

Critical illness insurance

Child LifeAdvanceTM

Advisor guide

Information accurate as of September 2022

Not for use with clients

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Product details

Child LifeAdvance™ is a standalone policy providing coverage for 26 insured conditions, five of which are childhood-related illnesses. With advances in medical science improving the chances of survival after the diagnosis of a serious illness, there is a heightened need for insurance benefits. Child LifeAdvance is designed to provide families with the financial resources that will support the recovery and care of a child after the onset of a critical illness insured condition.

The Child LifeAdvance critical illness benefit is payable only once. It is a lump-sum benefit, payable to the owner of the policy, after the child insured's diagnosis of one of the critical illness insured conditions (some exceptions apply).

Child LifeAdvance critical illness insurance must be owned by an adult with an insurable interest in the child. For example: parents, grandparents and legal guardians qualify as owners.

The Child LifeAdvance product is guaranteed with level premiums to age 25.

Issue ages

Age nearest birthday: 60 days to age 17

Lump-sum benefit limits

Minimum:

The minimum amount of critical illness insurance Canada Life will issue is \$10,000.

Maximum:

The maximum amount of critical illness insurance, and the overall issue and participation limit, Canada Life will issue on any one child is \$250,000. The amount of coverage available is the lesser of:

- \$250,000
- The amount of personal coverage the parent or legal guardian of the child insured's policy is eligible for based on their income
- The amount of critical illness insurance applied for and in force on all eligible siblings of the child insured

Note:

- Up to \$100,000 of Child LifeAdvance coverage can be purchased on a child without a parent or legal guardian having their own critical illness insurance coverage. At least one parent or the legal guardian must have other insurance in force or pending (such as any individual, association, group or other life, disability income, long-term care or overhead expense insurance).
- All eligible child insureds should have critical illness insurance coverage in force or applied for in equal amounts.
- We will provide consideration of up to \$500,000 on an individual basis.

Otherwise, a letter of explanation should be provided with the application outlining the reason for the decision not to apply for critical illness insurance coverage on one or both parent(s) or the legal guardian and any other eligible children.

Financial underwriting is based on the parent, legal guardian or owner's income.

Policy features

Critical illness insured conditions:

Acquired brain injury	Kidney failure
Aortic surgery	Life-threatening cancer
Aplastic anaemia	Loss of limbs
Bacterial meningitis	Loss of speech
Benign brain tumour	Major organ failure on waiting list for transplant
Blindness	Major organ transplant
Coma	Multiple sclerosis
Coronary artery bypass surgery	Paralysis
Deafness	Severe burns
Heart attack	Stroke
Heart valve replacement or repair	

Five childhood-related insured conditions:

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

Plus, illness assist benefit, see next page.

Waiting period

Provided the child insured is still living and hasn't experienced irreversible cessation of all functions of the brain, a lump-sum benefit will be payable after the diagnosis of, or surgery for, one of the critical illness insured conditions outlined above under Critical illness insured conditions, except for the following, where certain waiting periods apply:

- 30 days for aortic surgery, congenital heart disease, coronary artery bypass surgery, heart attack, heart valve replacement or repair, stroke and coronary angioplasty
- 90 days for bacterial meningitis, paralysis and type 1 diabetes mellitus
- 180 days for acquired brain injury and loss of speech

Extension of benefits

If the policy expiry date occurs during the waiting period, the policy will continue in force to an extended expiry date, which will be the earlier of:

- The date of the insured person's death
- The date of completion of the waiting period applicable for the insured condition

Illness assist benefit

This benefit provides the owner with a lump sum of 15% of the critical illness benefit up to \$37,500. The illness assist benefit is payable a maximum of four times, provided each payment occurs for a different illness assist insured condition.

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

The illness assist benefit is provided if the child insured receives a written diagnosis for one of the following:

- Coronary angioplasty
- Ductal breast cancer in-situ
- Early chronic lymphocytic leukemia
- Early prostate cancer
- Early thyroid cancer
- Gastrointestinal stromal tumours
- Grade 1 neuroendocrine tumours (carcinoid)
- Superficial malignant melanoma

Surgery advance

Canada Life will pay the owner an advance on the critical illness benefit if the child insured is diagnosed with a critical illness insured condition as defined in the policy and requires surgery as a result of the critical illness. The surgery advance payment will be the lesser of 10% of the critical illness benefit amount selected and \$15,000. The surgery advance payment will become payable on the date of diagnosis or surgery. The critical illness benefit will be reduced by the amount of this surgery advance payment. Payment of the surgery advance will not cause the policy to terminate.

If the child insured dies before the end of the waiting period, the surgery advance will not have to be returned. If the policy includes a return-of-premium at death rider, the return-of-premium benefit will not be reduced by the surgery advance payment.

Non-cancellable

While the policy is in force, Canada Life cannot change the policy or terminate the policy other than as explained in the Termination section below. The premium is guaranteed for as long as the policy remains in force.

Termination

Coverage terminates on the earliest of the following dates:

- The date on which Canada Life receives the owner's request to terminate the policy
- The policy anniversary nearest the insured child's 25th birthday
- The date of the insured child's death
- Payment of the critical illness benefit
- Lapse of the policy
- Policy expiry

Premium

Premium bands

Band 1: \$10,000 - \$99,999

Band 2: \$100,000 - \$249,999

Band 3: \$250,000

Premium modal factors

Canada Life may approve a premium payment frequency other than yearly. Any payment frequency other than yearly will result in higher premium payments. The premium modal factors are:

- Monthly PAC: 0.09
- Quarterly: 0.27
- Semi-annual: 0.54

Policy fees

The policy fee has been removed for Child LifeAdvance policies applied for on or after June 24, 2019.

Premium reductions

Premium reductions aren't available for Child LifeAdvance policies.

Tax treatment

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

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

Optional benefit riders

Return-of-premium riders

Availability of return-of-premium riders

Return-of-premium riders	Issue age
Return-of-premium at death	60 days to 17 years
Return-of-premium at expiry	60 days to 15 years

Return-of-premium at death

The return-of-premium at death rider is an optional benefit rider available under the Child LifeAdvance policy. It is available only at issue of the basic policy. This rider is available for issue ages:

- 60 days to 17 years

The benefit amount is equal to the eligible premium paid for the policy and all riders between the effective date of this rider and the date of the child insured's death.

