

QMA INSURANCE
EXCLUSIVE TO MEMBERS



Critical Illness
Insurance

10/2011

**CRITICAL ILLNESS
INSURANCE****Critical Illness Insurance program exclusively for QMA members**

The Critical Illness Insurance program consists of coverage against 25 illnesses with the most dramatic consequences.

Available to you and your spouse, Critical Illness Insurance provides a one-time, lump-sum benefit, if you are diagnosed after the effective date of coverage with one of the conditions covered under the plan. You must complete a survival period (usually 30 days), and the Group Critical Illness Insurance claim must be approved by the insurer. You are free to use the amount as you see fit.

Eligibility

To be eligible to apply, you must be:

- a member of the Quebec Medical Association;
- under age 65; **and**
- a Canadian resident.

Your spouse is eligible to apply for coverage if you are covered under the Critical Illness Insurance program.

Spouse

An eligible spouse is your spouse by marriage or under any other formal union recognized by law, or a person of the same or opposite sex with whom you have cohabited for at least twelve months, and who has been publicly represented as your spouse. There is no minimum cohabitation period for common-law spouses if a child is born out of your relationship.

SPECIAL OFFER

You and your spouse are eligible for \$25,000 of Critical Illness Insurance coverage, without having to provide medical evidence of good health, if the request is made within 60 days of becoming a QMA member.*

* This offer is for new members only. If you have been reinstated as a member or have already received this offer in the past you are not eligible.

Certain conditions apply

10/2011

**CRITICAL ILLNESS
INSURANCE****Choice of
benefit level**

You and your spouse may apply for up to \$250,000 of coverage in units of \$25,000.

Premiums

Premiums increase upon attainment of the next age bracket.

To be eligible for the non-smoker rate, you must be in good health and must not have used any tobacco products for a period of at least 12 consecutive months at the time of application.

**Portability
of Insurance
Coverage**

Benefits provided under the Plan are portable in Canada and the United States of America provided that you maintain your membership with the Association, you or your spouse return to Canada for diagnosis, where possible, and the premium for insurance coverage continues to be paid.

**Insured
Conditions**

ALS & other motor neuron diseases – means a definite diagnosis of Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease).

Other motor neuron diseases means that you or your Spouse have received a definite diagnosis of one of the following diseases:

- primary lateral sclerosis;
- progressive spinal muscular atrophy;
- progressive bulbar palsy; or
- pseudo bulbar palsy.

The diagnosis must be made by a specialist physician.

Alzheimer's Disease – means a progressive degenerative disease of the brain. The diagnosis of Alzheimer's Disease must be made by a specialist physician. You or your Spouse must exhibit loss of intellectual capacity involving impairment of memory and judgement which results in significant reduction in mental and social functioning such that you or your Spouse require supervision for daily living.

All other dementing organic brain disorders and psychiatric illnesses are excluded.

Aorta Surgery – means the undergoing of surgery for disease of the aorta, requiring excision and replacement of such diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches.

10/2011

**CRITICAL ILLNESS
INSURANCE****Insured
Conditions
(continued)**

Aplastic anemia – means a definite diagnosis of a chronic persistent bone marrow failure, which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- blood product transfusion;
- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplant.

The diagnosis must be confirmed by a bone marrow biopsy. The diagnosis must be made by a specialist physician.

Bacterial meningitis - means a definite diagnosis of bacterial meningitis. The diagnosis must be confirmed by laboratory analysis of cerebrospinal fluid that shows growth of pathogenic bacteria in culture. There must be a permanent neurological deficit that persists for a continuous period of at least 90 days from the date of diagnosis.

A permanent neurological deficit is a measurable objective impairment supported by medical investigation and testing.

The definite diagnosis must be made by a physician.

Benign Brain Tumour - means the diagnosis of a benign tumour within the substance of the brain. Excluded are cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins, or tumours of the cranial nerves, pituitary or spinal cord.

The diagnostic must be made by a specialist physician.

Blindness – means the diagnosis of permanent loss of sight in both eyes, as confirmed by an ophthalmologist licensed and practising 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.

10/2011

**CRITICAL ILLNESS
INSURANCE****Insured
Conditions
(continued)**

Cancer – means the diagnosis of a malignancy, which is characterized by the uncontrolled growth of cancer cells with invasion of tissue. The diagnosis must be made by a specialist physician and supported by relevant investigation and appropriate diagnostic tests.

The following conditions are excluded from coverage under this Insured Condition definition:

- early prostate cancer, diagnosed as T1A N0 M0 and T1B N0 M0 or equivalent staging;
- non-invasive cancer in situ;
- pre-malignant lesions, benign tumours or polyps;
- any tumour in the presence of any Human Immuno-deficiency Virus (HIV); and
- any skin cancer other than invasive malignant melanoma greater than 0.75 mm.

