

Group Insurance: Optional Critical Illness

Overview for the Members of the U.C.C.M Anishnaabe Police

What is critical illness insurance?

Critical illness insurance pays a lump sum benefit when an insured person is diagnosed with a covered critical illness and survives thirty days following the diagnosis.

Is this plan voluntary and who pays the premium?

This is a voluntary product paid for by members in addition to the member mandatory critical illness benefit of \$10,000 and the coverage you may have under your Accidental Death & Dismemberment Plan. You and your spouse can each purchase up to \$100,000 of coverage and if you sign up for dependent child coverage, coverage is up to \$25,000 for each child.

Do I have to answer any health questions?

There are no health questions to answer and your enrollment is guaranteed for coverage amounts up to \$5,000 for you, your spouse or dependent child.

How many illnesses are there and what are they?

You and your spouse would be covered for the following 31 illnesses:

Alzheimer's Disease Deafness Loss of Independent Existence Occupational HIV
Aortic Surgery Dilated Cardiomyopathy Loss of Limbs Paralysis
Aplastic Anemia Fulminant Viral Hepatitis Loss of Speech Parkinson's Disease

Bacterial Meningitis Heart Attack Major Organ Failure - Waiting List Primary Pulmonary Hypertension

Benign Brain Tumour Heart Valve Replacement Major Organ Transplant Progressive Systemic Sclerosis
Blindness Kidney Failure Motor Neuron Disease Severe Burns
Coma Life Threatening Cancer Multiple Sclerosis Stroke

Coronary Artery Bypass Surgery Liver Failure of Advanced Stage Muscular Dystrophy

What about for my dependent children?

Your dependent children would be covered for the following 16 illnesses:

Blindness Cystic Fibrosis Loss of speech **Paralysis** Major Organ Transplant Cerebral Palsy Deafness Severe Burns Down Syndrome Mental Deficiency Coma Spina Bifida Cystica Congenital Heart Disease (requiring surgery) Life Threatening Cancer Muscular Dystrophy Diabetes Mellitus (Type 1)

What is an early diagnosis benefit?

Early stages of certain illnesses are not always covered under critical illness insurance policies. If you or your spouse are diagnosed with one of the four early stage illnesses covered under this plan, the plan will pay out 15% of your benefit amount, up to \$15,000, without any impact on potential future benefits. The four covered early stage illnesses are: Coronary angioplasty, Ductal carcinoma in situ of the breast, Stage A (T1a or T1b) prostate cancer, and Stage 1A malignant melanoma.

How do I enroll?

If the benefit amount you wish to buy is equal to or less than the guaranteed issue limit, you can enroll by completing the Critical Illness section of the United Chiefs and Councils of Manitoulin Police Services Group Insurance Form and returning it to Target Benefit Administrators in order to obtain insurance coverage under this Optional Critical Illness Insurance Program.

How do I apply for a coverage amount higher than the guaranteed issue limit?

To apply for amounts in excess of the guaranteed issue limit, please select your amount on the Critical Illness section of the United Chiefs and Councils of Manitoulin Police Services Group Insurance Form and submit a completed Medical Application Form for the amount in excess of the guaranteed issue limit to Target Benefit Administrators.

I have a pre-existing condition, should I still enroll in the program?

Do not discount your insurability. Even if you are not medically approved, you still have the option to enroll for insurance up to the guaranteed issue amount of \$5,000 for members, spouses and dependent children. The pre-existing condition exclusion is 24/24 which means that in the first 24 months of coverage, a claim cannot be made for a condition treated in the 24 months preceding the effective date of the insured person's coverage.

When is the Psychological Therapy Benefit payable?

If an insured person is diagnosed with a covered critical illness and a benefit is paid under this plan, the insured person will be reimbursed for reasonable and customary charges for treatment or counselling provided by a therapist or counsellor within 2 years from the date of diagnosis, up to a maximum of \$1,000.

I had cancer, should I still enroll in the program?

In certain circumstances, you could still receive a benefit for the diagnosis of another cancer or even the same cancer if it metastasizes. Payment of the full benefit amount is made upon subsequent diagnosis of Life Threatening Cancer when over 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 preventative medications and follow up visits to the doctor). For more details please consult the member booklet.

What are some important things to know about the cancer benefits?

No payment will be made if, within the 90 days following the effective date of the insured person's insurance, there has been diagnosis of cancer OR any sign, symptom or investigation that lead to a diagnosis of cancer, regardless of when the diagnosis is made. In the case of a cancer that manifests itself before the insured person's insurance effective date and recurs or metastasizes after the effective date, no payment will be made unless all the requirements in the "Cancer Recurrence Benefit" section have been met.

