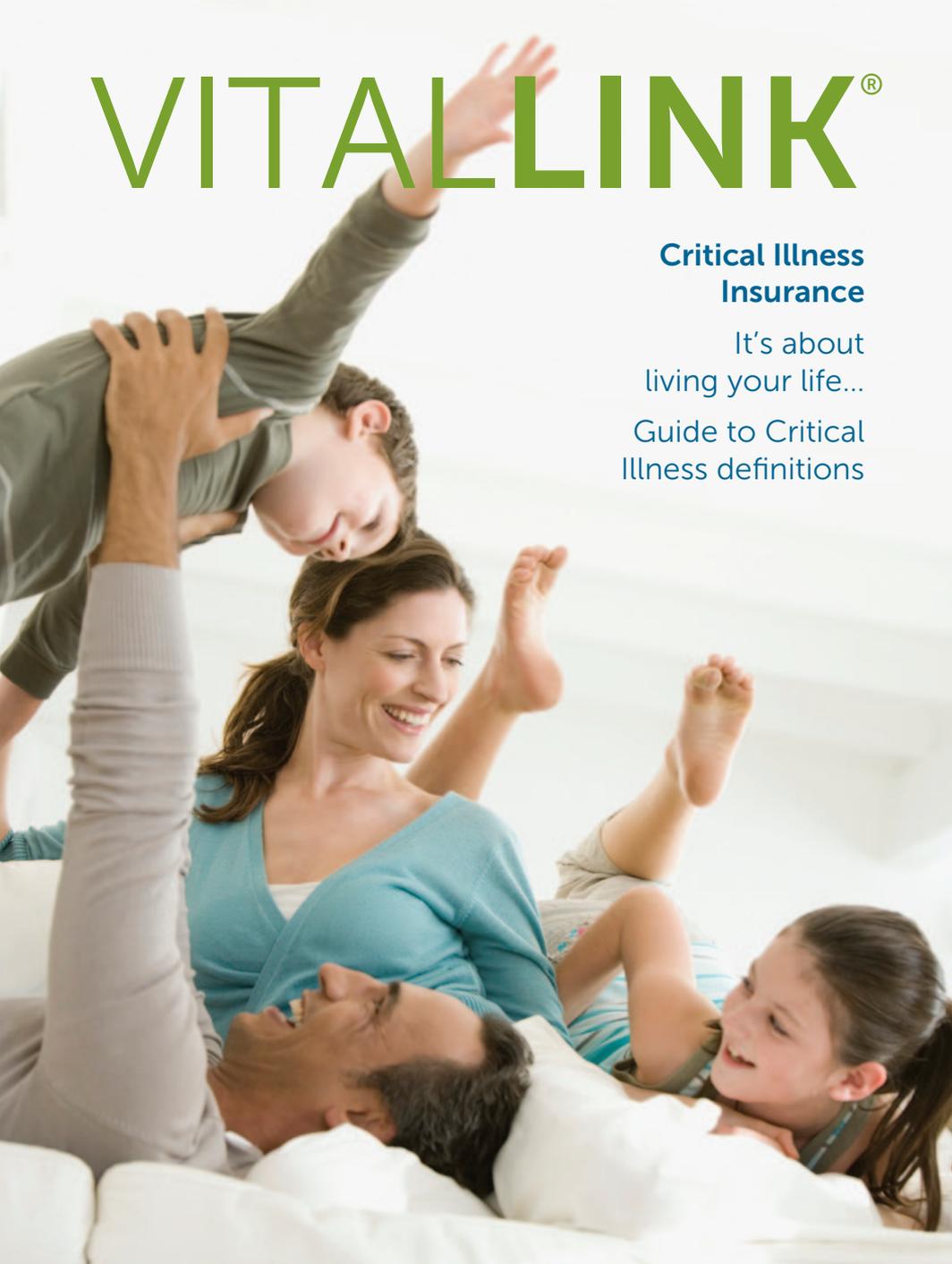


VITALINK[®]



Critical Illness Insurance

It's about
living your life...

