

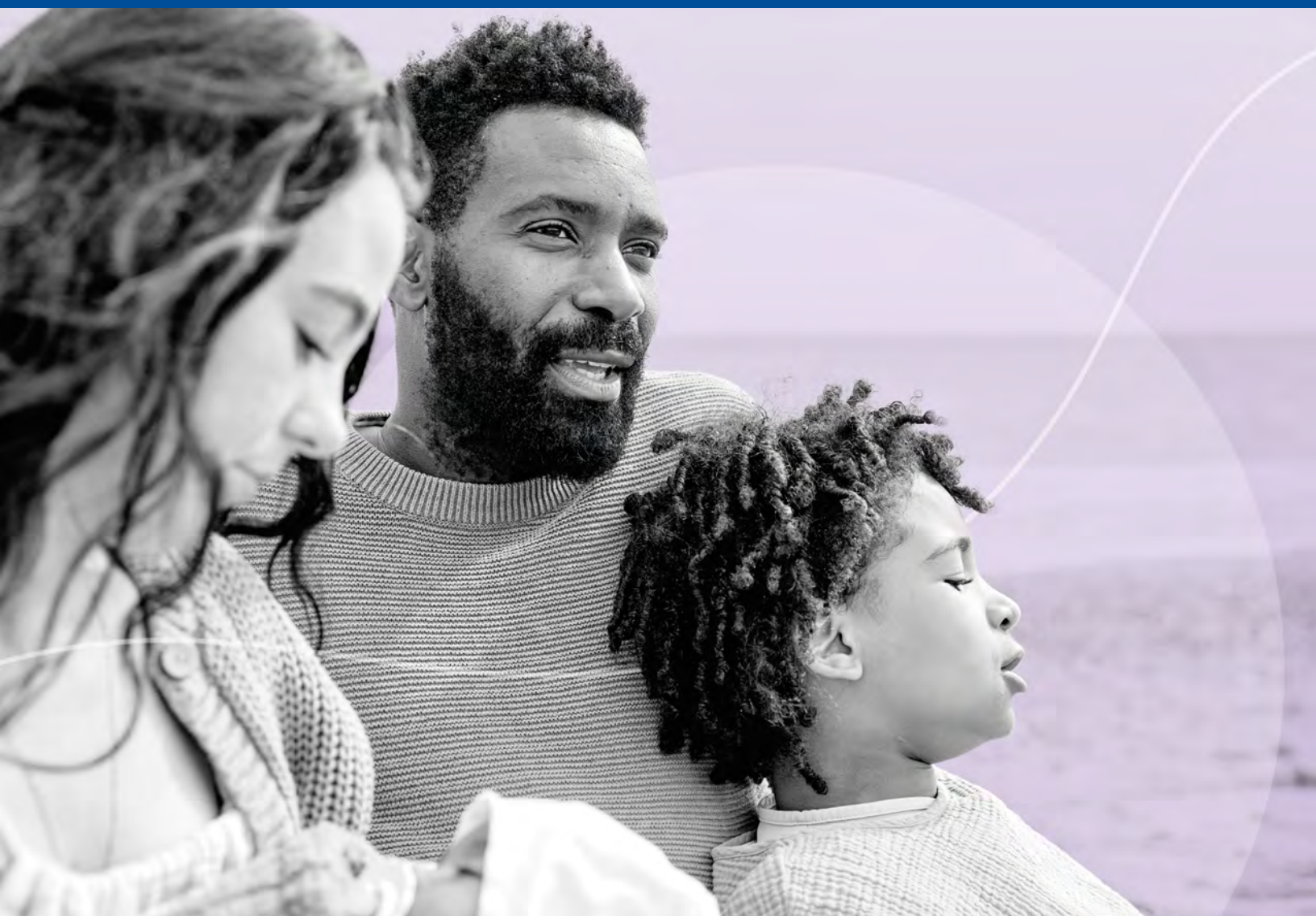
Transition



CRITICAL ILLNESS
INSURANCE

YOUR CLIENT GUIDE

To help you understand your coverage



This guide concerns Transition critical illness insurance policies and critical illness insurance riders.

