### Serious Illness. Critical Coverage.



### Affordable Critical Illness Insurance

Exclusively for new University of Alberta employees and their families

# If serious illness interrupts your life, don't let worries about money get in the way of getting better. Critical illness insurance provides a tax-free lump-sum payment to spend any way you need.

It is an unfortunate fact – even with the best extended health and disability plans, a serious illness can end up costing you money. Critical illness insurance is designed to give you some extra resources at a time when you need to focus on your health, not your finances. Underwritten by iA Financial Group (Industrial Alliance Insurance and Financial Services Inc.), the plan provides coverage for 25 illnesses and includes several value added benefits at no additional cost. As a new employee you have a time-limited opportunity to purchase critical illness insurance for you and your spouse without having to answer any health or lifestyle questions. Your acceptance is guaranteed, regardless of your medical history.

### Coverage for 25 life-changing illnesses:

- Aortic Surgery
- · Aplastic Anemia
- Bacterial Meningitis
- Benign Brain Tumour
- Blindness
- Cancer (Life-Threatening)
- Coma
- Coronary Artery Bypass
  Surgery

- Deafness
- Dementia including Alzheimer's Disease
- Heart Attack
- 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
- Occupational HIV Infection
- Paralysis

- Parkinson's Disease and Specified Atypical Parkinsonian Disorders
- Severe Burns
- · Stroke

For definitions of all covered conditions and the AdvanceCare Benefit, please visit solutions in surrance com/CI25

### Additional Benefits at No Extra Cost

### Claims at TuGo

Should you choose to use private medical facilities, **Claims at** TuGo may help you make your money go considerably further than if you personally arrange medical treatment. You can find more information at tugo.com/claims. Note that utilization fees may apply.

#### AdvanceCare Benefit

The AdvanceCare Benefit will pay 10% of the total benefit amount for Coronary Angioplasty and several early stage cancers. The payment of the AdvanceCare Benefit will not affect the benefit payment for a Covered Condition. This benefit is not available to dependent children.

### **Multiple Event Coverage**

No one knows the value of critical illness insurance better than someone who has already received a benefit payment. The Multiple Event Coverage benefit allows you and your spouse to claim multiple times for separate and unrelated covered conditions. The subsequent condition must be in a different Multiple Event Coverage grouping.

To view these groupings, please visit solutions insurance.com/MEC

### 60 Day Money-Back Guarantee

If you are not fully satisfied with your coverage, you may cancel it by marking "CANCEL" on your Group Insurance Certificate and returning it to us within 60 days from the effective date. You'll receive a full refund of any premiums already paid.

#### **Guaranteed Acceptance**

Coping with a serious illness is one of the greatest challenges any family can face. With this special offer new employees and their spouses each qualify for up to \$25,000 of Guaranteed Acceptance Critical Illness Insurance.

### What are the coverage options?

As an Eligible Participant under the University of Alberta Critical Illness Plan, you are automatically insured for \$10,000 of Basic Critical Illness Insurance as part of your employee benefit program. You also have several options to increase the amount of your Critical Illness coverage on a voluntary basis:

- Guaranteed acceptance no medical evidence required: As a new eligible participant you and your spouse each qualify for \$25,000 of Voluntary Critical Illness Insurance with no medical evidence if you apply within 90 days of your date of hire.
- You and your spouse can each apply for up to \$300,000 of Voluntary Critical Illness Insurance at any time. Regular application procedures apply.

