

Transition



CRITICAL ILLNESS  
INSURANCE

# YOUR CRITICAL ILLNESS DESCRIPTIONS GUIDE

4-illness version





Applies to Transition  
critical illness insurance  
policies as well as critical  
illness insurance riders

## Table of contents

<b>Important details about critical illness insurance and coverage</b>	<b>4</b>	<b>Descriptions of covered illnesses under Prevention + benefit</b>	<b>15</b>
		Coronary angioplasty	15
		Ductal carcinoma <i>in situ</i> of the breast	15
<b>Match between the insured's diagnosis and the description of the critical illness in the policy or rider</b>	<b>5</b>	Gastrointestinal stromal tumours (GIST) and neuroendocrine tumours (classified less than AJCC stage 2)	15
<b>Waiting periods applicable to certain critical illnesses</b>	<b>6</b>	Papillary or follicular thyroid cancer stage T1	15
		Rai stage 0 chronic lymphocytic leukemia (CLL)	15
<b>Exclusions and limitations</b>	<b>7</b>	Stage A (T1a or T1b) prostate cancer	15
		Stage 1 malignant melanoma	15
<b>Eligibility of a critical illness claim</b>	<b>8</b>	<b>General exclusions and limitations of critical illness insurance</b>	<b>16</b>
<b>Tables of covered critical illnesses</b>	<b>9</b>	<b>Some definitions related to critical illness insurance</b>	<b>17</b>
4 critical illnesses	9	<b>Summary of the various waiting periods applicable to certain critical illnesses</b>	<b>18</b>
Juvenile critical illnesses	9		
Prevention + benefit illnesses	10		
<b>Descriptions of the 4 covered critical illnesses</b>	<b>11</b>		
Cancer (life-threatening)	11		
Coronary artery bypass surgery	12		
Heart attack	12		
Stroke (cerebrovascular accident)	13		
<b>Descriptions of covered juvenile critical illnesses</b>	<b>14</b>		
Cerebral palsy	14		
Congenital heart disease	14		
Cystic fibrosis	14		
Down syndrome (Trisomy 21)	14		
Muscular dystrophy	14		
Type 1 diabetes mellitus	14		



## Important details about critical illness insurance and coverage

Critical illness insurance pays a non-taxable lump sum if an insured is diagnosed with a critical illness or requires surgery. However, several conditions must be met before such a benefit can be paid.



### It is important to be aware of these

In order for you to receive payment of the face amount, the critical illness diagnosis must be consistent with the definition (or description) provided in the policy or the rider.

This means that a benefit will only be paid if the medical specialist's diagnosis of the insured's medical condition exactly meets the criteria stated in the policy or rider.

In addition, the descriptions of critical illnesses may have certain exclusions and limitations.

## Match between the insured's diagnosis and the description of the critical illness in the policy or rider

A description of each covered critical illness is available in your policy or rider. This description outlines the criteria we use to determine if a diagnosis of a critical illness made by a medical specialist can lead to the payment of a critical illness benefit.

The degree of severity of the diagnosed illness and the conditions associated with it are determinant in our analysis of eligibility for payment of a benefit.

### List of critical illnesses covered

**Two versions of the critical illness insurance product are available, whether the policyowner has purchased a policy or a rider:**

- comprehensive coverage for 25 critical illnesses → described in this document
- more affordable coverage for the four most common critical illnesses → described in a separate document

The list of covered critical illnesses is detailed in the "Tables of Covered Critical Illnesses" section of this guide.