Guide to Critical
Illness definitions



**Empire
Life[™]**

Guide to critical illness definitions

Vital Link – Critical Illness Insurance

This brochure will provide you with additional information on the conditions covered under Empire's Vital Link Critical Illness Insurance. Included are policy definitions, followed by background information, written in layman's terms, to assist in your understanding of a medical condition.

This guide is for your reference only, it is not part of nor does it replace your policy contract. Please note that the policy definition is the governing definition when it comes to determining the validity of a claim.

Please review your policy carefully.

The information in this document is for general information purposes only and is not to be construed as providing legal, medical or professional advice. The Empire Life Insurance Company assumes no responsibility for any reliance made or misuse or omissions of the information contained in this document. Please seek professional advice before making any decision.

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COVERED ILLNESSES

Alzheimer's Disease

Alzheimer's Disease shall mean the definite Diagnosis of a progressive degenerative disease of the brain. The Person Insured must exhibit the loss of intellectual capacity involving impairment of memory and judgement, which results in a significant reduction in mental and social functioning such that the Person Insured requires a minimum of eight (8) hours of daily supervision. The Diagnosis of Alzheimer's Disease must be made by a Specialist. All other dementing organic brain disorders and psychiatric illnesses are excluded from coverage;

General information about this condition:

Alzheimer's is a leading cause of dementia. It is a progressive and irreversible disease of the brain that will eventually erode a person's memory and their ability to think, reason and coordinate movement.

Alzheimer's disease gradually destroys vital nerve cells in the brain.

More information can be found at www.alzheimer.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Aortic Surgery

Aortic Surgery shall mean the undergoing of Surgery for disease of the aorta, requiring excision and surgical replacement of the diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches. The Surgery must be determined to be medically necessary by a Specialist;

General information about this condition:

The aorta is the large blood vessel leading from the heart and supplying branch arteries leading to various organs. If it becomes diseased, it weakens and can rupture. When this happens, it must be surgically replaced with a graft.

Waiting Period

The insured person must survive for 30 days following the date of surgery.

Benign Brain Tumour

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

Pituitary adenomas less than 10 mm are excluded from coverage.

A Critical Illness Benefit will NOT be payable for this Insured Condition if a Diagnosis of Benign Brain Tumour is made within the first 90 days following the later of the effective date of the Critical Illness Coverage or the effective date of the last reinstatement of the Critical Illness Coverage. A Critical Illness Benefit will NOT be payable if, within the first ninety (90) days following the later of the effective date of the Critical Illness Coverage or the effective date of the last reinstatement of the Critical Illness Coverage the Person Insured has any signs, symptoms or investigations that lead to a Diagnosis of Benign Brain Tumour. Coverage for all other non-related Critical Illnesses will continue.

If the Critical Illness Coverage was issued as a result of exercising a conversion privilege on a previously issued Critical Illness Coverage, the effective date that will apply to the ninety (90) day exclusion period for Benign Brain Tumour will be within the first ninety (90) days following the later of the effective date of the Critical Illness Coverage or the effective date of the last reinstatement of the previously issued Critical Illness Coverage.

The Owner and all Persons Insured have an obligation to disclose any information to the Company about Benign Brain Tumours Diagnosed within the first ninety (90) days following the later of the effective date or the effective date of the last reinstatement of the Critical Illness Coverage. The Owner and all Persons Insured also have an obligation to disclose any information about signs, symptoms or investigations that lead to a Diagnosis of Benign Brain Tumour within the first ninety (90) days following the later of the effective date or the effective date of the last reinstatement of the Critical Illness Coverage.

The information must be disclosed to the Company, in writing, within six (6) months of Diagnosis. The Company has the right to deny ANY claim under the Critical Illness Coverage if there is a failure to disclose this information to the Company in the prescribed time and manner;

General information about this condition:

A benign brain tumour is a non-cancerous tumour (mass of extra cells) arising from the brain or its protective membranes.

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Blindness

Blindness shall mean the definite Diagnosis of 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; or
- b) the field of vision being less than 20 degrees in both eyes.

The Diagnosis of Blindness must be made by a Specialist;

General information about this condition:

The 20/200 stipulation avoids a situation where the Person Insured is legally blind, but not considered totally blind.

