LIFE INSURANCE PLUS CRITICAL ILLNESS COVER

Policy Details

Please check your Policy Schedule for confirmation of whether you have a Level term or a Decreasing term policy.

Version 3
These terms apply to policies issued on or after 7 March 2019. Different terms apply to policies issued before this date.

Life's good. Let's keep it this way.

defaqto
2019
★★★★★
Level Term Critical Illness

Canada Life

CONTENTS

SECTION 1
INTRODUCTION 3

SECTION 2
INTERPRETATION AND DEFINITIONS 3

SECTION 3
COVER 5

SECTION 4
PREMIUMS 6

SECTION 5
POLICY BENEFITS 6

SECTION 6
OPTIONAL BENEFITS 8

SECTION 7
CHANGING YOUR POLICY 10

SECTION 8
CANCELLATION 12

SECTION 9
WHEN WE MAY ALTER THE POLICY 12

SECTION 10
SUICIDE 13

SECTION 11
CLAIMS 13

SECTION 12
GENERAL INFORMATION 13

SECTION 13
CRITICAL ILLNESS DEFINITIONS 14

1. INTRODUCTION

This **Life Insurance plus Critical Illness** Policy makes a guaranteed payment on the death (or, if applicable, on a valid Terminal Illness, Total and Permanent Disability or Core Critical Illness claim) of yourself, or your partner if a joint life policy, before the policy ends.

The Policy will make a smaller guaranteed payment if you make a valid Additional Critical Illness claim.

The Policy will also make a smaller payment on a valid Core Critical Illness claim, Additional Critical Illness claim, Children's Specific Critical Illness claim, Children's Terminal Illness claim or Children's Funeral Cover claim for a Child.

These Policy details, the application, the Policy Schedule and any Endorsements together set out the terms of the contract between you and us.

2. INTERPRETATION AND DEFINITIONS

2.1 Interpretation

In these Policy details, the Policy Schedule and in any Endorsement, references to 'Canada Life', 'we', 'us' and 'our' mean Canada Life Limited.

References to 'you' and 'your' mean the policyholder(s), that is the person(s) who legally own(s) the Policy. They are named in the **Policy Schedule**.

2.2. Definitions

In these provisions, the Policy Schedule and any Endorsements we start certain expressions with a capital letter to remind you that you can look up their meaning here:

Additional Critical Illness
One of the medical conditions or events included under the Additional Critical Illness definitions in section 13.2;

Alcohol or Drug Abuse
Inappropriate use of alcohol or drugs, including but not limited to the following:

- Consuming too much alcohol
- Taking an overdose of drugs, whether lawfully prescribed or otherwise
- Taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription

Children's Funeral Cover
The benefit described in section 5.6.

Children's Specific Critical Illness:
One of the medical conditions included under the Children's Specific Critical Illness definitions in section 13.3.

Children's Terminal Illness:
The benefit described in section 5.5.6.

Congenital Condition
Any physical or mental condition that is present or existing at birth (including hereditary conditions) resulting from abnormal foetal development whether or not they are evident or diagnosed at birth.

Core Critical Illness
One of the medical conditions or events included under the Core Critical Illness definitions section 13.1.

Critical Illness
One of the medical conditions or events which are defined in section 13 plus Children's Terminal Illness benefit.

For the purposes of this Policy, where the Critical Illness is an event, such as the undergoing of a specified surgical procedure, the term 'diagnosis' includes the taking place of that event.

The date of diagnosis for an event is the day the relevant event took place. For example the date of diagnosis for major organ transplant is the date of the transplant or the date of inclusion on an official waiting list.

Child
Any natural child, legally adopted child, or step child (by marriage or registered civil partnership) of a Life Assured where the child must be:

- at least 30 days old; and
- younger than 18 years (or younger than 22 years and attending school, college or university full time.

Full time includes work placements that are part of the course, but excludes any break from education such as gap years).

Eligible Territories
The United Kingdom and all European Union (EU) countries, Andorra, Australia, Canada, the Channel Islands, Gibraltar, Hong Kong, Iceland, the Isle of Man, Japan, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Singapore, South Africa, Switzerland, Turkey, United Arab Emirates, USA and the Vatican City state.

End Date
The date the Policy ends.

Endorsement
A written record of any change made by us to the Policy.

Exclusion
A condition under which the relevant benefit(s) will not be paid under the Policy and is shown in the Policy Schedule.

Insured Person
A Life Assured or Child.

Irreversible
The condition cannot be cured by medical treatment and/or surgical procedures used by the National Health Service in the United Kingdom at the time of the Claim.

Life Assured
The person or persons on whose life the Policy is based as shown in the Policy Schedule.

Material and Substantial Duties
The duties that are normally required for, and/or form a significant and integral part of, the performance of your occupation that cannot reasonably be omitted or modified.

Medical Officer
A medical professional employed by either us or our reinsurers;

Occupation
Your trade, profession or type of work you carry out for payment as stated at the time of application. It is not a specific job with any particular employer and is irrespective of location and availability.

Permanent
The condition or symptoms are expected to last throughout life with no prospect of change, irrespective of when the cover ends or the Insured Person expects to retire.

Permanent neurological deficit with persisting clinical symptoms
Dysfunction in the nervous system that is present on clinical examination and expected to last throughout the Insured Person's life.

This includes numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, such as, brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Policy
These Policy details, the application, any Endorsement and the Policy Schedule.

Policy Anniversary
The first and each subsequent anniversary of the Start Date.

Policy Date
The date the Policy started.

Policy Schedule
The document issued with this document which shows the basis of cover that applies to the Policy.

Registered Office
Canada Life Place, Potters Bar, Hertfordshire, EN6 5BA. Contact details are shown in section 12.4.

Retail Prices Index (RPI)
The relevant measure of inflation published each month by the Office for National Statistics. The RPI shows the average change in price of a representative sample of goods and services.

Serious Accident
The benefit described in section 5.7.

Suicide
In our sole discretion, we reasonably suspect that a Life Assured has committed suicide or died as a result of an intentional self-inflicted injury or illness.

Sum Assured
The amount of money that is payable if a valid claim arises during the Policy's lifetime. The Sum Assured is calculated on the date of death (or, if applicable, on the date of diagnosis of a Terminal Illness or Critical Illness or the date a Life Assured is Totally and Permanently Disabled).

The initial Sum Assured is shown in the Policy Schedule, however its value at the time of claim may be higher than this if your Policy includes the inflation-linked option or lower if your Policy is on a decreasing term basis.

Terminal Illness
Advanced or rapidly progressing incurable illness where, in the opinion of the attending consultant and our Medical Officer, the illness is expected to lead to the death within 12 months.

Total and Permanent Disability or Totally and Permanently Disabled
For the purpose of:

- Own Occupation means the loss of the physical or mental ability through an illness or injury to the extent that the Life Assured is unable to carry out the Material and Substantial Duties of their Own Occupation ever again.
- Specified Tasks means the loss of the physical ability through an illness or injury to do at least 3 or the 6 tasks listed below ever again:
  - **Bending** – the ability to bend or kneel to touch the floor and straighten up again
  - **Climbing** – the ability to climb up a flight of 12 stairs and down again, using the handrail if needed
  - **Getting in and out of a car** – the ability to get into a standard saloon car, and out again
  - **Lifting** – the ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table
  - **Walking** – the ability to walk more than 200 metres on a level surface; and
  - **Writing** – the manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard

The Life Assured must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication.

The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when cover ends or the Life Assured expects to retire.

Your Policy Schedule shows the definition of Total and Permanent Disability that applies to you.

3. COVER

3.1 Eligibility

The Life Assured(s) are covered under this Policy.

Each Life Assured must be resident in the UK at the Start Date.

You cannot add or replace a Life Assured(s) after the Start Date.

3.2 Basis of cover

The Policy can be written on either a single life basis or on a joint life basis. If the Policy is written on a joint life basis, the Sum Assured will be paid when the first of the Lives Assured dies (or, if applicable, is diagnosed with a Terminal Illness or Core Critical Illness or becomes Totally and Permanently Disabled).

You must decide whether to have a single or joint life Policy when the Policy is taken out. You cannot change or add a new Life Assured once the Policy is taken out.

3.3 Period of cover

Cover under your Policy begins on the Start Date and will stop:

- when we pay the full Cover Amount in respect of claim for a Life Assured;
- on the End Date;
- if you stop paying your premiums and the Policy lapses (see section 4 – premiums);
- if we cancel your Policy in accordance with section 9.1 – Misstatement;
- if you commit Suicide during the 12 month period after the Policy Date (see section 10 – Suicide);
- if you cancel the Policy (see section 8 – Cancellation); and/or
- if we cancel the Policy for any other reason in accordance with these provisions.

