Canada Life™

Term Assurance

INVESTMENTS | PENSIONS | **PROTECTION**

About Canada Life

Established in 1903, the Canada Life Group has grown to be a modern and dynamic international financial services business. We are part of Great-West Life, one of the world's leading life assurance companies, from a country ranked the most financially sound in the world*.

With a reputation for financial strength, stability and consistently high financial ratings from the independent rating agencies, Canada Life is part of the only life assurance group in Ireland to have a AA rating** from Standard & Poor's.

* Source: World Economic Forum 2010.
** The financial rating shown for Great-West Life is provided by Standard & Poor's. Standard & Poor's is a rating agency which provides ratings on the financial strength of companies. This information is correct at the time of going to print.

Canada Life™

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Introduction

Buying a home, starting a family, starting a business or whatever your goals are, you need a good financial plan to fulfil them. When we feel healthy and life is good, it is hard to imagine that something could happen to turn our life and our family's life upside down. Things can go wrong and they often do. Death or a specified illness can impact future plans for you, your family, your business, as well as your immediate circumstances.

At Canada Life, our Term Assurance Plans are flexible and designed to meet your needs. So whatever your financial goals may be, we have the Term Assurance Plans with the right level of cover for you and your family.

With our reputation for financial strength, stability and our consistently high financial ratings from the independent rating agencies, Canada Life is part of the only life assurance group in Ireland to have a AA rating from Standard & Poor's*.

This brochure is a guide to the Canada Life Term Assurance Plans and provides an explanation of all the benefits available. For full details of our plans, please refer to the specific product Policy Conditions. This brochure does not form part of any contract and is intended to be a guide only.

* The financial rating shown for Great-West Life is provided by Standard & Poor's. Standard & Poor's is a rating agency which provides ratings on the financial strength of companies. This information is correct at the time of going to print.

What is Term Assurance?

Term Assurance is the simplest form of life assurance available which provides a lump sum in the event of your death or a specified illness (if Specified Illness Benefit is chosen), during the term of the contract. Not everyone needs the same kind of cover, so with Canada Life you can build the plan that suits you:

- **Choose the plan that suits you:**
  Flexible Term Plan, Mortgage Term Plan, Pension Term Plan.

- **Choose the cover you need:**
  Life Cover, Specified Illness Benefit – you can have either or both (other than on the Pension Term Plan where the only benefit is Life Cover).

- **Choose the amount of cover you need:**
  To pay-off your mortgage or provide a lump sum for your dependents. Your Financial Advisor will help you determine the amount of cover appropriate to your needs.

- **Choose the term (number of years) of your plan:**
  Match the term of your mortgage to cover your family until your retirement age. Your Financial Advisor will help you determine the term appropriate to your needs.

The cost of cover will remain the same throughout the term of the policy (subject to the optional benefits and product features chosen by you). All the premiums go towards providing your cover, which means that there won't be a cash-in value on the plan.

About Canada Life Term Assurance

Canada Life Term Assurance Plans are designed to help maintain your financial freedom and to ensure the financial security of your dependents, by providing a lump sum in the event of your death or a specified illness (if Specified Illness Benefit is chosen), during the term of the contract.

Each plan offers a range of different benefits. This brochure aims to provide you with an overview of the features and benefits of our Term Assurance Plans. For full details of the conditions attaching to each of these benefits please see your Policy Conditions.

Canada Life Mortgage Term Plan

Introduction

The primary aim of the Canada Life Mortgage Term Plan is to pay out a sum equal to the expected value of your outstanding mortgage, in the event of your death or a specified illness*, as defined in the Policy Conditions, with the options of adding Mortgage Repayment Benefit. The definition listed in the Policy Conditions must be met in full in order for the benefit to be payable.

The amount of the benefit decreases each month during the term at a specified rate, reflecting the reductions expected in your mortgage.

* If you select Accelerated Life Cover and Specified Illness Benefit and meet the definitions in the Policy Conditions.

Overview

Type of product	Mortgage Term Plan.
Aim	To pay out a sum, equal to the expected value of your outstanding mortgage in the event of your death or a specified illness, as defined in the Policy Conditions.
Minimum premium amounts	€13 per month for monthly direct debit payments (not including the Government Levy).
Minimum age	19 next birthday.
Maximum age	70 next birthday for Life Cover only. 65 next birthday for Accelerated Life Cover & Specified Illness Benefit.
Minimum term	5 years.
Maximum term	The lower of 40 years, and 80 years minus current age next birthday for Life Cover. The lower of 40 years, and 75 years minus age next birthday for Accelerated Life Cover & Specified Illness Benefit.

Overview continued

Risk	The aim of the plan is to pay out a benefit equal to your outstanding mortgage amount based on certain assumptions. The actual benefit payable may be less than your outstanding mortgage amount. If you do not pay your premium, your policy will cease and you will be without cover. For more information see Important Information for all Canada Life Term Assurance Plans on page 34 or talk to your Financial Advisor.
Tax and Levies	The Finance Act 2009 introduced a 1% Government Levy on premiums paid into life assurance and investment policies in respect of premiums received on or after 1st August 2009. The Levy is due in addition to your premium amount.
Suitable	If you want to insure your life against death, or against death or specified illness on an accelerated basis, on a reducing amount basis over a specified term.
Not suitable	If you have an interest only mortgage, if you want cover on a whole of life basis or if you want a cash-in value from your plan.

Basis of cover

- Single Life
- Joint Life First Event

For Single Life policies, the policy will pay out in the event of the death of, or the occurrence of a specified illness* in the Life Assured during the term of the policy. The policy ceases on payment of the first claim and only one payment will ever be made.

For Joint Life policies, the policy will pay out in the event of the first death of, or the first occurrence of a specified illness* in, the lives assured during the term of the policy – whichever event occurs first. The policy ceases on payment of the first claim and only one payment will ever be made.

If there are no claimable events before the expiry date of the policy, the policy will expire without payment of any claim.

* If you select Accelerated Life Cover and Specified Illness Benefit and meet the definitions in the Policy Conditions.

Benefits

The following benefits are available on the Mortgage Term Plan:

- Life Cover
- Specified Illness Benefit
- Mortgage Repayment Benefit

Life Cover

Life Cover provides a lump sum with the aim of clearing an outstanding mortgage balance. The benefit is payable on the death of the Life Assured within the term of the policy. The benefit decreases each month during the term of the policy at a specified rate, reflecting the reductions expected in your outstanding mortgage as you make repayments. The benefit payable is the Life Cover in force at the date of death.

There are instances when Life Cover will not be payable and these are called Exclusions. For more information on Life Cover Exclusions please see Exclusions 1 & 2 on page 37.

Specified Illness Benefit

Specified Illness Benefit provides a lump sum with the aim of clearing an outstanding mortgage balance. The benefit is payable in the event of a specified illness as defined in the Policy Conditions. The definition stated in the Policy Conditions must be met in full in order for the benefit to be payable. The benefit decreases each month during the term of the policy at a specified rate, reflecting the reductions expected in your outstanding mortgage every month as you make repayments. The benefit payable is the Specified Illness Benefit in force at the date of receipt of satisfactory proof of the occurrence of the event.

