

# Your Critical Choice Care™ Plan

- Heart Attack
- Coronary Artery Bypass Surgery
- Stroke
- Life Threatening Cancer
- Parkinson's Disease
- Alzheimer's Disease
- Multiple Sclerosis
- Kidney Failure
- Paralysis
- Blindness
- Deafness
- Loss of Speech
- Benign Brain Tumour
- Coma
- Major Burns
- Major Organ Transplant
- Major Organ Failure Requiring Transplant
- Motor Neuron Disease
- Aorta Surgery
- Heart Valve Replacement
- Loss of Limbs

With advances in modern medicine, Canadians are enjoying longer and healthier lives. Increased life expectancy does however, increase the risk of contracting or being diagnosed with a CRITICAL ILLNESS. Public concern is reinforced by statistics such as:

- 1 in 4 Canadians will contract heart disease
- 75% of stroke victims survive the initial event
- 1 in 3 Canadians will develop some form of life threatening cancer
- 1% increase per year in the incidence of cancer since 1970

Critical Choice Care™ is designed to provide a LUMP SUM payment from \$10,000 to \$150,000 should you be diagnosed with one of the specified conditions.

Critical Illness insurance may provide the funds and the means to: preserve your quality of life; protect personal assets and the freedom to choose the kind of health care you want.

## Available Funds Can Be Used For

- Providing appropriate care, when and where you decide;
- Covering medical expenses not covered under provincial healthcare;
- Replacing reduced earnings;
- Adapting your home to meet your health needs;
- Paying off a mortgage and / or personal debts.

## Critical Choice Care™

- Provides a living benefit, in one lump sum;
- Is payable to the insured, or the insured person's Estate, tax-free;
- It is not based on inability to work nor on the severity of the condition;
- Full recovery does not affect payment.



## Details of the Program

### Who is Eligible?

You may enroll in the program if you are an employee of NSCAD University under the age of 65 who participates in the Basic Group Life Insurance Program. If you are absent from work for any reason other than bona fide vacation, you will only become eligible upon return to work.

Your spouse may also apply for coverage if he / she is under the age of 65.

### What are You Covered for?

The Critical Choice Care™ benefit is payable if one of the following conditions is diagnosed:

- Heart Attack
- Coronary Artery Bypass Surgery
- Stroke
- Life Threatening Cancer
- Parkinson's Disease
- Alzheimer's Disease
- Multiple Sclerosis
- Kidney Failure
- Paralysis
- Blindness
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- Loss of Speech
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- Major Organ Transplant
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- Motor Neuron Disease
- Aorta Surgery
- Heart Valve Replacement
- Loss of Limbs

**Note:** Payment of the benefit is subject to your **survival of a 30-day period**. This period consists of 30 days following the date of diagnosis or surgery.

# Definitions

**Heart Attack** means the Diagnosis of the death of a portion of the heart muscles, resulting from the blockage of one or more coronary arteries due to atherosclerotic heart disease. The Diagnosis must be based on all of the following criteria occurring at the same time: a) new episode of typical chest pain or equivalent symptoms, b) new electro-cardiographic (ECG) changes indicative of an acute myocardial infarction and c) biochemical evidence of myocardial necrosis (heart muscle death) including elevated cardiac enzymes and/or troponin. Lesser acute coronary syndromes including unstable angina and acute coronary insufficiency are specifically excluded.

**Coronary Artery Bypass Surgery** means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. The surgery must be recommended by a cardiologist licensed and practicing in Canada.

Non-surgical techniques **NOT** covered by this definition include:

- Balloon angioplasty;
- Laser embolectomy; or
- Other non-bypass techniques.

**Stroke** means the unequivocal Diagnosis by a neurologist of the death of brain tissue caused by thrombosis, embolism or hemorrhage. The Diagnosis must be based on all of the following: a) sudden onset of new neurological symptoms, b) new objective neurological deficits on clinical examinations persisting continuously for at least sixty (60) days following the Diagnosis of the stroke and c) new findings on CT scan or MRI, if done, consistent with the clinical diagnosis. This definition specifically excludes Transient Ischemic Attacks (TIAs).

