CHUBB®

Schedule of Benefits and Rates Voluntary

Voluntary Plan	
Eligibility	All active, permanent, full-time employees of the policyholder, under age 70, who are regularly working a minimum of 20 hours per week, their spouses (under age 70) and dependent children.

An eligible child must be a Canadian resident who is:

1. the age of 14 days and under the age of 21; or
2. under age 25 and attending school on a full-time basis; or
3. over age 21 and a dependent by reason of mental or physical infirmity

Benefits Options Available

- **Guaranteed Issue amounts of $5,000 to $25,000 available to employee and/or spouse, no medical underwriting required.**
- **Additional Evidence of Insurability amounts available, units of $25,000 to a maximum of $125,000 for a combined Optional Critical Illness maximum of $150,000 per insured. Subject to completion and approval of Critical Illness Medical Questionnaire.**

Monthly Rates Per $5,000 unit Per Insured

	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
18 to 29	$.50	$.66	$.56	$.75
30 to 34	$.73	$1.08	$.87	$1.22
35 to 39	$1.01	$1.72	$1.22	$1.96
40 to 44	$1.60	$2.94	$2.04	$3.20
45 to 49	$2.63	$5.11	$2.98	$5.06
50 to 54	$4.44	$8.91	$4.25	$7.84
55 to 59	$8.28	$16.33	$6.67	$12.61
60 to 64	$15.25	$28.17	$10.76	$19.38
65 to 70	$25.65	$46.09	$16.86	$29.65

Children's Coverage Options & Cost:

$5,000: $1.40/month or $10,000: $2.80/month this covers all eligible dependent children. Only one parent, (employee or spouse) may add dependent children coverage.

Unique Advantages

- Cancer Recurrence Benefit.
- A non-taxable lump sum benefit is paid to an insured in addition to any other insurance, and can be used at their own discretion.
- Employees are not required to be unable to work in order to claim.
- Expertise; we have been issuing group critical illness policies and paying claims since 1998 - being one of the first insurers to introduce critical illness coverage into the group market.
- Flexible administration and billing options.
- One of the few insurers that provide partial payment benefits that do not reduce the principal sum insured.

Critical Illness Benefit

If an Insured is diagnosed with or meets the definition of a covered condition or a partial payment benefit condition, after the effective date or latest reinstatement date of coverage, and survives a period of 30 days (not applicable to Deluxe Plan Option on Mandatory Coverage only) following the date of diagnosis, the Company will pay the applicable benefit.

The Principal Sum for each Employee and the Spouse (if applicable) is the amount outlined in the schedule of benefits.

Except as provided by the Second Event Benefit, Cancer Recurrence or Partial Payment Benefits, the Company will only be obligated to pay the Principal Sum once notwithstanding that an Insured may be diagnosed with, suffer, or undergo more than one of the covered conditions.

List of Covered Conditions			Child Specific Conditions (applicable to Optional when applied for)
Alzheimer's Disease	Deafness	Motor Neuron Disease	Cerebral Palsy
Aorta Surgery	Dismemberment	Multiple Sclerosis	Cystic Fibrosis
Benign Brain Tumour	Heart Attack	Occupational HIV Infection	Down's Syndrome
Blindness	Heart Valve Replacement	Paralysis	Muscular Dystrophy
Cancer	Loss of Speech	Parkinson's Disease	
Cancer Recurrence	Loss of Independence	Severe Burns	
Coma	Major Organ Failure	Stroke	
Coronary Artery Bypass Surgery	Major Organ Transplant		

Partial Payment Benefit

In addition to the listed covered conditions above, the following additional benefits are covered at a percentage of the principal sum amount.

These additional partial payment benefits are not deemed to be covered conditions, nor do they fall under the category of covered conditions for the purposes of the Second Event Benefit. Payment of a Partial Payment Benefit does not reduce eligible payment of a principal sum payment. Each partial payment benefit is payable only once.

Ductal Carcinoma in Situ (DCIS) Benefit

If the insured is diagnosed with DCIS, and survives 30 days, (not applicable to Deluxe Plan Option on Mandatory Coverage only) the DCIS benefit pays 20% of the principal sum up to a maximum of $20,000.

