term health care.

If this monthly benefit has completely depleted the face amount, a minimum amount equivalent to 25% of the face amount is nevertheless paid to the beneficiary on the death of the insured.

The appendices at the end of this guide contain a detailed description of the covered illnesses and conditions associated with aging under the Life and Serenity 65 coverage.

Main features of Life and Serenity 65

- A monthly benefit equal to 1% of the life insurance face amount in force when benefit payments begin is paid when a covered illness or condition is diagnosed.
- The benefit becomes payable on the monthly contract anniversary that immediately follows the insured's 65th birthday. If the insured is younger than age 65 at the time of diagnosis, the benefit payments will begin as of their 65th birthday.
- The benefit is non-taxable.
- The policyowner must be the beneficiary of the benefit.
- The waiver of premiums for the Life and Serenity 65 coverage starts on the date of the diagnosis. However, on that date, the surrender value of Life and Serenity 65 is no longer available, and the reduced paid-up insurance no longer applies.
- Life and Serenity 65 is only available with a type of individual insurance.
- The benefit is only payable if all amounts owed to the Company have been reimbursed, including policy loans.

Covered illnesses and conditions

- Dementia, including Alzheimer’s Disease
- Parkinson’s Disease and Atypical Parkinsonian Disorders
- Paralysis
- Loss of Independent Existence

Example:

In June 2011, Paul, age 68, is diagnosed with Alzheimer’s disease. On this date, Paul is independent and can still perform the activities of daily living without supervision. Paul will therefore not be eligible for the Serenity 65 benefit until a specialist confirms that his state of health meets the description of Alzheimer’s disease given in the contract.

Paul’s benefit is paid until the first of the following events:

- the death of the insured,
- the face amount is completely depleted (after 100 months).

Once benefit payment has begun, it cannot be temporarily interrupted.

Here are a few examples of total face amount paid under Life and Serenity 65, according to the cumulative total of monthly benefit payments:

	Example 1	Example 2	Example 3	Example 4
Face amount at the beginning of benefit payment	\$150,000	\$150,000	\$150,000	\$150,000
Cumulative total of monthly payments on date of death	\$0	\$60,000	\$135,000	\$150,000
Death benefit paid to beneficiaries	\$150,000	\$90,000	\$37,500	\$37,500
Total paid	\$150,000	\$150,000	\$172,500	\$187,500

Underwriting

In addition to the usual underwriting for life insurance, a simplified questionnaire with six questions (Q9A) must be filled out to qualify for Life and Serenity 65 coverage. The person who wants to get coverage must answer NO to all the questions.

5. GUARANTEED INSURABILITY (GI)

This benefit is automatically included in whole life insurance options L10, L20, Child Life & Health Duo, L65 and L100 **issued between 0 and 20 years of age**. The guaranteed insurability offers the policyowner the possibility to subscribe to an additional amount of whole life insurance for the insured, without evidence of insurability.

The policyowner may exercise this option at certain ages or when specific events take place, until the insured reaches age 40.

Description

The option to increase the insured's initial face amount can be exercised within 31 days following the insured's birthday at the attained ages of 20 and 30 or within 31 days after one of the following events: graduation from college or university, marriage of the insured, birth or adoption of a child.

When an underwriting right is exercised (or increase of the face amount) the additional amount of insurance must be a type usually issued by the Company.

Main features of Guaranteed Insurability

- Issue of a new policy with the same type of insurance as the policy allowing the increase, with an effective date corresponding to the application date.
- Minimum increase in the face amount per subscription: \$10,000.
- Maximum increase in the face amount per subscription: 100% of the initial face amount, to a maximum of \$50,000.
- Maximum number of increases: 2 for the duration of the contract.
- Total maximum increase in the face amount: 200% of the initial face amount, to a maximum of \$150,000 per insured.
- Premiums calculated based on:
 - the insured's attained age on the date of the increase,
 - the face amount,
 - the initial risk class, and
 - initial smoking status.
- The benefit is only granted for standard risks, i.e. not subject to an extra premium.
- Restrictions and conditions applicable to the new face amount identical to those in effect in the previous policy.