There are instances when Specified Illness Benefit will not be payable and these are called Exclusions. For more information on Specified Illness Benefit Exclusions please see Exclusions 3, 4 & 5 on pages 37-38.

Here is an A to Z of the illnesses covered under Canada Life Specified Illness Benefit:

A

Alzheimers Disease before age 65 – resulting in permanent symptoms
Aorta Graft Surgery – for disease
Aplastic Anaemia – of specified severity

B

Bacterial Meningitis – resulting in permanent symptoms
Balloon Valvuloplasty
Benign Brain Tumour – resulting in permanent symptoms
Blindness – permanent and irreversible

C

Cancer – excluding less advanced cases
Cardiomyopathy – of specified severity
Chronic Rheumatoid Arthritis – of specified severity
Coma – resulting in permanent symptoms
Coronary Artery By-Pass Grafts – with surgery to divide the breastbone

Creutzfeldt-Jakob Disease – resulting in permanent symptoms

D

Deafness – permanent and irreversible

E

Encephalitis – resulting in permanent symptoms

H

Heart Attack – of specified severity

Heart Valve Replacement or Repair – with surgery to divide the breastbone

HIV Infection – caught in Ireland or the UK from a blood transfusion, a physical assault or at work in an eligible occupation

K

Kidney Failure – irreversible and requiring dialysis

L

Liver Failure – irreversible end stage

Loss of Hands or Feet – permanent physical severance

Loss of Independent Existence before age 65 – life tasks

Loss of Speech – permanent and irreversible

M

Major Organ Transplant

Motor Neurone Disease – resulting in permanent symptoms

Multiple Sclerosis – with persisting symptoms

P

Paralysis of Limbs – total and irreversible

Parkinson's Disease before age 65 – resulting in permanent symptoms

Permanent and Total Disablement before age 65 – work tasks or mental incapacity

Progressive Supra-Nuclear Palsy – resulting in permanent symptoms

Pulmonary Artery Replacement – with surgery to divide the breastbone

S

Severe Lung Disease – of specified severity

Stroke – resulting in permanent symptoms

Systemic Lupus Erythematosus – of specified severity

T

Terminal Illness – with life expectancy of less than 12 months

Third Degree Burns – covering 20% of the body's surface area

Traumatic Head Injury – resulting in permanent symptoms

Please note that not all illnesses are covered under the Canada Life Specified Illness Benefit. For full details on what illnesses are covered by Canada Life Specified Illness Benefit please see **Canada Life Specified Illness Benefit Explained** on page 40.
Not all insurers cover the same specified illnesses.

Guaranteed Insurability Option (GIO)

What is it?

This automatic benefit allows increases to Life Cover and Specified Illness Benefit (if the Specified Illness Benefit is chosen) without further underwriting, if any of the following life changing events occur:

- Marriage
- Birth or legal adoption of a child
- Purchase of a new principal private residence

The additional premium payable for the increase in cover will be calculated based on factors including: gender; the age of the life (lives) assured; the term outstanding; and the increase in cover requested.

What are the minimum and maximum amounts available?

Increases of up to 50% of the initial sum assured, subject to a maximum increase of €200,000, are allowed. Where the increase is being made due to the purchase of a new principal private residence, the maximum increase in cover is also limited to the increase in the loan amount relative to the previous mortgage on the former principal private residence. The option can be exercised more than once but the total of all increases is subject to the maximum limits outlined above, across all Canada Life policies.

Are there any restrictions?

This is an automatic option available to lives accepted at standard rates at the outset. The option must be exercised before reaching the age of 55 and within the policy term. The Life Assured must not have been diagnosed with a terminal illness. The Life Assured must not have made a claim for, or been diagnosed with, a specified illness.

Are there any time restrictions?

The request to increase cover must be received within 3 months of the occurrence of the event. A written request must be received from the client(s) and reasonable proof will be required: marriage certificate; birth or adoption certificate; copy of loan offer.

Are there any automatic exclusions?

There are instances when GIO will not be payable and these are called Exclusions. For more information on GIO Exclusions please see Exclusion 2 on page 37.

Terminal Illness Benefit on Life Cover

What is it?

This benefit is automatically provided on all plans and allows for the early payment of a portion of the Life Cover Benefit. It is payable on the diagnosis of a terminal illness i.e. diagnosis of an illness where, in the opinion of an attending consultant in a major hospital in Ireland and the Canada Life Chief Medical Officer, life expectancy is no greater than 12 months.

What are the minimum and maximum amounts available?

The benefit payable is 70% of the Life Cover benefit in force on the day after notification to Canada Life of the terminal illness, with the remaining 30% of the Life Cover benefit payable on death, provided the policy is in force and has not reached the expiry date.

Are there any age restrictions?

There are no age restrictions.

Are there any time restrictions?

The benefit will not be payable if the diagnosis occurs during the last year of the policy.

Are there any automatic exclusions?

There are instances when Terminal Illness Benefit will not be payable and these are called Exclusions. For more information on Terminal Illness Benefit Exclusions please see Exclusion 4 on page 37.

Note: Terminal Illness Benefit is also available under Specified Illness Benefit. For more information please see Canada Life Specified Illness Benefit Explained on page 40.

Children's Specified Illness Benefit

(Only available if Specified Illness Benefit is selected)

What is it?

An automatic benefit that applies to any natural or legally adopted child of the Life Assured between age 1 and 18 years (up to age 21 if in full time education). The benefit is payable if your child is diagnosed with any of the Specified Illnesses that apply to the Life Assured, subject to the same Policy Conditions and Exclusions.

What are the minimum and maximum amounts payable?

The maximum benefit payable is the lesser of €25,000 or 50% of the Life Assured's Specified Illness Benefit. The maximum payable in respect of any one child is €25,000, across all policies held with Canada Life. There is a maximum aggregate cover for all children of half of the parents' Specified Illness Benefit.

Are there any age restrictions?

Cover ceases on the child reaching his/her 18th birthday or on reaching his/her 21st birthday if in full time education, or at the end of the policy term if earlier.

Are there any exclusions?

There are instances when Children's Specified Illness Benefit will not be payable and these are called Exclusions. For more information on Children's Specified Illness Benefit Exclusions please see Exclusion 8 on page 39. Please note Exclusions 3, 4 & 5 applicable to Specified Illness Benefit also apply.

Overseas Surgery Benefit

(Only available if Specified Illness Benefit is selected)

What is it?

An automatic benefit payable if you, or any natural or legally adopted child of yours aged between 1 and 18 years (up to age 21 if in full time education), requires an immediately necessary surgical procedure or operation arising from one of the Specified Illnesses covered on the plan and which cannot be performed in any hospital in Ireland.

What are the minimum and maximum amounts payable?

On performance of the surgery, the maximum amount payable to any one life is €12,500. This is the maximum amount of Overseas Surgery Benefit payable under this policy. The benefit is payable in addition to the Specified Illness Benefit.

Are there any age restrictions?

Cover for your child ceases on the child reaching his/her 18th birthday or on reaching his/her 21st birthday if in full time education, or at the end of the policy term if earlier.

Are there any exclusions?

