Optional Critical Illness Insurance

Offer for eligible members of CAAT

Some advance planning could avoid financial difficulties due to an illness

The Optional Critical Illness Insurance being offered to you as an eligible CAAT member could be a financial lifesaver. After all, it's a big relief to be as prepared as possible for the unexpected.

Help protect your financial future with affordable, convenient coverage

Life's brighter under the sun

Sun Life Financial

Focus on your recovery, not your finances

What is Optional Critical Illness Insurance?

Critical Illness Insurance provides a lump-sum payment* if you suffer a covered illness such as a stroke, heart attack or cancer.

You choose how to spend it, whether for treatments not covered by a government health plan, household or personal care expenses, even a getaway.

Note: This is different from disability insurance, which replaces a portion of your paycheque if you are off work due to illness.

25 conditions are covered,

including stroke, heart attack or life-threatening cancer, as well as dementia (including Alzheimer's) and multiple sclerosis.

See page 5 for the full definitions of the covered conditions.

Get Critical Illness Insurance for:

Single Couple

Why do you need Optional Critical Illness Insurance?

According to the 2016 Sun Life Canadian Health Index, of Canadians that have experienced a critical illness like a stroke, heart attack or cancer;

- 42% say it has caused financial hardship to some degree.

Without Critical Illness Insurance, you might have to dip into your savings if you suffer a serious illness.

Why buy Optional Critical Illness Insurance?

The flexibility: This coverage goes where you go. If you ever leave CAAT, you can apply to keep your coverage – your answers to health questions will determine how much. No paperwork, no appointment necessary**.

The security: Financial hardship during recovery is real. 42% of Canadians who have suffered a serious illness have experienced financial hardship as a result***.

The control: Optional Critical Illness Insurance is available at low group rates****. If you suffer from life-threatening cancer, stroke, heart attack or other serious illnesses, this coverage can help you concentrate on your recovery, not your finances. Check out the limited-time offer and your monthly rates on page 3.

* Based on current tax laws, we believe that any cash benefit from a group critical illness insurance plan will not presently be taxed when the premium is paid for by the plan member and the benefit is payable to the plan member. Diagnosis of a critical illness must occur after the effective date of coverage and you must complete a survival period (usually 30 days).

** Simply call 1-877-893-9893 within the time period specified in your benefits booklet.

*** 2016 Sun Life Canadian Health Index.

**** Rates are calculated based on your age, gender and smoking status as of the effective date of coverage. Rates are reviewed every year, may change, and will increase as you move into the next age band. Premiums may be subject to applicable provincial sales tax.

Any offers of Optional Critical Illness Insurance coverage that do not require proof of good health will not be available to you if you are not actively at work during the enrolment period and on the effective date of coverage.

Apply within 31 days of your eligibility date.

Get up to the first $50,000 of Optional Critical Illness Insurance coverage for yourself and your spouse, with no health questions asked and no medical exam*.

Thanks to CAAT's buying power, your rates** will likely be lower than what you will get outside of a group plan.

For convenience, your monthly costs (premiums) are deducted from your paycheque.

Next steps

Applying is easy!

It only takes 5 to 10 minutes to apply for Optional Critical Illness Insurance.

Simply complete the enclosed enrolment form and return it to your Benefits Administrator within 31 days of your benefits eligibility date.

You can apply for coverage up to $200,000, in units of $25,000. If you are applying for amounts above $50,000, you'll also have to complete the enclosed health statement and return it to Sun Life Financial at the address indicated on the form. You will be notified by Sun Life Financial if you have been approved for this additional coverage amount.

Calculate your rate

See your monthly rate per unit of $25,000

Age Band	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
Under 30	$2.99	$2.49	$2.78	$2.32
30 – 34	4.90	3.44	5.70	4.17
35 – 39	6.36	4.30	8.28	5.23
40 – 44	11.52	6.66	14.98	7.98
45 – 49	23.20	11.46	22.46	10.74
50 – 54	42.13	18.25	36.10	16.52
55 – 59	67.68	27.55	42.55	20.14
60 – 64	108.41	45.43	54.97	28.77
65 – 69	189.83	87.25	87.02	49.89

Here's an example to help you calculate your rate:

Female, non-smoker, age 44

How much coverage do you need? $50,000

How many units? $50,000/$25,000 = 2 Units

Your rate in the table above – $7.98

2 x $7.98 = $15.96 plus applicable provincial sales tax

Need more coverage?