The GI described above contains different features from the Guaranteed Insurability (GI) offered as an additional benefit. For more details on this latter benefit, please refer to the Riders and Additional Benefits Guide in the Advisor Centre Documentation Centre.

6. TYPES OF JOINT INSURANCE

Each insured must be at least 15 years of age on the date the policy is issued in order to have joint insurance.

L10, L20, L65, L100 and T100

L10, L20, L65, L100 and T100 underwritten with a type of joint insurance covers the life of **two** people and three options are offered:

- Joint first-to-die
- Joint last-to-die
- Joint last-to-die, paid-up on the first death

Extended coverage

Extended coverage is available only for a **type of joint first-to-die insurance**.

If, within 45 days of the date of the first death, one of the surviving insureds dies and is under age 70, the Company pays to the beneficiary an additional death benefit for the second death to occur.

Death no 1: Day 0	Death no 2: Day 1 to 45	Death benefit(s) paid
Death of insured 1 or 2	None	1 time
Death of insured 1 or 2	Death of surviving insured under the age of 70	2 times

This benefit is only granted if the option described in the section "New policy after a death" has not been exercised.

Simultaneous deaths

The features described below for simultaneous deaths apply only to a **type of joint first-to-die insurance**.

In the event of **simultaneous deaths** of insureds or in circumstances where it is impossible to determine which insured died first, the youngest insured is deemed to have survived the other insured.

Simultaneous deaths of insureds	Death Benefit(s) Paid
One of the two insured is under 70 years of age	2 times
Both insureds are over 70 years of age	1 time

This benefit is only granted if the option described in the section "New policy after a death" has not been exercised.

7. MID-TERM CONTRACT MODIFICATIONS

Face amount changes

The face amount of a whole life insurance policy may be increased or decreased at any time, subject to administrative rules. However, face amount increases require evidence of insurability.

The policyowner can request that the portion of the guaranteed surrender value associated with a reduction in the face amount be paid to him/her.

New policy after a death

This modification is available only for a type of joint first-to-die insurance.

After the date of the first death, the surviving insured under the age of 70 may exercise their policy conversion privilege, without having to submit evidence of insurability, to get a whole life insurance policy.

This change must be made within 45 days of the date of the first death. In addition, the face amount held by the insured must not exceed the face amount of the previous policy.

When issuing a new policy after a death, the following conditions apply:

- the effective date of the new policy is the date the Company receives the application,
- the restrictions and conditions applicable to the insured are identical to those in effect on the previous policy,
- premiums are calculated based on:
 - the attained age of the surviving insured on the new policy issue date,
 - the rate in effect on the new policy issue date,
 - the rate band corresponding to the face amount of the new policy,
 - the insured's initial risk class, and
 - the insured's initial smoking status,
- transaction fees are charged for the modification, and
- annual policy fees are payable for the new policy.

Dissociation

Dissociation is the transaction where one of the whole life insurance coverages under a policy is withdrawn and continued under another whole life insurance policy with a similar type of individual or joint insurance.

Subject to the consent of the policyowner and irrevocable beneficiary, if any, the insured can dissociate and continue to be insured under their own life insurance policy, without having to submit evidence of insurability.

The following terms apply to a dissociation:

- the face amount of the new protection is the same as that in effect at the end of the previous protection,
- transaction fees are charged for the modification, and
- annual policy fees are payable for the new policy.

Dissolution

This modification is available only for a type of joint first-to-die insurance.

Dissolution is the transaction where a whole life insurance policy with a type of joint insurance is cancelled and replaced with one or two whole life insurance policies with a type of individual insurance.

Insureds can have their policy dissolved and get coverage under their own whole life insurance policy without having to submit evidence of insurability.