The calculation of the benefit amount will not include any interest, additional fees, or premium waived by Canada Life.

If the insurance amount is reduced or an optional rider is removed, then the amount of eligible premium prior to such change that will be included in any return-of-premium benefit calculation will be:

$$\text{Eligible premium paid prior to change} \times \left(\frac{\text{policy premium after change}}{\text{policy premium before change}} \right)$$

This adjustment will result in a reduction in the benefit amount otherwise payable.

Any illness assist benefit paid will not be deducted from the return-of-premium benefit.

The return-of-premium benefit is not payable if the lump-sum critical illness benefit has been paid.

Return-of-premium at expiry

The return-of-premium at expiry rider is an optional benefit rider available under the Child LifeAdvance policy. It is available only at issue of the basic policy. This rider is available for issue ages:

- 60 days to 15 years

Upon expiry of the policy, the owner will receive a benefit equal to the eligible premium paid for the policy and all riders between the effective date of this rider and the expiry date of the policy, multiplied by the applicable percentage from the table on the next page.

The calculation of the benefit amount will not include any interest, additional fees, or premium waived by Canada Life.

If the insurance amount is reduced or an optional rider is removed, then the amount of eligible premium prior to such change that will be included in any return-of-premium benefit calculation will be:

$$\text{Eligible premium paid prior to change} \times \left(\frac{\text{policy premium after change}}{\text{policy premium before change}} \right)$$

This adjustment will result in a reduction in the benefit amount otherwise payable.

Any illness assist benefit paid will not be deducted from the return-of-premium benefit.

The return-of-premium benefit is not payable if the lump-sum critical illness benefit has been paid.

Child insured's nearest age at rider date	Return-of-premium benefit
10 and under	100% of eligible premium
11	90% of eligible premium
12	80% of eligible premium
13	70% of eligible premium
14	60% of eligible premium
15	50% of eligible premium

Return-of-premium at expiry example

On Sept. 2, 2015, a parent buys a Child LifeAdvance plan for their child who was born on Jan. 1, 2005. The insurance amount of the plan is \$100,000 and the owner has elected to include the return-of-premium at expiry rider. The total monthly premium is \$59. Since the child's nearest age on Sept. 2, 2015, is age 11, the total return-of-premium at expiry benefit is \$8,921.

$$\begin{array}{r} \text{Child LifeAdvance} \\ \text{ROP at Expiry} \\ \text{Benefit} \end{array} = \begin{array}{r} \text{Benefit \%} \\ \text{Applicable} \end{array} \times \begin{array}{r} \text{Eligible premium for} \\ \text{ROP benefit} \end{array}$$

$$90\% \times (168 \text{ months} \times \$59.00) = \$8,921.$$

The Canada Revenue Agency (CRA) and Revenue Quebec have not provided a formal ruling regarding the tax treatment of return-of-premium benefits that are included in a critical illness insurance policy. The tax treatment of an optional return-of-premium benefit is, therefore, subject to interpretation.

Conversion

Two months before the policy expiry date, the owner may apply to convert all or a portion of the insurance amount on the policy expiry date without proof that the child insured is insurable, into a critical illness insurance policy of a plan type then offered for conversion.

Availability

Plans and riders

All Child LifeAdvance policies will convert to the most current stand-alone adult contract series.

The following LifeAdvance™ adult coverage options are available for all conversions:

- Permanent level premium, paid-up at 100
- Permanent level premium, paid-up in 15 years
- Permanent level premium, paid-up in 20 years
- 10-year renewable term to 75, convertible to 65 (term 10)
- 20-year renewable term to 75, convertible to 65 (term 20)
- Level premium term to 75
- Level premium term to 75, paid-up in 20 years

With the exception of the disability waiver-of-premium rider, the following riders can be added without medical underwriting:

- Loss-of-independent existence rider
- All return-of-premium riders
- Second-event rider

The loss-of-independent existence and second event riders can only be added at time of issue. Only one second event rider is available per client. If the client has an existing plan with a second event rider, Canada Life will decline the request to add the second event rider.

The disability waiver-of-premium rider will be made available, however, will require medical underwriting. It can be added after issue for all LifeAdvance plans except for any limited pay plans.

Partial conversion

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

Application for conversion

The advisor will be copied on the automated letter that will be sent out to the owner of the policy two months prior to the policy expiry date. This letter informs them of the conversion option. The policy expiry date is the policy anniversary date nearest the insured child's 25th birthday.

The owner must complete the application *Policy change and reinstatement for critical illness and disability insurance policies* form F561 (CL). A smoker declaration will be required.

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

The application for conversion also gives the owner of the Child LifeAdvance policy the option to transfer ownership of the converted policy to the insured (child).

Insurance amount

The maximum benefit amount will be the insurance amount in effect under the insured child's Child LifeAdvance policy on the policy expiry date. Any optional benefits are subject to the minimum and maximum limits in effect at the date of conversion.

Approval of the application

Approval of the application will be subject to the following:

- Canada Life rules then in effect, including minimum amounts for policies of the plan type then offered by Canada Life.
- Issue and participation limits.
- Receipt of the written request and the first premium for the converted policy at or before the policy expiry date. The policy expiry date is the policy anniversary date nearest the insured child's 25th birthday.

If the application isn't approved, any premium received for the converted policy will be refunded.

Effective date

The converted insurance will be effective as of the day immediately following the policy expiry date.

Converted policy

Rating or exclusion to benefits

Any extra premium or exclusion to benefits on the Child LifeAdvance policy will apply to the new policy.

Premium

The premium for the new policy will be determined from our then-current premium payment rates for the plan type to which the owner is converting and for the amount of the converted insurance, based on the child insured's attained age and the policy class for the Child LifeAdvance policy at the date of conversion.

Illness assist benefit

If a policy is issued by us in accordance with the conversion option of the Child LifeAdvance policy, any Illness Assist Benefit paid under the prior policy will apply with respect to the maximum number of payments eligible for the illness assist benefit under the policy. The illness assist benefit will not be payable under the policy if a benefit was payable under the prior policy for a similar illness assist insured condition.