More information can be found at www.cnib.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Cancer (Life-Threatening)

Cancer (Life Threatening) shall mean a definite Diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The Diagnosis of Cancer must be made by a Specialist.

The following forms of cancer are specifically excluded from coverage:

- a) carcinoma in situ;
- b) Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion);
- c) any non-melanoma skin cancer that has not metastasized; or
- d) Stage A (T1a or T1b) prostate cancer;

A Critical Illness Benefit will NOT be payable for Cancer if a Diagnosis of Cancer for the Person Insured (whether covered or excluded) is made within the first ninety (90) days following the later of the effective date of the Critical Illness Coverage or the effective date of the last reinstatement of the Critical Illness Coverage. A Critical Illness Benefit will NOT be payable if, within the first ninety (90) days following the later of the effective date of the Critical Illness Coverage or the effective date of the last reinstatement of the Critical Illness Coverage, the Person Insured has any signs, symptoms or investigations that lead to a Diagnosis of Cancer (covered or excluded under the policy) regardless of when the Diagnosis is made. Coverage for all other non-related Critical Illnesses will continue.

If the Critical Illness Coverage was issued as a result of exercising a conversion privilege on a previously issued Critical Illness Coverage, the effective date that will apply for the ninety (90) day exclusion period for Cancer will be the first ninety (90) days following the later of the effective date of the previously issued Critical Illness Coverage or the effective date of the last reinstatement of the previously issued Critical Illness Coverage.

The Owner and all Persons Insured have an obligation to disclose any information to the Company about cancers Diagnosed within ninety (90) days following the later of the effective date of a Critical Illness Coverage or the effective date of the last reinstatement of a Critical Illness Coverage. The Owner and all Persons Insured also have an obligation to disclose any information about signs, symptoms or investigations that commenced within the first ninety (90) days following the later of the effective date of a Critical Illness Coverage or the effective date of the last reinstatement of a Critical Illness Coverage and results in the Diagnosis of any type of cancer.

The information must be disclosed to the Company, in writing, within six (6) months of Diagnosis. The Company has the right to deny ANY claim under the Critical Illness Coverage if there is a failure to disclose this information to the Company in the prescribed time and manner;

General information about this condition:

Cancer is abnormal or cancerous cell growth that spreads throughout the body destroying healthy tissue. Some cancers are not considered life threatening and are not covered under this benefit. However, if a cancer spreads to surrounding tissue or organs, it is considered life threatening and the critical illness benefit may be payable.

More information can be found at www.cancer.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Coma

Coma shall mean the definite Diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less. The Diagnosis of Coma must be made by a Specialist. Medically induced comas, a coma which results directly from alcohol or drug use or a Diagnosis of brain death is excluded from coverage;

General information about this condition:

A coma is an unconscious state from which a person cannot be aroused or woken even with intense external stimulation. The coma state must persist for a continuous period of four days (4 consecutive 24 hour periods).

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Coronary Artery Bypass Surgery

Coronary Artery Bypass Surgery shall mean the undergoing of heart Surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s) excluding any non-surgical or trans-catheter techniques such as balloon angioplasty or laser relief of an obstruction. The Surgery must be determined to be medically necessary by a Specialist;

General information about this condition:

Coronary artery bypass surgery is open-heart surgery to correct the narrowing or blockage of one or more coronary arteries.

Only Coronary artery bypass surgery (CABG) is covered. Other procedures to improve blood flow to the heart are not covered.

More information can be found at www.heartandstroke.ca

Waiting Period

The insured person must survive for 30 days following the date of surgery.

Deafness

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

General information about this condition:

Deafness is the total and irreversible loss of hearing in each ear.

More information can be found at www.chs.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Heart Attack

Heart Attack shall mean the definite Diagnosis of 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 (ECG) 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 Diagnosis of Heart Attack must be made by a Specialist.

Heart Attack does not include:

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

General information about this condition:

A heart attack may occur when the normal supply of blood to the heart is interrupted by a blocked artery or clot, causing part of the heart muscle to die.