Dissolution is not available for L20, L65 or L100 life insurance policies whose face amount have been converted to obtain reduced paid-up insurance.

The following terms apply to a dissolution:

- new policies with a type of individual insurance are issued on the date the application is received,
- the effective date of the new policies is the same as the previous policy,
- the face amount held by each insured on the new policies is the same as the face amount of the previous policy divided by the number of insureds on the previous policy,
- premiums are calculated based on:
 - the age of each insured on the previous policy issue date,
 - the rate in effect on the previous policy issue date,
 - the rate band corresponding to the new face amount,
 - each insured's initial risk class, and
 - each insured's initial smoking status,
- transaction fees are charged for the modification, and
- annual policy fees are payable for the new policy or policies.

Application changes when one person is not insurable

Only a **type of joint last-to-die insurance policy** provides coverage on an uninsurable life. In addition, only the L10, L20, L65, L100 and T100 coverage options are available.

— **Joint first-to-die insurance application:**

This type of joint insurance is not permitted on an uninsurable person. Therefore, the initial type of joint insurance application is modified to offer a policy with a type of individual insurance for the insurable person. Premiums are calculated based on the insurable person's age, sex, smoking status and risk class.

— **Joint last-to-die insurance application:**

The initial joint insurance application is maintained, and a policy with a type of joint last-to-die insurance is issued. Premiums are calculated based on the insurable person's age, sex, smoking status and risk class.

— **Joint last-to-die, paid-up on the first death insurance application:**

This type of joint insurance application is not permitted on an uninsurable person. Therefore, the initial type of joint insurance application is maintained and a policy with a type of joint last-to-die insurance, **without being paid up on the first death**, is issued. Premiums are calculated based on the insurable person's age, sex, smoking status and risk class of the insurable person.

Note that a type of joint insurance with an uninsurable person cannot be shown in the illustration software.

Evidence of insurability and actual age of the insured

If evidence of insurability is required for a mid-term contract modification, each insured must provide evidence based on their actual age (not equivalent age).

Evidence of insurability is required in the following situations:

- Face amount increase
- Change in the insured's initial risk class
- Change in the insured's smoking status
- Underwriting of a new whole life insurance policy to take advantage of current rates

8. PREMIUMS

Premiums at underwriting

Whole life insurance premiums are based on the insured's age, sex, smoking and health status and the face amount on the policy issue date.

Premiums are level and guaranteed for the duration of the coverage.

Premium rate bands

Premiums are offered in the six rate bands listed in the "At a glance" section at the beginning of this guide.

Each rate band provides a rate reduction from the previous band. The choice among these different bands is made when the insured underwrites a whole life insurance policy.

Selection of the applicable rate band is based on the face amount of each coverage held by each insured, not on the total of the individual face amounts, whether or not the coverage has the same effective date.

Changes in the face amount and rate bands

When the face amount decreases **after the policy issue date**, the premium is adjusted based on the new applicable rate band.

When the face amount increases **after the policy issue date**, a new rate band is not selected.

Premium payment

The policyowner has the option of paying premiums annually, semi-annually, quarterly, or monthly by preauthorized cheques (PACs). For monthly payments, the premium is equal to the annual premium multiplied by 0.09.

To find out the conversion factor for the other options, contact the Head Office.

Type of joint insurance premiums

Premiums are calculated according to the equivalent age rule. Please consult the software illustration for premium calculations.

9. RIDERS AND ADDITIONAL BENEFITS

Complete insurance coverage tailored to each individual's needs is the cornerstone of a strong financial security program. That's why iA offers a wide range of riders and additional benefits to ensure your clients will be well protected if something were to happen.

