



**CRITICAL ILLNESS**



# Combined Critical Illness

Critical Illness Coverage  
(Including Cancer Coverage)

**Combined Insurance Company of America/Compagnie d'assurance Combined d'Amérique**  
(herein called "Combined Insurance/Combined Assurances" or the "Company")

**Canadian Head Office**  
150 Commerce Valley Drive West  
Suite 700 Markham, Ontario L3T 7Z3

# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

## Guide to Your Policy

30 Day Right to Examine Policy	<b>P03</b>
Policyholder Service	<b>P03</b>
Guaranteed Renewable	<b>P03</b>
Fraud Limitation	<b>P03</b>
Consideration	<b>P03</b>
When Coverage Begins	<b>P03</b>
Definitions	<b>P04-05</b>
Return of Premium Upon Death	<b>P05</b>
Payable in Addition to All Other Insurance	<b>P06</b>
Benefits	<b>P06-12</b>
Exclusions and Limitations	<b>P12-13</b>
Termination of Coverage	<b>P13</b>
Beneficiary	<b>P13</b>
Ownership Provisions	<b>P14</b>
General Provisions	<b>P14-15</b>
Statutory Conditions	<b>P15-16</b>

# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

## 30 Day Right to Examine Policy

If this Policy is not satisfactory for any reason, You can return this Policy to Us or Our agent within 30 days of the date You receive it. Any Premium paid will be refunded and this Policy will be void from inception as if it were never in force.

## Policyholder Service

You can use Our self-service portal to access Your Policy documents, manage payments, download a claim form or even file a claim. Please visit [www.combined.ca](http://www.combined.ca) to register or to log in.

## Guaranteed Renewable (Subject to Payment of the Scheduled Benefit Amount)

Subject to benefit payment under this Policy, We guarantee Your right to renew this Policy until the Expiration Date shown on the schedule page, except in the case of fraud. This Policy will continue in force as long as the Premium is paid on or before the due date or within the Grace Period. We reserve the right to change the Premium. We will notify You in writing, at Your last address of record, of any change at least 30 days before the date it becomes effective. This Policy terminates upon payment of the Maximum Benefit Amount for each Covered Person.

## Fraud Limitation

We will not pay any benefit if this Policy is declared void due to a material omission or misrepresentation. We will not pay any benefit in the event of fraud or attempted fraud by the owner or a Covered Person. In the event of fraud or attempted fraud by the owner or Covered Person, We reserve the right to terminate this Policy.

## Consideration

This Policy is issued in consideration of the statements contained in the application and payment of the first Premium. We agree to pay You, the Primary Insured, shown on the application and schedule page, subject to the terms and limitations of this Policy.

## When Coverage Begins

Subject to the terms and conditions of this Policy, insurance coverage under this Policy begins on the Effective Date shown on the schedule page provided that:

- 1) the Covered Person's application has been approved in writing;
- 2) the Policy is delivered to the Covered Person; and
- 3) the Covered Person has not experienced any change of insurability and the information provided in the application remains true and complete at the time the Policy is delivered.

If any of these conditions are not met, this Policy does not come into effect.

# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

## Definitions

**Activities of Daily Living** mean:

- 1) Bathing: The ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices;
- 2) Dressing: The ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances with or without the aid of assistive devices;
- 3) Toileting: The ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices;
- 4) 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;
- 5) Transferring: The ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices; and
- 6) Feeding: The ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices.

**Beneficiary** means the person or persons entitled to receive the benefit payable when the Covered Person dies as set out in the Beneficiary provision of this Policy.

**Covered Condition** means a critical illness that is diagnosed and/or treated in accordance with the requirements of the definition describing that covered critical illness. A condition that is a Pre-existing Condition or excluded by the Waiting Period Exclusion is not a Covered Condition.

**Covered Person** means the Primary Insured, Insured Spouse and/or Insured Child(ren), if applicable, listed on the application and schedule page as insureds under this Policy.

**Diagnosis** means the complete fulfillment of the requirements of the definition of the condition as described under this Policy. The Diagnosis must be made while this Policy is in force.

**Effective Date** means the date insurance coverage under the Policy begins as set out in the When coverage begins provision.

**Initial Premium** means the amount of Premium charged for this Policy at Policy issuance as shown in the schedule page. Initial Premium does not include Premium paid due to Premium rate increases, if any.

**Insured Spouse** means the person named in the application for coverage and schedule page who the Primary Insured is legally married to, and for whom the owner or Primary Insured has elected coverage.

**Life Support** means the Covered Person is under the regular care of a Physician for nutritional, respiratory and/or cardiovascular support when irreversible cessation of all functions of the brain has occurred.

**Maximum Benefit Amount** means the amount shown on the schedule page. Total benefits payable under this Policy are limited to the Maximum Benefit Amount for each Covered Person.

**Physician** means a medical doctor licensed to practice medicine in Canada or the United States of America. Physician excludes the owner, Covered Person, and any relative or business associate of the owner or Covered Person.

**Policy** means the insurance coverage described in this document.

**Policy Anniversary** means the month and day of every year that is the same as the Effective Date.

**Pre-existing Condition** means a condition for which a Covered Person received medical advice or treatment, or showed symptoms, within the 12 months preceding the Effective Date. A Pre-existing Condition does not include any condition fully disclosed in the Medical History and Lifestyle section of the application for this Policy.

# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

**Primary Insured** means the person named in the application for coverage and schedule page as the Primary Insured under this Policy.

**Scheduled Benefit Amount** means the benefit amount elected and shown on the schedule page for each Covered Person.

**Specialist** means a licensed medical practitioner who has been trained in the specific area of medicine relevant to the covered critical condition for which benefit is being claimed, and who has been certified by a specialty examining board in Canada or the United States of America. Specialist includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, pathologist, burn specialist or internist. The Specialist must not be an owner, a Covered Person, a relative or business associate of a Covered Person. Any tests or examinations that must be performed in order to satisfy the condition requirements must be conducted by a Physician who is not an owner, a Covered Person, a relative, or business associate, of a Covered Person.

**Survival Period** means the period starting on the date of Diagnosis of the Covered Condition and ending 14 days following the date of Diagnosis of the Covered Condition, except where provided otherwise under this Policy. The Covered Person must be alive at the end of the Survival Period and must not have experienced irreversible cessation of all functions of the brain. The Survival Period does not include the number of days on Life Support, i.e., when irreversible cessation of all functions of the brain has occurred and the Covered Person is under the regular care of a Physician for nutritional, respiratory and/or cardiovascular support.