There is no coverage for cancer if you or your Spouse are diagnosed with cancer and such Diagnosis was made, or any symptom or medical problem is determined, which initiated the investigation leading to a Diagnosis of cancer within 90 days following the effective date of your or your Spouse's Critical Illness Insurance coverage. However, insurance for all other covered conditions will remain in-force.

Coma – means the diagnosis of a state of unconsciousness with no reaction to external stimuli, for a continuous period of at least 96 hours. This diagnosis must be made by a specialist physician.

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

The surgery must have been recommended by a specialist physician.

Exclusions: non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques.

10/2011

**CRITICAL ILLNESS
INSURANCE****Insured
Conditions****(continued)**

Deafness – means the diagnosis of permanent loss of hearing in both ears with an auditory threshold of more than 90 decibels, as confirmed by a specialist physician.

Heart Attack (Myocardial Infarction) – means the death of a portion of the heart muscle, resulting from a blockage of one or more coronary arteries due to atherosclerotic heart disease. The diagnosis must be made by a specialist physician and based on all of the following criteria occurring at the same time:

- new episode of typical chest pain or equivalent symptoms;
- new electrocardiographic (ECG) changes indicative of an acute myocardial infarction; and
- biochemical evidence of myocardial necrosis (heart muscle death) including elevated cardiac enzymes and/or troponin.

Lesser acute coronary syndromes including unstable angina and acute coronary insufficiency are specifically excluded.

Heart valve replacement – means replacing any heart valve with either a natural or mechanical valve.

The surgery must be recommended by a physician.

Kidney Failure – means the diagnosis of irreversible failure of both kidneys, which necessitates treatment by regular dialysis or kidney transplantation.

The diagnosis must be made by a specialist physician.

10/2011

**CRITICAL ILLNESS
INSURANCE****Insured
Conditions
(continued)****Loss of Independent Existence** – means:

- being permanently unable to perform, by oneself, at least two of the Activities of Daily Living without Substantial Assistance from another person; or,
- having a Cognitive Impairment.

Activities of Daily Living are:

- bathing: washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower;
- dressing: dressing oneself, even with appropriate therapy, medication and devices. This includes the putting on and taking off any necessary braces, fasteners or artificial limbs or other surgical appliances;
- feeding: consuming food that has already been prepared and made available, with or without appropriate therapy, medication and devices;
- continence: managing bowel or bladder functions, even with appropriate therapy, medication and devices, including performing associated personal hygiene including caring for a catheter or colostomy bag;
- toileting: getting to and from the toilet, getting on and off the toilet and maintaining an adequate level of personal hygiene;
- transferring: moving in and out of a chair, wheelchair or bed.

Substantial assistance is either hands-on or standby assistance. Hands-on assistance means the physical assistance of another person without which you or your Spouse are unable to perform the Activities of Daily Living. Standby assistance means the presence of another person, within arm's reach, who is necessary to prevent, by physical intervention, injury to you or your Spouse while you or your Spouse are performing the Activities of Daily Living.

10/2011

**CRITICAL ILLNESS
INSURANCE****Insured
Conditions
(continued)****Loss of independent existence (continued)**

Cognitive Impairment means confusion or disorientation due to a permanent deterioration or loss in intellectual capacity that is measured by clinical evidence and standardized tests which reliably measure impairment in:

- short-term or long-term memory;
- orientation to people, places or time; and
- deductive or abstract reasoning.

The covered person suffering a Cognitive Impairment is unable to perform the mental functions necessary for everyday life, even with Substantial Assistance, appropriate therapy, medication, special devices or other aids. Mental functions for everyday life include, but are not limited to: adaptive functioning, memory, problem-solving, goal-setting and judgement.

Loss of Independent Existence must be:

- diagnosed by a physician qualified in a relevant area of medicine;
- the result of sickness or accidental injury;
- persisting for a continuous period of 90 days; and
- permanent. For the purpose of this benefit, permanent means beyond an expectation of recovery taking into account current medical knowledge and technology.

Loss of limbs – means the complete and permanent severance of two or more limbs through or above the wrist or ankle.

A physician must confirm that the severance cannot be corrected by surgery or other means.

10/2011

**CRITICAL ILLNESS
INSURANCE****Insured
Conditions
(continued)**

Loss of Speech – means total, permanent, and irreversible loss of the ability to speak for a continuous period of 6 months due to physical injury or physical disease. The diagnosis must be made by a specialist physician.

Major Burns – means third degree burns covering at least 20% of the surface area of your or your Spouse's body. The diagnosis must be made by a specialist physician.

Major Organ Failure Requiring Transplant – means the irreversible failure of the heart, liver, bone marrow, both lungs or both kidneys requiring receipt of a transplant of that organ, resulting in the covered person being accepted into a recognized transplant program in Canada. The covered person must survive at least 30 days following the date of enrolment into the transplant program.

