



Sun Critical Illness Insurance

Comparison of changes to definitions of covered conditions

Effective October 18, 2021

We're updating how we define six of our full payout benefit illnesses (Group 1). We're helping to improve the Client experience by clearly stating what qualifies for a claim. We hope these changes reduce:

- Claim submissions that don't qualify
- Questions from Clients about denials

We are not adding new exclusions or requirements to claim for these illnesses. There are no changes to claims adjudication practices.

Update highlights

- We're renaming **Acquired brain injury** to **Acquired brain injury due to external trauma**. This better explains the nature of the brain injury.
- The **Acquired brain injury due to external trauma** definition helps provide more clarity about the severity of the brain injury required for a claim.
- We've added examples of what does and doesn't classify as a neurological deficit for:
 - Acquired brain injury due to external trauma,
 - Bacterial Meningitis,
 - Benign brain tumour, and
 - Stroke.



Acquired Brain Injury, now Acquired Brain Injury due to external trauma

What you need know	Series 2017 definition	Updated definition effective October 18, 2021 (updates in blue)
<p>Sun Life introduced Acquired brain injury as a covered illness in 2009 – an industry first.</p> <p>We've revised the definition so it clearly outlines what we look at when determining a qualifying claim.</p> <p>We've added:</p> <ul style="list-style-type: none"> • 12 examples of neurological deficits • A statement that headaches and fatigue are not neurological deficits 	<p>Acquired brain injury means a definite diagnosis of new damage to brain tissue caused by traumatic injury, anoxia or encephalitis, resulting in signs and symptoms of neurological impairment that:</p> <ul style="list-style-type: none"> • are present and verifiable on clinical examination or neuro-psychological testing, • are corroborated by imaging studies of the brain such as Magnetic Resonance Imaging (MRI) or Computerized Tomography (CT) showing changes that are consistent in character, location and timing with the new damage, and • persist for more than 180 days following the date of diagnosis <p>The diagnosis of acquired brain injury must be made by a specialist.</p> <p>Exclusion No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> • an abnormality seen on brain or other scans without definite related clinical impairment, or neurological signs occurring without symptoms of abnormality. 	<p>Acquired brain injury due to external trauma means a definite diagnosis of new damage to brain tissue caused by traumatic head injury, resulting in newly developed significant neurological deficit that:</p> <ul style="list-style-type: none"> • 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 said 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. <p>The diagnosis of acquired brain injury due to external trauma must be made by a specialist.</p> <p>New neurological deficits must be detectable by a physician and may include, but are not restricted to:</p> <ul style="list-style-type: none"> • 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, • new onset seizures undergoing treatment or measurable changes in neuro-cognitive function. <p>Headache or fatigue will not be considered a neurological deficit.</p>



Acquired Brain Injury, now Acquired Brain Injury due to external trauma cont.

What you need know	Series 2017 definition	Updated definition effective October 18, 2021 (updates in blue)
		<p>Exclusion</p> <p>No benefit will be payable under this condition for:</p> <ul style="list-style-type: none"> • an abnormality seen on imaging studies of the brain without corresponding clinical impairment, • neurological impairment without corresponding imaging study lesions, • a concussion that does not have abnormal imaging studies.



Bacterial Meningitis

What you should know	Series 2017 definition	Updated definition effective October 18, 2021 (updates in blue)
<p>We've made the descriptions of the illness that must be present to qualify for a claim easier to understand. We're being clearer about what we need to confirm the diagnosis. These are not new requirements.</p> <p>We've also included extra details about neurological deficits.</p>	<p>Bacterial meningitis means a definite diagnosis of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis. The diagnosis of bacterial meningitis must be made by a specialist.</p> <p>Exclusion No benefit will be payable under this condition for viral meningitis.</p>	<p>Bacterial meningitis means 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 new objective neurological deficits persisting for at least 90 consecutive days from the date of diagnosis.</p> <p>The diagnosis of bacterial meningitis must be made by a specialist.</p> <p>New neurological deficits must be detectable by a physician and may include, but are not restricted to:</p> <ul style="list-style-type: none"> • 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 • new onset seizures undergoing treatment or • measurable changes in neuro-cognitive function <p>Headache or fatigue will not be considered a neurological deficit.</p> <p>Exclusion No benefit will be payable under this condition for viral meningitis.</p>