There are instances when Overseas Surgery Benefit will not be payable and these are called Exclusions. For more information on Overseas Surgery Benefit Exclusions please see Exclusion 9 on page 39. Please note Exclusions 3, 4 & 5 applicable to Specified Illness Benefit also apply.

Specified Illness Benefit Pre-Payment

(Only available if Specified Illness Benefit is selected)

What is it?

An automatic benefit payable if you, or any natural or legally adopted child of yours aged between 1 and 18 years (up to age 21 if in full time education), are confirmed by a Consultant Physician to require one of the following surgeries for medical reasons and are on a waiting list for the required surgery: Coronary Artery By-Pass Grafts – with surgery to divide the breastbone; Heart Valve Replacement or Repair – with surgery to divide the breastbone; Aorta Graft Surgery – for disease; Pulmonary Artery Surgery – with surgery to divide the breastbone. The benefit payable is a pre-payment of a portion of your Specified Illness Benefit. The Specified Illness Benefit then in force will be reduced by the amount of the pre-payment.

What are the minimum and maximum amounts payable?

50% of the Specified Illness Benefit will be prepaid subject to the maximum amount of €38,000 for you or €19,000 for any natural or legally adopted child of yours.

Are there any age restrictions?

Cover for your child ceases on the child reaching his/her 18th birthday or on reaching his/her 21st birthday if in full time education, or at the end of the policy term if earlier.

Are there any exclusions?

There are instances when Specified Illness Benefit Pre-Payment will not be payable and these are called Exclusions. For more information on Specified Illness Benefit Pre-Payment Exclusions please see Exclusion 9 on page 39. Please note Exclusions 3, 4 & 5 applicable to Specified Illness Benefit also apply.

In addition to the benefits outlined which are built into your Mortgage Term Plan, you can also choose to add '**Mortgage Repayment Benefit'** to your plan. Please note that if you do choose to add this benefit, your premium will be higher.

Mortgage Repayment Benefit

What is it?

This benefit is designed to cover the cost of monthly mortgage repayments as stated on your policy schedule, if the Life Assured is out of work for more than 4 weeks as a direct result of an injury sustained in an accident. The injury must be caused by external, violent and accidental means and must have resulted in a visible bruise or wound. Injuries to muscles, ligaments and other soft tissue are only covered if they are caused by impact with a foreign object and disability must be independent of all other causes.

Some manual occupations have a higher accident risk which results in a higher risk of a Mortgage Repayment Benefit claim and, therefore, some occupations will be charged a higher premium amount and some will be declined. There are 4 occupation classes. For more information on occupation classes, talk to your Financial Advisor.

What are the minimum and maximum amounts available?

The benefit amount cannot exceed 50% of gross salary or 50% of combined gross salary for joint life applications where the two lives are claiming. For joint life policies, if both lives select this benefit, the amount selected must be equal for both lives. The benefit is limited to the actual mortgage repayments where the two lives are claiming simultaneously.

Are there any age restrictions?

Cover ceases at the earlier of age 60 and the end of the policy term.

Are there any time restrictions?

The benefit will be paid for a maximum of 52 weeks over the lifetime of the policy for each Life Assured. The benefit will not be paid for the first 4 weeks of disability.

Are there any automatic exclusions?

There are instances when Mortgage Repayment Benefit will not be payable and these are called Exclusions. For more information on Mortgage Repayment Benefit Exclusions please see Exclusions 3,4,5,7 & 10 on pages 37-39.

Is it an optional benefit?

Yes. This is an optional benefit. You do not have to purchase the benefit in order to avail of Life Cover or Life Cover and Accelerated Specified Illness Benefit. If you select this optional benefit, your premium will be higher. For more information please talk to your Financial Advisor

Premium payments

How are premiums calculated?

The premium will be based on factors including: gender; age; smoking status; our policy fee; how much cover you need and how long you need the cover for. The minimum premium amount is €13 per month. The Government Levy is due in addition to your premium amount. Your application will also be subject to underwriting approval and you will need to complete an application form providing full details regarding your medical history.

How do I pay my premiums?

Payments can be made monthly, quarterly, half yearly or yearly by direct debit. Annual premiums can also be made by cheque. Premiums can also be paid by payroll deduction (from certain employers) and additional charges may apply.

Will premiums increase?

The premium you pay is guaranteed to stay the same throughout your policy (provided you do not exercise the Guaranteed Insurability Option on your policy).

What happens if I don't pay my premium?

If you stop paying your premiums, your cover will cease and there will be no return of premiums. For more information on the non-payment of premiums for all Canada Life Term Assurance Plans, please see Important information for all Canada Life Term Assurance Plans on page 34.

Canada Life Flexible Term Plan

Introduction

The primary aim of this plan is to provide Life Cover and/or Specified Illness Benefit with the option of adding; Hospital Cash Benefit, Personal Accident Benefit. Life Cover will provide your family with a lump sum payment in the event of your death within the term. Specified Illness Benefit will provide a lump sum in the event of a specified illness* as defined in the Policy Conditions within the term. The definition listed in the Policy Conditions must be met in full in order for the benefit to be payable.

* If you select the Accelerated Life Cover and Specified Illness Benefit, or the Standalone Specified Illness Benefit, or a Double Payout Benefit, and meet the definitions in the Policy Conditions.

Overview

Type of product	Flexible Term Plan.
Aim	To provide Life Cover and/or Specified Illness Benefit.
Minimum premium amounts	€15 per month for monthly direct debit payments (not including the Government Levy).
Minimum age	19 next birthday.
Maximum age	70 next birthday for Life Cover only. 65 next birthday for Specified Illness Benefit only. 65 next birthday for Accelerated Life Cover & Specified Illness Benefit.
Minimum term	1 year.
Maximum term	The lower of 40 years, and 80 years minus current age next birthday for Life Cover. The lower of 40 years, and 75 years minus age next birthday for Specified Illness Benefit.
Risk	If you do not pay your premiums your policy will cease and you will be without cover. For more information see Important information for all Canada Life Term Assurance Plans on page 34 or talk to your Financial Advisor.
Tax and Levies	The Finance Act 2009 introduced a 1% Government Levy on premiums paid into life assurance and investment policies in respect of premiums received on or after 1st August 2009. The Levy is due in addition to your premium amount.

Overview continued

Suitable	If you want to insure your life against death or specified illness over a specified term.
Not suitable	If you want cover on a whole-of-life basis or if you want a cash-in value from your plan.

Basis of cover

- Single Life
- Dual Life
- Specified Illness Benefit is available on an Accelerated, Stand Alone or Double Payout basis

Single Life
For Single Life policies, the policy will pay out in the event of the death of, and/or the occurrence of a specified illness* in, the Life Assured during the term of the policy.

Dual Life
Dual Life means that the benefit(s) on each life are independent of each other. Therefore, if a claim is paid in respect of one Life Assured, cover remains in force in respect of the other Life Assured, provided premiums continue to be paid.

* If you select the Accelerated Life Cover and Specified Illness Benefit, or the Standalone Specified Illness Benefit, or a Double Payout Benefit, and meet the definitions in the Policy Conditions.

Further information on these versions of the Specified Illness Benefit is provided below.

