

**Covered Impairment Definitions**

The LifeCare Benefit pays you a one-time, lump sum benefit if the Insured is diagnosed with one of the covered illnesses or has undergone a covered procedure as defined and specified below.

**Cancer (Life-Threatening)**

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes leukemia and Hodgkin's disease, but excludes non-invasive cancer in situ, stage A (T1a and T1b) prostate cancer, and any skin cancer other than malignant melanoma into the dermis or deeper.

No benefit under this condition will be available if the earlier of:

- a. the date of diagnosis or
- b. the date of symptoms and/or medical consultations that led to diagnosis, is within the first 90 days following the effective date of the policy (or 90 days from the effective date of last reinstatement).

**Heart Attack (Myocardial Infarction)**

The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by:

- a. new electrocardiographic (ECG) changes indicative of a myocardial infarction, and by
- b. the elevation of cardiac biochemical markers to levels considered diagnostic for acute infarction.

Heart attack does not include an incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of a corroborating event. Heart attack does not include elevation of cardiac markers due to coronary angioplasty unless there are diagnostic changes of new Q wave infarction on the ECG.

**Stroke (Cerebrovascular Accident)**

Any cerebrovascular incident producing neurological sequelae lasting more than 24 hours and including infarction of brain tissue, hemorrhage or embolism from an extra-cranial source. There must be evidence of permanent neurological deficit. Transient Ischemic Attacks are specifically excluded.

**Coronary Artery Bypass Surgery**

The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. This excludes any elective surgery or non-surgical techniques such as balloon angioplasty or laser relief of an obstruction.

**Kidney Failure (End Stage Renal Disease)**

Diagnosis of end stage renal disease, presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular peritoneal dialysis, hemodialysis or renal transplantation is initiated.

**Major Organ Transplant**

Diagnosis of the irreversible failure of the heart, both lungs, liver, pancreas, both kidneys or bone marrow. Transplantation must be medically necessary. The Insured must undergo surgery as a recipient of a transplant of a heart, lung, liver, pancreas, kidney or bone marrow.

**Aortic Surgery**

As the diagnosis by a physician certified as a cardiologist of the need for and actual 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.

**Heart Valve Replacement**

The diagnosis by a physician certified as a cardiologist of the need for and actual undergoing of the replacement of any heart valve with either a natural or mechanical valve. Heart valve repair is specifically excluded.

**Blindness**

Permanent loss of sight in both eyes, as confirmed by an ophthalmologist registered to practice in Canada. The corrected visual acuity must be worse than 20/200 in both eyes, or the field of vision must be less than 20 degrees in both eyes.

← The Insured must survive a Survival period following diagnosis for payment to be made. Unless specifically stated otherwise, the Survival period is 30 days.

← Cancer is a type of abnormal or malignant (cancerous) cell growth that spreads throughout the body destroying health 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 LifeCare benefit will be paid. No benefit is payable under the policy if cancer is diagnosed or if there are symptoms that lead to the diagnosis of cancer within 90 days of the policy being issued or reinstated. The policy will be terminated and your premiums will be refunded.

← When a heart attack occurs, part of the heart muscle dies because there is a shortage of blood to the heart. A heart attack is an acute event that can be detected by an ECG (Electrocardiogram) and other diagnostic tests. 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 this benefit.

← A stroke occurs when there is permanent damage to an area of the brain due to any of the following events: bleeding into the brain (hemorrhage); an artery supplying the brain becomes blocked by a blood clot (thrombosis); a blood clot from another part of the body is carried to the brain and blocks an artery in the brain (embolus). Transient Ischemic Attacks (TIAs) are not covered.

← 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. No other procedures to improve blood flow to the heart are covered.

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

← 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 will be paid when the insured is enrolled in a recognized transplant program or undergoes transplant surgery as a recipient.

← 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. The benefit is paid when the surgery occurs.

← When a heart valve is damaged beyond repair it must be surgically replaced by a new valve, either natural or manmade. While replacement surgery is covered under this benefit, surgical repair of a heart valve is not.

← Blindness is the total and irreversible loss of vision in both eyes.

**Deafness**

The total, permanent and profound loss of hearing in both ears, with an auditory threshold of more than 90 decibels, as confirmed by an otolaryngologist registered to practice in Canada.

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

**Paralysis (Paraplegia, Hemiplegia & Quadriplegia)**

The complete and permanent loss of use of two or more limbs for a continuous period of ninety days following the precipitating event, during which time there has been no sign of improvement.

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

**Multiple Sclerosis**

The unequivocal diagnosis of definite Multiple Sclerosis by a consultant neurologist, holding an appointment as such in a major Canadian hospital, of well-defined neurological abnormalities persisting for a continuous period of at least 6 months, and confirmed by modern investigational techniques such as image scanning. Neurological abnormalities in this context must be evidenced by the typical symptoms of demyelination with resultant impairment of the brain stem or spinal cord, but the Life Insured not necessarily confined to a wheelchair.

Multiple Sclerosis (MS) 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.

