Critical Illness Definitions and Diagnostic Requirements

The Company reserves the right to have any Critical Illness Diagnosis reviewed by a Specialist of its choosing. In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to request an examination of either the Insured Person or the evidence used in arriving at such Diagnosis by an independent acknowledged expert selected by the Company in the applicable field of medicine. The opinion of such expert as to such Diagnosis shall be binding on both the Insured Person and the Company.

Blindness: Defined as a definite Diagnosis of the total and Irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes; or
- the field of vision being less than 20 degrees in both eyes.

The Diagnosis of Blindness must be made by a Specialist.

Cancer (Life-Threatening): Defined as a malignant tumour. This tumour must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cancer (Life-Threatening) includes carcinoma, melanoma, sarcoma, leukemia, lymphoma, and sarcoma.

Cancer (Life-Threatening) must be positively Diagnosed by a Specialist and confirmed by a histopathology report.

No benefit will be payable for the following:

- lesions described as benign, non-invasive, pre-malignant, of low and/or uncertain malignant potential, borderline, Carcinoma In Situ, or tumours classified as Tis or Ta;
- Malignant Melanoma of skin that is less than or equal to 1.0mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- any non-melanoma skin cancer, without lymph node or distant metastasis. This includes but is not limited to, cutaneous T cell lymphoma, Basal Cell Carcinoma, Squamous Cell Carcinoma or Merkel cell carcinoma;
- prostate cancer classified as T1, without lymph node or distant metastasis;
- papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0cm in greatest dimension and classified as T1, without lymph node or distant metastasis;
- chronic lymphocytic leukemia classified as Rai stage 0 without enlargement of lymph nodes, spleen or liver and with normal red blood cell and platelet counts;
- gastro-intestinal stromal tumours classified as AJCC Stage 1;
- grade 1 neuroendocrine tumours (carcinoid) confined to the affected organ, treated with surgery alone and requiring no additional treatment; or
- thymomas confined to the thymus, without evidence of invasion into the capsule or spread beyond the thymus.

For purposes of the policy, T1 prostate cancer means a clinically inapparent tumour that was not palpable on digital rectal examination and was incidentally found in resected prostatic tissue.

For purposes of the policy, the term gastrointestinal stromal tumours (GIST) classified as AJCC Stage 1 means:

- Gastric and omental GISTs that are less than or equal to 10 cm in greatest dimension with five or fewer mitoses per 5 mm^2, or 50 per HPF; or
- Small intestinal, esophageal, colorectal, mesenteric and peritoneal GIST that are less than or equal to 5 cm in greatest dimension with five or fewer mitoses per 5 mm^2, or 50 per HPF;

For purposes of the policy, the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 1 are defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 8th Edition, 2018.

For purposes of the policy, the term Rai stage 0 is defined in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. *Blood* 46:219, 1975.

Cancer (Non-Life-Threatening): the benefit will provide a percentage of the Benefit Amount as listed on the Policy Declarations for the following conditions:

1) Stage I Malignant Melanoma that is classified as T1 or T2 without lymph node or distant metastasis, including Malignant Melanoma in situ;
2) Basal Cell or Squamous Cell Carcinoma that has spread beyond the hypodermis (the deepest layer of skin) and has not Metastasized;
3) stage I colon cancer that is classified as T1 or T2 without lymph node or distant metastasis;
4) Carcinoma In Situ;
5) prostate cancer classified as T1, without lymph node or distant metastasis;
6) papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 4.0 cm in greatest dimension and classified as T1 or T2, without lymph node or distant metastasis;
7) chronic lymphocytic leukemia classified as Rai stage 0 without enlargement of lymph nodes, spleen or liver and with normal red blood cell and platelet counts; or
8) any tumour in the presence of Human Immunodeficiency Virus (HIV).

Cancer (Non-Life-Threatening) must be positively Diagnosed by a Specialist and supported with pathological report.

Only one claim per Cancer (Non-Life-Threatening) condition is permitted for partial payment for Cancer (Non-Life-Threatening).

For purposes of this policy:

- T1a or T1b prostate cancer means a clinically unapparent tumour that was not palpable on digital rectal examination and was incidentally found in resected prostatic tissue;
- the terms T1a, T1b, T1, and T2 are defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 8th Edition, 2018; and
- the term Rai stage 0 is defined in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.

Coma: A profound state of unconsciousness with no reaction to external stimuli or response to internal needs from which the individual cannot be aroused, even by powerful stimulation, and lasts for a continuous period of at least 96 hours and for which period the Glasgow coma sore must be 4 or less.

The Diagnosis of Coma must be made by a Specialist and indicate that permanent neurological deficit is present.

Exclusion: No benefit will be payable under this condition for:

- medically induced coma; or,
- a coma which results directly from alcohol or drug use; or,
- a Diagnosis of brain death.

Coronary Artery Bypass Surgery: Undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

The Diagnosis of the condition that necessitates the need for a Coronary Artery Bypass Surgery must be made by a cardiologist and based on angiographic evidence of the underlying disease.

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

Heart Attack (Acute Myocardial Infarction): Defined as 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 Acute Myocardial Infarction, with at least one of the following:

- heart attack symptoms, or

- new electrocardiographic (ECG) changes consistent with a heart attack, or
- development of new pathological Q waves on ECG following coronary angiography and/or angioplasty.

The Diagnosis of Heart Attack must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for:

- ECG changes suggestive of a prior myocardial infarction;
- Other acute coronary syndromes, including angina pectoris and unstable angina;
- Elevated cardiac biomarkers markers and/or symptoms that are readily explained by diagnoses other than heart attack.

Kidney Failure: Defined as a definite Diagnosis of chronic Irreversible failure of both kidneys to function, as a result of which regular hemodialysis, peritoneal dialysis or renal transplantation is initiated.

The Diagnosis of Kidney Failure must be made by a Specialist.

Loss of Speech: Defined as a definite Diagnosis of the total and Irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days.

The Diagnosis of Loss of Speech must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for all psychiatric related causes.

Occupational HIV Infection: Defined as a definite Diagnosis of infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the Insured Person's normal occupation, which exposed the person to HIV contaminated body fluids. The accidental injury leading to the infection must have occurred after the Insured Person's Effective Date.

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

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

The Diagnosis of Occupational HIV Infection must be made by a Physician.

Exclusion: No benefit will be payable under this condition if:

- the Insured Person has elected not to take any available licensed vaccine offering protection against HIV;
- a licensed cure for HIV infection has become available prior to the accidental injury; or
- HIV infection has occurred as a result of non-accidental injury including, but not limited to, sexual transmission and intravenous (IV) drug use.

Stroke (Cerebrovascular Accident): Resulting in persistent neurological deficit is defined as 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 showing changes that are consistent in character, location and timing with the new neurological deficits.

The Diagnosis of Stroke must be made by a Specialist.

For greater certainty, neurological deficits must be detectable by a Specialist and may include, but are not restricted to, measurable loss of hearing, objective loss of sensation, paralysis, localized weakness, dysarthria (difficulty with pronunciation), dysphasia, (difficulty with speech) dysphagia (difficulty in swallowing), measurable visual impairment, impaired gait (difficulty walking), difficulty with balance, lack of coordination, seizures undergoing treatment or measurable changes in neuro-cognitive function. Headache or fatigue will not be considered a neurological deficit.

Exclusion: No benefit will be payable under this condition for:

- transient ischaemic attacks;
- intracerebral vascular events due to trauma;
- ischaemic disorders of the vestibular system; or
- death of tissue of the optic nerve or retina without total loss of vision of that eye; or
- lacunar infarcts which do not meet the definition of stroke as described above