

**PSAC CRITICAL ILLNESS INSURANCE  
PLAN CERTIFICATE**

This certifies that the named certificate holder is insured in accordance with the terms of the group policy CO10367302 issued to the PSAC Insurance Trust. This certificate replaces all certificates bearing an earlier date of issue. It is not a contract of insurance. All rights with respect to interpretation will be governed by the group policy. The governing amount of insurance and beneficiary appointment will be those which are on file with the administrator at the time of claim. Coverage will remain in force only as long as premiums continue to be paid unless otherwise stated.

«FNAME» «INIT» «LNAME»  
 «ADDR1»  
 «ADDR2»  
 «CTRY», «PROV» «PCODE»



DATE OF ISSUE	REFERENCE NUMBER
«ISSUEDT»	«PIN»

**Notice and Proof of Claim for Critical Illness Benefit**

Written notice of claim must be given to the Company within 30 days after the Survival Period of the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible but in no event later than one (1) year from the date of diagnosis. Notice given by or on behalf of the claimant to the Company, or to any authorized agent in the Company, with information sufficient to identify the Insured Person, shall be deemed notice to the Company.

Claim forms can be obtained by contacting the Plan Administrator.

**ADDRESS CHANGES**

It is important that the plan administration records remain current. Should you move, be certain to advise the plan administrator of your change of address.

**IMPORTANT**

This certificate supersedes and replaces all previous communication material. Please keep in a safe place.

This information summarizes the benefits and provisions of your Voluntary Insurance Plan. It does not constitute the Group Policies and is not a contract of insurance, nor does it create or confer any contractual or other rights. Every effort has been made to ensure that the information is accurate. However, if there is any question as to interpretation, all rights with respect to an insured person will be governed solely by the Group Policies issued to the Public Service Alliance of Canada, by Coughlin & Associates Ltd., The Great-West Life Insurance Company and ACE INA.



**Coughlin & Associates Ltd.**  
 P.O. Box 3518, Station C, Ottawa, ON K1Y 4G1  
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**Spouse or Dependant child**

A spouse or dependant child's coverage will terminate on the earliest of the following dates:

- the last day of the month for which current premiums have not been remitted on your spouse's behalf,
- the day on which you cease to be a member in good standing of the PSAC,
- the day on which your spouse attains the age of 65 years,
- the day on which your youngest child attains the maximum insurable age of 25 years;
- the date dependant coverage under the contract terminates; or
- the date the contract terminates.
- the first of the month following receipt of a member's dated and signed request to cancel.

**CONTINUANCE OF COVERAGE**

Coverage shall be extended subject to payment of premiums if the Employees of the Policyholder are:

- laid-off on temporary basis;
- temporarily absent from work due to short-term disability;
- on leave of absence; or
- on maternity leave.

If an Employee of the Policyholder assumes other occupational duties during the leave or lay-off period, no benefits shall be payable for a loss occurring during the performance of such other occupation.

**Conversion**

On the date of termination of coverage or during the 31-day period following termination of coverage, an insured person may convert his/her insurance to an individual insurance policy of ACE INA Life Insurance, subject to review of evidence of insurability. The amount of critical illness insurance benefit converted to shall not exceed that amount issued up to an all policies combined maximum of \$25,000.

**ELIGIBILITY**

**Member**

All PSAC members and PSAC staff members in good standing under the age of 65 and actively at work are eligible to be covered under this plan, provided their application for coverage is approved by the insurer.

**Spouse** is a person who is a resident of Canada and who is your spouse.

**Spouse means**

- your legally married spouse,
- a person of the opposite or same sex who has continuously lived with you for a period of at least one year in a conjugal relationship outside marriage.

Only one spouse will be considered as being covered at any time.

**Dependant child**

A dependant child will be eligible for coverage on the later of: the date your coverage is effective; or the date the person qualifies as a dependant.

**Dependant child means**

- a child under age 21 and dependant on you for financial support, or
- age 25 if a full-time student at an accredited Canadian educational institution.

**TERMINATION**

**Member**

Your coverage will terminate on the earliest of the following dates unless continuation of coverage is provided in the *continuance of coverage* provision:

- the last day of the month for which the current premiums have not been remitted on your behalf;
- the day on which you cease to be a member in good standing of the PSAC;
- the day on which you cease to be listed as a member of an eligible class;
- the day on which you attain the age of 65 years; or
- the date the contract terminates.
- the first of the month following receipt of a member's dated and signed request to cancel.