Early Stage Prostate Cancer (T1a or T1b) Treatment

The Early Stage Prostate Treatment benefit pays 20% of the principal sum up to a maximum of $20,000 if the insured is diagnosed with Early Stage Prostate Cancer and survives 30 days (not applicable to Deluxe Plan Option on Mandatory Coverage only), and under goes anyone of the following treatments:

- Prostate Surgery
- Radiation Therapy
- Chemotherapy
- Hormone Therapy

Hip or Knee Replacement Surgery (only applicable to Mandatory Coverage)

The Hip or Knee Replacement Surgery benefit will pay 10% of the Principal Sum up to a maximum of $10,000 if the insured has undergone surgery to replace either the hip or the entire knee through the procedures set out below.

a. Hip replacement qualifies if the femoral stem is replaced. This procedure is performed in both total arthroplasty and hemiarthroplasty (both monopolar and biopolar).
b. Knee replacement qualifies if all three compartments of the knee (medial, lateral and patellofemoral compartments) are replaced. This procedure is also known as total knee replacement.

Second Event Benefit

Categories of Covered Conditions	
Category 1	Cancer
Category 2	Heart Attack, Stroke, Coronary Artery Bypass, undergoes Aorta Surgery or Heart Valve Replacement Aorta Surgery

If an insured person is diagnosed with cancer for which the principal sum has been paid and then has been actively at work for at least 90 days, a second event benefit can be paid for a diagnosis of any other condition.

OR

If an insured person is diagnosed with one of the category 2 covered conditions and the principal sum has been paid and then has been actively at work for at least 90 days, a second event benefit can be paid for a diagnosis of any other condition (other than another cardiovascular illness).

In order to be considered an eligible Second Event condition the first event and the second event cannot fall into the same Category of Conditions, except as provided for under Cancer Recurrence benefit.

The Second Event Benefit is payable only once. Payment of the Second Event Benefit will represent full and final discharge of all claims under the Second Event Benefit. Following Payment of the Second Event Benefit, coverage will terminate.

Summary of Policy Provisions

Waiver of Premium

When an employee is totally disabled for an extended period of time the insurer will waive premiums due during that eligible period of disability.

Continuance of Coverage:

Extension of coverage can be arranged for up to a 24 month period in the event of being laid-off, short-term disability; or leave of absence.

Conversion:

Insureds may convert to an individual plan when eligibility circumstances change. If coverage is converted within 31 days from the date of group benefits terminating the Company will grandfather any pre-existing limitation period already exhausted under the group plan for Guaranteed Issue coverage.

Limitations & Exclusions

In addition to any exclusions listed within the definitions of covered conditions, the policy also does not provide benefits for any claim caused directly or indirectly by or resulting from any of the following:

- intentionally self-inflicted injury, suicide or any attempt thereof
- declared or undeclared war or any act thereof;
- for injury or sickness, other than one of the specified coverages, even though such injury or sickness may have been complicated by one of the specified coverages;
- a complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS Related Complex;
- the use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel;
- the commission or attempted commission by the insured person of any act which if adjudicated by a court would be an illegal

act under the laws of the jurisdiction where the act was committed;

- the misuse of medication or the abuse of drugs or intoxicants;
- any pre-existing medical condition
- this insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

90 Day Elimination Period for Cancer

Any Cancer, including, DCIS or Early Stage Prostate Cancer (T1a or T1b) Treatment, diagnosed in the first 90 days of the effective date, or latest reinstatement date of coverage is not covered.

A Cancer diagnosed within the 90 Day Cancer Exclusion period does not void coverage under this policy however no benefits will be payable at any time for the diagnosed Cancer.

Pre-Existing Condition Provision

Chubb Life will not pay for a critical condition diagnosed within the first 2 years of coverage, if that diagnosis was directly or indirectly caused by an injury or sickness for which the insured received any treatment, advice or a diagnosis, in the 2 years just prior to your effective date of coverage.

