Surviving a critical illness can be very challenging financially

Few of us want to contemplate the reality of being told we have a serious illness. Even fewer of us have likely given any thought to how we'd cope financially, if faced with such a diagnosis.

And although the odds of surviving a critical illness are better than ever thanks to medical advances, you may want to consider these statistics:

- Cancer, heart attacks and strokes are the three most common critical illnesses in Canada, occurring across all ages.[1]
- An estimated 177,800 new cases of cancer occurred in Canada in 2011. Approximately one in two Canadians will develop cancer; three in four will survive.[2]
- Heart attacks strike 70,000 Canadians each year.[3]
- Strokes hit 50,000 Canadians each year.[4]
- Over 13,000 Canadians undergo surgery every year to replace aortic valves.[5]
- Nine in ten Canadians (90%) have at least one risk factor for heart disease or stroke.[6]

During your recovery, you may end up having to pay for healthcare services, special drugs and supplements, and homecare expenses not covered by your government health insurance plan or your group plan. You might even have to travel to get the medical attention you need. Add all of this to your regular household bills, and the financial consequences of surviving a serious illness could add up very quickly.

You can't predict the future, but you can prepare for it

With the simple, accessible and affordable protection offered by **Lifecheque® Basic critical illness insurance**, you'll have the security of knowing that 30 days following a diagnosis of cancer, heart attack or stroke, or coronary bypass or aortic surgery, you'll qualify to receive a one-time, lump sum benefit – paid directly to you, to spend however you wish. So, you'll have less financial worries and be able to focus on what's really important – making a full and speedy recovery.

1 Source: Canadian Cancer Society, 2007.
2 Source: Canadian Cancer Society, 2011.
3 Source: Heart and Stroke Foundation of Canada, 2012.
4 Source: Heart and Stroke Foundation of Canada, 2012.
5 Source: Heart and Stroke Foundation, 2007.
6 Source: Tracking Heart Disease and Stroke in Canada. Public Health Agency of Canada, June 2009.

Why Lifecheque® Basic Critical Illness Insurance?

- **Applying for coverage is easy:** no medical questionnaire required; all that's needed is a declaration of your good health.
- **You choose the level of coverage:** there are three levels of coverage from which to choose – $25,000, $50,000 and $75,000.
- **You choose how to spend it:** the lump sum benefit is paid directly to you, to spend any way you please. Pay medical expenses, retrofit your home, alleviate debt, travel... use the money however you wish!
- **Comprehensive coverage:** covers five of the most common critical illnesses and conditions –cancer, heart attack, stroke, coronary artery bypass surgery and aortic surgery.
- **Health Service Navigator included at NO EXTRA COST:** With Health Service Navigator, you and your eligible family members can quickly and easily get answers to your questions and access to support services. One simple call to a dedicated toll-free line and you will be connected to Health Service Navigator where you can receive information, medical coordination services and resources on how to navigate the Canadian health care system. And, if you want a second opinion from a world-class hospital, Health Service Navigator will help you get it.
- **Return of Premium Option:** If you are between 18 and 55 years of age, you can add the Return of Premium Option to your policy and Manulife Financial will provide a full refund of all premiums paid – up to 100% of your benefit amount – when you reach your 75th birthday and if no claim has been made. This means that you can receive up to $25,000, $50,000 or $75,000 depending on the coverage you select. This is only available at the time of initial application.
- **Guaranteed renewable:** your coverage is guaranteed renewable up to age 75, regardless of any changes to your health or occupation. Even if your health declines, your coverage cannot be cancelled, as long as you pay your premiums.
- **Affordable premiums:** monthly premiums are based on your age, gender and smoking status, so the younger you are when you apply, the lower your premiums will be. Premiums are guaranteed not to increase for the first five years! At the end of the first five years, and every five years thereafter, as long as your policy remains current, your coverage will be renewed at your new age-based rate – without any medical questions asked!
- **Healthy savings for non-smokers:** non-smokers receive up to 50% savings on their premiums, compared to smokers.

Definitions

Cancer (Life-Threatening): A definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis of cancer must be made by a specialist.

Heart Attack: A definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

- heart attack symptoms
- new electrocardiogram (ECG) changes consistent with a heart attack, or
- 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.

Stroke (Cerebrovascular Accident): A definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage, or embolism from an extra-cranial source, with:

- acute onset of new neurological symptoms, and
- 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.

Coronary Artery Bypass Surgery: The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). The surgery must be determined to be medically necessary by a specialist.

Aortic surgery: The undergoing of surgery for disease of the aorta requiring excision and surgical replacement of the diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a specialist.

Important Notice

This is not a contract. Actual terms and conditions are detailed in the policy issued by Manulife Financial upon final application approval. It contains important details concerning exclusions, conditions and limitations. Please review it carefully upon receipt.

For more information, contact your advisor.

Manulife Financial
For your future™

Lifecheque Basic Critical Illness Insurance is offered through The Manufacturers Life Insurance Company (Manulife Financial).

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Conditions, Exclusions and Limitations

A complete listing of all applicable exclusions and limitations is detailed in the policy issued by Manulife Financial upon final approval of your application. Please read it carefully.

General Conditions and Limitations

You must be:

- **18-65 years of age to apply for $25,000 coverage**
- **18-60 years of age to apply for $50,000 coverage**
- **18-55 years of age to apply for $75,000 coverage and Return of Premium Option**

Each insured must be a resident of Canada at time of application. The coverage is renewable until the policy anniversary date following the insured's 75th birthday, at which time the policy will terminate.

Specific Conditions, Exclusions and Limitations

Cancer (Life-Threatening)

We will not pay a covered condition benefit for cancer for the following conditions:

- 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, or
- stage A (T1a or T1b) prostate cancer.