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Why choose critical illness insurance?

More and more medical advances are being made, allowing people to live healthier and longer, but illnesses like cancer, heart attacks and strokes are still too common today.

Transition was designed for you!

When an illness is critical enough that it becomes life-threatening or has a major impact on a person's quality of life, the consequences can cause significant emotional and financial hardship. If only there was a way to at least relieve patients of these financial concerns!

The purpose of our critical illness insurance is precisely to allow you to focus on what's most important: **getting you healthy.**



What does critical illness insurance cover?

Transition provides flexible critical illness coverage to meet your specific needs and those of your family members. Plus, it is easy to apply for.


Transition advantages

Our product offers financial support as a **lump sum tax-free** payment in the event of a covered critical illness.

This financial assistance lets you:

- Replace your income, or your spouse's income, so he or she can take time off work to be with you and take care of you
- Pay for your day-to-day expenses
- Repay certain financial obligations such as your mortgage
- Have access to medications and medical treatments that are not covered by public insurance plans
- Receive home support or cover childcare expenses
- Continue setting aside savings, as usual, without having to tap into your investments
- And more

Transition is offered in the form of an individual policy or a rider attached to a policy for another individual insurance product, such as term or whole life insurance.

 **Important:** To be eligible for payment of the face amount, the critical illness diagnosis must be consistent with the definition provided in the policy. This definition may include certain limitations and exclusions. It is important to be aware of these.

Transition

Two versions to meet your needs

Do you want to protect yourself against the 4 most common critical illnesses or opt for a more comprehensive solution that covers 25 illnesses?



Whether you choose coverage for 4 illnesses or 25 illnesses, one of the most important prerequisites for receiving **full payment** of the face amount in the event of the onset of any of these illnesses is that its diagnosis must be consistent with the description provided in your policy.

Important: The descriptions of these illnesses, which can be found in your policy, may include **certain limitations, exclusions and waiting periods**. It is important that you review these carefully.

Illnesses covered by Transition (adults and children)

Here are the critical illnesses that we cover, depending on which version of the policy you have:

Transition — 25 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 (cerebrovascular accident)

Transition — 4 illnesses

- Cancer (life-threatening)
- Coronary artery bypass surgery
- Heart attack
- Stroke

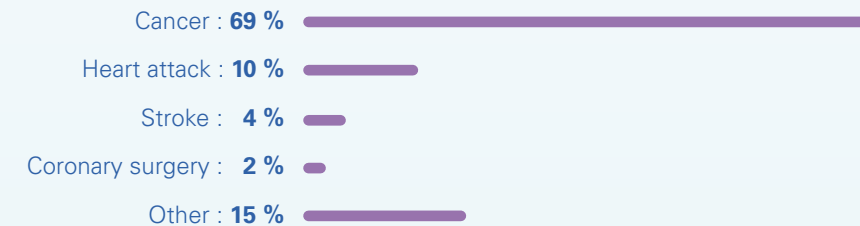
Respective advantages of each coverage

Transition — 25 illnesses	Transition — 4 illnesses
<ul style="list-style-type: none"> ✓ Comprehensive coverage ✓ With options that can be adapted to fit your lifestyle ✓ Perfect for protecting your children, your savings, your company or your retirement fund 	<ul style="list-style-type: none"> ✓ More affordable coverage for the 4 most common critical illnesses ✓ Option to decrease the face amount by up to 50%, similar to a mortgage amortization calendar ✓ Quick and easy application process ✓ Accessible to more people ✓ Perfect for young families

Advantages for both

- ✓ Access to multiple coverage options: permanent or term
- ✓ Possibility of renewing term coverage without providing evidence of insurability
- ✓ Possibility of converting term coverage to permanent coverage without evidence of insurability

Distribution of critical illness claims paid in the industry



💡 The 4-illness version of Transition covers **85 %¹** of the claims paid by the individual insurance industry in the event of a critical illness.