	BASIC PLAN Automatic coverage (No application required)	VOLUNTARY PLAN Guaranteed acceptance – No medical evidence required (Application required) Only available to new eligible participants within 90 days of employment	VOLUNTARY PLAN Coverage subject to evidence of insurability (Application required) Available at anytime		
Benefit Amount	\$10,000	\$25,000	Units of \$25,000 to a maximum of \$300,000 (\$25,000 guaranteed acceptance amount is included in the \$300,000 maximum).		
Premium	Paid for by the University of Alberta.	Paid for by the eligible participant, based on the insured's age at May 1st. Premiums are payable via payroll deduction – please refer to the rate table for premium rates.			
Coverage Effective Date	Academic staff May 1, 2007 Academic Trust/Research Group July 1, 2009 Support Staff & affiliates Sept 1, 2012 (or the first day of employment which ever is later)	First day of the month following the date the application is received by iA Financial Group, providing the application is post-marked within 90 days of the first day of employment.	First day of the month following the date application is approved by iA Financial Group.		
Evidence of Insurability Requirements	None required – Guaranteed acceptance.	None required – Guaranteed acceptance provided the application is post-marked within 90 days of the first day of employment.	Applicant must complete the statement of health and other particulars found on the application form. Should additional information such as a medical exam be required, iA Financial Group will notify the applicant. This will be done at no expense to the applicant.		
Termination	Your Critical Illness Insurance will terminate on the date on which you are no longer eligible.  There is no termination age as long as you remain actively at work. Your coverage reduces by 50% at age 80.	Your Critical Illness Insurance will terminate on the earliest of the following dates:  • the end of the month in which your written request to cancel your insurance is received by iA Financial Group;  • the end of the month in which you are no longer eligible;  • the end of the month following the date you turn age 75;  • With regard to your spouse's critical illness insurance, the earliest of the above or the end of the month following the date they reach age 75 or they no longer qualify as a "spouse".			
Limitations & Exclusions	Any Covered Condition or AdvanceCare Benefit Condition diagnosed before the effective date of coverage is excluded from coverage.	The insured person must survive for 30 days (90 days for Paralysis, Loss of Independent Existence or Bacterial Meningitis, 180 days for Multiple Sclerosis or Loss of Speech) after first being diagnosed for a benefit payment to be made.			

In addition, no benefit will be paid if the Covered Condition or AdvanceCare Benefit Condition results from attempted suicide, alcohol or drug abuse, self-inflicted injury, taking poison or inhaling gas or participation in a criminal act.

For blindness, coma, deafness, loss of limbs, severe burns, paralysis or stroke, no benefit will be paid if the condition is a result of participating in hazardous sports or activities.

If the insured person is diagnosed with a benign brain tumour or cancer within the first 90 days of coverage, a benefit will not be payable and benign brain tumour or cancer will no longer be considered Covered Conditions.

Guaranteed Acceptance coverage is subject to a Pre-Existing Condition Exclusion. In general terms, this means that no benefit will be paid during the first 24 months after you purchase this insurance for any medical condition which was present in the 24 months previous to your purchase. However if you apply and are accepted for medically underwritten Critical illness insurance, the Pre-Existing Condition exclusion will be removed.

Any Covered Condition or AdvanceCare Benefit Condition diagnosed prior to the effective date of coverage is

No benefit will be paid if the Covered Condition or AdvanceCare Benefit Condition results from: attempted suicide, alcohol or drug abuse, war or armed forces service, self-inflicted injury, taking poison or inhaling gas, or participation in a criminal act. For blindness, coma, deafness, loss of limbs, severe burns, paralysis or stroke, no benefit will be paid if the condition is a result of participating in hazardous sports or activities. There is also an exclusion for certain pilots.

"Pre-Existing Condition" means any illness, disease, mental, nervous or psychiatric condition or disorder for which any one of medical advice, treatment, service, prescribed medication, diagnosis or consultation, including consultation to investigate and /or diagnose (where diagnosis has not yet been made) was received by the applicant or would have been received by a prudent individual within the 24 months immediately preceding the effective date of coverage

If an applicant with Guaranteed Acceptance coverage also applies and is approved for additional Voluntary Critical Illness Insurance, the Pre-Existing Condition exclusion will be removed.

### Important Questions and Answers

### How does critical illness insurance differ from health benefits?

Your existing health benefits pay for medical costs, but there are many other expenses associated with a serious illness that are not covered. Items such as home modifications, childcare or additional household assistance can play an important part in recovery. Critical illness insurance pays a lump sum, tax-free benefit on top of your other insurance plans to use any way you wish.