Moratorium Period Exclusion

No benefit will be payable under this condition if within the first 90 days following the later of:

- the effective date of the policy, or
- the effective date of last reinstatement of the policy,

the insured has any of the following:

- signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under the policy), regardless of when the diagnosis is made,
- the diagnosis of cancer (covered or excluded under the policy).

This medical information as described above must be reported to the Insurer within six months of the date of the diagnosis.

If this information is not provided, the Insurer has the right to deny any claim for cancer or, any critical illness caused by any cancer or its treatment.

The insured must survive for a period of 30 days following the date the condition is diagnosed in order for the benefit to be paid.

What this means...

There are many types of cancer and this definition covers almost all of them. The main exclusions are for cancers that are not generally looked upon as life threatening and are readily treatable.

Cancers diagnosed in the first 90 days of the contract or last reinstatement, or cancers whose symptoms first appear in that time period are not eligible for a benefit.

Heart Attack

We will not pay a covered condition benefit for heart attack for:

- 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, or
- ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described.

The insured must survive for a period of 30 days following the date the condition is diagnosed in order for the benefit to be paid.

What this means...

To make a valid heart attack claim, 30 days following diagnosis, we require proof of:

- the death of heart muscle that results in the release of chemicals (called biochemical cardiac markers) into the Blood and at least one of the following:
- classic heart attack symptoms, or
- new changes on an electrocardiogram, or
- new Q waves developing during or immediately following coronary angioplasty.

A heart attack claim is not valid if the elevated biochemical cardiac markers are as a result of coronary angioplasty and there are no associated findings of new Q waves; or, if an incidental finding of ECG changes suggests a prior heart attack without a corroborating event.

Stroke (Cerebrovascular Accident)

We will not pay a covered condition benefit for stroke for:

- transient ischemic attacks
- intracerebral vascular events due to trauma, or
- lacunar infarcts which do not meet the definition of stroke as described.

The insured must survive until all of the criteria outlined in Stroke above have been met in order to the benefit to be paid.

What this means...

This definition covers all three causes of stroke: thrombosis, caused by a blockage by a thrombus (clot) that has built up on the wall of a brain artery; embolization, caused by an embolus (usually a clot) that is swept into a brain artery causing blockage; hemorrhage, which is caused by the rupture of a blood vessel in or near the brain's surface.

Your deficit must last for more than 30 days for you to be eligible for a benefit. Any incident with symptoms lasting less than 24 hours is referred to as a TIA (transient ischemic attack) and does not qualify for coverage under this definition.

Coronary Artery Bypass Surgery

We will not pay a covered condition benefit for coronary artery bypass surgery if the treatment for coronary artery disease is limited to non-surgical or trans-catheter techniques such as balloon angioplasty or laser relief of an obstruction. The insured must survive for a period of 30 days following the date of the surgery in order for the benefit to be paid.

What this means...

Only coronary artery bypass surgery is covered. The procedures that are excluded do not require open-heart surgery and have a lower recovery demand.

Aortic Surgery

This benefit will only be payable where surgery is performed by a physician for disease of the thoracic or abdominal aorta requiring excision and surgical replacement with a graft. No benefit will be payable where surgery is limited to the branches of the thoracic or abdominal aorta.

What this means...

The aorta is the largest artery in the body and replacement of diseased portions with a graft is covered. The insured must survive for period of 30 days following the date of the surgery in order for the benefit to be paid.

Return of Premium Benefit on Expiry of Policy (if this Option is purchased)

The Return of Premium benefit will not be payable where the insured has survived the waiting period for a covered condition at the time of expiry of the policy and the benefit is payable. The Return of Premium benefit may only be purchased when the insured is between the ages of 18 and 55 and must be purchased at the same time as the original coverage. Once purchased, the Return Premium benefit cannot be cancelled separately.

General Conditions, Exclusions and Limitations Applicable to all Covered Conditions

No benefit will be payable if the insured, while sane or insane, suffers a covered condition which results directly or indirectly from, or is in any way associated with:

- intentional self-inflicted injuries,
- intentional use or intake by the insured of:
  - any prescription drug or narcotic other than as instructed by a physician;
  - any drug or narcotic legally available for sale in Canada without a prescription, other than as recommended by the manufacturer;
  - any drug or narcotic not legally available in Canada; or
  - any poisonous substance or intoxicant, including alcohol;
- committing or attempting to commit a criminal offence,
- operation of a motor vehicle while the concentration of alcohol in 100 millilitres of blood exceeds 80 milligrams.

No benefit will be payable if the insured suffers a covered condition at any time during the 24-month period following the effective date of the policy or the date of the last reinstatement which results directly or indirectly from, or is in any wayassociated with, a pre-existing condition.

A pre-existing condition is an illness or condition for which, during the 24-month period prior to the effective date of the policy, the insured was diagnosed or was treated, hospitalized or attended to by a physician or was advised to seek treatment or consult a physician; was prescribed or took medication; showed indications, signs or symptoms or underwent tests or investigations.

No benefit will be payable where a covered condition is diagnosed in a jurisdiction other than Canada or the United States, unless the insured makes all requested medical records available to the insurer and the insurer is satisfied that:

- the same diagnosis would have been made if the covered condition had occurred in Canada or the United States;
- the physician making the diagnosis was licensed to practice in the jurisdiction in which the diagnosis was made and had medical credentials equal to those required in Canada or the United States;
- the diagnosis is fully supported by all appropriate diagnostic tests and other investigation which would normally be undertaken in Canada or the United States (including those required by the policy); and
- the same type of surgery or procedure as required under the policy in order for the benefit to be payable would have been advised if the diagnosis had been made in Canada or the United States.

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For your future™

Extra help on the road to recovery

Lifecheque® Basic Critical Illness Insurance