



1st choice

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 1stchoice Enhanced Life Insurance plan, Canada Life Assurance Company (Canada Life) may pay you the critical illness insurance benefit of \$25,000.

Where a survival period is specified for a covered condition, Canada Life will not pay the benefit until the end of the survival period. Before the critical illness benefit becomes payable, you must be alive and not have experienced irreversible cessation of all functions of the brain during the survival period. Details on survival periods are outlined below, under “Covered Illnesses”. **You are responsible for submitting your claim within 3 months of the end of the survival period (where applicable)** 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 and has been diagnosed by a specialist:

- **"aortic surgery"** - means the undergoing of surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta means the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a specialist.

No benefits will be paid under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

*The benefit is payable after a **survival period** of 30 days following the date of surgery.*

- **“aplastic anaemia”** – means chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:
 - a) marrow stimulating agents;
 - b) immunosuppressive agents; or
 - c) bone marrow transplantation.
- **“bacterial meningitis”** – means meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis.

No benefits will be paid under this condition for viral meningitis.
- **"benign brain tumour"** - means a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgery or radiation treatment or cause irreversible objective neurological deficits.

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No benefits will be paid under this condition for pituitary adenomas less than 10 mm.

No benefits will be paid where a diagnosis or any signs, symptoms or investigations leading to diagnosis of benign brain tumour, arise within 90 days after your insurance started.

- **"blindness"** - means the total and irreversible loss of vision in both eyes, evidenced by:
 - a) the corrected visual acuity being 20/200 of less in both eyes; or
 - b) the field of vision being less than 20 degrees in both eyes.
- **"cancer - life-threatening"** - means a tumour which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma, and sarcoma.

No benefits will be paid under this condition for the following:

- a) lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumours classified as Ta;
- b) malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- c) any non-melanoma skin cancer, without lymph node or distant metastasis;
- d) prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- e) papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis;
- f) chronic lymphocytic leukemia classified less than Rai stage 1; or
- g) malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.

Cancer for which the diagnosis or any signs, symptoms or investigations leading to diagnosis, arise within 90 days after your insurance started.

- **"coma"** - means a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be four or less.

No benefits will be paid under this condition for a medically induced coma.

- **"coronary artery bypass surgery"** – means the undergoing of heart surgery to correct narrowing of blockage of one or more coronary arteries with bypass graft(s). The surgery must be determined to be medically necessary by a specialist.

No benefits will be paid under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

*The benefit is payable after a **survival period** of 30 days following the date of surgery.*

- **"deafness"** - means the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3000 hertz.

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- **"Dementia, including Alzheimer's disease"** - means dementia, which must be characterized by a progressive deterioration of memory and at least one of the following areas of cognitive function:
 - a) Aphasia (a disorder of speech);
 - b) Apraxia (difficulty performing familiar tasks);
 - c) Agnosia (difficulty recognizing objects) or
 - d) Disturbance in executive functioning (e.g. inability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behaviour), which is affecting daily life.

You must exhibit:

- a) dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, or equivalent score on another generally medically accepted test of tests of cognitive function, and
- b) evidence of progressive deterioration in cognitive and daily functioning either by several cognitive tests of by history over at least a six-month period.

No benefits will be paid under this condition for affective or schizophrenic disorders, or delirium.

- **"heart attack"** - means the death of heart muscles due to obstruction of blood flow, that results in the rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:
 - a) heart attack symptoms;
 - b) new electrocardiographic (ECG) changes consistent with a heart attack; or
 - c) development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

No benefits will be paid under this condition for:

- a) elevated biochemical cardiac markers after an intra-arterial cardiac procedure including, but not limited to coronary angiography and coronary angioplasty, in the absence of new Q waves; or
- b) ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above.

*The **survival period** for this benefit is 30 days following the date of diagnosis.*

- **"heart valve replacement"** - means the undergoing of surgery to replace any heart valve with either a natural or mechanical valve, or to repair heart valve defects or abnormalities. The surgery must be determined to be medically necessary by a specialist.

No benefits will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

*This benefit is payable after a **survival period** of 30 days following the date of surgery.*

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- **"kidney failure"** - means chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.
- **"loss of independent existence"** - means the total inability to perform, by oneself, at least two of the following six activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery. Activities or daily living are:
 - bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices;
 - dressing – the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances with or without the aid of assistive devices;
 - toileting – the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices;
 - 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 in and out of a bed, chair or wheelchair, with or without the aid of assistive devices; and
 - feeding – the ability to consume food or drink that has already been prepared and made available, with or without the use of assistive devices.
- **"loss of limbs"** - means the complete severance of 2 or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.
- **"loss of speech"** - means the total and irreversible loss of the ability to speak as a result of physical injury or disease for a period of at least 180 days.