3.4 Cover Limits

There are limits on the total initial Sum Assured that you can have across all Life Insurance plus Critical Illness Policies (whether single or joint). The limits do not apply to any other Policy or Policies you hold with us. The limits are:

Life Assured's age on the Start Date	Maximum total Sum Assured
18-40	£750,000
41-45	£450,000
46-50	£350,000
51-60	£200,000
61-65	£100,000
66 and over	£0

When calculating whether your total Sum Assured exceeds the maximum, you should add together the Sums Assured shown in each of your Life Insurance plus Critical Illness Policy Schedules. For a Decreasing Term Policy, the Sum Assured is the initial figure shown on the Policy Schedule. If you exercise one of the increase options you do not have to include the additional figure in this calculation.

The limits apply to each Life Assured individually. This means that, when applying for a new joint life Life Insurance plus Critical Illness Policy, each Life Assured must add together the Sum Assured under the new Life Insurance plus Critical Illness Policy and all Sums Assured shown in the Policy Schedules for all Life Insurance plus Critical Illness Policies on which they are already a Life Assured. Then each Life Assured must check whether the maximum will be exceeded.

Examples:

- if the Lives Assured are both 50 and have a joint life Life Insurance plus Critical Illness Policy with a Sum Assured of £250,000, the maximum Sum Assured you can have (whether jointly or separately) for an additional Life Insurance plus Critical Illness Policy is £100,000. This is the maximum Sum Assured whether the new Life Insurance plus Critical Illness Policy is single life or joint life.
- if the Lives Assured are aged 45 and 50 and the 45 year old already holds a single life Life Insurance plus Critical Illness Policy with a Sum Assured of £250,000, then the maximum Sum Assured they can have for a new joint life Life Insurance plus Critical Illness Policy is £100,000. However, if the 50 year old holds a single life Life Insurance plus Critical Illness Policy with a Sum Assured of £350,000 (taken out when he/she was younger), then they could not jointly apply for any further Life Insurance plus Critical Illness Policies.

If the total Sums Assured for all your Life Insurance plus Critical Illness Policies are more than the limits shown above, we will only pay the relevant limit shown above and refund the premiums you have overpaid.

You should not apply for a Life Insurance plus Critical Illness Policy if it would mean that your new total Sum Assured would be higher than the appropriate limit. The limits are based on the Life Assured's age at the Start Date.

4. PREMIUMS

4.1 Premium payable

Your premium amount is set out in the Policy Schedule. Premiums must be paid in UK currency by Direct Debit.

You can choose to pay regular premiums on any day from the 1st to the 28th of the month. We will use this same day in the month unless you subsequently ask us to change the day that the premium is paid.

Premiums may be paid either monthly or annually (each year) in advance. You can change from monthly to annual premiums or from annual to monthly premiums on any Policy Anniversary.

If you choose the inflation-linked option (available to Level term policies only) your premiums will increase each year and we will notify you of the new premium in advance.

For any other change, including using an increase option, we will send you a Policy Endorsement which will detail the change to your cover and premium.

You have 60 days to pay each premium from the date it is due. The Policy will continue in force during these 60 days. Should a claim arise within this 60 day period the unpaid premiums will be deducted from any Sum Assured that is payable.

If any premium is unpaid at the end of this 60 day period, the Policy shall lapse. This means the Policy will end and we will not pay any claims.

The allowance of these 60 days will not change the date that any premium is due.

If you change your mind and want to reinstate the Policy after it has lapsed, you must notify us in writing within 30 days from the date the Policy lapsed. All outstanding premiums must be paid. After this 30 day period the Policy cannot be reinstated.

The payment of premiums will end on the earlier of:

- notification of the death of the Life Assured;
- the acceptance of a valid Terminal Illness, Total and Permanent Disability or adult Core Critical Illness claim;
- the termination or lapse of the Policy for any reason set out in these provisions; or
- the End Date.

5. POLICY BENEFITS

5.1 General Exclusions

We will not pay a claim under the Policy if death, Total and Permanent Disability, waiver of premium and/or Critical Illness is as a result of 1 or more Exclusions.

The date of death, date of diagnosis of a Terminal Illness, date of becoming Totally and Permanently Disabled or date of diagnosis of a Critical Illness must be on or after the Policy Date and on or before the End Date.

For Critical Illness and Total and Permanent Disability, the medical condition or event that is being claimed for must meet the relevant definition of the condition or event being claimed for.

You cannot continue to submit claims after an event where the full Sum Assured is payable. Any claims paid after such an event will be deducted from the full amount when it is eventually notified and paid.

5.2 Sum Assured

5.2.1 Level term policies

The Sum Assured on the Start Date is shown in the Policy Schedule.

Where the inflation-linked option is shown in your Policy Schedule, the Sum Assured will increase as described in section 6.3.

5.2.2 Decreasing term policies

If you have a Decreasing term policy, we will reduce the Cover amount over the Policy's lifetime.

The reduction is based on how much you would repay each month on a capital and interest repayment mortgage using a fixed yearly interest rate of 8% throughout the Policy's lifetime assuming that:

- the amount of mortgage was the same as the initial Cover amount shown in the Policy Schedule, and
- the mortgage started on the Start Date and was due to end on the End Date.

5.3 Death

Subject to the General Exclusions (Section 5.1) we will pay the Sum Assured on the death of a Life Assured.

As a result of paying the claim the Policy will end and we will not pay any further claims.

5.4 Terminal Illness

Subject to the General Exclusions (Section 5.1) we will pay the Sum Assured on the diagnosis of a Terminal Illness for a Life Assured.

As a result of paying the claim the Policy will end and we will not pay any further claims.

5.5 Critical Illness

5.5.1 Limitation on the number of claims

We will only pay one claim for a Core Critical Illness for a Life Assured after which the policy will cease.

For any other Critical Illness we limit the number of claims under the policy to:

- 4 claims in total, under a single life Policy; and
- 6 claims in total, under a joint life Policy.

These totals can be made up of:

- claims for different illnesses for the same person; or
- claims for the same illness for different people; or
- claims for different illnesses for different people; or
- a combination of these.

5.5.2 Core Critical Illness benefit

Subject to the General Exclusions (Section 5.1) we will pay the Sum Assured if the Life Assured is diagnosed with a Core Critical Illness that meets our definition and survives for at least 14 consecutive days from the date of diagnosis.

As a result of paying the claim the Policy will end and we will not pay any further claims.

5.5.3 Additional Critical Illness benefit

Subject to the General Exclusions (Section 5.1) if the Life Assured is diagnosed with an Additional Critical Illness that meets our definition and survives for at least 14 consecutive days from the date of diagnosis, we will pay:

- 25% of the Sum Assured; or
- £25,000 – whichever is lower.

If the Life Assured has a condition that qualifies for both a Core Critical illness and an Additional Critical illness we will only pay the Core Critical illness.

Payment of the Additional Critical Illness benefit does not affect the amount payable in respect of any other benefits under the Policy.

5.5.4 Children's Core and Additional Critical Illness benefit

Subject to the General Exclusions (section 5.1) and the restrictions below, if a Child is diagnosed with a Critical Illness that meets our definition and survives for at least 14 consecutive days from the date of diagnosis, we will pay as follows

For a Core Critical Illness:

- 50% of the Sum Assured; or
- £25,000 – whichever is lower.

For an Additional Critical Illness:

- 25% of the Sum Assured; or
- £25,000– whichever is lower.

If the Child has a condition that qualifies for both a Core Critical illness and an Additional Critical illness we will only pay the Core Critical illness.

If a Child is covered for a Critical Illness by more than one policy issued by us, we will pay no more than £50,000 for that Child under the combined policies.

We will not pay the Critical Illness benefit if:

- the Child had the Critical Illness at birth or, if applicable, the date of adoption;
- the Critical Illness is as a result of any existing Congenital Condition;
- the symptoms or the Critical Illness were evident before the Policy Date or before the Child was covered; and/or
- the Child was less than 30 days old when symptoms began or the Critical Illness became evident.

We will not pay the Critical Illness benefit if the Child is younger than 5 years and is claiming under 'Loss of independence'.

We will not pay the Critical Illness benefit if it is caused directly or indirectly from an intentional self-inflicted illness or injury.

If we pay a Core Critical Illness benefit for a Child we will not pay a Children's Terminal Illness benefit for that child.

Payment of the Critical Illness benefit does not affect the amount payable in respect of any other benefits under the Policy.

5.5.5 Children's Specific Critical Illness benefit

Subject to 5.1 and the restrictions below, if the Child is diagnosed with a Children's Specific Critical Illness we will pay:

- 50% of the Sum Assured; or
- £25,000 – whichever is lower.