**Life Threatening Cancer** means the Diagnosis of a malignancy, which is characterized by the uncontrolled growth of cancer cells with invasion of tissue. The following conditions are excluded under this definition:

- Early prostate cancer, Diagnosed as T1A N0 M0 and T1B N0 M0 or equivalent staging;

- Non-invasive cancer (in situ);
- Pre-malignant lesions, benign tumours or polyps;
- Any skin cancer other than invasive malignant melanoma greater than 0.75 mm.;
- Any tumour in the presence of any Human Immunodeficiency Virus (HIV).

There shall be no coverage under this definition if within ninety (90) days following the Insured Person's effective date of coverage: a) a Diagnosis of Cancer is made or b) any symptoms or medical problems commenced and initiated investigations leading to the subsequent Diagnosis of any cancer.

**Parkinson's Disease** means the Diagnosis by a neurologist of primary idiopathic Parkinson's Disease which is characterized by the clinical manifestations two or more of the following: (a) tremour; (b) rigidity; (c) Bradykinesia. All other types of Parkinsonism are excluded.

**Alzheimer's Disease** means a progressive degenerative disease of the brain. The Diagnosis of Alzheimer's Disease must be made by a neurologist. The insured must exhibit loss of intellectual capacity involving impairment of memory and judgement which results in significant reduction in mental and social functioning such that the insured requires supervision for daily living. All other dementing organic brain disorders and psychiatric illnesses are excluded.

**Multiple Sclerosis** means an unequivocal Diagnosis by a neurologist of at least two (2) episodes of well-defined neurological abnormalities lasting for a continuous period of at least six (6) months and confirmed by modern imaging techniques.

**Kidney Failure** means the Diagnosis of an irreversible failure of both kidneys which necessitates treatment by regular dialysis or kidney transplantation.

**Paralysis** means the Diagnosis by a physician of complete and permanent loss of use of two or more limbs through paralysis for a continuous period of one hundred-eighty (180) days.

**Blindness** means the Diagnosis of permanent loss of sight in both eyes, as confirmed by an ophthalmologist. The corrected

visual acuity must be worse than 20/200 in both eyes or the field of vision must be less than twenty (20) degrees in both eyes.

**Deafness** means the Diagnosis of permanent loss of hearing in both ears with an auditory threshold of more than ninety decibels (90db), as confirmed by an otolaryngologist.

**Loss of Speech** means the Diagnosis by an appropriate specialist of total, permanent and irreversible loss of the ability to speak for a continuous period of six (6) months due to physical injury or physical disease.

**Benign Brain Tumour** means the Diagnosis of a benign tumour within the substance of the brain. Cysts, granulomas, meningiomas, malformations of the intracranial arteries or veins, or tumours of the cranial nerves, pituitary or spinal cord are excluded from this definition.

**Coma** means the Diagnosis by a neurologist of a state of unconsciousness with no reaction to external stimuli for a continuous period of at least ninety-six (96) hours.

**Major Burns** means the Diagnosis by a plastic surgeon of a third degree burn covering at least twenty percent (20%) of the surface area of the body of the Insured Person.

**Major Organ Transplant** means the undergoing of a surgery, as a recipient by transplant of any of the following organs or tissues: heart, liver, lung, kidney or bone marrow.

**Major Organ Failure Requiring Transplant** means the irreversible failure of the heart, liver, bone marrow, both lungs or both kidneys requiring receipt of a transplant of that organ, resulting in the Insured Person being accepted into a recognized transplant program in Canada. The Insured Person must survive at least thirty (30) days following the date of enrolment into the transplant program.

**Motor Neuron Disease** means an unequivocal Diagnosis of amyotrophic lateral

sclerosis (Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo-bulbar palsy. Other variations of motor neuron disease are specifically excluded.

**"Aorta Surgery"** means the undergoing of surgery for disease of the aorta, requiring excision and replacement of such diseased aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches.

**"Heart Valve Replacement"** means the undergoing of surgery to replace a malfunctioning heart valve with either a natural or mechanical replacement valve. The repair of an existing heart valve is specifically excluded.

**"Loss of Limbs"** mean the Diagnosis of the complete and permanent loss of the use of two or more limbs through dismemberment.

