

Group Critical Illness Insurance

Definitions of covered conditions

Previous definition	Standard definition	Comment
<p>Blindness</p> <p>Blindness means a definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:</p> <ul style="list-style-type: none"> 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. <p>The diagnosis of blindness must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p>	<p>Blindness means a definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:</p> <ul style="list-style-type: none"> 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. <p>The diagnosis of blindness must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p>	<p>No change from the previous definition.</p>
<p>Cancer, now Cancer (Life-threatening)</p> <p>Cancer means a definite diagnosis of a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.</p> <p>The diagnosis of cancer must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p> <p>Exclusions: No benefit will be payable for a recurrence or metastasis of an original cancer which was diagnosed prior to the effective date of coverage.</p> <p>No benefit will be payable under this condition for the following non-life threatening cancers:</p> <ul style="list-style-type: none"> carcinoma in situ; or, Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or, any non-melanoma skin cancer that has not become metastasized; or, Stage A (T1a or T1b) prostate cancer. <p>Moratorium period exclusion: No benefit will be payable for cancer and the covered person's coverage for cancer will terminate if, within 90 days following the later of:</p> <ul style="list-style-type: none"> the date Sun Life receives enrolment information for the person's coverage; or, the effective date of the person's coverage, the covered person has any of the following: signs, symptoms or investigations, that lead to diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; a diagnosis of cancer (covered or excluded under this coverage). 	<p>Cancer (Life-threatening) means a definite diagnosis of a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Types of cancer include carcinoma, melanoma, leukemia, lymphoma, and sarcoma.</p> <p>The diagnosis of cancer must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p> <p>Exclusions: No benefit will be payable for a recurrence or metastasis of an original cancer which was diagnosed prior to the effective date of coverage.</p> <p>No benefit will be payable under this condition for the following:</p> <ul style="list-style-type: none"> lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumours classified as Ta; malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis; any non-melanoma skin cancer, without lymph node or distant metastasis; prostate cancer classified as T1a or T1b, without lymph node or distant metastasis; papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis; chronic lymphocytic leukemia classified less than Rai stage 1; or malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2. 	<p>"Life-threatening" has been included in the name of the condition. The definition now lists specific types of cancers/tumours which are covered as well as those which are not covered. Sentences have been restructured as they relate to the moratorium provision. It also references two documents for guidelines that determine the severity of certain cancers.</p>

Previous definition	Standard definition	Comment
Cancer, now Cancer (Life-threatening), continued		
<p>While the covered person's coverage for cancer terminates, coverage for all other covered conditions remains in force.</p> <p>This information described above must be reported to us within 6 months of the date of the diagnosis. If this information is not provided, we have the right to deny any claim for cancer or any critical illness caused by any cancer or its treatment.</p> <p>If a person's critical illness coverage ends but the person is covered again under this benefit, we will use the latest date the person's coverage began when applying the moratorium period exclusion.</p>	<p>Moratorium period exclusion: If, within 90 days following the later of:</p> <ul style="list-style-type: none"> the date Sun Life receives enrolment information for any amount of coverage; or the effective date of such amount of coverage, <p>the covered person has any of the following:</p> <ul style="list-style-type: none"> signs, symptoms or investigations that lead to a diagnosis of cancer (covered or excluded under this coverage), regardless of when the diagnosis is made; or a diagnosis of cancer (covered or excluded under this coverage). <p>no benefit will be payable for cancer for such amount of coverage. In addition, if the person subsequently becomes covered for additional amounts of coverage, no benefit will be payable for cancer for those additional amounts. All other coverage remains in force.</p> <p>The information described above must be reported to Sun Life within 6 months of the date of diagnosis. If this information is not provided, Sun Life has the right to deny any claim for cancer or any critical illness caused by any cancer or its treatment.</p> <p>If a person's critical illness coverage ends but the person is covered again under this benefit, Sun Life will use the latest date the person's coverage began when applying the moratorium period exclusion.</p> <p>For the purposes of this benefit, the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 2 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010.</p> <p>For the purposes of this benefit, the term Rai staging is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975</p>	
Coronary artery bypass surgery		
<p>Coronary artery bypass surgery means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s), excluding any non-surgical or trans-catheter techniques such as balloon angioplasty or laser relief of an obstruction.</p> <p>The surgery must be determined to be medically necessary by a specialist physician. The covered person must survive for 30 days following the date of surgery.</p>	<p>Coronary artery bypass surgery means 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 physician. The covered person must survive for 30 days following the date of surgery.</p> <p>Exclusion: No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.</p>	<p>Sentences have been restructured. Excluded conditions are more clearly defined. The changes do not impact coverage.</p>
Deafness		
<p>Deafness means 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.</p> <p>The diagnosis of deafness must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p>	<p>Deafness means 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.</p> <p>The diagnosis of deafness must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p>	<p>No change from the previous definition.</p>

