LIFE AND HEALTH
INSURANCE

Critical Illness Coverage Guide



beneva

Table of Contents

Critical Illness Coverage Guide 1
Covered illnesses per selected coverage 2
Conditions and periods applicable to certain illnesses 3
- Survival period 3
- Minimum symptom duration 4
- Exclusion period 4
- Periods applicable to each illness 5

Understanding what a covered illness is 6
- Aortic Surgery 6
- Aplastic Anemia 6
- Autism Spectrum Disorder 7
- Bacterial Meningitis 7
- Benign Brain Tumour 7
- Blindness 8
- Cancer 8
- Cancer (covered under the Supplementary Benefit) 9
- Cerebral Palsy 10
- Coma 10
- Coronary Angioplasty (covered under the Supplementary Benefit) 10
- Coronary Artery Bypass Surgery 11
- Cystic Fibrosis 11
- Deafness 11
- Dementia, including Alzheimer's Disease 12
- Down Syndrome 12
- Heart Valve Replacement or Repair 12
- Kidney Failure 13
- Loss of Independent Existence 13
- Loss of Limbs 14
- Loss of Speech 14
- Major Organ Failure on Waiting list 14
- Major Organ Transplant 14
- Motor Neuron Diseases 15
- Multiple Sclerosis 15
- Muscular Dystrophy 15
- Occupational HIV Infection 16
- Paralysis 16
- Parkinson's Disease and specified atypical Parkinsonian disorders 16
- Severe Burns 17
- Severe Congenital Heart Disease 17
- Severe Heart Attack (Acute Myocardial Infarction) 18
- Severe Traumatic Brain Injury 18
- Stroke (resulting in severe neurological deficits) 19
- Type 1 Diabetes Mellitus 19

Critical Illness Coverage Guide

Fully understanding the scope of critical illness coverage is not always easy. The purpose of this guide is to outline the various coverage options, the covered illnesses as well as the applicable periods, including survival, symptom-onset and exclusion.

It also contains definitions and other useful information.

All claims are processed according to the policy's terms and conditions at the time of the event. The insurer is responsible for confirming the eligibility of the claim.

The guide is provided for information purposes only. In the event of disparity, the insurance policy has precedence.

Covered illnesses per selected coverage

The following table allows you to compare the coverage with covered illnesses.

Legend
●: included —: not included

List of covered illnesses	Basic (4)	Enhanced (26)	Child (30)	Children's critical illness insurance rider* (15)	Critical illness rider** (4)	Universal life critical illness benefit for children*** (8)
Aortic surgery	—	●	●	—	—	—
Aplastic anemia	—	●	●	—	—	—
Autism spectrum disorder	—	—	●	●	—	●
Bacterial meningitis	—	●	●	—	—	—
Benign brain tumour	—	●	●	●	—	—
Blindness	—	●	●	●	—	●
Cancer	●	●	●	●	●	●
Cerebral Palsy	—	—	—	●	—	—
Coma	—	●	●	—	—	—
Coronary artery bypass surgery	●	●	●	—	●	—
Cystic fibrosis	—	—	●	●	—	—
Deafness	—	●	●	●	—	●
Dementia, including Alzheimer's disease	—	●	●	—	—	—
Down syndrome	—	—	—	●	—	—
Heart valve replacement or repair	—	●	●	—	—	—
Kidney failure	—	●	●	●	—	●
Loss of independent existence	—	●	●	—	—	—
Loss of limbs	—	●	●	—	—	—
Loss of speech	—	●	●	—	—	—
Major organ failure on waiting list	—	●	●	●	—	—
Major organ transplant	—	●	●	●	—	●
Motor neuron disease	—	●	●	—	—	—
Multiple sclerosis	—	●	●	—	—	—
Muscular dystrophy	—	—	●	●	—	●
Occupational HIV infection	—	●	●	—	—	—
Paralysis	—	●	●	●	—	●
Parkinson's disease and specified atypical Parkinsonian disorders	—	●	●	—	—	—
Severe burns	—	●	●	—	—	—
Severe congenital heart disease	—	—	—	●	—	—
Severe heart attack (acute myocardial infarction)	●	●	●	—	●	—
Severe traumatic brain injury	—	●	●	—	—	—
Stroke (resulting in severe neurological deficits)	●	●	●	—	●	—
Type 1 diabetes mellitus	—	—	●	●	—	—

* Offered with the Basic and Enhanced Critical Illness coverages, as well as with permanent, term, and universal life insurance products. | ** Offered with permanent, term, and universal life insurance products.
*** Included at no additional cost with a child universal life insurance product.