**Insured Person** means you and / or your Spouse.

**Spouse** means an individual under the age of 65

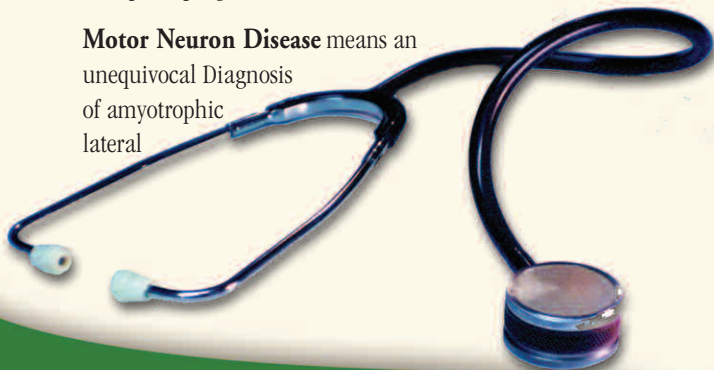
- (a) to whom the Insured Employee is legally married, or
- (b) with whom the Insured Employee has continuously cohabited in a conjugal relationship for a minimum of one year immediately before a Loss is incurred under the Policy.

Only one individual will qualify as a spouse.

If the employee is legally married but is also cohabiting with an individual as described under section (b) above, the employee may elect in writing which one of the individuals will qualify as a spouse under the Policy.

This election must be filed with the Policyholder. AXA Assurances Inc. will not be bound by an election not filed before the event insured against. If an election is not filed, the spouse will be the individual to whom the Insured Employee is legally married.

**Principal Sum** means the amount stated on the Insured Person's most recently signed individual application on file with NSCAD University or the amount approved by AXA Assurances Inc.



**Diagnosis** means the certified diagnosis of a Critical Illness by a medical practitioner or specialist who is licensed and practising medicine in Canada, other than the Insured Person, a business associate or a relative.

**Pre-existing condition** means: a) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within twelve (12) months period preceding the Insured Person's effective date of coverage, or b) an illness or condition for which the Insured Person, during twelve (12) months prior to the effective date of his coverage incurred medical expenses, received medical treatment, took prescribed drugs or medicine or consulted a physician.

## What Amounts are Available?

Employees and eligible spouses have the option to buy any amount of Principal Sum in units of \$10,000 up to a maximum of \$150,000.

## Guarantee Issue Limit

A Guarantee Issue Limit is available for all amounts up to \$50,000.

## How to Enrol?

You and your Spouse may enrol and purchase up to \$50,000 of coverage each:

- By completing the ENROLLMENT CARD included with your kit and returning it to your employer. You and your Spouse are **GUARANTEED** to be accepted for \$50,000 **without submitting proof of insurability**.

For amounts exceeding \$50,000:

- Evidence of insurability is required and application may be made by completing a copy of the attached MEDICAL QUESTIONNAIRE for each applicant (employee and / or spouse) and returning it to your employer.

**Note:** Please ensure that the questionnaire is completed in its entirety. Omissions may result in delays in processing your application and confirming coverage.

## What Does it Cost?

### Bi-Monthly Rates per \$10,000 of Principal Sum

Age	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
15-19	0.43	0.49	0.36	0.39
20-24	0.43	0.49	0.36	0.39
25-29	0.62	0.74	0.64	0.77
30-34	0.69	0.88	0.81	1.09
35-39	0.80	1.14	1.00	1.58
40-44	1.13	1.90	1.36	2.56
45-49	2.01	4.04	1.96	4.14
50-54	3.27	7.56	2.58	5.73
55-59	5.28	13.32	3.54	7.75
60-64	9.07	22.62	5.05	10.08

Any misrepresentation of smoker status on your or your spouse's application will be deemed fraudulent and coverage will become void.





## Calculating Your Bi-Monthly Premium

Age, gender and smoker status determine the unit rates that apply to you and your spouse. Multiply the unit rates by the number of \$1,000 units of insurance selected for both you and your spouse.

**Example:** If both you and your spouse should participate and each of you selects \$50,000 of Principal Sum the following would be your premium:

	Principal Sum	Cost
Female Employee		
Age 32	\$50,000	\$4.05
Non-Smoker		
Male Spouse		
Age 31	\$50,000	\$3.45
Non-Smoker		
<b>Total Bi-Monthly Premium:</b>		<b>\$7.50</b>

Your premiums are paid through Payroll Deduction.

