



A benefits Program for Government of Alberta Managers and Non-Union Employees

CRITICAL ILLNESS INSURANCE

If you are diagnosed with one of the illnesses defined below while you are insured under the 1st Choice Enhanced Life Insurance plan, Canada Life Assurance Company (Canada Life) may pay you the critical illness insurance benefit of \$25,000.

Before the critical illness benefit becomes payable, you must be alive and not have experienced irreversible cessation of all functions of the brain for a specific period of time which is referred to as the benefit payment waiting period. In most cases, the benefit payment waiting period is 30 days following the date of the written diagnosis or the date of surgery. In some cases, the benefit payment waiting period is longer - see the details below under "Covered Illnesses". **You are responsible for submitting your claim within 3 months of the end of the benefit payment waiting period** and the Insurer is responsible for adjudicating the claim.

Only one critical illness benefit is payable in your lifetime. Your critical illness insurance terminates at the end of the pay period in which you reach age 65, or once a benefit has been paid, whichever occurs first.

COVERED ILLNESSES

Any of the following conditions is considered a critical illness if it meets the defined criteria:

- **"Alzheimer's disease"** - means Alzheimer's disease:
 - supported by evidence of progressive deterioration of memory and the ability to reason and perceive, understand, express and give effect to ideas, in accordance with the criteria listed for Alzheimer's disease in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Ed. (DSM-IV); and
 - where the severity of the condition is such that the person is incapable of independent living and requires a minimum of 8 hours of daily supervision.

Alzheimer's disease does not include any other dementing brain disorders or psychiatric illnesses.

- **"aortic surgery"** - means surgery to remove and replace the diseased thoracic or abdominal aorta with a graft.

For greater certainty, surgical replacement of the branches of the aorta does not satisfy the definition of aortic surgery.

For the purposes of the benefit payment waiting period, the date of diagnosis will be the date the surgery is performed.

- **"benign brain tumour"** - means a non-malignant tumour arising from the brain or its meninges. The benign histologic nature of the tumour must be confirmed by examination of tissue by biopsy or surgical excision.

For greater certainty, the following do not satisfy the definition of benign brain tumour:

- haematomas, cysts or granulomas
- intracranial malformations of the arteries or veins,
- tumours in the pituitary gland, spine or cranial nerves



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- **“blindness”** - means the irreversible loss of sight of both eyes with either:
 - the corrected visual acuity being less than 20/200 in both eyes; or
 - the field of vision must be less than 20 degrees in both eyes.

The findings used in the diagnosis of blindness as defined above, must be confirmed by a physician who is an ophthalmologist.

- **“cancer - life-threatening”** - means a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Life-threatening cancer does not include the following forms of cancer:
 - carcinoma in situ
 - malignant melanoma to a depth of 0.75 mm or less
 - basal cell carcinoma and squamous cell carcinoma of the skin that have not metastasized
 - early prostate cancer diagnosed as T1a or T1b
 - any tumour in the presence of any human immunodeficiency virus (HIV).

- **“coma”** - means a state of unconsciousness for a continuous period of 96 hours from which the person cannot be aroused and in which external stimulation will produce no more than primitive avoidance reflexes. Life support must be required throughout the period of unconsciousness.

- **“coronary artery bypass surgery”** - means surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

For greater certainty, other revascularization techniques, such as balloon angioplasty, laser relief of an obstruction, and other intra-arterial procedures do not satisfy the definition of coronary artery bypass.

For the purposes of the benefit payment waiting period, the date of diagnosis will be the date the surgery is performed.

- **“deafness”** - means the irreversible loss of hearing in both ears, with an auditory threshold averaging 90 decibels or greater at frequencies of 500, 1000 and 2000 hertz in each ear.
- **“heart attack”** - means the acute presentation of heart symptoms accompanied by the death of a portion of heart muscle as a result of inadequate blood supply and as evidenced by:
 - new electrocardiographic (ECG) changes indicative of a myocardial infarction; and
 - the elevation of cardiac markers to levels considered diagnostic for acute myocardial infarction in accordance with the standardized laboratory values for the accredited hospital performing the test and with criteria published by one of the following, or a successor organization:
 - (a) the Canadian Cardiovascular Society
 - (b) the American Heart Association.
 - (c) the American College of Cardiology.

For greater certainty, all of the above conditions must be met to satisfy the definition of heart attack. What is commonly referred to as “silent myocardial infarction” may include an incidental finding of ECG changes suggesting a prior myocardial infarction. However, in the absence of a corroborating elevation of cardiac markers as required above under this definition, it does not satisfy the definition of heart attack.



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Heart attack does not include elevated cardiac markers after coronary angioplasty unless there are diagnostic changes of new Q wave infarction on the ECG.

- **"heart valve replacement"** - means surgery for the replacement of any heart valve with either a natural or mechanical valve.

