Group Critical Illness Insurance
A Guide for Members

This is a summary of the terms and conditions and does not contain the full details of the cover. Your employer will have the full terms in their insurance policy document.

The terms and conditions of the cover provided may be changed periodically, either by your employer (the policyholder) or by Canada Life. You should check with your employer at any time that you wish to see whether an illness or operation may be eligible for a claim payment.

Type of insurance and cover
The Group Critical Illness policy pays out a tax-free lump sum if you or your dependent children (all of these may be referred to sometimes as ‘the claimant’) suffer from a specified serious illness (including cancer and heart attack), or undergo specified serious surgical procedures (such as a heart transplant), providing you/they live for 14 days after the diagnosis or procedure.

You should be aware that cover is provided for a range of critical illnesses defined in the policy. Many have complex definitions and require the illness to be at an advanced stage or causing permanent symptoms before payment will be made.

You can make up to 2 claims as long as they are for different insured illnesses. Only 1 claim can be made for a child.

Child cover only applies to any natural or legally adopted child who is more than 30 days old and under 18 years old, at the time they suffer an insured illness.
What illnesses are insured?

Only the critical illnesses which are specified below are covered.

Full definitions of the critical illnesses covered can be obtained from your employer.

- Alzheimer’s disease – resulting in permanent symptoms
- Aorta graft surgery – for disease
- Aplastic anaemia – with permanent bone marrow failure
- Bacterial meningitis – resulting in permanent symptoms
- Balloon valvuloplasty
- Benign brain tumour – resulting in permanent symptoms
- Blindness – permanent and irreversible
- Cancer – excluding less advanced cases
- Cardiomyopathy – of specified severity
- Coma – with associated permanent symptoms
- Coronary artery bypass grafts – with surgery to divide the breastbone
- Creutzfeldt-Jakob disease – resulting in permanent symptoms
- Deafness – permanent and irreversible
- Dementia/Pre-senile dementia – resulting in permanent symptoms
- Encephalitis – resulting in permanent symptoms
- Heart attack – of specified severity
- Heart valve replacement or repair – with surgery to divide the breastbone
- HIV infection – caught in the EU, the Channel Islands or the Isle of Man, from a blood transfusion, physical assault or at work in an eligible occupation
- Kidney failure – requiring permanent dialysis
- Liver failure – irreversible
- Loss of hands or feet – permanent physical severance
- Loss of independent existence – permanent and irreversible
- Loss of speech – total, permanent and irreversible
- Major organ transplant – from another donor
- Motor neurone disease – resulting in permanent symptoms
- Multiple sclerosis – with persisting symptoms
- Open heart surgery – with surgery to divide the breastbone
- Paralysis of limbs – total and irreversible
- Parkinson’s disease – resulting in permanent symptoms
- Primary pulmonary hypertension – of specified severity
- Progressive supranuclear palsy – resulting in permanent symptoms
- Pulmonary artery surgery – with surgery to divide the breastbone
- Respiratory failure – resulting in breathlessness even when resting
- Rheumatoid arthritis – of specified severity
- Stroke – resulting in permanent symptoms
- Terminal illness – where death is expected within 12 months
- Third degree burns – covering 20% of the body’s surface area
- Traumatic brain injury – resulting in permanent symptoms
Exclusions
No benefit will be paid if:

- The condition suffered by the claimant does not meet the relevant definition of a critical illness under your employer’s policy.
- The illness is a pre-existing medical condition (see below for more details).
- The claimant had a related condition at the time of joining (see below for more details).
- A claim has already been paid for the insured illness or a related illness under this or any other critical illness policy arranged by your employer. For example: if you have suffered with any form of cancer, then no benefit will be payable in respect of any subsequent cancer whether it is connected to, or associated with the earlier cancer or not.
- The claimant dies within 14 days of diagnosis of the critical illness or within 14 days after surgery.

In addition some of the insured illnesses also have the following exclusions applied to both first and second claims:

- The illness arose directly or indirectly by intentional self-inflicted injury.
- The illness arose directly or indirectly by alcohol or drug abuse.
- The illness arose directly or indirectly due to war or civil commotion.

Full details of those insured illnesses affected can be found in the policy document.

Pre-existing conditions exclusion
No benefit will be payable under your employer’s policy in respect of an insured illness (or repeat of the same insured illness) which was first diagnosed, treated, or which was known to have existed by the potential claimant (you or your child) before entering this policy, or any previous critical illness policy arranged by your employer, or the date of any increase in benefit.

Please note that aorta graft surgery, balloon valvuloplasty, cardiomyopathy, coronary artery bypass grafts, heart attack, heart transplant (major organ transplant), heart valve replacement or repair, open heart surgery, primary pulmonary hypertension, pulmonary artery surgery and stroke are all treated as being the same insured illness.

Related conditions exclusion
No benefit will be payable for an insured illness if any related condition existed at any time prior to entering this policy, any other critical illness policy arranged by your employer or the date of any increase in benefit.

If 2 years have elapsed since entering this policy, any other critical illness policy arranged by your employer or the date of any increase in benefit, the related condition exclusion will only be applied to loss of independent existence, paralysis of limbs, or terminal illness.