Additional benefits:

- Accidental Death (AD)
- Accidental Death and Dismemberment (AD&D)
- Accidental Fracture (AF)
- Guaranteed Insurability (GI)
- Waiver of Premiums in the event of the Applicant's Disability (WPDIs)
- Waiver of Premiums in the event of the Insured's Disability (WPIDIs)
- Waiver of Premiums in the event of the Applicant's Death (WPD)

Riders:

- Child Critical Illness
- Child Module
- Child Module Plus
- Critical Illness
- Disability Credit
- Hospitalization
- Hospitalization and Home Health Care
- Paramedical Care in the event of an accident
- Supplementary Income (SI)

Detailed information is available in the Riders and Additional Benefits Guide in the Advisor Centre Document Centre.

10. GRACE PERIOD AND CONTRACT TERMINATION

After the initial premium has been paid, policyowners have a 31-day grace period from the due date of each subsequent premium. If they have not paid the premium by the end of the grace period, their contract will lapse without notice.

Whenever possible, the Company will make automatic loans to pay the premiums due and to prevent the contract from terminating. If the amount of premiums exceeds the surrender value, the contract will lapse.

If the insured dies during the grace period, the death benefit will be paid, less the premium due.

A contract can be reinstated subject to the following conditions:

- the policyowner has sent a request to reinstate the contract within two years following the date of the lapse,
- evidence of insurability is required for all individuals insured, and
- the policyowner has paid a sufficient amount equal to the outstanding premiums, annual interest compounded at a rate determined by the Company and any other amount owed to the Company.

11. POLICY AND TRANSACTION FEES

Policy fees

Individual insurance	Fees
1 insured	\$60
2 or more insureds	\$90
Joint insurance	Fees
Without additional insured:	\$90
With additional insured:	\$120

These fees are guaranteed and are charged as long as the policy includes non-paid-up insurance coverage.

Transaction fees

The various transaction fees can be found in the Advisor Centre Document Centre under *Individual insurance/ Administration and forms/Policies and procedures guide/ Transaction fees*.

APPENDIX I – DESCRIPTION OF COVERED CRITICAL ILLNESSES AND AFFLICTIONS

You will find below descriptions for each of the 25 critical illnesses and afflictions covered by the Child Life & Health Duo coverage as well as the illnesses and conditions related to aging covered by the Life and Serenity 65 coverage.

A survival period applies for certain covered critical illnesses and afflictions. When no survival period applies, the insured must be alive at the time the diagnosis is made.

General exclusions and limitations apply to the critical illnesses and afflictions described in this appendix. Please refer to the contract for more details on these exclusions and limitations.

Aortic Surgery

Description

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. The surgery must be determined to be medically necessary by a specialist. A 30-day survival period applies.

Exclusions

No critical illness benefit will be payable for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

Aplastic Anemia

Description

A definite diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:

- marrow stimulating agents;
- immunosuppressive agents;
- bone marrow transplantation.

The diagnosis of Aplastic Anemia must be made by a specialist.

Bacterial Meningitis

Description

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

Exclusion

No critical illness benefit will be payable for viral meningitis.

Benign Brain Tumour

Description

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

Exclusions

No critical illness benefit will be payable for pituitary adenomas less than 10 mm.

No critical illness benefit will be payable if, within the first 90 days following the later of, the effective date of the policy, or the date of last reinstatement of the policy, the life insured has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of Benign Brain Tumour (covered or excluded under the policy), regardless of when the diagnosis is made, or
- a diagnosis of Benign Brain Tumour (covered or excluded under the policy).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for Benign Brain Tumour or, any critical illness caused by any Benign Brain Tumour or its treatment.

Blindness

Description

A definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

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

The diagnosis of Blindness must be made by a specialist.

Cancer (Life-Threatening)

Description

A definite diagnosis of 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. The diagnosis of Cancer must be made by a specialist.

For purposes of this description, 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.

For purposes of this description, the term 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.

Exclusions

No critical illness benefit will be payable for the following cases:

- 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;
- malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.