Accelerated Specified Illness Benefit
The amount of Specified Illness Benefit must be lower than or equal to the Life Cover amount. In the event of the Specified Illness Benefit becoming payable, the Life Cover amount is automatically reduced by the amount of Specified Illness Benefit payable.

Stand Alone Specified Illness Benefit
It is possible to select Specified Illness Benefit only – there is no requirement to have any Life Cover.

Double Payout
The amount of Specified Illness Benefit can be greater than, lower than or equal to the Life Cover amount. In the event of the Specified Illness Benefit becoming payable, the Life Cover amount is not affected.

If there are no claimable events before the expiry date of the policy, the policy will expire without payment of any claim.

Benefits

The following benefits are available on the Flexible Term Plan:

- Life Cover
- Specified Illness Benefit
- Inflation Protector
- Conversion Option
- Hospital Cash Benefit
- Personal Accident Benefit

Life Cover

This benefit is payable on the death of the Life Assured, within the term of the policy. The benefit payable is the Life Cover in force at the date of death.

There are instances when Life Cover will not be payable and these are called Exclusions. For more information on Life Cover Exclusions please see Exclusions 1 & 2 on page 37.

Specified Illness Benefit

Specified Illness Benefit provides a cash lump sum to help reduce the impact of the illness on your life. The benefit is payable in the event of one of the specified illnesses as defined in the Policy Conditions. The definition stated in the Policy Conditions must be met in full in order for the benefit to be payable. The benefit payable is the Specified Illness Benefit in force at the date of receipt of satisfactory proof of the occurrence of the event. If the cover is 'Accelerated', the Life Cover will be reduced by the Specified Illness Benefit claimed. If the cover is 'Double Payout', the Life Cover amount will not be affected by a Specified Illness Benefit claim.

Please note that not all illnesses are covered under Specified Illness Benefit. Not all insurers cover the same specified illnesses.

There are instances when Specified Illness Benefit will not be payable and these are called Exclusions. For more information on Specified Illness Benefit Exclusions please see Exclusions 3, 4 & 5 on pages 37-38.

Here is an A to Z of the illnesses covered under Canada Life Specified Illness Benefit:

A

Alzheimers Disease before age 65 – resulting in permanent symptoms
Aorta Graft Surgery – for disease
Aplastic Anaemia – of specified severity

B

Bacterial Meningitis – resulting in permanent symptoms
Balloon Valvuloplasty
Benign Brain Tumour – resulting in permanent symptoms
Blindness – permanent and irreversible

C
Cancer – excluding less advanced cases
Cardiomyopathy – of specified severity
Chronic Rheumatoid Arthritis – of specified severity
Coma – resulting in permanent symptoms
Coronary Artery By-Pass Grafts – with surgery to divide the breastbone
Creutzfeldt-Jakob Disease – resulting in permanent symptoms
D
Deafness – permanent and irreversible
E
Encephalitis – resulting in permanent symptoms
H
Heart Attack – of specified severity
Heart Valve Replacement or Repair – with surgery to divide the breastbone
HIV Infection – caught in Ireland or the UK from a blood transfusion, a physical assault or at work in an eligible occupation
K
Kidney Failure – irreversible and requiring dialysis
L
Liver Failure – irreversible end stage
Loss of Hands or Feet – permanent physical severance
Loss of Independent Existence before age 65 – life tasks
Loss of Speech – permanent and irreversible
M
Major Organ Transplant
Motor Neurone Disease – resulting in permanent symptoms
Multiple Sclerosis – with persisting symptoms
P
Paralysis of Limbs – total and irreversible
Parkinson's Disease before age 65 – resulting in permanent symptoms
Permanent and Total Disablement before age 65 – work tasks or mental incapacity
Progressive Supra-Nuclear Palsy – resulting in permanent symptoms
Pulmonary Artery Replacement – with surgery to divide the breastbone
S
Severe Lung Disease – of specified severity
Stroke – resulting in permanent symptoms
Systemic Lupus Erythematosus – of specified severity
T
Terminal Illness – with life expectancy of less than 12 months
Third Degree Burns – covering 20% of the body's surface area
Traumatic Head Injury – resulting in permanent symptoms

Please note that not all illnesses are covered under the Canada Life Specified Illness Benefit. For full details on what illnesses are covered under Canada Life Specified Illness Benefit please see **Canada Life Specified Illness Benefit Explained** on page 40.
Not all insurers cover the same specified illnesses.

Guaranteed Insurability Option (GIO)

What is it?

This automatic benefit allows increases to Life Cover and Specified Illness Benefit (depending on the benefits chosen) without further underwriting, if any of the following life changing events occur:

- Marriage
- Birth or legal adoption of a child
- Purchase of a new principal private residence

The additional premium payable for the increase in cover will be calculated based on factors including: gender; the age of the life (lives) assured; the term outstanding; and the increase in cover requested.

What are the minimum and maximum amounts available?

Increases of up to 50% of the initial sum assured, subject to a maximum increase of €200,000, are allowed. Where the increase is being made due to the purchase of a new principal private residence, the maximum increase in cover is also limited to the increase in the loan amount relative to the previous mortgage on the former principal private residence. The option can be exercised more than once but the total of all increases is subject to the maximum limits outlined above, across all Canada Life policies.

Are there any restrictions?

This is an automatic option available to lives accepted at standard rates at the outset. The option must be exercised before reaching the age of 55 and within the policy term. The Life Assured must not have been diagnosed with a terminal illness. The Life Assured must not have made a claim for, or been diagnosed with, a specified illness.

Are there any time restrictions?

The request to increase cover must be received within 3 months of the occurrence of the event. A written request must be received from the client(s) and reasonable proof will be required: marriage certificate; birth or adoption certificate; copy of loan offer.

Are there any automatic exclusions?

There are instances when GIO will not be payable and these are called Exclusions. For more information on GIO Exclusions please see Exclusion 2 on page 37.

Terminal Illness Benefit on Life Cover

(Only available if Life Cover is selected)

What is it?

This benefit is automatically provided on all plans with Life Cover and allows for the early payment of a portion of the Life Cover Benefit. It is payable on the diagnosis of a terminal illness i.e. diagnosis of a illness where, in the opinion of an attending consultant in a major hospital in Ireland and the Canada Life Chief Medical Officer, life expectancy is no greater than 12 months.

What are the minimum and maximum amounts available?

The benefit payable is 70% of the Life Cover benefit in force on the day after notification to Canada Life of the terminal illness, with the remaining 30% of the Life Cover benefit payable on death, provided the policy is in force and has not reached the expiry date.

Are there any age restrictions?

There are no age restrictions.

Are there any time restrictions?

The benefit will not be payable if the diagnosis occurs during the last year of the policy.

Are there any automatic exclusions?

There are instances when Terminal Illness Benefit will not be payable and these are called Exclusions. For more information on Terminal Illness Benefit Exclusions please see Exclusion 4 on page 37.

Note: Terminal Illness Benefit is also available under Specified Illness Benefit. For more information please see Canada Life Specified Illness Benefit Explained on page 40.

Children's Specified Illness Benefit

(Only available if Specified Illness Benefit is selected)

What is it?