The diagnosis of a recent heart attack therefore, is confirmed by the detection of abnormal electrical activity (such as new Q waves) over the surface of the heart, which is seen on an electrocardiograph (ECG) and the detection of raised levels of cardiac biochemical markers released from the damaged heart muscle tissue. It is possible to have had a silent heart attack and not know about it. The chance finding of this on an ECG is not covered under the CI policy.

More information can be found at www.heartandstroke.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Heart Valve Replacement

Heart Valve Replacement shall mean the undergoing of Surgery to replace any heart valve with either a natural or mechanical valve. The Surgery must be determined to be medically necessary by a Specialist. Heart valve repair is excluded from coverage;

General information about this condition:

When a heart valve is damaged beyond repair it must be surgically replaced by a new valve, either natural or man-made. While **replacement** surgery is covered under the Policy, surgical **repair** of a heart valve is not.

More information can be found at www.heartandstroke.ca

Waiting Period

The insured person must survive for 30 days following the date of surgery.

Kidney Failure

Kidney Failure shall mean the definite Diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis, or renal transplantation is initiated. The Diagnosis of Kidney Failure must be made by a Specialist;

General information about this condition:

There is a permanent loss of function of both kidneys. The insured must have regular dialysis treatment or a kidney transplant.

More information can be found at www.kidney.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Loss of Independence Existence

Loss of Independent Existence shall mean the definite Diagnosis, of the total inability to perform, by oneself, at least two (2) of the Activities of Daily Living (as defined below) or Cognitive Impairment (as defined below) for a continuous period of at least 90 days with no reasonable chance of recovery. The Diagnosis of Loss of Independent Existence must be made by a Specialist.

“Cognitive Impairment” is defined as mental deterioration and loss of intellectual ability, evidenced by deterioration in memory, orientation and reasoning, which are measurable and result from demonstrable organic cause as Diagnosed by a Specialist. The degree of Cognitive Impairment must be sufficiently severe as to require a minimum of 8 hours of daily supervision. Determination of a Cognitive Impairment will be made on the basis of clinical data and valid standardized measures of such impairments.

Activities of Daily Living are:

- a) Dressing – the ability to put on and remove necessary clothing including braces, artificial limbs, or other surgical appliances;
- b) Transferring – the ability to move in and out of a bed, chair or wheelchair with or without the use of equipment;
- c) Feeding – the ability to consume food or drink that has already been prepared and made available, with or without the use of adaptive utensils;
- d) Toileting – the ability to get on and off the toilet, and maintain personal hygiene;
- e) Bladder and Bowel Continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained;
- f) Bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of equipment.

A mental or nervous disorder without a demonstrable organic cause is excluded from coverage.

General information about this condition:

A person can suffer a temporary inability to perform any, or all, of these activities but regain the ability to do these activities after appropriate treatment. That is why the loss must be permanent and irreversible.

Waiting Period

The loss has been present continuously for at least 90 days.

Loss of Limbs

Loss of Limbs shall mean a definite Diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The Diagnosis of Loss of Limbs must be made by a Specialist;

General information about this condition:

The loss must be permanent and irreversible.

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Loss of Speech

Loss of speech shall mean the definite Diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least one hundred and eighty (180) days. The Diagnosis of Loss of Speech must be made by a Specialist. All psychiatric related causes are excluded from coverage;

General information about this condition:

If you have a total, permanent, and irreversible loss of speech due to a physical injury or disease, which has lasted for at least 180 days, your critical illness benefit becomes payable.

Waiting Period

The insured person must survive for 180 days following the date of diagnosis.

Major Organ Failure on Waiting List

Major Organ Failure on Waiting List shall mean a definite Diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under Major Organ Failure on Waiting List, the Person 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 Surgery. For purposes of the Waiting Period, the date of Diagnosis is the date of the Person Insured's enrolment in the transplant centre. The Diagnosis of the major organ failure must be made by a Specialist;

General information about this condition:

Because the time required to find a suitable donor is usually unpredictable, it is not necessary to have undergone transplant surgery in order to claim. Once an insured prospective transplant recipient has been accepted onto the waiting list of a recognized Canadian government approved transplant program, a claim can be made.

More information can be found at www.transplant.ca and www.givelife.ca

Waiting Period

The insured person must survive for 30 days following the date they are enrolled into the transplant program.