No critical illness benefit will be payable under this condition if, within the first 90 days following the later of, the effective date of the policy, or the date of last reinstatement of the policy, the life insured has any of the following:

- signs, symptoms or investigations, which lead to a diagnosis of Cancer (covered or excluded under the policy), regardless of when the diagnosis is made, or
- a diagnosis of Cancer (covered or excluded under the policy).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for cancer or, any critical illness caused by any cancer or its treatment.

Coma

Description

A definite diagnosis of 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 4 or less. The diagnosis of Coma must be made by a specialist.

Exclusions

No critical illness benefit will be payable for:

- a medically induced coma; or,
- a coma which results directly from alcohol or drug use; or
- a diagnosis of brain death.

Coronary Artery Bypass Surgery

Description

The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). The surgery must be determined to be medically necessary by a specialist. A 30-day survival period applies.

Exclusions

No critical illness benefit will be payable for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

Deafness

Description

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

Dementia, including Alzheimer's Disease

Description

A definite diagnosis of 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 life insured must exhibit:

- dementia of at 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.

The diagnosis of Dementia must be made by a specialist.

Exclusion

No critical illness benefit will be payable for affective or schizophrenic disorders, or delirium.

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

Heart Attack

Description

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

- heart attack symptoms;
- new electrocardiogram (ECG) changes consistent with a heart attack;
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The diagnosis of Heart Attack must be made by a specialist. A 30-day survival period applies.

Exclusions

No critical illness benefit will be payable for:

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

Heart Valve Replacement or Repair

Description

The undergoing of surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities. The surgery must be determined to be medically necessary by a specialist. A 30-day survival period applies.

Exclusion

No critical illness benefit will be payable for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

Kidney Failure

Description

A definite diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated. The diagnosis of Kidney Failure must be made by a specialist.

Loss of Independent Existence

Description

A definite diagnosis of 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. The diagnosis of Loss of Independent Existence must be made by a specialist.

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 with or without the aid of assistive devices;
- bladder and bowel continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained;
- transferring – the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices;
- feeding – the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices.

Loss of Limbs

Description

A definite diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The diagnosis of Loss of Limbs must be made by a specialist.

Loss of Speech

Description

A definite diagnosis of 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. The diagnosis of Loss of Speech must be made by a specialist.

Exclusion

No critical illness benefit will be payable for all psychiatric related causes.

Major Organ Failure on Waiting List

Description

A definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under Major Organ Failure on Waiting List, the life insured must become enrolled as the recipient in a recognized transplant centre in Canada or the United States of America that performs the required form of transplant surgery. The date of diagnosis is the date of the life insured's enrolment in the transplant centre. The diagnosis of the major organ failure must be made by a specialist.

Major Organ Transplant

Description

A definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the life insured must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities. The diagnosis of the major organ failure must be made by a specialist.

Motor Neuron Disease

Description

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

Multiple Sclerosis

Description

A definite diagnosis of at least one of the following:

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

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

Occupational HIV Infection

Description

A definite diagnosis of infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the life insured's normal occupation, which exposed the person to HIV contaminated body fluids. The accidental injury leading to the infection must have occurred after the later of the effective date of the policy, or the effective date of last reinstatement of the policy.

The critical illness benefit is payable if all of the following conditions are satisfied:

- The accidental injury must be reported to the insurer within 14 days of the accidental injury;
- A serum 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 of America;
- The accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States of America workplace guidelines.

The diagnosis of Occupational HIV Infection must be made by a specialist.

Exclusion

No critical illness benefit will be payable if:

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

Paralysis

Description

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

Parkinson's Disease and Specified Atypical Parkinsonian Disorders

Description

Parkinson's Disease is defined as a definite diagnosis of 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 life 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 are defined as a definite diagnosis of progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.

The diagnosis of Parkinson's Disease or a Specified Atypical Parkinsonian Disorder must be made by a neurologist.