## COVERED ILLNESSES:

Alzheimer’s disease; amyotrophic lateral sclerosis (ALS); aorta surgery; benign brain tumour; blindness; cancer; coma; coronary artery by-pass surgery; deafness; heart attack; major organ failure; multiple sclerosis; occupational HIV infection; paralysis; Parkinson’s disease; severe burns and stroke.

### Additional Benefits (\*indicates partial payment)

Ductal Carcinoma in situ\* (DCIS)

Loss of independence\*

2<sup>nd</sup> Event Coverage

## DEFINITIONS

Critical illness coverage applies only to those illnesses or disorders defined below. Any illness or disorder not specifically defined below is not covered under this critical illness benefit and no benefit will be payable.

**Alzheimer’s disease:** means the diagnosis that the insured has Alzheimer’s disease, which is a progressive degenerative disease of the brain. The diagnosis must be supported by medical evidence that the insured exhibits the loss of intellectual capacity resulting in impairment of their memory and judgement, which results in a significant reduction in their mental and social functioning, such that they require permanent daily personal supervision for the activities of daily living. All other dementing organic brain disorders and psychiatric illnesses are excluded from this insured condition definition. A physician who is certified as either a neurologist or a psychiatrist must confirm diagnosis in writing.

**Amyotrophic lateral sclerosis (ALS):** means unequivocal diagnosis of ALS resulting in the inability to perform three of the six activities of daily living without assistance. A physician who is certified as a neurologist must confirm diagnosis in writing.

**Aorta surgery:** means surgery to the aorta that is medically required to treat disease of the aorta and that involves the excision and surgical replacement of the diseased aorta with a graft. The aortic surgery must be performed on the prior written advice of a physician certified as a cardiovascular surgeon. Aorta includes the thoracic and abdominal aorta but does not include any of the branches of the aorta.

**Benign brain tumor:** means a benign neoplasm in the brain or meninges with histologic confirmation. Cysts, granulomas, malformations of intracranial arteries or veins, and tumours or lesions of the pituitary are specifically excluded. The diagnosis must be confirmed neuro-radiologically by a specialist trained in the interpretation of radiological investigations.

**Blindness:** means the total and irrecoverable loss of sight in both eyes due to injury or sickness. Corrected visual acuity must be 20/200 or less in both eyes and the field of vision must be less than 20 degrees in both eyes. A physician certified in ophthalmology, must clinically confirm the diagnosis in writing.

**Cancer:** means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. This includes Leukemia, Hodgkin’s Disease and invasive melanoma but does not include:

- carcinoma in situ;
- Kaposi’s Sarcoma (or other AIDS related cancers) and cancer in the presence of human immunodeficiency virus (HIV), except as noted under the Occupational HIV section;
- skin cancer or melanoma that is not invasive and has not exceeded .75 millimetres in depth;
- prostate cancer diagnosed as T1N0M0 or equivalent staging.

A physician certified as an oncologist must confirm diagnosis in writing.

**Coma:** means the insured has been in a state of unconsciousness for a continuous period of at least 96 hours, during which external stimulation produced no more than primitive avoidance reflexes. A physician who is certified as a neurologist must confirm diagnosis in writing.

**Coronary artery by-pass surgery:** means surgery performed by a physician who is certified as a cardiovascular surgeon to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, or other intra-arterial techniques will not be considered to be a covered critical illness.

**Deafness:** means the diagnosis of permanent loss of hearing in both of the insured’s ears, with an auditory threshold of more than 90 decibels in each ear. A physician, who is certified as an otolaryngologist must confirm diagnosis in writing.

**Ductal Carcinoma in situ (DCIS):** DCIS means the diagnosis by a licensed Physician, of the presence of Ductal Carcinoma In Situ of the breast, as confirmed by biopsy. A Physician certified as an oncologist must confirm the diagnosis in writing.

**Heart Attack:** means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis must be confirmed in writing by a Physician who is a certified specialist in internal medicine or cardiologist and should be based on new electrocardiograph changes consistent with heart attack and at least one of the following; elevation of cardiac biochemical markers or elevation in cardiac enzyme, to levels consistent with heart attack. Heart attack does not include elevation of cardiac biochemical markers or elevation of cardiac enzymes due to coronary angioplasty unless accompanies by diagnostic changes of a new Q wave infarction on the ECG.

**Loss of independence:** means the definitive diagnosis by a licensed physician of either:

1. Being totally and permanently unable to perform, by oneself, at least two of the six activities of daily living; or,
2. Cognitive impairment.

