

## Background

We've created this guide to help you better understand your critical illness coverage. It doesn't replace the insurance booklet or the insurance policy—those documents include other conditions you need to know about that aren't covered in this guide.

If you make a claim, the insurer will apply the definitions found in the insurance booklet or the insurance policy when analyzing your claim.

*Critical Illness coverage ends on the date of the statement of account produced immediately after the insured's 65th birthday.*

## Cancer

### What the contract says

#### Definition of cancer

The definite diagnosis of a tumour characterized by uncontrolled growth and the spread of malignant cells and the invasion of tissue. The diagnosis must be made by a specialist. The specialist can't be you or anyone you live with.

Cancers that aren't covered under the insurance:

1. Carcinoma in situ
2. Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion)
3. Any non-melanoma skin cancer that has not metastasized
4. Stage A (T1a or T1b) prostate cancer

### What you need to know about cancer and your coverage

All types of cancers start in the body's cells. Normally, the organism's cells multiply in a controlled way. Cells divide when necessary and die if they've divided too many times or they're damaged.

But, when cells don't divide the way they're supposed to in healthy tissue, they can form a lump in the body called a tumour. There are 2 types of tumours: Non-cancerous (benign) tumours and cancerous (malignant) tumours.

**Non-cancerous tumours** are made up of normal-looking cells that stay in one place and don't spread. But these tumours can still get quite big. Non-cancerous tumours don't usually come back after they're removed.

Since these tumours aren't cancer or life threatening, they aren't covered under the insurance.

**Cancerous tumours** are made up of malignant cells, that are different from normal cells. Malignant cells can grow into nearby tissues and spread to other parts of the body. This happens when cancer cells get into the blood or lymphatic system. Even when a cancerous tumour is removed, cancer can still come back because cancer cells might have already spread from the tumour to other parts of the body. Cancers are broken down into stages based on how far advanced they are.

Source: [Types of cancer | Canadian Cancer Society](#)

Some less advanced cancers aren't covered under your insurance because they aren't life threatening. Just because a cancer isn't covered initially doesn't mean that will always be the case. If a cancer progresses to a more advanced stage and meets the definition in the policy, it may be covered.

For a cancer to be covered under the insurance, it must meet the criteria in the definition above.

### What you need to know about the exclusions

**Exclusions are situations where the insurer doesn't pay any insurance amount.**

The insurer doesn't pay any insurance amount for **these 4 types of cancer** because they aren't usually life threatening.

- Carcinoma in situ
- Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion)
- Any non-melanoma skin cancer that has not metastasized
- Stage A (T1a or T1b) prostate cancer

**Other situations where the insurer doesn't pay any insurance amount:**

- If your cancer is diagnosed prior to or within 90 days of when your coverage starts.
- If the medical symptoms or problems that gave rise to the first diagnosis of cancer appeared prior to or within 90 days of your coverage start date.
- If the insured dies within 30 days of the first diagnosis of cancer, because the insurer may pay a death benefit in that case.

## Some situations that may be covered under your insurance

"I just found out that I have a lump in my breast. I had a mammogram and a biopsy, and the specialist's report says that it's invasive cancer."

"I hadn't been feeling well for a while, so I went to see my doctor. They had me go for blood and other tests that show I have life-threatening leukemia."

"I have a cough that won't go away and I'm always out of breath. I figured it was pneumonia. I went to see my doctor, who ordered lots of tests, including a biopsy. The specialist's report says that it's invasive lung cancer."

## Some situations that aren't covered under your insurance

"I just found out that I have a lump in my breast. I had a mammogram and a biopsy, and the specialist's report says that it's carcinoma *in situ*."

**You aren't covered for this because carcinomas in situ are one of the cancers that are excluded because they aren't life threatening.**

"I noticed that one of my moles was looking different. My doctor did a biopsy and sent it to the lab for analysis. The specialist's report says that it's cancer, but it's stage 1A melanoma that hasn't spread."

**You aren't covered for this because stage 1A melanomas are one of the cancers that are excluded because they aren't life threatening.**

"I have a benign brain tumour that requires treatment (surgery or radiation therapy)."

**You aren't covered for this because the tumour is benign—according to the contract definition, the tumour has to be malignant to be covered.**

## Why your claim may be denied

There are lots of reasons why the insurer may deny your claim, including:

- Your claim is for one of the 4 types of cancer that aren't covered
- Your cancer diagnosis doesn't meet the definition
- One of the insurance contract's exclusions applies to you
- Some of the documents we need are missing—once we receive them, we can continue analyzing your claim

## Want to find out more about cancer, and how it's diagnosed and treated?

Check out the Canadian Cancer Society website at: [cancer.ca](http://cancer.ca).

## Heart attack

### What the contract says

#### Definition of heart attack

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:

1. Heart attack symptoms
2. New electrocardiogram (ECG) changes consistent with a heart attack
3. 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.

#### Exclusions

No benefit will be payable under this condition for:

1. 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
2. Infarctions, which do not meet the heart attack definition as described above.

## What you need to know about heart attacks and your coverage

A heart attack occurs when blood flow to a section of the heart becomes blocked and the heart muscle can't get oxygen. If the blood flow isn't restored quickly, that section of the heart begins to die. Depending on how long the blood supply is cut off, the damage can be mild, severe or cause lifelong problems. In some cases a heart attack can be fatal.

Source: [Heart attack | Heart and Stroke Foundation of Canada \(heartandstroke.ca\), 2022](http://heartandstroke.ca)

There are lots of different types of heart conditions that are similar to heart attacks. If you're experiencing discomfort and symptoms that feel like you're having a heart attack, but you aren't actually having one, you won't receive any insurance amount.