Benign brain tumour

What you should know	Series 2017 definition	Updated definition effective October 18, 2021 (updates in blue)
<p>We're being clearer about what we need to confirm the diagnosis. This includes diagnostic imaging showing changes that are consistent in character, location and timing with the neurological deficits.</p> <p>We've also included extra details about neurological deficits.</p>	<p>Benign brain tumour means a definite diagnosis of a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgical or radiation treatment or cause irreversible objective neurological deficit(s).</p> <p>The diagnosis of benign brain tumour must be made by a specialist.</p> <p>Exclusions No benefit will be payable under this condition for pituitary adenomas less than 10 mm.</p> <p>90-day exclusion period for benign brain tumour No benefit will be payable for benign brain tumour if, within the first 90 days following the later of:</p> <ul style="list-style-type: none"> the date the application for the policy was signed the policy date the underwriting decision date if included in the policy, or the most recent date the policy was put back into effect (reinstatement) <p>the insured person has any of the following:</p> <ul style="list-style-type: none"> signs, symptoms or investigations that lead to a diagnosis of benign brain tumour (covered or excluded under this policy), regardless of when the diagnosis is made, or a diagnosis of benign brain tumour (covered or excluded under this policy). <p>Your responsibility to notify us about benign brain tumour You have a responsibility to notify us about benign brain tumour regardless of when a diagnosis was made:</p>	<p>Benign brain tumour means a definite diagnosis of a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgical or radiation treatment or cause irreversible new objective neurological deficit(s).</p> <p>These deficits must be corroborated by diagnostic imaging showing changes that are consistent in character, location and timing with the neurological deficits</p> <p>The diagnosis of benign brain tumour must be made by a specialist.</p> <p>New neurological deficits must be detectable by a physician and may include, but are not restricted to:</p> <ul style="list-style-type: none"> 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, new onset seizures undergoing treatment or measurable changes in neuro-cognitive function. <p>Headache or fatigue will not be considered a neurological deficit.</p> <p>Exclusion No benefit will be payable under this condition for pituitary adenomas less than 10 mm.</p> <p>90-day exclusion period for benign brain tumour No benefit will be payable for benign brain tumour if, within the first 90 days following the later of:</p> <ul style="list-style-type: none"> the date the application for this policy was signed the underwriting decision date, but only if shown under the heading, Amendments to this policy



Benign brain tumour cont.

What you should know	Series 2017 definition	Updated definition effective October 18, 2021 (updates in blue)
	<ul style="list-style-type: none"> If we are notified within 6 months of the date of the diagnosis and the coverage for benign brain tumour is excluded based on the 90-day exclusion, coverage for all other covered critical illnesses will continue. <p>If information is not provided within 6 months of the date of diagnosis, we have the right to deny a claim for benign brain tumour or any critical illness caused by any benign brain tumour or its treatment.</p>	<ul style="list-style-type: none"> the policy date, shown on the Policy summary, or the most recent date this policy was put back into effect (reinstatement), <p>the insured person has any of the following:</p> <ul style="list-style-type: none"> signs, symptoms or investigations that lead to a diagnosis of benign brain tumour (covered or excluded under the policy), regardless of when the diagnosis is made, or a diagnosis of benign brain tumour (covered or excluded under the policy). <p>Your responsibility to notify us about benign brain tumour</p> <p>You have a responsibility to notify us about benign brain tumour, regardless of when a diagnosis is made:</p> <ul style="list-style-type: none"> If we are notified within 6 months of the date of the diagnosis and the coverage for benign brain tumour is excluded based on the 90-day exclusion, coverage for all other covered critical illnesses will continue. <p>If information is not provided within 6 months of the date of diagnosis, we have the right to deny a claim for benign brain tumour or any critical illness caused by any benign brain tumour or its treatment.</p>



Cancer

What you should know	Series 2017 definition	Updated definition effective October 18, 2021 (updates in blue)
<p>For cancer there are two things to note:</p> <ol style="list-style-type: none"> We're clearer about the need for a histopathology report or appropriate pathological testing (in the case of non-solid tumours). We've always required this to assess the diagnosis and classification of malignant tumours for CI claims. We split one of the existing exclusions into two bullets. We cover both of these under Group 2 (partial payment) covered illnesses. 	<p>Cancer 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. The diagnosis of cancer must be made by a specialist.</p> <p>Exclusion No benefit will be payable 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>90-day exclusion period for cancer No benefit will be payable under this condition if within the first 90 days following the later of:</p> <ul style="list-style-type: none"> the date the application for the policy was signed the policy date 	<p>Cancer means a definite diagnosis of a malignant tumour. This tumour 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. The diagnosis of cancer must be made by a specialist and must be confirmed by a histopathology report or appropriate pathological testing in the case of non solid tumours.</p> <p>Exclusion No benefit will be payable for the following: lesions described as benign, pre malignant, uncertain, borderline, non invasive, carcinoma in situ (Tis), or tumors classified as Ta</p> <ul style="list-style-type: none"> 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, 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, other than medication to counteract the effects from hormonal oversecretion by the tumour



Cancer cont.

