

## Exclusions and Limitations

Thank you for considering Lifecheque Basic critical illness insurance from Manulife Financial. Here is a listing of the conditions, limitations and exclusions applicable to this insurance. Please note that this listing is for information purposes only. A complete listing of all applicable exclusions and limitations is detailed in the policy issued by Manulife Financial upon final approval of your application. Please read it carefully.

### General Conditions and Limitations

Each insured must be between the ages of 18 through 60 and a resident of Canada at time of application.

The coverage is renewable until the policy anniversary date following the insured's 75th birthday, at which time the policy will terminate.

### Specific Conditions, Exclusions and Limitations

#### Cancer

The following cancers are not covered under the plan:

- carcinoma in situ,
- any stage T1a and T1b prostate cancer,
- any non-melanoma skin cancer that has not spread to distant organs or lymph nodes, and
- any malignant melanoma skin cancer which is less than or equal to 1.0 mm in depth and not ulcerated.

*What this means...*

*These exclusions are for cancers that are not generally looked upon as life threatening and are readily treatable.*

In addition, if within 90 days of the effective date of coverage or the date of the last reinstatement of coverage, the insured is diagnosed with any cancer (including those types of cancer not covered by the policy) or the insured or his or her physician notices or becomes aware of any sign, symptom, condition or medical problem that leads to a diagnosis of any cancer at any time in the future, then no benefit with respect to any cancer will be paid, nor will any benefit be paid under this policy for any other condition or procedure directly caused by any cancer or its treatment.

*What this means...*

*Cancers diagnosed in the first 90 days of the contract, or cancers whose symptoms first appear in that time period are not eligible for a benefit, nor is any other covered condition which results from any cancer or its treatment.*

The diagnosis of any cancer must be reported to Manulife Financial within six months of the date of diagnosis. Any failure to do so may lead to the denial of any claim with respect to that coverage.

No benefit will be paid unless the insured survives for 30 days following the date the condition is diagnosed.

**Heart Attack (Myocardial Infarction)**

No benefit is payable unless the diagnosis is based on new electrocardiographic changes consisting of the development of Q waves and/or ST segment elevation not previously present, and the elevation of cardiac biochemical markers to levels considered diagnostic for infarction.

*What this means...*

*If you suffer a heart attack, you will have damage to the heart muscle, which causes changes in your electrocardiogram (ECG) that are indicative of a myocardial infarction and elevation of cardiac (heart) biochemical markers. Both criteria are required before the benefit can be payable.*

Heart Attack during coronary angioplasty is not covered unless there are diagnostic changes of new Q wave infarction on the electrocardiograph in addition to elevation of cardiac biochemical markers.

No benefit will be paid unless the insured survives for 30 days following the date the condition is diagnosed.

Heart Attack does not include an incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of a corroborating event.

**Stroke**

There must be a diagnosis of a cerebrovascular event producing neurological sequelae lasting longer than 30 days which is caused by intracranial thrombosis, hemorrhage, or embolism from an extracranial source.

*What this means...*

*The benefit will not be payable unless one of the three causes of stroke are present: Thrombosis, caused by a blockage by a thrombus (clot) that has built up on the wall of a brain artery; Embolization, caused by an embolus (usually a clot) that is swept into a brain artery causing blockage; or Hemorrhage, which is caused by the rupture of a blood vessel in or near the brain's surface.*

There must also have been a measurable, objective neurological deficit lasting longer than 30 days following the date of the event and the insured must survive until all of the criteria have been met in order for the benefit to be payable under the policy.

Transient Ischemic Attacks are specifically excluded.

*What this means...*

*Any incident with symptoms lasting less than 24 hours is referred to as a Transient Ischemic Attack, and does not qualify for coverage.*

**Coronary Artery Bypass Surgery**

This benefit will only be payable where surgery is performed by a physician to correct narrowing or blockage of one or more coronary arteries with a bypass graft. No benefit will be payable if the treatment for coronary artery disease is limited to non-surgical techniques such as coronary angioplasty or laser relief of an obstruction.

*What this means...*

*Only artery bypass surgery is covered, since coronary angioplasty and laser relief do not require open-heart surgery and have a lower recovery demand.*

No benefit will be paid unless the insured survives for 30 days following the date of surgery.

### **Aortic Surgery**

This benefit will only be payable where surgery is performed by a physician for disease of the thoracic or abdominal aorta requiring excision and surgical replacement with a graft. No benefit will be payable where surgery is limited to the branches of the thoracic or abdominal aorta.

*What this means...*

*The aorta is the largest artery in the body and replacement of diseased portions with a graft is covered. The use of balloon angioplasty to widen narrowed passages is not covered nor is any surgery to the branches of the aorta.*

No benefit will be paid unless the insured survives for 30 days following the date of surgery.

### **Return of Premium Option on Expiry of Policy (if this Option is purchased)**

The Return of Premium benefit will not be payable where the insured has survived the waiting period for a covered condition at the time of expiry of the policy and the benefit is payable. The Return of Premium Option may only be purchased when the insured is between the ages of 18 and 55 and must be purchased at the same time as the original coverage. Once purchased, the Return Premium Option can not be cancelled separately.

### **General Conditions, Exclusions and Limitations Applicable to all Covered Conditions**

No benefit will be payable if the insured, while sane or insane, suffers a covered condition which results directly or indirectly from, or is in any way associated with:

- intentional self-inflicted injuries,
  - intentional use or intake by the insured of:
    - any prescription drug or narcotic other than as instructed by a physician;
    - any drug or narcotic legally available for sale in Canada without a prescription, other than as recommended by the manufacturer;
    - any drug or narcotic not legally available in Canada; or
    - any poisonous substance or intoxicant, including alcohol;
- committing or attempting to commit a criminal offence,
- operation of a motor vehicle while the concentration of alcohol in 100 milliliters of blood exceeds 80 milligrams.

No benefit will be payable if, during the first 12 months following the effective date of the policy or the date of the last reinstatement, the insured is diagnosed with a covered condition or if the insured has any signs, symptoms, medical consultations or tests that lead to a diagnosis of a covered condition.

No benefit will be payable if the insured suffers a covered condition at any time during the 24-month period following the effective date of the policy or the date of the last reinstatement which results directly or indirectly from, or is in any way associated with, a *pre-existing condition*.

A *pre-existing condition* is an illness or condition for which, during the 24-month period *prior to* the effective date of the policy, the insured was diagnosed or was treated, hospitalized or attended to by a physician or was advised to seek treatment or consult a physician; was prescribed or took medication; showed indications, signs or symptoms or underwent tests or investigations.

No benefit will be payable where a covered condition is diagnosed in a jurisdiction other than Canada or the United States, unless the insured makes all requested medical records available to the insurer and the insurer is satisfied that:

- the same diagnosis would have been made if the covered condition had occurred in Canada or the United States;
- the physician making the diagnosis was licensed to practise in the jurisdiction in which the diagnosis was made and had medical credentials equal to those required in Canada or the United States;
- the diagnosis is fully supported by all appropriate diagnostic tests and other investigation which would normally be undertaken in Canada or the United States (including those required by the policy); and
- the same type of surgery or procedure as required under the policy in order for the benefit to be payable would have been advised if the diagnosis had been made in Canada or the United States.