Complete the health statement.

* If this is your first application for Sun Life's optional coverage, then we do not require information about your health at the time of application. However, the pre-existing condition limitation will apply to your Optional Critical Illness coverage.

** Rates are calculated based on your age, gender and smoking status as of the effective date of coverage. Rates are reviewed every year, may change, and will increase as you move into the next age band. Premiums may be subject to applicable provincial sales tax.

When will coverage start?

You are eligible to apply for Optional Critical Illness Insurance on or after your eligibility date, which is the date you have completed the Waiting Period of one continuous month of employment. If you apply on or within 31 days of your eligibility date, you and your spouse will get up to $50,000 of coverage without having to complete a medical questionnaire*. You and your spouse must be between the ages of 18 and 69, an eligible employee under CAAT's benefits program, and a resident of Canada.

Here are the effective dates for eligible employees:

- If you apply on your eligibility date (or prior to), any amount of coverage that does not require medical information ($50,000 or less) will be effective on your eligibility date.
- If you apply within 31 days following your eligibility date, any amount of coverage that does not require medical information ($50,000 or less) will be effective on the date the college received the completed and signed form.
- If you apply for amounts that exceed $50,000 during your 31-day eligibility period, you will be required to complete a medical questionnaire*. If approved, you will be notified by Sun Life of the date your coverage will be effective.
- If you apply for coverage after your 31-day eligibility period, medical information will be required for all amounts of coverage applied for.

Need more information?

Call Sun Life at **1-866-539-7678**
Monday to Friday 8 a.m. to 8 p.m. ET
or email us at voluntary.benefits@sunlife.com

* If you do not answer medical questions at the time of application, the pre-existing condition limitation will apply to your Optional Critical Illness Insurance coverage.

Need to know

Optional Critical Illness Insurance

Sun Life will pay the critical illness benefit if, after the effective date of coverage, and while coverage is in force, a covered person has a diagnosis* of a covered condition, or the person has surgery for a covered condition, subject to the survival period. Claims will be assessed based on the critical illness provisions in effect on the date of diagnosis or surgery.

The critical illness benefit is payable only on the first covered condition for which a diagnosis is effective, or surgery is performed, and the person's coverage then terminates. Such person may not become covered again under this benefit.

In all instances, the effective date of coverage will determine the person's eligibility for a critical illness benefit payment and will be applied to any exclusions and limitations.

If the definition of a critical illness condition is changed, Sun Life will adjudicate any claim for a critical illness benefit based on the definition of that critical illness condition in effect on the date of the diagnosis or surgery, regardless of whether the employee was actively working or the dependent was hospitalized on the date of the change.

Definitions of covered conditions

Aortic surgery

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 means the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a specialist physician. The covered person must survive for 30 days following the date of surgery.

Exclusion: No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

Aplastic anemia

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:

- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplantation.

The diagnosis of aplastic anemia must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

Bacterial meningitis

Bacterial meningitis means a definite diagnosis of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis. The diagnosis of bacterial meningitis must be made by a specialist physician. The covered person must survive for 90 days following the date of diagnosis.

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

Benign brain tumour

Benign brain tumour means a definite diagnosis of a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgical or radiation treatment or cause irreversible objective neurological deficit(s).

The diagnosis of benign brain tumour must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

Exclusions: No benefit will be payable under this condition for pituitary adenomas less than 10 mm.

No benefit will be payable for a recurrence or metastasis of an original tumour which was diagnosed prior to the effective date of coverage.