List of covered illnesses	Basic (4)	Enhanced (26)	Child (30)	Children's critical illness insurance rider* (15)	Critical illness rider** (4)	Universal life critical illness benefit for children*** (8)
Medical conditions covered by the supplementary benefit (15% of the insured amount, up to a maximum of $50,000)						
Coronary angioplasty	—	●	●	—	—	—
In situ breast cancer	—	●	●	—	—	—
Malignant melanoma of skin that is less than or equal to 1.0mm in thickness that is not ulcerated nor has spread to lymph nodes or other organs	—	●	●	—	—	—
Prostate cancer described as AJCC T1 and Gleason grade 6 or less	—	●	●	—	—	—
Thyroid cancer, described as AJCC T1 and has not spread to lymph nodes or other organs	—	●	●	—	—	—
Chronic lymphocytic leukemia classified as Rai stage 0	—	●	●	—	—	—
Gastro-intestinal stromal tumours classified as AJCC Stage 1	—	●	●	—	—	—
Neuroendocrine tumours classified as AJCC Stage 1	—	●	●	—	—	—

* Offered with the Basic and Enhanced Critical Illness coverages, as well as with permanent, term, and universal life insurance products. | ** Offered with permanent, term, and universal life insurance products.
*** Included at no additional cost with a child universal life insurance product.

Conditions and periods applicable to certain illnesses

For certain covered illnesses, a diagnosis or surgery is not enough to be entitled to a benefit. Additional conditions or periods **may have to be met for the claim to be approved**.

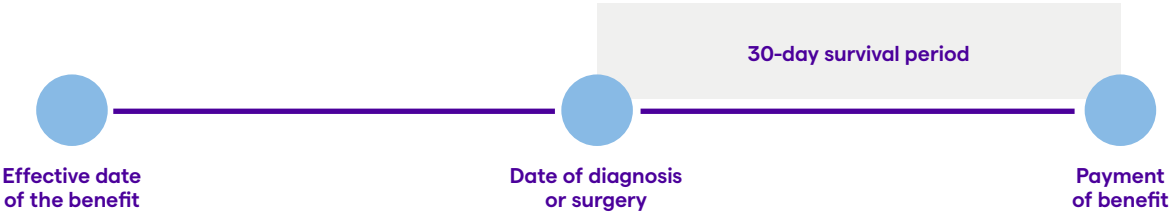
The sections below outline the main periods in question, specifically the survival, symptom-onset and exclusion periods, as well as their effect on eligibility.

Survival period

Survival period means the period starting on the date of diagnosis or on the date of surgery for the covered condition. The survival period does not include the number of days on life support. The insured person must be alive at the end of the survival period and must not have experienced irreversible cessation of all functions of the brain.

Life support means the insured person is under the regular care of a licensed physician for nutritional, respiratory and/or cardiovascular support when Irreversible cessation of all functions of the brain has occurred.

A survival period applies to certain covered conditions. Where no survival period applies to a covered condition, the insured person must be alive on the date of diagnosis.

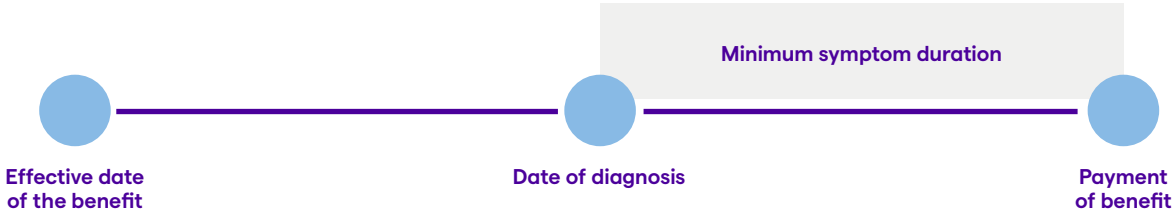


Minimum symptom duration

For certain covered illnesses, the insured person must have symptoms, neurological deficits, loss of function or meet certain criteria for a minimum period of time before a benefit can be payable.

The start date of this period varies depending on the condition and may correspond to the date of diagnosis, the occurrence of the precipitating event, the loss of function or the time when the criteria set out in the contract are met.

The benefit is payable only if the required conditions are maintained throughout the applicable symptom manifestation period.



Exclusion period

To be eligible for a benefit for certain illnesses, your critical illness insurance must be in effect for a specified period of time called **the exclusion period**. No benefit will be paid if, before the end of this period:

- you have the first symptoms or signs of the condition, regardless of when you are diagnosed.
- you are undergoing examinations or investigations that lead to the diagnosis of the condition, regardless of when it was diagnosed.
- the illness is diagnosed.

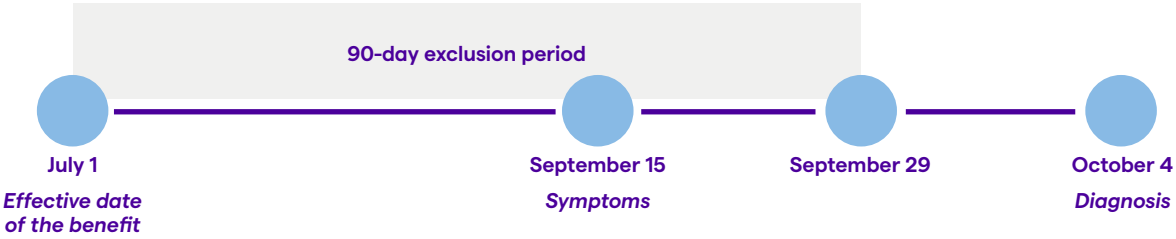
Coverage only applies if none of these events occur during the exclusion period.