If a Child is covered for a Children's Specific Critical Illness benefit by more than one policy issued by us, we will pay no more than £50,000 for that Child under the combined policies.

If we pay a Children's Specific Critical Illness benefit we will not pay a Children's Terminal Illness benefit for that Child.

Payment of the Children's Specific Critical Illness benefit does not affect the amount payable in respect of any other benefits under the Policy.

We will only pay this benefit if the Child was born, or their underlying condition was first evident, after the Policy has been in-force for 12 months.

For claims in respect of Cerebral palsy, Cystic fibrosis, Hydrocephalus, Muscular dystrophy and Spina bifida, the Child must survive for at least 14 consecutive days from the date the Critical Illness definition is met.

For Children's Intensive Care benefit we will not pay this benefit if:

- the sickness or injury would result in us paying any other Critical Illness benefits in respect of the Child;
- the Child's underlying condition was present at birth or, if applicable, the date of adoption; and
- the Child requires intensive care due to a condition as a result of being born before 37 weeks.

5.5.6 Children's Terminal Illness benefit

Subject to the General Exclusions (section 5.1), if a child is diagnosed with a Terminal Illness and survives for at least 14 consecutive days from the date of diagnosis, we will pay:

- 50% of the Sum Assured; or
- £25,000 – whichever is lower.

We will not pay the Children's Terminal Illness benefit if:

- a claim has already been paid, or is payable, for a Core Critical Illness or a Children's Specific Illness benefit for that child;
- the condition that caused the Terminal Illness was present at birth or, if applicable, the date of adoption;
- the Terminal Illness is as a result of any existing Congenital Condition;
- the Terminal Illness occurred due to a condition that was evident before the Child was covered under the Policy.

If the Child has a condition that qualifies for both a Children's Terminal Illness benefit and an Additional Critical illness we will only pay the Terminal Illness benefit.

If a Child is covered for Terminal Illness benefit by more than one policy issued by us, we will pay no more than £50,000 for that Child under the combined policies.

If a Terminal Illness benefit claim is admitted we will not accept a claim for any Critical Illness benefit for that child.

If we make a payment for a Terminal Illness for a Child we will also pay the Children's Funeral Cover benefit in advance.

5.6 Children's Funeral Cover benefit

On the death of a Child we will pay £10,000 towards the cost of their funeral.

We will not pay the Children's Funeral Cover benefit if:

- the condition that caused the death of the Child was present at birth or, if applicable, the date of adoption;
- death occurred due to a Congenital Condition;
- death was caused directly or indirectly from an intentional self-inflicted illness or injury;
- death was caused directly or indirectly by someone on whom the Child was legally dependent;
- death occurred due to a condition that was evident before the Child was covered under the Policy; or
- it has been paid early for a Child with a Terminal Illness.

Payment of the Children's Funeral Cover benefit does not affect the amount payable in respect of any other benefits under the Policy.

The Children's Funeral Cover benefit may only be claimed twice. After the second claim has been paid the benefit will end.

5.7 Serious Accident benefit

Subject to the following restrictions, we will pay £7,500 if the Life Assured has been hospitalised due to physical injuries:

- the Life Assured must be in a recognised medical establishment for a minimum of 28 consecutive days immediately following the incident;
- the physical injury must have resulted, solely and directly, from unforeseen, external and visible means;
- we will not pay the Serious Accident benefit if the physical injury is caused directly or indirectly from 1 or more of the following:
  - Alcohol or Drug Abuse
  - injuries resulting from a criminal act committed by you.
  - intentional self-inflicted injuries and illnesses or attempted Suicide.
- you may be asked to provide evidence, to prove that the relevant Life Assured satisfies each of the conditions set out above. Examples of evidence we may ask for are a hospital report or an attending physician's report. We will pay for the cost of all medical reports and other evidence we ask for; and
- we will only pay the Serious Accident benefit twice during the lifetime of the Policy. After the second Serious Accident benefit has been paid, the benefit will end.

Payment of the Serious Accident benefit does not affect the amount payable in respect of any other benefits under the Policy.

6. OPTIONAL BENEFITS

Your Policy Schedule shows whether these are included and on what basis.

These benefits are not available to all customers when they take out their policy.

It is not possible to add these benefits once the Policy has started.

6.1 Waiver of premium

6.1.1 Benefit

If your Policy Schedule shows that waiver of premium applies and, subject to the General Exclusions (section 5.1), the Life Assured meets our definition of incapacity for at least 13 consecutive weeks, we will waive the payment of premiums. This premium waiver will start after the 13th consecutive week of incapacity, and continue until the earlier of:

- the date the incapacity ends; or
- the End Date; or
- the relevant Life Assured's 70th birthday.

6.1.2 Incapacity

If the Life Assured is in full-time employment at the time of the claim, they are incapacitated if they are unable, by reason of an illness or injury, to carry out the Material and Substantial Duties of their Occupation and are not carrying out any other paid employment.

If the Life Assured is not in full-time employment at the time of the claim, they are incapacitated if they are unable to do at least three of the six tasks listed below.

The Life Assured must need the help or supervision of another person and be unable to perform the task on their own, even with the use of special equipment routinely available to help and having taken any prescribed medication.

The tasks are:

Dressing or undressing – the ability to put on, take-off, secure and unfasten all garments.

Washing and bathing – the ability to wash in the bath or to take a shower (including getting in and out of the bath or shower) or wash by other means.

Eating – the ability to feed oneself once food has been prepared and made available.

Walking – the ability to walk more than 200 metres on a level surface.

Climbing – the ability to climb up a flight of 12 stairs and down again without holding onto a rail or resting.

Writing – the manual dexterity to write legibly using a pen or pencil, or type using a personal computer keyboard.

We must receive satisfactory evidence of the relevant Life Assured's incapacity. For example we may ask for a report from the medical practitioner who is or has been responsible for the relevant Life Assured's clinical care and/or a specialist medical report.

From time to time we may require further evidence that supports the relevant Life Assured's continuing incapacity.

We will pay for the cost of all medical reports and other evidence we ask for in the UK, Channel Islands and Isle of Man. We will not pay or reimburse you for any evidence supplied by you.

If this evidence does not support the relevant Life Assured's continuing incapacity we will stop waiving the premiums.

You must notify us within 12 months of the incapacity commencing. If you do not tell us within 12 months of the relevant Life Assured becoming incapacitated, premiums will not be waived from the date that the incapacity commenced. Instead, premiums will be waived from 12 months before the date that you notify us. This means that you will still be responsible for paying premiums from the date that the incapacity commenced to the date that we start waiving the premium.

6.1.3 Premiums

You must pay all the premium up until the date we start waiving them. Once the benefit ends you will be responsible for paying the premium again until the Policy ends.

The payment of the additional premium for this benefit will cease on the earlier of:

- the Policy Anniversary immediately before the relevant Life Assured's 70th birthday; or
- the End Date; or
- the termination of the waiver of premium benefit by you; or
- the termination of your Policy for any of the reasons set out in these provisions.

You can ask for waiver of premium to be removed from the Policy at any time during the Policy's lifetime. The request must be in writing, signed by you and received at our Registered Office. If you choose to stop it, you can not start it again.

At the date we receive the signed request:

- waiver of premium will no longer be covered.
- you won't need to pay the additional premium for it any more.

6.2 Total and Permanent Disability

Your Policy Schedule will state whether Total and Permanent Disability benefit is included and, if so, which definition of Total and Permanent Disability applies.

Subject to the General Exclusions (section 5.1), if the Life Assured becomes Totally and Permanently Disabled before age 70 we will pay the Sum Assured, provided that in the opinion of a relevant specialist and our Medical Officer, the Total and Permanent Disability will last throughout the Life Assured's lifetime with no prospect of improvement, irrespective of when the cover ends or the Life Assured expects to retire.

We will not pay the claim where the relevant specialist is not able to provide evidence to confirm the likely outcome of the illness, condition or disease.

The Policy will end after we have paid the claim and we will not pay any further claims.

You can ask for the Total and Permanent Disability benefit to be removed from the Policy at any time during the Policy's lifetime. The request must be in writing, signed by you and received at our Registered Office. If you choose to stop it, you can not start it again.

At the date we receive the signed request:

- the Total and Permanent Disability benefit will no longer be covered.
- you will not need to pay the additional premium for it any more.

6.3 Inflation-linked Option – this is only available with Level term policies

Your Policy Schedule will state whether this benefit is included at the Start Date.

If you have chosen the inflation-linked option the Sum Assured will increase each year in line with the Retail Price Index (RPI). If, during the life of the policy, the RPI value is no longer published, we will choose an appropriate alternative index.