¹ Source: 2022 Munich Re individual insurance survey.

Additional illnesses covered for children

For children, five juvenile illnesses are added to the selected coverage.²

To be eligible for the face amount, the diagnosis must be consistent with the definition provided in your policy and must be made by the child's 25th birthday.

At iA, children can be insured from birth, whereas coverage with other insurance companies only starts at six months.

Juvenile illnesses

- Cerebral palsy
- Congenital heart disease
- Cystic fibrosis
- Muscular dystrophy
- Type 1 diabetes mellitus

Both the *Child Critical Illness* and *Transition Child* riders cover all of the family's current and future children under the same policy, with a maximum face amount of \$20,000 per child individually.

The Transition policy for children under 18 offers coverage of up to \$500,000 for each child individually.



Prevention +

Access to partial benefits at no added cost

Both versions of iA's critical illness insurance (4 illnesses and 25 illnesses) include Prevention + protection, which covers certain non-life-threatening illnesses.

This **partial benefit** is equivalent to 15% of the face amount, up to \$50,000 per payment, payable up to four times per policy but just once per illness. And no, Prevention + does not reduce the amount you will receive in the event of a later diagnosis of one of the 25 (or 4) covered illnesses!

The 7 illnesses covered by Prevention +

- Breast cancer (ductal carcinoma *in situ* of the breast)
- Chronic lymphocytic leukemia (CLL) Rai stage 0
- Coronary angioplasty
- Intestinal cancer (gastrointestinal stromal tumours (GIST) and neuroendocrine tumours (classified less than AJCC stage 2))
- Prostate cancer (stage AT1a or T1b)
- Skin cancer (stage 1 malignant melanoma)
- Thyroid cancer (papillary or follicular stage T1)

Examples

Example 1

A client has a 4-illness Transition policy with a face amount of \$125,000. One year after the policy goes into effect, he is diagnosed with thyroid cancer.

IF stage 1 papillary cancer

- ✓ Partial payment of \$18,750 (15% of \$125,000) under Prevention +
- ✓ The face amount in the event of any of the other four main illnesses will be maintained at \$125,000, and the insured person will be eligible for three other Prevention + claims for any of the six other medical conditions covered by Prevention + (excluding thyroid cancer)

IF stage 4B anaplastic cancer

- ✓ Full payment of \$125,000 if the diagnosis is consistent with the definition of the illness provided in the policy
- ✓ Termination of the Transition policy

Example 2

Another client takes out a critical illness insurance policy. A few months later, her medical specialist recommends a coronary artery bypass due to the detection of a blockage in one of her coronary arteries.

A coronary artery bypass is a surgical procedure that requires general anesthesia and an incision along the chest. This kind of procedure may make the client eligible for full payment of the face amount.

However, if the medical condition could have been treated with coronary angioplasty, or dilation using a balloon, that procedure would have qualified for partial payment of the face amount under Prevention +.


²A sixth childhood illness (Down syndrome) is only included in child Transition policies and child critical illness riders attached to individual insurance policies.

Your customizable coverage



Your choice of coverage period

Need	Solution
During your working years, when you have the most financial responsibilities	Term protection of 10, 20 or 25 years
For longer-term coverage	Term protection for up to 75 years
For your entire life	T100 permanent protection, with payment of premiums up to the age of 100 or accelerated payment over 10 or 20 years

 The premiums are guaranteed when the policy is issued and are based on the insured person's age, gender, smoker status and face amount.