An automatic benefit that applies to any natural or legally adopted child of the Life Assured between age 1 and 18 years (up to age 21 if in full time education). The benefit is payable if your child is diagnosed with any of the Specified Illnesses that apply to the Life Assured, subject to the same Policy Conditions and Exclusions.

What are the minimum and maximum amounts payable?

The maximum benefit payable is the lesser of €25,000 or 50% of the Life Assured's Specified Illness Benefit. The maximum payable in respect of any one child is €25,000 across all policies held with Canada Life. There is a maximum aggregate cover for all children of half of the parents' Specified Illness Benefit.

Are there any age restrictions?

Cover ceases on the child reaching his/her 18th birthday or on reaching his/her 21st birthday if in full time education, or at the end of the policy term if earlier.

Are there any exclusions?

There are instances when Children's Specified Illness Benefit will not be payable and these are called Exclusions. For more information on Children's Specified Illness Benefit Exclusions, please see Exclusion 8 on page 39. Please note exclusions 3, 4 & 5 applicable to Specified Illness Benefit also apply.

Overseas Surgery Benefit

(Only available if Specified Illness Benefit is selected)

What is it?

An automatic benefit payable if you, or any natural or legally adopted child of yours aged between 1 and 18 years (up to age 21 if in full time education), requires an immediately necessary surgical procedure or operation arising from one of the Specified Illnesses covered on the plan which cannot be performed in any hospital in Ireland.

What are the minimum and maximum amounts payable?

On performance of the surgery, the maximum amount payable to any one life is €12,500. This is the maximum amount of Overseas Surgery Benefit payable under this policy. The benefit is payable in addition to the Specified Illness Benefit.

Are there any age restrictions?

Cover for your child ceases on the child reaching his/her 18th birthday or on reaching his/her 21st birthday if in full time education, or at the end of the policy term if earlier.

Are there any exclusions?

There are instances when Overseas Surgery Benefit will not be payable and these are called Exclusions. For more information on Overseas Surgery Benefit Exclusions please see Exclusion 9 on page 39. Please note Exclusions 3, 4 & 5 applicable to Specified Illness Benefit also apply.

Specified Illness Benefit Pre-Payment

(Only available if Specified Illness Benefit is selected)

What is it?

An automatic benefit payable if you, or any natural or legally adopted child of yours aged between 1 and 18 years (up to age 21 if in full time education), are confirmed by a Consultant Physician to require one of the following surgeries for medical reasons and are on a waiting list for the required surgery: Coronary Artery By-Pass Grafts – with surgery to divide the breastbone; Heart Valve Replacement or Repair – with surgery to divide the breastbone; Aorta Graft Surgery – for disease; Pulmonary Artery Surgery – with surgery to divide the breastbone. The benefit payable is a pre-payment of a portion of your Specified Illness Benefit. The Specified Illness Benefit then in force will be reduced by the amount of the pre-payment.

What are the minimum and maximum amounts payable?

50% of the Specified Illness Benefit will be prepaid subject to the maximum amount of €38,000 for you or €19,000 for any natural or legally adopted child of yours.

Are there any age restrictions?

Cover for your child ceases on the child reaching his/her 18th birthday or on reaching his/her 21st birthday if in full time education, or at the end of the policy term if earlier.

Are there any exclusions?

There are instances when Specified Illness Benefit Pre-Payment will not be payable and these are called Exclusions. For more information on Specified Illness Benefit Pre-Payment Exclusions please see Exclusion 9 on page 39. Please note Exclusions 3, 4 & 5 applicable to Specified Illness cover also apply.

Inflation Protector

If the Inflation Protector feature is chosen the benefits will automatically increase by 5% each year. The premium payable shall be increased appropriately. Premiums inflate at a varying rate as illustrated in your quotation. This feature must be chosen at the outset and cannot be added after the policy is in force. You can cancel this feature during the term of the policy, however, once cancelled it cannot be added back on to the policy. You do not have to select this feature. If you select this feature, your premium will be higher. For more information please talk to your Financial Advisor.

Conversion Option

What is it?

If the Conversion Option feature is chosen, cover can be converted, without medical evidence, to a new non-convertible Term Plan at any time during the term of the policy but before the 65th birthday of the Life Assured. You do not have to select this feature. If you select this feature, your premium will be higher.

The option may be declined or have exclusions imposed on it for medical underwriting reasons. If this happens, it will be clearly stated in a Special Terms Letter which you will be asked to sign in advance of your policy being issued and consequently, it will be stated on your Policy Schedule. For more information please talk to your Financial Advisor.

Does it apply to all benefits?

No, it only applies to Life Cover and/or Specified Illness Benefit (depending on the benefits chosen). It does not apply to Hospital Cash Benefit or Personal Accident Benefit.

Will there be any restrictions on the new policy I convert to?

Yes, the new policy cannot have a conversion option, cannot be a whole-of-life contract and will be a policy available from Canada Life at the time of the conversion.

What terms will apply to the new policy I convert to?

Up to 100% of your cover can be converted at the terms that apply to the existing contract. Therefore, if any ratings or exclusions were applied, they will apply to the new policy. Also, if you were a smoker on the existing policy, then smoker rates will apply on the new policy, irrespective of whether you currently smoke or not.

Exercising the option

The policy must be in force with all premiums paid to date. The Life Assured must be under the age of 65 when the option is exercised. A "Request for Conversion Form" must be completed by all parties with vested interests in the policy and they must give approval for the conversion of cover. If the policy is assigned, the assignee must give approval. The original Policy Document must be returned to Canada Life.

Hospital Cash Benefit

What is it?

This optional benefit provides a cash sum for each day you spend as an in-patient in a recognised hospital as defined in the Policy Conditions. The amount payable is equal to the level selected at the outset. The hospital stay must be for a minimum continuous period of 72 hours. Some manual occupations have a higher accident risk which results in a higher risk of a Hospital Cash Benefit claim and, therefore, some occupations will be charged a higher premium amount and some will be declined. For more information on occupation classes talk to your Financial Advisor.

What are the minimum and maximum amounts available?

The minimum benefit amount is €30 per day and the maximum benefit amount is €180 per day. Daily amounts of €30, €60, €90, €120, €150 or €180 can be chosen.

Are there any age restrictions?

Cover ceases at the earlier of age 65 and the end of the policy term.

Are there any time restrictions?

The benefit is payable for a maximum of 365 days for any single hospital stay. In the event that you have been paid Hospital Cash Benefit for a particular illness or injury for a continuous period of 365 days, and you are subsequently admitted to hospital again for the same illness or injury, a period of 3 consecutive months where you have remained outside of hospital must elapse between the visits before being considered for a further claim.

Are there any automatic exclusions?

There are instances when Hospital Cash Benefit will not be payable and these are called Exclusions. For more information on Hospital Cash Benefit Exclusions please see Exclusions 4, 5, 6 & 7 on pages 37-39.

Is it an optional benefit?

Yes. This is an optional benefit. You do not have to purchase the benefit in order to avail of Life Cover and/or Specified Illness Benefit. If you select this optional benefit, your premium will be higher. For more information please talk to your Financial Advisor.

Personal Accident Benefit

What is it?