For greater certainty, heart valve repair does not satisfy the definition of heart valve replacement.

For the purposes of the benefit payment waiting period, the date of diagnosis will be the date the surgery is performed.

- **"kidney failure"** - means end stage renal disease resulting in chronic irreversible failure of both kidneys to function. Regular haemodialysis, peritoneal dialysis or renal transplantation must be initiated as a result of the kidney failure.
- **"loss of independent existence"** - means a condition that qualifies under the definition of physical impairment or cognitive impairment set out below and for which there is no reasonable chance of recovery based on the then current medical practice.

Physical impairment means the inability to independently perform, whether with or without the use of any equipment, 2 or more of the following 6 activities of daily living:

- bathing – the ability to wash oneself in a bathtub, shower or by sponge bath
- dressing – the ability to put on, remove, fasten and unfasten all necessary clothing, braces, artificial limbs or other surgical appliances
- toileting – the ability to get to and from the toilet and complete related personal hygiene
- bladder and bowel continence – the ability to manage bowel and bladder functions, with or without any protective undergarments or surgical appliances, so that a reasonable level of hygiene is maintained
- transferring – the ability to move into and out of a bed, chair or wheelchair
- eating – the ability to consume food that has already been prepared and made available

The diagnosis for the condition must be accompanied by a current physical assessment from an occupational therapist who is not related to you by blood or marriage, and is not in a business relationship with you.

Cognitive impairment means mental deterioration and loss of intellectual ability, evidenced by deterioration in memory, orientation and reasoning, which is measurable by neuro-psychometric methods and results from demonstrable organic cause, and where the severity is such that the person is incapable of independent living and requires a minimum of 8 hours of daily supervision.

For greater certainty, any mental or nervous disorder without a demonstrable organic cause, including but not limited to anxiety disorders, mood disorders, sleep disorders, pain disorders, personality disorders and psychotic disorders, does not satisfy the definition of cognitive impairment.

The benefit payment waiting period for this condition is 90 days. During the waiting period, the physical impairment or cognitive impairment must be continuous without any sign of improvement.

- **"loss of limbs"** - means the complete severance of 2 or more limbs at or above the wrist or ankle joint as the result of injury or medically required amputation.
- **"loss of speech"** - means the total and irreversible loss of the ability to speak due directly to damage to the speech organs (commonly known as the "voice box") as the result of injury or disease.



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- **"major organ transplant"** - means the person, due to the irreversible failure of a heart, lung, liver, kidney, or bone marrow:
 - receives such organ or tissue by transplant surgery; the replacement organ or tissue must be from a donor suitable under generally accepted medical guidelines; or
 - is in immediate need of a transplant which has been confirmed by a transplant team of a hospital or other recognized transplant centre that performs the required form of transplant surgery.

For the purposes of the benefit payment waiting period, the date of diagnosis will be the date the surgery is performed or the date that it is confirmed that the person is in immediate need of such transplant, whichever is earlier.

- **"motor neuron disease"** - means upper or lower motor neuron degeneration progressing over a period of at least 6 months, and resulting in one of the following:
 - definite amyotrophic lateral sclerosis (commonly known as Lou Gehrig's disease) which satisfies the World Federation of Neurology El Escorial Revisited Criteria for ALS Diagnosis (Neurology 1998;50:768-772)
 - primary lateral sclerosis
 - progressive muscular atrophy
 - progressive bulbar palsy

Progressive pseudo bulbar palsy, which is not a motor neuron disease but is similar to motor neuron diseases in presentation, will be considered a motor neuron disease.

The findings used in the diagnosis of motor neuron disease, as defined above, must be confirmed by a physician who is a neurologist.

- **"multiple sclerosis"** - means clinically definite multiple sclerosis:
 - where there are at least 2 separate clinically documented episodes of well defined neurological abnormalities separated by at least one month and persisting for a continuous period of at least 6 months; and
 - with objective evidence of lesions at more than one site within the central nervous system as confirmed by modern investigative or imaging techniques in accordance with the criteria listed in Paty DW, et al. MRI in the Diagnosis of MS (Neurology 1988;38:180-185).

The findings used in the diagnosis of multiple sclerosis, as defined above, must be confirmed by a physician who is a neurologist.

- **"occupational HIV infection"** - means human immunodeficiency virus (HIV) infection as a direct result of accidental exposure to HIV contaminated blood or bodily fluids during the course of the person's regular occupation. The person must undergo a generally accepted medical testing procedure for HIV infection, performed by a duly licensed medical laboratory which is independent of any control by the person:
 - within 14 days of the accidental exposure and the result must be negative; and
 - between 90 days and 180 days after the accidental exposure and the result must be positive.

For greater certainty, non-accidental exposure including, but not limited to, sexual transmission or intravenous drug use does not satisfy the definition of occupational HIV infection.

