

Serious Illness. Critical Coverage.



Affordable Critical Illness Insurance

Exclusively for new Insurance Brokers Association of Ontario (IBAO) members 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 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 member you have a time-limited opportunity to purchase critical illness insurance for your entire family 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 solutionsinsurance.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 www.tugo.com/tms. 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 solutionsinsurance.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 for the entire family

Coping with a serious illness is one of the greatest challenges any family can face. Purchasing coverage for your spouse and dependent children gives you peace of mind knowing that you will have some extra financial resources to help your entire family through a difficult time. You and your spouse qualify for up to \$75,000 in coverage. And you can apply for up to \$15,000 in coverage for your children. Children will be protected for the same 25 illnesses as adults plus 6 child-specific conditions:

- Cerebral Palsy
- Down Syndrome
- Congenital Heart Disease
- Muscular Dystrophy
- Cystic Fibrosis
- Type 1 Diabetes

All your children are covered for one low premium rate. Children born after your initial purchase can be added to the plan without the need for medical underwriting. Simply complete a Request to Add a Child within 90 days of their birth. Dependent child coverage is only available if you are also insured under the plan.

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.

Are there limitations or exclusions I should be aware of?

Yes, there are some important limitations and exclusions for you to be aware of before you apply for 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.
- 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 excluded.
- 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.

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

Because this is group insurance, you must be an eligible member to join the plan, and to maintain coverage for yourself and your family. 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

Member and Spouse Critical Illness Insurance Monthly Premium per \$25,000				
Age* at November 1 st	Male		Female	
	Non-Smoker**	Smoker	Non-Smoker**	Smoker
Under 25	\$2.15	\$2.55	\$2.05	\$2.30
25 - 29	\$2.60	\$3.35	\$2.85	\$3.35
30 - 34	\$3.35	\$4.75	\$4.20	\$5.10
35 - 39	\$4.60	\$7.35	\$6.30	\$8.05
40 - 44	\$6.95	\$12.30	\$9.40	\$12.80
45 - 49	\$11.05	\$20.75	\$13.85	\$20.00
50 - 54	\$18.30	\$34.40	\$20.05	\$30.25
55 - 59	\$30.35	\$55.40	\$28.30	\$44.70
60 - 64	\$50.15	\$85.65	\$41.60	\$66.60
65 - 69	\$80.40	\$133.85	\$63.95	\$101.05
70 - 74 †	\$135.25	\$215.25	\$90.80	\$146.10

Dependent Children Critical Illness Insurance Monthly Premium for all Eligible Children	
Benefit Amount	Monthly Premium
\$5,000	\$2.10
\$10,000	\$4.20
\$15,000	\$6.30

* Premiums are calculated each year, based on your age at November 1 and will increase as you enter a new age band.
** Non-smoker rates apply to individuals who, at the time of application, have not used tobacco, nicotine, or cannabis mixed with tobacco in any form whatsoever within the last 12 months and who have provided satisfactory evidence of insurability

† For renewal only. Last age to apply is 69.

Plus taxes where applicable.

Rates are subject to annual review.

Who can apply?

New members who are in good standing with the Insurance Brokers Association of Ontario and their family.

Applicants must be under age 70 and residing in Canada.

Dependent children are also eligible to apply provided they are under age 21 (up to 24 if they are enrolled full-time at a post-secondary school) and the member also applies for coverage.

Residents of Quebec under age 65 must be insured under a private drug plan in order to apply.

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.
400-988 Broadway W., PO Box 5900
Vancouver BC V6B 5H6

Questions? We're here to help.

Contact a Client Service Specialist at:

1.800.266.5667 (toll-free)

604.737.3802 (Vancouver)

solutions@ia.ca

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

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.

APPLICATION FOR GUARANTEED ACCEPTANCE GROUP CRITICAL ILLNESS INSURANCE

Application must be received within 60 days of your Date of Hire.

POLICY INFORMATION

Name of Policyholder **Insurance Brokers Association of Ontario**

Group Policy Number **100010073**

TO BE COMPLETED BY THE BENEFITS ADMINSTRATOR

Hire Date (dd-mmm-yyyy)

Offer Expiry Date (dd-mmm-yyyy)

MEMBER INFORMATION MUST ALWAYS BE COMPLETED

Last Name

Given Name

Initials

Gender

Date of Birth (dd-mmm-yyyy)

Male

Female

Street Address

City

Prov.

Postal Code

Telephone (Home)

Telephone (Work Cell)

Email

COVERAGE SELECTION CHECK ONLY ONE AMOUNT PER APPLICANT TYPE

MEMBER

\$25,000 \$50,000

\$75,000

In the last 12 months, have you used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco?

Yes No

SPOUSE

\$25,000 \$50,000

\$75,000

In the last 12 months, have you used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco?

Yes No

DEPENDENT CHILD(REN)

\$5,000 \$10,000

\$15,000

Amount selected will apply to each dependent child.

ADDITIONAL APPLICANT INFORMATION COMPLETE IF APPLYING FOR SPOUSE AND/OR DEPENDENT CHILDREN COVERAGE

SPOUSE

Last Name

Given Name

Initials

Gender

Date of Birth (dd-mmm-yyyy)

Male

Female

Are you also a member of this group? Yes No If "Yes", please provide your date of hire (dd-mmm-yyyy).