Return-of-premium benefit rider

If a return-of-premium rider is attached to the Child LifeAdvance policy at the time of conversion, the premium paid for the Child LifeAdvance policy and any riders will not be included in the return-of-premium benefit calculation for the new policy.

Incontestability period

The incontestability period will be measured from the latest of the policy date, the date of issue, the last date of reinstatement of the original policy, and the last date of reinstatement of the new policy.

Underwriting

How to succeed in the child critical illness insurance marketplace

Critical illness products can be characterized as relative newcomers to the range of insurance products that are available in the Canadian marketplace. In fact, before 1983, critical illness insurance was not marketed anywhere in the world. The demand for critical illness products has grown substantially since its initial advent into the marketplace and Canada Life has not only kept pace with industry analysis and trends but has strongly enhanced the LifeAdvance product line by introducing Child LifeAdvance.

Child LifeAdvance is coverage that has been specifically designed to address the needs of children. Child LifeAdvance critical illness will pay a lump-sum benefit if the child insured is diagnosed with one of 26 insured conditions. This includes five childhood-related conditions.

Under a Child LifeAdvance policy, the owner of the policy must have an insurable interest in the child. For example; parents, grandparents and legal guardians would qualify as owners. The Child LifeAdvance policy refers to the eligible child as the person insured.

Just like LifeAdvance, much of the information used in the underwriting process for Child LifeAdvance, comes from you. The more thorough the information you submit to the underwriter, the better your chances of success in the critical illness insurance marketplace.

Your primary tools in critical illness insurance field underwriting for the Child LifeAdvance product are the *Child LifeAdvance pre-underwriting checklist* and the *Application for life insurance, critical illness insurance and disability insurance* (form 17-8908) which includes an additional section to complete for Child LifeAdvance.

The information you provide will help the underwriter fairly and accurately evaluate each risk. Ensure that you provide as much information as possible. The application form must be completed by the parent or legal guardian with the most knowledge of the child insured's medical history. Whenever possible, submit an accompanying memo to elaborate on any information you think is pertinent to the risk assessment and will facilitate successful underwriting. Thorough and complete applications are underwritten more quickly, which benefits you, your clients and Canada Life.

Medical underwriting guide – individual critical illness insurance

A medical underwriting guide – individual critical illness insurance is available to assist you with medical inquiries by providing details about:

- Probable underwriting action based on a particular physical impairment and/or medical history
- How to obtain a preliminary underwriting assessment regarding a particular situation (for example, Living benefits impairment quote form)
- Internet medical links providing information on specific medical conditions and prescription medications

The added underwriting perspective provided by this guide may help you better understand the underwriting process and educate clients upfront regarding possible underwriting issues. This upfront positioning may help facilitate the delivery of sub-standard policies and improve your placement ratio.

This guide can be found as a PDF document on Canada Life RepNet™ under Products & tools > Living Benefits > Product details > Critical illness.

Underwriting Child LifeAdvance

We all know that having an application declined may be costly – both in terms of underwriting expense and in terms of your relationship with your clients. For the Child LifeAdvance product it's essential to determine up front whether your client would qualify as an owner with an insurable interest relative to the provision of coverage for the child insured. The owner must provide details regarding their insurable interest.

Canada Life has developed a simple two-step process that will help you determine which of your clients are most likely to qualify to receive Child LifeAdvance critical illness insurance from Canada Life for the child insured.

Proper use of the forms should increase your placement rate, resulting in more sales and more satisfied clients:

Step 1 — Review the Child LifeAdvance pre-underwriting checklist (illustration software optional report)

The checklist is an important part of the pre-screening process. If your client says yes to the child insured having a history of any of the conditions listed on the checklist, do not submit an application.

If there is no history of the child insured having any of the uninsurable conditions, you may submit an application.

Critical illness insurability checklist

If a proposed insured has a history of any of the following illnesses, disorders or surgeries, an application should not be submitted

Acquired brain injury	Cerebral palsy	Kidney disease (chronic) or kidney failure
AIDS, AIDS related disease or a positive HIV test	Congenital heart disease	Major organ failure on waiting list
Aortic surgery	Cystic fibrosis	Major organ transplant
Aplastic anaemia	Diabetes <ul style="list-style-type: none"> • insulin dependent • non-insulin dependent 	Multiple sclerosis
Autism	Haemophilia	Muscular dystrophy
Bacterial meningitis*	Heart attack	Permanent paralysis
Benign brain tumour	Heart valve replacement or repair	Stroke
Cancer*	Hepatitis (chronic)	

* Some exceptions for bacterial meningitis or cancer (including most non-melanoma skin cancers) may apply. Consultation with a head office underwriter is recommended before submitting an application.

The checklist above includes some of the more commonly seen illnesses, disorders or surgeries. Other medical histories may also be uninsurable.

Step 2 — Complete an application form

Two application forms are available to apply for Child LifeAdvance critical illness insurance:

- *Application for life insurance, critical illness insurance and disability insurance* (form 17-8908), in conjunction with the product pages for life, critical illness and disability insurance (form 17-8910),
- *Telephone application for life insurance, critical illness insurance and disability insurance* (form 17-8909), in conjunction with the product pages for *Life, critical illness and disability insurance* (form 17-8910) – refer to the next section for detailed information on this application and process.

The above forms can be used for up to four insured children and the information obtained will be used to create confidential files on the clients and the insured children. If applying for insurance on more than four children at one time, complete as many applications as are necessary, and submit all of the applications together to Canada Life.

The cover page contains some helpful information regarding application completion. Also outlined on the cover page are the sections that are necessary to apply for Child LifeAdvance critical illness insurance.

Telephone application

The telephone interview is a process where you complete a telephone application with the insured child's parent/legal guardian that does not include any personal, financial or medical information. Canada Life head office will handle the administrative details of securing the child insured's personal, financial and medical history information.

About the telephone interview

The telephone interview offers the insured child's parent/legal guardian a private and convenient way to provide the child insured's personal, financial and medical history information. An experienced interviewer from a Canada Life approved vendor will contact the child insured's parent/legal guardian to collect this information. The child insured's parent/legal guardian and the owner, if applicable, must be able to speak and read English and/or French. However, Canada Life recognizes your client may be more comfortable answering questions in another language. The vendor offers services in: English, French, Cantonese, Mandarin, Vietnamese, Urdu and Hindi.