**Important:** Only critical illnesses specifically named in the policy or rider are covered.

# Waiting periods applicable to certain critical illnesses



There are certain periods of time that must elapse before a critical illness benefit is paid. Depending on the critical illness involved, these periods are as follows:

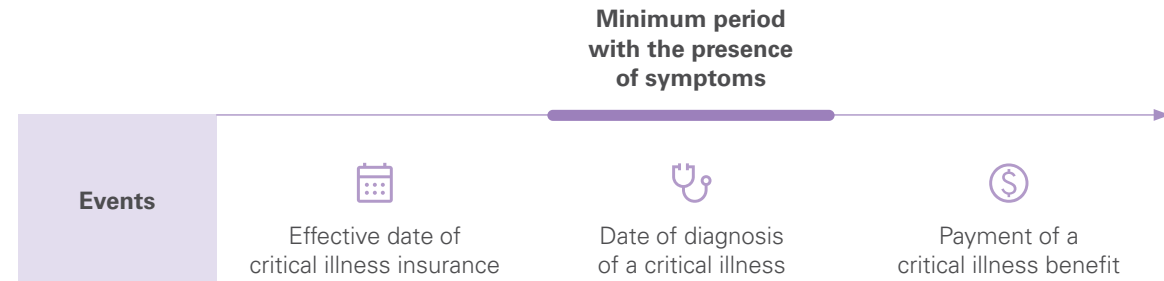
- minimum period with the presence of symptoms
- survival period
- moratorium period

If one of these periods is applicable to a critical illness, the type of period and its duration are indicated directly in the description of the critical illness in question.

A summary of these various applicable periods is available at the very end of this document.

## Minimum period with the presence of symptoms

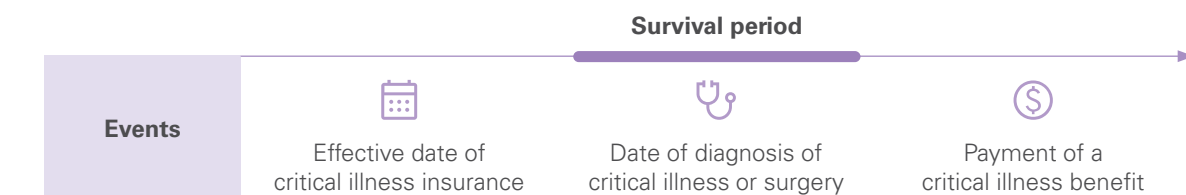
The period of time following the date of diagnosis of the critical illness during which signs or symptoms of that illness must persist.



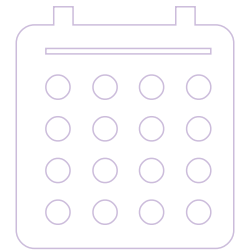
## Survival period

The period of time following the date of diagnosis of the insured's critical illness or the date of surgery, as the case may be, during which the insured must still be alive.

In addition, the insured must not have suffered an irreversible cessation of all brain functions.



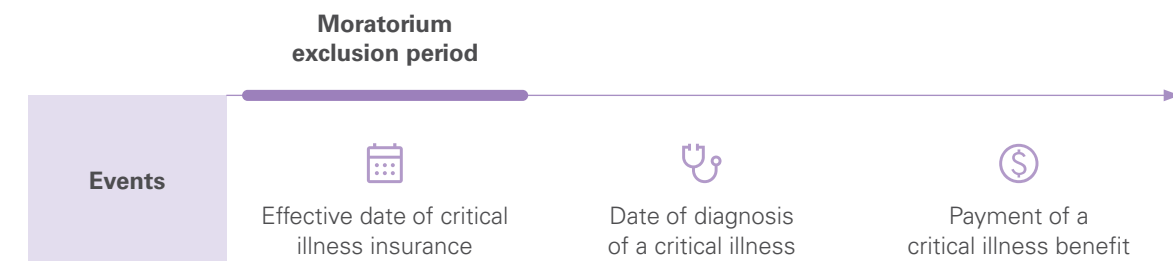
## Moratorium exclusion period for cancer (life-threatening) and all cancers covered under the Prevention + benefit



The period of time following the effective date of the critical illness insurance during which the insured must not:

- have been diagnosed with the critical illness subject to the moratorium exclusion period.
- exhibit any signs or symptoms of this illness.
- have undergone investigations leading to a diagnosis of one of the above-mentioned illnesses.

We will not pay benefits for the above mentioned illnesses if, within 90 days following the effective date of insurance, the insured has been diagnosed with one of these cancers, has exhibited signs or symptoms of that cancer, or has undergone investigations leading to such a diagnosis.



