
CRITICAL ILLNESS SURVIVOR PLAN (DEPENDENT RIDER) – PLAN DESCRIPTION

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 regular income 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 dependent's health and lifestyle needs require.

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WHAT OPTIONS DO I HAVE?

If you purchase insurance under the Critical Illness Survivor Plan you are able to add a **Dependent Rider under your policy**. The Dependent Rider covers your Dependents for the most common childhood critical illnesses:

- Cancer
- Autism
- Cerebral Palsy
- Downs Syndrome
- Congenital Heart Condition
- Cystic Fibrosis
- Muscular Dystrophy
- Blindness
- Deafness
- Major Organ Transplant
- Kidney Burns
- Burns

You have the option to select either \$10,000 or \$20,000 in coverage. One flat monthly rate will provide coverage for all your eligible dependent children.

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 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 for your Dependents can be maintained until age 21 (or 25 if full-time student).
- The premium is guaranteed, and covers all your dependent children.
- As part of your Critical Illness Survivor Plan, the Dependent coverage is portable. It remains yours even if you are no longer part of your existing health or insurance plan. In other words, it always travels with you.
- **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 database 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 database 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 your Dependent be diagnosed with one of the critical illnesses covered under this Rider, 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?

Your Dependent 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 your policy. For further details on definitions, insuring provisions, limitations, pre-existing conditions, and exclusions please refer to your policy document provided to you upon approval of your application.

DEFINITION OF CRITICAL ILLNESS – CHILD RIDER

1. **Autism** means an organic defect in brain development characterized by failure to develop communicative language or other forms of social communication, with the diagnosis confirmed by a specialist.
2. **Blindness** means total and irreversible loss of sight in both eyes, as confirmed by a physician who is an ophthalmologist. The corrected visual acuity must be 20/200 or less in each eye.
3. **Burns** means third degree burns over at least 20% of the body surface as measured by the Lund and Browder Chart.
4. **Cancer (life-threatening)** means an invasive malignancy characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

Cancer Exclusions:

If the dependent child had any form of cancer prior to the policy date, a subsequent occurrence of cancer will not qualify for payment, even if the location or type of cancer differs from the first occurrence.

Life-threatening cancer does not include the following forms of cancer and are specifically excluded from coverage under this definition:

- a) carcinoma in situ;
- b) malignant melanoma to a depth of 0.75 mm (or less) or any skin cancer that has not spread beyond the deepest layer of the skin;
- c) chronic lymphocytic leukemia;
- d) Kaposi's sarcoma;
- e) pre-malignant lesions, benign tumors or polyps;
- f) stage 1 and 2 Hodgkins' disease;
- g) Duke's A colo-rectal cancer; and
- h) any tumor in the presence of any Human Immunodeficiency Virus (HIV).

In addition to the specifically excluded cancers above, the Critical Illness benefit will not be payable if the dependent child had any symptom or medical problem which initiated any investigation leading to the diagnosis of cancer within **ninety (90) days** following the effective date, or date of most recent reinstatement of the policy.

If the dependent child had any form of cancer prior to the effective date, a subsequent occurrence of cancer will not qualify for payment, even if the location or type of cancer differs from the first occurrence.

The Critical Illness benefits will continue for all the remaining covered Critical Illness conditions.

5. **Cerebral Palsy** means the unequivocal diagnosis of definite cerebral palsy, a non-progressive neurological defect characterized by spasticity and in-coordination of movements.
6. **Congenital heart conditions** means congenital heart conditions leading to cyanosis, a state of poor oxygenation of the blood, resulting from an unequivocal diagnosis of the following conditions:
 - a) atresias of the heart valves;
 - b) transposition of the great vessels;
 - c) truncus arteriosus;
 - d) total anomalous pulmonary venous drainage; or
 - e) tetralogy of Fallot

All other heart conditions are excluded.

7. **Cystic fibrosis** means an unequivocal diagnosis of cystic fibrosis.
8. **Deafness** means total, irreversible loss of hearing in both ears with an auditory threshold of more than 90 decibels or greater within the speech threshold of 500 to 3,000 cycles per second.
9. **Down's syndrome** means an unequivocal diagnosis of Down's syndrome.
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 of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow. Transplantation must be medically necessary.

To qualify under major organ transplant, the dependent child must undergo surgery as the recipient for transplantation of a heart, lung, liver, kidney or bone marrow and limited to these entities.

To qualify under major organ failure on waiting list, the dependent child must become enrolled as the recipient in a recognized organ or bone marrow transplant program in Canada, for one or more of the organs or bone marrow specified in this provision.

For the purposes of the survival period, the date of diagnosis is the date the dependent child's enrollment in such a transplant program takes effect.

12. **Muscular Dystrophy** means an unequivocal diagnosis of muscular dystrophy, characterized by well defined neurological abnormalities, confirmed by electromyography and muscle biopsy.
13. **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.

14. **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 renal hemodialysis, peritoneal dialysis or renal transplantation is initiated.

No critical illness benefit will be payable for renal (kidney failure) occurring *after* the policy date if the dependent child was diagnosed with a hereditary kidney disease *prior* to the policy date.

Renal (Kidney) Failure Exclusion:

No critical illness benefit will be payable for renal (kidney failure) occurring *after* the policy date if the dependent child was diagnosed with a hereditary kidney disease *prior* to the policy date.

LIMITATIONS

First Occurrence Clause

Critical illness benefits are not payable if the critical illness condition is a second or subsequent occurrence of a critical illness condition previously diagnosed.

Critical illness benefits are not payable if the dependent child was diagnosed with or treated for a defined critical illness condition prior to the effective date or date of most recent reinstatement of the policy.

Pre-existing Exclusion Clause

No critical illness benefit shall be payable if the dependent child is 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 condition prior to the effective date or date of most recent reinstatement of the policy.

Benefits are not payable as a result of any pre-existing critical illness condition unless the diagnosis of the critical illness condition occurs after twelve (12) consecutive months from the effective date or date of most recent reinstatement of the policy.

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.