To be covered under the insurance, the heart attack must meet the criteria of the definition above.

## What you need to know about the exclusions

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Exclusions are situations where the insurer doesn't pay any insurance amount.

A heart attack isn't covered under the insurance in any of the following situations:

- The elevated biochemical markers are the result of an intra-arterial procedure or surgery, like a coronary angiography or angioplasty, and the echocardiogram doesn't show any Q waves.
- During an electrocardiogram, changes suggesting an old heart attack happen to be found, but they don't meet the criteria of the definition above.

Other situations where the insurer doesn't pay any insurance amount:

If the insured dies within 30 days of the initial diagnosis of a critical illness, including heart attacks, because the insurer may pay a death benefit in that case.

## A situation where you may be covered under the insurance

*"I went to the ER with severe chest pain that wouldn't go away and numbness in my left arm. I had a cardiac workup, including an electrocardiogram, blood tests (cardiac biomarkers) and a coronary angiography. Based on my test results, the cardiologist confirmed that it was a heart attack."*

## A situation that isn't covered under the insurance

*"I went to the ER because I was short of breath and feeling tightness in my chest. I underwent a cardiac workup (electrocardiogram) and blood tests. Turns out I was suffering from angina, not a heart attack."*

**You aren't covered for this because you were diagnosed with angina, not a heart attack.**

## Why your claim may be denied

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There are lots of reasons why the insurer may deny your claim, including:

- Your heart attack diagnosis doesn't meet the definition
- One of the insurance contract's exclusions applies to you
- Some of the documents we need are missing—once we receive them, we can continue analyzing your claim

## Want to find out more about what a heart attack is, and the warning signs, risk factors and treatments?

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Check out the Heart&Stroke website at: [heartandstroke.ca/heart-disease](https://heartandstroke.ca/heart-disease)

## Stroke

### What the contract says

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#### Definition of stroke

Definite diagnosis of an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage, or embolism from an extracranial source, with:

1. Acute onset of new neurological symptoms, and
2. 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.

#### Exclusions

No benefit will be payable under this condition for:

1. Transient ischaemic attacks
2. Intracerebral vascular events due to trauma
3. Lacunar infarcts which do not meet the definition of stroke as described above.

## What you need to know about strokes and your coverage

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A stroke happens when blood stops flowing to any part of your brain, damaging brain cells. The effects of a stroke depend on the part of the brain that was damaged and the amount of damage done.

Source: [What is stroke? | Heart and Stroke Foundation of Canada \(heartandstroke.ca\), 2022](https://heartandstroke.ca/heart-disease)

There are lots of different types of strokes and they aren't all covered under the insurance.

To be covered under the insurance, a stroke must meet the criteria of the definition above.

## What you need to know about the exclusions

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**Exclusions are situations where the insurer doesn't pay any insurance amount.**

No benefit will be payable under this condition for:

- Transient ischemic attacks
- Intracerebral vascular events due to trauma
- Lacunar infarcts which do not meet the definition of stroke as described above.

**Other situations where the insurer doesn't pay any insurance amount:**

If the insured dies within 30 days of the initial diagnosis of a critical illness, including strokes, because the insurer may pay a death benefit in that case.

## A situation where you may be covered under the insurance

*"I had a sudden, very intense headache for no apparent reason. I also felt dizzy. I was taken to the hospital, where I underwent several tests. I was diagnosed with a stroke and I had to go to rehab to learn how to walk again. It's been 6 months since I had my stroke and I still haven't fully recovered."*

## Some situations that aren't covered under your insurance

*"I was treated for a stroke at the hospital. I came home and a week later, all my symptoms were gone."*

**You aren't covered for this because the new neurological deficits didn't last for at least 30 days.**

*"I was having symptoms of a stroke. I was numb on one side and I had a really bad headache. But, the symptoms disappeared after 24 hours. I was diagnosed with a transient ischemic attack."*

**You aren't covered for this because transient ischemic attacks are one of the exclusions.**

## Why your claim may be denied

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There are lots of reasons why the insurer may deny your claim, including:

- Your stroke diagnosis doesn't meet the definition
- One of the insurance contract's exclusions applies to you
- Some of the documents we need are missing—once we receive them, we can continue analyzing your claim

## Want to find out more about what a stroke is, and the warning signs, risk factors and treatments?

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Check out the Heart&Stroke website at [heartandstroke.ca/stroke](http://heartandstroke.ca/stroke)

## Terminal illnesses

### What the contract says

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#### Definition of terminal illness

Any illness other than a cancer, heart attack, or stroke diagnosed by a specialist that will likely result in the insured's death within a year of the diagnosis. The diagnosis must be made by a specialist.

## What you need to know about the exclusions

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**Exclusions are situations where the insurer doesn't pay any insurance amount.**

The insurer doesn't pay any insurance amount in the following situations:

- If the terminal illness was diagnosed prior to or within 90 days of the effective date of coverage.
- If the medical symptoms or problems that gave rise to the first diagnosis of terminal illness appeared prior to or within 90 days of the effective date of coverage.
- If the insured dies within 30 days of the initial diagnosis of a critical illness, because the insurer may pay a death benefit in that case.

## Why your claim may be denied

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There are lots of reasons why the insurer may deny your claim, including:

- Your stroke diagnosis doesn't meet the definition
- One of the insurance contract's exclusions applies to you
- Some of the documents we need are missing—once we receive them, we can continue analyzing your claim