Example:

*You have purchased **Enhanced critical illness insurance**, with an effective date of **July 1**. On **September 15**, you notice the appearance of a new persistent cough and unintentional weight loss. You see your doctor in the following days to determine the cause.*

*On **October 4**, **95 days after the effective date of your policy**, a diagnosis of **stage 1 lung cancer** is confirmed.*

Even if the diagnosis is made after the expiry of the 90-day exclusion period, any claim for benefits related to that diagnosis, or to any subsequent diagnosis of cancer, will be denied. The first signs or symptoms of the illness occurred during the exclusion period, making the claim ineligible under the contract.



Periods applicable to each illness

The table below outlines the periods applicable to each covered illness.

Legend

— : does not apply

List of covered illnesses	Survival period	Minimum symptom duration	Exclusion period
Aortic surgery	30 days following the date of surgery	—	—
Aplastic anemia	—	—	—
Autism spectrum disorder	—	—	—
Bacterial meningitis	—	90 days	—
Benign brain tumour		See the definition for the exact conditions	90 days*
Blindness	—	—	—
Cancer	—	—	90 days*
Cerebral Palsy	—	—	—
Coma	—	72 hours	—
Coronary artery bypass surgery	30 days following the date of surgery	—	—
Cystic fibrosis	—	—	—
Deafness	—	—	—
Dementia, including Alzheimer's disease	—	6 months	—
Down syndrome	—	—	—
Heart valve replacement or repair	30 days following the date of surgery	—	—
Kidney failure	—	—	—
Loss of independent existence	—	90 days	—
Loss of limbs	—	—	—
Loss of speech	—	180 days	—
Major organ failure on waiting list	—	—	—
Major organ transplant	—	—	—
Motor neuron disease	—	—	—
Multiple sclerosis	—	—	1 year*
Muscular dystrophy	—	—	—
Occupational HIV infection	—	See the definition for the exact conditions	—
Paralysis	—	90 days	—
Parkinson's disease and specified atypical Parkinsonian disorders	—	1 year	1 year*
Severe burns	—	—	—
Severe congenital heart disease	30 days following the date of diagnosis	—	—
Severe heart attack (acute myocardial infarction)	30 days following the date of diagnosis	—	—
Severe traumatic brain injury	—	180 days	—
Stroke (having caused severe neurological deficits)	30 days following the date of diagnosis	30 days	—
Type 1 diabetes mellitus	—	—	—

* Following the effective date of the benefit or the effective date of the last reinstatement

List of covered illnesses	Survival period	Minimum symptom duration	Exclusion period
Medical conditions covered by the supplementary benefit (15% of the insured amount, up to a maximum of $50,000)			
Coronary angioplasty	30 days following the date of the surgery	—	—
In situ breast cancer	—	—	90 days*
Malignant melanoma of skin that is less than or equal to 1.0mm in thickness that is not ulcerated nor has spread to lymph nodes or other organs	—	—	90 days*
Prostate cancer described as AJCC T1 and Gleason grade 6 or less	—	—	90 days*
Thyroid cancer, described as AJCC T1 and has not spread to lymph nodes or other organs		—	90 days*
Chronic lymphocytic leukemia classified as Rai stage 0	—	—	90 days*
Gastro-intestinal stromal tumours classified as AJCC Stage 1	—	—	90 days*
Neuroendocrine tumours classified as AJCC Stage 1	—	—	90 days*

* Following the effective date of the benefit or the effective date of the last reinstatement

Understanding what a covered illness is

The definitions below summarize the main characteristics of each critical illness, including the eligibility criteria, applicable periods as well as exclusions and important comments.

Aortic Surgery

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.

Survival period

30 days following the date of surgery

Exclusions

No benefit will be payable under this condition for:

- angioplasty
- heart valve replacement
- intra-arterial procedures
- percutaneous trans-catheter procedures; or
- non-surgical procedures

Comments

The thoracic or abdominal aorta (the artery, not the branches) must be surgically replaced.

Coverage options for this illness

Enhanced, Child

Aplastic Anemia

A definite diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:

- marrow stimulating agents
- immunosuppressive agents; or
- bone marrow transplant

The diagnosis of aplastic anemia must be made by a specialist.

Comments

Aplastic anemia is a disease that occurs when the bone marrow is no longer able to produce red blood cells, white blood cells, and platelets.

Coverage options for this illness

Enhanced, Child

Autism Spectrum Disorder

A definite diagnosis of autism spectrum disorder based on the DSM-5 (The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) or ICD-11 (International Classification of Diseases 11th Revision from the World Health Organization) diagnostic criteria. The diagnosis must be confirmed by a specialist by the fourth (4th) birthday of the insured person.

All claims for this diagnosis made after the insured person's fourth (4th) birthday will be denied.