Full details of the related conditions for each insured illness are shown in your employer’s insurance policy. They should be contacted if you require any further details.
When does cover cease?

Cover will normally cease for you and any children as soon as one of the following occurs:

- You reach the maximum number of claims for which you are eligible.
- For a child, as soon as a claim for one of the insured illnesses has been paid.
- You reach the policy cease age.
- You cease to be an eligible person.
- You cease to be actively employed by any employer covered under the insurance policy.
- You no longer work in the EU and other certain locations.
- Your contract with your UK employer no longer provides critical illness benefits.

However, cover may continue during a period of leave of absence from active employment. If premiums continue to be paid, we will continue to provide cover:

- To the cease age your employer has agreed with us, where your absence is due to ill health or disablement.
- Throughout any period of statutory leave prior to that age.
- For up to three years for any other reason.

How to claim

Your employer has to submit a claim in their capacity as the policyholder as there is no contractual relationship between Canada Life and yourself. If you need your employer to submit a claim, please contact them as soon as possible after one of the insured illnesses has been diagnosed.

Once your employer has agreed to submit the claim, you will need to complete a Personal Statement. If the claim is in respect of a child, the Personal Statement should be completed by a parent or guardian. (Your employer should give you this form).

Canada Life will need medical confirmation of the diagnosis, surgical procedure and history of the critical illness. The Personal Statement provides our claims assessors with some details of the claim but also includes the ‘claimant’s consent’ under the Access to Medical Reports Act, which grants us the authority to obtain further information from any medical attendants. If needed we will ask them directly for the information required to assess the claim however, many patients are sent copies of clinical letters by their doctors and specialists and sight of these may help us to assess claims more promptly.
What medical information should I provide with the Personal statement? This could include any of the following:

• A letter from a General Practitioner confirming the history, diagnosis and treatment.
• Hospital admission and discharge letters.
• Copies of letters from your treating doctor or specialist.
• Biopsy and/or histology test results.
• Results of any scans.

**How will the benefit be paid?**

If any claim is accepted, payment of the benefit will made to you via BACS transfer.

**Complaints**

If you have a query about the processing of your claim or if Canada Life has not settled a claim to your satisfaction then please contact, in the first instance, your employer.

If any claims dispute cannot be settled it can be referred to the Financial Ombudsman Service which provides an independent review and dispute resolution service.
Additional services available which provide practical help when it’s needed most
None of these services form part of the insurance policy and can be removed at any time without notice.

Support in the event of a claim (provided by RedArc)
The aim of the service is to provide practical and emotional help and support to you and your family members following the diagnosis of a serious illness.

On submission of a critical illness claim, the claimant will automatically be contacted by a member of the RedArc nurse team to introduce the service. RedArc nurses are subject to the strictest standards of medical confidentiality and are the only people allowed to discuss medical issues.

RedArc supports claimants in whichever way they need by providing ongoing advice and support; the services are provided free of charge, the service is not intended to diagnose, prescribe or treat. The personal nurse adviser may arrange extra help if clinically appropriate e.g. a one-off home visit from a specialist nurse, a course of physiotherapy, a course of counselling, or similar. The personal nurse adviser can also put the claimant in contact with specialist charities and self-help groups, and give advice on appropriate equipment to aid function.

Claimants can decide not to use the service at any point, but are free to use it again at any time in the future if they change their mind.

Website: www.redarc.co.uk

Second Medical Opinion Service (provided by Best Doctors®)
This service allows you and any eligible family member to get an expert second opinion, known as InterConsultation, from a worldwide network of 53,000 medical specialists. All the medical specialists involved have been voted as the ‘best in their fields’ by their peers and will provide a second opinion on any diagnosis or treatment to make sure you are getting the very best care possible.

The service also provides a range of online and telephone-based services which can be used every day, including a library of over 300 videos about common medical conditions on their website. All of these services are free for you to use, and a claim does not need to be submitted to take advantage of them.

Website: https:\\canadalife.askbestdoctors.com
Treatment sourcing service (provided Medical Care Direct (MCD))

This service assists in arranging the purchase of all types of private healthcare ranging from outpatient diagnostics to major surgical procedures.

To begin using the service, a treatment enquiry form is submitted. This provides MCD with some details of the condition and required treatment, and priorities for sourcing, e.g. price, location, timescale, etc. MCD then research the available options and negotiate costs for the best-matched options.

MCD set out all information about what will be provided and how much it will cost in writing, and where possible they negotiate fixed-price packages. If the package is accepted, MCD make all the arrangements, including detailed verification and settlement of the accounts. All costs are paid to MCD by the individual before treatment starts. MCD will then liaise with whichever hospitals and medical providers are involved and will provide personal support and answers to any questions throughout, and deal with all the paperwork.

Neither Canada Life nor MCD pay for any of the healthcare arranged.

Website: www.canadalifemcd.co.uk

Further Information

You can get further information on the Group Critical Illness policy from your employer or www.canadalife.co.uk/group.

Canada Life

The Group Critical Illness plan is provided by your employer, who has chosen to insure some or all of these benefits with Canada Life. We are the UK’s leading provider of group insurance arrangements, covering over 2.75 million people in the UK.