No benefits will be paid under this condition for all psychiatric related causes.

- **"major organ transplant"** - means irreversible failure of heart, both lungs, liver, both kidneys, or bone marrow, and transplantation must be medically necessary. To qualify under major organ transplant, you must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.
- **"motor neuron disease"** - means one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these conditions.
- **"multiple sclerosis"** - means at least one of the following:
 - a) two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination;
 - b) well-defined neurological abnormalities lasting more than six months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination; or
 - c) a single attack, confirmed by repeat MRI imaging of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart.
- **"occupational HIV infection"** - means infection from Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the person's normal occupation, which exposed the person

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to HIV contaminated body fluids. The accidental injury leading to the infection must have occurred following the later of the person's effective date of this insurance.

Payment under this condition requires the satisfaction of all the following:

- a) the accidental injury must be reported to Canada Life within 14 days of the accidental injury;
- b) a serum HIV test must be taken within 14 days of the accidental injury and the result must be negative;
- c) a serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
- d) all HIV tests must be performed by a duly licensed laboratory in Canada or the United States; and
- e) the accidental injury must have been reported, investigated and documented in accordance with current Canada or United States workplace guidelines.

No benefits will be paid under this condition if:

- a) you have elected not to take any available licensed vaccine offering protection against HIV; or
- b) a licensed cure for HIV infection has become available prior to the accidental injury

For greater certainty, non-accidental injury including, but not limited to, sexual transmission or intravenous (IV) drug use does not satisfy the definition of Occupational HIV Infection.

- **"paralysis"** - means the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.
- **"Parkinson's disease and Specified Atypical Parkinsonian Disorders" – Parkinson's Disease** means primary Parkinson's Disease, a permanent neurological condition which must be characterized by bradykinesia (slowness of movement) and at least one of:
 - a) muscular rigidity; or
 - b) rest tremor.

You must exhibit objective signs of progressive deterioration in function for at least one year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson's Disease.

Specified Atypical Parkinsonian Disorders mean progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.

No benefits will be paid under this condition for any other type of parkinsonism.

No benefits will be paid where a diagnosis or any signs, symptoms or investigations leading to diagnosis of Parkinson's Disease, a Specified Atypical Parkinsonian Disorder or any other type of parkinsonism, arise within one year after your insurance started.

- **"severe burns"** - mean third degree burns over at least 20% of the body surface.
- **"stroke"** – means an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

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- a) acute onset of new neurological symptoms, and
- b) new objective neurological deficits on clinical examination

persisting for more than 30 days following the date of the condition. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

No benefits will be paid under this condition for:

- a) transient ischaemic attacks; or
- b) intracerebral vascular events due to trauma

For greater certainty, lacunar infarcts which do not have the neurological symptoms and deficits set out above, persisting for more than 30 days, do not satisfy the definition of stroke.

*The benefit is payable after a **survival period** of 30 days following the date of diagnosis.*

LIMITATIONS

No benefits will be paid for:

- a critical illness that is directly or indirectly related to a condition for which the person obtained medical care within 24 months before becoming insured. Medical care is considered to be obtained when you consult a health care professional, use medication on the advice of a doctor, or receive other medical services or supplies, whether or not a specific diagnosis is made. This exclusion does not apply:
 - if the illness is diagnosed after you have been continuously insured for 24 months; or
 - to amounts of insurance which are subject to the underwriting provision.
- a critical illness resulting directly or indirectly from or associated with any of the following:
 - intentionally self-inflicted injury, or attempt at suicide, regardless of your state of mind and whether or not you were able to understand the nature and consequences of your actions;
 - 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 you by a licensed physician and taken in accordance with directions given by the licensed physician; or
 - an accident occurring while you are 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 survival period.
- No benefits are payable if the claim is submitted beyond 3 months of the survival period.

HOW TO MAKE A CLAIM

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

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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.canadalife.com/support/forms/for-you-and-your-family/if-you-have-coverage-through-your-employer/apply-for-benefits-due-to-an-accident-or-illness/critical-illness-claims.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.