The vendor submits the personal, financial and medical history information directly to Canada Life.

The process

- Complete the appropriate sections in the *Telephone application for life, critical illness and disability insurance* (form 17-8909), in conjunction with the *Product pages for life, critical illness and disability insurance* (form 17-8910), including the additional client contact information and submit to Canada Life in accordance with your current process of submitting new application business.

This telephone application can be used for up to four insured children and the information obtained will be used to create confidential files on the clients and the child insureds. If applying for insurance on more than four children at one time, complete as many telephone applications as are necessary, and submit all of the applications together to Canada Life.

In lieu of completing the plan and riders information for insured child(ren) section, you may submit the illustration along with the telephone application.

- Manage your client's expectations about the interview. Most interviews last approximately half an hour and consist of personal, financial and medical history questions, and any other details that are required for Canada Life to process the application.

The interview, which may be recorded, will take place by phone at a time that is convenient for the insured child's parent/legal guardian. The Canada Life approved vendor calls at the best time specified by your client. The call procedure includes:

- First call is made within 24 hours of receiving a request for a telephone interview.
 - If your client isn't available, follow-up calls are made every 24 hours for the first week and every other day for the second week.
 - If the phone is busy, the interviewer will call again the same day.
 - If an answering machine picks up, the interviewer will leave a dedicated number.
 - Each telephone number provided on the application is tried. Clients should only provide numbers where they are comfortable receiving personal calls.
- Review the client brochure titled: *Your guide to telephone interviews for life and critical illness insurance* (form 17-8336), which explains the process and helps clients prepare for the interview. It is important that you leave this brochure with the insured child's parent/legal guardian.
 - Your client must review the telephone interview document provided by Canada Life's approved vendor when the policy is delivered. If there's been a change in insurability or there are incorrect statements in the telephone interview document, you must advise the underwriting department. The policy can't be placed unless approved by the underwriting department.

If paramedical services are required, an appointment for the services will be set up separately. Your client will be contacted by a health provider approved by Canada Life.

Medical information bureau

The medical information bureau is a non-profit membership organization of life insurance companies. It was formed to conduct a confidential exchange of underwriting information among its members as an alert against fraud and omissions. The exchange enables medical information bureau members to protect the interests of insurance consumers as well as the interests of life, health and disability insurers. The consumer permits the medical information bureau member to ask for a medical information bureau report by signing an authorization on the application. The notice regarding medical information bureau must be detached and left with the insured, or parent or legal guardian of an insured child.

During underwriting, if an insured person has a condition significant to health or longevity, a brief, coded report will be sent to the medical information bureau.

In the underwriting process, a medical information bureau report will be used only as the starting point of an investigation, which will help protect insurers and policyowners from losses due to fraud or omission. The insurer who receives a medical information bureau report will compare the medical information bureau report with information provided by the insured, or the parent or legal guardian of an insured child. If the brief codes in the medical information bureau report are not consistent with other information, the insurer must seek further information about the insured. Further information could be developed by contacting medical professionals and hospitals as well as the insured, or the parent or legal guardian of an insured child. Sometimes, consumers worry that insurers may decline an application or charge more for coverage based solely on medical information bureau codes. Such a practice is forbidden without exception.

All information received by member companies through the medical information bureau is held in such manner as to maintain its confidential character.

Medical underwriting

There are no automatic age and amount medical requirements for Child LifeAdvance critical illness insurance, however, Canada Life reserves the right to request any medical information deemed necessary by the Underwriter regardless of age and amount.

- To help underwriting process a child's application more quickly and better understand the parent's medical history, please provide the policy number for the parent's life, disability and/or critical illness insurance policy or pending application.
- Build is a risk factor considered in a child's insurability. Be sure to provide a current actual (not estimated) height and weight for each child. For child build enquiries, please contact head office underwriting.
- The insured child's medical history, along with family history, is taken into consideration in assessing the overall risk for critical illness insurance.
- Child LifeAdvance may be issued with an extra premium for one occurrence of either breast, ovarian or colon cancer or Type 1 diabetes in immediate family history (parent or sibling).
- The parent or legal guardian who has full knowledge of the child's medical history must provide all information and sign the application in all cases.

Non-medical underwriting

The following are criteria applied to non-medical underwriting for Child LifeAdvance policies:

- One or both parents should own a critical illness policy.
- All eligible insured children should have critical illness coverage in force or applied for in equal amounts. Otherwise, a letter of explanation should be provided outlining the reasons for the owner's decision not to apply for critical illness insurance coverage for him/herself and any other eligible children.
- Most recreational and sports participation will be acceptable on a standard basis. However, for hazardous sports

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activities which present an increased risk of incurring a critical illness claim, the applicable section of the application form, or other supplementary forms, should be fully completed. The completed form will provide the necessary information required to classify the risk. Canada Life strongly encourages a covering letter in order to provide any additional information that will assist in the assessment of the application.

Financial underwriting guidelines

Minimum and maximum allowable coverage

Minimum: \$10,000

Maximum: The maximum amount of critical illness insurance, and the overall issue and participation limit, Canada Life will issue on any one child is \$250,000*. The amount of coverage available is the lesser of:

- \$250,000
- The amount of personal coverage the parent or legal guardian of the child insured's policy is eligible for based on his or her income
- The amount of critical illness insurance applied for and in force on all eligible siblings of the child insured

Financial underwriting is based on the parent, legal guardian or owner's income.

* Canada Life will provide consideration of up to \$500,000 on an individual basis.

Note:

- Up to \$100,000 of Child LifeAdvance coverage can be purchased on a child without a parent or legal guardian having their own critical illness insurance coverage. At least one parent or the legal guardian must have other insurance in force or pending (such as any individual, association, group or other life, disability income, long term care or overhead expense insurance); and
- All eligible child insureds should have critical illness insurance coverage in force or applied for in equal amounts.

Otherwise, a letter of explanation should be provided with the application outlining the reason for the decision not to apply for critical illness insurance coverage on one or both parent(s) or the legal guardian and any other eligible children.