## Effective Date of Coverage

Insurance for employees and spouses, who have completed an application and have been approved by AXA Assurances Inc., shall take effect on the date the application is approved by AXA Assurances Inc.

The guarantee benefit amount shall take effect on the pay period coincident with or next following the date the Enrollment card was received by NSCAD University.

Employees must be actively at work for coverage to begin.

## To Whom are Benefits Paid?

The Principal Sum payable in the event of a Critical Illness will be payable to the Insured Person or the Insured Person's Estate.

## When does Insurance Coverage Stop?

You or your spouse's insurance coverage will stop on the earliest of the following dates:

- on the date this policy is terminated;
- on the premium due date if your employer fails to pay the required premium, except as the result of an inadvertent error;
- on the premium due date next following the date you give notice of cancellation to your employer;
- on the premium due date next following the date you or your spouse reach sixty-five (65) years of age;
- on the premium due date next following the date you cease to be an active employee on account of resignation, dismissal or retirement;
- on the premium due date next following the date your spouse ceases to be an eligible person;
- on the date the Principal Sum payment has been paid.

## Reinstatement

If an Insured Employee, whose insurance is terminated due to termination of employment on account of resignation or dismissal, layoff or leave of absence, is rehired within six (6) months of such termination, provided such Insured Employee requests reinstatement within thirty-one (31) days of his re-employment, the insurance may, at the discretion of the Policyholder, be reinstated for the Insured Employee and his Insured Spouse on the first day such Insured Employee returns to work on a full-time basis. The Insured Employee and his Insured



Spouse may not have to submit evidence of insurability and the amount of insurance and benefits that may be reinstated will not exceed their respective amounts of insurance and benefits then in effect on the date of termination. If the Insured Employee requests reinstatement after thirty-one (31) days of his re-employment, he will be treated as a new employee.

## Continuation of Coverage During Approved Leaves

Coverage under this policy may be continued for an Insured Employee and his Insured Spouse during any approved leave of absence, parental leave or disability leave of the Insured Employee, provided payment of premium is continued. Coverage as provided under this clause will terminate at 12:01 a.m., Standard Time:

- 1) With respect to any approved leave of absence, on the first (1st) day of the month following the completion of a twelve (12) month period that started on the date such approved leave of absence began or on the date the Insured Employee returns to work in any capacity for the Policyholder or any other employer, including self-employment, whichever is earlier.
- 2) With respect to any approved disability leave, on the date the Insured Employee reaches sixty-five (65) years of age, qualifies under a Waiver of Premium clause or returns to work in any capacity for the Policyholder or any other employer, including self-employment, whichever is earlier.

The coverage which is continued under this clause will be subject to the terms and provisions of this policy in effect as of the date of commencement of the leave, including any provision providing for reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in this policy, in no event will benefits payable for any loss which occurs while coverage is being continued under this clause exceed the amount of insurance that would have been payable to the Insured Person at the date of commencement of the leave of the Insured Employee.

## Conversion Option

If, with the exception of policy termination or benefit payment, an Insured Employee's insurance is terminated due to:

- 1) termination of employment,
- 2) cessation of eligibility for insurance under this policy or
- 3). cessation of a period of total disability after which the Insured Person did not return to work for the Policyholder,

and prior to attainment of age of sixty-five (65), the Insured Employee makes a written application to AXA Assurances Inc. within thirty-one (31) days of said termination, AXA Assurances Inc. will, without evidence of insurability, issue on the life of such Insured Employee and his Insured Spouse an individual Critical Illness policy. The amount of insurance that may be converted will not exceed their respective amounts of insurance then in effect on the date of termination or a total aggregate of one hundred and fifty thousand dollars (\$150,000) per person for all such conversions with AXA Assurances Inc.

Premiums for such an individual Critical Illness policy being issued in compliance with the aforementioned condition will be calculated at AXA Assurances Inc. manual rates then in force for the attained age of the Insured Person at the date of conversion. Premiums will be payable annually in advance and the individual Critical Illness policy will be issued on an annually renewable basis.

## Waiver of Premium

When an Insured Person becomes totally disabled and unable to engage in any gainful occupation for which he is or may become reasonably qualified by reason of his education, training or experience, provided that the disability has continued for a period of at least six (6) consecutive months and notice of such disability has been submitted to AXA Assurances Inc. within twelve (12) months of total disability and due proof of disability was submitted to AXA within three (3) months following the date notice was given, AXA Assurances Inc. will waive the premiums of the Insured Person from the first of the month following six (6) months of continuous total disability.

