

Transition

CRITICAL ILLNESS  
INSURANCE



## Benchmark 2.0 Definitions

Critical Illnesses and Medical Conditions  
Covered by the Contract  
Product version: 6.0





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The diagnosis of a critical illness is news that has serious consequences. To get through a difficult period, knowing that you can maintain your lifestyle even if you must stop working for an indeterminate period and be able to pay unforeseen costs resulting from the illness is a huge relief.

Transition critical illness insurance and the critical illness rider, offered by iA Financial Group, provide financial assistance to help you face the diagnosis of a covered critical illness or condition, as defined in the policy.

To satisfy the terms related to survival, you must be alive when the diagnosis is made for all covered illnesses. For the following illnesses, you must be alive 30 days after the initial diagnosis:

- Stroke
- Aortic surgery
- Coronary artery bypass surgery
- Heart attack
- Heart valve replacement or repair
- Coronary angioplasty (covered under Prevention +)
- Congenital heart disease (childhood illness)

This guide helps you understand the illnesses and conditions covered under the iA Financial Group critical illness insurance policy.

It must be used as a general reference only and is does not form part of the policy.

# COVERED ILLNESSES

## Aortic Surgery

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. A 30-day survival period applies.

**Exclusion:**

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

## Aplastic Anemia

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;
- bone marrow transplantation.

The diagnosis of Aplastic Anemia must be made by a Specialist.

## Bacterial Meningitis

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.

**Exclusion:**

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

## Benign Brain Tumour

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.

### Exclusion:

No benefit will be payable under this condition if, within the first 90 days following the later of, the effective date of the policy, or the date of last reinstatement of the policy, the Insured Person has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of Benign Brain Tumour (covered or excluded under the policy), regardless of when the diagnosis is made; or
- a diagnosis of Benign Brain Tumour (covered or excluded under the policy).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to iA Financial Group within 6 months of the date of the diagnosis. If this information is not provided within this period, iA Financial Group has the right to deny any claim for Benign Brain Tumour or, any critical illness caused by any Benign Brain Tumour or its treatment.

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

## Blindness

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.



## Cancer (Life-Threatening)

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.

Exclusion: No benefit will be payable under this condition if, within the first 90 days following the later of, the effective date of the policy, or the date of last reinstatement of the policy, the Insured Person has any of the following:

- signs, symptoms or investigations, that lead to a diagnosis of Cancer (covered or excluded under the policy), regardless of when the diagnosis is made; or
- a diagnosis of Cancer (covered or excluded under the policy).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to iA Financial Group within 6 months of the date of the diagnosis. If this information is not provided within this period, iA Financial Group has the right to deny any claim for cancer or, any critical illness caused by any cancer or its treatment.

### Exclusion:

No benefit will be payable for the following:

- lesions described as benign, pre-malignant, uncertain, borderline, non-invasive;
- 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.

For purposes of the policy, 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 purposes of the policy, 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

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.

### Exclusion:

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

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. A 30-day survival period applies.

### Exclusion :

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



## Deafness

is defined as 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.

## Dementia, including Alzheimer's Disease

A definite diagnosis of dementia, which must be characterized by 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 Insured 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.

### Exclusion:

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

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

## Heart Attack

A definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in:

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
- 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. A 30-day survival period applies.

### Exclusion:

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 on the left.

## Heart Valve Replacement or Repair

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. A 30-day survival period applies.

### Exclusion:

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



## Kidney Failure

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.

## Loss of Independent Existence

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. The diagnosis of Loss of Independent Existence must be made by a Specialist.

### 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.

## Loss of Limbs

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.

## Loss of Speech

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.

### Exclusion:

No benefit will be payable under this condition for all psychiatric related causes.

## Major Organ Failure (on Waiting List)

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 Insured Person must become enrolled as the recipient in a recognized transplant centre in Canada or the United States of America that performs the required form of transplant surgery. The date of Diagnosis is the date of the Insured Person's enrolment in the transplant centre. The diagnosis of the major organ failure must be made by a Specialist.

## Major Organ Transplant

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 Insured 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 the major organ failure must be made by a Specialist.