Comments

Autism entails a detachment from reality, including loss of communication with the outside world and the dominance of the inner world of the autistic's imagination.

Coverage options for this illness

Child, Children's critical illness insurance rider, Critical illness rider, Universal life critical illness benefit for children

Bacterial Meningitis

A definite diagnosis of meningitis, confirmed by cerebrospinal fluid showing the presence of pathogenic bacteria. The presence of pathogenic bacteria must be confirmed by culture or other generally medically accepted microbiological testing. The bacterial meningitis must result in objective neurological deficits persisting for at least 90 days from the date of diagnosis.

The neurological deficits must be detectable and measurable by a specialist. Examples of neurological deficits are measurable weakness in a limb, impaired speech and measurable changes in cognition. Headache or fatigue will not be considered a neurological deficit.

The diagnosis of bacterial meningitis must be made by a specialist.

Minimum symptom duration

90 days following the date of diagnosis

Exclusions

No benefit will be payable under this condition for viral meningitis.

Comments

Bacterial meningitis is an infection of the brain, caused by bacteria, that leads to neurological deficits. These deficits must be present for at least 90 days and must be confirmed by a neurologist.

Coverage options for this illness

Enhanced, Child

Benign Brain Tumour

A definite diagnosis of a non-malignant tumour originating in the cranial vault from the brain, meninges, or cranial nerves. The insured person must have undergone surgery, radiation treatment or embolization, or the tumour must have caused new irreversible objective neurological deficits on clinical examination.

The new neurological deficits must be detectable and measurable by a specialist and must be corroborated by diagnostic imaging. The neurological deficits must persist continuously for more than 30 days following the date of diagnosis. Headache, fatigue, or the presence of hormonal imbalances caused by the tumour will not be considered a neurological deficit.

The diagnosis of benign brain tumour must be made by a specialist.

Exclusions

No benefit will be payable under this condition for:

- vascular malformations
- cholesteatomas; or
- infectious or inflammatory tumours

Minimum symptom duration

Refer to the definition for exact conditions

Exclusion period – 90 days

If, within the first 90 days after the effective date of the policy or within the first 90 days after a reinstatement of the policy, the insured person is diagnosed with any benign brain tumour or develops signs or symptoms that lead to the diagnosis of a benign brain tumour, we will not pay a benefit for this benign brain tumour or any future benign brain tumour diagnosis.

The medical information as described above must be reported to the Company within six (6) months of the date of the diagnosis. If this information is not provided, the Company has the right to deny any claim for benign brain tumour or, any critical illness caused by any benign brain tumour or its treatment.

Comments

A benign brain tumour is a non-cancerous tumour that must be confirmed by diagnostic tests and by a specialist.

Coverage options for this illness

Enhanced, Child, Children's critical illness insurance rider

Blindness

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.

Comments

Coverage for this disease is intended to cover situations where an insured person loses almost all of the use of both eyes.

Coverage options for this illness

Enhanced, Child, Children's critical illness insurance rider, Universal life critical illness benefit for children

Cancer

The uncontrolled growth of malignant cells and invasion of tissue confirmed by histopathological report.

The diagnosis of cancer must be made by a specialist and must be confirmed by a histopathological report.

Exclusions related to cancer

While most cancers are covered by this policy, the following early-stage cancers are not covered:

- malignant melanoma of skin that is less than or equal to 1.0 mm in thickness that is not ulcerated nor has spread to lymph nodes or other organs
- any non-melanoma skin cancer, without lymph node or distant metastases- This includes lymphoma which is confined to the skin
- prostate cancer unless described as AJCC T2 or higher and/or Gleason grade 7 or higher;
- thyroid cancer, unless described as AJCC T2 or higher, or has spread to lymph nodes or other organ
- chronic lymphocytic leukemia classified as Rai stage 0
- gastro-intestinal stromal tumours classified as AJCC Stage 1

- neuroendocrine tumours classified as AJCC Stage 1
- cancers described as carcinoma in situ, Tis or Ta;
- any pituitary neuroendocrine tumour (PitNET) unless the insured person has undergone surgery, radiation treatment or embolization, or the PitNET has caused new, irreversible, objective neurological deficits on clinical examination. The new neurological deficits must be detectable and measurable by a specialist and must be corroborated by diagnostic imaging. Headache, fatigue, or the presence of hormonal imbalances caused by the tumour will not be considered a neurological deficit.

Tumours (neoplasms) that are classified as uncertain malignant potential, borderline, or that are not classified as cancer (malignant) are not covered under this covered condition. Classification is based on the most current WHO Classification of Tumours series, also known as the ICD-O (International Classification of Diseases for Oncology), published by the International Agency of Research on Cancer (IARC).

Staging or classification refers to the most current (as of date of diagnosis) American Joint Committee on Cancer, *AJCC Prognostic Staging Guide* or Rai Staging System.

