

PLAN DETAILS

Insured by: The Great West Life, Assurance Company
Type of Insurance: Level Benefit Term
Eligibility: Members under age 65
Period of Coverage: Renewable to age 65

Favored protection

Critical Illness insurance provides for a lump-sum payment, following the diagnosis of one of the plan's covered illnesses. This amount can be used, as you see fit, to gain access to medical treatment in a private medical facility, to pay down your mortgage or to modify your residence.

The coverage is offered in \$1,000 units, subject to a minimum coverage of \$10,000 and a maximum coverage of \$250,000 per insured.

The coverage subscribed is payable for the first diagnosed illness only and the policy terminates on payment of the insured amount.

The insured must survive a waiting period (of usually 30 days, unless otherwise indicated) following the diagnosis of a covered illness before payment is made.

Your spouse can also benefit

Your spouse benefits from the same privileged access as you do, provided you are insured for at least the minimum coverage of \$10,000.

Covered afflictions

Although the following definitions are extracted from the policy, the definitions found in the latter take precedence in the case of discrepancy.

- 1. Stroke** – The diagnosis by a doctor of a cerebrovascular incident, excluding any transient ischemic attack (TIA), which was caused by hemorrhage, or by infarction of the brain tissue due to thrombosis or embolization. To qualify for this Insured Condition, the diagnosis must also be supported by medical evidence that your Stroke produced measurable neurological deficit, which has persisted for at least 30 consecutive days and is deemed to be permanent.
- 2. Severe Burns** – The diagnosis by a doctor, who is a certified Plastic Surgeon, that the Insured has sustained third degree burns covering as least 20 percent of the surface area of his or her body.

3. Cancer – The diagnosis by a doctor that the Insured has a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not excluded under the following provisions :

Cancer exclusions:

The following forms of cancer or conditions are excluded from coverage under this Insured Condition definition:

- a) carcinoma in situ.
- b) malignant melanoma to a depth of 0.75 mm or less.
- c) basal cell carcinoma and squamous cell carcinoma of the skin that have not metastasized.
- d) early prostate cancer diagnosed as T1a or T1b.
- e) any tumour in the presence of any human immunodeficiency virus (HIV).

Cancer Exclusion and Policy Termination:

There shall be no coverage under the insured condition of cancer if any diagnosis of cancer, or any investigation leading to the diagnosis of cancer was initiated by any symptom or medical problem of the Insured that commenced prior to the 91st day following the commencement of the Insured's coverage under this benefit provision. In the event of any diagnosis based on such a symptom or medical problem, the policy is terminated and our sole liability shall be limited to a refund of the premium due and paid with respect to the Insured since the commencement of his/her coverage.

4. Blindness – The diagnosis by a doctor, who is a certified Ophthalmologist, of the permanent and uncorrectable loss of sight in each of the Insured's eyes. The Insured's corrected visual acuity must either be worse than 20/200 in both eyes, or the field of vision must be less than 20 degrees in both eyes.

5. Coma – The diagnosis by a doctor, who is a certified Neurologist, that the Insured is in a state of unconsciousness from which he or she cannot be aroused and in which external stimulation will produce no more than primitive avoidance reflexes. To qualify for this insured condition, the diagnosis must also be supported by medical evidence that such a state of unconsciousness has persisted continuously for a period of a least 96 hours.

6. Heart Attack – The diagnosis by a doctor of the death of a portion of heart muscle, resulting from a blockage of one or more coronary arteries. The diagnosis must be based on **both** of :

- a) New electrocardiographic (ECG) changes consistent with a heart attack, **and**
- b) Elevation of cardiac enzymes.

7. Major Organ Transplant – Under this insured condition, the insured must be suffering the irreversible failure of one or more of the liver, bone marrow, lung, kidney or entire heart, and “Transplantation” must be medically necessary. “Transplantation” shall mean the placement into the Insured’s body, by surgery, of at least one entire such organ, or bone marrow, from a donor suitable under generally accepted medical guidelines.

To qualify under the Major Organ Transplant insured condition, you must either:

- a) Undergo surgery, as the recipient, for transplantation of one or more of the organs or bone marrow as specified in this provision, or
- b) Become enrolled in a recognized organ or bone marrow transplant program, in Canada, for one or more of the organs or bone marrow as specified in this provision. The insured’s enrollment in such a program must be based on a diagnosis of such failure and recommendation by a doctor who is certified in a specialty which is medically appropriate for the related transplant.

For the purposes of the qualifying period, in this section the effective date of “diagnosis” shall be the date that his/her enrollment in such a transplant program takes effect. The qualifying period shall be 30 consecutive days immediately following such date of enrollment.

8. Occupational HIV Infection – Occupational HIV infection shall mean, when not excluded under any policy provision, that

- a) A diagnosis is made by a doctor that you are seropositive for antibodies to the Human Immunodeficiency Virus (HIV), and
- b) All of the requirements have been satisfied as conditions precedent to qualification for this insured condition.

9. Kidney Failure – The diagnosis by a doctor of chronic irreversible failure of both of the insured’s kidneys (end stage renal disease), which requires the Insured to undergo regular dialysis.