This optional benefit provides a weekly income if you are unable to carry out your normal occupation for more than 2 consecutive weeks as a direct result of an injury sustained in an accident. The injury must be caused by external, violent and accidental means and must have resulted in a visible bruise or wound. Injuries to muscles, ligaments and other soft tissue are only covered if they are caused by impact with a foreign object and disability must be independent of all other causes.

The amount payable is equal to the level selected at outset. Some manual occupations have a higher accident risk which results in a higher risk of a claim for Personal Accident Benefit. Therefore, some occupations will be charged a higher premium amount and some will be declined. For more information on occupation classes talk to your Financial Advisor.

What are the minimum and maximum amounts available?

The minimum amount payable is €150 per week and the maximum payable is €400 per week. The maximum amount of €400 per week is the total benefit across all policies held with Canada Life. Weekly amounts of €150, €200, €250, €300, €350 or €400 can be chosen. The amount payable will be the lesser of 50% of gross weekly earnings or the fixed benefit amount.

Are there any age restrictions?

Cover ceases at the earlier of age 60 and the end of the policy term.

Are there any time restrictions?

The benefit is payable for a maximum of 52 weeks over the lifetime of the policy for each Life Assured The benefit will not be paid for the first 2 weeks of disability.

Are there any automatic exclusions?

There are instances when Personal Accident Benefit will not be payable and these are called Exclusions. For more information on Personal Accident Benefit Exclusions please see Exclusions 3, 4, 5 & 7 on pages 37-39.

Is it an optional benefit?

Yes. This is an optional benefit. You do not have to purchase the benefit in order to avail of Life Cover and/or Specified Illness Benefit. If you select this optional benefit, your premium will be higher. For more information please talk to your Financial Advisor.

Premium payments

How are premiums calculated?

The premium will be based on factors including: gender; age; smoking status; our policy fee; how much cover you need; and how long you need the cover for. The minimum premium amount is €15 per month. The Government levy is due in addition to your premium amount. Your application will also be subject to underwriting approval and you will need to complete an application form providing full details regarding your medical history.

How do I pay my premiums?

Payments can be made monthly, quarterly, half yearly or yearly by direct debit. Annual premiums can also be made by cheque. Premiums can also be paid by payroll deduction (from certain employers) and additional charges may apply.

Will premiums increase?

The premium you pay is guaranteed to stay the same for the length of your plan (provided you have not selected the Inflation Protector and/or you do not exercise the Guaranteed Insurability Option on your policy).

What happens if I don't pay my premium?

If you stop paying your premiums, your cover will cease and there will be no return of premiums. For more information on the non-payment of premiums for all Canada Life Term Assurance Plans, please see Important information for all Canada Life Term Assurance Plans on page 34.

Canada Life Pension Term Plan

Introduction

The aim of this plan is to provide a lump sum to your family if you die before your specified retirement age. The plan is structured as a pension product so that, under current pension legislation, tax relief is available at the marginal rate of tax on the premiums you pay.

Overview

Type of product	Pension Term Plan.
Aim	To pay out a lump sum to your dependents if you die during the term.
Minimum premium amounts	€15 per month for monthly direct debit payments.
Minimum age	21 next birthday.
Maximum age	69 next birthday.
Minimum term	1 year.
Maximum term	The lower of 40 years and 75 years minus current age next birthday.
Risk	If you do not pay your premiums your policy will cease and you will be without cover. Please see non-payment of premiums in Important information for all Canada Life Term Assurance Plans on page 34 or talk to your Financial Advisor.
Tax and Levies	All policies are subject to tax rules as set out by the Revenue Commissioners. We may deduct tax in respect of your policy premiums or benefits where required, and pay it to the Revenue Commissioners. Under current pension legislation you can get income tax relief on contributions paid by you into your pension at your marginal rate of tax, subject to certain limits. The marginal rate of tax is 20% or 41% depending on your income. These tax rates are correct at the time of going to print. Talk to your Tax Advisor about the tax efficiency of this plan for your particular circumstances.
Suitable	If you want to insure your life against death until your specified retirement age.
Not suitable	If you already have a pension arrangement with Death-In-Service Benefit. If you want cover on a whole-of-life basis or if you want a cash-in value from your plan.

Basis of cover

Single Life where the policy will pay out in the event of death of the Life Assured during the term of the policy.

Benefits

The following benefits are available on the Pension Term Plan:

- Life Cover
- Inflation Protector
- Conversion Option

Life Cover

This benefit is payable on the death of the Life Assured within the term of the policy. The benefit payable is the Life Cover in force at the date of death.

Inflation Protector

If the Inflation Protector feature is chosen, Life Cover will automatically increase by 5% each year. The premium payable shall be increased appropriately. Premiums inflate at a varying rate as illustrated in your quotation. This feature must be chosen at the outset and cannot be added after the policy is in force. You can cancel this feature during the term of the policy, however, once cancelled it cannot be added back on to the policy. You do not have to select this feature. If you select this feature, your premium will be higher. For more information please talk to your Financial Advisor.

Conversion Option

What is it?

If the Conversion Option feature is chosen, Life Cover can be converted without medical evidence to a new non-convertible Term Plan at any time during the term of the policy but before the 65th birthday of the Life Assured. You do not have to select this feature. If you select this feature, your premium will be higher.

The option may be declined for medical underwriting reasons. If this happens, it will be clearly stated in a Special Terms Letter which you will be asked to sign in advance of your policy being issued and consequently, it will be stated on your Policy Schedule. For more information please talk to your Financial Advisor.

Will there be any restrictions on the new policy I convert to?

Yes, the new policy cannot have a conversion option, cannot be a whole-of-life contract and will be a policy available from Canada Life at the time of the conversion. Tax relief will only be available on the new policy if it is also a Pension Term Plan.

What terms will apply to the new policy I convert to?

Up to 100% of your cover can be converted at the terms that apply to the existing contract. Therefore, if any ratings or exclusions were applied, they will apply to the new policy. Also, if you were a smoker on the existing policy, then smoker rates will apply on the new policy, irrespective of whether you currently smoke or not.

Exercising the option

The policy must be in force with all premiums paid to date. The Life Assured must be under the age of 65 when the option is exercised. A "Request for Conversion Form" must be completed by all parties with vested interests in the policy and they must give approval for the conversion of cover. If the policy is assigned, the assignee must give approval. The original Policy Document must be returned to Canada Life.

Premium payments

How are premiums calculated?

The premium will be based on factors including: gender; age; smoking status; our policy fee; how much cover you need; and how long you need the cover for. The minimum premium amount is €15 per month. Your application will also be subject to underwriting approval and you will need to complete an application form providing full details regarding your medical history.

How do I pay my premiums?

Payments can be made monthly, quarterly, half yearly or yearly by direct debit. Annual premiums can also be made by cheque. Premiums can also be paid by payroll deduction (from certain employers) and additional charges may apply.

Will premiums increase?

The premium you pay is guaranteed to stay the same for the length of your plan (provided you have not selected the Inflation Protector on your policy).

What happens if I don't pay my premium?

If you stop paying your premiums, your cover will cease and there will be no return of premiums. For more information on the non-payment of premiums for all Canada Life Term Assurance Plans, please see Important information for all Canada Life Term Assurance Plans on page 34.