Major Organ Transplant

Major Organ Transplant shall mean the definite Diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Person Insured must undergo a transplantation procedure as the recipient of a heart, liver, lung, kidney, or bone marrow, and limited to these entities. The Diagnosis of the major organ failure must be made by a Specialist;

General information about this condition:

In certain conditions, any of the heart, lungs, liver, kidneys or bone marrow can become injured or diseased sufficiently such that the person needs an organ transplant.

This benefit may be payable when the insured undergoes transplant surgery as a recipient.

More information can be found at www.transplant.ca and www.givelife.ca

Waiting Period

The insured person must survive for 30 days following the date of their transplant surgery.

Motor Neuron Disease

Motor Neuron Disease shall mean the definite Diagnosis of one of the following:

- a) Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease);
 - b) Primary Lateral Sclerosis;
 - c) Progressive Spinal Muscular Atrophy;
 - d) Progressive Bulbar Palsy; or
 - e) Pseudo Bulbar Palsy,
- and limited to these conditions.

The Diagnosis of Motor Neuron Disease must be made by a Specialist;

General information about this condition:

Motor Neuron Disease is a progressive disorder, which affects the central nervous system and causes muscles to weaken and deteriorate. The muscles eventually lose strength, atrophy and die. There is no known treatment. Because it attacks only motor neurons, ALS does not affect the mind. The most common form is ALS or Amyotrophic Lateral Sclerosis, better known as 'Lou Gehrig's disease'.

More information can be found at www.als.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis

Multiple Sclerosis

Multiple Sclerosis shall mean the definite Diagnosis of 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; or
- b) well-defined neurological abnormalities lasting more than six (6) months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination; or
- 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.

The Diagnosis of Multiple Sclerosis must be made by a Specialist;

General information about this condition:

Multiple Sclerosis is a progressive brain and spinal cord disease with multiple and varied neurological symptoms and signs. For this reason, MS can be difficult to diagnose and usually takes a number of tests before it is confirmed.

More information can be found at www.multiplesclerosis.com

Waiting Period

The Waiting Period will be satisfied at the later of:

- a) 30 days following confirmation of the Diagnosis; or
- b) at the end of the six-month period of impairment;

Occupational HIV Infection

Occupational HIV Infection shall mean the definite Diagnosis of infection with Human Immunodeficiency Virus (HIV) resulting from an accidental injury during the course of the Person Insured's normal occupation, which exposed the person to HIV contaminated body fluids.

The accidental injury leading to the infection must have occurred after the later of the effective date of the Critical Illness Coverage, or the effective date of the last reinstatement of the Critical Illness Coverage.

Payment under this Insured Condition requires satisfaction of ALL of the following:

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

The Diagnosis of Occupational HIV Infection must be made by a Specialist.

No Critical Illness Benefit will be payable if:

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

General information about this condition:

The HIV (AIDs virus) infection must be caused by an accidental exposure to HIV-contaminated blood or bodily fluids, in the course of performing your job or occupation. In order to give reasonable assurances that the HIV infection was caused by an accidental exposure at work, certain reporting requirements and medical lab testing must be met.

More information can be found at www.cdnaids.ca

Waiting Period

The insured must survive for 30 days following the date the follow-up HIV test was conducted.

Paralysis

Paralysis shall mean the definite Diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least ninety (90) days following the precipitating event. The Diagnosis of paralysis must be made by a Specialist;

General information about this condition:

Paralysis is the complete and permanent loss of voluntary movement in at least two limbs, whether caused by an accident, illness or disease.

More information can be found at www.canparaplegic.org

Waiting Period

The insured person must survive for 90 days following the date of diagnosis.

Parkinson's Disease

Parkinson's Disease shall mean the Diagnosis by a Physician certified as a neurologist of primary idiopathic Parkinson's Disease and characterized by the clinical manifestation of two or more of the following:

- a) Rigidity;
- b) Tremor; and
- c) Bradykinesis

All other types of Parkinsonism are excluded from coverage;

General information about this condition:

Parkinson's Disease is a progressive degenerative disease of the central nervous system that is characterized by rigid muscles, tremors and slow movements.