What you should know	Series 2017 definition	Updated definition effective October 18, 2021 (updates in blue)
	<ul style="list-style-type: none"> the underwriting decision date if included in the policy, or the most recent date the policy was put back into effect (reinstatement), <p>the insured 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 the policy), regardless of when the diagnosis is made, or a diagnosis of cancer (covered or excluded under the policy). <p>Your responsibility to notify us about cancer You have a responsibility to notify us about cancer, regardless of when a diagnosis is made:</p> <ul style="list-style-type: none"> If we are notified within 6 months of the date of the diagnosis and the coverage for cancer is excluded based on the 90-day exclusion, coverage for all other covered critical illnesses will continue. If information is not provided within 6 months of the date of diagnosis, we have the right to deny a claim for cancer or any critical illness caused by any cancer or its treatment. 	<p>For purposes of the policy, 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. For purposes of the policy, 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> <p>90-day exclusion period for cancer No benefit will be payable for cancer if, within the first 90 days following the later of:</p> <ul style="list-style-type: none"> the date the application for this policy was signed the underwriting decision date, but only if shown under the heading, Amendments to this policy the policy date, shown on the Policy summary, or the most recent date this policy was put back into effect (reinstatement), <p>the insured 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 the policy), regardless of when the diagnosis is made, or a diagnosis of cancer (covered or excluded under the policy). <p>Your responsibility to notify us about cancer You have a responsibility to notify us about cancer, regardless of when a diagnosis is made:</p> <ul style="list-style-type: none"> If we are notified within 6 months of the date of the diagnosis and the coverage for cancer is excluded based on the 90-day exclusion, coverage for all other covered critical illnesses will continue. <p>If information is not provided within 6 months of the date of diagnosis, we have the right to deny a claim for cancer or any critical illness caused by any cancer or its treatment.</p>



Heart attack

What you should know	Series 2017 definition	Updated definition effective October 18, 2021 (updates in blue)
<p>Doctors may call a heart attack an "acute myocardial infarction". We added the term to the definition. We also included what we require to confirm the diagnosis of a heart attack.</p>	<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 • 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. The insured person must survive for 30 days following the date of diagnosis.</p> <p>Exclusion 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 (acute myocardial infarction) 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 acute 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 • development of new pathological Q waves on ECG following coronary angiography and/or angioplasty. <p>The diagnosis of heart attack (acute myocardial infarction) must be made by a specialist. The insured person must survive for 30 days following the date of diagnosis.</p> <p>Exclusion 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.



Stroke

What you should know	Series 2017 definition	Updated definition effective October 18, 2021 (updates in blue)
<p>We included extra details about what is considered a neurological deficit.</p>	<p>Stroke (cerebrovascular accident) means a definite diagnosis of an acute cerebrovascular event caused by intracranial 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. These new symptoms and deficits must be corroborated by diagnostic imaging testing.</p> <p>The diagnosis of stroke must be made by a specialist.</p> <p>Survival period</p> <p>The insured person must survive for 30 days following the date of diagnosis.</p> <p>Exclusion</p> <p>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 <p>lacunar infarcts which do not meet the definition of stroke as described above.</p>	<p>Stroke (cerebrovascular accident) resulting in persistent neurological deficits means a definite diagnosis of an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage, or embolism from an extracranial 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 consecutive 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 persistent neurological deficits.</p> <p>The diagnosis of stroke (cerebrovascular accident) must be made by a specialist. The insured person must survive for 30 days following the date of diagnosis. New neurological deficits must be detectable by a physician and may include, but are not restricted to:</p> <ul style="list-style-type: none"> • 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, • new onset seizures undergoing treatment or measurable changes in neuro-cognitive function. <p>Headache or fatigue will not be considered a neurological deficit.</p> <p>Exclusion</p> <p>No benefit is payable under this condition for:</p> <ul style="list-style-type: none"> • transient ischaemic attacks • intracerebral vascular events due to trauma, or <p>lacunar infarcts which do not meet the definition of stroke as described above.</p>