



Critical Illness Definitions

HEART ATTACK: means the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis must be confirmed in writing by a physician who is a certified cardiologist and should be based on new electrocardiograph changes consistent with heart attack as well as an elevation in cardiac enzyme levels.

CANCER: means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. This includes leukemia, Hodgkin's disease and invasive melanoma but does not include:

- carcinoma in situ
- Kaposi's sarcoma or other AIDS related cancers and cancer in the presence of human immunodeficiency virus (HIV)
- Skin cancer or melanoma that is not invasive and has not exceeded .75 millimeters in depth.
- Prostate cancer diagnosed as T1N0M0 or equivalent staging.

A physician certified as an oncologist must confirm diagnosis in writing.

STROKE: means that the insured person has suffered a cerebrovascular incident, excluding transient ischemic attack (TIA), producing infarction of brain tissue due to thrombosis, hemorrhage from an intracranial vessel or embolization caused by an extracranial source. There must be evidence of permanent neurological deficit persisting for 30 consecutive days, supported by evidence that the deficit is resulting from the stroke, confirmed in writing by a physician who is certified as a neurologist.

KIDNEY FAILURE: means end stage renal disease due to chronic irreversible failure of both kidneys ability to function, requiring the insured person to undergo regular hemodialysis, peritoneal dialysis, or renal transplantation. A physician who is certified in nephrology must confirm diagnosis in writing.

CORONARY ARTERY BYPASS SURGERY: means surgery performed by a physician who is certified as a cardiovascular surgeon to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, or other intra-arterial techniques will not be considered to be a covered critical illness.

BLINDNESS: means the total and irrecoverable loss of sight in both eyes due to injury or sickness. Corrected visual acuity must be 20/200 or less in both eyes and the field of vision must be less than 20 degrees in both eyes. A physician certified in ophthalmology must clinically confirm the diagnosis in writing.

PARALYSIS: means the total and irrecoverable loss of function of two or more limbs through neurological damage due to injury or sickness, provided such loss of function continually lasts for 365 consecutive days and such loss of function is thereafter determined on evidence satisfactory to the company to be permanent. A physician certified as a neurologist must confirm diagnosis in writing.

MAJOR ORGAN TRANSPLANT: means being either the recipient of a transplanted heart, heart and lung, both lungs, pancreas, liver or bone marrow performed by a physician who is certified to conduct any such transplant, or enrolled in a recognized organ or bone marrow transplant program for one or more of the organs or bone marrow specified in this provision.

MULTIPLE SCLEROSIS: means the unequivocal written diagnosis by a physician who is certified as a neurologist confirming at least moderate persisting neurological abnormalities, with impairment of function, but not necessarily confining the insured person to a wheelchair or bed.

AMYOTROPHIC LATERAL SCLEROSIS (ALS): means unequivocal diagnosis of ALS resulting in the inability to perform three of the five activities of daily living without assistance. A physician who is certified as a neurologist must confirm diagnosis in writing.

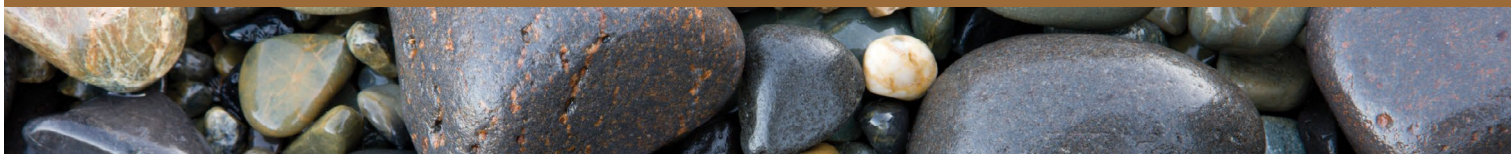
ALZHEIMER'S DISEASE: means the diagnosis that the insured person has Alzheimer's disease, which is a progressive degenerative disease of the brain. The diagnosis must be supported by medical evidence that the insured person exhibits the loss of intellectual capacity resulting in impairment of their memory and judgment, which results in a significant reduction in their mental and social functioning, such that they require permanent daily personal supervision for the activities of daily living. All other dementing organic brain disorders and psychiatric illnesses are excluded from this insured condition definition. A physician who is certified as either a neurologist or a psychiatrist must confirm diagnosis in writing.

COMA: means the insured person has been in a state of unconsciousness for a continuous period of at least 96 hours, during which external stimulation produced no more than primitive avoidance reflexes. A physician who is certified as a neurologist must confirm diagnosis in writing.

DEAFNESS: means the diagnosis of permanent loss of hearing in both of the insured person's ears, with an auditory threshold of more than 90 decibels in each ear. A physician, who is certified as an otolaryngologist must confirm diagnosis in writing.

PARKINSON'S DISEASE: means unequivocal diagnosis of primary idiopathic Parkinson's disease resulting in the inability to perform three of the five activities of daily living without assistance. Diagnosis should show signs of progressive impairment and must be confirmed in writing by a physician who is certified as a neurologist.

SEVERE BURNS: means the insured person has third degree burns covering at least 20% of the surface area of their body. A physician who is certified as a plastic surgeon must confirm diagnosis of this condition in writing.



OPTIONAL CRITICAL ILLNESS APPLICATION

Coverage, if selected, becomes effective on the first of the month following the date Johnstone's Benefits receives your completed application.

☐ **YES**

Please deduct premiums due for the insurance I have selected below through payroll deductions.

☐ **NO**

I have been given the opportunity to apply for this insurance, but I do not want to participate.

Employee name: _____ Employee Signature: _____

Date:

IMPORTANT: You must complete this form and return it to your employer, whether or not you choose to participate in the plan.

ENROLLMENT

To participate, check the YES box above, and complete this application. If you do not want this coverage, check the NO box above, and complete the employee's name and signature section of this application. This form is written evidence of your decision to accept or decline coverage. Return it to your plan administrator as soon as possible.

Employee's Name _____

☐ Male ☐ Female

Date of Birth

☐ Smoker ☐ Non-Smoker

Benefit Selection

No. of Units		Rate per Unit	Monthly Premium
	X		\$ (a)

I HEREBY APPLY for optional critical illness insurance plan, as outlined under the terms of the master policy subscribed by my employer.

I CONFIRM that the information contained in this form is true and complete to the best of my knowledge.

If applying for benefits for my dependents, I CONFIRM THAT I AM AUTHORIZED to disclose information concerning them for the purpose of determining their eligibility for coverage.

On behalf of myself and my dependents, I CONSENT TO THE RELEASE of the information contained in this form to my employer/ policyholder, Johnstone's Benefits and its employees, and the agents, insurers and service providers for the purpose of underwriting, administration, claims processing and the enrollment of myself and my dependents in my employer's/policyholder's optional critical illness insurance plan.

Spouse's Name _____

Only complete spousal information if also applying for coverage.

☐ Male ☐ Female

Date of Birth

☐ Smoker ☐ Non-Smoker

Benefit Selection

No. of Units		Rate per Unit	Monthly Premium
	X		\$ (b)

Employee name: _____

Employee Signature: _____

Date:

Dependent children coverage can be added to either employee or spousal coverage. This provides \$3,000 benefit for each dependent child.

☐ Add Dependent Children Coverage \$ 0.50/month (c)

Benefit Selection TOTAL

Total monthly premiums due	\$ (a+b+c)
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For further details about this and other products contact



Johnstone's Benefits

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Underwritten by

Chubb Life Insurance Company of Canada

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