Moratorium period exclusion: If, within 90 days following the later of:

- the date Sun Life receives enrolment information for any amount of coverage; or
- the effective date of such amount of coverage,

the covered person has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of benign brain tumour (covered or excluded under this coverage), regardless of when the diagnosis is made; or
- a diagnosis of benign brain tumour (covered or excluded under this coverage),

no benefit will be payable for benign brain tumour for such amount of coverage. In addition, if the person subsequently becomes covered for additional amounts of coverage, no benefit will be payable for benign brain tumour for those additional amounts. All other coverage remains in force.

The information described above must be reported to Sun Life within 6 months of the date of diagnosis. If this information is not provided, Sun Life has the right to deny any claim for benign brain tumour or any critical illness caused by any benign brain tumour or its treatment.

If a person's critical illness coverage ends but the person is covered again under this benefit, Sun Life will use the latest date the person's coverage began when applying the moratorium period exclusion.

Blindness

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

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

The diagnosis of blindness must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

Cancer (Life-threatening)

Cancer (Life-threatening) means a definite diagnosis of a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma, and sarcoma.

The diagnosis of cancer must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

Exclusions: No benefit will be payable for a recurrence or metastasis of an original cancer which was diagnosed prior to the effective date of coverage.

No benefit will be payable under this condition for the following:

- lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumours classified as Ta;
- malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- any non-melanoma skin cancer, without lymph node or distant metastasis;
- prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis;
- chronic lymphocytic leukemia classified less than Rai stage 1; or
- malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.

Moratorium period exclusion: If, within 90 days following the later of:

- the date Sun Life receives enrolment information for any amount of coverage; or
- the effective date of such amount of coverage,

the covered person has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or
- a diagnosis of cancer (covered or excluded under this coverage),

No benefit will be payable for cancer for such amount of coverage. In addition, if the person subsequently becomes covered for additional amounts of coverage, no benefit will be payable for cancer for those additional amounts. All other coverage remains in force.

The information described above must be reported to Sun Life within 6 months of the date of diagnosis. If this information is not provided, Sun Life has the right to deny any claim for cancer or any critical illness caused by any cancer or its treatment.

If a person's critical illness coverage ends but the person is covered again under this benefit, Sun Life will use the latest date the person's coverage began when applying the moratorium period exclusion.

For the purposes of this benefit, the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 2 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010.

For the purposes of this benefit, the term Rai staging is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975

Coma

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

Exclusions: No benefit will be payable under this condition for:
- a medically induced coma;
- a coma which results directly from alcohol or drug use; or
- a diagnosis of brain death.

Coronary artery bypass surgery

Coronary artery bypass 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 physician. The covered person must survive for 30 days following the date of surgery.

Exclusion: No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

Deafness

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

Dementia, including Alzheimer's disease

Dementia, including Alzheimer's disease means a definite diagnosis of a progressive deterioration of memory and at least one of the following areas of cognitive function:
- aphasia (a disorder of speech);
- apraxia (difficulty performing familiar tasks);
- agnosia (difficulty recognizing objects); or
- disturbance in executive functioning (e.g., inability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behaviour), which is affecting daily life.

The covered person must exhibit:
- dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function; and
- 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 must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

Exclusion: No benefit will be payable under this condition for affective or schizophrenic disorders or delirium.

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

Heart attack

Heart attack means a definite diagnosis of the death of heart muscle due to obstruction of blood flow that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:
- heart attack symptoms;
- new electrocardiogram (ECG) changes consistent with a heart attack; or
- development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The diagnosis of heart attack must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

Exclusions: No benefit will be payable under this condition for:
- elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or
- ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described above.

Heart valve replacement or repair

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 heart valve defects or abnormalities. The surgery must be determined to be medically necessary by a specialist physician. The covered person must survive for 30 days following the date of surgery.

Exclusion: No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

Kidney failure

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

Loss of independent existence

Loss of independent existence means a definite diagnosis of the total inability to perform, by oneself, at least 2 of the following 6 activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery.

Activities of daily living are:
- Bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices;
- 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;
- Toileting – the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices;
- Bladder and bowel continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained;
- Transferring – the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices; and
- Feeding – the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices.