## Exclusions and limitations

Exclusions and limitations may mean that an insured diagnosed with a critical illness or who has undergone surgery may still not be eligible to receive a benefit. Some of these exclusions and limitations are specific to critical illnesses while others are applicable to critical illness insurance in general.

**Important:** Illness-specific exclusions and limitations appear directly in the critical illness descriptions<sup>1</sup>. These descriptions are in the "Descriptions of the 4 covered critical illnesses," "Descriptions of covered juvenile critical illnesses" and "Descriptions of covered illnesses under Prevention + benefit" sections of this guide.

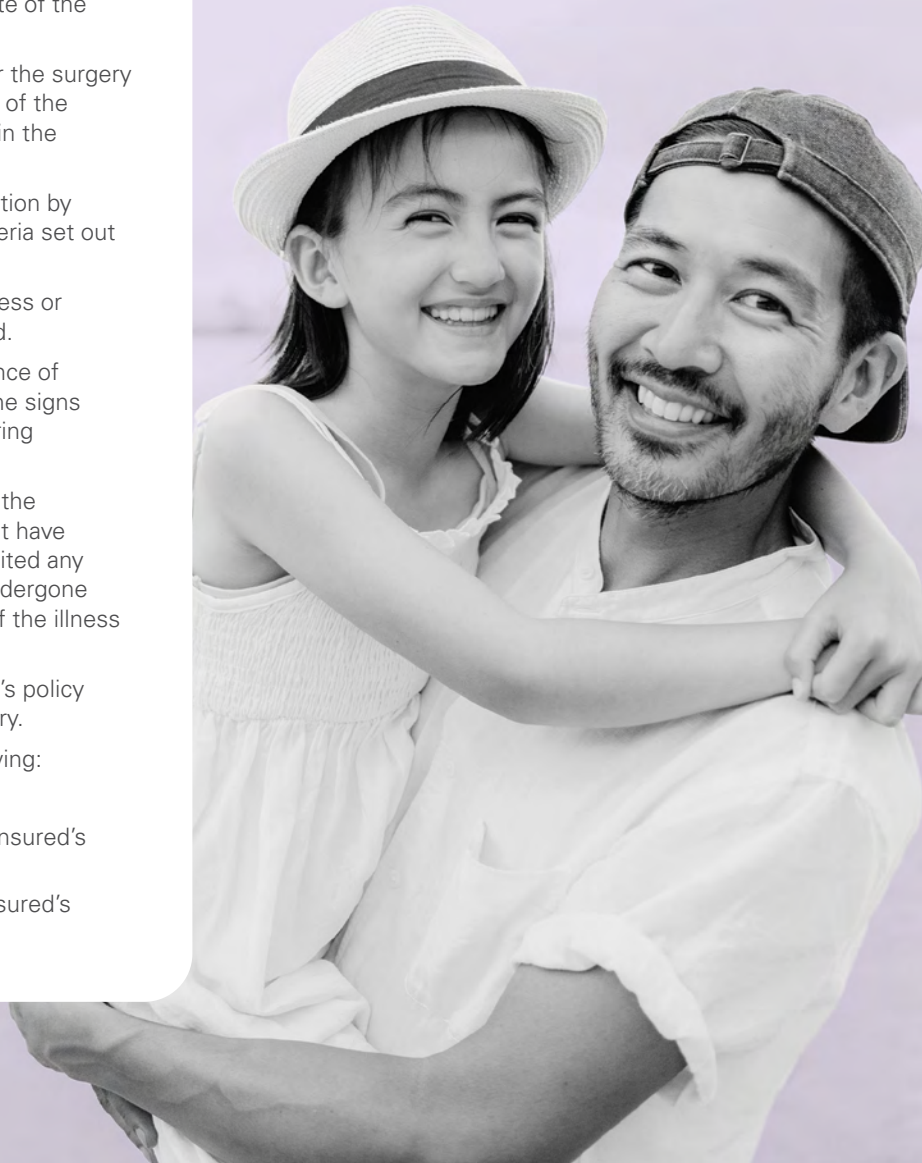
General exclusions and limitations are listed in the section entitled "General exclusions and limitations of critical illness insurance."