Renewal and conversion

Term coverage for 10, 20 or 25 years entitles you to two options:

- Renewal:** the term is automatically renewed for the same period of time, without having to submit evidence of insurability. You can keep the same face amount. Your premiums are guaranteed when the policy is issued. Renewal can be requested up to age 75. If you would rather terminate your term critical illness insurance upon expiry, you will need to notify us of this decision.
- Conversion:** up to the age of 65, you can request to convert your term insurance, in whole or in part, to 75-year term coverage or to permanent coverage (100 years), including 10-year or 20-year payments,³ without having to submit evidence of insurability. You can keep the same face amount.

Coverage face amount

Depending on the insured's age, the face amount can range from \$10,000 (minimum) up to \$3,000,000 if the insured is 18+, or \$500,000 if the insured is under 18.

Your financial security advisor can guide you, based on your needs, and adjust your coverage to your budget. It may be a good idea to pair your 25-illness and 4-illness coverage with different terms and amounts. The goal is to maximize your protection and prevent you from having to dip into your savings, ask your family or friends for financial support or even be forced to move if you are unable to cover your mortgage payments.

An interesting option: Decreasing face amounts

If you have a mortgage, you might want to consider 4-illness coverage⁴ with a term of 10, 20 or 25 years, with a face amount decreasing annually, like a mortgage amortization calendar, until it is reduced to 50% of the original amount. Once you have reached that level, the face amount will remain the same going forward.

Coverage you can add to your insurance

Return of premiums upon death rider

If you pass away while your policy is in effect and if no full benefits have been paid for any of the 4 or 25 covered illnesses, the return of premiums upon death rider will allow your beneficiary to receive a refund for the eligible premiums that you paid. Prevention + benefits will not affect that refund. Return of premiums upon death riders are available with any kind of health insurance policy, including both term and permanent policies.

Flexible return of premiums rider

A flexible return of premiums rider provides for payment of an amount equal to the total eligible premiums paid. The following types of riders are available:

- Return of premiums after 15 years (for 75-year term coverage or 100-year permanent coverage)
- Return of premiums after 65 years (for 75-year term coverage or 100-year permanent coverage)
- Return of premiums after 20 years (for 100-year permanent coverage with accelerated payment of premiums over 10 or 20 years)

If you stay healthy, meaning no full benefits were paid for any of the 4 or 25 covered illnesses, you can request a refund for the eligible premiums that you paid. This refund will then automatically terminate your policy.

Partial premium refunds may be made, at your request, starting in the fifth year of validity of your policy (or starting at the age of 55 in the case of a flexible return after 65 years).

If both of the above return of premiums riders are added to your policy, you will be eligible for a **policy loan**. That loan can be made in one of two ways:

- Cash loan advance: you can request a cash advance at any time in writing.
- Automatic loan advance: this kind of advance is issued when premiums are owed and have not been paid by the end of the grace period. This advance may be made either in cash or as payment for the outstanding premiums, to prevent your policy from being terminated.

The amount of a policy loan may not exceed 95% of the flexible return of premiums amount at the time of the request.

Increased benefit rider

An increased benefit rider automatically increases the initial face amount by 50% on the policy's fifth and tenth anniversaries, without the need to submit evidence of insurability. This increase must be at least \$10,000 and no more than \$250,000. The new premium for the increased amount will be calculated at the rate in force on the effective date of the increase, based on your age at that time. You can also choose to decline the increase by written request.

Other riders and additional benefits

You can add other protections to your critical illness insurance policy to customize your coverage, like waiver or temporary suspension of premium payments in the event of disability, accidental fracture, hospitalization or home care, supplementary income, etc. Please speak to your advisor for more information.

Face amount changes after issue

You can increase or decrease the face amount of your critical illness insurance at any time, subject to the administrative rules in force at the time. However, face amount increases will require evidence of insurability.

Added advantage: Free MediGuide medical second opinion service

With Transition coverage, you also get unlimited access to the MediGuide medical second opinion service at no additional charge. If you are diagnosed with a critical illness (whether covered or not under your policy), this service gives you access to a group of medical specialists who can confirm the initial diagnosis and recommend the best treatment plan for your situation.