The application

Current dating

All policies will be current dated.

Backdating

Specific dating requests must be provided at the time of application or at least before approval of the policy. In order to save a younger age, Canada Life may backdate a policy up to a maximum of 30 days before the application date. Canada Life will current date coverage unless Canada Life is specifically requested to save age.

Applications cannot be backdated in order to make the child eligible for coverage under Child LifeAdvance critical illness insurance.

Conditional insurance agreement

The conditional insurance agreement permits Canada Life to offer coverage, except for cancer or benign brain tumour, on the later of:

- The date of the application, including non-medical, and any supplements to the application
- The date any paramedical, medical exam or medical test(s) which may be required by Canada Life are fully and properly completed.

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This means the insured child has critical illness insurance protection while the application is being considered by underwriting, provided the child is found to be insurable.

Provide conditional insurance agreement to an owner

The conditional insurance agreement can be given to an owner when:

- It has been fully and properly completed
- All of the critical illness questions have been answered with a no
- It is signed and dated
- A properly signed and current dated cheque for the correct amount (equal to the minimum payment rules) is submitted with the application
- The receipt has been detached and given to the owner

The conditional insurance agreement allows Canada Life to offer coverage if:

- The conditions listed above have been met
- Any paramedical, medical exam or medical test(s) which may be required by Canada Life are completed
- The risk is insurable and acceptable under Canada Life's rules and practices
- The policy is issued either, as applied for, or on a modified basis and is placed

If any of the above conditions aren't met, there is no insurance in force until the policy is accepted by the owner and the first premium is paid. The child insured's good health must also continue.

The conditional insurance agreement is not in effect and should not be given to an owner when:

- It isn't properly completed
- Any critical illness question has been answered with a yes
- Less than the required minimum payment is received
- There is a request to save age or future date the policy
- Money is submitted after the application has been received and underwriting has already been initiated
- There is pending foreign travel outside of Canada or the United States within the next three months

Date conditional coverage goes into force

The conditional insurance goes into force on the later of the following dates:

- The date the application has been fully and properly completed, including non-medical, and any supplements to the application
- The date of any paramedical, medical exam or medical test(s) which may be required by Canada Life are completed
- The date any family history or other information which may be required by Canada Life is completed
- The date payment has been made

Payment received after the application

If payment wasn't taken with the original application, but the owner wishes to have coverage effective for the insured child from the date of payment, you must:

- Obtain a new application, fully and properly completed and signed (to replace the original)
- Give the owner the receipt from the new application

The conditional insurance goes into force on the later of the following:

- The date the new application has been fully and properly completed, including non-medical, and any supplements to the new application
- The date any paramedical, medical exam or medical test(s) which may be required by Canada Life are completed
- The date payment has been made

Minimum payment rules

In order for a payment to be valid for the conditional insurance agreement, the following conditions must be met:

- The amount of payment received must be equal to, or more than, one monthly premium payment for the coverage applied for
- The payment acknowledged in the receipt must be made on the date the application is completed and signed as required by you and each proposed insured
- A current-dated payment (one which corresponds exactly with the date of the receipt) is made. Note: a post-dated payment or payment made later than the date of the receipt is not valid for any conditional insurance agreement;
- Any cheque or money order given as payment for conditional insurance agreement must be honoured the first time Canada Life presents it for payment
- Cheques or money orders must be made payable to Canada Life

Special underwriting consideration

Recent immigrants

In order to qualify for Child LifeAdvance critical illness insurance coverage, the child insured must be a full-time resident of Canada. In addition, the child and parent(s)/guardian(s) must have been in Canada for at least one year and be a permanent resident (landed immigrant), which is necessary to adequately develop personal medical history. Depending on the country of origin and availability of medical records, there may be additional medical underwriting requirements, such as blood tests.

Knowledge of English, French or other languages

For critical illness insurance, Canada Life is prepared to consider applications on individuals who don't speak or read English or French. The advisor who has sold the policy must be able to speak and read the language known to the owner/insured. A special declaration signed by the advisor will be required, along with the regular application. A second declaration will be required when the contract is delivered.

Non-smoker/smoker

Canada Life won't charge smoker rates on the Child LifeAdvance product.

Family history

A strong positive family history of cardiovascular-renal disease, type 1 diabetes mellitus, cancer or neurological disorder, among other conditions, may significantly increase the likelihood of such disease manifesting themselves in immediate family members.

Underwriting will take into account the nature of the condition involved and incidence rates among parents and siblings. The age at diagnosis is important in assessing family history for critical illness insurance - please properly complete the appropriate family history section of the application.

The parents' medical history will have a direct bearing on the insurability of the child. To help underwriting process a child's application more quickly and better understand the parent's medical history, please provide the policy number for the parent's life, disability and/or critical illness insurance policy or pending application.

The insured child's medical history, along with family history, is taken into consideration in assessing the overall risk for critical illness insurance.

Critical illness claims

A discussion of the claims process is an important part of every review you do with your clients when delivering a critical illness policy. Discussing the claims procedures before the child insured becomes critically ill is the best way to help reduce the apprehension clients might otherwise feel at claim time.

Claims procedures for Child LifeAdvance

Below is Canada Life's commitment to your critical illness claim assessment:

Description	Action by: owner / advisor	Action by: Canada Life
Requirements	Complete claim forms (See section: About critical illness claim forms for details)	
Submitting a claim	<p>Claim forms are available on RepNet, or through the call centre.</p> <p>Notification of a pending claim should be submitted to head office within 30 days of the date of diagnosis or surgery.</p> <p>Completed claim forms with satisfactory proof of covered diagnosis must be submitted within 90 days of the date of diagnosis or surgery.</p>	<p>Upon receipt of fully completed claim forms:</p> <ul style="list-style-type: none"> • A letter acknowledging receipt of the claim is sent to the owner. This includes the name of the claims examiner and their contact information. • The owner may be contacted to confirm information or to provide additional information needed to adjudicate the claim. • Written requests for additional medical information are usually sent directly to the physician.
Decision		<p>There are four possible decisions:</p> <ol style="list-style-type: none"> 1. Approve the claim based on evidence submitted. 2. Request additional information before considering acceptance of the claim. 3. Claim denied. 4. Claim denied and policy rescinded.*

* This occurs if the validity of the information provided in the application or during the underwriting process, including medical and financial information, misrepresents any fact material to the risk assumed. If the policy has been in force for more than two years, the validity of the policy cannot be contested except in the case of fraud.