<sup>1</sup> The descriptions of critical illnesses used in this guide correspond to the standardized definitions 2.0 proposed by the Canadian Life and Health Insurance Association (CLHIA).

## Eligibility of a critical illness claim

A critical illness insurance benefit will be paid if all following conditions are met:

1. The insured's coverage is in effect on the date of the critical illness diagnosis or surgery.
2. The critical illness suffered by the insured, or the surgery to be performed, as the case may be, is one of the covered critical illnesses specifically named in the policyowner's policy or rider.
3. The diagnosis of the insured's medical condition by the medical specialist exactly meets the criteria set out in the policy or rider.
4. If there is a survival period for the critical illness or surgery, the insured must survive that period.
5. If there is a minimum period with the presence of symptoms for the insured's critical illness, the signs or symptoms of that illness must persist during that period.
6. If there is a moratorium exclusion period for the insured's critical illness, the insured must not have been diagnosed with that illness, have exhibited any signs or symptoms of the illness, or have undergone any investigations leading to the diagnosis of the illness during this period.
7. No exclusion or limitation in the policyowner's policy or rider applies to the critical illness or surgery.
8. The claim submitted must include the following:
  - a full diagnosis by a medical specialist
  - all the relevant information regarding the insured's critical illness or surgery
  - the contact details and signature of the insured's medical specialist



## Tables of covered critical illnesses

The insurance provides for payment of the full face amount if the insured is diagnosed with a critical illness or undergoes a covered surgical procedure.

### 4 critical illnesses

#### Critical illnesses covered

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| ✓ Cancer (life-threatening)      | ✓ Heart attack                      |
| ✓ Coronary artery bypass surgery | ✓ Stroke (cerebrovascular accident) |

### Juvenile critical illnesses

Juvenile critical illness insurance pays the full face amount if the insured is diagnosed with a juvenile critical illness.

However, the insured must receive this diagnosis before their 25th birthday.

#### Covered Juvenile Critical Illnesses – 5 or 6 illnesses

- |                            |                              |
|----------------------------|------------------------------|
| ✓ Cerebral palsy           | ✓ Down syndrome <sup>2</sup> |
| ✓ Congenital heart disease | ✓ Muscular dystrophy         |
| ✓ Cystic fibrosis          | ✓ Type 1 diabetes mellitus   |

<sup>2</sup> Down Syndrome is included in the Child Critical Illness and the Transition Child riders only.





## Prevention + benefit illnesses

Prevention + benefit provides a partial benefit of 15% of the face amount up to \$50,000 per benefit, if the insured is diagnosed with a covered illness or undergoes a covered surgical procedure.

This benefit can be paid up to four times per contract, for all covered illnesses, subject to a maximum of one time per illness. A total of \$200,000 may be paid under the Prevention + benefit.

Once the benefit is paid, the critical illness insurance continues under the same conditions and the face amount is not reduced by the amount paid.

### Illnesses covered under Prevention + benefit – 7 illnesses

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

# Descriptions of the 4 covered critical illnesses

The following descriptions of covered critical illnesses correspond to those found in the policyowner's policy or rider. In addition, an explanation for each of these illnesses is included to facilitate understanding of the covered critical illnesses.

**While iA has taken all reasonable steps to ensure the accuracy of the information contained in this document, only the contractual provisions will prevail in any analysis of a claim.**