The diagnosis of loss of independent existence must be made by a specialist physician. No additional survival period is required once the conditions described above are satisfied.

Loss of limbs

Loss of limbs 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 loss of limbs must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

Loss of speech

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

Exclusion: No benefit will be payable under this condition for any psychiatric related causes.

Major organ failure on waiting list

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 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.

For the purposes of the survival period, the date of diagnosis is the date of the covered person's enrolment in the transplant centre.

The diagnosis of the major organ failure must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

Major organ transplant

Major organ transplant means a definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ 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 entities.

The diagnosis of major organ failure must be made by a specialist physician. The covered person must survive for 30 days following the date of their transplant.

Motor neuron disease

Motor neuron disease means a definite diagnosis of one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these conditions. The diagnosis of motor neuron disease must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

Multiple sclerosis

Multiple sclerosis means a definite diagnosis of at least one of the following:

- two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination;
- well-defined neurological abnormalities lasting more than 6 months, confirmed by MRI of the nervous system, showing multiple lesions of demyelination; or
- a single attack, confirmed by repeated MRI of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart.

The diagnosis of multiple sclerosis must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

Occupational HIV infection

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.

For any amount of coverage, the accidental injury leading to the infection must have occurred after the later of:

- the date Sun Life receives enrolment information for such amount of coverage; or
- the effective date of such amount of coverage.

If a person's critical illness coverage ends but the person is covered again under this benefit, Sun Life will use the latest date the person's coverage began when applying this requirement.

Payment under this condition requires satisfaction of all of the following:

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

The diagnosis of occupational HIV infection must be made by a specialist physician. The covered person must survive for 30 days following the date of the second serum HIV test described above.

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

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

Paralysis

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 physician. The covered person must survive for 90 days following the precipitating event.

Parkinson's disease and specified atypical parkinsonian disorders

Parkinson's disease 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 are defined as 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 or a specialist physician. The covered person must satisfy the above conditions and survive for 30 days following the date all these conditions are met.

Moratorium period exclusion: If, within 1 year following the later of:

- the date Sun Life receives enrolment information for any amount of coverage; or
- the effective date of such amount of coverage,

the covered person has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of Parkinson's disease, a specified atypical parkinsonian disorder or any other type of parkinsonism (covered or excluded under this coverage), regardless of when the diagnosis is made; or
- a diagnosis of Parkinson's disease, a specified atypical parkinsonian disorder or any other type of parkinsonism (covered or excluded under this coverage),

no benefit will be payable for Parkinson's disease or specified atypical parkinsonian disorders for such amount of coverage. In addition, if the person subsequently becomes covered for additional amounts of coverage, no benefit will be payable for Parkinson's disease or specified atypical parkinsonian disorders for those additional amounts. All other coverage remains in force.

No benefit will be payable under Parkinson's disease and specified atypical parkinsonian disorders for any other type of parkinsonism.

The information described above must be reported to Sun Life within 6 months of the date of diagnosis. If this information is not provided, Sun Life has the right to deny any claim for Parkinson's disease or specified atypical parkinsonian disorders or any critical illness caused by Parkinson's disease or specified atypical parkinsonian disorders or its treatment.

If a person's critical illness coverage ends but the person is covered again under this benefit, Sun Life will use the latest date the person's coverage began when applying the moratorium period exclusion.

Severe burns

Severe burns means a definite diagnosis of third-degree burns over at least 20% of the body surface.

The diagnosis of severe burns must be made by a specialist physician. The covered person must survive for 30 days following the date the severe burn occurred.

Stroke

Stroke (cerebrovascular accident) means a definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

- acute onset of new neurological symptoms; and
- new objective neurological deficits on clinical examination,

persisting for more than 30 days following the date of diagnosis.

These new symptoms and deficits must be corroborated by diagnostic imaging testing.

The diagnosis of stroke must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.

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

- transient ischaemic attacks;
- intracerebral vascular events due to trauma; or
- lacunar infarcts which do not meet the definition of stroke as described above.

