

## **Covered Critical Illness Conditions Appendix**

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**Effective Date: February 1, 2010**

This Appendix contains definitions for those Conditions that are covered under the Manulife Financial Group Critical Illness plan.

Covered Conditions are those recognized within the medical profession as being of a critical nature. Advances in the medical knowledge and treatment of critical illnesses will evolve, and accordingly Manulife Financial reserves the right to change the contract definitions for Conditions covered under any given Plan. All claims under this Policy shall be adjudicated using the definition of any Condition(s) that is in effect at the time the claim is incurred.

If you have any questions about any of the conditions listed, please consult your doctor or call Manulife Financial's Customer Service Centre at 1-800-268-6195.

# ADULT COVERED CONDITIONS DEFINITIONS

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## CANCER

**Cancer** is defined as a tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

**Exclusion for Certain Cancers.** The following cancers are excluded from coverage:

- a. carcinoma in situ
- b. Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without level IV or V invasion)
- c. any non-melanoma skin cancer that has not become metastatic (spread to distant organs)
- d. stage A (T1a or T1b) prostate cancer
- e. any tumour in the presence of any HIV

**Moratorium Period Exclusion.** No Benefit will be payable in relation to this condition if, within the first 90 days following the later of:

- a. the effective date of coverage, or
- b. the effective date of last reinstatement of coverage,

the insured person has any of the following:

- a. signs or symptoms that lead to a diagnosis of cancer (covered or excluded under this Policy), regardless of the date when the diagnosis is made; or
- b. medical consultations or tests that lead to a diagnosis of cancer (covered or excluded under this Policy), regardless of the date when the diagnosis is made; or
- c. a diagnosis of cancer (covered or excluded under this Policy).

This information must be reported to Manulife Financial within 6 months of the date of the first diagnosis. If this information is not so provided, Manulife Financial has the right to deny any claim for cancer or, any critical illness caused by any cancer or its treatment.

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## CORONARY ARTERY BYPASS SURGERY

**Coronary Artery Bypass Surgery** is defined as the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, excluding any non-surgical techniques such as balloon angioplasty or laser relief of an obstruction or other non-coronary artery bypass graft medical treatments.

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**HEART ATTACK**

**Heart Attack (Myocardial Infarction)** is defined as the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be based on:

- a. new electrocardiographic changes consisting of the development of Q waves and/or ST segment elevation not previously present or any other changes indicative of a myocardial infarction, and
- b. elevation of cardiac biochemical markers to levels considered diagnostic for infarction.

**Exclusion:** Heart attack does not include and no Benefit shall be payable for an incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of a corroborating event.

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**STROKE**

**Stroke (Cerebrovascular Accident)** is defined as a cerebrovascular event producing neurological sequelae lasting more than 30 days and caused by intracranial thrombosis or hemorrhage, or embolism from an extra-cranial source. There must be evidence of measurable, objective neurological deficit.

**Exclusion:** Transient Ischemic Attacks are specifically excluded.

# CHILD COVERED CONDITIONS DEFINITIONS

Includes all of the Adult Covered Conditions plus the following conditions:

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## AUTISM

**Autism** is defined as an organic defect in brain development characterized by failure to develop communicative language or other forms of social communication, with the diagnosis confirmed either by a pediatric psychiatrist or a pediatrician before the Child's third birthday.

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## BENIGN BRAIN TUMOUR

**Benign Brain Tumour** is defined as a non-malignant tumour arising from the brain or meninges. The histologic nature of the tumour must be confirmed by examination of tissue (biopsy or surgical excision).

**Exclusion for Certain Tumours:** Tumours of the bony cranium and pituitary microadenomas (less than 10 mm in diameter) are excluded.

**Moratorium Period Exclusion:** No benefit under this condition will be payable in relation to this condition if, within the first 90 days following the later of:

- a. the effective date of coverage, or
- b. the effective date of last reinstatement of coverage,

the insured person has any of the following:

- a. signs or symptoms that lead to a diagnosis of Benign Brain Tumour, regardless of the date when the diagnosis is made, or
- b. medical consultations, tests or any form of clinical evaluation, that lead to a diagnosis of Benign Brain Tumour, regardless of when the diagnosis is made; or
- c. a diagnosis of Benign Brain Tumour.

This information must be reported to Manulife Financial within 6 months of the date of the first diagnosis. If this information is not so provided, Manulife Financial has the right to deny any claim for Benign Brain Tumour or any critical illness caused by Benign Brain Tumour or its treatment.