Exclusion period – 90 days

If, within the first 90 days after the effective date of the benefit or within the first 90 days after the effective date of last reinstatement of the benefit, the insured person is diagnosed with any cancer or develops signs or symptoms that lead to an eventual cancer diagnosis, we will not pay a benefit for this cancer or for any future cancer diagnosis.

The medical information as described above must be reported to the Company within six (6) months of the date of the diagnosis. If this information is not provided, the Company has the right to deny any claim for cancer or, any critical illness caused by any cancer or its treatment.

Comments

Cancer is the growth of abnormal cells that destroy healthy cells. Some cancers are less serious and are not considered life threatening, according to the definitions of a serious illness product. The excluded cancers are listed above. If a cancer that falls within the exclusions is not cured, progresses, and is subsequently diagnosed as part of a class of covered cancers, then the critical illness benefit becomes payable.

Coverage options for this illness

Basic, Enhanced, Child, Children's critical illness insurance rider, Critical illness rider, Universal life critical illness benefit for children

Cancer (covered under the Supplementary Benefit)

The diagnosis of one of the following cancers must be made by a specialist and must be confirmed by a histopathological report.

- in situ breast cancer
- malignant melanoma of skin that is less than or equal to 1.0mm in thickness that is not ulcerated nor has spread to lymph nodes or other organs
- prostate cancer described as AJCC T1 and Gleason grade 6 or less
- thyroid cancer, described as AJCC T1 and has not spread to lymph nodes or other organs
- chronic lymphocytic leukemia classified as Rai stage 0
- gastro-intestinal stromal tumours classified as AJCC Stage 1
- neuroendocrine tumours classified as AJCC Stage 1

Tumours (neoplasms) that are classified as uncertain malignant potential, borderline, or that are not classified as cancer (malignant) are not covered under this covered condition. Classification is based on the most current WHO Classification of Tumours series, also known as the ICD-O (International Classification of Diseases for Oncology), published by the International Agency of Research on Cancer (IARC).

Staging or classification refers to the most current (as of date of diagnosis) American Joint Committee on Cancer, *AJCC Prognostic Staging Guide* or Rai Staging System.

Exclusion period – 90 days

If, within the first 90 days after the effective date of the benefit or within the first 90 days after the effective date of last reinstatement of the benefit, the insured person is diagnosed with any cancer or develops signs or symptoms that lead to an eventual cancer diagnosis, we will not pay a benefit for this cancer or for any future cancer diagnosis.

Comments

Cancer is the growth of abnormal cells that destroy healthy cells. Some cancers are less serious and are not considered life threatening, according to the definitions of a serious illness product. For the conditions listed above, a reduced benefit corresponding to 15% of the insured amount is paid, up to a maximum of $50,000.

Coverage options for this illness

Under the Supplementary Benefit included in the Enhanced and Child coverages

(Payment of 15% of the insured amount, up to a maximum of $50,000. The insured amount is not reduced as a result of the payment of this supplementary benefit. The additional benefit may be paid a maximum of four (4) times. Only one benefit is payable per medical condition covered under this supplementary benefit.)

Cerebral Palsy

A definite diagnosis of cerebral palsy, characterized by spasticity and incoordination of movements. The diagnosis of cerebral palsy must be made by a specialist.

Comments

Presence of chronic neuro-motor problems.

Coverage options for this illness

Children's critical illness insurance rider

Coma

A definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 72 hours, and for which period the Glasgow coma score must be 6 or less. The diagnosis of coma must be made by a specialist.

Minimum symptom duration

72 hours

Exclusions

No benefit will be payable under this condition for:

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

Comments

A person may be in a coma for a short period of time and not suffer any aftereffects. This is why it is specified that the coma must last at least 72 hours and must require the use of a life support system.

Coverage options for this illness

Enhanced, Child

Coronary Angioplasty (covered under the Supplementary Benefit)

The undergoing of an interventional procedure to unblock or widen a coronary artery that supplies blood to the heart to allow an uninterrupted flow of blood. The procedure must be determined to be medically necessary by a specialist.

Comments

Coronary angioplasty is the widening of one coronary artery with a balloon. A balloon-tipped catheter is inserted into an artery (usually in the groin) and threaded up the body to the blockage or narrowing, where the balloon is then inflated. Recovery is short (approximately one day) and the risks of heart attack or emergency bypass surgery as a result of the procedure are low. Nearly 50% of patients with coronary artery disease are treated with this procedure. The medical term for this procedure is PTCA (percutaneous transluminal coronary angioplasty).

Survival period

30 days following the date of surgery

Coverage options for this illness

Under the Supplementary Benefit included in the Enhanced and Child coverages

(Payment of 15% of the insured amount, up to a maximum of $50,000. The insured amount is not reduced as a result of the payment of this supplementary benefit. The additional benefit may be paid a maximum of four (4) times. Only one benefit is payable per medical condition covered under this supplementary benefit.)

Coronary Artery Bypass Surgery

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

Exclusions

No benefit will be payable under this condition for:

- angioplasty
- intra-arterial procedures
- percutaneous trans-catheter procedures; or
- non-surgical procedures

Survival period

30 days following the date of surgery

Comments

If one or more arteries leading to the heart are blocked, surgery may be performed to overcome the blockage by substituting a vein or artery from another part of the body. This type of surgery is major and involves a long recovery period.