We will use the annual increase in RPI calculated four months before the Policy anniversary; adjusted so that it is never below 0% or greater than 10%.

We will write to inform you of the revised Sum Assured and premium two months before the Policy Anniversary.

If you choose to accept the increase you do not need to inform us and we will increase your payments automatically.

If you do not want the increase to apply you must write to us and we will remove the inflation-linked option from your Policy. If you choose to remove it, you can not start it again.

7. CHANGING YOUR POLICY

7.1 Increase options

These options give you the right to increase your Sum Assured when specified events occur, without the need for further medical or lifestyle information. The premium will rise if you choose to increase your Cover amount. The specific events are shown in 7.1.2.

Increase options are only available if both Lives Assured are covered on standard terms. If they are not available this will be stated in the Exclusion section of your Policy Schedule.

If you choose to increase your Cover amount, the additional cover will have the same end date as the current cover.

The additional cover is on the same terms and conditions as the initial cover, except that the additional cover will not include further increase options. Any other optional benefits included in the original cover, such as waiver of premium, are included in the additional cover.

7.1.1 The maximum increase in your Sum Assured

The maximum that your Sum Assured can be increased by at a specified event is:

- 50% of the initial Sum Assured; or
- £150,000 – whichever is lower.

There is a maximum increase of £200,000 over the duration of the Policy.

The limits apply to each Life Assured individually across our Life Insurance and Life Insurance plus Critical Illness policies.

An individual's initial Sum Assured is the total of all the Sums Assureds shown in the Policy Schedules for all our Life Insurance and Life Insurance plus Critical Illness policies they own.

For example, if a Life Assured is covered for £250,000 on one Policy and £100,000 on another, the total initial Sum Assured is £350,000, 50% of which is £175,000. However the maximum increase of £150,000 applies to the Policyholder, so their increase is limited to £150,000.

Other limits may apply depending on the type of event. They are stated under the description of the relevant event.

7.1.2 Specified events where cover can increase and the evidence required to support the request

Marriage or entering a civil partnership

You can use the option if you marry or enter a civil partnership.

You must:

- Send us your request in writing to our Registered Office within three months of the event happening
- State the amount you would like your cover to increase by
- Enclose your original marriage or civil partnership certificate.

Birth or legal adoption of a child

You can use the option on becoming the natural parent of a child or if you legally adopt a child. Multiple birth or adoptions at the same time count as one specified event only.

You must:

- Send us your request in writing to our Registered Office within three months of the event happening
- State the amount you would like your cover to increase by
- Enclose the child's original birth or adoption certificate.

Mortgage increase

You can use the option if you take out a new mortgage or increase your existing mortgage as a result of moving to a new property or making home improvements to your main residence.

You can increase your cover amount by up to the maximum levels shown in section 7.1.1 or the amount your mortgage has increased by – whichever is lower.

You must:

- Send us your request in writing to our Registered Office within three months of the event happening
- State the amount you would like your cover to increase by
- Enclose the mortgage offer letter.

Increase in salary received from an employer

You can use the option if you are employed and your salary has increased by at least 10% as a result of a promotion, the award of a recognised professional qualification or both a change of employment and employer.

You must be employed immediately before and after the increase in your basic salary.

The option is not available if you are self-employed or if you, or a family member, can control your level of remuneration.

You can increase your cover amount by the levels shown in section 7.1.1 or five times your salary increase – whichever is lower.

You must:

- Send us your request in writing to our Registered Office within three months of the event happening
- State the amount you would like your cover to increase by
- Enclose evidence of the salary increase.

Examples of suitable evidence are:

- a job offer letter from your employer; or
- monthly payslips showing your salary before and after the increase.

7.1.3 Increase options cannot be used when:

- There are any outstanding premiums on the Policy;
- the Life Assured (or older Life Assured under a joint Policy) is aged 55 or over at the date of the specific event; or
- the option is being requested more than three months after the specific event; or
- the Life Assured has been diagnosed with a Terminal Illness or has received treatment for any of the Core Critical Illness conditions described in section 13.1;
- The Life Assured has had any medical investigations which could reasonably be expected to result in the payment of a claim for one of the Critical Illness conditions described in sections 13.1 and 13.2, (or, if applicable, a claim for Total and Permanent Disability); or
- a claim has been made for waiver of premium benefit under the Policy, until the end of the period of incapacity.

7.1.4 Additional premium payable

If you increase your Sum Assured, the cost for the additional cover will be based on your age, your smoker status when the Policy started and the number of years left until the the Policy ends.

7.2 Changing the Sum Assured and End Date

You can change the Sum Assured and Policy term from six months after the Policy Date.

You must write to us at our Registered Office address (see page 14) and tell us what changes you want to make and when the change should take place.

The following limits apply to all changes:

Minimum Sum Assured	£1,000
Maximum Sum Assured	See section 3.4
Minimum time to End Date	3 years
Maximum total policy length	40 years
Maximum age at End Date	70
Minimum premium per month	£5
Minimum premium per year	£56.25

If you want to increase the Sum Assured and/or extend the length of the Policy we will ask you to provide us with up to date health and lifestyle information. Depending on the answers you provide we may not be able carry out your request.

We will write to let you know if you can change the cover and, if so, what the revised premium will be.

7.2.1 Suicide within the first year after an increase in Sum Assured

If the Life Assured (or one or both Lives Assured on a joint life Policy) commits Suicide within 12 calendar months from the date of an increase in the Sum Assured we will not pay the additional amount. However, we shall return the extra premiums paid for the additional Sum Assured in respect of the deceased Life Assured(s) to their legal personal representatives to hold on behalf of the estate of the deceased Life Assured(s).

7.3 Splitting a joint life policy

This option is available if your Policy was taken out to protect a mortgage. It allows the existing Policy to be replaced with two separate single life Policies without the need for the Life Assured to provide further medical or lifestyle information.

Our requirements are:

- the original mortgage must be rearranged to be in the name of one of the Life Assureds or a new mortgage is taken out in one name; and
- the Sum Assured for each Life Assured under the new Policies cannot be higher than the Sum Assured on the original Policy at the time of the split; and
- the Policy must be split within six months of the divorce or dissolution.

You must send the following documentation to our Registered Office:

- written request showing that both Lives Assured are in agreement to the change; and
- proof of ownership of the mortgage; and
- decree absolute for divorce or final order for dissolution of registered civil partnership

If you exercise this option we will cancel your current Policy and issue new single life and critical illness Policies for each Life Assured. The new Policies will be based on terms and conditions applicable to the joint Policy. The remaining period of cover must be at least three years.

The premium for each new policy will be based on:

- the Cover amount
- the Policyholder's age and
- the length of time remaining on the policy.

If we charge an additional premium on your current policy because of your health or lifestyle, we will apply an additional premium to your new policy as well.

7.4 Replacing a joint life Policy with a new single Life Policy following a claim

This option is available on a joint life Policy where the policy ends as a result of payment of the full Sum Assured for a claim.

The Life Assured who was not subject to the claim on the original Policy may ask us set up a new replacement Policy on their life, without the need for further medical evidence, subject to the following:

- The Life Assured must send a request in writing to our Registered Office within three months of the claim settlement under the original Policy.
- The Life Assured must be resident in the UK at the time of the request.
- The End date must not be after the End date under the original Policy and the remaining term must be at least 3 years.
- The Sum Assured on the Policy must be the same, or less than the claim amount paid out under the original Policy.
- The basis of the Sum Assured (level, decreasing or level with the inflation-linked option) will be the same as the original Policy.
- If waiver of premium or Total and Permanent Disability applied to the original policy they will also apply to the replacement policy.
- The premium payable on the new Policy will be calculated based on the rates applicable and the Life Assured's age and smoker status at the time of exercising the option.
- Any additional premium or exclusion that applied to the Life Assured will continue to apply.

8. CANCELLATION

The Policy has no saving or investment element and can not be cashed in at any point.

You have the right to change your mind and cancel the Policy within 30 days of receiving the document 'Notice of the Right to Cancel' from us. This is included with your new business literature. If you decide to cancel the Policy you will receive a refund of any premium(s) paid.

If you cancel the Policy at any time after the 30 day period you will not receive any money.

9. WHEN WE MAY ALTER THE POLICY

9.1 Misstatement

During the application process you were asked questions about your personal circumstances so we could calculate the appropriate premium. If you have not answered the questions honestly or correctly, we reserve the right to cancel the Policy, amend the terms of the Policy to reflect the terms that would have been provided and/or not pay part of the benefit under this Policy.

9.2 Changes in law, taxation or regulations

If there is a change in law, taxation, regulation or guidance from our industry so that:

- it becomes unreasonable or impossible to carry out the provisions of the Policy;
- the basis of taxation which applies to us or this Policy is changed; or
- any existing taxes, charges or levies are changed, or any new taxes, charges or levies are imposed,

we may change the terms and benefits of the Policy to take account of the changed circumstances.