- **"paralysis"** - means the total loss of voluntary movement of both arms, both legs, or one arm and one leg as a result of injury or disease of the nerve supply to the corresponding limbs.



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The benefit payment waiting period for this condition is 90 days. During the waiting period, paralysis must be continuous without any sign of improvement.

- **“Parkinson’s disease”** - means primary idiopathic Parkinson’s disease, resulting in significant neurological impairment or in loss of cognitive function.

The degree of neurological impairment or loss of cognitive function must be sufficient to cause an inability to perform 2 or more of the following 6 activities of daily living while participating in a generally accepted drug treatment program:

- dressing – the ability to put on, remove, fasten and unfasten all necessary clothing, braces, artificial limbs or other surgical appliances
- toileting – the ability to get to and from the toilet and complete related personal hygiene
- transferring – the ability to move into and out of a bed, chair or wheelchair
- feeding – the ability to get food from a plate into the mouth
- driving – the ability to legally operate a motorized vehicle
- mobility – the ability to walk 10 metres without aid

The diagnosis must include a current physical assessment from an occupational therapist who is not related to you by blood or marriage, and is not in a business relationship with you.

- **“severe burns”** - mean third degree burns over at least 20% of the body surface as measured by the Lund and Browder Chart.
- **“stroke”** - means a cerebrovascular event producing neurological sequelae lasting more than 30 days and caused by intracranial thrombosis or haemorrhage, or embolism from an extra-cranial source. There must be evidence of measurable, objective neurological deficit.

For greater certainty, findings on imaging studies, such as lacunar infarcts, which are not compatible with clinical neurological signs due to a cerebrovascular event, do not satisfy the definition of stroke.

Stroke does not include transient ischemic attacks.

For the purposes of this definition, transient ischemic attack means a neurological event caused by focal brain or retinal ischemia with measurable objective evidence of neurological sequelae lasting less than 24 hours with or without imaging study changes.

LIMITATIONS

No benefits are paid for:

- cancer for which the diagnosis or any investigation leading to the diagnosis is initiated by any symptom or medical problem that arises within 90 days after your insurance started,
- occupational HIV infection unless all of the following terms are met:
 - the accidental exposure must have occurred while you were insured
 - the accidental exposure must have been reported to Canada Life within 14 days of the accidental exposure
 - the accidental exposure must have been reported, investigated and documented in accordance with prudent workplace practices and any applicable legislation, regulations or guidelines; and
 - any available licensed treatment customarily recommended for protection against HIV must have been elected.



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- a critical illness resulting directly or indirectly from or associated with any of the following:
 - intentionally self-inflicted injury, or attempt at suicide, while sane or insane
 - war, insurrection or voluntary participation in a riot
 - participation in a criminal offence or provoking an assault
 - use of any drug, poisonous substance, intoxicant, or narcotic, unless prescribed for the person by a licensed physician and taken in accordance with directions given by the licensed physician
 - operating a motorized vehicle while the blood alcohol level is higher than 80 milligrams of alcohol per 100 millilitres of blood.
- No benefits are paid if death or irreversible cessation of all functions of the brain occurs during the benefit payment waiting period.
- No benefits are payable if the claim is submitted beyond 3 months of the benefit payment waiting period.

HOW TO MAKE A CLAIM

Claims should be submitted as soon as possible, but no later than 3 months after the end of the benefit payment waiting period, as indicated above. Claims submitted beyond the 3 month claiming limit will be denied.

To submit a claim for the critical illness benefits, the following forms must be completed and sent to Canada Life at the address indicated on the forms.

- The Claimant's Statement can be printed from the following link:
<https://www.greatwestlife.com/content/dam/gwl/cl-branded-documents-2020/group-member-admin/en/M6537.pdf>
 - Enter "N/A" on the form where it asks for a Division Number
 - The policy/plan number for the critical illness benefit is 159400GCI.
- The Confidential Physician's Report is specific to your illness/condition therefore you must select the form that is appropriate for you. The list of forms specific to each illness/condition can be found at:
<https://www.greatwestlife.com/you-and-your-family/forms/group-claim-forms/group-critical-illness-claims-forms.html>

If additional information is required, Canada Life will contact you or your physician directly.

Once Canada Life has adjudicated your claim, they will advise you in writing whether or not your claim has been approved.

If you require further information, please contact the Government of Alberta Time and Benefits Support Line at 780-644-8114 or via e-mail at GOA.TimeAndBenefits@gov.ab.ca *Outside of Edmonton, dial toll free 310-0000 followed by 780-644-8114 or hold or press 0 for operator assistance.

The Group Life Insurance policies are issued to the Government of the Province of Alberta by The Canada Life Assurance Company. If there is a discrepancy between the information provided here and the actual policies of insurance, the terms of the latter will prevail.