


If we need to further review the coverages requested in the insurance application, each person for whom one or more Health Priorities or Critical Illness Advance coverages have been requested will be covered under the Provisional critical illness insurance at no cost.

Part 1 – Coverage description

This part is rounded out with [Part 2 – Definition of covered conditions](#) of the Provisional critical illness insurance agreement and is an integral part of it. Your representative will describe and provide you with a copy of this document (available on [web](#) ).

Eligibility

Only 1 condition needs to be met

By the date the insurance application is signed, the premium payment information must be provided in **section H - Paying for the insurance** of the insurance application.

Why it is important to provide accurate information

If the information about the insured person that is provided when applying for the insurance is inaccurate or incomplete, we may cancel the Provisional critical illness insurance for that person and/or deny a claim.

Start of coverage

The Provisional critical illness insurance starts when the insurance application is signed.

Amount payable following a claim

Claims must be made in writing using the required form. We reserve the right to request additional documents and information to review a claim.

What is the amount payable?

If the insured person suffers from one of the conditions listed below, we pay the amount for each Health Priorities and Critical Illness Advance coverage requested.

Who do we pay the amount payable to?

We pay the amount payable to the designated beneficiary. If no beneficiary has been designated, we pay the amount payable based on applicable legislation.

Covered conditions

We may pay the amount payable for the following conditions:

Cardiovascular

- Aortic surgery
- Coronary artery bypass surgery
- Heart attack
- Heart valve replacement or repair
- Stroke (cerebrovascular accident)

Neurological

- Bacterial meningitis

Vital organs


- Kidney failure
- Major organ failure on waiting list
- Major organ transplant

Accidents and functional loss

- Acquired brain injury
- Blindness
- Coma
- Deafness
- Loss of limbs
- Loss of speech
- Paralysis
- Severe burns

Other

- Aplastic anemia
- Occupational HIV infection
- Permanent loss of independent existence

 **Just because the insured person suffers from a covered condition, it does not mean we will pay the amount payable.** For us to be able to pay the amount payable, the condition must meet, in every respect, all the conditions set out in the definition of that condition in **Part 2 – Definition of covered conditions**.

Limitations and exclusions

1- Limitation applicable to the amount payable

When the insured person has one or more Provisional critical illness insurance agreements in force with us, the total amount payable for all the Health Priorities and Critical Illness Advance coverages requested is limited to **\$500,000**.

2- General exclusions

a) No amount will be payable for a covered condition:*

1. If, **in the 5 years prior to** when the insurance application is signed, the insured person:

- suffered from this condition;
- received treatment or consulted a physician or other healthcare professional for signs or symptoms related to this condition;
- underwent tests or exams that showed signs or symptoms related to this condition.

2. If, **in the 90 days prior to** when the insurance application is signed, the insured person had signs or symptoms for which they did not consult a physician or a healthcare professional and that are related to this condition.

* Nor for any other covered condition that may result from this condition.

b) No amount will be payable if the covered condition results directly or indirectly from:

1. self-inflicted injuries or a suicide attempt;
2. the insured person's participation in any criminal act or related act;
3. war (whether war is declared or undeclared), riot or revolution, whether or not the insured person took part;
4. the insured person driving a motor vehicle while under the influence of drugs or with a blood alcohol level equal to or greater than 80 mg of alcohol per 100 ml of blood;
5. the illegal or illicit use of any drug;
6. the voluntary absorption or use of any toxic substance or any type of gas;
7. the voluntary consumption of prescription drugs that exceeds the dosage recommended by a healthcare professional or of drugs obtained without a prescription that exceeds the manufacturer's recommended dosage.

c) No amount will be payable if the covered condition is diagnosed after the insured person's death.

3- Additional exclusion for newborns

This exclusion may apply if the insured person is a newborn who is under the age of 15 days when the insurance application is signed.

No amount will be payable for a covered condition* if, before reaching the age of 15 days, the insured person:

- suffered from this condition;
- had signs or symptoms related to this condition;
- received treatment for signs or symptoms related to this condition;
- underwent tests or exams that showed signs or symptoms related to this condition.

* Nor for any other covered condition that may result from this condition.

 **The limitations and exclusions set out in the definition of the covered conditions are in addition to the above-mentioned exclusions.**

End of coverage

The insured person's Provisional critical illness insurance ends on the **earliest** of the following dates:

- 1- The date we pay the amount payable under the insured person's Provisional critical illness insurance.
- 2- Automatically, on the effective date of the Health Priorities or Critical Illness Advance coverages requested.
- 3- The date the insured person's application for all the Health Priorities and Critical Illness Advance coverages requested is denied.
- 4- The date the insurance application is closed.
- 5- Automatically, on the 91st day after the date the insurance application is signed.