Critical Illness Insurance Plan

Offer for eligible members of CAAT

Critical Illness Insurance helps you focus on what matters most - your recovery.
What exactly is Critical Illness Insurance?

Being diagnosed with a serious illness can be both financially and emotionally stressful. Critical Illness Insurance helps provide financial security so you can concentrate on what matters most - your recovery. The plan provides a one-time, lump-sum payment if you are diagnosed with one of the 20 conditions covered under the plan*.

How does Critical Illness Insurance help to fill the gaps?

With regards to the recovery period of a serious illness, it’s not only the medical treatments that can be costly. Consider if you had to travel to and from treatments, had to stay at a hotel if the treatment was out of town, cab fares if you were unable to drive after treatments, or the cost of someone having to take time off work to help care for you? All these expenses can add up quickly. Meanwhile you still have your regular expenses to cover, such as mortgage and car payments, child care cost, etc.

With Critical Illness Insurance, you receive added financial protection to help you with any additional expenses, without you having to spend your hard-earned financial savings.

* Diagnosis must occur after the effective date of coverage, and you must complete a survival period (usually 30 days depending on the covered condition). The claim must be approved by Sun Life Financial.
How can this protection plan help me?

• **It helps bridge the gaps.** Critical Illness Insurance can fill the gaps in coverage so that you can maintain your lifestyle and reduce the financial stress you may experience when faced with a critical illness.

• **It complements your existing benefits.** Critical Illness Insurance will not affect or decrease the amount you receive from your benefit plans. This unique plan simply adds further protection by providing a lump-sum benefit payout, regardless of any other coverage you may have under your group benefit programs, or provincial health plans.

• **Your coverage is portable.** If your employment ends and you’re still eligible for Optional Group Critical Illness coverage, you and your spouse can maintain up to $100,000 of existing coverage each by notifying us within 31 days after your group coverage ends. And, you can maintain this coverage at affordable group rates.

• **Freedom from spending restrictions** - How you spend the benefit payment is entirely up to you. You may use your benefit to cover expenses not covered by your provincial health care or group health care insurance plans, or to help pay for home modifications or additional medical equipment if needed. You may also use the benefit to supplement income if a loved one needs to take time off work to care for you and your family.
The Critical Illness Insurance plan

As a CAAT member, we’re pleased to offer you and your spouse* Optional Critical Illness Insurance at affordable group rates.

Coverage is available to you and your spouse up to a maximum of $200,000 (in units of $25,000).

If you apply within 31 days of your benefits Eligibility Date, you and your spouse will each get up to the first $50,000 of coverage without having to complete a health questionnaire**.

Applying is easy! Please refer to page 8 for instructions on how to apply. If you do not apply within 31 days of your benefits Eligibility Date***, you will be required to provide medical information for all amounts applied for after this date.

Please refer to page 8 for instructions on how to apply.

Take a minute and visit www.sunlife.ca/myCIstory to hear, first-hand, how critical illness insurance has helped others. The people are real and their stories are truly inspiring.

* Spouse means a person to whom you are married, with whom you are living in a common-law relationship (an individual, either opposite or same sex, with whom you live and have lived in a conjugal relationship for at least one continuous year), or with whom you have a formal union recognized by the laws of Canada and/or the applicable province.

** For any coverage that did not require health information ($50,000 or less), no benefit is payable for any covered condition that occurs within 12 months after the effective date of the insured person’s coverage, and that resulted from any injury, sickness or medical condition (whether or not diagnosed) for which, during the 12 months prior to the effective date of insurance, the insured person:
  • 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.

***Please refer to page 8 for more information on your Eligibility Date.
How much will Critical Illness Insurance cost me?

As an eligible CAAT member, Optional Critical Illness coverage is available to you at affordable group rates. Keep in mind, premiums are calculated using rates that are age-banded, and based on your gender and smoking status.

And, for your convenience, monthly premiums will be automatically collected through payroll deduction.

### Critical Illness Insurance
Monthly rates per $25,000 unit - for you and your spouse

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Male Non-smoker</th>
<th>Male Smoker</th>
<th>Female Non-smoker</th>
<th>Female Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$2.37</td>
<td>$2.83</td>
<td>$2.16</td>
<td>$2.52</td>
</tr>
<tr>
<td>30 - 34</td>
<td>3.44</td>
<td>4.90</td>
<td>4.17</td>
<td>5.70</td>
</tr>
<tr>
<td>35 - 39</td>
<td>4.30</td>
<td>6.36</td>
<td>5.23</td>
<td>8.28</td>
</tr>
<tr>
<td>40 - 44</td>
<td>6.36</td>
<td>10.99</td>
<td>7.09</td>
<td>13.31</td>
</tr>
<tr>
<td>45 - 49</td>
<td>10.73</td>
<td>21.72</td>
<td>10.13</td>
<td>21.19</td>
</tr>
<tr>
<td>50 - 54</td>
<td>17.42</td>
<td>40.20</td>
<td>13.58</td>
<td>29.67</td>
</tr>
<tr>
<td>55 - 59</td>
<td>27.55</td>
<td>67.68</td>
<td>18.28</td>
<td>38.61</td>
</tr>
<tr>
<td>60 - 64</td>
<td>45.43</td>
<td>108.41</td>
<td>25.96</td>
<td>49.60</td>
</tr>
</tbody>
</table>

Rates are reviewed annually, and subject to change. They will also increase on the first of the month following your birthday as you move into the next age band. Rates will be subject to applicable provincial tax.