Covered critical illness	Contractual description	What does it mean?
<b>Cancer (life-threatening)</b>	<p>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.</p> <p><b>Exclusion from this description:</b></p> <p>No critical illness benefit will be payable for the following:</p> <ul style="list-style-type: none"> <li>— lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma <i>in situ</i> (Tis), or tumours classified as Ta;</li> <li>— 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;</li> <li>— any non-melanoma skin cancer, without lymph node or distant metastasis;</li> <li>— prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;</li> <li>— 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;</li> <li>— chronic lymphocytic leukemia classified less than Rai stage 1; or</li> <li>— malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC stage 2.</li> </ul> <p>In addition, 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 insured has any of the following:</p> <ul style="list-style-type: none"> <li>— signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under the policy), regardless of when the diagnosis is made; or</li> <li>— a diagnosis of cancer (covered or excluded under the policy).</li> </ul> <p>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.</p> <p>For purposes of the policy, 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.</p> <p>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.</p>	<p>Cancer is defined as abnormal or malignant cell growth that spreads throughout the body and destroys healthy tissue.</p> <p>The term "cancer" is generally used to describe a wide variety of tumours, some of which are serious and some of which are not considered life-threatening. In this regard, the contractual description of "life-threatening cancer" specifically excludes cancers that can be easily treated, benign, pre-cancerous or borderline tumours and carcinomas <i>in situ</i> (i.e., non-invasive cancers).</p> <p>However, if a cancer spreads to surrounding tissues or organs, or if it progresses, a benefit may be paid, provided that the diagnosis made by the specialist meets exactly the criteria set out in the contractual description.</p>

**Good to know!** A moratorium period of exclusion applies to any life-threatening cancer. This means that the policy must have been in force for at least 90 days prior to the diagnosis of cancer (life threatening), or prior to the appearance of the first signs or symptoms, or prior to medical consultation leading to this diagnosis. The same conditions apply to reinstatement.

However, a partial benefit may be paid for a less severe or non-life threatening cancer under Prevention+ benefit.

These non-life threatening cancers are:

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

Covered critical illness	Contractual description	What does it mean?
Coronary artery bypass surgery	<p>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.</p> <p><b>Exclusion from this description:</b></p> <p>No critical illness benefit will be payable for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.</p>	<p>Coronary artery bypass surgery is an open-heart surgery to correct narrowing or blockage of at least one coronary artery. This procedure is designed to improve the blood supply to the heart muscle.</p> <p>In order for a benefit to be paid, the insured must undergo coronary artery bypass surgery.</p>

**Good to know!** A survival period must elapse before a benefit is paid for coronary artery bypass surgery. This means that the insured must survive for more than 30 days after the date of surgery.

Coronary angioplasty is not included under this specific coverage, but may be subject to a partial benefit under the Prevention+ benefit.

Covered critical illness	Contractual description	What does it mean?
Heart attack	<p>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:</p> <ul style="list-style-type: none"> <li>— heart attack symptoms;</li> <li>— new electrocardiogram (ECG) changes consistent with a heart attack;</li> <li>— development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.</li> </ul> <p>The diagnosis of heart attack must be made by a specialist. A 30-day survival period applies.</p> <p><b>Exclusion from this description:</b></p> <p>No critical illness benefit will be payable for:</p> <ul style="list-style-type: none"> <li>— 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, or</li> <li>— ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described above.</li> </ul>	<p>A heart attack (also known as a myocardial infarction) can occur when a coronary artery is blocked due to aortic disease or a clot. The occurrence of a heart attack means that part of the heart muscle is deprived of adequate blood supply for a period of time long enough to cause the death of that part of the muscle.</p> <p>The heart muscle then releases chemicals (heart enzymes) that can be detected by blood tests.</p> <p>In order for a benefit to be paid, the diagnosis of a heart attack must include at least one of the following:</p> <ul style="list-style-type: none"> <li>— symptoms of a heart attack</li> <li>— recent changes in the electrocardiogram (ECG) that indicate a heart attack</li> <li>— the appearance of new Q waves (wide and/or deep waves on the ECG tracing) during or immediately after an intra-arterial cardiac procedure, including coronary angiography or coronary angioplasty</li> </ul>

**Good to know!** A survival period must elapse before a benefit is paid for a heart attack. This means that the insured must survive for at least 30 days after the date the heart attack is diagnosed.