Incontestability

The owner, parent(s) or any legal guardian of the insured child is required to disclose to Canada Life in any application, on any medical examination and in any written statements or answers furnished as evidence of insurability for the policy, every known fact that is material to the insurance. A failure to disclose, or a misrepresentation of such a fact, may render the contract voidable by Canada Life.

The incontestability provision within the contract stipulates that the validity of the policy will not be contested more than two years from the latest of the policy date, date of issue and the last date of reinstatement, except in the case of fraud, or a claim for an insured condition which arises before the end of this two-year period. In conducting a contestable investigation, Canada Life is specifically focusing on disclosure at the time of the application.

If it is determined that the owner or parent or legal guardian of the child insured, failed to disclose something material to the insurance risk, then the policy allows Canada Life to rescind the insurance coverage and refund premiums paid.

About critical illness claim forms for Child LifeAdvance

Two sections of the claim form must be completed with every new claim, the proof of claim - claimant's statement, and

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critical illness insurance - confidential physician's report.

All claim forms should be forwarded to:

The Canada Life Assurance Company

Living Benefits Claims

P.O. Box 6000

Winnipeg, MB R3C 3A5

Claims payment

Any benefit payable under the policy will be paid to the owner (or to the owner's estate if the owner is deceased).

Exclusions for Child LifeAdvance

General exclusions

No critical illness benefit, illness assist benefit or surgery advance will be payable if the insured child's condition results, directly or indirectly, from any of the causes described below:

- a) The insured child's attempt to take their own life, or intentionally inflict injuries on their own person, whether or not the child insured has a mental illness, or understands or intends the consequences of their action(s)
- b) The insured child attempts to commit, or the insured child's commission of, any assault, battery or criminal offence whether or not the insured child has been charged with that offence
- c) The insured child's use or intake of any drug, poisonous substance, intoxicant or narcotic, other than as prescribed and taken in accordance with the instruction of a licensed medical doctor
- d) War, whether such war is declared or undeclared, hostile action of the armed forces of any country, insurrection or civil commotion, whether or not the child insured was a participant
- e) Intentional injury inflicted by the owner or by a person who stands to gain directly or indirectly from any benefit otherwise payable under the policy
- f) The insured child's operation or control of any motorized vehicle, while his or her blood alcohol concentration is in excess of 80 milligrams of alcohol per 100 millilitres of blood
- g) The insured child's operation or control of any motorized vehicle if, while they operate or control such vehicle or within a period of two hours after ceasing to operate or control said vehicle:
 - (i) Their blood drug concentration is equal to or in excess of the prescribed amounts under the Blood Drug Concentration Regulation, as may be amended or replaced from time to time, under the Criminal Code of Canada; or
 - (ii) The combination of their blood alcohol concentration and their blood drug concentration is equal to or in excess of the prescribed amounts under the Blood Drug Concentration Regulation, as may be amended or replaced from time to time, under the Criminal Code of Canada

Exclusion for certain insured conditions

Certain insured condition means benign brain tumour, life-threatening cancer or any forms of cancer set out in the illness assist insured conditions.

No benefit will be payable for a certain insured condition if, within the first 90 days following the latest of:

- a) The policy date
- b) The date of issue
- c) The last date of reinstatement of the policy

The child insured has any of the following:

- a) Signs, symptoms or investigations that lead to a diagnosis of a certain insured condition or any other type of cancer (covered or excluded under the policy), regardless of when the diagnosis is made.
- b) A diagnosis of a certain insured condition or any other type 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 Canada Life within six months of the date of the diagnosis. If this information is not provided within this period, Canada Life has the right to deny any claim for the certain insured condition or any critical illness insured condition caused by such certain insured condition or its treatment.

Upon receipt, Canada Life will provide confirmation to the owner that the exclusion for certain insured conditions provision applies. The owner may, by written request, elect to maintain the policy in force provided the written request is received by Canada Life within 30 days of the date of the confirmation to the owner. Otherwise, the policy will terminate and any premium paid from the latest of the policy date, date of issue and the last date of reinstatement of the policy will be refunded.

If the owner elects to maintain the policy in force and the child insured is diagnosed with benign brain tumour, life-threatening cancer, or any forms of cancer set out in the illness assist insured conditions, benefits are not payable under the policy for:

- a) Benign brain tumour
- b) Life-threatening cancer
- c) Any forms of cancer set out in the illness assist insured conditions
- d) Any other critical illness insured condition caused by such certain insured condition for which the child insured was diagnosed with or its treatment
- e) Any other type of cancer (covered or excluded under the policy)

In all other respects, Canada Life's rights and the rights of the owner will remain the same under the policy.

Insured conditions definitions

Any illness, disorder or surgery not specifically defined under insured conditions of the policy will not be insured under the provisions of the policy and no benefit will be payable. Payment is limited to only the first insured condition to occur as defined in the provisions of the policy.

Canada Life reserves the right to require examination of the insured child and confirmation of the diagnosis or surgery for an insured condition by any doctor determined by Canada Life.

This is specimen policy wording only and isn't binding. In the event of a discrepancy between this specimen and the actual policy, the policy will prevail.

Acquired brain injury

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

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

For greater certainty, no benefit will be payable under acquired brain injury for:

- An abnormality seen on imaging studies of the brain without definite related signs and symptoms

- Neurological signs occurring without symptoms or imaging abnormalities

Aortic surgery

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

The waiting period for aortic surgery is 30 days.

Exclusion: No benefit will be payable under aortic surgery for angioplasty, intra-arterial procedures, percutaneous transcatheter procedures or non-surgical procedures.

Aplastic anaemia

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

- a) Marrow stimulating agents
- b) Immunosuppressive agents
- c) Bone marrow transplantation

Bacterial meningitis

Bacterial meningitis means meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis.

Exclusion: No benefit will be payable under bacterial meningitis for viral meningitis.

Benign brain tumour

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

Exclusion: No benefit will be payable under benign brain tumour for pituitary adenomas less than 10 mm.