AXA Assurances Inc. will have the right to request proof of the continuance of total disability and may also require the disabled Insured Person to submit to an examination by our medical advisor, from time to time, as AXA Assurances Inc. may reasonably require, but in any event not more than once during each twelve (12) month period.

Premiums will continue to be waived until the earliest of the following dates:

- 1) on the date this policy is terminated;
- 2) on the date the Insured Person reaches sixty-five (65) years of age;
- 3) on the date the Insured Person ceases to be totally disabled;
- 4) on the date the Insured Person fails to provide proof satisfactory to AXA Assurances Inc. of the continuance of total disability; or
- 5) on the date the Insured Person does not attend to any medical examination arranged by AXA Assurances Inc.

The coverage which is continued under this clause will be subject to the terms and provisions of this policy in effect as of the date of commencement of disability, including any provision providing for reductions in amounts of insurance.

Notwithstanding anything contained to the contrary in this policy, in no event will benefits payable for any loss which occurs while coverage is being continued under this clause exceed the amount

of insurance that would have been payable to the Insured Person at the date of commencement of disability of the Insured Person.

## What We Will Not Pay for

The Principal Sum will not be paid if a Critical Illness results directly or indirectly from any one or more of the following causes:

- 1) Within ninety (90) days following the effective date of coverage of the Insured Person a) Diagnosis of Cancer is made, or b) any symptoms or medical problems commenced and initiated investigations leading to the subsequent Diagnosis of Cancer.
- 2) An intentionally self-inflicted injury or sickness, whether the Insured Person is sane or insane.
- 3) The use of illicit drugs other than as prescribed and administered by or in accordance with the instruction of a legally licensed medical practitioner.
- 4) From a Pre-existing Condition except if such Critical Illness is diagnosed twelve months after the Insured Person's effective date of coverage.

## Pre-existing Condition Exclusion

This pre-existing condition exclusion applies only to the guarantee issue amount of \$50,000. However, if the Insured Person applied for and was approved for a higher amount than the \$50,000 guarantee issue limit, this pre-existing condition exclusion will not apply to such Insured Person.

The Principal Sum will not be paid for Critical Illness which results directly or indirectly from a Pre-existing Condition. However, if the Critical Illness is diagnosed after twelve (12) months from the effective date of the Insured Person's coverage, the claim will not be reduced or denied under this exclusion.

If this policy replaces one with another Insurer providing similar benefits, an Insured Person who has satisfied the time period of pre-existing conditions limitation in a prior policy will be deemed to have satisfied the time period in this policy, but only to the extent of the benefit amount and Critical Illness covered in the prior policy.





The prior policy must be cancelled within thirty-one (31) days prior to the date this policy came into force.

An Insured Person who has not satisfied the time period of pre-existing conditions limitation in a prior policy will be allowed to apply any amount of time satisfied under the pre-existing conditions limitation of the prior policy toward the satisfaction of the time period requirement of this pre-existing conditions exclusion, but only to the extent of the benefit amount and Critical Illnesses covered in the prior policy. Any additional benefit amount provided in this policy will be subject to the terms of this exclusion. The prior policy must be cancelled within thirty-one (31) days prior to the date this policy came into force.

## In the Event of A Claim

Your employer should be contacted immediately.

Written notice of the claim must be given to AXA Assurances Inc. within thirty (30) days after the date of the diagnosis and written proof of loss must be submitted ninety (90) days after the date of diagnosis.

Failure to furnish such notice or proof within such time shall not invalidate nor reduce any claim if it is shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date of the diagnosis.

This booklet is your outline of the coverage held under the Optional Program of Critical Choice Care™ insurance and should be retained for reference. The group Master Policy sets forth in detail the term and conditions of the program and all rights and obligations are determined in accordance with the Master Policy, not this booklet. For exact provisions of coverage, please contact your Employer.

In witness whereof, AXA Assurances Inc. has caused the booklet to be signed by its President and Chief Executive Officer and Chairman of the Board.



Jean-Denis Talon  
Chairman of the Board

Jean-Francois Blais  
President and Chief Executive Officer