DEPENDENT CHILD(REN) IF YOU REQUIRE MORE SPACE, PLEASE ATTACH A SEPARATE SHEET OF PAPER, SIGNED AND DATED.

Last Name

Given Name

Initials

Gender

Date of Birth (dd-mmm-yyyy)

Select one

Male
 Female

Child Full-Time Post-Secondary Student

Last Name

Given Name

Initials

Gender

Date of Birth (dd-mmm-yyyy)

Select one

Male
 Female

Child Full-Time Post-Secondary Student

Last Name

Given Name

Initials

Gender

Date of Birth (dd-mmm-yyyy)

Select one

Male
 Female

Child Full-Time Post-Secondary Student

PAYMENT INFORMATION CHOOSE ONE

Monthly Pre-Authorized Debit (PAD)

I have completed the attached Pre-Authorized Debit (PAD) Agreement form authorizing Industrial Alliance Insurance and Financial Services Inc. (the "Company") to withdraw the required premium (plus applicable taxes) from my account.

Cheque

I have attached a cheque for the first month's premium payable to "iA Financial Group". I understand the balance of the premium (plus applicable taxes) will be billed once my coverage is approved.

Bill me

Send me a Premium Statement once my coverage has been approved. I understand coverage will not take effect until my first month's premium has been received.

AUTHORIZATION IMPORTANT INFORMATION ABOUT YOUR APPLICATION PLEASE READ CAREFULLY BEFORE SIGNING

This offer is only available to eligible members, their spouses and their dependent children. The opportunity to apply without having to supply medical evidence is strictly limited to new members whose application is received within 60 days of their date of hire and cannot be extended.

1. 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.
2. 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 or has any signs, symptoms or investigations that lead to a diagnosis of 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.
3. I have not made any misrepresentations regarding age, gender, smoking status or eligibility and understand that if I have done so, coverage may be void.
4. I acknowledge that I have read the Notice on Privacy and Confidentiality (attached) summarizing certain privacy practices regarding collection, use and disclosure of my personal information.
5. I agree to the use of my personal information for the purposes outlined in this application. I understand that my consent to the use of any 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 Financial Services Inc. (the "Company") at the telephone number or address shown on this application.
6. I understand that coverage will take effect on the date this completed application is received by the Company and my first month's premium has been paid.
7. (For Quebec residents) I confirm that all the applicants under age 65 are covered under a private drug plan as required by the Quebec Act respecting prescription drug insurance. I understand that coverage may be void if this declaration is false.

A copy of this signed authorization shall be as valid as the original.

X

Member Signature (must always sign)

Date (dd-mmm-yyyy)

X

Spouse Signature (if applying)

Date (dd-mmm-yyyy)

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

CHEQUE/ACCOUNT DETAILS FOR MONTHLY PRE-AUTHORIZED DEBITS

PLEASE ATTACH A PERSONALIZED 'VOID' CHEQUE OR COMPLETE THE INFORMATION BELOW.

IF YOU DON'T HAVE A CHEQUE, YOU CAN REQUEST A DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION.

Name(s) of Account Holder(s) as shown on Financial Institution records

Street Address of Account Holder(s) City Prov. Postal Code

Name of Financial Institution

Street Address of Branch City Prov. Postal Code

PAD CATEGORY

IF THIS IS NOT FILLED IN,
THE PAD WILL BE TREATED AS PERSONAL

Personal Expense Business Expense

Withdrawal Arrangement

Fixed Variable

Transit Number (See sample →)

Financial Institution Number (See sample →)

Account Number (See sample →)

Sample

Recourse

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

AUTHORIZATION FORM MUST BE SIGNED IN INK

I/we, as the Account Holder(s), authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution named above or as indicated on the attached 'VOID' cheque, to withdraw variable monthly payments from my/our account, at the branch indicated, for the purpose of collecting premiums and any applicable sales tax for insurance under this policy.

The PAD amount will be debited from the account indicated above on the 1st day of each month or the next business day. I/we agree to notify the Company in writing, if there is any change to the banking information set out above.

I/we waive the right to receive pre-notification of the amount to be debited each month and the date of such debit. However, the Company will provide written notice of the amount of the first PAD at least three (3) calendar days before the first PAD is debited.

X

Member/Employee Signature
(must always sign)

Date (dd-mmm-yyyy)

X

Signature of all other Account Holder(s)
(if a required signatory to this account)

Date (dd-mmm-yyyy)

I/we may cancel this PAD Agreement at any time, subject to providing notice to the Company at the address provided below. This notification must be received at least ten (10) business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

I/we understand that cancellation of this PAD Agreement will not have any effect on the insurance provided under this policy, provided that payment is received when due and is made in accordance with the terms of this policy.

This PAD Agreement only applies to the method of payment. I/we understand that completing this PAD Agreement does not mean that the application for insurance coverage has been approved.

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: 400–988 West Broadway, P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, 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

Special Markets Solutions

Industrial Alliance Insurance and Financial Services Inc.
400–988 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

QUESTIONS?

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