Important information for all Canada Life Term Assurance Plans

Applying for cover

With the assistance, and in the presence of your Financial Advisor, you will be asked to complete an Application Form. It is important that you understand your legal obligation to disclose all relevant information on the Application Form and any other forms you may be asked to complete.

Your legal obligation to disclose all relevant information

When you apply for cover under a Term Assurance policy, you are under a legal obligation to disclose all relevant details (commonly referred to as "material facts").

Material facts

A material fact is one that an insurer would regard as likely to influence the assessment and acceptance of an application and includes information relating to: your health; family history; smoking or drinking habits; occupation; pastimes; policies with other insurance companies. If it subsequently transpires that you did not disclose on your application something which was relevant and which you knew about, then Canada Life may cancel the cover under the policy and no claim will be paid. When you are in doubt as to whether or not some information is material, you should disclose it and allow Canada Life's Underwriting Department to decide. Please note the exemption in relation to Genetic Tests outlined below.

Your duty to disclose applies until the date when the policy comes into force. Therefore, you must make Canada Life aware of any changes that may happen after you sign the Application Form but before the policy comes into force. Failure to do so may result in the policy becoming void.

Material facts exemption in relation to genetic tests

In accordance with the Provisions of the Disability Act 2005, Canada Life will not ask, and you do not need to tell us, about any genetic test which you may have had. If you do disclose the results of such tests, we are not permitted to take these into account when assessing your application.

However, you are required to disclose a diagnosis of a genetic disease, and/or if you are experiencing symptoms of a genetic disease and/or receiving treatment for a genetic disease. It is also necessary for you to disclose any family history of a genetic disease.

Replacing an existing policy

Term Assurance Plans provide benefits over a fixed period of time. Please ensure that the Term Assurance Plan you select meets your needs.

All Term Assurance Plans do not necessarily provide the same cover. Whilst benefits may have the same name, there may be differences in definitions, the terms under which the benefits pay out and what cover is provided. With regard to Specified Illness Benefit, it is important to remember that not all insurers cover the same illnesses. If the new policy replaces an existing policy, whether that be with Canada Life or another insurance provider, please make sure that you are aware of the consequences of such a replacement and of the potential financial loss to you. Your Financial Advisor can help you in such instances.

Changing your mind

If you change your mind and decide that the plan is not suitable for your needs, you will have 30 days from the day you receive your policy pack to cancel the plan. You should return the Policy Schedule to us, confirming in writing that you do not wish to proceed and we will cancel your plan and refund any premiums paid.

Assigning your policy

The plan may be assigned to a third party – usually a bank or lending institution. When you assign your policy to a third party, you are transferring ownership of the plan to the third party. As long as the policy is assigned, the assignee will receive any payout from a claim on the policy. The proceeds of any Life Cover or Specified Illness Benefit claim on policies assigned to lenders will be used to pay off the outstanding loan, however any deficit will still be payable to the lender. The assignee, as the policy owner, must approve any alterations to the plan i.e. exercising the Guaranteed Insurability Option or Conversion Option.

Change of circumstances

If you have selected any of the following benefits, moving abroad after the policy has issued could affect your cover:

- Specified Illness Benefit
- Mortgage Repayment Benefit
- Personal Accident Benefit
- Hospital Cash Benefit

Please notify us if you move abroad after the policy has issued and we will let you know if there are any revisions to the cover/benefit provided and the premium you pay. If you do not inform us, it may result in a claim under the policy not being paid or a reduced amount being paid.

Non-payment of premiums

If you do not pay your premiums, your plan will be cancelled, your cover will cease and there will be no refund of premiums. We will allow you 30 days grace for each premium payment. We will write to you to confirm that a payment has been missed and offer you the opportunity to pay the missed premium and reinstate the policy without formality. After the grace period of 30 days has expired, we may at our discretion, reinstate the policy subject to receipt of all outstanding premiums and evidence of continued good health. We can only consider reinstating the policy within a period of one year after the due date of the first unpaid premium.

How to make a claim

For information on how to make a claim please refer to the Protection Claims Centre on www.canadalife.ie.

To make a claim please contact us by phone on 1850 203 203, by fax on 01 210 2020, by email at customerservices@canadalife.ie or by post to the Technical Claims Department, Canada Life, Canada Life House, Temple Road, Blackrock, Co Dublin.

To make a claim there is information you will need to know such as:

- We will always need original death certificates but we can also accept a copy that has been certified as a true copy of the original by your solicitor, a bank official, a Canada Life employee or a member of An Garda Síochána.
- The policy must be in force when the diagnosis is made or the surgery is performed.
- The Specified Illness definition in the Policy Conditions must be met in full while the policy is in force.
- Specified Illness claim forms must be received within 6 months of diagnosis.
- Hospital Cash Benefit claim forms must be received within 2 weeks of commencement of the hospital stay.
- Personal Accident Benefit claim forms must be received not later than 2 weeks after the expiry of the 2 week deferred period.

Are there any circumstances when a claim won't be paid?

Please refer to Exclusions on pages 37-39 for specific exclusions applicable to each benefit listed on your Policy Schedule. Please also make yourself aware of any additional Exclusions that were imposed by our underwriters when you applied for your plan – these will be detailed in a Special Terms Letter that you will be asked to sign in advance of your policy being issued.

The event or medical condition must be covered and the definition as stated in the Policy Conditions must be met in full in order for a claim to be considered. Canada Life may not pay a claim if there was non disclosure of a material fact which would have affected our assessment of your application and the terms we offered.

A material fact is one that an insurer would regard as likely to influence the assessment and acceptance of an application and includes information relating to: your health; family history; smoking or drinking habits; occupation; pastimes; policies with other insurance companies.

Warning: Failure to give complete and true answers on your application form and to disclose all material facts could result in the policy being void. If there is any doubt about whether a certain fact is material it must be disclosed.

Exclusions

As well as the automatic exclusions listed below that apply, additional exclusions or special terms may be imposed once your application has been assessed by Canada Life's Underwriting Department. Any such exclusions, special terms or premium loadings imposed by our underwriters will be detailed in a Special Terms Letter that you will be asked to sign in advance of your policy being issued.

Exclusion 1 – applies to Life Cover

Life Cover will be adjusted if the claim arises due to the Life Assured dying as a result of suicide or self-inflicted injury within one year of the Commencement Date (or the date on which the policy was reinstated), or if the Life Assured dies at any time during the lifetime of the policy as a result of participation in any criminal act, whether convicted or not. The benefit payable shall be the amount of premiums paid up to the date of death.

Exclusion 2 – applies to Life Cover, Guaranteed Insurability Option

Life Cover will be adjusted if the claim arises due to the Life Assured dying as a result of suicide or self-inflicted injury within one year of the date of exercise of the Guaranteed Insurability Option or any other increase in Life Cover permissible under the terms of the policy. The benefit payable shall be the sum of: (a) the Life Cover calculated as if the increase in the Life Cover had not occurred and (b) the refund of additional premium(s) paid since the date of the increase in Life Cover.