³ In the case of T100 20-Year Payment permanent coverage, the conversion request must be made before the insured person's 51st birthday.

⁴ This coverage decreasing to 50% is only available under term 4-illness protection (10, 20 or 25 years).

Understanding the different waiting periods



Just because a physician makes a diagnosis of a critical illness, that doesn't necessarily mean that the insured person will be eligible for critical illness benefits.

First of all, the diagnosis must be consistent with the definition provided in the policy. What's more, some illnesses are associated with the application of policy clauses that have a direct impact on the eligibility for, and/or the timing of, the payment of the face amount.

Let's see how these periods work with different examples:

Example 1


Minimum period with the presence of symptoms

A medical specialist diagnoses the insured person with a stroke confirmed by extracranial embolism, with the acute onset of new neurological symptoms and new, objective neurological deficits observed during a physical examination.

But a stroke is a critical illness that, according to the description of that illness in the policy or rider, requires that symptoms be present for at least 30 days.

Critical illness diagnosed by a medical specialist: Stroke
Minimum period with the presence of symptoms: 30 days from the date of diagnosis

Date of diagnosis	Minimum period with the presence of symptoms has elapsed before a benefit can be paid
April 1	—————> May 1

 In this example, the new observable post-stroke symptoms and neurological deficits must last 30 days, i.e. until May 1. Otherwise, if the period with symptoms had been shorter than 30 days or if death occurs within 30 days, no critical illness benefits would have been paid.


Example 2

Survival period (after diagnosis or surgery)

An insured person's medical specialist recommends coronary artery bypass surgery. For critical illness benefits to be paid, the insured must still be alive at the end of the 30-day survival period, which starts on the date of the surgical procedure.

Surgical procedure recommended by a medical specialist: Coronary artery bypass surgery
Survival period: 30 days from the date of surgery

Date of surgery	Survival period elapses before a benefit can be paid
April 1	—————> May 1

 The insured must still be alive 30 days after surgery, without suffering an irreversible cessation of all brain functions. If the insured had died during the survival period, no critical illness benefits would have been paid.

Stroke is the only critical illness for which a 30-day minimum period with the presence of symptoms AND a 30-day survival period apply. In this case, the survival period will be counted in **parallel** with the minimum period of symptom onset. In other words, a **total** of 30 days must pass before any critical illness benefits can be paid.

Example 3


Moratorium exclusion period

On the advice of their medical specialist, an insured person, already covered by a critical illness insurance for several months, begins to investigate signs and symptoms of a potentially life-threatening cancer. The insured is diagnosed with cancer seven months after the effective date of their insurance.

In order for critical illness benefits to be paid, the insurance must have been in effect for at least 90 days prior to the diagnosis of cancer, or prior to the onset of the first signs or symptoms or prior to a medical consultation leading to the diagnosis of cancer. The same conditions apply should a policy be reinstated.

Critical illness diagnosed by a medical specialist: Cancer
Moratorium exclusion period: 90 days from the effective date of the insurance

Effective date of insurance	Moratorium period elapses	Start date of investigations	Date of diagnosis
April 1	—————> July 1	September 1	November 1

 In this example, critical illness benefits would be paid. However, if the insured had started investigating the signs and symptoms of cancer during the moratorium period (before July 1), no critical illness would have been paid.

Critical Illnesses Descriptions Guide: Your reference

We recommend that you read through *Your Critical Illness Descriptions Guide*, in its 25- or 4-illnesses version depending on what you have chosen. It contains definitions of the critical illnesses as stipulated in your policy, along with the limitations, exclusions and waiting periods that apply to each one.

We have also added an interpretation of each one, in simple terms, in the *What does this mean?* section.