Exclusions

No critical illness benefit will be payable for any other type of parkinsonism.

No critical illness benefit will be payable for Parkinson's Disease or Specified Atypical Parkinsonian Disorders if, within the first year following the later of, the effective date of the policy, or the date of last reinstatement of the policy, the life insured has any of the following.:

- signs, symptoms or investigations that lead to a diagnosis of Parkinson's Disease, a Specified Atypical Parkinsonian Disorder or any other type of parkinsonism, regardless of when the diagnosis is made; or,
- a diagnosis of Parkinson's Disease, a Specified Atypical Parkinsonian Disorder or any other type of parkinsonism.

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for Parkinson's Disease or Specified Atypical Parkinsonian Disorders or, any critical illness caused by Parkinson's Disease or Specified Atypical Parkinsonian Disorders or its treatment.

Severe Burns

Description

A definite diagnosis of third-degree burns over at least 20% of the body surface. The diagnosis of Severe Burns must be made by a specialist.

Stroke (Cerebrovascular Accident)

Description

A definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with acute onset of new neurological symptoms, and new objective neurological deficits on clinical examination, persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The diagnosis of Stroke must be made by a specialist. A 30-day survival period applies.

Exclusion

No critical illness benefit will be payable in the following cases:

- Transient ischaemic attacks;
- Intracerebral vascular events due to trauma;
- Lacunar infarcts which do not meet the description of stroke.

APPENDIX II - DESCRIPTION OF COVERED JUVENILE CRITICAL ILLNESSES

You will find below descriptions for each of the 5 juvenile critical illnesses covered by the Child Life & Health Duo.

A survival period applies for certain covered juvenile critical illnesses. When no survival period applies, the insured must be alive at the time the diagnosis is made. The diagnosis of a juvenile critical illness must be made before the insured's 25th birthday.

General exclusions and limitations apply to the juvenile critical illnesses described in this appendix. Please refer to the contract for more details on these exclusions and limitations.

Cerebral Palsy

Description

A definitive diagnosis of Cerebral Palsy, a non-progressive neurological defect characterized by spasticity and incoordination of movements. The diagnosis of Cerebral Palsy must be made by a specialist.

Maladies congénitales du cœur

Description

A definite diagnosis of Congenital Heart Disease listed below, made by a specialist and supported by appropriate cardiac imaging. A 30-day survival period applies. The survival period is the latter of that 30-day survival period and the 30-day period following the birth of the life insured.

1. The following Congenital Heart Diseases are covered:
 - Transposition of the great vessels
 - Atresia of any heart valve
 - Coarctation of the aorta
 - Single ventricle
 - Hypoplastic left heart syndrome
 - Double outlet left ventricle
 - Total anomalous pulmonary venous connection
 - Truncus arteriosus
 - Tetralogy of Fallot
 - Eisenmenger syndrome
 - Double inlet ventricle
 - Hypoplastic right ventricle
 - Ebstein's anomaly
2. The following Congenital Heart Diseases are covered if open-heart surgery is determined medically necessary by a specialist:
 - Pulmonary stenosis
 - Aortic stenosis
 - Discrete subvalvular aortic stenosis
 - Ventricular septal defect
 - Atrial septal defect

Exclusion

No critical illness benefit will be payable if the Congenital Heart Disease is not listed in items 1) and 2) above and for techniques such as valvuloplasty and percutaneous interauricular communication closure.

Cystic Fibrosis

Description

A definitive diagnosis of Cystic Fibrosis with evidence of chronic lung disease and pancreatic insufficiency and high levels of chlorine in sweat (60 mmol/L or higher). The diagnosis of Cystic Fibrosis must be made by a specialist.

Muscular Dystrophy

Description

A definitive diagnosis of Muscular Dystrophy, characterized by well-defined neurological abnormalities, confirmed by electromyography and muscle biopsy. The diagnosis of Muscular Dystrophy must be made by a specialist.