**Burns**

Severe burns shall mean the diagnosis by a physician, who is a certified Plastic Surgeon licensed and practicing in Canada, that you have sustained third degree burns covering at least 20% of the surface area of your body.

Only third degree burns are covered under this benefit. 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.

**Coma**

A state of unconsciousness with no reaction to external stimuli or response to internal needs, continuing for at least four days. Life support systems must be required throughout the period of unconsciousness.

A coma is a state of unconsciousness from which a person cannot be aroused or woken even with intense external stimulation. The coma state must continue for a continuous period of four days requiring life support systems and must not be drug or alcohol induced for the benefits to be paid.

**Loss of Speech**

The total and irreversible loss of the ability to speak as the result of physical injury or disease which must be established for a continuous period of at least 180 days. All psychiatric related causes are specifically excluded.

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 benefit becomes payable.

**Loss of Limbs**

The irreversible severance of two or more limbs from above the wrist or ankle joint as the result of an accident or medically required amputation.

Two or more limbs are cut off above the wrist or ankle joint, as a result of an accident, injury or illness.

**Motor Neuron Disease**

The unequivocal diagnosis of Motor Neuron Disease by a neurologist licensed and practicing in Canada. This definition includes the following conditions:

- a. Amyotrophic Lateral Sclerosis;
- b. Primary Lateral Sclerosis;
- c. Progressive spinal muscular atrophy;
- d. Progressive bulbar palsy, and
- e. Pseudo bulbar palsy.

Motor Neuron Disease is a progressive disorder, which affects the central nervous system and causes muscles to weaken and deteriorate. The most common form is Amyotrophic Lateral Sclerosis (ALS), better known as 'Lou Gehrig's disease'.

**Alzheimer's Disease**

Diagnosis by a physician, who is either a certified psychiatrist, licensed and practicing in Canada, that you have Alzheimer's Disease, which is a progressive degenerative disease of your brain. The diagnosis must also be supported by medical evidence that you exhibit loss of intellectual capacity resulting in impairment of your memory and judgement, which results in a significant reduction in your mental and social functioning, such that you require supervision on a daily basis. All other dementing organic brain disorders and psychiatric illnesses are excluded from this insured Critical Illness.

Alzheimer's is a leading cause of dementia. It is a progressive, degenerative and irreversible disease of the brain that will eventually erode a person's memory and their ability to think, reason and coordinate movement. Dementia as a result of other brain diseases, psychiatric conditions, substance abuse and other physical illnesses is not covered under this benefit.

**Parkinson's Disease**

Diagnosis by a specialist of primary idiopathic Parkinson's disease, which is characterized by a minimum of two or more of the following clinical manifestations:

- a. tremor;
- b. muscle rigidity;
- c. bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses).

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

The Insured must require substantial physical assistance from another adult to perform two or more of six activities of Daily Living (ADL's are bathing, dressing, toileting, bladder and bowel continence, transferring, feeding). All other types of Parkinsonism are excluded.

### **Occupational HIV Infection**

The diagnosis of infection with the Human Immunodeficiency Virus (HIV) resulting from an accidental injury which occurred in Canada during the course of the Insured's normal occupation which exposed the insured person to HIV contaminated blood or bodily fluids. Any accidental injury must be reported to the insurer, and an HIV test taken, showing negative results within fourteen (14) days of the event. Between 90 days and 180 days after the accidental injury, an HIV test must be taken and the result must be positive. The Company must be given access to independently test all the blood samples used and to take such additional samples as deemed necessary. All HIV tests must be performed by facilities approved by the insurer. The accidental injury must have been reported, investigated and documented in accordance with Canadian workplace guidelines. HIV infection resulting from or transmitted by any other means, including but not limited to sexual activity or recreational drug use is specifically excluded. This benefit will not apply if the person insured has elected not to take any available licensed vaccine offering protection against HIV which becomes available prior to the accident or where a licensed cure for HIV infection has become available prior to the accident.

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.

### **Loss of Independent Existence**

An unequivocal diagnosis by a specialist for a continuous period of 90 days of either:

- a. being totally and permanently unable to perform, by oneself, at least two of the following six Activities of Daily Living with no reasonable chance of recovery, or
- b. Cognitive Impairment as defined below.

This benefit is designed to cover those debilitating illnesses not covered elsewhere in the policy e.g. severe arthritis or cognitive impairment due to a head injury inflicted in an accident, where in either example you could not carry out most activities of daily living.

#### *Activities of Daily Living are:*

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

#### *Cognitive Impairment*

Mental deterioration and loss of intellectual ability, evidenced by deterioration in memory, orientation and reasoning, which is measurable and results from demonstrable organic cause as diagnosed by a specialist. The degree of cognitive impairment must be sufficiently severe as to require continuous daily supervision.

Determination of a Cognitive Impairment will be made on the basis of clinical data and valid standardized measures of such impairments. A mental or nervous disorder without a demonstrable organic cause is not covered.

*The wording included in this document is for reference only. In the event of a discrepancy, the actual policy will prevail. Please refer to the policy for definitions and specific exclusions.*