**Waiting Period** means the first 90 days after the Effective Date or 90 days after the effective date of the last reinstatement of the Policy.

**Waiting Period Condition** means a cancer or Benign Brain Tumour for which a Covered Person received medical advice or treatment, or showed symptoms, during the Waiting Period.

**We, Us, Our** or **Company** means Combined Insurance Company of America/Compagnie d'assurance Combined d'Amérique.

**You** and **Your** mean the Primary Insured named on the application and shown on the schedule page.

## Return of Premium Upon Death

We will return all Initial Premium paid for this Policy and the Initial Premium paid for the Return of Premium Upon Good Health Rider, if applicable, less any benefits paid under this Policy:

- 1) in the event of death of the Covered Person for any reason other than for a Covered Condition;
- 2) subject to the Exclusions and Limitations provided in this Policy; and
- 3) provided there are no time periods in which this Policy was ended due to non-payment of Premium for more than 60 days.

If the death of the Covered Person occurs at the same time as the Diagnosis of a Covered Condition, We will pay the greater of 10% of the Critical Illness Benefit payable or the Return of Premium Benefit. Any Return of Premium Benefit payable under this section will be paid in accordance with the Beneficiary provision of this Policy. If the death of the Covered Person occurs within 14 days of the Diagnosis of a Covered Condition for Standard Critical Illness Benefits, but after the initial 10% benefit has been paid, the initial 10% benefit payment will be deducted from any Return of Premium Benefit payable.

If We pay the Return of Premium Benefit Upon Death under this Policy, and a claim is approved for the Standard Critical Illness Benefit or the Partial Critical Illness Benefit during the period for which Premium has been refunded, the Return of Premium Upon Death Benefit already paid will be deducted from any benefit payable.

# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

## Payable in Addition to All Other Insurance

Benefits provided by this Policy are payable in addition to those provided by any other insurance policy.

## Benefits

### When a Critical Illness Insurance Benefit is Payable

We will pay the Critical Illness Insurance Benefit if this Policy is in effect and all requirements for one of the critical illnesses shown in the Covered Conditions for Standard Critical Illness Benefits or Covered Conditions for Partial Critical Illness Benefits are satisfied.

### Payment of Benefits

We agree to pay You, the Primary Insured, named in the application, subject to the terms and limitations of this Policy, a benefit shown on the schedule page if a Covered Person is Diagnosed with a Covered Condition, which occurs while this Policy is in force and subject to the Pre-existing Condition limitation and Waiting Period exclusion.

For a Covered Condition for Standard Critical Illness Benefits, You will receive 10% of the Scheduled Benefit Amount for the Covered Person according to the plan selected on the application. The remaining 90% of the Scheduled Benefit Amount is payable after the end of the Survival Period.

For a Covered Condition for Partial Critical Illness Benefits, You will receive the percentage of Scheduled Benefit Amount shown on the schedule page for the Covered Person according to the plan selected on the application.

We will pay this benefit, subject to the terms and limitations of this Policy, if all of the following conditions are met:

- 1) the Covered Person is Diagnosed with one of the specified Covered Conditions for Standard Critical Illness Benefits or Partial Critical Illness Benefits; and

- 2) the Diagnosis was made after the Effective Date and Waiting Period, if applicable.

The amount that will be paid is limited to the Covered Person's Scheduled Benefit Amount in effect on the date of Diagnosis, less any Partial Critical Illness Benefits paid, subject to the Maximum Benefit Amount remaining for that Covered Person, even if the Covered person experiences more than one critical illness at the same time.

### Covered Conditions for Standard Critical Illness Benefits

**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 refers to the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a Specialist.

Exclusions: No benefit will be payable under this condition for:

- 1) Coronary Angioplasty;
- 2) intra-arterial procedures;
- 3) percutaneous trans-catheter procedures; or
- 4) non-surgical procedures.

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

- 1) marrow stimulating agents;
- 2) immunosuppressive agents; or
- 3) bone marrow transplantation.

The Diagnosis of Aplastic Anemia must be made by a Specialist.

**Bacterial Meningitis** means a definite Diagnosis of Meningitis, confirmed by cerebrospinal fluid showing the presence of pathogenic bacteria. The presence of pathogenic bacteria must be confirmed by culture or other generally medically accepted microbiological testing. The Bacterial Meningitis must result in objective neurological



# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

deficits persisting for at least 90 days from the date of Diagnosis. When lumbar puncture is contraindicated for medical reasons, the Diagnosis of Bacterial Meningitis can be made by the definitive clinical diagnosis of an infectious disease Specialist.

The Diagnosis of Bacterial Meningitis must be made by a Specialist.

Neurological deficits must be detectable by a Specialist and may include, but are not restricted to:

- 1) measurable loss of hearing;
- 2) measurable loss of vision
- 3) objective loss of sensation;
- 4) paralysis;
- 5) localized weakness;
- 6) dysarthria (difficulty with pronunciation);
- 7) dysphasia, (difficulty with speech);
- 8) dysphagia (difficulty in swallowing);
- 9) impaired gait (difficulty walking);
- 10) difficulty with balance;
- 11) lack of coordination;
- 12) new onset seizures undergoing treatment; or
- 13) measurable changes in neuro-cognitive function.

Headache or fatigue will not be considered a neurological deficit.

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

**Benign Brain Tumour** means a definite Diagnosis of a non-malignant tumour originating in the cranial vault and limited to the brain, meninges, or cranial nerves. The Covered Person must have undergone surgery, radiation treatment or embolization, or the tumour must have caused new objective neurological deficit(s) on clinical examination.

The new neurological symptoms and deficits must be corroborated by diagnostic imaging. The neurological deficits must persist continuously for more than 30 days following the date of Diagnosis.

Examples of neurological deficits are measurable weakness in a limb, impaired speech and measurable changes in cognition. Headache or fatigue will not be considered a neurological deficit.

The neurological deficits must be detectable and measurable by a Specialist.

The Diagnosis of Benign Brain Tumour must be made by a Specialist, based on diagnostic test results.

Exclusions: No benefit will be payable under this condition for:

- 1) pituitary adenomas;
- 2) vascular malformations
- 3) cholesteatomas; or
- 4) infectious or inflammatory tumours.