Previous definition	Standard definition	Comment
Heart attack		
<p>Heart attack means 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 myocardial infarction, with at least one of the following:</p> <ul style="list-style-type: none"> heart attack symptoms; or, new electrocardiogram (ECG) changes consistent with a heart attack; or, development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. <p>The diagnosis of heart attack must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p> <p>Exclusions: Heart attack does not include:</p> <ul style="list-style-type: none"> elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or, ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described above. 	<p>Heart attack means 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 myocardial infarction, with at least one of the following:</p> <ul style="list-style-type: none"> heart attack symptoms; new electrocardiogram (ECG) changes consistent with a heart attack; or development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. <p>The diagnosis of heart attack must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p> <p>Exclusions: No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described above. 	<p>Minor changes to wording having no impact on coverage.</p>
Kidney failure		
<p>Kidney failure means 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.</p> <p>The diagnosis of kidney failure must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p>	<p>Kidney failure means 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.</p> <p>The diagnosis of kidney failure must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p>	<p>No change from the previous definition.</p>
Loss of independent existence		
<p>Loss of independent existence means a definite diagnosis of either:</p> <ul style="list-style-type: none"> a total inability to perform, by oneself, at least 2 of the following 6 activities of daily living; or, cognitive impairment, as defined below, for a continuous period of at least 90 days with no reasonable chance of recovery. <p>Activities of daily living are:</p> <ul style="list-style-type: none"> Bathing: the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of equipment. Dressing: the ability to put on and remove necessary clothing including braces, artificial limbs or other surgical appliances. Toileting: the ability to get on and off the toilet and maintain personal hygiene. Bladder and bowel continence: the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained. Transferring: the ability to move in and out of a bed, chair or wheelchair, with or without the use of equipment. 	<p>Loss of independent existence means a definite diagnosis of the total inability to perform, by oneself, at least 2 of the following 6 activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery.</p> <p>Activities of daily living are:</p> <ul style="list-style-type: none"> Bathing – the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices; Dressing – the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances with or without the aid of assistive devices; Toileting – the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices; Bladder and bowel continence – the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained; Transferring – the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices; and Feeding – the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices. 	<p>Removed reference to, and definition of, cognitive impairment, the need for a minimum of 8 hours of continuous daily supervision, and the exclusion for any mental or nervous disorder without a demonstrable organic cause. Cognitive impairment has been removed from Loss of independent existence but is now covered within the definition of Dementia, including Alzheimer's disease.</p>

Previous definition	Standard definition	Comment
Loss of independent existence (continued)		
<ul style="list-style-type: none"> Feeding: the ability to consume food or drink that already have been prepared and made available, with or without the use of adaptive utensils. <p>Cognitive impairment means mental deterioration and loss of intellectual ability, evidenced by deterioration in memory, orientation and reasoning, which are measurable and result from demonstrable organic cause as diagnosed by a specialist physician. The degree of cognitive impairment must be sufficiently severe to require a minimum of 8 hours of daily supervision.</p> <p>Determination of a cognitive impairment will be made on the basis of clinical data and valid standardized measures of such impairments.</p> <p>The diagnosis of loss of independent existence must be made by a specialist physician. No additional survival period is required once the conditions described above are satisfied.</p> <p>Exclusion: No benefit will be payable under this condition for any mental or nervous disorder without a demonstrable organic cause.</p>	<p>The diagnosis of loss of independent existence must be made by a specialist physician. No additional survival period is required once the conditions described above are satisfied.</p>	
Major organ transplant		
<p>Major organ transplant means 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 covered person must undergo a transplantation procedure as the recipient for transplantation of a heart, lung, liver, kidney or bone marrow, and limited to these entities.</p> <p>The diagnosis of the major organ failure must be made by a specialist physician. The covered person must survive for 30 days following the date of their transplant.</p>	<p>Major organ transplant means 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 covered person must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.</p> <p>The diagnosis of major organ failure must be made by a specialist physician. The covered person must survive for 30 days following the date of their transplant.</p>	<p>Sentences have been restructured. No change to coverage.</p>
Multiple sclerosis		
<p>Multiple sclerosis means a definite diagnosis of at least one of the following:</p> <ul style="list-style-type: none"> two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination; or, well-defined neurological abnormalities lasting more than 6 months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination; or, a single attack, confirmed by repeated MRI imaging of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart. <p>The diagnosis of multiple sclerosis must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p>	<p>Multiple sclerosis means a definite diagnosis of at least one of the following:</p> <ul style="list-style-type: none"> two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination; well-defined neurological abnormalities lasting more than 6 months, confirmed by MRI of the nervous system, showing multiple lesions of demyelination; or a single attack, confirmed by repeated MRI of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart. <p>The diagnosis of multiple sclerosis must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p>	<p>No change from the previous definition.</p>

Previous definition	Standard definition	Comment
Paralysis		
<p>Paralysis means 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.</p> <p>The diagnosis of paralysis must be made by a specialist physician. The covered person must survive for 90 days following the precipitating event.</p>	<p>Paralysis means 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.</p> <p>The diagnosis of paralysis must be made by a specialist physician. The covered person must survive for 90 days following the precipitating event.</p>	<p>No change from the previous definition.</p>
Stroke		
<p>Stroke (cerebrovascular accident) means a definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:</p> <ul style="list-style-type: none"> • acute onset of new neurological symptoms; and, • new objective neurological deficits on clinical examination; and, <p>persisting for more than 30 days following the date of diagnosis.</p> <p>These new symptoms and deficits must be corroborated by diagnostic imaging testing.</p> <p>The diagnosis of stroke must be made by a specialist physician. The covered person must survive for 30 days following the date of the diagnosis.</p> <p>Exclusions: No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> • transient ischaemic attacks; or, • intracerebral vascular events due to trauma; or, • lacunar infarcts which do not meet the definition of stroke as described above. 	<p>Stroke (cerebrovascular accident) means a definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:</p> <ul style="list-style-type: none"> • acute onset of new neurological symptoms; and • new objective neurological deficits on clinical examination, <p>persisting for more than 30 days following the date of diagnosis.</p> <p>These new symptoms and deficits must be corroborated by diagnostic imaging testing.</p> <p>The diagnosis of stroke must be made by a specialist physician. The covered person must survive for 30 days following the date of diagnosis.</p> <p>Exclusions: No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> • transient ischaemic attacks; • intracerebral vascular events due to trauma; or • lacunar infarcts which do not meet the definition of stroke as described above. 	<p>Sentences have been restructured. No change to coverage.</p>