The fine print

Important details about Optional Critical Illness Insurance

Pre-existing condition exclusion

For any amount of coverage that:

- did not require proof of good health; and
- has been in effect for less than 12 months under the employer's critical illness plan,

no benefits are payable for any covered condition that results from any injury, sickness or medical condition (whether or not diagnosed) for which the covered person, during the 12 months prior to the effective date of such amount of coverage:

- had signs, symptoms, consulted a physician or any other health care practitioner; or
- was provided any health-related care, advice or treatment; or
- would have consulted a physician or any other health care practitioner, acting as a reasonably prudent person with such injury, sickness, medical condition, signs or symptoms.

If coverage ends but the person is covered again under this benefit, Sun Life will use the latest date the person's coverage began when applying the above limitation.

Waiting periods for cancer, benign brain tumour and Parkinson's disease

There is no coverage for cancer, a benign brain tumour of any type, or Parkinson's disease if, within the first 90 days (1 year for Parkinson's disease) after the coverage start date, the covered person:

- is diagnosed with cancer, benign brain tumour, or Parkinson's disease
- has any signs, symptoms or tests that lead to a diagnosis of cancer, benign brain tumour, or Parkinson's disease

However, coverage will stay in effect for all of the other covered conditions.

When will coverage start?

Coverage that **did not require health information** will start on the date your Benefits Administrator processes your enrolment for coverage. (Coverage where health information is not required is only available during time-limited offers and to new hires.)

For any amounts of coverage that **required health information,** you will be notified of the decision by Sun Life Financial.

If coverage ends, but that person again becomes covered under this benefit, we will use the latest start date.

When will coverage end?

Your coverage will end on the earlier of:	Your spouse's coverage will end on the earlier of:
• the date you retire†;	• the date your spouse no longer qualifies under the definition†;
• the date you reach the termination age under your plan;	• the date you or your spouse reaches the termination age under your plan, whichever is earlier;
• the date you no longer live in Canada;	• the date your spouse no longer lives in Canada;
• the date that money from the policy is paid out for the first covered condition;	• the date that money from the policy is paid out for the first covered condition;
• the date your employment ends†,	• the date your employment ends†;
• the date the group contract ends†;	• the date the group contract ends†;
• the end of the period for which premiums have been paid; or	• the end of the period for which premiums have been paid; or
• the date of your death	• the date of your death, or the date of your spouse's death.

† If you lose coverage through a change in employment, marital status, or you retire, you and/or your spouse may be able to maintain your current amount of Optional Critical Illness Insurance, up to maximum of $100,000, by calling Sun Life Financial at 1-877-893-9893 within 60 days of loss of coverage.

Please note: You are not eligible to convert this coverage after age 65.

What is not covered by this plan?

This benefit is not payable for claims resulting directly or indirectly from:

- a diagnosis of a covered condition that is first established prior to the effective date of coverage**;
- intentionally self-inflicted injuries or attempted suicide, while sane or insane;
- the hostile action of any armed forces, insurrection, or participation in a riot or civil commotion;
- participation in a criminal offence;
- the use of illegal or illicit drugs or substances, misuse of drugs or alcohol;
- the death of the Insured during the required survival period.

Sun Life Financial

Life's brighter under the sun

Group benefits are underwritten by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

* Diagnosis means a written diagnosis by a physician or specialist physician, licensed and practicing in Canada, of the covered condition. Any diagnosis will be effective as of the date it is established by the physician or specialist physician, as supported by the covered person's medical records. Any diagnosis of a covered condition that was made prior to the effective date of coverage will not be covered.

** Some covered conditions, such as a heart attack, are considered to be a separate event when they occur, and the diagnosis is specific to the date of the occurrence.

All claims must be approved by Sun Life Financial.

This flyer provides a summary of coverage. For full terms, conditions, limitations and exclusions, please refer to the group policy of insurance. In the event of a discrepancy between this flyer and the policy, the terms of the policy take precedence.

This document is intended to highlight some of the important terms and conditions governing your plan. The complete terms, conditions, exclusions and limitations governing the Group Critical Illness Insurance plan are found in the policy issued by Sun Life Assurance Company of Canada.

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