



Critical PROTECTION

PRODUCT GUIDE



Assumption Life

TABLE OF CONTENTS

PRODUCT DESCRIPTION 1

DECLARATION OF INSURABILITY 3

RIDERS 5

Return of premiums upon death 5

Flexible return of premiums 6

EXPLANATION OF INSURABILITY 8

Note 12

CRITICAL PROTECTION

NON-PARTICIPATING TERM CRITICAL ILLNESS INSURANCE

Target market	Critical Protection is a critical illness insurance product that pays a lump sum benefit if the insured person is diagnosed with one of the 16 covered critical illnesses and survives the survival period specified in the contract. This product is for people who want a financial resource to help them cover additional expenses linked to recovering from a critical illness, such as time off work, traveling to receive treatments, home care, renovations, cost of treatments not covered by public health insurance.	
Features	<ul style="list-style-type: none"> • Term critical illness insurance with level sum insured. • 16 covered critical illnesses. • Simplified issue (all answers to medical and lifestyle questions must be in the negative). • Available as an individual policy or as a rider on another insured. The rider must be issued at the same time as the Critical Protection policy to which it is attached. • Benefit payable to the insured, unless specified otherwise in writing by the owner. • Available with smoker and non-smoker rates. 	
Covered critical illnesses	<ol style="list-style-type: none"> 1. Accidental loss of limbs 2. Aortic surgery 3. Aplastic anemia 4. Bacterial meningitis 5. Blindness 6. Cancer (life-threatening) 7. Coma 8. Coronary artery bypass surgery 	<ol style="list-style-type: none"> 9. Heart attack 10. Heart valve replacement or repair 11. Kidney failure 12. Major organ failure on waiting list 13. Major organ transplant 14. Paralysis due to an accident 15. Severe burns 16. Stroke (cerebrovascular accident)
	See Explanation of terms for definition of Critical Illness terms.	
Terms	<ul style="list-style-type: none"> • T-15* • T-20* • T-25* • T-75: level premiums with coverage until the policy or rider anniversary nearest the insured's 75th birthday • T-75 20-Year pay: level premiums payable over a 20-year period with coverage until the policy or rider anniversary nearest the insured's 75th birthday. <p>*Renewable until the coverage anniversary nearest the insured's 75th birthday</p>	
Issue ages	<ul style="list-style-type: none"> • T-15 18 to 60 years of age* • T-20 18 to 55 years of age* • T-25 18 to 50 years of age* • T-75 18 to 60 years of age* • T-75 20-Year pay 18 to 50 years of age* 	
	*Age at nearest birthday	

NON-PARTICIPATING TERM CRITICAL ILLNESS INSURANCE

Minimum sum insured	\$10,000
Maximum sum insured	\$100,000 The sum of all Critical Protection coverages and Critical Illness riders for a single insured cannot exceed \$100,000.
Annual fees	Policy \$60 Rider \$45
Riders	<p>The following rider may be added to the policy and must be issued at the same time as the policy.</p> <ul style="list-style-type: none">• Critical Protection<ul style="list-style-type: none">- Maximum of one rider per policy on a person other than the insured under the policy. <p>The following additional benefits may be added as riders to the Critical Protection policy or rider and must be issued at the same time as these.</p> <ul style="list-style-type: none">• Return of premiums upon death• Flexible return of premiums
Termination of Critical Protection coverage	<p>The Critical Protection coverage terminates on the earliest of:</p> <ol style="list-style-type: none">(a) The death of the insured.(b) The date a critical illness insurance benefit is payable.(c) The end of the grace period if any premium due under the contract remains unpaid.(d) The date Assumption Life receives written notice from the owner requesting termination of the Critical Protection coverage or the date of termination requested in the notice, should this date be later.(e) The coverage anniversary nearest the insured's 75th birthday, regardless of the last renewal date.
Application	Online submissions only. No paper applications.