**Blindness** means a definite Diagnosis of total and irreversible loss of vision in both eyes, evidenced by:

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

The Diagnosis of Blindness must be made by a Specialist.

**Cancer (Life-Threatening)** means the uncontrolled growth of malignant cells and invasion of tissue confirmed by histopathological report. Types of cancer include carcinoma, melanoma, leukemia, lymphoma, and sarcoma.

The Diagnosis of Cancer (Life-Threatening) must be made by a Specialist and must be confirmed by a histopathological report.

Exclusions: While most cancers are covered by this Policy, the following early-stage cancers are not covered:

- 1) Stage 1A Malignant Melanoma or any lesser stage;
- 2) skin cancer, other than Stage 1A Malignant Melanoma, which is confined to the skin (epidermis, dermis). This includes lymphoma which is confined to the skin;
- 3) Clinical Stage T1 Prostate Cancer or any lesser grade;
- 4) Stage T1 Papillary Thyroid Cancer or Follicular Thyroid Cancer or any lesser stage;

# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

- 5) Stage 0 Chronic Lymphocytic Leukemia (CLL) or any lesser stage;
- 6) Stage 1 Malignant Gastrointestinal Stromal Tumours or lesser stage;
- 7) Grade 1 Malignant Neuroendocrine Tumours (Carcinoid) or lesser grade;
- 8) Ductal Carcinoma In Situ of the Breast;
- 9) any pituitary neuroendocrine tumour (PitNET) less than 10mm in size irrespective of treatment, or those not treated with surgery, embolization, or radiation therapy; or
- 10) cancers described as Carcinoma In-Situ.

Tumours (neoplasms) that are classified as Carcinoma In-Situ, or that are not classified as cancer (malignant) are not covered under this Covered Condition. Classification is based on the most current WHO Classification of Tumours series, also known as the ICD-O (International Classification of Diseases for Oncology), published by the International Agency of Research on Cancer (IARC).

Staging refers to the most current (as of date of Diagnosis) American Joint Committee on Cancer, AJCC Prognostic Staging Guide or Rai Staging System.

**Coma** means a definite Diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow Coma score must be 4 or less. The Diagnosis of Coma must be made by a Specialist.

Exclusions: No benefit will be payable for:

- 1) a medically induced Coma;
- 2) a Coma which results directly from alcohol or drug use; or
- 3) a Diagnosis of brain death.

**Coronary Artery Bypass Graft (CABG) Surgery** means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). The surgery must be determined to be medically necessary by a Specialist.

Exclusions: No benefit will be payable under this condition for:

- 1) Coronary Angioplasty;
- 2) intra-arterial procedures;
- 3) percutaneous trans-catheter procedures; or
- 4) non-surgical procedures.

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

**Dementia, Including Alzheimer's Disease** means a definite Diagnosis of Dementia, which must be characterized by a progressive deterioration of memory and at least one of the following areas of cognitive function:

- 1) aphasia (a disorder of speech);
- 2) apraxia (difficulty performing familiar tasks);
- 3) agnosia (difficulty recognizing objects); or
- 4) disturbance in executive functioning (e.g. inability to think abstractly and to plan, initiate, sequence, monitor and stop complex behavior), which is affecting daily life.

The Covered Person must exhibit:

- 1) Dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, Montreal Cognitive Assessment of 14/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function; and
- 2) evidence of progressive worsening in cognitive and daily functioning either by serial cognitive tests or by history over at least a 6-month period.

The Diagnosis of Dementia, Including Alzheimer's Disease must be made by a Specialist.

Exclusions: No benefit will be payable under this condition for:

- 1) affective or schizophrenic disorders; or
- 2) delirium.



# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

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

**Dismemberment** means 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 Dismemberment must be made by a Specialist.

**Heart Attack** means a definite Diagnosis of death of heart muscle due to obstruction of blood flow, that results in heart attack symptoms, accompanied by a rise and fall of cardiac biomarkers to levels considered diagnostic of acute myocardial infarction, with at least one of the following:

- 1) new electrocardiographic (ECG) changes consistent with an acute myocardial infarction;
- 2) new diagnostic imaging changes consistent with an acute myocardial infarction; or
- 3) development of new pathological Q waves on ECG after an intra-arterial cardiac procedure including, but not limited to, coronary angiography and/or Coronary Angioplasty.

Exclusions: No benefit will be payable under this condition if:

- 1) ECG changes are suggestive of a prior myocardial infarction;
- 2) other acute coronary syndromes, including angina pectoris and unstable angina are diagnosed; or
- 3) elevated cardiac biomarkers and/or symptoms that are due to medical procedures or diagnoses other than acute myocardial infarction.

The Diagnosis of Heart Attack (acute myocardial infarction) must be made by a Specialist.

**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 any heart valve defects or abnormalities. The surgery must be determined to be medically necessary by a Specialist.

Exclusions: No benefit will be payable under this condition for:

- 1) Coronary Angioplasty;
- 2) intra-arterial procedures;
- 3) percutaneous trans-catheter procedures; or
- 4) non-surgical procedures.

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

The Diagnosis of Kidney Failure must be made by a Specialist.

**Loss of Independent Existence** means a definite Diagnosis of the total inability, due to disease or injury, to perform, independently (without help), with or without the aid of assistive devices:

- 1) at least 3 of the 6 Activities of Daily Living;
- 2) for a continuous period of at least 90 days; and
- 3) with no reasonable chance of recovery.

The Diagnosis must be made by a Physician and supported by an independent home care assessment made by an occupational therapist or equivalent.

No additional survival period is required once the conditions described above are satisfied.

**Loss of Speech** means a definite Diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days. The Diagnosis of Loss of Speech must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for a loss of speech caused by or related to psychiatric conditions.

**Major Organ Failure on Waiting List** means a definite Diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and

# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

transplantation must be medically necessary. To qualify under Major Organ Failure on Waiting List, the Covered Person 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.

The date of Diagnosis is the date of the Covered Person's enrollment as a recipient in the transplant centre.

The Diagnosis of the major organ failure must be made by a Specialist.

**Major Organ Transplant** means a medically necessary transplantation following a definite Diagnosis of the irreversible failure of heart, both lungs, liver, both kidneys or bone marrow. To qualify under Major Organ Transplant, the Covered Person must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these organs. The Diagnosis of the Major Organ Failure must be made by a Specialist.