### Does critical illness insurance duplicate or replace disability benefits?

No. The two products provide complementary, but different benefits and are important in creating a complete umbrella of insurance coverage. While disability benefits cover a much broader range of disabilities, payments are subject to ongoing review of your medical condition. Critical illness insurance pays a lump sum benefit that is not dependent on your ability or inability to work, or whether or not a full recovery is made.

### What happens to my coverage if I am no longer a employee of this group?

Because this is group insurance, you must be an eligible employee to join the plan, and to maintain coverage for yourself and your spouse. However, conversion to a separate policy is available to you and your spouse before age 65, within 31 days of ceasing to be eligible. A maximum of \$100,000 may be converted.

### Here's How Little Monthly Premiums Cost

Employee and Spouse Critical illness insurance Monthly Premium per \$25,000								
Λ α α * a t	Ma	ale	Female					
Age* at May 1 <sup>st</sup>	Non- Smoker**	Smoker	Non- Smoker**	Smoker				
Under 25	\$2.50	\$3.55	\$2.50	\$3.45				
25 - 29	\$3.35	\$5.55	\$3.45	\$5.70				
30 - 34	\$4.15	\$7.50	\$4.30	\$8.25				
35 - 39	\$5.05	\$9.80	\$5.20	\$10.25				
40 - 44	\$7.05	\$15.05	\$7.65	\$14.90				
45 - 49	\$10.75	\$25.20	\$11.65	\$23.25				
50 - 54	\$16.10	\$41.90	\$16.65	\$35.70				
55 - 59	\$22.10	\$62.65	\$21.95	\$54.35				
60 - 64	\$37.10	\$101.80	\$35.45	\$76.70				
65 - 69	\$54.50	\$155.15	\$54.00	\$119.15				
70 - 74 <sup>+</sup>	\$108.50	\$249.15	\$77.25	\$172.90				

<sup>\*</sup> Premiums are calculated each year, based on your age at May 1 and will increase as you enter a new age band.

Plus taxes where applicable.

Rates are subject to annual revi

Premiums will be collected via payroll deduction.

### Who can apply?

New full-time and part-time Academic Staff, Support Staff, Affiliate Members and their spouses.

Applicants must be under age 70 and residing in Canada.

### How do I apply?

Please complete an Application for Guaranteed Acceptance Critical Illness Insurance. Send your completed application to:

Special Markets Solutions Industrial Alliance Insurance and Financial Services Inc. 2165 Broadway W., PO Box 5900 Vancouver BC V6B 5H6

Or fax to 1.888.553.5433 (toll free)

### Questions? We're here to help.

Contact a Client Service Specialist at: **1.800.266.5667** (toll free)

solutions@ia.ca

604.737.3802 (Vancouver)

Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time

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This brochure is designed to outline the benefits for which you may be eligible and does not create or confer any contractual or other rights. All rights with respect to the benefits of an insured will be governed solely by the Master Group Policy issued by Industrial Alliance Insurance and Financial Services Inc.

<sup>\*\*</sup> Non-smoker rates apply to individuals who, at the time of application, have not used any form of tobacco (except an average of one cigar a month), including nicotine products, electronic cigarettes, marijuana, hashish, smoking cessation products, betel nuts or leaves, supari, paan, gutka or shisha, within the last 12 months and who have provided satisfactory evidence of insurability.

<sup>†</sup> For renewal only. Last age to apply is 69.





### Underwritten by:

Industrial Alliance Insurance & Financial Services Inc. 2165 Broadway W PO Box 5900, Vancouver, BC V6B 5H6

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## APPLICATION FOR GUARANTEED ACCEPTANCE GROUP CRITICAL ILLNESS INSURANCE

Application must be received within 90 days of the date of hire.