If we have to change the terms of the Policy we will send you an Endorsement. We will normally give you three months' written notice of such change. If it is not possible for us to do that, we will give you as much notice as we can.

10. SUICIDE

10.1 On a single life Policy if the Life Assured commits Suicide within 12 calendar months from the Start Date no claim shall be payable under the Policy. However, we shall return all the premiums paid to the Life Assured's legal personal representatives to hold on behalf of the deceased Life Assureds' estate.

10.2 On a joint life Policy if either one of the Lives Assured commit Suicide within 12 calendar months from the Start Date we shall return all the premiums paid in respect of that Life Assured to their legal personal representatives to hold on behalf of the deceased Life Assureds' estate. A new Life Insurance plus Critical Illness Policy will be issued on the remaining Life Assured on the following basis:

- the new Policy will have the same End Date as the original Policy;
- the premium payable on the new Policy will be equal to the premium that the remaining Life Assured would have paid had they effected a single life Policy on the Start Date;
- the Sum Assured under the new Policy will be the same as the Sum Assured under the original Policy; and
- the Exclusions that applied to the surviving Life Assured will continue to apply.

10.3 On a joint life Policy if both of the Lives Assured commit Suicide at the same time within 12 calendar months from the Start Date no claim shall be payable. However, we shall return all the premiums paid to their legal personal representatives to hold on behalf of the estates of the deceased Lives Assured.

11. CLAIMS

If you need to make a claim you must contact us at our Registered Office. Please quote the Policy number shown on your Policy Schedule.

We will ask for certain documents to determine the validity of the claim. Examples of documents we may ask for are:

- these provisions, the Policy Schedule and any Endorsement;
- the original birth certificate. If a Life Assured's date of birth is incorrectly shown in our records we will adjust the Sum Assured or premium accordingly based on the Life Assured's correct date of birth;
- in the event of a death claim, the original death certificate;
- in the event of a Terminal Illness, Critical Illness, waiver of premium or Total and Permanent Disability claim, a specialist medical report;
- proof of the entitlement of the person claiming payment; and
- the duly completed claim form(s).

The medical evidence, all diagnoses and any medical opinions relating to a medical condition or event must be provided by a medical specialist who:

- holds a position as a consultant or equivalent at a hospital within one of the Eligible Territories, and
- whose specialism is appropriate to the cause of the claim.

The evidence provided must also be acceptable to our Medical Officer(s) and we reserve the right to obtain a second medical opinion.

We will pay for the cost of all specialist medical reports and other evidence we ask for in the UK, Channel Islands and the Isle of Man.

If we agree to contribute towards the cost of obtaining evidence outside the UK, Channel Islands or the Isle of Man it will be equivalent to the cost of obtaining similar evidence in the UK, Channel Islands or the Isle of Man.

All medical reports must be provided in English.

We may ask for further documents or information to assess the claim.

If the medical evidence supports your claim we will accept it and make the relevant claim payment (or waive premium payment for a waiver of premium claim).

If you provide incorrect information when making a claim under the Policy you will be responsible for paying to us, any reasonable costs, losses or expenses that we incur as a result of the incorrect information. This may include returning any monies paid out in the event of a claim.

12. GENERAL INFORMATION

12.1 Currency

Any claim payments will be paid in UK currency.

12.2 Non-participating

The Policy is not unit-linked and will not take part in any way in the distribution of our profits.

12.3 Law

The Policy is governed by the laws of England.

12.4 COMMUNICATION

You may contact us:

- by writing to **Customer Services** at our Registered Office; Canada Life Place, Potters Bar, Hertfordshire EN6 5BA; or
- by email to **customer.services@canadalife.co.uk**; or
- by calling (Monday to Friday 9am to 5pm) UK: **0345 606 0708** or

  Overseas: **+44 1707 651122.**

The sending of important documents is at your own risk. As such, you may want to send them by recorded or registered delivery.

We will return original documents sent to us by recorded or registered delivery by the same method.

Any communication we send to you will be sent to your last known postal address. You must write and tell us if your address changes as we will regard any communication as having been received by you within 5 days of posting.

We will confirm receipt of any communication we receive from you. If you have not heard from us within a month please contact us as we only act on communication we receive.

12.5 Transfers and assignments

If you transfer or assign your Policy to another person we will only register the transfer or assignment if you provide written notice. Even though we note the transfer or assignment on our records you are responsible for making sure that the transfer or assignment has been successful.

12.6 Policy rights

Only you or we may exercise any of the rights found within the Policy. This means that the Contracts (Rights of Third Parties) Act 1999 does not apply.

12.7 QUERIES AND COMPLAINTS

If you have any questions about either the Policy or your cover please contact us at our Registered Office.

If you wish to complain about the service you have received from us, in the first instance, please contact us at our Registered Office and we will deal with your complaint through our normal complaints procedure.

If we are not able to resolve your complaint, through our normal complaints procedure, you can then contact the Financial Ombudsman Service in writing or by telephone:

The Financial Ombudsman Service
Exchange Tower, Harbour Exchange Square
London E14 9SR

Phone: 0800 023 4567 or 0300 123 9 123
E-mail: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Making a complaint will not affect your right to take legal action against us.

12.8 The Financial Services Compensation Scheme (FSCS)

The FSCS is designed to pay compensation if a company is unable to pay claims, because it has stopped trading or been declared in default.

If we are unable to meet our liabilities, you may be able to claim compensation from the FSCS.

Further information is available from the Financial Conduct Authority and the FSCS.

13. CRITICAL ILLNESS DEFINITIONS

13.1 Core Critical Illnesses

Aorta graft surgery

The undergoing of, or inclusion on an official UK waiting list for, surgery to the aorta with excision and surgical replacement of a portion of the aorta with a graft. The term aorta includes the thoracic and abdominal aorta, but not its branches.

The following are not covered:

- Any other surgical procedure, for example, the insertion of stents or endovascular repair.

Aplastic anaemia – with Permanent bone marrow failure

A definite diagnosis of aplastic anaemia by a consultant haematologist. There must be Permanent bone marrow failure with anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following treatments:

- blood transfusion;
- bone-marrow transplantation;
- immunosuppressive agents; or
- marrow stimulating agents.

The following are not covered:

- All other forms of anaemia.

Bacterial meningitis – resulting in Permanent symptoms

A definite diagnosis of bacterial meningitis by a consultant neurologist or an appropriate medical specialist. There must be Permanent neurological deficit with persisting clinical symptoms.

The following are not covered:

- All other forms of meningitis other than those caused by a bacterial infection (for example, viral meningitis).

Benign brain tumour – resulting in Permanent Symptoms or with specified treatment

A non-malignant tumour or cyst originating in the brain, cranial nerves or meninges within the skull, resulting in any of the following:

- Permanent neurological deficit with persisting clinical symptoms; or
- Undergoing invasive surgery to remove all or part of the tumour; or
- Undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

The following are not covered:

- tumours in the pituitary gland (see below)
- tumours originating from bone tissue.
- Angioma and cholesteatoma.

Note: We insure non-malignant pituitary gland tumour under Section 13.2 Additional Critical Illnesses.

Benign spinal cord tumour – resulting in Permanent symptoms or with specified treatment

A non-malignant tumour or cyst in the spinal canal, spinal nerves or meninges, resulting in any of the following:

- Permanent neurological deficit with persisting clinical symptoms; or
- Undergoing invasive surgery to remove all or part of the tumour; or
- Undergoing either stereotactic radiosurgery or chemotherapy treatment to destroy tumour cells.

The following are not covered:

- Granulomas, haematomas, disc protrusions and osteophytes.

Blindness – Permanent and Irreversible

Permanent and Irreversible loss of sight, as certified by an ophthalmologist, to the extent that even when tested with the use of visual aids, vision is measured at:

- 6/60 or worse in the better eye using a Snellen eye chart, or
- visual field is reduced to 20 degrees or less of an arc.

Brain abscess – with specified treatment

A definite diagnosis of an intracerebral abscess within the brain tissue by a consultant neurologist, resulting in either of the following:

- surgical removal; or
- surgical drainage of the abscess.

Brain injury due to anoxia or hypoxia – resulting in permanent symptoms

Death of brain tissue due to reduced oxygen supply resulting in permanent neurological deficit with persisting clinical symptoms.

Note: Children under the age of 90 days are not covered for this condition.

Cancer – excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).

