

Optional Group Critical Illness Insurance



Added protection for you and your family

Group Benefits

Make recovery your priority

It can begin in an instant – a diagnosis. Then shock – deafening in its disbelief – and suddenly life starts to spin out of control.

Most of us know someone who's been diagnosed with or suffered from a critical illness. The effects can be far-reaching – worry, treatments, time away from work and the financial burden of unexpected expenses.

That's where your Optional Group Critical Illness benefit comes into focus. It supplements the coverage provided through your health, life and disability plans – giving an extra layer of financial protection should you, your spouse or dependent children become critically ill.

With Optional Group Critical Illness, you may decide the coverage amount that is right for your family. If you, your spouse or your dependent children are medically diagnosed with a covered condition defined within your plan, your Optional Group Critical Illness benefit will pay a one-time, lump-sum cash benefit that you can use in any manner you wish, for example: seeking other treatment options, making mortgage or credit card payments, hiring a caregiver, buying specialized equipment, or taking time for family or other interests.

Optional Group Critical Illness Insurance offers:

- √ **affordable** group rates;
- √ flexibility you **choose the amount** of coverage that's right for you;
- $\sqrt{}$ convenient **payroll deduction** for premium payments;
- √ optional coverage for your spouse and dependent children;

- √ a one-time, lump-sum benefit you can use in any way you wish; and
- √ access to valuable health information and navigation services through Health Service Navigator®.

Why purchase Optional Group Critical Illness Insurance?

Critical Illness Insurance was developed more than 20 years ago by a South African physician to help heart patients avoid financial hardship after surgery.

The risk of experiencing a serious illness is high and many serious illnesses are already considered or may become critical illnesses:

- 1 in 2.6 Canadian women and 2 in 5 men will develop some form of cancer during their lifetimes.
- More than 140,000 new cases of cancer occur each year.
- About 300,000 Canadians are living with the effects of stroke.
- More than 75,000 heart attacks occur every year.
- Canadians have one of the highest rates of multiple sclerosis in the world.

Health statistics courtesy of the following websites:

■ Canadian Cancer Society ■ Heart and Stroke

Foundation The Multiple Sclerosis Society of Canada

The statistics quoted reflect broad-based incidence and do not reflect the specific incidence rates associated with the specific covered conditions.

Group Critical Illness Insurance is generally more affordable than individual coverage.





Covered conditions:

Coverage for a critical illness applies only to those conditions that are defined within the terms of the group benefits contract.

Definitions for covered conditions are available on Manulife Financial's plan member site at **www.manulife.ca/ groupbenefits** under **Products and Services – Group Critical Illness Insurance** or by contacting our Customer Service Centre.

The specific covered conditions are recognized within the medical profession as being critical in nature. As medical advances and treatment of critical illnesses evolve, the contract definitions for conditions covered under this benefit may change.

Your Optional Group Critical Illness benefit currently provides coverage for the following conditions.

Group Critical Illness Covered Conditions	You and your spouse	Your child
Alzheimer's Disease	√	√
Aortic Surgery	\checkmark	\checkmark
Benign Brain Tumour	\checkmark	\checkmark
Blindness	\checkmark	\checkmark
Cancer (Life-Threatening)	\checkmark	\checkmark
Coma	\checkmark	\checkmark
Coronary Artery Bypass Surgery	\checkmark	\checkmark
Deafness	\checkmark	\checkmark
Heart Attack (Myocardial Infarction)	\checkmark	\checkmark
Heart Valve Replacement	\checkmark	\checkmark
Kidney Failure	\checkmark	\checkmark
Loss Of Limbs	\checkmark	\checkmark
Loss Of Speech	\checkmark	\checkmark
Major Organ Failure on Waiting List	\checkmark	\checkmark
Major Organ Transplant	\checkmark	\checkmark
Motor Neuron Disease	\checkmark	\checkmark
Multiple Sclerosis	\checkmark	\checkmark
Occupational HIV Infection	\checkmark	\checkmark
Paralysis	\checkmark	\checkmark
Parkinson's Disease	\checkmark	\checkmark
Severe Burns	\checkmark	\checkmark
Stroke (Cerebrovascular Accident)	\checkmark	\checkmark
Autism		\checkmark
Cerebral Palsy		\checkmark
Congenital Heart Disease (for which corrective surgery has been performed)		\checkmark
Cystic Fibrosis		\checkmark
Down Syndrome		\checkmark
Muscular Dystrophy		\checkmark
Type 1 Diabetes Mellitus		\checkmark