**Motor Neuron Disease** means a definite Diagnosis of one of the following conditions and is limited to these conditions:

- 1) amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease);
- 2) primary lateral sclerosis;
- 3) progressive spinal muscular atrophy;
- 4) progressive bulbar palsy, or
- 5) pseudo bulbar palsy.

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

**Multiple Sclerosis** means a definite Diagnosis of at least one of the following:

- 1) two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination;
- 2) well-defined neurological abnormalities lasting more than 6 months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination;

3) 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; or

4) made by a neurologist using generally accepted Multiple Sclerosis diagnostic criterion.

The Diagnosis of Multiple Sclerosis must be made by a neurologist.

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

The accidental injury leading to the infection must have occurred after the Effective Date, or the effective date of the last reinstatement of the Policy.

Payment under this condition requires satisfaction of all the following:

- 1) the accidental injury must be reported to Us within 14 days of the accidental injury;
- 2) a serum HIV test must be taken within 14 days of the accidental injury and the result must be negative;
- 3) a serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
- 4) all HIV tests must be performed by a duly licensed laboratory in Canada or the United States of America; and
- 5) the accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States of America workplace guidelines.

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

Exclusions: No benefit will be payable for Occupational HIV Infection if:

- 1) the Covered Person has elected not to take any available licensed vaccine offering protection against HIV;

# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

- 2) a licensed cure for HIV infection has become available prior to the accidental injury; or
- 3) HIV infection has occurred as a result of non-accidental injury including, but not limited to, sexual transmission and intravenous (IV) drug use.

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

**Parkinson's Disease and Specified Atypical Parkinsonian Disorders** means a definite Diagnosis of primary Parkinson's Disease, a permanent neurologic condition which must be characterized by bradykinesia (slowness of movement) and at least one of: muscular rigidity or rest tremor. The Covered Person must exhibit objective signs of progressive deterioration in function for at least one year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson's Disease.

Specified Atypical Parkinsonian Disorders means a definite Diagnosis of progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.

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

**1-Year Exclusion:** If, within the first year after the Effective Date of the Policy, or within the first year after a reinstatement of the Policy, the Covered Person is Diagnosed with Parkinson's Disease or Specified Atypical Parkinsonian Disorder or develops signs or symptoms that lead to a Parkinson's Disease or Specified Atypical Parkinsonian Disorder Diagnosis, We will not pay a benefit for this Parkinson's Disease or Specified Atypical Parkinsonian Disorder or for any future Parkinson's Disease or Specified Atypical Parkinsonian Disorder Diagnosis.

No benefit will be payable under Parkinson's Disease and Specified Atypical Parkinsonian Disorders for any other type of parkinsonism.

**Severe Burns** means a definite Diagnosis of third-degree or full thickness burns over at least 18% of the body surface. The Diagnosis of Severe Burns must be made by a Specialist.

**Stroke (Resulting in Severe Neurological Deficits)** means a definite Diagnosis of death of brain tissue, due to an inadequate blood supply or hemorrhage, with:

- 1) acute onset of new neurological symptoms, and
- 2) new objective neurological deficits on clinical examination.

These new symptoms and deficits must be corroborated by diagnostic imaging testing. The neurological deficits must persist continuously for more than 30 days following the date of Diagnosis.

The neurological deficits must be detectable and measurable by a Specialist. Examples of neurological deficits are measurable weakness in a limb, impaired speech and measurable changes in cognition. Headache or fatigue will not be considered a neurological deficit.

**Exclusions:** No benefit will be payable for:

- 1) transient ischaemic attacks (TIAs);
- 2) trauma causing damage to intracerebral blood vessels;
- 3) disorders of the blood vessels of the inner ear; or
- 4) death of the optic nerve or retina unless there is total loss of vision of that eye.

**Traumatic Head Injury** means a definite Diagnosis of damage to brain tissue caused by traumatic injury, resulting in signs and symptoms of neurological impairment that:

- 1) are present and verifiable on clinical examination or neuro-psychological testing;
- 2) persist for more than 180 days following the date of Diagnosis; and
- 3) are corroborated by imaging studies of the brain that are consistent with the Diagnosis.

# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

The Diagnosis of Traumatic Head Injury must be made by a Specialist. No additional survival period is required once the conditions described above are satisfied.

Exclusions: No benefit will be payable for:

- 1) an abnormality seen on brain or other scans without definite related clinical impairment;
- 2) neurological signs occurring without symptoms of abnormality;
- 3) felony or illegal act; or
- 4) suicide and self-inflicted injuries.

## Covered Conditions for Partial Critical Illness Benefits

**Carcinoma in Situ** means a definite Diagnosis of Cancer made by a pathologist, wherein the tumour cells still lie within the tissue of the site of origin without having invaded neighboring tissue.

**Clinical Stage T1 Prostate Cancer** means the definite Diagnosis of Clinical Stage T1 Prostate Cancer. The Diagnosis must be made by a Specialist and confirmed by pathological examination of the tissue.

**Coronary Angioplasty** means a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries). This procedure may be performed with or without stents.

**Ductal Carcinoma in Situ of the Breast** means a definitive Diagnosis of non-invasive cancer of the breast. The Diagnosis must be made by a Specialist and confirmed by pathological examination of the tissue.

**Grade 1 Malignant Neuroendocrine Tumours (Carcinoid)** means a definite Diagnosis of Grade 1 Malignant Neuroendocrine Tumours (Carcinoid). The Diagnosis must be made by a Specialist and confirmed by pathological examination of the tissue. The Grade 1 Malignant Neuroendocrine Tumours (Carcinoid) must be confined to the affected organ and treated with surgery alone.

**Stage 0 Chronic Lymphocytic Leukemia (CLL)** means a definite Diagnosis of Stage 0 Chronic Lymphocytic Leukemia (CLL). The Diagnosis of Stage 0 Chronic Lymphocytic Leukemia (CLL) must be made by a Specialist and confirmed by pathological examination of the tissue.

No benefit will be payable under this condition for monoclonal lymphocytosis of undetermined significance (MLUS).

**Stage 1 Malignant Gastrointestinal Stromal Tumours** means a definite Diagnosis of malignant gastrointestinal stromal tumours classified as AJCC stage 1. The Diagnosis must be made by a Specialist and confirmed by pathological examination of the tissue.