Major Organ Transplantation – means undergoing of surgery, as a recipient by transplant of any of the following organs or tissues: heart, liver, lung, kidney or bone marrow.

Multiple Sclerosis - means the unequivocal diagnosis by a neurologist licensed and practising in Canada of at least two episodes of well-defined neurological abnormalities lasting for a continuous period of at least 6 months and confirmed by modern imaging techniques.

10/2011

**CRITICAL ILLNESS
INSURANCE****Insured
Conditions
(continued)**

Occupational HIV Infection - means infection with Human Immunodeficiency Virus (HIV) resulting from an accidental injury which occurred in Canada after the issue date of the coverage, and which exposed the insured to HIV contaminated blood or body fluids, during the course of the insured's normal occupation.

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

- the accidental injury must be reported to the insurer within 14 days of the accidental injury;
- an HIV test must be taken within 14 days of the accidental injury and the result must be negative;
- an HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
- the accidental injury must have been reported, investigated and documented in accordance with workplace legislation and regulations.

No payment will be made if:

- the covered person has elected not to take any available, licensed vaccine offering protection against the HIV;
- a licensed cure for HIV infection has become available prior to the accidental injury;
- the HIV infection occurs as the result of sexual transmission or IV drug use.

Paralysis - means the complete and permanent loss of the use of two or more limbs through paralysis, for a continuous period of 180 days, diagnosed by a physician.

Parkinson's Disease – means the diagnosis of primary idiopathic Parkinson's Disease by a specialist physician and characterized by the clinical manifestation of two or more of the following:

- rigidity;
- tremor;
- bradykinesia.

All other types of Parkinsonism are excluded.

10/2011

**CRITICAL ILLNESS
INSURANCE**

**Insured
Conditions
(continued)**

Stroke – means the unequivocal diagnosis by a specialist physician of the death of brain tissue caused by thrombosis, hemorrhage or embolism. The diagnosis must be based on ALL of the following:

- sudden onset of new neurological symptoms;
- new objective neurological deficits on clinical examination persisting continuously for at least sixty (60) days following the diagnosis of the stroke;
- new findings on CT scan or MRI, if done, consistent with the clinical diagnosis.

Transient ischemic attacks (TIA) are specifically excluded.

**Survival
Period**

The survival period is 30 days unless a longer waiting period is specified in the definition of a Critical Illness Condition.

10/2011

**CRITICAL ILLNESS
INSURANCE****Termination
of coverage****Member**

Your coverage terminates on the earliest of the following dates:

- the date the Plan terminates;
- the policy anniversary coincident with or next following the date you are no longer a member of the Association;
- the date you fail to pay your premium, subject to the grace period;
- on the first of the month following the date you attain age 70;
- the date you cease to reside in Canada or the United States of America;
- the date of receipt by QMA Insurance of your written request to terminate coverage under the Plan;
- the date any Critical Illness benefit is paid for you;
- the date of your death.

Spouse

Spousal coverage terminates on the earliest of the following dates:

- the policy anniversary coincident with or next following the date you are no longer a member of the Association;
- the date you no longer have a Spouse;
- the date you fail to pay your spousal premium, subject to the grace period;
- the date the Plan no longer includes spousal coverage;
- the date a Spouse no longer satisfies the required definition;
- the first of the month following the date you attain age 70;
- the first of the month following the date your Spouse attains age 70;
- the date any Critical Illness benefit is paid for your Spouse;
- the date your Spouse ceases to reside in Canada or the United States of America;
- the date of your death.

10/2011

**CRITICAL ILLNESS
INSURANCE****Exclusions**

No benefits are payable for claims resulting directly or indirectly from any of the following:

- declared or undeclared war, insurrection or rebellion;
- voluntary participation in a riot or act of civil disobedience;
- attempted suicide, intentionally self-inflicted injury while sane or any self-inflicted injury while insane;
- committing or attempting to commit a criminal offense;
- use of illegal or illicit drugs or substances, misuse of drugs or alcohol.

No Critical Illness benefit shall become payable for any illness, disorder, or surgery excluded by or omitted from the Insured Conditions.

**Conditions
relating to
benefit amounts
issued without
evidence of
insurability**

Both you and your spouse, if applying for coverage, must be actively at work for at least 20 hours per week.

For critical illness insurance amounts issued without evidence of insurability, no benefit will be paid for any Insured Condition that occurs within 24 months of your or your Spouse's effective date of insurance coverage, and that resulted from any injury, sickness or medical condition (whether or not diagnosed) for which you or your Spouse had symptoms, consulted a physician or other health care practitioner or was provided any health-related care, advice or treatment, or that a reasonably prudent person with such injury, sickness or medical condition would have consulted a physician or any other health care practitioner, during the 24 months prior to the effective date of your or your Spouse's insurance coverage.

QMA INSURANCE

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