Insured Conditions Definitions

"Insured Conditions" means Alzheimer's Disease, Aorta Surgery, Benign Brain Tumour, Blindness, Cancer, Cancer Recurrence, Coma, Coronary Artery Bypass Surgery, Deafness, Dismemberment, Heart Attack, Heart Valve Replacement, Loss of Independence, Loss of Speech, Major Organ Failure, Major Organ Transplant, Motor Neuron Disease, Multiple Sclerosis, Occupational HIV Infection, Paralysis, Parkinson's Disease, Severe Burns and Stroke.

"Alzheimer's Disease" means the diagnosis that the Insured Person has Alzheimer's Disease, which is a progressive degenerative disease of the brain. The diagnosis must be supported by medical evidence that the Insured Person exhibits the loss of intellectual capacity resulting in impairment of their memory and judgment, which results in a significant reduction in their mental and social functioning, such that they require permanent daily personal supervision for the Activities of Daily Living. All other dementing organic brain disorders and psychiatric illnesses are excluded from this Insured Condition definition. A Physician who is certified as either a neurologist or a psychiatrist must confirm diagnosis in writing.

"Aorta Surgery" means surgery to the aorta that is medically required to treat disease of the aorta and that involves the excision and surgical replacement of the diseased aorta with a graft. The Aortic Surgery must be performed on the prior written advice of a Physician certified as a cardiovascular surgeon. Aorta includes the thoracic and abdominal aorta but does not include any of the branches of the aorta.

"Benign Brain Tumour" means a benign neoplasm in the brain or meninges with histologic confirmation. Cysts granulomas, malformations of intracranial arteries or veins, and tumours or lesions of the pituitary are specifically excluded. The diagnosis must be confirmed neuro-radiologically by a specialist trained in the interpretation of radiological investigations.

"Blindness" means the total and irrecoverable loss of sight in both eyes due to injury or sickness. Corrected visual acuity must be 20/200 or less in both eyes and the field of vision must be less than 20 degrees in both eyes. A Physician certified in ophthalmology must clinically confirm the diagnosis in writing.

"Cancer" means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. This includes Leukemia, Hodgkin's Disease and invasive melanoma but does not include:

a. Carcinoma in situ;
b. Kaposi's Sarcoma or other AIDS related cancers and cancer in the presence of human immunodeficiency virus (HIV);
c. Skin cancer or melanoma that is not invasive and has not exceeded .75 millimeters in depth;
d. Prostate cancer diagnosed as T1N0 M0 or equivalent staging.
e. a recurrence or metastasis of a cancer which was originally diagnosed prior to the effective date of coverage, except as provided by Cancer Recurrence.
f.

A Physician certified as an oncologist must confirm diagnosis in writing.

"Cancer Recurrence" means, if the insured person has already been diagnosed with Cancer and, while insured, a new diagnosis of Cancer is made, a benefit will be paid, subject to all the policy terms and provisions, if the following conditions have been met:

- More than 60 months have passed since the previous cancer diagnosis; and
- No Treatment relating directly or indirectly to cancer has been received within that 60 month period (treatment does not include preventive medications and follow up visits to the doctor).

"Coma" means the Insured Person has been in a state of unconsciousness for a continuous period of at least 96 hours, during which external stimulation produced no more than primitive avoidance reflexes. A Physician who is certified as a neurologist must confirm diagnosis in writing.

"Coronary Artery Bypass Surgery" means surgery performed by a Physician who is certified as a cardiovascular surgeon to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, or other intra-arterial techniques will not be considered to be a covered critical illness.

"Deafness" means the diagnosis of permanent loss of hearing in both of the Insured Person's ears, with an auditory threshold of more than 90 decibels in each ear. A Physician, who is certified as an otolaryngologist must confirm diagnosis in writing.

"Dismemberment" means 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.

"Heart Attack" means a definite diagnosis of the death of heart muscle due to obstruction of blood flow that results in the rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

a. heart attack symptoms; or
b. new electrocardiogram (ECG) changes consistent with a heart attack; or
c. development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The diagnosis of Heart Attack must be made by a Specialist.

Exclusions: No benefit will be payable under this condition for:

a. elevated biochemical cardiac markers with a:
    i. Troponin Level of less than 1
    ii. CK-Mb Level of less than 4, or
b. ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above.