Coverage options for this illness

Basic, Enhanced, Child, Critical illness rider

Cystic Fibrosis

A definite diagnosis of cystic fibrosis with evidence of chronic lung disease and pancreatic insufficiency.

The diagnosis of cystic fibrosis must be made by a specialist before the twenty-fifth (25th) birthday.

Comments

A hereditary disease that leads to progressive respiratory failure and possible liver failure.

Coverage options for this illness

Child, Children's critical illness insurance rider

Deafness

A definite diagnosis of 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 3,000 hertz. The diagnosis of deafness must be made by a specialist.

Comments

Temporary hearing loss is more common than permanent hearing loss and can occur after an injury or accident. In order to provide coverage for permanent hearing loss in both (2) ears, the acceptable level of hearing loss must be specified.

Coverage options for this illness

Enhanced, Child, Children's critical illness insurance rider, Universal life critical illness benefit for children

Dementia, including Alzheimer's Disease

A definite diagnosis of dementia, which must be characterized by a progressive deterioration of memory and at least one of the following areas of cognitive function:

- aphasia (a disorder of speech)
- apraxia (difficulty performing familiar tasks)
- agnosia (difficulty recognizing objects); or
- 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.

The insured person must exhibit:

- 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 or tests of cognitive function; and
- evidence of progressive worsening in cognitive and daily functioning either by serial cognitive tests or by history over at least a 6-month period.

The diagnosis of dementia must be made by a specialist.

Minimum symptom duration

6 months

Exclusions

No benefit will be payable under this condition for affective or schizophrenic disorders, or delirium.

For purposes of the policy, reference to the Mini Mental State Exam is to Folstein MF, Folstein SE, McHugh PR, J Psychiatry Res. 1975 ;12(3):189.

Comments

This condition is difficult to diagnose. The definition is therefore specifically linked to the behaviour and symptoms observed and confirmed by a specialist in the field.

Coverage options for this illness

Enhanced, Child

Down Syndrome

A definite diagnosis of down syndrome confirmed by a physician specializing in the evaluation and management of down syndrome.

Comments

Genetic disorder that results from having a third chromosome 21 in addition to the normal two.

Coverage options for this illness

Children's critical illness insurance rider

Heart Valve Replacement or Repair

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.

Exclusions

No benefit will be payable under this condition for:

- angioplasty
- intra-arterial procedures
- percutaneous trans-catheter procedures; or
- non-surgical procedures

Survival period

30 days following the date of surgery

Comments

The affected valve must be replaced or repaired by surgery.

Coverage options for this illness

Enhanced, Child

Kidney Failure

A definite diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated. The diagnosis of kidney failure must be made by a specialist.

Comments

The benefit is payable when both kidneys have ceased to function and the insured person requires regular dialysis or a kidney transplant.

Coverage options for this illness

Enhanced, Child, Children's critical illness insurance rider, Universal life critical illness benefit for children

Loss of Independent Existence

A definite diagnosis of the total inability, due to disease or injury, to perform independently (without help), with or without the aid of assistive devices:

- at least 2 of the 5 activities of daily living listed below
- for a continuous period of at least 90 days
- and with no reasonable chance of recovery.

The diagnosis must be made by a physician and supported by an independent home care assessment made by an occupational therapist or equivalent.

Activities of daily living are as follows:

- **bathing:** washing oneself in a bathtub, shower or by sponge bath
- **dressing:** putting on and removing necessary clothing, braces, artificial limbs or other surgical appliances; self grooming, nail and oral care
- **bladder and bowel continence:** managing one's bladder and bowel function with or without protective undergarments or surgical appliances so that hygiene is maintained
- **Transferring:** being able to stand from a sitting position, as well as getting in and out of bed, the ability to walk independently from one location to another, getting on and off the toilet and maintaining personal hygiene
- **feeding:** consuming food or drink that already have been prepared and made available.

Minimum symptom duration

90 days

Exclusions

No benefit will be payable under this condition if the loss of independent existence is the result of a condition for which the critical illness insurance benefit was declined for the 90-day or 1-year exclusion.

No benefit will be payable for this condition for all mental or nerve disorders not stemming from a biological source.

Coverage options for this illness

Enhanced, Child

Loss of Limbs

A definite diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The diagnosis of loss of limbs must be made by a specialist.

Comments

Amputation must result in the irreversible loss of limbs.

Coverage options for this illness

Enhanced, Child

Loss of Speech

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.

Minimum symptom duration

180 days

Exclusions

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

Comments

Temporary loss of speech is more common than permanent loss of speech and may result from a simple sore throat. For this reason, a number of days is specified in the definition.

Coverage options for this illness

Enhanced, Child

Major Organ Failure on Waiting list

A definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ failure on waiting list, the insured person must become enrolled as the recipient in a recognized transplant centre in Canada or the United States of America that performs the required form of transplant surgery. The diagnosis of the major organ failure must be made by a specialist.