Covered critical illness	Contractual description	What does it mean?
Stroke (cerebrovascular accident)	<p>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.</p> <p><b>Exclusion from this description:</b></p> <p>No critical illness benefit will be payable for:</p> <ul style="list-style-type: none"> <li>— Transient ischaemic attacks; or,</li> <li>— Intracerebral vascular events due to trauma; or,</li> <li>— Lacunar infarcts which do not meet the definition of stroke as described above.</li> </ul>	<p>A stroke occurs when the blood supply to the brain or part of the brain is reduced or interrupted. This loss of blood flow causes permanent damage to the brain and can affect certain functions.</p> <p>The reduction or interruption of blood flow can be caused by any of the following:</p> <ul style="list-style-type: none"> <li>— bleeding in the brain (intracranial hemorrhage)</li> <li>— a blood clot blocks an artery that supplies blood to the brain (thrombosis)</li> <li>— a blood clot from another part of the body enters an artery in the brain and causes a blockage (extracranial embolism)</li> </ul> <p>Permanent damage to the brain can be detected by the appearance of certain neurological deficits, as determined by a specialist. These deficits can be manifested by:</p> <ul style="list-style-type: none"> <li>— paralysis</li> <li>— localized weakness</li> <li>— difficulty with pronunciation (dysarthria)</li> <li>— language difficulty (dysphasia)</li> <li>— difficulty swallowing (dysphagia)</li> <li>— abnormal gait (difficulty walking)</li> <li>— lack of coordination;</li> <li>— measurable decline in neurocognitive function</li> </ul> <p>Headache, fatigue and lack of concentration are not considered neurological deficits.</p>

**Good to know!** There are minimum symptom and survival periods that must elapse before a benefit is paid for a stroke. The symptoms and neurological deficits experienced by the insured must persist for at least 30 days after the date of diagnosis. The insured must also survive for at least 30 days after the date of diagnosis.



# Descriptions of covered juvenile critical illnesses



## Cerebral palsy

### Contractual 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.

## Congenital heart disease

### Contractual 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 insured.

#### 1. The following congenital heart diseases are covered:

- Atresia of any heart valve
- Coarctation of the aorta
- Double inlet ventricle
- Double outlet left ventricle
- Ebstein's anomaly
- Eisenmenger syndrome
- Hypoplastic left heart syndrome
- Hypoplastic right ventricle
- Single ventricle
- Tetralogy of Fallot
- Total anomalous pulmonary venous connection
- Transposition of the great vessels
- Truncus arteriosus

#### 2. The following congenital heart diseases are covered if open-heart surgery is determined medically necessary by a specialist :

- Aortic stenosis
- Atrial septal defect
- Discrete subvalvular aortic stenosis
- Pulmonary stenosis
- Ventricular 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

### Contractual 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.

## Down syndrome (Trisomy 21)<sup>3</sup>

### Contractual description

A definitive diagnosis of down syndrome supported by chromosomal evidence of Trisomy 21.

The diagnosis of down syndrome must be made by a specialist.

## Muscular dystrophy

### Contractual 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

### Contractual 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. In addition, there must be proof that there has been insulin dependence for a minimum of three months.

The diagnosis must be made by a specialist practicing in Canada or the United States of America.

<sup>3</sup> Down syndrome is included in the Child Critical Illness and the Transition Child riders only.

# Descriptions of covered illnesses under Prevention + benefit



## Coronary angioplasty

### Contractual 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

### Contractual 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)<sup>4</sup>

### Contractual 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

### Contractual 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)<sup>5</sup>

### Contractual 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.

### Exclusion

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

## Stage A (T1a or T1b) prostate cancer

### Contractual 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

### Contractual 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*.

<sup>4</sup> 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.

<sup>5</sup> 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..



### General exclusion – Moratorium exclusion period

The following moratorium period applies for all cancers described above:

- 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 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.

## General exclusions and limitations of critical illness insurance

In addition to the exclusions and limitations specific to certain critical illnesses that are directly mentioned in the description of the illness in question, the following exclusions and limitations are also provided for all critical illnesses, juvenile critical illnesses and Prevention + benefit illnesses.