A mental or nervous disorder without a demonstrable organic cause is not covered. Loss of independence must persist for at least 90 days from the date of the diagnosis.

**Major organ failure:** means the irreversible failure of the entire heart, entire liver, both lungs, both kidneys or bone marrow, in which the affected organ is unresponsive to any treatment and for which the insured is medically required to become enrolled in a recognized Canadian transplant program to become the recipient of a heart, a liver, a lung, or a kidney or to receive a bone marrow transplant.

**Multiple sclerosis:** means the unequivocal written diagnosis by a physician who is certified as a neurologist confirming at least moderate persisting neurological abnormalities, with impairment of function, but not necessarily confining the insured to a wheelchair or bed.

**Non-smoker:** means someone who has not used cigarettes, cigarillos, cigars, a pipe, chewing tobacco or any products that are nicotine based (patches, chewing gum, etc..) during at least 12 months prior to the date of enrolment.

**Occupational HIV infection:** Occupational HIV infection: means infection with the human immunodeficiency virus (HIV) directly caused by accidental injury in the course of the insured’s normal occupation in Canada or the United States of America. A diagnosis of HIV infection must be made by a physician. To qualify for the critical illness benefit, the insured must satisfy all of the following:

- the accidental injury leading to the infection must have occurred after the later of the effective date and the date of the last reinstatement if the policy lapsed and was reinstated;
- the accidental injury must be reported to us in writing within 14 days of its occurrence;
- an HIV test must be taken within 14 days following the accidental injury and the result must be negative;
- a follow-up HIV test must be taken between 90 and 180 days following the accidental injury and the result must be positive; and
- the accidental injury has been reported, investigated and documented in accordance with prudent workplace practices and any applicable legislation, regulations or guidelines.

**Paralysis:** means the total and irrecoverable loss of function of two or more limbs through neurological damage due to injury or sickness, provided such loss of function continually lasts for 365 consecutive days and such loss of function is thereafter determined on evidence satisfactory to ACE INA Life Insurance to be permanent. A physician certified as a neurologist must confirm diagnosis in writing.

**Parkinson’s disease:** means unequivocal diagnosis of primary idiopathic Parkinson’s disease resulting in the inability to perform three of the six activities of daily living without assistance. Diagnosis should show signs of progressive impairment and must be confirmed in writing by a physician who is certified as a neurologist.

**Second event benefit:** means *a second event benefit may be paid in specific situations.* If you are diagnosed with cancer and later return to work for at least 90 days and suffer from a covered heart attack, stroke or coronary artery by-pass, you will receive a second payment equal to the coverage amount. The same applies if you have a heart attack, stroke or coronary artery by-pass covered by this policy and later return to work for 90 days or more and are diagnosed with a covered cancer.

**Severe burns:** means the insured has third degree burns covering at least 20 per cent of the surface area of their body. A physician who is certified as a plastic surgeon must confirm diagnosis of this condition in writing.

**Stroke:** means that the insured has suffered a cerebrovascular incident, excluding transient ischemic attack (TIA), producing infarction of brain tissue due to thrombosis, hemorrhage from an intracranial vessel or embolization caused by an extracranial source. There must be evidence of permanent neurological deficit persisting for 30 consecutive days, supported by evidence that the deficit is resulting from the stroke, confirmed in writing by a physician who is certified as a neurologist.

## BENEFIT

If, while covered for this benefit, you or your spouse incur and are diagnosed with a critical illness and complete the survival period, then subject to the terms of this benefit, ACE-INA will pay the critical illness benefit amount in effect on the date of incurral or diagnosis.

The **survival period** is the minimum number of consecutive days, immediately following the date of diagnosis of a covered condition, which the covered person must survive before a critical illness benefit becomes payable. In this benefit, the survival period is 30 days or any longer period required by the definition of critical illness.

## EXCLUSIONS

The policy does not provide benefits for any claim caused directly or indirectly by or resulting from any one of the following:

- intentionally self-inflicted injury, suicide or any attempt there at, whether sane or insane;
- declared or undeclared war or any act thereof;
- for injury or sickness, other than one of the specified coverages, even though such injury or sickness may have been complicated by one of the specified coverages;
- a complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof, including AIDS and AIDS Related Complex, except as noted under the *Occupational HIV* section;
- the use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel;
- the commission or attempted commission by the insured person of any act that, if adjudicated by a court, would be an illegal act under the laws of the jurisdiction where the act was committed; and/or
- misuse of medication or the abuse of drugs or intoxicants.