More information can be found at www.parkinson.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Severe Burns

Severe Burns shall mean the definite Diagnosis of third degree burns over at least 20% of the body surface. The Diagnosis of Severe Burns must be made by a Specialist;

General information about this condition:

Only third degree burns are covered under the Policy. They are the most serious type of burn, involving all layers of the skin. Coverage is provided if the individual has third degree burns covering at least 20% of the body.

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Stroke (Cerebrovascular Accident)

Stroke (Cerebrovascular Accident) shall mean a definite Diagnosis of 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; and
- b) new objective neurological deficits on clinical examination, persisting for more than thirty (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.

Specifically excluded from coverage are;

- a) Transient Ischemic Attacks (TIA); or
- b) Intracerebral vascular events due to trauma; or
- c) Lacunar infarcts that do not meet the definition of Stroke as described above;

General information about this condition:

A stroke occurs when there is permanent damage to an area of the brain due to any of the following events:

- a) There is bleeding into the brain (a hemorrhage)
- b) An artery supplying the brain becomes blocked by a blood clot (a thrombosis),
- c) A blood clot from another part of the body, is carried to the brain and blocks an artery in the brain (an embolus)

Transient Ischemic Attacks (TIAs) - also known as minor strokes, are caused by a temporary interruption of blood supply. These attacks are not covered as they are relatively minor and may even go entirely unnoticed. Abnormalities found on brain-imaging (such as CT or MRI scans) which do not meet the definition of Stroke are not covered.

More information can be found at www.heartandstroke.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Non Life-Threatening Illness Benefit

A Non-Life Threatening Illness shall mean:

- i) Stage A (T1a or T1b) prostate cancer;
- ii) ductal carcinoma in situ of the breast – Diagnosis must be made by a pathologist and confirmed by a biopsy;
- iii) coronary artery blockage – The undergoing of coronary angioplasty/ stenting, which is a medically necessary non-surgical intervention procedure to unblock and widen a vessel to allow an uninterrupted flow of blood and oxygen to the heart; or
- iv) HIV related cancer – Any cancerous tumour in the presence of any Human Immunodeficiency Virus (HIV).

The Non-Life Threatening Illness Benefit will not be payable for any illness or disorder not specifically defined as a Non-Life Threatening Illness.

The Non-Life Threatening Illness Benefit will NOT be payable for any cancer related Non-Life Threatening Illness if, within the first ninety (90) days following the later of the effective date of the Critical Illness Coverage or the effective date of the last reinstatement of the Critical Illness Coverage, the Person Insured has any type of cancer (whether covered or excluded) Diagnosed. The Non-Life Threatening Illness Benefit will NOT be payable for any cancer related Non-Life Threatening Illness if, within the first ninety (90) days following the effective date of the Critical Illness Coverage or the effective date of the last reinstatement of the Coverage Illness Coverage, the Person Insured has any signs or symptoms, or investigations that lead to the Diagnosis of any type of cancer. Coverage for all other non-related Critical Illnesses will continue.

The Owner and all Persons Insured have an obligation to disclose any information about any cancers Diagnosed within the first ninety (90) days following the effective date or the effective date of the last reinstatement of a Critical Illness Coverage. The Owner and all Persons Insured also have an obligation to disclose any information about signs, symptoms, or investigations that commenced within the first ninety (90) days following the effective date or the last reinstatement date of a Critical Illness Coverage and results in the Diagnosis of any type of cancer (covered or

excluded under the policy). The information must be disclosed to the Company, in writing, within six (6) months of Diagnosis. The Company has the right to deny ANY claim under the Critical Illness Coverage if there is a failure to disclose this information to the Company in the prescribed time and manner.

The Non-Life Threatening Illness Benefit is determined based on the sum of ALL Critical Illness Coverages in force with the Company for the Person Insured and is the lesser of:

- i) 25% of the total Critical Illness Sums Insured;
- ii) \$10,000 for coronary artery blockage; or
- iii) \$25,000.

A maximum of one Non-Life Threatening Illness Benefit will be payable for the Person Insured. Payment of a Non-Life Threatening Illness Benefit will not terminate the Critical Illness Coverage for the Person Insured.