POLICY INFORMATION						
Name of Policyholder					Group Poli	cy Number
University of Alberta		100006151			51	
EMPLOYEE INFORMATION MUST A	ALWAYS BE COMPLE	ETED				
Last Name	Given Name		Initials	Gender	Date o	f Birth (dd-mmm-yyyy)
				☐ Male ☐ Female	è	
Date of Hire (dd-mmm-yyyy)	U	of A Employee ID #				
Street Address	Ci	ity			Prov.	Postal Code
Telephone (Home)	Telephone (  Work  Cell )		Email			
COVERAGE SELECTION						
EMPLOYEE		SPOUSE				
□ \$25,000		<b>\$25,0</b> 0	OC			
Have you used any form of tobacco (except an avincluding nicotine products, electronic cigarettes, cessation products, betel nuts or leaves, supari, paglast 12 months?	ng including nicoti he cessation produ	Have you used any form of tobacco (except an average of one cigar a month), including nicotine products, electronic cigarettes, marijuana, hashish, smoking cessation products, betel nuts or leaves, supari, paan, gutka or shisha, within the last 12 months?				
	☐ Yes ☐ No	o				☐ Yes ☐ No
ADDITIONAL APPLICANT INFORMATION	N COMPLETE IF APP	PLVING FOR SPOLIS	SE COVEDAG	<b>≥</b> ⊏		
SPOUSE SPOUSE	ON COMPLETE IT ALT	ETING FOR SI OCC	DE COVERAC	<u> </u>		
Last Name	Given Name		Initials	Gender	Date o	f Birth (dd-mmm-yyyy)
				☐ Male ☐ Female	;	
Are you also an employee of this group? $\square$ Yes $\square$ No	If "Yes", please provide your	date of hire and U of A er	mployee ID #.			
AUTHORIZATION IMPORTANT INFORMA	TION ABOUT YOUR AP	PPLICATION PLEASE	E READ CARI	EFULLY BE	FORE SIG	GNING
This offer is only available to eligible employees, employees whose application is received within 9				pply medical	evidence i	s strictly limited to new
<ol> <li>I understand that no benefit will be payable if an insured is diagnosed with a Covered Condition or AdvanceCare Benefit Condition within the first 24 months immediately following the effective date of coverage which results directly or indirectly from a Pre-Existing Condition. "Pre-Existing Condition means illness, disease, mental, nervous or psychiatric condition or disorder for which any one of medical advice, treatment, service, prescribed medication, diagnosis or consultation, including consultation to investigate, and/or diagnose (where diagnosis has not yet been made) was received by the insured or would have been received by a prudent individual within the 24 months immediately preceding the effective date of coverage.</li> <li>I understand that no benefit will be payable if, within the first 90 days of coverage, an insured is diagnosed with Benign Brain Tumour, Cancer (Life-Threatening) or Early Stage Cancer, regardless of when the diagnosis is actually made. If the insured continues to satisfy the eligibility provisions, coverage will remain in force but Benign Brain Tumour and Cancer (Life-Threatening) will no longer be considered Covered Conditions and Early Stage Cancer will be removed as an AdvanceCare Benefit Condition.</li> <li>I understand that my consent to the use of my personal information for the purposes outlined in this application. I understand that my consent to the use of my personal information to offer me products and services is optional and that if I wish to discontinue such use I may call or write to Industrial Alliance Insurance and Financia Services Inc. (the "Company") at the telephone number or address shown on this application.</li> <li>I understand that coverage will take effect on the first day of the month coincident with or next following the date this completed application is received by the Company, providing the employee is actively at work on that date.</li> <li>I wish to participate in this insurance plan and authorize the deduction of the</li></ol>						
х		x				
Employee Signature (must always sign)	Date (dd-mmm-yyyy)	Spouse Signatu	Spouse Signature (if applying)			ate (dd-mmm-yyyy)





### NOTICE ON PRIVACY & CONFIDENTIALITY PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices.** 

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 2165 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, Administration, Special Markets Solutions. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found online at ia.ca or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.

### **SEND YOUR COMPLETED FORM TO:**



**Special Markets Solutions** 

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