The following are not covered:

- All cancers which are histologically classified as any of the following:
  - pre-malignant;
  - non-invasive;
  - cancer in situ;
  - having either borderline malignancy; or
  - having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least clinical TNM classification T2bN0M0.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Malignant melanoma unless it has been histologically classified as having caused invasion beyond the epidermis (outer layer of the skin).
- Any other skin cancer (including cutaneous lymphoma) unless it has been histologically classified as having caused invasion in the lymph glands or spread to distant organs.

Note: We insure certain less advanced cancers (including early stage prostate cancer) under Section 13.2 Additional Critical Illnesses.

Cardiac arrest with insertion of a defibrillator

Sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and requiring either of the following devices being surgically implanted:

- Implantable Cardioverter-Defibrillator (ICD); or
- Cardiac Resynchronization Therapy with Defibrillator (CRT-D).

The following are not covered:

- insertion of a pacemaker (see below);
- insertion of a defibrillator without prior cardiac arrest; or
- cardiac arrest resulting from Alcohol or Drug Abuse.

Note: We insure permanent insertion of a pacemaker under Section 13.2 Additional Critical Illnesses.

Cardiomyopathy – of specified severity

A definite diagnosis of cardiomyopathy by a consultant cardiologist. There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class 3 of the New York Heart Association (NYHA) classification of functional capacity.

The following is not covered:

- cardiomyopathy resulting from Alcohol or Drug Abuse.
- all other forms of heart disease, heart enlargement and myocarditis.

Cauda equina syndrome – with Permanent symptoms

A definite diagnosis by an appropriate medical specialist of cauda equina syndrome evidenced by compression of the lumbosacral nerve roots (cauda equina) resulting in all of the following:

- permanent bladder dysfunction.
- permanent weakness and loss of sensation of the legs.

The diagnosis must be supported by appropriate neurological evidence.

Chronic lung disease – advanced stage respiratory failure

A definite diagnosis by a consultant physician of advanced stage emphysema or other chronic lung disease, resulting in all of the following:

- The need for continuous daily oxygen therapy for at least 15 hours a day on a Permanent basis.
- The Permanent impairment of lung function tests resulting in forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV1) being less than 50% of normal.

Coma – resulting in Permanent symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- requires the use of life support systems; and
- results in Permanent neurological deficit with persisting clinical symptoms.

The following are not covered:

- medically induced coma; or
- coma resulting from Alcohol or Drug Abuse; or
- loss of consciousness or concussion that does not require intubation and mechanical ventilation.

Coronary artery by-pass graft

The undergoing of, or inclusion on an official UK waiting list for, surgery on the advice of a consultant cardiologist to correct narrowing or a blockage of one or more coronary arteries with bypass grafts.

Creutzfeldt-Jakob disease – resulting in Permanent symptoms

Confirmation by a consultant neurologist of a definite diagnosis of Creutzfeldt-Jakob disease (CJD) resulting in Permanent neurological deficit with persisting clinical symptoms.

Deafness – Permanent and Irreversible

Permanent and Irreversible loss of hearing to the extent that the loss is greater than 70 decibels across all frequencies in the better ear using a pure tone audiogram.

Dementia – resulting in Permanent symptoms

A definite diagnosis of dementia, including Alzheimer's disease, by a consultant neurologist, psychiatrist or geriatrician. The diagnosis must be supported by evidence of progressive loss of ability to do all of the following:

- remember;
- to reason; and
- perceive, understand, express and give effect to ideas.

Encephalitis – resulting in Permanent symptoms

A definite diagnosis of encephalitis by a consultant neurologist resulting in Permanent neurological deficit with persisting clinical symptoms.

The following are covered:

Myalgic encephalomyelitis (ME) and chronic fatigue syndrome.

Heart attack

Death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:

- New characteristic electrocardiographic changes (or findings on a heart scan); and
- The characteristic rise of cardiac enzymes or Troponins.

The evidence must show a definite acute myocardial infarction.

The following are not covered:

- Other acute coronary syndromes and angina without myocardial infarction.

Heart failure

A definite diagnosis by a consultant cardiologist of failure of the heart to function as a pump which is evidenced by all of the following:

- permanent and irreversible limitation of function to at least Class 3 of the New York Heart Association (NYHA) classification of functional capacity (i.e. heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitations, breathlessness or chest pain).
- permanent and irreversible ejection fraction of 39% or less.

Heart valve replacement or repair

The undergoing of, or inclusion on an official UK waiting list for, surgery on the advice of a consultant cardiologist to replace or repair one or more heart valves.

HIV infection – caught from a blood transfusion, physical assault or accident at work

Infection by Human Immunodeficiency Virus resulting from:

- a blood transfusion given as part of medical treatment;
- a physical assault; or
- an incident occurring during the course of performing normal duties of employment;

after the start of the Policy and satisfying all of the following:

- the incident must have been reported to appropriate authorities and have been investigated in accordance with the established procedures.
- where HIV infection is caught through a physical assault or as a result of an incident occurring during the course of performing normal duties of employment, the incident must be supported by a negative HIV antibody test taken within 5 days of the incident.
- there must be a further HIV test within 12 months confirming the presence of HIV or antibodies to the virus.
- The incident causing infection must have occurred in one of the following countries or jurisdictions: Australia, Austria, Belgium, Bulgaria, Canada, the Channel Islands, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Iceland, the Isle of Man, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, New Zealand, Norway, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom and the United States of America.

The following is not covered:

- HIV infection resulting from any other means, for example, sexual activity or Drug Abuse.

Intensive care – requiring mechanical ventilation for 10 consecutive days

Any sickness or injury resulting in the insured person requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours a day) or more in an intensive care unit in a UK hospital.

The following are not covered:

- sickness or injury as a result of Alcohol or Drug abuse or other self-inflicted means; and
- children (who have their own insured illness definition)

Kidney failure – requiring permanent dialysis

A definite diagnosis, by a renal consultant, of chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is required.

Liver failure – of specified severity

A definite diagnosis, by a consultant physician, of Irreversible end stage liver failure due to cirrhosis resulting in all of the following:

- Permanent jaundice;
- ascites; and
- encephalopathy.

The following is not covered:

- Liver failure resulting from Alcohol or Drug Abuse.

Loss of hand or foot – Permanent physical severance

Permanent physical severance of a hand or foot at or above the wrist or ankle joints.

Loss of independence

The Total and Permanent loss of the ability to perform at least 3 of the specified 6 activities shown below without the continual assistance from another person, even with the use of special devices or equipment.

- **Continence** – The ability to control bowel or bladder functions, whether with or without the use of protective undergarments and surgical appliances.
- **Dressing and undressing** – The ability to put on, take-off, secure and unfasten all garments.
- **Eating** – The ability to feed oneself once food has been prepared and made available.
- **Moving** – Being able to move from one room to another on level surfaces.
- **Transferring** – Being able to get on and off the toilet, in and out of bed and move from a bed to an upright chair or wheelchair and back again.
- **Washing and bathing** – The ability to wash in the bath or to take a shower (including getting in and out of the bath or shower) or wash by other means.

Note: Children aged less than 5 years old are not covered for Loss of independence.

Loss of speech – total permanent and irreversible

Total Permanent and Irreversible loss of the ability to speak as a result of physical injury or disease.

Major organ transplant from another person

The undergoing as a recipient of a transplant from another person of bone marrow or of a complete heart, kidney, lung or lobe of a lung, pancreas, liver or a lobe of the liver, or inclusion on an official UK waiting list for such a procedure.

The following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells.

Motor neurone disease – resulting in Permanent symptoms

A definite diagnosis by a consultant neurologist of one of the following motor neurone diseases:

- Amyotrophic lateral sclerosis
- Kennedy's disease
- Primary lateral sclerosis
- Progressive bulbar palsy
- Progressive muscular atrophy
- Spinal muscular atrophy

There must also be Permanent clinical impairment of motor function.

Multiple sclerosis – with clinical symptoms

A definite diagnosis of multiple sclerosis by a consultant neurologist. There must be clinical impairment of motor or sensory function caused by multiple sclerosis.

Myasthenia gravis – with specified symptoms

A definite diagnosis of myasthenia gravis by a consultant neurologist. There must have been clinical impairment of motor function in parts of the body other than the eye muscles caused by myasthenia gravis.

The following is not covered:

- myasthenia gravis limited to eye muscles only.

Neuromyelitis optica (Devic's disease) – with clinical symptoms

A definite diagnosis of Neuromyelitis Optica by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function caused by the condition.

Paralysis of a limb – total and Irreversible

Total and Irreversible loss of muscle function to the whole of any one limb.

Parkinson's disease – resulting in Permanent symptoms

A definite diagnosis of Parkinson's disease by a consultant neurologist or geriatrician. There must be Permanent clinical impairment of motor function with associated tremor or muscle rigidity.