10. Alzheimer's Disease – The diagnosis by a doctor, who is either a certified Neurologist or a certified Psychiatrist, that the insured has Alzheimer's Disease, which is a progressive degenerative disease of the brain. The diagnosis must also be supported by medical evidence that the Insured exhibits the loss of intellectual capacity resulting in impairment of his/her memory and judgment, which results in a significant reduction in his/her mental and social functioning, such that requires permanent daily personal supervision for the activities of daily living. All other dementing organic brain disorders and psychiatric illnesses are excluded from this insured condition definition.

11. Parkinson's Disease – The diagnosis by a doctor, who is a certified Neurologist, that the insured has primary idiopathic Parkinson's Disease which is characterized by the incapacity to perform two or more of the six following daily activities:

- a) dressing
- b) toileting
- c) transferring
- d) feeding
- e) driving
- f) mobility

12. Motor Neuron Disease – The diagnosis by a doctor, who is a certified Neurologist, that you have any of the following diseases :

- ALS - Amyotrophic lateral sclerosis (known as Lou Gehrig's disease)
- Progressive bulbar palsy
- Progressive muscular atrophy
- Primary lateral sclerosis

13. Paralysis – The diagnosis by a doctor of the complete and permanent loss of functional use of two or more of the insured's limbs, as a result of physical paralysis. To qualify for this insured condition, the diagnosis must also be supported by medical evidence that such paralysis has persisted for 90 consecutive days.

14. Loss of Speech – The diagnosis by a doctor, who is certified in a medically appropriate specialty for this insured condition, of the total, permanent and irreversible loss of the ability to speak, as a result of physical injury or physical disease.

15. Coronary Artery Bypass Surgery – Shall mean that the Insured undergoes surgery on the written advice of a doctor, who is a certified Cardiologist, to correct the narrowing or blockage of one more coronary arteries with bypass grafts, but excluding non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, and other intra-arterial procedures.

16. Multiple Sclerosis – An unequivocal diagnosis by a doctor, who is a certified Neurologist, that the insured has Multiple Sclerosis. The diagnosis must be based on at least two episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within the central nervous system, and must also be supported by modern investigative techniques.

17. Deafness – The diagnosis by a doctor, who is a certified Otolaryngologist, of the permanent loss of hearing in both of the Insured's ears, with an auditory threshold or more than 90 decibels in each ear.

18. Benign brain tumour – The diagnosis by a doctor of a benign brain tumour within the substance of the brain. Cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins, tumours of the cranial nerves, pituitary or spinal cord are excluded from this insured condition definition.

19. Aortic Surgery –Aortic Surgery means surgery to remove and replace the diseased thoracic or abdominal aorta with a graft.

For greater certainty, surgical replacement of the branches of the aorta does not satisfy the definition of aortic surgery.

For the purposes of the Critical Illness Benefit payment Waiting Period, the date of diagnosis will be the date the surgery is performed.

20. Heart Valve Replacement - Heart Valve Replacement means surgery for the replacement of any heart valve with either a natural or mechanical valve.

For greater certainty, heart valve repair does not satisfy the definition of heart valve replacement.

For the purposes of the Critical Illness Benefit payment Waiting Period, the date of diagnosis will be the date the surgery is performed.

21. Loss of independence existence – Loss of Independent Existence means a condition that qualifies under the definition of physical impairment or cognitive impairment set out below and for which there is no reasonable chance of recovery based on the then current medical practice.

Physical impairment means the inability to independently perform, whether with or without the use of any equipment, 2 or more of the following 6 activities of daily living:

- bathing – the ability to wash oneself in a bathtub, shower or by sponge bath.
- dressing – the ability to put on, remove, fasten and unfasten all necessary clothing, braces, artificial limbs or other surgical appliances.
- toileting – the ability to get to and from the toilet and complete related personal hygiene.
- bladder and bowel continence – the ability to manage bowel and bladder functions, with or without any protective undergarments or surgical appliances, so that a reasonable level of hygiene is maintained.
- transferring – the ability to move into and out of a bed, chair or wheelchair.
- eating – the ability to consume food that has already been prepared and made available.

The diagnosis for the condition must be accompanied by a current physical assessment from an occupational therapist who is not related by blood or marriage to you, and is not in a business relationship with you.

Cognitive impairment means mental deterioration and loss of intellectual ability, evidenced by deterioration in memory, orientation and reasoning, which is measurable by neuro-psychometric methods and results from demonstrable organic cause, and where the severity is such that the person is incapable of independent living and requires a minimum of 8 hours of daily supervision.

For greater certainty, any mental or nervous disorder without a demonstrable organic cause, including but not limited to anxiety disorders, mood disorders, sleep disorders, pain disorders, personality disorders and psychotic disorders, does not satisfy the definition of cognitive impairment.

The Critical Illness Benefit payment Waiting Period for this condition is 90 days. During the Waiting Period, the physical impairment or cognitive impairment must be continuous without any sign of improvement.

22. Loss of limbs– Loss of Limbs means the complete severance of 2 or more limbs at or above the wrist or ankle joint as the result of injury or medically required amputation.

IMPORTANT NOTE

Coverage is limited to the diseases and afflictions which are specifically defined in the policy and any other illness or affliction is excluded from coverage and, as such, no benefits will be paid. The policy provides for a single benefit payment and terminates after the first such indemnity is paid. The Great West Life, Assurance Company reserves the right to request a medical evaluation of the insured and to obtain confirmation of the diagnosis of a covered illness or affliction by the medical practitioner of its choice.

We invite you to contact one of our specialists, who will design a customized protection plan sure to meet your needs.



Your partner of choice in insurance and investments.

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