DECLARATION OF INSURABILITY

1. During the **past five (5) years**, have you applied for life insurance, critical illness insurance, disability insurance or reinstatement that has been declined, postponed, or modified (with higher premiums or exclusion)?
2. During the **past ten (10) years**, have you been tested for (other than routine tests showing negative results), received treatments for, or had any known indication of:
 - (a) cancer or tumor?
 - (b) convulsions, epilepsy, recurrent and severe headaches, paralysis, stroke, multiple sclerosis, Parkinson's disease, muscular dystrophy, Huntington's disease, Alzheimer's disease, dementia or any brain or neurological disorder, chronic fatigue, anxiety, depression, suicidal thoughts, attempted suicide, or other mental or nervous disorder?
 - (c) heart murmur, high blood pressure, palpitations, chest pains, heart disease or any other disorder of the heart, blood vessels or blood, including abnormal cholesterol levels?
 - (d) sleep apnea, respiratory or lung disorder, disorder of the stomach, liver, pancreas or intestines, including hepatitis B or C, or chronic diarrhea?
 - (e) disorder of the kidneys, ureter, bladder (other than an uncomplicated urinary tract infection), breast, prostate, genital or reproductive organs, including any sexually transmitted disease?
 - (f) disorder of the muscles, bones, back, neck, or joints, including fibromyalgia and arthritis, disorder of the eyes (other than corrective lenses), or disorder of the skin (other than acne or eczema)?
 - (g) diabetes, disorder of the glands (other than controlled hypothyroidism) or lymph nodes, or other unexplained infections?
 - (h) AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex), AIDS virus antibody, or any other immunological disorder?
3. Are you aware of any symptoms for which you have not yet consulted a physician and/or a specialist or received treatment, or for which you have consulted a physician without having received a diagnosis?
4. During the **past five (5) years**, have you been convicted of impaired driving?
5. During the **past five (5) years**, have you been convicted of a crime or violation of any law or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered?
6. During the **past five (5) years**, have you used any drugs except as prescribed by a physician or received advice or treatment for alcohol or drug abuse?
7. During the **past five (5) years**, have you been hospitalized, received treatments or been advised to receive treatment for any illness or disorder, other than discomfort, minor surgery, or pregnancy?
8. During the **past two (2) years**, have you received more than three tickets for moving violations?
9. During the **past two (2) years**, have you engaged in any hazardous sports or activities or made aerial flights other than as a passenger or do you intend to engage in such sports, activities or flights?
10. Have you resided outside Canada in the last 12 months or do you have any intention of travelling outside North America, the Caribbean, or Western Europe in the next 12 months?
11. Do you have two (2) or more biological family members (father, mother, brother, sister), living or deceased, who were diagnosed before age 60 with the same condition among the following: diabetes, cancer, stroke, heart trouble, mental disorder that necessitated hospitalization or who committed suicide?
12. Do you have a biological family member (father, mother, brother, sister), living or deceased, who was diagnosed before age 60 with any of the following conditions: Huntington's disease, polycystic kidney disease, or any hereditary disease other than those listed in question 11?
13. Has your weight changed by more than 9.08 kg (20 lbs) in the past year?

14. Does your weight exceed the weight corresponding to your height in the following table?
(different charts for adults and children)

HEIGHT		WEIGHT		HEIGHT		WEIGHT		HEIGHT		WEIGHT	
Ft/in	cm	lb	kg	Ft/in	cm	lb	kg	Ft/in	cm	lb	kg
4' 10"	147	158	72	5' 6"	168	205	93	6' 2"	188	256	116
4' 11"	150	163	74	5' 7"	170	210	95	6' 3"	191	264	120
5' 0"	152	169	77	5' 8"	173	216	98	6' 4"	193	271	123
5' 1"	155	174	79	5' 9"	175	224	102	6' 5"	196	277	126
5' 2"	157	182	83	5' 10"	178	229	104	6' 6"	198	285	129
5' 3"	160	188	85	5' 11"	180	235	107	6' 7"	201	293	133
5' 4"	163	193	88	6' 0"	183	242	110	6' 8"	203	299	136
5' 5"	165	198	90	6' 1"	185	250	114	6' 9"	206	308	140

15. Have you ever been tested for, received treatments for, or had any known indication of:
- (a) cancer, leukemia, lymphoma, tumour, cyst, nodule, or any abnormal growth?
 - (b) hepatitis B or C, or colon polyps?
 - (c) any breast disorder or abnormal breast discharge or change in appearance (other than surgery for cosmetic reasons)?
 - (d) transient ischemic attack (TIA)?
16. Other than previously declared, in the **past two (2) years**, have you had any other disease, disorder, or abnormal test results that have not yet been disclosed?