**Stage 1A Malignant Melanoma** means a definite Diagnosis of Stage 1A Malignant Melanoma confirmed by biopsy to be less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion. The Diagnosis of Stage 1A Malignant Melanoma must be made by a Specialist and confirmed by pathological examination of the tissue.

**Stage T1 Papillary Thyroid Cancer or Follicular Thyroid Cancer** means a definite Diagnosis of Stage T1 Papillary Thyroid Cancer or Follicular Thyroid Cancer. The Diagnosis must be made by a Specialist and confirmed by pathological examination of the tissue.

## Exclusions and Limitations

### Pre-existing Condition Limitation

A Diagnosis caused by a Pre-existing Condition is not covered unless the Diagnosis occurs at least 24 months after the Effective Date.

### Waiting Period Exclusion

No benefit will be payable for a Waiting Period Condition.

# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

## Other Exclusions

No benefit will be payable if a loss results either directly or indirectly from one or more of the following causes:

- 1) an intentionally self-inflicted injury, attempted or committed suicide, whether the Covered Person is sane or insane;
- 2) committing or attempting to commit a criminal offence whether inside or outside Canada, under the laws of the jurisdiction where the offence took place;
- 3) the use of any drug, poisonous substance, intoxicant (including alcohol) or narcotic other than as prescribed and administered by or in accordance with the instruction of a legally licensed Physician;
- 4) war or act of war whether such war is declared or undeclared;
- 5) act of terrorism; or
- 6) operating a motor vehicle while the concentration of alcohol in one hundred (100) milliliters of blood exceeds eighty (80) milligrams.

## Termination of Coverage

Unless otherwise specified in this Policy, coverage will terminate for each Covered Person at the earliest of:

- 1) the end of the period for which Premium is paid if Premium stops prior to the Premium payable to date shown on the schedule page, subject to the Grace Period;
- 2) the monthly anniversary of the Effective Date following the date We receive Your written request to have the Covered Person's insurance terminated;
- 3) the monthly anniversary of the Effective Date following the date an Insured Spouse ceases to be an Insured Spouse as defined in this Policy;
- 4) the monthly anniversary of the Effective Date following the date an Insured Child ceases to be an Insured Child as defined in this Policy;
- 5) the date of the Covered Person's death;

- 6) the Expiration Date shown on the schedule page;
- 7) the date the Return of Premium Upon Good Health is paid, if applicable; or
- 8) the date on which the Maximum Benefit Amount shown on the schedule page has been paid in full for all Covered Persons.

## Beneficiary

### Payment Upon Death

If the Primary Insured dies while this Policy is in force, the primary Beneficiary will receive the benefit payable subject to the terms and provisions of this Policy. If the primary Beneficiary dies before the Primary Insured, or if no primary Beneficiary is named, the contingent Beneficiary will receive the benefit payable. If the primary Beneficiary and contingent Beneficiary die before the Primary Insured, or if no Beneficiaries are named, You will receive the benefit. If You die prior to the Primary Insured, the benefit will be paid to the Primary Insured's survivors in the following order:

- 1) the surviving spouse/registered domestic partner (whether or not You were still living together at the time of Your death); or if none,
- 2) the natural and adopted children, share and share alike; or if none,
- 3) the parents, share and share alike; or if none,
- 4) the brothers and sisters, share and share alike; or if none,
- 5) Your estate.

For purposes of this section, a person survives the Primary Insured only if he or she is living on the 9th day after the Primary Insured's death.



# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

## Change of Beneficiary

While the owner lives, the owner may change the beneficiary by filing a written request at Our Canadian Head Office in a form satisfactory to Us. A beneficiary irrevocably named may not be changed without consent of the beneficiary. When the request is received and accepted by Us, the change will be effective from the date the request was signed, subject to any action taken by Us before the request was received. No change will be valid if received by Us after the owner or Primary Insured dies.

## Ownership Provisions

### Rights of the Policy Owner

The owner has provided their information in the application for insurance. All rights and privileges under this Policy belong to the owner, unless otherwise expressly stated in this Policy. The owner of the Policy must be an individual; the owner may not be a company, corporation, or organization.

If the owner decides to transfer ownership of the Policy to another person, the owner must provide Us with a written request of this change. We are not responsible for any tax consequences related to a transfer of ownership of the Policy. We will administer this assignment of the ownership only upon receiving it at Our Canadian Head Office. Upon the transfer of ownership or assignment, the assignee's rights take precedence over the rights of the owner and the rights of any beneficiary.

The owner may name a contingent owner to assume the rights of this Policy if the owner dies prior to the Covered Person. If the owner dies prior to the Covered Person, and if there is no contingent owner, and if the Policy has not already terminated, the rights of the owner of the Policy will pass to the Covered Person.

## General Provisions

### Grace Period

A Grace Period of 30 days will be granted for the payment of each Premium falling due after the first Premium, during which Grace Period this Policy shall continue in force.

All benefits will be paid to the Primary Insured. Any benefits unpaid at death of the Primary Insured will be paid to the Primary Insured's Beneficiary, or, if no Beneficiary has been named, benefits will be paid in accordance with the Beneficiary provision of this Policy.

### Term and Effective Date

This Policy is issued for the term for which Premium has been paid, unless otherwise specified in this Policy. For purposes of term dates and effective dates under this Policy, all days begin at 12:01 a.m. Standard Time at Your address and end at 12:00 midnight Standard Time at Your address.

### Reinstatement

If this Policy terminated because it lapsed due to non-payment of Premium, You may apply to have it put back into effect. This process is called reinstatement.

If this Policy lapsed because the Premium was not paid when due or within the Grace Period, but We receive payment of the Premium within one year from the date that the Premium was due, We may reinstate this Policy if:

- 1) evidence of Your insurability is submitted, as required by Us;
- 2) You pay any Premium required by Us; and
- 3) Your application for reinstatement is approved by Us.

If this Policy is reinstated, the two-year period for contesting the validity of this Policy, any Riders, and any exclusions begins anew from the date of reinstatement, as set out in the Exclusions and Limitations, Misstatement of Age, and Misstatement Regarding Tobacco Use provisions of this Policy.



# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

## When Reinstatement Is Not Allowed

If this Policy contains a Return of Premium Upon Good Health Rider, the Reinstatement section of this Policy does not apply. In order to maintain all of the benefits of this Policy, including the Return of Premium Upon Good Health Rider, You must renew Your Policy within 60 days after the Premium is due to Us. The 60 days includes the Grace Period.