Note: For the above definition, the following are not covered:

- Parkinsonian syndromes / Parkinsonism.

Parkinson plus syndromes – resulting in Permanent symptoms

A definite diagnosis by a consultant neurologist or geriatrician of one of the following Parkinson-Plus syndromes:

- Multiple system atrophy;
- Progressive supranuclear palsy;
- Parkinsonism-Dementia-Amyotrophic Lateral Sclerosis complex;
- Lewy body disease;
- Corticobasal degeneration.

There must also be Permanent clinical impairment of at least one of the following:

- Motor function;
- Eye movement disorder;
- Bladder control;
- Postural instability; or
- Dementia

Peripheral vascular disease – requiring bypass surgery

A definite diagnosis of peripheral vascular disease by a consultant cardiologist or vascular surgeon with objective evidence from imaging of obstruction in the arteries which results in the undergoing of, or inclusion on an official UK waiting list for, bypass graft surgery to an artery of the legs.

The following are not covered:

- any other surgical procedures or treatment such as angioplasty.

Primary pulmonary arterial hypertension – of specified severity

A definite diagnosis of primary pulmonary arterial hypertension that has caused permanent and irreversible impairment of heart function which is classified by a consultant cardiologist as at least Class 3 of the New York Heart Association (NYHA) classification of functional capacity.

The following are not covered:

- Pulmonary hypertension secondary to any other known cause i.e. not primary.

Pulmonary artery surgery

The undergoing of, or inclusion on an official UK waiting list for, heart surgery requiring median sternotomy (surgery to divide the breastbone) or thoracotomy on the advice of a consultant cardiologist for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

Removal of an eyeball – due to injury or disease

Surgical removal of an eyeball as a result of injury or disease.

The following are not covered:

- self-inflicted injuries.

Removal of a complete lung

The undergoing of, or inclusion on an official UK waiting list for, surgery on the advice of a consultant physician to remove an entire lung due to disease or traumatic injury.

The following are not covered:

- Other forms of surgery to the lungs including removal of a lobe of the lungs (lobectomy) or lung resection.

Note: Removal of one or more lobes of a lung is separately insured under section 13.2 Additional Critical Illnesses.

Rheumatoid arthritis – of specified severity

A definite diagnosis by a consultant rheumatologist of chronic rheumatoid arthritis evidenced by joint destruction and deformity of at least 3 major joint groups, resulting in the Permanent inability to do 3 of the following:

- bend or kneel to pick up an object from the floor.
- lift or carry an everyday object such as a kettle.
- use hands or fingers to pick up or manipulate small objects such as cutlery or a pen.
- walk a distance of 200m on flat ground with or without use of a walking stick and without experiencing severe discomfort.

Severe Crohn's disease – treated with two surgical intestinal resections or removal of entire large bowel

A definite diagnosis of Crohn's disease by a consultant gastroenterologist resulting in either:

- surgical intestinal resection to remove part of the small intestine or bowel on at least two separate occasions; or
- removal of entire large bowel (total colectomy) or inclusion on an official UK waiting list for this procedure.

The following is not covered:

- surgical treatment for abscesses, fistulas or strictures.

Spinal cord stroke – resulting in symptoms lasting at least 24 hours

Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in neurological deficit with persisting clinical symptoms lasting at least 24 hours.

The following are not covered:

- Transient ischaemic attacks.

Stroke – resulting in persisting symptoms

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in neurological deficit with persisting clinical symptoms lasting at least 24 hours.

The following are not covered:

- Transient ischaemic attacks and death of tissue of the optic nerve or retina.

Structural heart surgery

The undergoing of, or inclusion on an official UK waiting list for, heart surgery requiring median sternotomy (surgery to divide the breastbone) or thoracotomy on the advice of a consultant cardiologist to correct any structural abnormality of the heart.

Syringomyelia or syringobulbia – with surgery

The undergoing of, or inclusion on an official UK waiting list for, surgery to treat a syrinx in the spinal cord or brain stem.

Systemic lupus erythematosus – with serious complications

A definite diagnosis of systemic lupus erythematosus by a consultant rheumatologist resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms; or
- The Permanent impairment of kidney function with glomerular filtration rate (GFR) below 30 ml/min.

Third degree burns – covering at least 20% of the surface area of the body or 20% of the face or head

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area or 20% of the area of the face or head.

The following are not covered:

- Self-inflicted injuries or injuries resulting from a criminal act committed by you.

Note: Third degree burns covering a lower area of at least 10% of the body, face or head is insured under section 13.2 Additional Critical Illnesses.

Traumatic brain injury – resulting in Permanent symptoms

Death of brain tissue due to traumatic injury resulting in Permanent neurological deficit with persisting clinical symptoms.

Ulcerative colitis – treated with total colectomy (removal of the entire bowel)

A definite diagnosis of ulcerative colitis by a consultant gastroenterologist which is treated with a total colectomy (removal of entire bowel) or inclusion on an official UK waiting list for this procedure.

13.2 Additional Critical Illnesses

Aortic aneurysm – with endovascular repair

The undergoing of endovascular repair of an aneurysm of the thoracic or abdominal aorta with a graft.

The following are not covered:

- procedures to any branches of the thoracic or abdominal aorta.

Aplastic anaemia – of specified severity

A definite diagnosis of severe aplastic anaemia by a consultant haematologist and evidenced by bone marrow histology. There must be an absolute neutrophil count of less than 0.5 x10 9/L and at least one of the following:

- a platelet count of less than 20 $x10^9$/L
- a reticulocyte count of less than 20 $x10^9$/L

Carotid artery stenosis – with surgical repair

The undergoing of endarterectomy or angioplasty on the advice of a consultant physician to treat narrowing of at least 50% of the carotid artery.

Central retinal artery or vein occlusion – with permanent visual impairment

Death of optic nerve or retinal tissue due to inadequate blood supply or haemorrhage within the central retinal artery or vein, resulting in permanent visual impairment of the affected eye.

The following are not covered:

- occlusion or haemorrhage of the branches of the retinal artery or vein only; or
- traumatic injury to tissue of the optic nerve or retina.

Cerebral or spinal aneurysm – with specified treatment

The undergoing of craniotomy, endovascular repair, direct spinal surgery or stereotactic radiotherapy to treat a cerebral or spinal aneurysm.

Cerebral or spinal arteriovenous malformation – with specified treatment

The undergoing of craniotomy, endovascular repair, direct spinal surgery or stereotactic radiotherapy to treat a cerebral or spinal arteriovenous fistula or malformation.

Chronic hepatitis B or C

A definite diagnosis by a hepatologist or gastroenterologist of chronic hepatitis B or C based on the presence for longer than 6 months of:

- **For hepatitis B**, a positive blood test for surface antigen (HBsAg)
- **For hepatitis C,** a positive blood test confirming the on-going presence of an active hepatitis C virus.

The following are not covered:

- Acute (short-lived) hepatitis B or C.

Coronary angioplasty – with specified treatment

Percutaneous coronary intervention (PCI) to correct narrowing or blockages of the left main stem artery, or two or more main coronary arteries. Multiple vessels must be treated at the same time or as part of a planned stage procedure within 60 days of the first PCI.

The main coronary arteries for this purpose are defined as the right coronary artery, left anterior descending artery, circumflex artery, or their branches.

PCI is defined as any therapeutic intra-arterial catheter procedure including balloon angioplasty and/or stenting.

The following are not covered:

- diagnostic angioplasty
- two angioplasty procedures to a single main artery or branches of the same artery.

Crohn's disease – treated with intestinal resection

A definite diagnosis by a consultant gastroenterologist of Crohn's disease which has been treated with surgical intestinal resection.

Diabetes mellitus Type 1

A definite diagnosis of type 1 diabetes mellitus, requiring the permanent use of insulin injections.

The following are not covered:

- gestational diabetes
- type 2 diabetes (including type 2 diabetes treated with insulin).

Drug resistant epilepsy – treated with invasive surgery to brain tissue

The undergoing of invasive surgery to brain tissue in order to control epilepsy that cannot be controlled by oral medication.

The following is not covered:

- treatment with deep brain stimulation

Guillain-Barré syndrome – with persisting clinical symptoms

A definite diagnosis of Guillain-Barré syndrome by a consultant neurologist. There must be ongoing clinical impairment of motor or sensory function caused by Guillain-Barré Syndrome, which must have persisted for a continuous period of at least six months.

Infective bacterial endocarditis

A definite diagnosis by a consultant cardiologist of infective bacterial endocarditis.

The following are not covered:

- Other inflammatory heart conditions.

Less advanced cancer of the anus – treated with surgery

A definite diagnosis with histological confirmation of carcinoma in situ of the anus with surgery to remove the tumour.