### How to calculate your premium

**Example - male, age 40, non-smoker**

1. Determine the amount of coverage you want. $50,000
2. Express it as units per $25,000 of coverage. $50,000 / $25,000 = 2 units
3. Locate the premium rate on the table based on your age and smoking status. $6.36
4. Multiply the units of coverage by your premium rate and obtain your monthly premium. 2 units x $6.36 = $12.72

Plus applicable provincial sales tax.
What critical conditions are covered?

The CAAT Optional Critical Illness Insurance plan covers the following 20 critical conditions:

- Alzheimer’s disease
- Aortic surgery
- Benign brain tumour
- Blindness
- Cancer
- Coma
- Coronary artery bypass surgery
- Deafness
- Heart attack
- Kidney failure
- Loss of independent existence
- Loss of speech
- Major organ failure on waiting list
- Major organ transplant
- Multiple sclerosis
- Occupational HIV infection
- Paralysis
- Parkinson’s disease
- Severe burns
- Stroke

For full description on each of the covered conditions, please refer to page 9 of this brochure.

“If you were diagnosed with a serious illness, would you have the financial resources available to support you and your family without having to withdraw from your savings?”
How much coverage do I need?

To help determine whether you would have enough protection to cover the financial impact that can result from a serious illness, consider:

- medicines and treatments not covered by your Group Extended Health care plan or provincial health coverage
- childcare and home maintenance while you recover
- loss of income if your partner or spouse is unable to work while caring for you
- if you choose to seek health care outside of Canada
- if you need to make modifications to your home or if you have limited mobility

**Critical Illness Insurance can:**

- help you continue to make your RRSP and RESP contributions
- help protect you from withdrawing from your hard-earned savings
- cover the potential cost of a loss of income if a family member or friend has to take time off work to help care for you
Next steps

Applying is easy!

It only takes 5 to 10 minutes to apply for Critical Illness Insurance. Simply complete the enclosed Enrolment form and return it to your Benefits Administrator within 31 days of your benefits Eligibility Date.

If you are applying for amounts above $50,000 (therefore health information is required), you’ll also have to complete the enclosed Application form and return it to Sun Life Financial in the enclosed postage-paid envelope. You will be notified by Sun Life Financial if you have been approved for this additional coverage amount.

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 65, 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?

If you have questions about the administration of your Group Critical Illness Insurance plan, you can call your Benefits Administrator; or if you have questions about your Group Critical Illness Insurance coverage, call Sun Life Financial at 1-800-669-7921.
Definitions of covered conditions

The critical conditions covered by this insurance plan must be diagnosed* after the effective date of coverage by a physician licensed and practising in Canada, and are defined as follows:

**Alzheimer's disease**

Alzheimer’s disease means a definite diagnosis of a progressive degenerative disease of the brain. The covered person must exhibit the loss of intellectual capacity involving impairment of memory and judgment, which results in a significant reduction in mental and social functioning, and requires a minimum of 8 hours of daily supervision.

The diagnosis of Alzheimer’s disease 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 for all other dementing organic brain disorders and psychiatric illnesses.

**Aortic surgery**

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

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.

**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:** No benefit will be payable for benign brain tumour and the covered person’s coverage for benign brain tumour will terminate, if within 90 days following the later of:

- the date Sun Life receives enrolment information for the person’s coverage; or,
- the effective date of the person’s 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;
- a diagnosis of benign brain tumour (covered or excluded under this coverage).

While the covered person’s coverage for benign brain tumour terminates, coverage for all other covered conditions remains in force.

This information described above must be reported to us within 6 months of the date of diagnosis. If this information is not provided, we have 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, we 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
Cancer means a definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

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 non-life threatening cancers:

- carcinoma in situ; or,
- Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or,
- any non-melanoma skin cancer that has not become metastasized; or,
- Stage A (T1a or T1b) prostate cancer.

**Moratorium period exclusion:** No benefit will be payable for cancer and the covered person’s coverage for cancer will terminate if, within 90 days following the later of:

- the date Sun Life receives enrolment information for the person’s coverage; or,
- the effective date of the person’s coverage, the covered person has any of the following:
  - signs, symptoms or investigations, that lead to diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made;
  - a diagnosis of cancer (covered or excluded under this coverage).

While the covered person’s coverage for cancer terminates, coverage for all other covered conditions remains in force.

This information described above must be reported to us within 6 months of the date of the diagnosis. If this information is not provided, we have 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, we will use the latest date the person’s coverage began when applying the moratorium period exclusion.

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; or,
- 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), excluding any non-surgical or trans-catheter techniques such as balloon angioplasty or laser relief of an obstruction.
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.