## Motor Neuron Disease

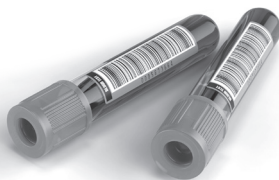
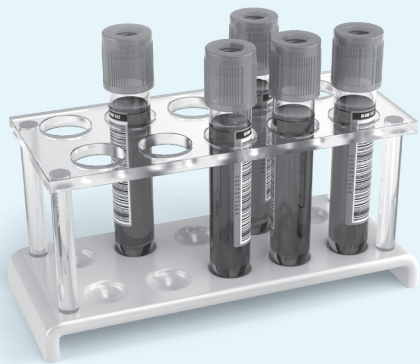
A definite diagnosis of one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these conditions. The diagnosis of Motor Neuron Disease must be made by a Specialist.

## Multiple Sclerosis

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.



## Occupational HIV Infection

A definite diagnosis of infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the Insured 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 effective date of the policy, or the effective date of last reinstatement of the policy.

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

- a) The accidental injury must be reported to the insurer within 14 days of the accidental injury;
- b) A serum HIV test must be taken within 14 days of the accidental injury and the result must be negative;
- c) A serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
- d) All HIV tests must be performed by a duly licensed laboratory in Canada or the United States of America;
- e) The accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States of America workplace guidelines.

The diagnosis of Occupational HIV Infection must be made by a Specialist.

### Exclusion:

No benefit will be payable under this condition if:

- The Insured 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 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

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.



## Parkinson's Disease and Specified Atypical Parkinsonian Disorders

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 Insured 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.

### Exclusion:

No benefit will be payable under Parkinson's Disease and Specified Atypical Parkinsonian Disorders for any other type of parkinsonism.

Parkinson's Disease and Specified Atypical Parkinsonian Disorders – Exclusion period:

No benefit will be payable for Parkinson's Disease or Specified Atypical Parkinsonian Disorders if, within the first year following the later of, the effective date of the policy, or the date of last reinstatement of the policy, the Insured 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, 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.

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to iA Financial Group within 6 months of the date of the diagnosis. If this information is not provided within this period, iA Financial Group 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.

## Severe Burns

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.

## Stroke (Cerebrovascular Accident)

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. A 30-day survival period applies.

### Exclusion:

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 on the left.



# COVERED JUVENILE ILLNESSES

## Cerebral Palsy

A definitive diagnosis of Cerebral Palsy, a non-progressive neurological defect characterized by spasticity and incoordination of movements. The diagnosis of Cerebral Palsy must be made by a Specialist.



## Congenital Heart Disease

A definite diagnosis of Congenital Heart Disease listed below, made by a Specialist and supported by appropriate cardiac imaging. The survival period corresponds to the latter of the 30-day survival period and 30 days after the insured's date of birth.

### 1 The following Congenital Heart Diseases are covered:

- Transposition of the great vessels
- Atresia of any heart valve
- Coarctation of the aorta
- Single ventricle
- Hypoplastic left heart syndrome
- Double outlet left ventricle
- Total anomalous pulmonary venous connection
- Truncus arteriosus
- Tetralogy of Fallot
- Eisenmenger syndrome
- Double inlet ventricle
- Hypoplastic right ventricle
- Ebstein's anomaly

### 2 The following Congenital Heart Diseases are covered if open-heart surgery is determined medically necessary by a Specialist.

- Pulmonary stenosis
- Aortic stenosis
- Discrete subvalvular aortic stenosis
- Ventricular septal defect
- Atrial septal defect

#### Exclusion:

No critical illness benefit is payable if the Congenital Heart Disease is not listed in items 1) and 2) above and for techniques such as valvuloplasty and percutaneous interauricular communication closure.





### Cystic Fibrosis

A definitive diagnosis of Cystic Fibrosis with evidence of chronic lung disease and pancreatic insufficiency and high levels of chlorine in sweat (60 mmol/L or higher). The diagnosis of Cystic Fibrosis must be made by a Specialist.

### Down Syndrome

(Child Critical Illness rider and Transition Child rider only)

A definitive diagnosis of Down Syndrome, supported by chromosomal evidence of Trisomy 21. The diagnosis of Down Syndrome must be made by a Specialist.

