

PLAN HIGHLIGHTS

ELIGIBILITY Available for Canadian Citizens & Permanent Residents aged 18-64, with coverage to age 70.

INSURED CONDITIONS 25 Critical Conditions

Aorta Surgery	Deafness	Major Organ Transplant
Aplastic Anemia	Dementia, including Alzheimer’s Disease	Motor Neuron Disease
Bacterial Meningitis	Dismemberment	Multiple Sclerosis
Benign Brain Tumor	Heart Attack	Occupational HIV Infection
Blindness	Heart Valve Replacement or Repair	Paralysis
Cancer	Loss of Independence	Parkinson’s Disease
Cancer Recurrence	Loss of Speech	Severe Burns
Coma	Major Organ Failure	Stroke
Coronary Artery Bypass Surgery		

Additional “Insured Conditions” for Insured Dependent Children

Cerebral Palsy	Cystic Fibrosis	Down Syndrome	Muscular Dystrophy
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AMOUNTS AVAILABLE PER INSURED PERSON

Tier 1 (Guaranteed Issue): Available in units of \$5,000 up to \$25,000, or choose a \$50,000 or \$75,000 benefit amount.

Tier 2 (Simplified Qualification): Additional \$25,000 or \$50,000 coverage available, for a combined maximum of up to \$125,000. Only available if EDGE Tier 1 maximum benefit amount is selected or in-force, and qualifying questions are satisfied.

AMOUNT FOR DEPENDENT CHILD OR CHILDREN (if Child Rider is added)

Birth to Age 21: \$10,000

RATES

Rates are age-banded and will increase in accordance with age-bands during the lifetime of the policy.

SECOND EVENT BENEFIT

Category of Insured Conditions

Cardiovascular: Heart Attack, Stroke, Coronary Artery Bypass, Aorta Surgery, or Heart Valve Replacement or Repair.

Cancer: Cancer

Other: Aplastic Anemia, Bacterial Meningitis, Benign Brain Tumour, Blindness, Coma, Deafness, Dementia (including Alzheimer’s Disease), Dismemberment, Loss of Independence, Loss of Speech, Major Organ Failure, Major Organ Transplant, Motor Neuron Disease, Multiple Sclerosis, Occupational HIV Infection, Paralysis, Parkinson’s Disease, Severe Burns.

If, after the first Critical Illness Diagnosis Benefit has been paid, an Insured is diagnosed with or meets the definition of an Insured Condition, we will pay the Second Event Benefit amount stated in the Policy Schedule, subject to the following conditions:

- a) The diagnosis or treatment of the second event Insured Condition cannot be the same Category of Insured Conditions as the first diagnosis.

If the first diagnosis was in the Cardiovascular or Cancer Category of Insured Conditions, the Insured must be considered (by the treating Physician) fully recovered and not actively receiving treatment (treatment does not include preventive medications and follow up visits to the doctor) for a period of at least 90 days; or

If the first diagnosis was in the Other Category of Insured Conditions, a period of 180 days must lapse between the first diagnosis and the diagnosis of the Insured Condition being claimed for under the Second Event Benefit.

b) The Insured has satisfied the 30 day survival period.

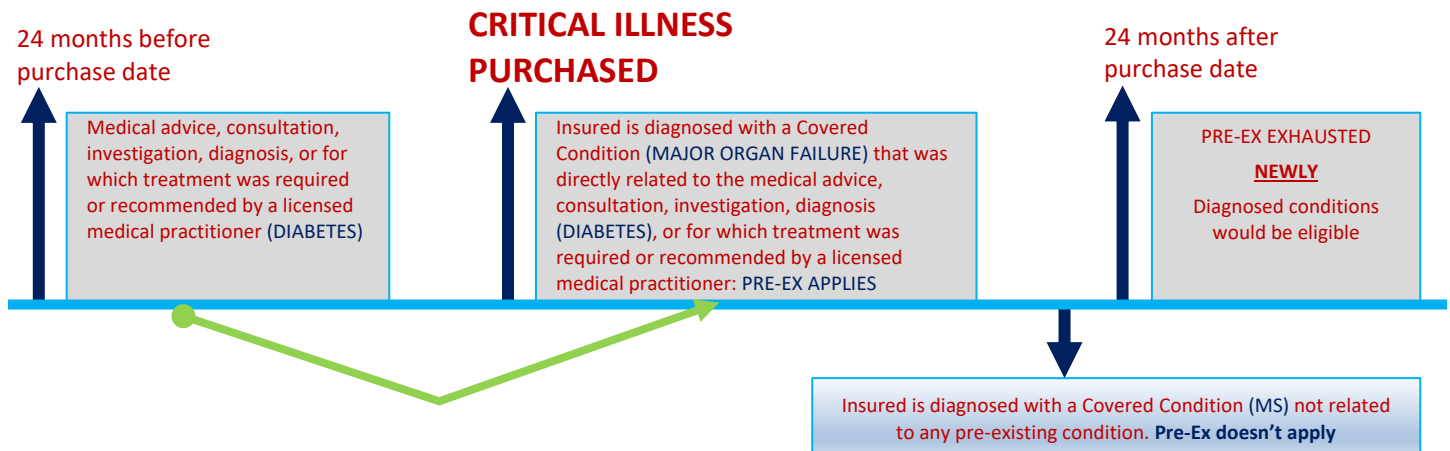
The Second Event Benefit cannot be related to or caused by the first diagnosis or treatment in any way. The Second Event Benefit is payable only once.

Payment of the Second Event Benefit will represent full and final discharge of all claims under this Policy. Following payment of the Second Event Benefit, coverage under this Policy will terminate for the Insured.

PRE-EXISTING CONDITION

There is a 24/24 month **Pre-Existing Condition Limitation**. This can be found in the Exclusions and Limitation Section of the Lifestyle Protection Planner. Below is an outline of how it works:

“Pre-existing Medical Condition” means a sickness suffered from or injury sustained by an Insured Person for which he or she sought or received medical advice, consultation, investigation, diagnosis, or for which treatment was required or recommended by a licensed medical practitioner during the twenty-four (24) months immediately prior to such Insured Person’s effective date of insurance or prior to any increase in the amount of insurance and which directly or indirectly causes the insured condition to occur within the first twenty-four (24) months from the Insured Person’s effective date of insurance or from any increase in the amount of insurance.



ANY **COVERED** CONDITION DIAGNOSED PRIOR TO THE EFFECTIVE DATE – WILL NEVER BE ELIGIBLE (excluding Cancer Recurrence Benefit – see policy booklet for details)

ANY **MEDICAL** CONDITION DIAGNOSED PRIOR TO THE EFFECTIVE DATE – WHICH LEADS TO A **COVERED** CONDITION WITHIN 24 MONTHS AFTER THE EFFECTIVE DATE – WILL NOT BE ELIGIBLE.

ANY **MEDICAL** CONDITION DIAGNOSED PRIOR TO THE EFFECTIVE DATE – WHICH LEADS TO A **COVERED** CONDITION 24 MONTHS AFTER THE EFFECTIVE DATE – WILL BE ELIGIBLE.

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.