## Misstatement of Age

If the age of the Primary Insured has been misstated, any amount payable will be that which the Premium paid would have purchased at the correct age, and the amount of Premium payable will be adjusted for the correct age. However, if the age misstatement caused this Policy to be issued beyond the age set by Us for issue of this Policy, then Our liability is limited to a return of all Premiums paid for this Policy.

## Misstatement Regarding Tobacco Use

If any representation on the application regarding use of tobacco in any form by a Covered Person has been misstated, any amount payable under this Policy shall be such as the Premium paid would have purchased if the representation had not been misstated.

## Error Correction

In the event the Premium written in the application is in error or, based on the rate of Premium then in effect, does not correspond to the age as shown in the application, We will correct the error or make the adjustment equitably needed to make the Premium amount correspond to the correct age.

## Incontestability

Except for non-payment of Premiums, this Policy will be incontestable after it has been in force during the Primary Insured's lifetime for two years from the Effective Date, except in the case of fraud.

## Canadian Currency

All payments to be made under this Policy, either to or by Us, shall be payable in the lawful money of Canada.

## Statutory Conditions

**It is a legal requirement that the following statutory conditions be reproduced in this Policy in the following form. In these statutory conditions, the term "loss" means a benefit for which a claim is made under this Policy. Where this Policy is construed according to the laws of Québec, these statutory conditions apply as Policy Conditions.**

## The Contract

The application, this Policy, any Rider attached to this Policy when issued, and any amendment to the contract agreed to in writing after this Policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

## Copy of Application

We shall, upon request, furnish to the Covered Person or to a claimant under the contract a copy of the application.

## Waiver

The insurer shall be deemed not to have waived any condition of this contract, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

## Material Facts

No statement made by the owner or Covered Person at the time of application for this contract shall be used in defense of a claim under or to avoid this contract unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

# Critical Illness Insurance Policy

Critical Illness Coverage (Including Cancer Coverage)

This is a legal contract between  
you and Combined Insurance  
**READ YOUR POLICY CAREFULLY**

## Termination by Owner

The owner may terminate this contract at any time by giving written notice of termination to the insurer by registered mail to its head office or chief agency in the Province, or by delivery thereof to an authorized agent of the insurer in the Province, and the insurer shall upon surrender of this Policy refund the amount of Premium paid in excess of the short rate Premium calculated to the date of receipt of such notice according to the table in use by the insurer at the time of termination.

## Notice and Proof of Claim

The Primary Insured, or a Beneficiary entitled to make a claim, or the agent of any of them shall

- 1) give written notice of claim to the insurer,
  - a) by delivery thereof, or by sending it by registered mail to the head office or chief agency of the insurer in the Province, or
  - b) by delivery thereof to an authorized agent of the insurer in the Province, not later than thirty days from the date a claim arises under the contract on account of a Covered Condition; and
- 2) within ninety days from the date a claim arises under the contract on account of a Covered Condition, furnish to the insurer such proof as is reasonably possible in the circumstances of the commencement of the Covered Condition, the right of the claimant to receive payment, his or her age, and the age of the Beneficiary if relevant; and
- 3) if so required by the insurer, furnish a satisfactory certificate as to the cause or nature of the Covered Condition for which claim may be made under the contract and as to its duration.

## Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed by this statutory condition does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date a claim arises under the contract on account of a Covered Condition if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

## Insurer to Furnish Forms for Proof of Claim

The insurer shall furnish forms for proof of claim within fifteen days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the Covered Condition giving rise to the claim and of the extent of loss.

## Rights of Examination

As a condition precedent to recovery of insurance moneys under this contract,

- 1) the claimant shall afford to the insurer an opportunity to examine a Covered Person when and so often as it reasonably requires while the claim hereunder is pending; and
- 2) in the case of death of the Covered Person, the insurer may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

## When Moneys Payable Other Than for Loss of Time

All money payable under this contract, other than benefits for loss of time, shall be paid by the insurer within sixty days after it has received proof of claim.

## Limitation of Actions

An action or proceeding against Us for the recovery of a claim under this contract shall not be commenced more than one year after the date the insurance money became payable or would have become payable if the claim had been valid.

If the time limitation stated in this Policy regarding the limitations of actions is less than that permitted by the law of the Province in which the Primary Insured resides, such limitation is hereby extended to agree with the minimum period permitted by such law.

In WITNESS WHEREOF the Company has caused this Policy to be executed by its President and Secretary, but the same shall not be binding upon the Company until the Policy application is signed by one of its licensed resident agents.

For Combined Insurance Company of America/Compagnie d'assurance Combined d'Amérique



Richard L. Williams, Jr.  
President



Juliet Schweidel  
Secretary

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Combined Insurance Company of America's/Compagnie d'assurance Combined d'Amérique's insurance business in Canada.

## SCHEDULE PAGE

Capitalized terms used in this schedule shall have the meaning given to them in the definition section of the Policy.

<b>POLICY NUMBER:</b> CCK72045	<b>PLAN TYPE:</b> Critical Illness Plus Cancer
<b>PRIMARY INSURED:</b> JUSTIN PLOSZ	<b>PAID UP STATUS:</b> NONE
<b>PREMIUM AMOUNT:</b> \$116.91	<b>PREMIUM MODE:</b> MONTHLY

Covered Persons	Name	Issue Age	Sex at Birth	Rate Class	Scheduled Benefit Amount	Effective Date	Expiration Date
Primary Insured	JUSTIN PLOSZ	42	M	SMOKER	\$45,000	07/26/2025	07/26/2045

**Maximum Benefit Amount:** 1X the Covered Person's Scheduled Benefit Amount

Benefit payments are limited to the Maximum Benefit Amount per Covered Person.