Waiting Period

For each of these illnesses, the insured person must survive for 30 days following the date of diagnosis.

CHILDHOOD ILLNESSES

The following 15 conditions are covered on the Children's Critical Illness rider:

- Autism
- Benign Brain Tumour
- Blindness*
- Cerebral Palsy
- Cystic Fibrosis
- Deafness*
- Diabetes Type 1
- Down's Syndrome (Chromosome 21)
- Kidney Failure*
- Life-Threatening Cancer
- Major Organ Failure on a waiting list*
- Major Organ Transplant*
- Muscular Dystrophy
- Paralysis*
- Specific Congenital Defects

**Please refer to the adult plan for the definition*

The conditions below are covered on the Children's Critical Illness rider only and are **not** part of the adult plan.

Autism

Autism shall mean an organic defect in brain development characterised by failure to develop communicative language or other forms of social communication, with the Diagnosis confirmed by a specialist;

General information about this condition:

Autism is a mental condition resulting in great difficulty communicating with others and in using language and abstract concepts.

More information can be found at www.autism.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Benign Brain Tumour

Benign Brain Tumour shall mean a benign tumour arising from the brain or meninges. The histologic nature of the tumour must be confirmed by examination of tissue (biopsy or surgical excision). Tumours of the bony cranium and pituitary microadenomas (less than 10 mm in diameter) are excluded from coverage.

A Critical Illness Benefit will NOT be payable for this Insured Condition if a Diagnosis of Benign Brain Tumour is made within ninety (90) days of the effective date or any reinstatement date of a Child's Critical Illness Coverage. A Critical Illness Benefit will NOT be payable if, within ninety (90) days of the effective date or any reinstatement date of the Child's Critical Illness Coverage, any signs or symptoms of medical problems, or medical consultations or tests commenced and resulted in the Diagnosis of Benign Brain Tumour. Coverage for all other non-related Critical Illnesses will continue.

The Owner and all Persons Insured have an obligation to disclose any information to the Company about Benign Brain Tumours Diagnosed within ninety (90) days of the effective date or any reinstatement date of the Children's Critical Illness Rider. The Owner and all Persons Insured also have an obligation to disclose any information about:

- i) signs or symptoms of medical problems; and
- ii) medical consultations or tests

that commenced within ninety (90) days of the effective date or any reinstatement date of the Children's Critical Illness Rider and results in the Diagnosis of Benign Brain Tumour.

The information must be disclosed to the Company, in writing, within six (6) months of Diagnosis. The Company has the right to deny ANY claim under the Children's Critical Illness Rider for that Child if there is a failure to disclose this information to the Company in the prescribed time and manner.

General information about this condition:

A benign brain tumour is a non-cancerous tumour (mass of extra cells) arising from the brain or its protective membranes.

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Cerebral Palsy

Cerebral Palsy shall mean a definitive Diagnosis of definite Cerebral Palsy, a non-progressive neurological defect characterized by spasticity and incoordination of movements;

General information about this condition:

Cerebral palsy results in impaired muscle co-ordination and weakness caused by damage to the brain before or at birth. It can also occur after birth from a stroke or infection in the baby.

More information can be found at www.ofcp.on.ca

Waiting Period

The insured must survive 30 days following the date of diagnosis.

Cystic Fibrosis

Cystic Fibrosis shall mean an unequivocal Diagnosis of Cystic Fibrosis which is a hereditary disorder affecting the exocrine glands, resulting in chronic lung disease and pancreatic insufficiency;

General information about this condition:

Cystic fibrosis is a genetic disorder that results in production of abnormally thick mucus leading to blockage of the pancreatic ducts, intestines and bronchi. In the lungs the mucus can lead to breathing problems and lung disease. In the pancreas the mucus can lead to malnutrition and problems with growth and development.

More information can be found at www.cysticfibrosis.ca

Waiting Period

The insured must survive for 30 days following the date of diagnosis.

Down's Syndrome

Down's Syndrome shall mean an unequivocal Diagnosis of Down's Syndrome supported by chromosomal evidence of Trisomy 21;

General information about this condition:

Down syndrome is a genetic condition that causes delays in physical and intellectual development. This condition is caused by an extra copy of chromosome number 21.