RIDERS

RETURN OF PREMIUMS UPON DEATH

Features

- Available with Critical Protection policy or rider and must be issued at the same time.
- If the insured's death occurs while this rider is in force and no benefit under the Critical Protection coverage has been paid or is payable, a death benefit will be paid to the designated beneficiary.
- The death benefit is equal to the sum of the premiums paid for the Critical Protection coverage and the attached riders on the same insured only, without interest.
- Premiums paid are those paid to Assumption Life since the effective date of the Critical Protection coverage until the insured's death and include the premiums, fees and premium ratings for the Critical Protection coverage and the attached riders.
- Any reduction in the premium payable following a change requested by the owner of the contract, except a change in status from smoker to non-smoker, will result in a decrease of the death benefit under this rider, which will be calculated by assuming that the requested change was made on the effective date of the contract.
- Any benefit paid under this rider will terminate the Critical Protection policy or rider to which it is attached.

Termination of the Return of premiums upon death rider

The Return of premiums upon death rider terminates on the first of the following:

- (a) The death of the insured.
- (b) The date Assumption Life receives written notice from the owner requesting termination of the Return of premiums upon death rider or the date of termination requested in the notice, should this date be later.
- (c) The date the Critical Protection policy or rider to which the Return of premiums upon death rider is attached terminates, for whatever reason.
- (d) The rider anniversary nearest the insured's 75th birthday, regardless of the last renewal date.

RIDERS (CONTINUED)

FLEXIBLE RETURN OF PREMIUMS

Features

- Available with Critical Protection policy or rider and must be issued at the same time.
- Issue ages from 18 to 55 years
- On the expiration date of the Critical Protection coverage to which this rider is attached, or upon the complete or partial surrender of the coverage once the insured's attained age as defined in the contract is 65, a complete or partial return of premiums will be paid to the owner of the contract if no benefit under the insured's Critical Protection coverage was paid or is payable.
- Any reduction in the premium payable following a change requested by the owner of the contract before the Critical Protection coverage anniversary nearest the insured's 65th birthday, except a change in status from smoker to non-smoker, will result in a decrease of the Flexible return of premiums rider benefit, which will be calculated by assuming that the requested change was made on the effective date of the contract.
- No benefit is payable under this rider before the coverage anniversary nearest the insured's 65th birthday.

Return of premiums upon the expiration of the Critical Protection coverage

- If this rider is in force on the expiration date of the Critical Protection coverage to which it is attached, the Flexible return of premiums benefit will be equal to the sum of the premiums paid for the Critical Protection coverage and the attached riders on the same insured, without interest.
- Premiums paid are those paid to Assumption Life since the effective date of the Critical Protection coverage until its expiration date and include the premiums, fees and premium ratings for the Critical Protection coverage and the attached riders.

Return of premiums upon the complete surrender of the Critical Protection coverage

- If this rider is in force at the time of a complete surrender of the Critical Protection coverage to which it is attached, and the insured's attained age as defined in the contract is at least 65, the Flexible return of premiums benefit will be equal to a percentage of the sum of the premiums paid for the Critical Protection coverage and the attached riders on the same insured only, without interest.
- The applicable percentage depends on the insured's attained age at the time of surrender and is indicated in the following table:

Insured's attained age	Percentage of premiums paid	Insured's attained age	Percentage of premiums paid
65	50%	70	75%
66	55%	71	80%
67	60%	72	85%
68	65%	73	90%
69	70%	74	95%

- Premiums paid are those paid to Assumption Life since the effective date of the Critical Protection coverage until the date of the complete surrender and include the premiums, fees and premium ratings for the Critical Protection coverage and the attached riders.
- No benefit is payable under this rider if a surrender is done before the insured's attained age 65.

Example

Mr. Smith is the insured under a \$100,000 Critical Protection with the Flexible return of premiums rider. At a time when Mr. Smith's attained age is 70, he surrenders his Critical Protection insurance in its entirety. At the date of surrender, premiums paid totaled \$50,225. Assuming no critical illness benefit was paid or is payable, the amount of the Flexible return of premiums benefit is \$37,668.75, representing 75% of the total premiums paid.

FLEXIBLE RETURN OF PREMIUMS (CONTINUED)

Return of premiums upon the partial surrender of the Critical Protection coverage

- If this rider is in force at the time of a partial surrender of the Critical Protection coverage to which it is attached, the Flexible return of premiums benefit will be equal to the amount of benefit that would be paid upon a complete surrender, multiplied by the Critical Protection insurance amount surrendered, divided by the Critical Protection insurance amount in force immediately before the surrender.
- No benefit is payable under this rider if a surrender is done before the insured's attained age 65.

Example

Mr. Smith is the insured under a \$100,000 Critical Protection with the Flexible return of premiums rider. At a time when Mr. Smith's attained age is 70, he surrenders \$60,000 of his Critical Protection insurance, reducing the sum insured to \$40,000. At the date of surrender, premiums paid total \$50,225 and no critical illness benefit was paid or is payable.