### SCHEDULE OF BENEFITS

(for all Insureds)

Standard Critical Illness Benefits	Percentage of Scheduled Benefit Amount
<b>Covered Conditions:</b>	
• Aortic Surgery	100%*
• Aplastic Anemia	100%*
• Bacterial Meningitis	100%*
• Benign Brain Tumour	100%*
• Blindness	100%*
• Cancer (Life-Threatening)	100%*
• Coma	100%*
• Coronary Artery Bypass Graft (CABG) Surgery	100%*
• Deafness	100%*
• Dementia, including Alzheimer's Disease	100%*
• Dismemberment	100%*
• Heart Attack	100%*
• Heart Valve Replacement or Repair	100%*
• Kidney Failure	100%*
• Loss of Independent Existence	100%*
• Loss of Speech	100%*
• Major Organ Failure on Waiting List	100%*
• Major Organ Transplant	100%*
• Motor Neuron Disease	100%*
• Multiple Sclerosis	100%*
• Occupational HIV Infection	100%*
• Paralysis	100%*
• Parkinson's Disease and Specified Atypical Parkinsonian Disorders	100%*
• Severe Burns	100%*
• Stroke	100%*
• Traumatic Head Injury	100%*

\*Percentage paid upon Diagnosis of the Covered Condition:

10%

\*Percentage paid upon survival of at least 14 days following Diagnosis of the Covered Condition:

90%

## SCHEDULE PAGE

Partial Critical Illness Benefits	Percentage of Scheduled Benefit Amount
<b>Covered Conditions:</b>	
• Carcinoma In-Situ	25%
• Clinical Stage T1 Prostate Cancer	25%
• Coronary Angioplasty	15%
• Ductal Carcinoma in Situ of the Breast	25%
• Grade 1 Malignant Neuroendocrine Tumours (Carcinoid)	25%
• Stage 0 Chronic Lymphocytic Leukemia (CLL)	25%
• Stage 1 Malignant Gastrointestinal Stromal Tumours	25%
• Stage 1A Malignant Melanoma	\$250
• Stage T1 Papillary Thyroid Cancer or Follicular Thyroid Cancer	25%

Note: If any Partial Critical Illness Benefits are paid, the Scheduled Benefit Amount will be reduced by that Partial Critical Illness Benefit amount.

Note: Return of Premium Upon Death is included.

## SCHEDULE OF PREMIUMS

	Annual Premium	Monthly Premium
Primary Insured Combined Critical Illness Policy	\$1,402.92	\$116.91
<b>TOTAL PREMIUM</b>	<b>\$1,402.92</b>	<b>\$116.91</b>

CRITICAL ILLNESS



# Product Disclosure Critical Illness Insurance Policy

This product disclosure is only a summary of the Policy. Actual coverage provisions, including terms, conditions and limitations are stated in the Policy and application document. Capitalized terms used in this product disclosure are defined in the Policy.

## Policy Features and Benefits

The Combined Critical Illness Policy provides a benefit for a Primary Insured, Insured Spouse, and/or Insured Child(ren), as selected on the application, if the Covered Person receives a Diagnosis of a Covered Condition. For Covered Conditions for Standard Critical Illness Benefits the first 10% of the Scheduled Benefit Amount is paid upon initial Diagnosis. The remaining 90% of the Scheduled Benefit Amount is paid in a lump sum after the Covered Person survives for 14 days following the initial Diagnosis.

Depending on the plan selected on the application, the Policy offers coverage between \$10,000 and \$100,000, in \$5,000 increments, and allows for four different term options:

- a) 20 year term;
- b) To age 65;
- c) To age 75; or
- d) Lifetime.

### There Are Four Policy Types:

- a) Cancer Only Coverage;
- b) Critical Illness Only Coverage (Excluding Cancer Coverage);
- c) Critical Illness Coverage (Including Cancer Coverage); and
- d) Critical Illness Coverage for Six Conditions (Including Cancer).

## Guaranteed Features and Benefits

### Guaranteed Renewable

The Policy is guaranteed renewable and will not be cancelled or otherwise terminated by the Company, as long as the Premium is paid on or before the applicable due date or within the Grace Period.

### Return of Premium Upon Death

In the event of a Covered Person's death for any reason other than for a Covered Condition, subject to the exclusions and limitations provided in the Policy, the Company will return all Initial Premium paid for the Policy and the Initial Premium paid for the Return of Premium Upon Good Health Rider, if applicable, less any benefits paid under the Policy. Premiums will be returned to the Primary Insured or the Beneficiary. If the Covered Person's death occurs at the same time as the Diagnosis of a Covered Condition, the greater of 10% of the Critical Illness Benefit payable or the Return of Premium upon Death Benefit will be paid.

### Teladoc Medical Experts Service

If a Covered Person faces any type of medical uncertainty, the Covered Person can reach out to Teladoc and a registered nurse will become their personal health ambassador, reaching out to the medical community on their behalf and in complement of the care the Covered Person receives from their own physician. Services include:





# Product Disclosure

## Critical Illness Insurance Policy

- a) Obtaining an expert opinion;
- b) Finding a specialist within or outside Canada;
- c) Navigating the health care system; and
- d) Understanding the medical condition.

### Non-Guaranteed Features and Benefits

#### Change in Premium

The Company has the right to change premiums at any time, provided it notifies the Primary Insured, in writing, at least 30 days in advance of any such change. In the event of a change of premiums, such a change will apply to all Critical Illness Insurance Policies issued to persons of the same class (similar benefits, issue dates, geography, etc.)

#### Reinstatement After the Grace Period Has Elapsed

The Company is not required to accept an application for reinstatement of the Policy if Premium is not paid before the end of any applicable Grace Period. All reinstatement applications made after the Grace Period has elapsed will be individually reviewed and must be accepted by Us before coverage is reinstated.

### Premiums and Fees

All premiums and other fees, if any, are listed on the schedule page of the Policy and application. The amount of Policy premiums is determined based upon:

- a) the plan selected by the applicant;
- b) the type of coverage selected; and
- c) the Covered Person's age, sex and smoking habits on the Effective Date.

The Company may change premiums in accordance with any applicable Policy provisions.

### Optional Benefits

#### Childhood Conditions Rider (if Purchased)

If the childhood conditions rider is chosen on the application, any child, stepchild or legally adopted child of the Primary Insured and/or Insured Spouse may be eligible for coverage. Each Insured Child will be covered for his/her Scheduled

Benefit Amount shown on the schedule page or application, for the Covered Conditions in the Policy, but will also have coverage for specific Childhood Covered Conditions which include Autism, Cerebral Palsy, Congenital Heart Disease, Cystic Fibrosis, Muscular Dystrophy, Rett Syndrome, Sickle Cell Disease and Type 1 Diabetes.

