

Q. What happens at time of claim?

- A. Claims adjudication of CI Guaranteed to Issue Plans is no different at time of claim than traditional Critical Illness plans.

Q. How do we file a claim?

- A. You contact the EDGE claims unit at 1-877-902-EDGE (3343) or claimscustomer@edgebenefits.com and we will email or mail a claim package direct to the Insured; keeping the Advisor informed throughout the process, assuming the client provides appropriate authorization. Thereafter the EDGE will advocate on behalf of the client, with the Insurer. The EDGE will send out a claim package for completion and return to the EDGE, and will advocate on behalf of the Insured, with the Insurer.

Q. Is there a Misrepresentation clause?

- A. Yes, the Insurer has the right to void an application for any claims within the first 2 years, if it is found that the client misrepresented information on the application. This is the same for traditional as well as Guaranteed Issue plans, similar to incontestability clauses.

Q. If the client had a covered condition diagnosed before the effective date, will it be covered after the 24 month pre-existing condition period is satisfied?

- A. Covered conditions (excluding cancer recurrence, heart attack and/or stroke) diagnosed before the effective date of coverage, will not be eligible at any time in the future.

Q. My prospective client had a heart attack 6 months ago. If he buys the guaranteed to issue CI, will he be covered for the covered condition “heart attack”?

- A. The previous heart attack would be considered a pre-existing medical condition, so if that condition leads to a covered condition **in the first 24 months – then it would not be eligible**. After 24 months, if he had another heart attack or it lead to another covered condition, that condition would be eligible.

Q. If an insured recovers from a covered condition like heart attack, and is taking maintenance medication for that condition, would this be considered “still receiving treatment” making a 2nd event claim ineligible?

- A. No. Maintenance drugs are not considered “still receiving treatment”. A future claim for an unrelated condition would be eligible.

Q. If an insured recovered from a covered condition like heart attack, and suffers a stroke, would they be eligible for a Second Event Claim for the stroke?

- A. No. The first claim was for a cardiovascular condition, and therefore the 2nd claim cannot be for any of the cardiovascular covered conditions (defined as Heart Attack, Stroke, Coronary Artery Bypass, undergoes Aorta Surgery or Heart Valve Replacement).

Q. If a person had a heart attack outside of Canada would the client be eligible to make a CI claim when back in Canada?

- A. CHUBB would accept all the medical information available from the attending physician, then would ask for additional information from their Canadian attending physician when they return.

Q. If a person has or previously had kidney stones, is this considered a disorder/disease of the kidney?

- A. No, kidney stones are not considered a disorder/disease of the kidney. The client would be eligible for Tier 2 coverage.

Q. If a person has or previously had Hepatitis B, is this considered a condition/disorder of the liver?

- A. Yes, Hepatitis B is considered a condition/disorder of the liver. However, the client would be eligible for Tier 2 coverage.

Q. Can an insured person claim under multiple benefits?

- A. Yes. If a client purchases Critical Illness and they are diagnosed with cancer 8 months later, the claim would be paid (1st claim). If the cancer goes into remission and they remain on the plan, but 7 years later the cancer comes back, a second claim would be paid, not under the second event benefit, but under the cancer recurrence benefit (2nd claim). If the insured recovers again, remains on the plan, and 9 months later has a heart attack, another full claim would be paid under the second event benefit (3rd claim).

Q. What is the 90 day Treatment and Cancer Exclusion period?

- A. DCIS, Early Stage Prostate Cancer and Cancer will have a 90 day exclusion period which means no benefits will be payable if a diagnosis is made within the first 90 days of policy being effective, or reinstated.
In the event of a diagnosis within this 90 day DCIS, Early Stage Prostate Cancer (T1a or T1b) Treatment and Cancer exclusion period, coverage under this policy for the Insured will remain in force but DCIS, Early Stage Prostate Cancer (T1a or T1b) Treatment and Cancer will be a Pre-Existing Condition and the Critical Illness Benefit will not be payable. This 90 day DCIS, Early Stage Prostate Cancer (T1a or T1b) Treatment and Cancer Exclusion does not apply to a diagnosis of another Insured Condition or a subsequent diagnosis of an unrelated Cancer.

Q. If a client has diabetes prior to the effective date, and within the first 24 months it leads to liver failure, would it be an eligible claim?

- A. No. Diabetes is the pre-existing condition, and if it leads to a covered condition within the first 24 months, it would be ineligible. After 24 months, it would be eligible.

Q. If a child is covered by the CI rider and then purchases their own coverage once they turn 21 or 25, would that reset the 24/24 pre-ex at that point? Or would we have some sort of carry over since they already went through the pre-ex period when they were first added to the primary insured's policy?

- A. Once the child is no longer a child as defined under the Child CI Benefit – they may purchase their own policy. If for instance as an adult, they purchased \$50k, \$10k that they were already covered for under the Child CI Benefit would have no pre-ex (if owned for 2+ yrs), and the remaining \$40k of insurance would have a 2yr pre-ex as it is additional coverage. So yes, there would be a carry-over of the 'time served' on the pre-ex on the original \$10k.

Q. Does the CI Child Rider only cover the 4 child specific conditions?

- A. No. The addition of the Child CI Rider provides coverage for the existing 23 covered conditions, plus the 4 child specific conditions.

Q. If I am pregnant, will my child be covered?

- A. Newborn dependents are covered from birth, provided the CI policy was purchased at least 10 months before.

Q. Will all of my children be covered with the CI Rider?

- A. All dependents are automatically covered when the CI Rider is purchased – no limit to number of children. Pre-Ex applies.

Q. Can the CI rider be added on at any time or does it have to be available at time of purchase of Tier 1 or 2?

- A. The Child Rider can be added to a Critical Illness plan at any time because the pre-existing condition applies to it as well. Any condition diagnosed before will be ineligible, and the 24/24 pre-ex applies for any existing medical conditions.

Cancer Recurrence**Q. Can the Cancer Recurrence benefit be paid out more than once?**

- A. Yes. If the second event benefit is never used, an insured could claim an unlimited number of cancer recurrence benefits if they qualify.

Q. How can an insured qualify for Cancer Recurrence benefit?

- A. If the insured person has already been diagnosed with Cancer and a new diagnosis of Cancer is made, the insured will qualify for Cancer Recurrence if more than 60 months have passed since the previous cancer diagnosis AND no treatment for cancer has been received within that 60 months, and after the 90 day cancer Treatment and Cancer Exclusion (if applicable) has passed.

Q. A client had cancer 4 years before the effective date of the CI policy, diagnosed with Cancer 67 months later. Is it eligible?

- A. If it is a Recurring Cancer – If treatment free for 60 months, yes, it would be eligible under the “Cancer Recurrence” benefit.
If it is a New Cancer – Yes, under the covered condition “Cancer”, after 90 day cancer treatment and exclusion period.

Q. A client submits a 2nd cancer claim after being diagnosed with cancer a 2nd time, 5 years later. Is it eligible?

- A. If it is a Recurring Cancer – If treatment-free for 60 months, yes, under “Cancer Recurrence” benefit.
If it is a New Cancer – Yes, if treatment-free for 60 months it would be considered a “Recurring Cancer.”

Critical Illness insured by Chubb Life Insurance Company of Canada. This is a brief overview of the benefits and some key definitions, exclusions, and limitations. Please refer to the Policy Booklet for complete details. In the event of any inconsistencies between this overview and the policy wordings, the actual policy wordings will prevail.