### No critical illness benefit is payable if the critical illness:

- a) results directly or indirectly from self-inflicted injuries or attempted suicide, whether or not the insured was conscious of their actions.
- b) results directly or indirectly from voluntarily intake by the insured of any medications, drugs, steroids, narcotics or toxic substances, unless taken as prescribed by a physician.
- c) results directly or indirectly from war or armed conflicts, riots, insurrection or public demonstrations regardless of whether or not the insured was an active participant.
- d) results directly or indirectly from the insured's service in the armed forces of a country engaged in war or in the observation or peacekeeping duties in time of war, whether war be declared or not.
- e) results directly or indirectly from committing, attempting to commit, or provoking a criminal offence.
- f) occurs while the insured is driving a vehicle under the influence of drugs or while the alcohol in the insured's blood is in excess of 80 milligrams per 100 milliliters of blood.

## Some definitions related to critical illness insurance

Below are some important definitions that are commonly used in critical illness insurance:

**Critical illness:** an illness or condition, an alteration of health or a disorder of the body, which occurs while the insured's coverage is in effect, and whose signs and symptoms must be assessed and documented by a specialist.

**Diagnosis:** an objective medical evidence supporting an eligible critical illness suffered by the insured.

The diagnosis must be formal and made by a medical specialist while the insured's coverage is in effect.

**Face amount:** the amount of insurance chosen by the insured (or the policyholder), for which the premium is paid.

**Irreversible:** this term indicates that the insured's condition cannot be reversed or improved by medical or surgical treatment at the time of diagnosis. Such medical or surgical treatment must not be undergone if it involves a risk to the insured's health.

**Physician:** a person who is legally entitled to practice medicine and provide care and treatment within the scope of their licence in Canada, the United States or any other location duly approved by the company where medical services are rendered.

The physician cannot be the policyowner or the insured, be directly or indirectly related to either of them, or be a business partner of the policyowner or the insured.

**Specialist:** a physician who is licensed and has specialized medical training related to the critical illness for which a benefit is claimed and whose special competence has been recognized by a specialty examining board. If a specialist is not available, and subject to the company's approval, the critical illness may be diagnosed by a physician licensed to practice in Canada or the United States.

💡 The term "specialist" includes, but is not limited to, a cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist and internist.

The specialist cannot be the policyowner or the insured, be directly or indirectly related to either of them, or be a business partner of the policyowner or the insured.



## Summary of the various waiting periods applicable to certain critical illnesses

Critical illness	Minimum period with the presence of symptoms	Survival period	Moratorium period
Cancer (life-threatening)	–	–	90 days following the effective date of insurance
Coronary artery bypass surgery	–	30 days following the date of surgery	–
Heart attack	–	30 days following the date of diagnosis	–
Stroke	30 days	30 days following the date of diagnosis	–

Covered Juvenile critical illnesses	Minimum period with the presence of symptoms	Survival period	Moratorium period
Congenital heart disease	–	30 days following the date of diagnosis	–
Type 1 diabetes mellitus	3 months	–	–

Covered illnesses – Prevention + benefit	Minimum period with the presence of symptoms	Survival period	Moratorium period
Coronary angioplasty	–	30 days following the date of surgery	–
Ductal carcinoma <i>in situ</i> of the breast	–	–	90 days following the effective date of insurance
Gastrointestinal stromal tumours and neuroendocrine tumours (classified less than AJCC stage 2)	–	–	90 days following the effective date of insurance
Papillary thyroid cancer or stage T1 follicular thyroid cancer	–	–	90 days following the effective date of insurance
Rai stage 0 chronic lymphocytic leukemia (CLL)	–	–	90 days following the effective date of insurance
Stage A (T1a or T1b) prostate cancer	–	–	90 days following the effective date of insurance
Stage 1 malignant melanoma	–	–	90 days following the effective date of insurance