In the case of a complete surrender, as demonstrated in the previous example, the Flexible return of premiums benefit would be \$37,668.75 (75% of the total premiums paid).

Since this is a partial surrender, the Flexible return of premiums benefit is \$22,601.25, that is:
$$\$37,668.75 \times \$60,000 / \$100,000$$

- When a Flexible return of premiums benefit is paid following a partial surrender of a Critical Protection coverage, this rider remains in force and the premiums payable are reduced to reflect the lower amount of insurance that remains in force. This rider's benefit will be calculated based on the premiums paid for the insurance amount still in force.

Termination of the Flexible return of premiums rider

The Flexible return of premiums rider terminates on the first of the following:

- (a) The death of the insured.
- (b) The date Assumption Life receives written notice from the owner requesting termination of the Flexible return of premiums rider or the date of termination requested in the notice, should this date be later.
- (c) The date the Critical Protection policy or rider to which the Flexible return of premiums rider is attached terminates, for whatever reason.
- (d) The rider anniversary nearest the insured's 75th birthday, regardless of the last renewal date.

EXPLANATION OF TERMS

Survival period means the minimum number of days following the date of diagnosis of a covered critical illness during which the insured must survive in order for a critical illness insurance benefit to become payable. The survival period does not include the number of days the insured is kept alive by artificial means.

TERM	DEFINITION OR MEANING
<p>Aortic Surgery</p>	<p>The undergoing of surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta means the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a specialist.</p> <p>Survival period The 30-day period following the date of surgery.</p> <p>Exclusion No benefit will be payable under the definition of “Aortic Surgery” for angioplasty, intra-arterial procedures, percutaneous transcatheter procedures or non-surgical procedures.</p>
<p>Accidental Loss of Limbs</p>	<p>A definite diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation due to an accident. The diagnosis of accidental loss of limbs must be made by a specialist.</p> <p>Survival period The 30-day period following the date the second limb is severed.</p> <p>Exclusion No benefit will be payable under the definition of “Accidental Loss of Limbs” if an amputation is medically required due to any reason other than an accident.</p>
<p>Aplastic Anemia</p>	<p>A definite diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion and treatment with at least one of the following:</p> <ul style="list-style-type: none"> • marrow stimulating agents; • immunosuppressive agents; • bone marrow transplantation. <p>The diagnosis of aplastic anemia must be made by a specialist.</p> <p>Survival period The 30-day period following the date the critical illness is diagnosed.</p>
<p>Bacterial Meningitis</p>	<p>A definite diagnosis of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis. The diagnosis of bacterial meningitis must be made by a specialist.</p> <p>Survival period The survival period is satisfied once the above conditions have been met.</p> <p>Exclusion No benefit will be payable under the definition of “Bacterial Meningitis” for viral meningitis.</p>
<p>Blindness</p>	<p>A definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:</p> <ul style="list-style-type: none"> • the corrected visual acuity being 20/200 or less in both eyes; or, • the field of vision being less than 20 degrees in both eyes. <p>The diagnosis of blindness must be made by a specialist.</p> <p>Survival period The 30-day period following the date the critical illness is diagnosed.</p>

TERM	DEFINITION OR MEANING
Cancer (Life-Threatening)	<p>A definite diagnosis of a tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis of cancer must be made by a specialist.</p> <p>Survival period The 30-day period following the date the critical illness is diagnosed.</p> <p>Exclusions No benefit will be payable under the definition of “Cancer (Life-Threatening)” for the following cancers:</p> <ul style="list-style-type: none"> • carcinoma in situ; or • stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or • any non-melanoma skin cancer that has not metastasized; or • stage A (T1a or T1b) prostate cancer. <p>No benefit will be payable under the definition of “Cancer (Life-Threatening)” if, within the first 90 days following the later of the effective date of the policy or rider, as applicable, or the date of the last reinstatement of the policy or rider, the Insured has any of the following:</p> <ul style="list-style-type: none"> • signs or symptoms or investigations that lead to a diagnosis of cancer (covered or excluded under the policy or rider), regardless of when the diagnosis is made; • a diagnosis of cancer (covered or excluded under the policy or rider). <p>This medical information as described above must be reported to our head office within 6 months of the date of the diagnosis. If this information is not provided, we have the right to deny any claim for cancer or any critical illness caused by any cancer or its treatment.</p>
Coma	<p>A definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours and for which period the Glasgow coma score must be 4 or less. The diagnosis of coma must be made by a specialist.</p> <p>Survival period The 30-day period following the date the critical illness is diagnosed.</p> <p>Exclusions No benefit will be payable under the definition of “Coma” for:</p> <ul style="list-style-type: none"> • a medically induced coma; or • a coma which results directly from alcohol or drug use; or • a diagnosis of brain death.
Coronary Artery Bypass Surgery	<p>The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). The surgery must be determined to be medically necessary by a specialist.</p> <p>Survival period The 30-day period following the date of surgery.</p> <p>Exclusions No benefit will be payable under the definition of “Coronary Artery Bypass Surgery” for angioplasty, intra-arterial procedures, percutaneous transcatheter procedures or non-surgical procedures.</p>