As with most insurance, a few conditions apply:

- You must survive at least 30 days following the diagnosis of a covered condition in order to receive the benefit.
- A pre-existing medical conditions exclusion applies to coverage that is provided without completion of a detailed medical questionnaire. If you are diagnosed with a condition for which you have exhibited signs or symptoms, received or should have received medical treatment, consulted a physician, or been prescribed medication during the 24 months prior to the effective date of coverage then during the first 24 months of coverage, no benefit is payable for a condition that is directly or indirectly related to a pre-existing condition.
- Within the first 90 days of coverage no benefit will be paid for cancer or benign brain tumour if the insured exhibits or receives any of the following:
 - a) signs or symptoms that lead to a diagnosis of cancer or benign brain tumour, regardless of the date when the diagnosis is made; or
 - b) medical consultations, tests or any form of clinical evaluation, that lead to a diagnosis of cancer or benign brain tumour, regardless of when the diagnosis is made; or
 - c) a diagnosis of cancer or benign brain tumour.
- Benefits are payable for the first diagnosis only and coverage terminates once a claim has been paid.

See your benefits booklet or plan contract for a complete list of exclusions.

Health Service Navigator®

In addition to financial support, your Optional Group Critical Illness benefit also provides you with access to valuable health information and health care navigation services.

Health Service Navigator is a phone and web-based health resource centre that is designed to help you find the best medical, treatment and therapeutic information available for your health situation – whether it is a covered critical illness or not.

Health Service Navigator connects you to:

- a world-class medical second opinion service;
- health, nutrition, drug and fitness information;
- detailed information for newly diagnosed conditions; and
- searchable databases to help you locate doctors, clinics and hospitals throughout Canada.

Our second opinion service and all of the other features available through Health Service Navigator are provided to both you and your immediate family members at any time, not just when you have been diagnosed with a critical illness.

Through this service, you may even obtain referrals to specialized treatment facilities outside of Canada where you can get help managing a covered condition.

There is no charge to you for using this health information, second opinion and referral service. However, fees for treatments, services or facilities that you choose to access through Health Service Navigator are your responsibility and may not be covered under your group benefits plan.

You'll receive more details about Health Service Navigator in a separate brochure.

Applying for coverage is easy:

We've done our best to make applying for Optional Group Critical Illness Insurance as convenient as possible:

- 1. Decide how much coverage you want to purchase (see rate sheet for details).
- 2. Check the cost (plus, any minimums or maximums that may apply under your plan).
- 3. Complete and return an application form (Evidence of Insurability may be required for Optional Group Critical Illness Insurance).

You will receive notice from Manulife Financial regarding approval of coverage and when it begins. Premiums for Optional Group Critical Illness Insurance are paid by you, the plan member.

To cancel or reduce coverage, you will need to advise your plan administrator or Human Resources department in writing.

Ouestions?

For more information about your Optional Group Critical Illness benefit, please contact Manulife Financial's Customer Service Centre at **1-800-268-6195**.

Claim forms, application forms and contract definitions for covered conditions are available on the plan member site at **www.manulife.ca/groupbenefits**.

Not registered yet?

- Go to www.manulife.ca/groupbenefits, click on "Plan Member" and enter your plan contract number.
- On the Plan Member Welcome page, click on "Register".
- Provide the required information (if you're not sure of your plan and certificate numbers, check your group coverage ID card).
- Submit the completed information and follow the directions on the page.



