



ISI VOLUNTARY CRITICAL ILLNESS NEW PROGRAM EFFECTIVE APRIL 2018



KEY DIFFERENCES BETWEEN CURRENT PLAN VS NEW PLAN

- The new plan offers **26 covered illnesses** (compared to current 21)
- Definitions follow CLHIA established guidelines, which is industry standard
- Dependent children are covered for 15 illnesses (currently no coverage)
- Survival period is **14 days** (currently 30 days)
- Multiple Event Coverage (see booklet for exclusions)
- Second Medical Opinion (when diagnosed with a critical illness)

CURRENT PLAN DESIGN	NEW PLAN DESIGN
21 illnesses	26 covered illnesses * NEW - 15 covered illnesses for dependent children
N/A	NEW illnesses: <ul style="list-style-type: none"> • Fulminant Viral Hepatitis • Dilated Cardiomyopathy • Muscular Dystrophy • Occupational HIV infection • Heart valve replacement or repair
Survival period = 30 days	Survival period = 14 days
Guarantee Issue Amount = \$50,000 Open enrolment throughout the year	Guarantee Issue Amount = \$50,000; \$25,000 for dependent children (31 days following the eligibility date or a life event)
Pre-existing condition clause – 12/12 months	The 12/12 months pre-existing condition clause will be applied to all groups (except employees who satisfied the pre-ex period for the 21 illnesses)
Waiver of Premium	Waiver of Premium
N/A	NEW - Second Medical Opinion (when diagnosed with a covered critical illness)
N/A	NEW - Multiple Event Coverage (with exclusions)
N/A	NEW - 2013 CLHIA Benchmark Reference Definitions – Industry Standard

* For a complete list of all covered illnesses (including covered illnesses for dependents), please refer to the booklet.

DID YOU KNOW?

Your employer offers Voluntary Critical Illness insurance for eligible employees, their eligible spouse and dependents. The coverage amount without requiring proof of insurability is \$50,000 (\$25,000 for dependents), when enrolment is done within 31 days of eligibility or after a life event.

For additional information or to obtain an enrolment form, please contact your Human Resources.

WHAT AMOUNTS ARE AVAILABLE?

Eligible employees and their spouse may purchase coverage in units of \$10,000, up to a maximum amount of \$150,000. Proof of insurability is not required for amounts of \$50,000 or less when enrolment is done within 31 days following eligibility or a life event. In terms of dependents, the maximum amount of coverage is \$25,000 and proof of insurability is not required. For a dependent to be deemed eligible, the employee or spouse must have enrolled as well.

HOW DO I ENROL?

Get an enrolment form from your Human Resources.

The \$50,000 coverage (Guarantee Issue Limit) will take effect on the first of the month coinciding with or following the date the enrolment form is received by your Human Resources. Coverage for any amount over this limit will take effect on the date the application is approved by SSQ.

You and your spouse may enrol and purchase up to the Guarantee Issue Limit of \$50,000 without submitting proof of insurability. You must apply within 31 days of your hire date or life event. If you are not a new hire, or you don't have a life event, but wish to apply for coverage, you are considered a late applicant and proof of insurability will be required. Simply complete the enrolment form and return it to your Human Resources Department.

WHAT IF I WANT MORE THAN THE MINIMUM AMOUNT (\$50,000)?

You can apply for a maximum of \$150,000. However, proof of insurability is required and a medical questionnaire must be completed and sent to SSQ's Medical Underwriting Department. If you are a new hire or had a life event, proof of insurability will only be required for amounts greater than \$50,000.

Get an enrolment form from your Human Resources.

WHAT DOES GUARANTEE ISSUE LIMIT MEAN?

This is the amount you are eligible for without requiring proof of insurability.

WHAT IS A PRE-EXISTING MEDICAL CONDITION?

Pre-existing condition means:

- 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment in a twelve (12) month period preceding the effective date of coverage
- 2) an illness or condition for which the insured, in the twelve (12) months prior to the effective date of their coverage, incurred medical expenses, received medical treatment, took prescribed or non-prescribed drugs or consulted a physician.

EXCLUSIONS

SSQ will not pay out a critical illness claim that results directly or indirectly from any one or more of the following causes:

- 1) Within ninety (90) days following the effective date of coverage
 - a) A diagnosis of cancer or benign brain tumor is made, or
 - b) Any symptoms or medical problems commenced and initiated investigations leading to the subsequent diagnosis of cancer or benign brain tumor regardless of when the Diagnosis is made or whether it is covered or excluded under the policy.
- 2) The insured does not satisfy the survival period limitations.
- 3) An intentionally self-inflicted injury or sickness, regardless of the state of mind of the insured person.
- 4) The use of illicit drugs other than as prescribed recommended or administered by or in accordance with the instruction of a Physician, whether or not such drugs are available only by prescription.
- 5) The insured has any cancer that manifests itself prior to the Insured Person's effective date of individual coverage when the same cancer either recurs or metastasizes after such effective date.
- 6) The insured operated a motor vehicle while concentration of alcohol in his blood exceeded the applicable legal limit where the events causing the Critical Illness occurred.
- 7) The insured committed or attempted to commit a criminal offense or provoked an assault.
- 8) The critical illness results from an abuse of alcohol.
- 9) The insured participated in any riot, war or any civil strife.
- 10) From a pre-existing condition except if such critical illness is diagnosed at least twelve months after the effective date of coverage and subject to all other provisions of the Pre-existing Condition Exclusion section.

WHEN DOES INSURANCE COVERAGE STOP?

Coverage for you, your spouse or your children will stop on the earliest of the following dates:

- On the date this policy is terminated.
- On the premium due date if your employer fails to pay the required premium, unless caused by an unexpected error.
- On the premium due date following the date on which you give a notice of cancellation to your employer.
- On the premium due date following the date on which you or your spouse reach seventy (70) years of age.
- On the premium due date following the date on which you cease to be an active employee because of a resignation, dismissal or retirement;
- With respect to your spouse or child(ren), on the premium due date following the date on which said persons cease to be eligible.
- With respect to your child(ren), the date on which the principal sum payment is made.

FACTS

- ↪ Critical Illness insurance provides a **non-taxable lump sum benefit** to the employee.
- ↪ **40% of Canadian women and 45% of men** will develop **cancer** during their lifetimes. (*Canadian Cancer Society*)
- ↪ It is estimated that there are 70,000 heart attacks every year in Canada. This represents **one heart attack every 7 minutes**. (*Heart and Stroke Foundation*)
- ↪ Canadians are living longer. **Life expectancy increased from age 79 to 81 over the past decade**. (*Statistics Canada*)
- ↪ In 2017, the Canadian **debt ratio** grew to **171.1%** (*Statistics Canada*)

Most Commonly Claimed Illnesses