TERM	DEFINITION OR MEANING
Heart Attack	<p>A definite diagnosis of the death of heart muscle due to obstruction of blood flow, that results in a rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:</p> <ul style="list-style-type: none"> • heart attack symptoms; • new electrocardiogram (ECG) changes consistent with a heart attack; • development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty. <p>The diagnosis of heart attack must be made by a specialist.</p> <p>Survival period The 30-day period following the date the critical illness is diagnosed.</p> <p>Exclusions No benefit will be payable under the definition of "Heart Attack" for:</p> <ul style="list-style-type: none"> • elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or • ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described above.
Heart Valve Replacement or Repair	<p>The undergoing of surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities. The surgery must be determined to be medically necessary by a specialist.</p> <p>Survival period The 30-day period following the date of surgery.</p> <p>Exclusions No benefit will be payable under the definition of "Heart Valve Replacement or Repair" for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.</p>
Kidney Failure	<p>A definite diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or kidney transplant is required.</p> <p>The diagnosis of kidney failure must be made by a specialist.</p> <p>Survival period The 30-day period following the date the critical illness is diagnosed.</p>
Major Organ Failure on Waiting List	<p>A definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and the transplant must be medically necessary. To qualify under Major Organ Failure on Waiting List, the Insured must become enrolled as the recipient in a recognized transplant centre in Canada or the United States that performs the required form of transplant surgery. The diagnosis of the major organ failure must be made by a specialist.</p> <p>Survival period The 30-day period following the date of the insured's enrolment in the transplant centre specified above.</p>
Major Organ Transplant	<p>A definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under Major Organ Transplant, the Insured must undergo a transplant procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities. The diagnosis of the major organ failure must be made by a specialist.</p> <p>Survival period The 30-day period following the date of the transplantation.</p>

TERM	DEFINITION OR MEANING
Paralysis Due to an Accident	<p>A definite diagnosis of the total loss of muscle function of two or more limbs as a result of an accident, for a period of at least 90 days following the precipitating event. The diagnosis of paralysis must be made by a specialist.</p> <p>Survival period The survival period is satisfied once the above conditions have been met.</p> <p>Exclusion No benefit will be payable under the definition of "Paralysis Due to an Accident" if the paralysis is caused by an illness.</p>
Severe Burns	<p>A definite diagnosis of third-degree burns over at least 20% of the body surface. The diagnosis of severe burns must be made by a specialist.</p> <p>Survival period The 30-day period following the date the severe burns occurred.</p>
Stroke (Cerebrovascular Accident)	<p>A definite diagnosis of an acute cerebrovascular event caused by intracranial thrombosis or hemorrhage, or embolism from an extracranial source, with:</p> <ul style="list-style-type: none"> • acute onset of new neurological symptoms; and • new objective neurological deficits on clinical examination, persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing. The diagnosis of stroke must be made by a specialist. <p>Survival period The survival period is satisfied once the above conditions have been met.</p> <p>Exclusions No benefit will be payable under the definition of "Stroke" for:</p> <ul style="list-style-type: none"> • transient ischaemic attacks; or, • intracerebral vascular events due to trauma; or, • lacunar infarcts which do not meet the definition of stroke as described above.

Notes and instructions

Unless specified otherwise herein:

- Age means an insured's age on his or her birthday nearest the date of issue of the policy or rider with regard to the insured, as applicable.
- Attained age means the sum of (i) the age at the date of issue of the policy or rider, as applicable, and (ii) the number of complete years of insurance from the date of issue of the policy or rider, as applicable.

Premiums other than annual are calculated as a percentage of the annual premium:

(i) Semi-annually .53 (ii) Quarterly .27 (iii) Monthly - Preauthorized debits .09

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