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## BLINDNESS

**Blindness** is defined as the total and irreversible loss of vision in both eyes as confirmed by an ophthalmologist, with the corrected visual acuity being 20/200 or less in each eye or the field of vision is less than 20 degrees in both eyes.

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**CEREBRAL PALSY**

**Cerebral Palsy** is defined as a definitive diagnosis of definite Cerebral Palsy, a non-progressive neurological defect characterized by spasticity and in coordination of movements.

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**CONGENITAL HEART DISEASE**

**Congenital Heart Disease** is defined as any one or more diagnosis(es) from the following lists of heart conditions:

**List A**

- a. Total Anomalous Pulmonary Venous Connection
- b. Transposition of The Great Vessels
- c. Atresia of any heart valve
- d. Coarctation of The Aorta
- e. Single Ventricle
- f. Hypoplastic Left Heart Syndrome
- g. Double Outlet Left Ventricle
- h. Truncus Arteriosus
- i. Tetralogy of Fallot
- j. Eisenmenger Syndrome
- k. Double Inlet Ventricle
- l. Hypoplastic Right Ventricle
- m. Ebstein's Anomaly

The foregoing conditions shall be covered following the expiry of a 30 day Survival Period, commencing from the date of diagnosis or birth, whichever is the later of the two. The diagnosis of any of the conditions in List A must be made by a qualified pediatric cardiologist, and supported by appropriate cardiac imaging.

**List B**

- a. Pulmonary Stenosis
- b. Aortic Stenosis
- c. Discrete Subvalvular Aortic Stenosis
- d. Ventricular Septal Defect
- e. Atrial Septal Defect

The foregoing conditions shall be covered only when open heart surgery is performed for correction of the condition and following the expiry of a 30 day survival period from the date of diagnosis or birth, whichever is the later of the two. The diagnosis of any of the conditions in this List B must be made by a qualified pediatric cardiologist and supported by appropriate cardiac imaging. The surgery must be recommended by a qualified pediatric cardiologist and performed by a cardiac surgeon in Canada.

**List B Exclusion:** Trans-catheter procedures such as balloon valvuloplasty or percutaneous Atrial Septal Defect closure are excluded.

**General Exclusions:** All other congenital cardiac conditions, not specifically listed herein, are excluded.

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**CYSTIC FIBROSIS**

**Cystic Fibrosis** is defined as a definitive diagnosis of Cystic Fibrosis with evidence of chronic lung disease and pancreatic insufficiency.

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**DEAFNESS**

**Deafness** is defined as the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 cycles per second.

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**DOWN SYNDROME**

**Down Syndrome** is defined as a definitive diagnosis of Down Syndrome supported by chromosomal evidence of Trisomy 21.

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**KIDNEY FAILURE**

**Kidney Failure (End Stage Renal Disease)** is defined as end stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular hemodialysis, peritoneal dialysis or renal transplantation is initiated.

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**MAJOR ORGAN FAILURE ON WAITING LIST**

**Major Organ Failure on Waiting List** is defined as the diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow as a result of which transplantation must be medically necessary.

To qualify under Major Organ or Bone Marrow Failure on Waiting List the Insured must become enrolled as the recipient in an approved government organ or bone marrow transplant program in Canada or the U.S., for one or more of the organs or bone marrow specified in this provision. For the purposes of the Survival Period, the date of diagnosis is the date your enrolment in such a transplant program takes effect.

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**MAJOR ORGAN TRANSPLANT**

**Major Organ Transplant** is defined as the diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow as a result of which transplantation is medically necessary.

To qualify under Major Organ or Bone Marrow Transplant the Insured must undergo surgery as the recipient for transplantation of a heart, lung, liver, kidney or bone marrow, and limited to these entities.

**Exclusion:** A transplantation that is not medically necessary is specifically excluded.

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**MUSCULAR DYSTROPHY**

**Muscular Dystrophy** is defined as a definitive diagnosis of Muscular Dystrophy, characterized by well defined neurological abnormalities, confirmed by electromyography and muscle biopsy.

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**PARALYSIS**

**Paralysis** is defined as the complete and permanent loss of use of two or more limbs for a continuous period of 90 days following the precipitating event, during which time there has been no sign of improvement.

**Exclusion:** All psychiatric related causes for paralysis are specifically excluded.

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**TYPE 1  
DIABETES MELLITUS**

**Type 1 Diabetes Mellitus (Juvenile Diabetes)** is defined as a diagnosis of type 1 diabetes mellitus, characterized by absolute insulin deficiency and continuous dependence on exogenous insulin for survival. The diagnosis must be made by a qualified pediatrician or endocrinologist licensed and practising in Canada, and there must be evidence of dependence on insulin for a minimum of three months.

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