Benefits for benign brain tumour are subject to the exclusion for certain insured conditions provision of the policy.

Blindness

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

- a) The corrected visual acuity being 20/200 or less in both eyes
- b) The field of vision being less than 20 degrees in both eyes

Coma

Coma means a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be four or less.

Exclusion: No benefit will be payable under coma for a medically induced coma.

Coronary artery bypass surgery

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

The waiting period for coronary artery bypass surgery is 30 days.

Exclusion: No benefit will be payable under coronary artery bypass surgery for angioplasty, intra-arterial procedures,

percutaneous trans-catheter procedures or non-surgical procedures.

Deafness

Deafness means the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz.

Heart attack

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

- a) Heart attack symptoms
- b) New electrocardiogram changes consistent with a heart attack
- c) 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 waiting period for heart attack is 30 days.

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

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

Heart valve replacement or repair

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

The waiting period for heart valve replacement or repair is 30 days.

Exclusion: No benefit will be payable under heart valve replacement or repair for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

Kidney failure

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

Life-threatening cancer

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

Exclusion: No benefit will be payable under life-threatening cancer for the following:

- a) Lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in situ (Tis), or tumours classified as Ta
- b) 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
- c) Any non-melanoma skin cancer, without lymph node or distant metastasis
- d) Prostate cancer classified as T1a or T1b, without lymph node or distant metastasis
- e) 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
- f) Chronic lymphocytic leukemia classified less than Rai stage 1

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

For purposes of life-threatening cancer, the terms:

- a) 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
- b) Rai staging is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975

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

Loss of limbs

Loss of limbs means the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.

Loss of speech

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

Exclusion: No benefit will be payable under loss of speech for all psychiatric related causes.

Major organ failure on waiting list

Major organ failure on waiting list means irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ failure on waiting list, the child insured must become enrolled as the recipient in a recognized transplant centre in Canada or the United States that performs the required form of transplant. For greater certainty, the date of diagnosis is the date of the child insured's enrollment in the transplant centre.

Major organ transplant

Major organ transplant means irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ transplant, the child insured must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.

Multiple sclerosis

Multiple sclerosis means at least one of the following:

- a) Two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination
- b) Well-defined neurological abnormalities lasting more than six months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination
- c) 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

Paralysis

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

Severe burns

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

Stroke

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

- a) Acute onset of new neurological symptoms
- b) 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 waiting period for stroke is 30 days.

Exclusion: No benefit will be payable under stroke for:

- a) Transient ischaemic attacks
- b) Intracerebral vascular events due to trauma

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

Childhood-related insured conditions definitions

Cerebral palsy

Cerebral palsy means a non-progressive clinical disorder characterized by spasticity or incoordination of movements.

Congenital heart disease

Congenital heart disease means any one of the following heart defects described below:

- a) Total anomalous pulmonary venous connection
- b) Transposition of the great arteries
- c) Atresia of any heart valve
- d) Single ventricle
- e) Hypoplastic left heart syndrome
- f) Truncus arteriosus
- g) Tetralogy of Fallo
- h) Eisenmenger syndrome
- i) Ebstein's anomaly
- j) Double outlet left or right ventricle.

The following heart defects also satisfy the definition of congenital heart disease, if surgery is performed for correction of the heart defect:

- a) Coarctation of the aorta
- b) Pulmonary stenosis
- c) Aortic stenosis
- d) Discrete sub valvular aortic stenosis
- e) Ventricular septal defect
- f) Atrial septal defect

The diagnosis must be corroborated by cardiac imaging.

The waiting period for congenital heart disease is 30 days.

For greater certainty, non-surgical or trans-catheter techniques such as balloon valvuloplasty and percutaneous atrial septal defect closure don't satisfy the definition of Surgery.

Cystic fibrosis

Cystic fibrosis means a condition resulting in chronic lung disease or pancreatic insufficiency. The diagnosis must be confirmed by a positive sweat test.

Muscular dystrophy

Muscular dystrophy means dystrophy of skeletal muscles confirmed by electromyography and muscle biopsy. For greater certainty, spinal muscular atrophy does not satisfy the definition of muscular dystrophy.

Type 1 diabetes mellitus

Type 1 diabetes mellitus means type 1 diabetes mellitus, characterized by insulin deficiency and continuous dependence on exogenous insulin for waiting. The waiting period for type 1 diabetes mellitus is 90 days from the date of diagnosis, during which there must be evidence of dependence on insulin for waiting.

Illness assist insured conditions definitions

Definitions

- Coronary angioplasty means the undergoing of an interventional procedure to unblock or widen a coronary artery that supplies blood to the heart to allow an uninterrupted flow of blood.
- The waiting period for coronary angioplasty is 30 days.
- Ductal breast cancer in-situ means ductal carcinoma in-situ of the breast, as confirmed by biopsy.
- Early Chronic Lymphocytic Leukemia means chronic lymphocytic leukemia classified less than Rai stage 1, as confirmed by biopsy.
- Early prostate cancer means prostate cancer classified as T1a or T1b, without lymph node or distant metastasis, as confirmed by biopsy.
- Early Thyroid Cancer means 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, as confirmed by biopsy.
- Gastrointestinal stromal tumours means tumours classified as AJCC Stage 1.
- Grade 1 neuroendocrine tumours (carcinoid) means tumours confined to the affected organ, treated with surgery alone and requiring no additional treatment, other than perioperative medication to counteract the effects from hormonal over secretion by the tumour.
- Superficial malignant melanoma means 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, as confirmed by biopsy.

For purposes of the illness assist insured conditions, the terms:

- a) Tis, Ta, T1a, T1b, T1, Grade 1 and AJCC Stage 1 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010; and
- b) 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.

Some other important definitions

Below are some other important definitions for the Child LifeAdvance policy.

This is specimen policy wording only and isn't binding. In the event of a discrepancy between this specimen and the actual policy, the policy will prevail.

Diagnosis

Diagnosis means the written confirmation of the existence of an insured condition that is covered under the policy by a specialist. The diagnosis must be supported by objective medical evidence. At the time of diagnosis, the insured child must be alive and must not have experienced irreversible cessation of all functions of the brain.