The following is not covered:

- Anal Intraepithelial Neoplasia (AIN) grade 1 or 2.

Less advanced cancer of the appendix, colon or rectum – treated with surgery

A definite diagnosis with histological confirmation of carcinoma in situ or neuroendocrine tumour (NET) of low malignant potential of the appendix, colon or rectum with surgery to remove the tumour.

Less advanced cancer of the bile ducts – treated with surgery

A definite diagnosis with histological confirmation of carcinoma in situ of the extra-hepatic bile ducts with surgery to remove the tumour.

Less advanced Cancer of the breast – treated by surgery

A definite diagnosis with histological confirmation of carcinoma in situ of the breast with surgery to remove the tumour.

Less advanced cancer of the cervix with specified surgery

A definite diagnosis with histological confirmation of carcinoma in situ of the cervix resulting in trachelectomy (removal of the cervix) or hysterectomy on the advice of a consultant surgeon.

The following are not covered:

- Loop excision; laser surgery; cone biopsy; or cryosurgery
- Cervical intraepithelial neoplasia (CIN) grade 1 or 2.

Less advanced cancer of the gallbladder – treated with surgery

A definite diagnosis with histological confirmation of carcinoma in situ of the gallbladder with surgery to remove the tumour.

Less advanced cancer of the larynx – with specified treatment

A definite diagnosis with histological confirmation of carcinoma in situ of the larynx treated with surgery, laser or radiotherapy.

Less advanced cancer of the lung and bronchus – with specified surgery

A definite diagnosis with histological confirmation of carcinoma in situ or neuroendocrine tumour (NET) of low malignant potential of the lung or bronchus resulting in wedge resection or lobectomy.

Less advanced cancer of the oesophagus – treated with surgery

A definite diagnosis with histological confirmation of carcinoma in situ of the oesophagus with surgery to remove the tumour.

Less advanced cancer of the oral cavity or oropharynx – treated with surgery.

A definite diagnosis with histological confirmation of carcinoma in situ of the oral cavity or oropharynx with surgery to remove the tumour. This includes lip, inside of cheek, floor of the mouth, tongue, gums, hard palate, soft palate and tonsils.

Less advanced cancer of the ovary – with surgery to remove an ovary

A definite diagnosis with histological confirmation of ovarian tumour of borderline malignancy/low malignant potential which has resulted in surgical removal of an ovary.

The following is not covered:

- Removal of an ovary due to a cyst.

Less advanced cancer of the pancreas – treated with surgery

A definite diagnosis with histological confirmation of carcinoma in situ or neuroendocrine tumour (NET) of low malignant potential of the pancreas with surgery to remove the tumour.

Less advanced cancer of the prostate – requiring treatment

A definite diagnosis with histological confirmation of a tumour of the prostate having a Gleason score between 2 and 6 inclusive and having progressed to a clinical TNM classification between T1N0M0 and T2aN0M0, resulting in treatment on the advice of a hospital consultant.

The following are not covered:

- prostatic intraepithelial neoplasia (PIN);
- observation or surveillance; or
- surgical biopsy.

Less advanced cancer of the renal pelvis and ureter – of specified severity

A definite diagnosis with histological confirmation of carcinoma in situ of the renal pelvis or ureter.

The following are not covered:

- Non-invasive papillary carcinoma
- Tumours of TNM classification stage Ta.

Less advanced cancer of the small intestine – treated with surgery

A definite diagnosis with histological confirmation of neuroendocrine tumour (NET) of low malignant potential of the duodenum, jejunum or ileum with surgery to remove the tumour.

Less advanced cancer of the stomach – treated with surgery

A definite diagnosis with histological confirmation of carcinoma in situ or neuroendocrine tumour (NET) of low malignant potential of the stomach with surgery to remove the tumour.

Less advanced cancer of the testicle – with surgery to remove a testicle

A definite diagnosis with histological confirmation of germ cell neoplasia in situ (GCNIS) resulting in orchidectomy (removal of a testicle).

Less advanced cancer of the thyroid – treated with surgery

A definite diagnosis with histological confirmation of neuroendocrine tumour (NET) of low malignant potential of the thyroid with surgery to remove the tumour.

Less advanced cancer of the urinary bladder

A definite diagnosis with histological confirmation of carcinoma in situ of the urinary bladder.

The following are not covered:

- Non-invasive papillary carcinoma
- Stage Ta bladder cancer.

Less advanced cancer of the uterus – treated with specified surgery

A definite diagnosis with histological confirmation of carcinoma in situ of the lining of the uterus (endometrium) resulting in a hysterectomy.

Less advanced cancer of the vagina – treated with surgery

A definite diagnosis with histological confirmation of carcinoma in situ of the vagina resulting in surgery to remove the tumour.

The following are not covered:

- Laser surgery and diathermy
- Vaginal Intraepithelial Neoplasia (VAIN) grade 1 or 2.

Less advanced cancer of the vulva – treated with surgery

A definite diagnosis with histological confirmation of carcinoma in situ of the vulva resulting in surgery to remove the tumour.

The following are not covered:

- Laser surgery and diathermy
- Vulvar Intraepithelial Neoplasia (VIN) grade 1 or 2.

Non-invasive gastrointestinal stromal tumour

A definite diagnosis with histological confirmation of non-invasive gastrointestinal stromal tumour.

Non-malignant pituitary gland tumour – with specified treatment

A non-malignant pituitary gland tumour treated with either radiotherapy, chemotherapy or surgical removal.

The following are not covered:

- Non-malignant pituitary gland tumours treated by other medical procedures.

Pericarditis – chronic constrictive pericarditis or requiring surgery

A definite diagnosis by a consultant cardiologist of either of the following:

- chronic constrictive pericarditis; or
- pericarditis treated with surgery to remove fluid or heart tissue

The following are not covered:

- Other forms of pericarditis.

Permanent pacemaker insertion – for heartbeat abnormalities

The definite diagnosis of an abnormal rhythm of heartbeat by a consultant cardiologist resulting in the permanent insertion of an artificial pacemaker.

The following is not covered:

- Insertion of an implantable cardioverter-defibrillator

Removal of one or more lobes of a lung

The undergoing of surgery for the removal of one or more lobes of a lung as a result of disease or trauma.

Severe sepsis

A definite diagnosis of sepsis by a consultant physician resulting in admission to either an intensive care (ICU) or a high dependency unit (HDU) for at least 3 continuous days.

Significant visual loss – permanent and irreversible

The Permanent and Irreversible loss of sight, as certified by an ophthalmologist, to the extent that even when tested with the use of visual aids, vision is measured at:

- 6/24 or worse in the better eye using a Snellen eye chart, or
- visual field is reduced to 45 degrees or less of an arc.

Third degree burns – covering 10% of the surface area of the body or 10% of the face or head

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 10% of the body's surface area or; face or head.

Urinary bladder removal

The complete surgical removal of the urinary bladder (total cystectomy) as directed by a genitourinary consultant.

The following are not covered:

- Urinary bladder biopsy
- Removal of a portion of the urinary bladder.

13.3 Children's specific Critical Illnesses

Cerebral palsy

A definite diagnosis of cerebral palsy by a consultant neurologist or paediatrician where there is evidence of impairment of any of the following:

- muscle control, co-ordination or tone;
- posture or balance; or
- motor or oral function.

Cystic fibrosis

A definite diagnosis by an attending consultant of cystic fibrosis with evidence of either digestive or lung disease that is consistent with the disease.

Children's intensive care benefit – requiring mechanical ventilation for 7 days

A confirmed admission of a child to a hospital, requiring mechanical ventilation by means of tracheal intubation for a minimum of 7 consecutive days, due to sickness or injury.

Note we will not pay a claim;

- where the sickness or injury results in us paying out under any other Critical Illness benefit;
- where the underlying condition was present at birth or, if applicable, the date of adoption; and
- due to a condition as a result of being born before 37 weeks.

Hydrocephalus – treated with the insertion of a shunt

A definite diagnosis by an attending consultant of hydrocephalus, which requires the insertion of a shunt.

Muscular dystrophy

A definite diagnosis by a consultant neurologist of muscular dystrophy where there is evidence of muscle wasting or weakness.

Spina bifida myelomeningocele or myeloschisis

A definite diagnosis by an attending consultant of spina bifida myelomeningocele or myeloschisis with the following symptoms:

- partial or total Permanent paralysis in the lower limbs;
- bowel incontinence and urinary incontinence; and
- loss of skin sensation.

The following are not covered:

- Spina bifida occulta.
- Spina bifida with meningocele.

Insure. Secure. Protect.

More information is available on our website: www.canadalife.co.uk/individual-protection

ID10007-419R

Canada Life