When does my insurance start?

For coverage amounts less than or equal to the guaranteed issue limit, insurance will begin on the 1st of the month coinciding with or following the date the enrollment is confirmed. For coverage amounts above the guaranteed issue limit, insurance will begin on the 1st of the month coinciding with or following approval by the insurer. However, you must be actively at work on the date that the insurance begins. If you are not actively at work on the date coverage would otherwise begin, the insurance will take effect on the date you return to work.

How does someone qualify for the lower non-smoker rates?

To qualify for the non-smoker rates, the applicant must not have used smoking products (cigarettes, cigars, pipe, chewing tobacco, nicotine patch or nicotine gum) or tobacco in any other form within the last 12 months.

How do I make changes to my coverage?

To apply for an increase in insurance greater than the guaranteed issue limit, a new Medical Application Form must be completed and sent to Target Benefit Administrators. You may only apply for an increase in coverage if you are actively at work or on an approved leave of absence (except for leave of absence due to disability). If you are not actively at work on the date coverage would otherwise increase, the increase will take effect on the date you return to work. For a reduction in insurance, please complete the Critical Illness section of the United Chiefs and Councils of Manitoulin Police Services Group Insurance Form and send it to Target Benefit Administrators. In the case of a decrease of coverage, the revised coverage will become effective on the date that Target Benefit Administrators receives the completed form.

How do I file a claim?

Filing a claim is very simple. Notify Target Benefit Administrators of your claim, either in writing or verbally as soon as an insured person is diagnosed with a covered illness. Target Benefit Administrators will verify your coverage and notify the Insurer that they received a notice of claim from you. Target Benefit Administrators will send you claim forms and assist with the claim submission.

What happens if I am diagnosed with more than one of the covered illnesses?

When the insured is diagnosed with one of the covered illnesses for which a benefit has been paid, AND is diagnosed with a different covered illness at least 90 days after the payment, the insured will then be paid another equivalent benefit, subject to limitations described in the "Re-Entry Exclusions" section of the contract.

When does the coverage terminate?

The coverage terminates on the member's or spouse's 70th birthday, or the date the participant ceases to be an active member of United Chiefs and Councils of Manitoulin Police Services, whichever occurs first. Please refer to the member booklet for full list of events that affect termination of coverage.

Are there any exclusions?

No benefit will be paid if the illness results directly or indirectly from one of the following situations: the insured person does not satisfy the 30-day survival period limitation; intentionally self-inflicted injury or sickness, whether the Insured Person is sane or insane; and the use of illicit drugs other than as prescribed, recommended or administered by or in accordance with instructions of a licensed medical practitioner.

Age Band	Male Non-Smoker	Male Smoker	Female Non- Smoker	Female Smoker
15-19	\$0.13	\$0.15	\$0.13	\$0.15
20-24	\$0.14	\$0.16	\$0.12	\$0.14
25-29	\$0.14	\$0.16	\$0.13	\$0.15
30-34	\$0.18	\$0.24	\$0.21	\$0.28
35-39	\$0.22	\$0.32	\$0.26	\$0.41
40-44	\$0.31	\$0.53	\$0.35	\$0.66
45-49	\$0.52	\$1.04	\$0.49	\$1.02
50-54	\$0.84	\$1.92	\$0.68	\$1.47
55-59	\$1.37	\$3.30	\$0.91	\$1.90
60-64	\$2.27	\$5.39	\$1.31	\$2.51
65-67	\$3.37	\$9.33	\$2.26	\$4.35
68-69	\$4.82	\$11.37	\$2.74	\$5.30
Child Date: CO 57				

Child Rate: \$0.57

Monthly Premium: To calculate the monthly premium for you or your spouse, divide the Principal Sum amount by \$1,000 and multiply it by the applicable monthly rate. Use the monthly rates table shown here to find the applicable monthly rate (based on age, gender and smoking status).

Examples of what it costs:

- Male, Age 45, Non-Smoker, \$10,000 of coverage.
 Cost is \$10,000/\$1,000 x \$0.52 = \$5.20 per month.
- 2. Female, Age 50, Smoker, \$50,000 of coverage. Cost is \$50,000 / \$1,000 x \$1.47 = \$73.50 per month.
- Male, Age 55, Non-Smoker, \$50,000 of coverage.
 Cost is \$50,000 / \$1,000 x \$1.37 = \$68.50 per month.
- Female, Age 30, Non-Smoker, \$10,000 of coverage.
 Cost is \$10,000 / \$1,000 x \$0.21 = \$2.10 per month.