More information can be found at www.nads.org

Waiting Period

The insured must survive 30 days following the date of diagnosis.

Life Threatening Cancer

Life Threatening Cancer shall mean the Diagnosis of a tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes leukemia, Hodgkin's disease, and non-melanoma skin cancer that has metastasized to distant organs;

The following forms of cancer are excluded from coverage:

- a) Carcinoma in situ;
- b) Pre-malignant lesions, benign tumours or polyps;
- c) Any skin cancer other than malignant melanoma into the dermis or deeper (greater than stage 1A);
- d) Any tumour in the presence of any Human Immunodeficiency Virus (HIV).

If, within ninety (90) days following the effective date or any reinstatement date of the Children's Critical Illness Rider,

- a) a Diagnosis of any type of cancer (whether covered or excluded) is made; or
- b) any signs or symptoms or medical consultations or tests commenced and resulted in the Diagnosis of any type of cancer (whether covered or excluded),

NO Critical Illness Benefit will be payable for:

- i) Life Threatening Cancer; or
- ii) any Critical Illness related to this cancer.

The Owner and all Persons Insured have an obligation to disclose any information to the Company about cancers diagnosed within ninety (90) days of the effective date or any reinstatement date of the Children's Critical Illness Rider. If there is a failure to disclose this information within six (6) months of Diagnosis, the Company has the right to deny ANY claim under the Children's Critical Illness Rider;

General information about this condition:

Cancer is a type of abnormal or malignant (cancerous) cell growth that spreads throughout the body destroying healthy tissue. Some cancers are not considered life threatening and are not covered under this benefit. However, if a cancer spreads to surrounding tissue or organs or progresses, the critical illness benefit may be payable.

More information can be found at www.cancer.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Muscular Dystrophy

Muscular Dystrophy shall mean an unequivocal Diagnosis of Muscular Dystrophy, characterised by well defined neurological abnormalities, confirmed by electromyography and muscle biopsy;

General information about this condition:

Muscular dystrophy is a hereditary condition that is marked by progressive weakening and wasting of muscles.

More information can be found at www.mdac.ca

Waiting Period

The insured person must survive for 30 days following the date of diagnosis.

Specific Congenital Defects

Specific Congenital Defects shall mean Diagnosis by a Physician certified as a pediatric cardiologist of specific congenital cardiac defects causing cyanosis (poor blood oxygenation) and diagnosed by the following conditions:

- a) atresias of the heart
- b) transposition of the great arteries
- c) truncus arteriosus
- d) total anomalous pulmonary venous drainage; or
- e) tetralogy of Fallot

All other congenital cardiac conditions are excluded;

General information about this condition:

Congenital heart disease includes a series of cardiac malformations present at birth. The list of conditions will usually result in blue baby syndrome (cyanosis) with the risk of early death.

Waiting Period

The insured must survive for 30 days following the date of diagnosis.

Type 1 Diabetes Mellitus

Type 1 Diabetes Mellitus shall mean diagnosis of type 1 diabetes mellitus (formerly known as insulin dependant Diabetes Mellitus or “Brittle Diabetes”) characterized by absolute insulin deficiency and continuous dependence on exogenous insulin for survival. The diagnosis must be made by a qualified pediatrician or endocrinologist. Evidence of dependence on insulin for a minimum of three months will be required;

General information about this condition:

Type 1 diabetes mellitus is caused by a failure of the pancreas to produce insulin, resulting in a daily dependence on insulin injections for survival.

More information can be found at www.diabetes.ca

Waiting Period

The insured person must survive for 90 days following the date of diagnosis.

The Empire Life Insurance Company (Empire Life) offers competitive individual and group life and health insurance, investment and retirement products to help you build wealth and protect your financial security.

Empire Life is among the top 10 life insurance companies in Canada¹ and is rated A (Excellent) by A.M. Best Company². Our vision is to be the leading, independently-owned, Canadian financial services company committed to simplicity, being easy to do business with and having a personal touch.

¹ Source: Office of the Superintendent of Financial Institutions (OSFI), based on general and segregated fund assets

² As at June 22, 2011

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