Comments

The protections for “major organ transplant” and “major organ failure on waiting list” reflect two (2) distinct situations. The last one is for the insured person who is registered on a transplant waiting list.

Coverage options for this illness

Enhanced, Child, Children’s critical illness insurance rider

Major Organ Transplant

A definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ transplant, the insured person must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities. The diagnosis of the major organ failure must be made by a specialist.

Comments

Each of the organs mentioned above must be diseased to the point of requiring a transplant.

Coverage options for this illness

Enhanced, Child, Children’s critical illness insurance rider, Universal life critical illness benefit for children

Motor Neuron Disease

A definite diagnosis of 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.

The diagnosis of motor neuron disease must be made by a specialist.

Comments

Motor neuron diseases are degenerative diseases of the nerve cells that control the movements of skeletal muscles. In some cases, the insured has difficulty speaking and swallowing. However, the intellectual functions remain intact.

Coverage options for this illness

Enhanced, Child

Multiple Sclerosis

The diagnosis of multiple sclerosis as defined by the consensus diagnostic criteria for multiple sclerosis in use in Canada at the time of diagnosis. The diagnosis must be made by a neurologist.

Exclusions

No benefit will be payable for the following:

- solitary sclerosis
- clinically isolated syndrome
- radiologically isolated syndrome; or
- suspected multiple sclerosis or probable multiple sclerosis

Exclusion period – 1 year

If, within the first year after the effective date of the policy or within the first year after a reinstatement of the policy, the insured person is diagnosed with multiple sclerosis or develops signs or symptoms that lead to a multiple sclerosis diagnosis, we will not pay a benefit for this multiple sclerosis or for any future multiple sclerosis diagnosis.

Comments

Multiple sclerosis is a progressive disease that attacks the nervous system. This condition is difficult to diagnose in its early stages and symptoms may sometimes only be present for a short time. In order to increase the chances of a reliable diagnosis, the diagnosis must therefore be made by a neurology specialist, the neurologist.

Coverage options for this illness

Enhanced, Child

Muscular Dystrophy

A definite diagnosis of muscular dystrophy with associated symptoms and deficits, confirmed by a Physician specializing in the evaluation and management of muscular dystrophy before the twenty-fifth (25th) birthday.

Comments

Impairment of muscle group functions resulting in anatomical motor changes.

Coverage options for this illness

Child, Children's critical illness insurance rider, Universal life critical illness benefit for children

Occupational HIV Infection

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 later of the effective date of the policy, or the effective date of last reinstatement of the policy.

Payment under this condition requires satisfaction of all the following:

a) the accidental injury must be reported to the insurer 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 of America; and

e) 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 specialist.

Minimum symptom duration

Refer to the definition for exact conditions

Exclusions

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.

Comments

The conditions listed above must be met for the infection to be considered having been contracted in the workplace.

Coverage options for this illness

Enhanced, Child

Paralysis

A definite diagnosis of 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. The diagnosis of paralysis must be made by a specialist.

Minimum symptom duration

90 days following the triggering event

Comments

A benefit is paid when the insured cannot voluntarily move at least two (2) limbs, this condition must persist for at least 90 days.

Coverage options for this illness

Enhanced, Child, Children's critical illness insurance rider, Universal life critical illness benefit for children

Parkinson's Disease and specified atypical Parkinsonian disorders

A definite diagnosis of primary Parkinson's disease, a permanent neurologic condition which must be characterized by bradykinesia (slowness of movement) and at least one of: muscular rigidity or rest tremor. The insured person 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 are defined as a definite diagnosis of progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.

The diagnosis of Parkinson's disease or a specified atypical Parkinsonian disorder must be made by a neurologist.

Minimum symptom duration

1 year

Exclusion period – 1 year

If, within the first year after the effective date of the policy or within the first year after a reinstatement of the policy, the insured person is diagnosed with Parkinson's disease or specified atypical Parkinsonian disorder or develops signs or symptoms that lead to a Parkinson's disease or specified atypical Parkinsonian disorder diagnosis, we will not pay a benefit for this Parkinson's disease or specified atypical Parkinsonian disorder or for any future Parkinson's disease or specified atypical Parkinsonian disorder diagnosis.

Exclusions

No benefit will be payable under Parkinson's disease and specified atypical Parkinsonian disorders for any other type of parkinsonism.

Comments

A specialist in this field must diagnose the disease due to the difficulties in diagnosing this specific condition.

Coverage options for this illness

Enhanced, Child

Severe Burns

A definite diagnosis of third-degree or full thickness burns over at least 18% of the body surface. The diagnosis of severe burns must be made by a specialist.

Comments

Third (3rd) degree burns are the most serious type of burns. Burns must cover at least 18% of the surface of the body to be considered eligible.