Child LifeAdvance advisor guide



In the absence or unavailability of a specialist, and as approved by Canada Life, an insured condition may be diagnosed by a doctor other than a specialist.

Doctor

Doctor means a licensed medical doctor, practicing within the scope of the medical doctor's licensed authority, who:

- a) Isn't related by blood or marriage to the insured child or the owner
- b) Isn't in a business relationship with the insured child or the owner
- c) Is practising medicine in Canada, the United States or in such other jurisdiction as Canada Life may approve

Irreversible

Irreversible means the condition cannot be improved by medical or surgical treatment at the time of diagnosis. The medical or surgical treatment need not be undertaken if it would involve an undue risk to the child insured's health.

Specialist

Specialist means a licensed medical doctor who has been trained in the specific area of medicine relevant to the insured condition for which benefit is being claimed, and who has been certified by a specialty examining board. In the absence or unavailability of a specialist, and as approved by Canada Life, a condition may be diagnosed by a qualified doctor.

Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist and internist. The specialist must:

- Not be related by blood or marriage to the insured or the owner
- Not be in a business relationship with the insured or the owner
- Be practicing medicine in Canada, the United States or in such other jurisdiction as Canada Life may approve

Surgery

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

Charitable donation

Once a critical illness benefit becomes payable, Canada Life will make a \$500 donation to an approved charitable organization (as directed by the owner). The donation doesn't result in any change to the lump-sum critical illness benefit payable to the owner. The charitable donation will be made only once.

Note: The critical illness charitable donation doesn't form part of the Child LifeAdvance policy. Canada Life isn't obligated to make the donation and may cancel this feature at any time without notice.

A tax receipt will not be issued to the owner.

Child LifeAdvance and Teladoc Medical Experts

Under a Child LifeAdvance policy, contact information for Teladoc Medical Experts will be provided so the insured child or the primary caregiver can access a range of services, support and expert medical specialists. They can help the insured child and their primary caregiver get an accurate diagnosis and better understand any medical conditions and possible treatment options. During the life of the policy, the insured can use these services at any time for any medical condition, not just for conditions included as part of the policy.

Services from Teladoc Health

- **Expert Medical OpinionSM** – offers more than a second opinion. Top medical specialists analyze the insured child's medical records. This may include x-rays, test results, imaging scans and pathology samples. The insured child or their primary caregiver can share these findings with their physician to help determine the best treatment.

Child LifeAdvance advisor guide



- **Find a DoctorSM** – searches for specialists within Canada. It looks at the insured child's medical history, location and condition. The insured child or their primary caregiver gets a report with physicians' biographies and credentials.
- **Care FinderSM** – searches for physicians outside Canada. It covers more than 450 specialties and sub-specialties of medicine around the world. The insured child or their primary caregiver gets up to three recommendations of experts best suited to their needs.
- **Personal Health NavigatorSM** – helps the insured child or their primary caregiver navigate the Canadian healthcare system if they have health questions. They get a personalized report with resources and information they need. For example:
 - articles about their condition, and;
 - websites and contact information for care providers and facilities in their community.
- **Ask the ExpertSM** – sends the insured child's or their primary caregiver's questions to a specialist in their condition. They get the answers in a written report to help them make well-informed decisions.

Access for each service will be provided by a Member Advocate (registered nurse) who'll work directly with the primary caregiver, the insured and the physicians reviewing the insured person's case. They'll provide up-to-date progress of the insured person's case and support the process.

About Teladoc Medical Experts

For over 30 years the Teladoc Medical Experts service, formerly Best Doctors, has offered a personalized approach which focuses on clinical quality and medical accuracy via a network of medical experts covering over 450 specialties and subspecialties of medicine. Whether a member is questioning the accuracy of a diagnosis, trying to decide if surgery is the right treatment or seeking answers to medical questions, Teladoc Medical Experts provides personalized advice and recommendations from leading experts in their specialties so members have the confidence to make the most-informed decisions regarding their care.

Additional information

Canada Life isn't obligated to provide the services of Teladoc Medical Experts described above and may change or cancel access to these services at any time without notice.

Teladoc Medical Experts will not charge for the services described above. Teladoc Medical Experts doesn't make referrals or appointments for members. The costs of any travel, lodging and treatment associated with the Find a Doctor and Care Finder services are the responsibility of the insured. Provisions of these services are conditional on a demonstrated ability to pay for all such costs. Canada Life recommends that the owner informs the child insured's treating physician that these services are available.

The critical illness insured condition definitions in the Child LifeAdvance contract may be more restrictive than those for which Teladoc Medical Experts provides services. Any representations or warranties concerning these services are those of Teladoc Medical Experts and not Canada Life.

Teladoc Medical Experts, Expert Medical Opinion, Find a Doctor, Care Finder, Ask the Expert, and Personal Health Navigator are service marks or registered trademarks of Teladoc Health, Inc.

Child LifeAdvance and LifeWorks

When faced with a critical illness diagnosis, the insured child or primary caregiver can benefit from professional counselling to deal with the emotional effects of a critical illness. LifeWorksTM can also help address concerns like recommended dietary changes or where to start finding home care. These are just a few areas that the team at LifeWorks can help with.

Child LifeAdvance advisor guide



Under a Child LifeAdvance policy, contact numbers for LifeWorks will be provided so they can access a range of support and services. The services provided by LifeWorks are available for the Child LifeAdvance policies beginning May 2008.

LifeWorks offers professional counselling, family support services, registered dietitians, and more, to help the insured child and primary caregiver deal with emotional impact of the condition.

For up to one year after diagnosis, the insured child and primary caregiver can access the following counselling and support services.

Counselling and support services from LifeWorks

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

Additional Information

Canada Life isn't obligated to provide the services of LifeWorks described above and may change or cancel access to these services at any time without notice.

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

The critical illness insured condition definitions in the Child LifeAdvance contract may be more restrictive than those for which LifeWorks provides services. In some cases, these services may be provided even though the child insured may not be entitled to benefits under the Child LifeAdvance policy. Any representations or warranties concerning these services are those of LifeWorks and not Canada Life.

For more information about our products, visit [Canada Life RepNet™](#) or contact your MGA branch office or talk to your insurance sales partners nearest you.