"Heart Valve Replacement" means undergoing surgery to replace any heart valve with either a natural or mechanical valve. The surgery must be determined to be medically necessary by a Specialist. **Exclusion:** No benefit will be payable under this condition for heart valve repair.

"Loss of Independence" means the definitive diagnosis by a licensed Physician of either:

1. being totally and permanently unable to perform, by oneself, at least two (2) of the six (6) Activities of Daily Living or,
2. cognitive impairment, which mean a mental deterioration and loss of intellectual ability, evidenced by deterioration in memory, orientation and reasoning, which is measurable and results from demonstrable organic cause as diagnosed by a Physician. The degree of Cognitive Impairment must be sufficiently severe as to require a minimum of eight continuous hours of daily supervision.

A mental or nervous disorder without a demonstrable organic cause is not covered. Loss of Independence must persist for at least ninety (90) days from the date of the diagnosis.

"Loss of Speech" means the 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.

"Major Organ Failure" means the irreversible failure of the entire heart, entire liver, entire pancreas (pancreatic islet cell transplants are excluded), both lungs, both kidneys, or bone marrow, in which the affected organ is unresponsive to any treatment and for which the insured is medically required to become enrolled in a recognized Canadian transplant program to become the recipient of a heart, a liver, a pancreas, a lung, or a kidney or to receive a bone marrow transplant.

"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 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."

"Motor Neuron Disease" means 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
- Pseudo bulbar palsy

The diagnosis of Motor Neuron Disease must be made by a Specialist.

"Multiple Sclerosis" means the unequivocal written diagnosis by a Physician who is certified as a neurologist confirming at least one of the following:

- 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.

"Occupational HIV Infection" means 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, the effective date of last reinstatement of the policy, or the Insured Person's effective date of coverage.

Payment under this condition requires satisfaction of all of 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;
e. the accidental injury must be 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.

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; or,
- a licensed cure for HIV infection is 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.

"Paralysis" means the total and irrecoverable loss of function of two (2) or more limbs through neurological damage due to injury or sickness, provided such loss of function continually lasts for 180 consecutive days and such loss of function is thereafter determined on evidence satisfactory to the Company to be permanent. A Physician certified as a neurologist must confirm diagnosis in writing.

"Parkinson's Disease" means unequivocal diagnosis of primary idiopathic Parkinson's Disease resulting in the inability to perform three (3) of the six (6) Activities of Daily Living without assistance. Diagnosis should show signs of progressive impairment and must be confirmed in writing by a Physician who is certified as a neurologist.

"Severe Burns" means the Insured Person has third degree burns covering at least 20% of the surface area of their body. A Physician who is certified as a plastic surgeon must confirm diagnosis of this condition in writing.

"Stroke" means that the Insured Person has suffered a cerebrovascular incident, excluding transient ischemic attack (TIA), producing infarction of brain tissue due to thrombosis, hemorrhage from an intracranial vessel or embolization caused by an extracranial source. There must be evidence of permanent neurological deficit persisting for 30 consecutive days, supported by evidence that the deficit is resulting from the Stroke, confirmed in writing by a Physician who is certified as a neurologist.

Privacy Matters

At Chubb Life, we are committed to protecting our customers' privacy. Chubb Life's policy is to limit access to customer information to those who need it to serve customers' insurance needs and to maintain and improve customer service. The information provided by customers is required by us, our reinsurers and authorized administrators to assess customers' entitlement to benefits, including but not limited to determining if coverage is in effect, investigating the applicability of exclusions and co-ordinating coverage with other insurers. For these purposes, we, our reinsurers and authorized administrators consult existing insurance files about customers, collect additional information about and from customers, and where required, collect information from and exchange information with, third parties. We do not disclose customer information to third parties other than our agents and brokers, except as necessary to conduct business, e.g., processing claims or as required by law. We advise customers that, in some instances, employees, service providers, agents, reinsurers, and any of their providers, of Chubb Insurance and/or Chubb Life may be located in jurisdictions outside Canada and that customers' personal information may thus be subject to the laws of those foreign jurisdictions.