Type 1 Diabetes Mellitus

Description

A definite diagnosis of Type 1 Diabetes Mellitus characterized by an absolute deficiency of insulin secretion and continued dependence on exogenous insulin for survival. The diagnosis must be made by a specialist practicing in Canada or the United States of America. In addition, there must be proof that there has been insulin dependence for a minimum of three months.



ANNEXE III – DESCRIPTIONS OF ILLNESSES COVERED UNDER PREVENTION + BENEFIT

You will find below descriptions for each illness covered by Prevention + Benefit.

A survival period applies for certain covered illnesses. When no survival period applies, the insured must be alive at the time the diagnosis is made.

General exclusions and limitations apply to the illnesses described in this appendix. Please refer to the contract for more details on these exclusions and limitations.

Coronary Angioplasty

Description

The undergoing of an interventional procedure to unblock or widen a coronary artery that supplies blood to the heart to allow an uninterrupted flow of blood. The procedure must be determined to be medically necessary by a specialist. A 30-day survival period applies.

Ductal Carcinoma *in situ* of the Breast

Description

A definite diagnosis of Ductal Carcinoma *in situ* of the Breast, confirmed by biopsy. The diagnosis must be made by a specialist.

Gastrointestinal Stromal Tumours (GIST) and Neuroendocrine Tumours (classified less than AJCC Stage 2)

Description

A definite diagnosis of malignant Gastrointestinal Stromal Tumours (GIST) and malignant Neuroendocrine Tumours, classified less than AJCC Stage 2. The diagnosis must be made by a specialist and confirmed by biopsy.

Papillary or Follicular Thyroid Cancer Stage T1

Description

A definite diagnosis of Papillary or Follicular Thyroid Cancer or both, that is less than or equal to two centimetres in greatest diameter and classified as T1, without lymph node or distant metastasis, confirmed by a biopsy. The diagnosis must be made by a specialist.

Rai Stage 0 Chronic Lymphocytic Leukemia (CLL)

Description

A definite diagnosis of Rai Stage 0 Chronic Lymphocytic Leukemia (CLL) confirmed by appropriate blood tests. The diagnosis must be made by a specialist.

For purposes of the policy, the term 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.

Exclusion

No critical illness benefit will be payable for any monoclonal lymphocytosis of undetermined significance (MLUS).

Stage A (T1a or T1b) Prostate Cancer

Description

A definite diagnosis of Stage A (T1a or T1b) Prostate Cancer, confirmed by biopsy. The Diagnosis must be made by a Specialist.

Stage 1 Malignant Melanoma

Description

A definite Diagnosis of Stage 1A or 1B Malignant Melanoma not ulcerated into the dermis equal to or lower than a depth of one millimetre confirmed by biopsy. The diagnosis must be made by a specialist.

Exclusion

No critical illness benefit will be payable for any malignant melanoma *in situ*.

The following moratorium period applies for all cancers described in the Appendix III:

- Ductal Carcinoma *in situ* of the Breast
- Gastrointestinal Stromal Tumours (GIST) and Neuroendocrine Tumours (classified less than AJCC Stage 2)
- Papillary or Follicular Thyroid Cancer Stage 1
- Rai stage 0 Chronic Lymphocytic Leukemia (CLL)
- Stage A (T1a or T1b) Prostate Cancer
- Stage 1 Malignant Melanoma

No critical illness benefit will be payable under this condition if, within the first 90 days following the later of, the effective date of the policy, or the date of last reinstatement of the policy, the life insured has any of the following:

- signs, symptoms or investigations, which lead to a diagnosis of cancer (covered or excluded under the policy), regardless of when the diagnosis is made, or
- a diagnosis of cancer (covered or excluded under the policy).