#### Return of Premium Upon Good Health Rider – 100% After Age 65 (if Purchased)

If this rider is chosen on the application, the Company will return up to 100% of the Initial Premium paid for the Policy and this Rider only, less any benefits paid for the Covered Conditions for Partial Critical Illness Benefits, if requested by the Primary Insured after the Covered Person who the Return of Premium is being requested for has reached age 65. The Return of Premium Benefit will only be paid if the Covered Person for whom the Return of Premium Benefit is being requested has not been paid a Standard Critical Illness Benefit. Once the Return of Premium Benefit is paid, the Policy will terminate for the Covered Person for whom the Return of Premium Benefit was paid.

#### Return of Premium Upon Good Health Rider – 50% After 10 Years/100% After 20 Years (if Purchased)

If this rider is selected on the application, upon request from the Primary Insured, the Company will return:

- a) up to 50% of the Initial Premium paid for the Policy and this Rider only, less any benefits paid for the Covered Conditions for Partial Critical Illness Benefits, after the Covered Person who the Return of Premium is being requested for has been continuously insured for 10 years; or
- b) up to 100% of the Initial Premium paid for the Policy and this Rider only, less any benefits paid for the Covered Conditions for Partial Critical Illness Benefits, after the Covered Person who the Return of Premium is being requested for has been continuously insured for 20 years.

The Return of Premium Benefit will only be paid if the Covered Person for whom the Return of Premium Benefit is being paid has not been paid a Standard Critical Illness Benefit. Once the Return of Premium Benefit is paid, the Policy will terminate for the Covered Person for whom the Return of Premium Benefit was paid. This rider is not available on a Lifetime Policy that includes a 20 year paid-up benefit.



# Product Disclosure Critical Illness Insurance Policy

## Return of Premium Upon Good Health Rider – 100% After 20 Years (if Purchased)

If this rider is chosen on the application, the Company will return up to 100% of the Initial Premium paid for the Policy and this Rider only, less any benefits paid for the Covered Conditions for Partial Critical Illness Benefits, if requested by the Primary Insured after the Covered Person who the Return of Premium is being requested for has been continuously insured for 20 years.

The Return of Premium Benefit will only be paid if the Covered Person for whom the Return of Premium Benefit is being paid has not been paid a Standard Critical Illness Benefit. Once the Return of Premium Benefit is paid, the Policy will terminate for the Covered Person for whom the Return of Premium Benefit was paid. This rider is only available on a Lifetime Policy that includes a 20 year paid-up benefit.

## Subsequent Diagnosis Benefit Rider (if Purchased)

If the Subsequent Diagnosis Benefit Rider is chosen on the application, once 100% of the Scheduled Benefit Amount is paid, a Covered Person is eligible to receive up to an additional 100% of his/her Scheduled Benefit Amount upon Diagnosis of a different and unrelated Covered Condition at least six months after the prior Diagnosis of a Covered Condition. Once 200% of the Covered Person's Scheduled Benefit Amount has been paid, the Policy will terminate for that Covered Person.

## Paid-Up Benefits (if Purchased)

The applicant has the option of choosing a different Premium payment period option if the Lifetime coverage is selected on the application. The two options available are payable for 20 years and payable to age 65. If neither option is chosen, the Primary Insured will pay Premium for the lifetime of the Policy.

## Exclusions and Limitations

### Exclusions

No benefit will be paid for a Waiting Period Condition.

A Waiting Period Condition means a cancer or Benign Brain Tumour for which a Covered Person received medical advice or treatment, or showed symptoms, during the first 90 days after the Effective Date or 90 days after the effective date of the last reinstatement of the Policy.

No benefit will be payable if a loss results either directly or indirectly from any one or more of the following causes:

- a) an intentionally self-inflicted injury, attempted or committed suicide, whether the Covered Person is sane or insane;
- b) committing or attempting to commit a criminal offence whether inside or outside Canada, under the laws of the jurisdiction where the offence took place;
- c) the use of any drug, poisonous substance, intoxicant (including alcohol) or narcotic other than as prescribed and administered by or in accordance with the instruction of a legally licensed Physician;
- d) war or act of war whether such war is declared or undeclared;
- e) act of terrorism; or
- f) operating a motor vehicle while the concentration of alcohol in one hundred (100) millilitres of blood exceeds eighty (80) milligrams.

Additional exclusions (for example, relating to Aortic Surgery, Benign Brain Tumor, Cancer (Life-Threatening), Coma, Coronary Artery Bypass Graft (CABG) Surgery, Dementia, including Alzheimer's Disease, Heart Valve Replacement or Repair, Occupational HIV Infection, Stroke, and Traumatic Head Injury) are listed in the Policy.

### Pre-existing Condition Limitation

A Diagnosis caused by a Pre-existing Condition is not covered unless the Diagnosis occurs at least 24 months after the Effective Date. A Pre-existing Condition means a condition for which a Covered Person received medical advice or treatment, or showed symptoms, within 12 months preceding the Effective Date. A Pre-existing Condition does not include any condition fully disclosed in the Medical History and Lifestyle section of the application for this Policy.

## Consumer Rights and Responsibilities

### 30 Day Right to Examine Policy

The Primary Insured can return the Policy to the Company or one of its representatives for any reason within 30 days of the date the Primary Insured receives it. All premiums paid will be refunded and the Policy will be void from inception.

### Materials Facts

No statement made by the owner or Covered Person at the time of application for the Policy shall be used in defense of a claim under or to avoid the Policy unless it is contained in the application, or any other written statements or answers furnished as evidence of insurability.



# Product Disclosure

## Critical Illness Insurance Policy

### Termination by Owner

The owner may terminate this contract at any time by giving written notice of termination to the Company by registered mail to its head office or chief agency in the Province, or by delivery thereof to an authorized agent of the insurer in the Province, and the Company shall upon surrender of the Policy refund the amount of premium paid in excess of the short rate premium calculated to the date of receipt of such notice according to the table in use by the Company at the time of termination.

### Effective Date of Coverage

The Policy becomes effective on the Effective Date shown on the schedule page of the Policy, provided that:

- a) the Covered Person's application has been approved in writing;
- b) the Policy is delivered to the Covered Person; and
- c) the Covered Person has not experienced any change of insurability and the information provided in the application remains true and complete at the time the Policy is delivered.

If any of these conditions are not met, the Policy does not come into effect.

Premium due dates, Policy Anniversaries and policy years shall be computed from the Effective Date.