
CRITICAL ILLNESS SURVIVOR PLAN (MEMBER AND/OR SPOUSE)

A **Critical Illness Survivor Plan** provides you with a **living benefit**. It's money you can use right away so that you don't have to dip into your retirement or savings fund. It's money that will allow you to use your disability insurance to cover your regular financial obligations instead of accumulating debt. It's money you can use without restriction because only you will know what your health and lifestyle needs require.

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WHAT OPTIONS DO I HAVE?

You have the option to purchase a Base coverage or an Enhanced coverage.

The Base Critical Illness Survivor Plan covers you for the most common Critical Illnesses:

- Heart Attack
- Stroke
- Cancer
- Kidney Failure

The Enhanced Critical Illness Survivor Plan covers you for the four (4) most common critical illnesses plus eleven (11) additional critical illnesses:

- Heart Attack
- Stroke
- Cancer
- Kidney Failure
- Blindness
- Coronary Artery Surgery
- Major Organ Transplant
- Multiple Sclerosis
- Paralysis
- Alzheimer's Disease
- Occupational HIV
- Parkinson's Disease
- Burns
- Loss of Speech
- Deafness

You also have the option to select the level of coverage:

- \$25,000
- \$50,000
- \$75,000
- \$100,000

WHAT CAN YOU DO WITH THE BENEFIT?

Anything you want! There are no restrictions because every person's needs are different – and only you can determine how the money will help you and your family most. You might use your benefit to:

- Purchase special equipment such as a motorized wheelchair and wheelchair accessible vehicle
- Cover the cost of home renovations to increase personal mobility and accessibility
- Pay for home care or for a private nurse
- Cover the cost of medical treatments outside your regular health plan
- Travel abroad for specialized treatments unavailable in your area

WHAT OTHER FEATURES AND BENEFITS ARE THERE?

- Coverage can be maintained until age 75
- Your premium is guaranteed and only changes when you enter a new age category (every 5 years)
- Your Critical Illness Survivor Plan offers portability. As an individual policy, it remains yours even if you are no longer a Principal / Vice-Principal or member of CPCO.
- **Best Doctors®** – at no extra cost to you

WHAT IS BEST DOCTORS?

Best Doctors is the world leader in connecting people with the best in medical care. Using its renowned dataEnhanced of over 50,000 doctors recognized as the best by top specialists, Best Doctors provides immediate access to the best medical knowledge and peace of mind to millions of people around the world when faced with a critical illness.

Every year, Best Doctors asks doctors all over the world who they would turn to for their own treatment or the treatment of a loved one. Best Doctors then takes the names and evaluations they are given and creates a detailed profile on each doctor. When a person suffers a critical illness, Best Doctors conducts a customized search across its continually updated dataEnhanced to find those specialists who are most qualified to meet a person's specific medical needs.

Through Best Doctors, you will have access to such invaluable services as:

- **InterConsultation™** – Medical Advice and Treatment Planning
- **FindBestDoc™** – Identification of the Right Care Provider
- **FindBestCare™** – Care Management
- **VIP Concierge** – Assistance with Reservations and Accommodations

We encourage you to visit www.bestdoctors.com to find out more about how this service adds even more value to your Critical Illness Survivor Plan.

HOW DO YOU SUBMIT A CLAIM?

Should you be diagnosed with one of the critical illnesses covered under your plan, simply call our Claims Department at **1.877.709.5853**. Our staff will forward the required claim forms to you and facilitate your claims submission to Western Life, the insurer and claims payor.

To access Best Doctors, please call the toll free number listed in the Best Doctors information brochure provided to you, along with the Critical Illness Survivor Plan Policy. If you did not receive this brochure, please call our Administration Department at **1.800.461.4155** for a copy.

WHAT IS SURVIVAL PERIOD?

You (the insured person) must survive 30 days following the date of the initial diagnosis. Sometimes longer periods are required for certain critical illnesses so be certain to carefully read the details of your individual policy.

OTHER IMPORTANT INFORMATION

Please see below for the Definition of the critical illnesses covered in the policy. For further details on definitions, insuring provisions, limitations, pre-existing conditions, and exclusions please refer to your individual policy document provided to you at the time your application was approved.

DEFINITION OF CRITICAL ILLNESS

1. **Cancer** means an invasive malignancy characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

Cancer Exclusions:

The following cancers are specifically excluded from coverage under this definition.

- a) Carcinoma in situ;
- b) Malignant melanoma to a depth of 0.75 mm or less and any skin cancer that has not spread beyond the deepest layer of the skin;
- c) Chronic lymphocytic leukemia;
- d) Stage "A" prostate cancer;
- e) Kaposi's sarcoma;
- f) Pre-malignant lesions, benign tumors or polyps;
- g) Stage 1 and 2 Hodgkins' Disease;
- h) Duke's A colo-rectal cancer; and
- i) Cancer in the presence of HIV.

In addition to the specifically excluded cancers, if you had any symptom or medical problem which initiated any investigation leading to the diagnosis of cancer which commenced prior to the ninety-first (91) day following the policy date, or most recent date of reinstatement, the critical illness benefit will not be payable. The critical illness benefits will continue for all the remaining covered critical illness conditions.

2. **Heart Attack (myocardial infarction)** means the death of a portion of the heart muscle as a result of inadequate blood supply. The diagnosis must be based on a specific event and consist of evidence of all of the following:
 - a) New electrocardiographic (ECG) changes indicative of a myocardial infarction; and
 - b) The elevation of cardiac enzymes.

An incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of corroborating event, is not covered.

Heart Attack Limitations:

If you suffer a heart attack within ninety (90) days following the policy date, or most recent date of reinstatement, the critical illness benefit will not be payable.

The critical illness benefits will continue for all the remaining covered critical illness conditions.

3. **Coronary Artery Surgery** means that you undergo open heart surgery, on the written advice of a medical doctor who is a cardiologist, to correct the narrowing, or blockage of one or more coronary arteries with bypass grafts, excluding any elective surgery or non-surgical techniques such as balloon angioplasty, laser relief of an obstruction and/or other intraarterial procedures.
4. **Stroke** means an acute cerebral vascular accident (CVA), producing neurological sequelae lasting more than thirty (30) days and caused by intracranial thrombosis, hemorrhage, or embolism from extra-cranial source.

There must be evidence of a measurable, objective neurological deficit.

Stroke Exclusions:

Transient Ischemic Attacks (TIAs) are not covered. TIA is a brief focal neurological deficit that resolves without any permanent neurological impairment.

5. **Renal (kidney) Failure** means "end stage renal disease" presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular hemodialysis, peritoneal dialysis or renal transplantation is initiated.
6. **Paralysis** means complete and permanent loss of use of two or more limbs for a continuous period of ninety (90) days following the precipitating event, during which time there has been no sign of improvement.

All psychiatric related causes are specifically excluded.
7. **Multiple sclerosis** means the unequivocal diagnosis by a certified neurologist of definite multiple sclerosis, characterized by well-defined neurological abnormalities persisting for a continuous period of at least six (6) months and with two (2) separate clinically documented episodes.

Neurological abnormalities in this context must be evidenced by the typical symptoms of demyelination of the brain or the spinal cord with resultant impairment and must be confirmed by MRI scanning.
8. **Blindness** means total and irreversible loss of sight in both eyes, as confirmed by a medical doctor who is a certified ophthalmologist. The corrected visual acuity must be 20/200 or less, or the field of vision must be less than 20 degrees in each eye.

9. **Deafness** means total and irreversible loss of hearing in each ear, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 cycles per second.
10. **Loss of Speech** means the total and irreversible loss of the ability to speak as a result of physical injury or disease, which must be established for a continuous period of at least one hundred and eighty (180) days.

All psychiatric related causes are specifically excluded.

11. **Major organ transplant and major organ failure on waiting list** means the Diagnosis by a Medical Doctor of the failure of a vital body organ, necessitating transplant surgery, as the recipient, of any of the following organs or tissues: heart, liver, lung, kidney, bone marrow or pancreas (except the transplant of islet cells).

The Survival Period for this Covered Condition commences on the earlier of:

- a) The date the Insured undergoes transplantation, as the recipient of one or more of the organs or bone marrow as specified in this definition, or
 - b) The date the Insured becomes 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 definition.
12. **Severe Burns** means the Diagnosis by a Medical Doctor certified as a Plastic Surgeon of third degree burns covering at least 20% of the body surface area.
 13. **Alzheimer's Disease** means the Diagnosis of Alzheimer's Disease by a Medical Doctor certified as a Neurologist or Psychiatrist of a degenerative disease of the brain causing a progressive decline in intellectual functions. The Insured must have such a loss of intellectual capacity, including judgement and memory, as to require continuous supervision in the usual activities of daily living.
 14. **Parkinson's Disease** means the Diagnosis by a Medical Doctor certified as a Neurologist, that the Insured has primary idiopathic Parkinson's Disease which is characterized by two or more of the following clinical manifestations: Muscle rigidity, Tremor, Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses). All other types of Parkinsonism are specifically excluded.
 15. **Occupation HIV Injury** means the Diagnosis by a Medical Doctor of Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the insured's normal occupation, which exposed the Insured to HIV contaminated blood or body fluids. Payment under this Covered Condition requires satisfaction of all of the following:
 - a) the accidental injury must be reported to the company within 14 days of the accidental injury and the result must be negative;
 - b) an HIV test must be taken within 14 days of the accidental injury and the result must be negative;
 - c) an HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be confirmed positive;
 - d) all HIV tests must be performed at facilities approved and licensed for HIV testing;
 - e) the accidental injury must have been reported, investigated and documented in accordance with Canadian or United States workplace guidelines; and
 - f) the accidental injury must have occurred while the Insured was working in Canada or the United States.

No Payment will be made if:

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

LIMITATIONS

First Occurrence Provision

No amount of benefit will be payable under the policy if you were diagnosed with or treated for a defined critical illness(s) or covered medical conditions(s) prior to the policy date.

Pre-Existing Exclusion Clause

No amount of benefit will be payable under the policy if, prior to the policy date, you are attended to or received medical treatment, consultation, care or services by a physician, including diagnostic measure for any symptom or medical problem which leads to a diagnosis of or treatment for a critical illness(s) or covered medical condition(s).

Benefits are not payable as a result of any pre-existing condition unless the diagnosis of the critical illness or covered medical condition(s) occurs after twenty four (24) consecutive months from the policy date.

Disclaimer:

This on-line Plan Description is an overview of the coverage available and is not a valid contract. If there are any discrepancies between this information and the Master Policy, the provisions of the Master Policy shall govern.