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.

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; or,
• 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: Heart attack does not include:
• 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.

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 either:
• a total inability to perform, by oneself, at least 2 of the following 6 activities of daily living; or,
• cognitive impairment, as defined below,
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 equipment.
• Dressing: the ability to put on and remove necessary clothing including braces, artificial limbs or other surgical appliances.
• Toileting: the ability to get on and off the toilet and maintain personal hygiene.
• Bladder and bowel continence: the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained.
• Transferring: the ability to move in and out of a bed, chair or wheelchair, with or without the use of equipment.
• Feeding: the ability to consume food or drink that already have been prepared and made available, with or without the use of adaptive utensils.

Cognitive impairment means mental deterioration and loss of intellectual ability, evidenced by deterioration in memory, orientation and reasoning, which are measurable and result from demonstrable organic cause as diagnosed by a specialist physician. The degree of cognitive impairment must be sufficiently severe to require a minimum of 8 hours of daily supervision.

Determination of a cognitive impairment will be made on the basis of clinical data and valid standardized measures of such impairments.

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.

**Exclusion:** No benefit will be payable under this condition for any mental or nervous disorder without a demonstrable organic cause.

**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. The covered person must survive for 180 days following the date of diagnosis.

**Exclusion:** No benefit will be payable under this condition for all 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.

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 for transplantation of a heart, lung, liver, kidney or bone marrow, and limited to these entities.

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 their transplant.

**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; or,
- well-defined neurological abnormalities lasting more than 6 months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination; or,
• 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.

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.

The accidental injury leading to the infection must have occurred after the later of:

- the date Sun Life receives enrolment information for the person’s coverage;
- or,
- the effective date of the person’s coverage.

If a person’s critical illness coverage ends but the person is covered again under this benefit, we 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 us 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;
- the accidental injury must have been reported, investigated and documented in accordance with current Canadian 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; or,
- a licensed cure for HIV infection has become available prior to 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**

Parkinson’s disease means a definite diagnosis of primary idiopathic Parkinson’s disease, which is characterized by a minimum of two or more of the following clinical manifestations: muscle rigidity, tremor, or bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses).

The diagnosis of Parkinson’s disease must be made by a specialist physician. The covered person must satisfy the above conditions and survive for 30 days following the date all these conditions are met.
**Exclusion:** No benefit will be payable under this condition for all other types of Parkinsonism.

**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 thrombusis or haemorrhage, or embolism from an extra-cranial source, with:
- acute onset of new neurological symptoms; and,
- new objective neurological deficits on clinical examination; and,
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 the diagnosis.

**Exclusions:** No benefit will be payable under this condition for:
- transient ischaemic attacks; or,
- intracerebral vascular events due to trauma; or,
- lacunar infarcts which do not meet the definition of stroke as described above.
When will the coverage end?

<table>
<thead>
<tr>
<th>Your coverage will end on the earlier of:</th>
<th>Your spouse’s coverage will end on the earlier of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ the day you retire;‡</td>
<td>■ the day your spouse no longer qualifies under the definition;‡</td>
</tr>
<tr>
<td>■ the day you reach age 65;</td>
<td>■ the day you or your spouse reach age 65;</td>
</tr>
<tr>
<td>■ the day you are no longer a resident of Canada;</td>
<td>■ the day your spouse no longer resides in Canada;</td>
</tr>
<tr>
<td>■ the day the benefit is paid for the first covered condition;</td>
<td>■ the day the benefit is paid for the first covered condition;</td>
</tr>
<tr>
<td>■ the day your employment ends;‡</td>
<td>■ the day your employment ends;‡</td>
</tr>
<tr>
<td>■ the day the group contract ends;‡</td>
<td>■ the day the group contract ends;‡</td>
</tr>
<tr>
<td>■ the end of the period for which premiums have been paid; or</td>
<td>■ the end of the period for which premiums have been paid; or</td>
</tr>
<tr>
<td>■ the day your death.</td>
<td>■ the day of your death, or the day of your spouse’s death.</td>
</tr>
</tbody>
</table>

‡ If you lose coverage through a change in employment, marital status or retire, you and/or your spouse can maintain up to $100,000 of the Optional Critical Illness Insurance coverage by calling Sun Life Financial at 1-877-893-9893 within 31 days of loss of coverage. If you reach age 65, therefore your coverage terminates, your spouse is still eligible to convert their coverage (up to $100,000) if they are under the age of 65.

Please note: You are not eligible to convert after the age of 65.
The numbers speak for themselves

70,000 Canadians
suffer a heart attack each year†

50,000 Canadians
suffer from a stroke each year†

40% of women and 45% of men
will develop cancer in their lifetime††

37% of new cancer cases
are women aged 20 – 59 diagnosed with breast cancer††

5 to 10 minutes
is all it takes to apply for Critical Illness Insurance

† Heart and Stroke Foundation, 2009
†† Canadian Cancer Statistics, 2009
This brochure provides the highlights but not all the details of the plan. The terms, conditions, exclusions and limitations governing the plan are found in the group insurance policy issued by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.