### Muscular Dystrophy

A definitive diagnosis of Muscular Dystrophy, characterized by well-defined neurological abnormalities, confirmed by electromyography and muscle biopsy. The diagnosis of Muscular Dystrophy must be made by a Specialist.

### Type 1 Diabetes Mellitus

A definite diagnosis of Type 1 Diabetes Mellitus, characterized by an absolute deficiency of insulin secretion and continued dependence on exogenous insulin for survival. Diagnosis must be made by a Specialist practising in Canada or the United States of America. In addition, there must be proof that there has been insulin dependence for a minimum of three months.



# ILLNESSES COVERED BY PREVENTION +

## **Breast Cancer (Ductal Carcinoma in situ of the Breast)**

A definite diagnosis of ductal carcinoma in situ of the breast, confirmed by biopsy. The diagnosis must be made by a Specialist.

## **Chronic Lymphocytic Leukemia (CLL) Rai stage 0**

A definite diagnosis of Rai stage 0 chronic lymphocytic leukemia (CLL) confirmed by appropriate blood tests. The diagnosis must be made by a Specialist.

The term Rai staging is to be applied as set out in Rai, K.R., Sawitsky, A., Cronkite, E.P., Chanana, A.D., Levy, R.N. & Pasternack, B.S (1975). Clinical staging of chronic lymphocytic leukemia. Blood, Volume 46, p.219.

### **Exclusion:**

No Prevention + Benefit will be payable under this Critical Illness for any monoclonal lymphocytosis of undetermined significance (MLUS).

## **Coronary Angioplasty**

The undergoing of an interventional procedure to unblock or widen a coronary artery that supplies blood to the heart to allow an uninterrupted flow of blood. The procedure must be determined to be medically necessary by a Specialist. A 30-day survival period applies.

## **Intestinal Cancer (Gastrointestinal stromal tumours (GIST) and neuroendocrine tumours (classified less than AJCC Stage 2))**

A definite diagnosis of malignant gastrointestinal stromal tumours (GIST) and malignant neuroendocrine tumours, classified less than AJCC Stage 2. The diagnosis must be made by a Specialist and confirmed by biopsy.



## **Prostate Cancer (Stage A T1a or T1b)**

A definite diagnosis of stage A (T1a or T1b) prostate cancer, confirmed by biopsy. The diagnosis must be made by a Specialist.

## **Skin Cancer (Stage 1 Malignant Melanoma)**

A definite diagnosis of stage 1A or 1B malignant melanoma not ulcerated into the dermis equal to or lower than a depth of one millimetre confirmed by biopsy. The diagnosis must be made by a Specialist.

### **Exclusion:**

No Prevention + Benefit will be payable under this Critical Illness for any malignant melanoma in situ.

## **Thyroid Cancer (Papillary or Follicular stage T1)**

A definite diagnosis of papillary or follicular thyroid cancer or both, that is less than or equal to two centimetres in greatest diameter and classified as T1, without lymph node or distant metastasis, confirmed by a biopsy. The diagnosis must be made by a Specialist.

## Summary of survival and eligibility periods

Illness	Eligibility qualifying period*	Survival period*
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### COVERED ILLNESSES

Aortic surgery	N/A	30 days
Bacterial meningitis	90 days	N/A
Coma	96 hours	N/A
Coronary artery bypass surgery	N/A	30 days
Dementia, including Alzheimer's disease	6 months	N/A
Heart attack	N/A	30 days
Heart valve replacement or repair	N/A	30 days
Loss of independent existence	90 days	N/A
Loss of speech	180 days	N/A
Multiple sclerosis	Refer to the definition	N/A
Occupational HIV infection	Refer to the definition	N/A
Paralysis	90 days	N/A
Parkinson's disease and specified atypical parkinsonian disorders	1 year	N/A
Stroke	30 days	30 days

### COVERED JUVENILE ILLNESSES

Congenital heart disease	N/A	30 days
Diabetes mellitus type 1	3 months	N/A

### ILLNESSES COVERED BY PREVENTION +

Coronary angioplasty	N/A	30 days
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Conditions not listed in the table do not have an eligibility qualifying period or a survival period.

\*Refer to the full definition for all details.



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