Diagnosis by a medical specialist

The diagnosis of any critical illness must be made by a medical specialist who is licensed to practice in Canada or the United States. For diagnoses established abroad, certain conditions apply.

Obligation to inform us of a diagnosis of certain illnesses

In the case of the following illnesses:

- Cancer (life-threatening)
- Parkinson's disease and specified atypical Parkinsonian disorders
- Benign brain tumour
- Any of the six cancers covered by Prevention +

The insured person must provide us with all medical information concerning the critical illness and all of the signs, symptoms and test results that led to the diagnosis, within six months of the date of the diagnosis. Otherwise, the claim for benefits may be denied.

Overview of benefits paid

Here is an overview of some of the critical illness benefits paid by iA since 2020.

Client occupation	Critical illness	Age at the time of the claim	Number of months between start of policy and diagnosis	Benefits paid by iA
Electrician	Heart attack	46	7	\$50,000
Physician	Breast cancer	40	135	\$800,000
Accountant	Stroke	32	7	\$100,000
Delivery man	Heart valve replacement	44	2	\$35,000
Homemaker	Severe burns	28	8	\$25,000
Real estate agent	Heart attack	43	1	\$500,000
Restaurant owner	Breast cancer	51	36	\$100,000
Housekeeper	Stroke	65	17	\$10,000
Student	Breast cancer	35	15	\$30,000



Reminder: To be eligible for payment of the face amount, the critical illness diagnosis must be consistent with the definition provided in the policy. This definition may include certain limitations and exclusions that you should be aware of.

What to do if you are diagnosed with a critical illness

Notify your advisor as soon as possible.

Your advisor will guide you through the claims process and tell you if your illness is covered by your policy and if it is affected by any of the limitation periods outlined above.

MediGuide

Don't forget to contact the MediGuide medical second opinion service to confirm your diagnosis and the treatment recommended by your specialist.

Claim Request

File your claim online via our website ia.ca.

You will be asked to complete some forms and provide your medical information. Your claim will then be reviewed. Most interactions with our claims department will take place online.



Glossary

Critical illness: an illness or condition, an alteration of health or a disorder of the body that occurs while the insured person's coverage is in effect and whose signs and symptoms must be assessed and documented by a specialist.

Diagnosis: objective medical evidence confirming that the insured person has an eligible critical illness. The diagnosis must be official and made by a specialist while the insurance coverage is in effect.

Face amount: the amount of insurance chosen by the insured person (or the policyowner), for which premiums are paid.

Physician: a person who is legally licensed to practice medicine and provide care and treatment within the scope of their license in Canada, the United States or any other location duly approved by iA where medical services are provided. The physician may not be the policyowner or the insured, be directly or indirectly related to either of them, or be a business party of the policyowner or the insured.

Specialist: a physician who is licensed and has specialized medical training related to the critical illness for which a benefit is claimed and whose special competence has been recognized by a specialty examining board. If a specialist is not available, and subject to the insurer's approval, the critical illness may be diagnosed by a physician licensed to practice in Canada or the United States. The term "specialist" includes but is not limited to cardiologists, neurologists, nephrologists, oncologists, ophthalmologists, burn specialists and internists. The specialist may not be the policyowner or the insured, be directly or indirectly related to either of them, or be a business party of the policyowner or the insured.