Coverage options for this illness

Enhanced, Child

Severe Congenital Heart Disease

A definite diagnosis of any of the following severe congenital heart disease based on appropriate cardiac imaging and confirmed by a cardiologist:

a) atresia of any heart valve; coarctation of the aorta; double inlet ventricle; double outlet left ventricle; Ebstein's anomaly; Eisenmenger syndrome; hypoplastic left heart syndrome; hypoplastic right ventricle; single ventricle; tetralogy of fallot; total anomalous pulmonary venous connection; transposition of the great vessels; truncus arteriosus.

b) the following conditions are covered only when open heart surgery is performed for their correction: aortic stenosis; atrial septal defect; discrete subvalvular aortic stenosis; pulmonary stenosis; ventricular septal defect.

Survival period

30 days following the date of diagnosis

Comments

These defects may occur separately or together and may at any time cause significant deterioration of the cardiovascular or pulmonary systems.

Coverage options for this illness

Children's critical illness insurance rider

Severe Heart Attack (Acute Myocardial Infarction)

A definite diagnosis of death of heart muscle due to obstruction of blood flow, that results in:

Heart attack symptoms, accompanied by a rise and fall of cardiac biomarkers to levels considered diagnostic of acute myocardial infarction, with at least one of the following:

- new electrocardiographic (ECG) changes consistent with an acute myocardial infarction
- new diagnostic imaging changes consistent with an acute myocardial infarction
- development of new pathological Q waves on ECG after an intra-arterial cardiac procedure including, but not limited to, coronary angiography and/or angioplasty

Survival period

30 days following the date of diagnosis

Exclusions

No benefit will be payable under this condition if:

- ECG changes are suggestive of a prior myocardial infarction
- Other acute coronary syndromes, including angina pectoris and unstable angina are diagnosed
- Elevated cardiac biomarkers and/or symptoms result from medical procedures or diagnoses other than acute myocardial infarction

The diagnosis of severe heart attack (acute myocardial infarction) must be made by a specialist.

Comments

When a heart attack occurs, part of the heart muscle dies because blood no longer travels to the heart. In order to confirm the diagnosis of a heart attack, the electrocardiogram must be reviewed to validate the recent cardiac damage related to this cardiac episode. Results of medical imaging may also be reviewed.

Coverage options for this illness

Basic, Enhanced, Child, Critical illness rider

Severe Traumatic Brain Injury

Severe traumatic brain injury means a definite diagnosis of new damage to brain tissue caused by an external traumatic head injury resulting in newly developed neurological deficit that:

- results from an external trauma severe enough to have prompted the insured to seek a medical consultation in less than a week after the occurrence of the trauma
- is present and verifiable on clinical examination
- is corroborated by abnormal magnetic resonance (MR) and/or computed tomography (CT) brain imaging studies, that confirm brain trauma, and
- persists for more than 180 consecutive days following the date of diagnosis

The diagnosis of traumatic brain injury due to external trauma must be made by a specialist.

Minimum symptom duration

180 consecutive days following the date of diagnosis

Coverage options for this illness

Enhanced, Child

Stroke (resulting in severe neurological deficits)

Defined as death of brain tissue, due to an inadequate blood supply or hemorrhage, with:

- acute onset of new neurological symptoms, and
- new objective neurological deficits on clinical examination.

The new symptoms and deficits must be corroborated by diagnostic imaging. The neurological deficits must persist continuously for more than 30 days following the date of diagnosis.

The neurological deficits must be detectable and measurable by a specialist. Examples of neurological deficits are measurable weakness in a limb, impaired speech and measurable changes in cognition. Headache or fatigue will not be considered a neurological deficit.

The diagnosis of stroke must be made by a specialist.

Survival period

30 days following the date of diagnosis

Minimum symptom duration

Neurological deficits must persist continuously for more than 30 days following the date of the diagnosis.

Exclusions

No benefit will be payable under this condition for:

- Transient Ischaemic Attacks
- Trauma causing damage to intracerebral blood vessels
- Disorders of the blood vessels of the inner ear; or
- Death of the optic nerve or retina unless there is total loss of vision of that eye

Comments

A stroke occurs when the amount of blood delivered to the brain is significantly reduced, causing neurological aftereffects. The after-effects must be present at least 30 days after the accident.

Coverage options for this illness

Basic, Enhanced, Child, Critical illness rider

Type 1 Diabetes Mellitus

A definite diagnosis of type 1 diabetes mellitus, characterized by an absolute deficiency of insulin secretion and continued dependence on injectable insulin for survival.

Diagnosis must be made by a specialist. The diagnosis of type 1 diabetes mellitus must be confirmed by a specialist before the twenty-fifth (25th) birthday.

Comments

Type 1 diabetes mellitus is caused by a failure of the pancreas to produce insulin, resulting in a daily dependence on insulin injections for survival.

Coverage options for this illness

Child, Children's critical illness insurance rider

For questions or more information, kindly contact your advisor.

beneva

Individual insurance of persons is underwritten by Beneva Inc.
© Beneva Inc. 2026 ™ The Beneva name and logo are registered trademarks of Beneva Group Inc. used under licence.

IND-G1148A (2026-09)