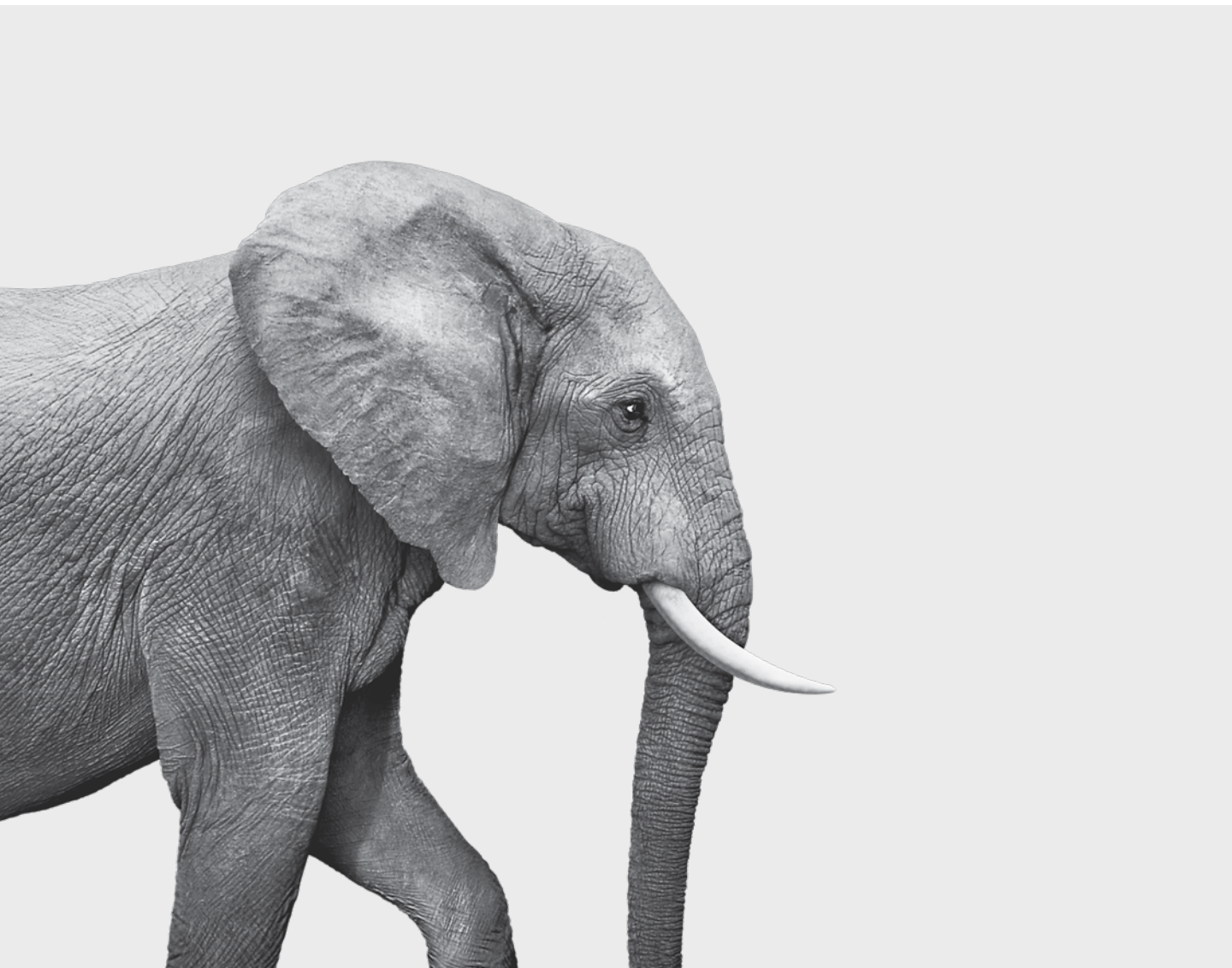
Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to the Company within 6 months of the date of the diagnosis. If this information is not provided within this period, the Company has the right to deny any claim for cancer or, any critical illness caused by any cancer or its treatment.



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