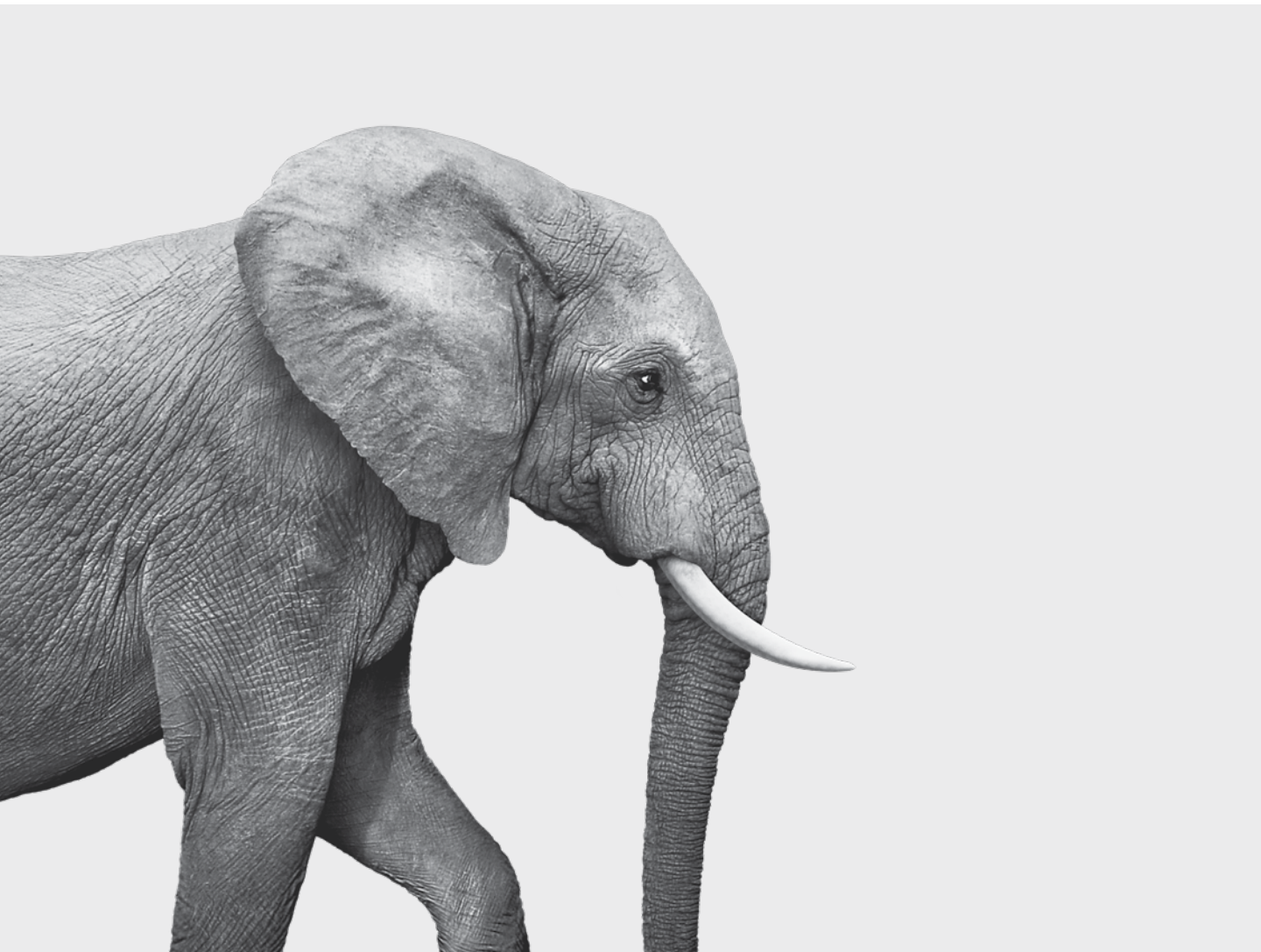
**iA Financial Group – Big enough to matter,  
small enough to care**

iA Financial Group, a leader in the Canadian insurance and wealth management industry, has been serving Canadians and earning their trust for over 130 years. Because our clients' needs are constantly evolving, we provide a comprehensive range of the most varied insurance products and financial services.

Our mission is to ensure the financial wellbeing of our clients by offering them personal insurance coverage and investment solutions to help them achieve their personal goals.

**Important:**

This guide is not part of your policy. In the event of any discrepancies between its contents and your policy, the provisions of your policy will prevail, particularly for the processing of insurance claims.



F13-1203A-2(03-02) ACC

**INVESTED IN YOU.**

iA Financial Group is a business name and trademark of  
**Industrial Alliance Insurance and Financial Services Inc.**

1-844-442-4636

**ia.ca**