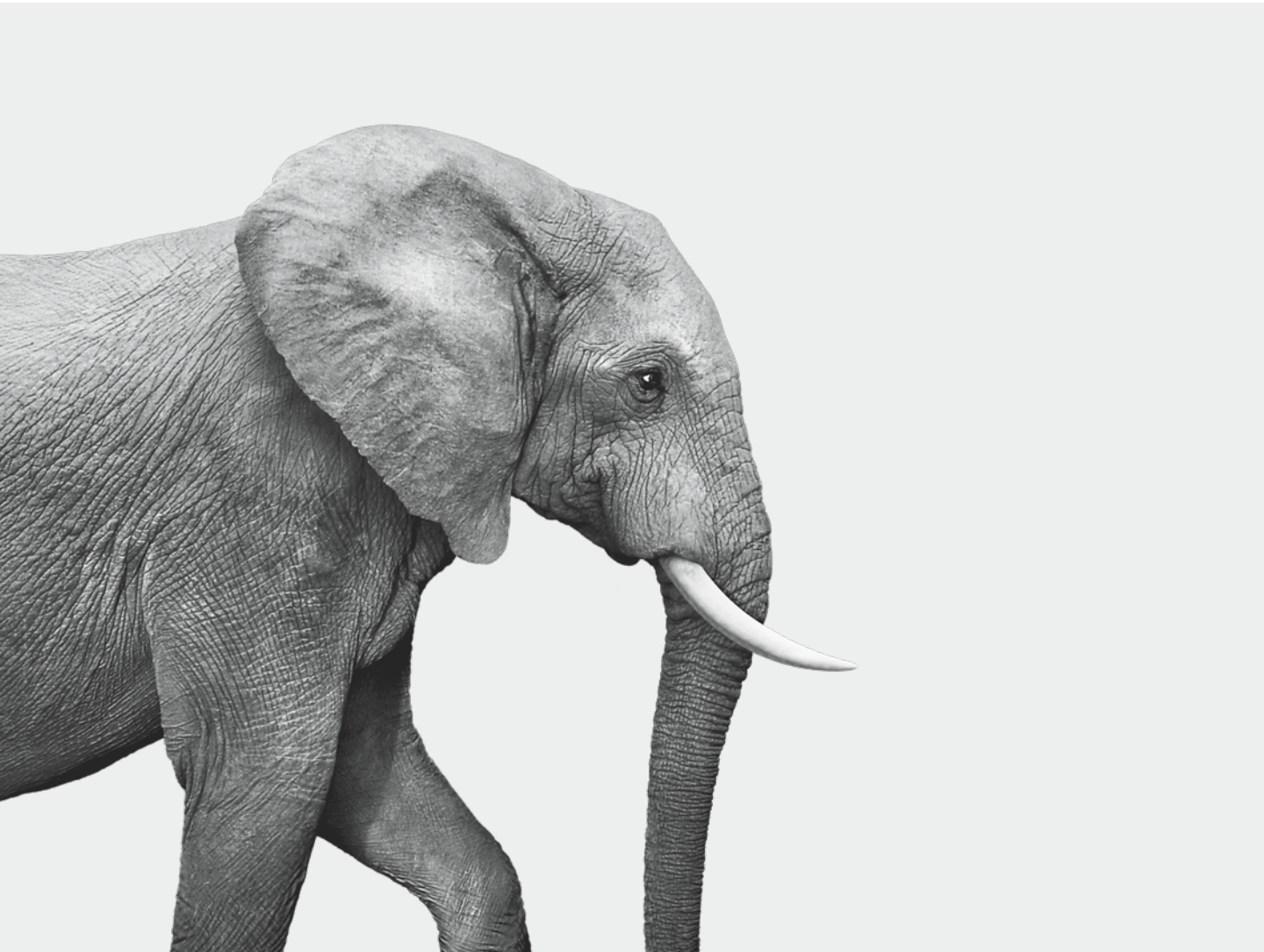
**iA Financial Group – Big enough to matter,
small enough to care**

iA Financial Group, a leader in the Canadian insurance and wealth management industry, has been serving Canadians and earning their trust for over 130 years. Because our clients' needs are constantly evolving, we provide a comprehensive range of the most varied insurance products and financial services.

Our mission is to ensure the financial wellbeing of our clients by offering them personal insurance coverage and investment solutions to help them achieve their personal goals.

Important:

This guide is not part of your policy. In the event of any discrepancies between its contents and your policy, the provisions of your policy will prevail, particularly for the processing of insurance claims.



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