Exclusion 3 – applies to Specified Illness Benefit, Mortgage Repayment Benefit, Personal Accident Benefit

The benefit will not be payable if the claim did not occur in; the European Union (understood to mean the states of the European Union as of 1st January 2007), Norway, Australia, Canada, New Zealand, Switzerland, USA, Hong Kong, Japan, South Africa, Singapore and Iceland.

Exclusion 4 – applies to Specified Illness Benefit, Mortgage Repayment Benefit, Personal Accident Benefit, Hospital Cash Benefit, Terminal Illness Benefit on Life Cover

The benefit will not be payable if the claim is made as a result of participation in any criminal act, whether convicted or not.

Exclusion 5 – applies to Specified Illness Benefit benefits – (Blindness, Coma, Deafness, Loss of hands or feet, Loss of independent existence, Paralysis of limbs, Permanent & Total Disablement and Traumatic head injury), Mortgage Repayment Benefit, Personal Accident Benefit, Hospital Cash benefit

Benefit will not be payable in the event of:

i. Self-inflicted Injury – intentional self injury

ii. Alcohol or drug abuse – inappropriate use of alcohol or drugs, including but not limited to; 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 1977, as amended or any subsequent amendment or reenactment thereof) otherwise than in accordance with a lawful prescription.

iii. War and Civil Commotion – war, invasion, hostilities (whether war declared or not), civil war, rebellion, revolution, or taking part in riot or civil commotion.

iv. Hazardous Sports and Pastimes – taking part in (or practicing for) boxing, caving, climbing, equestrianism, jet skiing, martial arts, mountaineering, off-piste skiing, pot-holing, power boat racing, under water diving, yacht racing or any race, trial or timed motor sport.

v. Flying – taking part in any form of aerial flight other than as a fare paying passenger on a regular public airline.

vi. Failure to seek or follow medical advice.

Exclusion 6 – applies to Hospital Cash Benefit

Hospital Cash Benefit will not be payable if:

- the hospital stay was not as a resident in-patient in a recognised hospital in Ireland, the UK or the USA
- the hospital stay arises due to the treatment of any medical condition or related condition, occurring within one year of the Commencement Date (or effective date of any subsequent increase in benefit) for which the Life Assured has received medical treatment or was aware existed prior to the Commencement Date (or effective date of any subsequent increase in benefit)
- the hospital stay arises due to the treatment of psychiatric diseases, mental illness, mental subnormality, alcohol or drug abuse, even if accompanied by some active remedial, medical, surgical or physiotherapetuic treatment.
- the hospital stay arises as a result of pregnancy occurring within 9 months of the Commencement Date (or effective date of any subsequent increase in benefit).
- the hospital stay arises due to the following surgeries: cosmetic surgery; genetic surgery; organ or tissue donation; foetal surgery; caesarean section operations; exploratory or investigative surgery; sterilization or contraceptive procedures; treatment for infertility; dental treatment; eye operations to correct long or short sightedness.

Children's Hospital Cash Benefit will not be payable if:

- A claim is made for any hospital admission for a condition that existed prior to the child's first birthday or prior to the legal adoption/guardianship of the child by the Life Assured.
- In the opinion of Canada Life's Chief Medical Officer, the hospital admission is the result of a familial or congenital condition.
- In the opinion of Canada Life's Chief Medical Officer, the hospital admission is the result of a condition which existed before the cover for the child started whether symptoms were present or not.

Exclusion 7 – applies to Hospital Cash Benefit, Personal Accident Benefit, Mortgage Repayment Benefit

The benefit will not be paid if the Life Assured is suffering from any acquired immunodeficiency syndrome (AIDS) or is infected by any human immunodeficiency virus (HIV).

Exclusion 8 – applies to Children's Specified Illness Benefit

Children's Specified Illness Benefit will not be payable if:

- A claim is made for a specified illness that existed prior to the child's first birthday or prior to the legal adoption/guardianship of the child by the Life Assured
- In the opinion of Canada Life's Chief Medical Officer, the condition is familial or congenital
- In the opinion of Canada Life's Chief Medical Officer, the condition existed before the cover for the child started whether symptoms were present or not.

Exclusion 9 – applies to Overseas Surgery Benefit and Specified Illness Pre-Payment

Overseas Surgery Benefit & Specified Illness Pre-Payment will not be payable if:

- The condition requiring surgery existed prior to the child's first birthday or prior to the legal adoption/guardianship of the child by the Life Assured.
- In the opinion of Canada Life's Chief Medical Officer, the condition requiring surgery is familial or congenital
- In the opinion of Canada Life's Chief Medical Officer, the condition requiring surgery existed before the cover for the child started whether symptoms were present or not.

Exclusion 10 – applies to Mortgage Repayment Benefit

The benefit will not be payable if a claim arises as a result of disability after the date on which the Life Assured would normally retire or have retired but for disability regardless of when disability commenced.

Canada Life Specified Illness Benefit Explained

If you selected Specified Illness Benefit on your Term Assurance Plan, this section of the brochure contains the policy definitions of the 37 specified illnesses covered by Canada Life. Below each definition, we have included an explanation in simple English.

In order to make a claim:

- The Life Assured must contract the specified illness after the Commencement Date of the policy.
- The Life Assured must survive 14 days from the date of diagnosis of the specified illness.
- The policy must be in force.
- The definition of the specified illness must be met in full.

Here is an A to Z of the complete list of illnesses covered under Canada Life Specified Illness Benefit:

A

Alzheimers Disease before age 65 – resulting in permanent symptoms
Aorta Graft Surgery – for disease
Aplastic Anaemia – of specified severity

B

Bacterial Meningitis – resulting in permanent symptoms
Balloon Valvuloplasty
Benign Brain Tumour – resulting in permanent symptoms
Blindness – permanent and irreversible

C

Cancer – excluding less advanced cases
Cardiomyopathy – of specified severity
Chronic Rheumatoid Arthritis – of specified severity
Coma – resulting in permanent symptoms
Coronary Artery By-Pass Grafts – with surgery to divide the breastbone
Creutzfeldt-Jakob Disease – resulting in permanent symptoms

D

Deafness – permanent and irreversible

E

Encephalitis – resulting in permanent symptoms

H

Heart Attack – of specified severity
Heart Valve Replacement or Repair – with surgery to divide the breastbone
HIV Infection – caught in Ireland or the UK from a blood transfusion, a physical assault or at work in an eligible occupation

K

Kidney Failure – irreversible and requiring dialysis

L

Liver Failure – irreversible end stage
Loss of Hands or Feet – permanent physical severance
Loss of Independent Existence before age 65 – life tasks
Loss of Speech – permanent and irreversible

M

Major Organ Transplant
Motor Neurone Disease – resulting in permanent symptoms
Multiple Sclerosis – with persisting symptoms

P

Paralysis of Limbs – total and irreversible
Parkinson's Disease before age 65 – resulting in permanent symptoms
Permanent and Total Disablement before age 65 – work tasks or mental incapacity
Progressive Supra-Nuclear Palsy – resulting in permanent symptoms
Pulmonary Artery Replacement – with surgery to divide the breastbone

S

Severe Lung Disease – of specified severity
Stroke – resulting in permanent symptoms
Systemic Lupus Erythematosus – of specified severity

T

Terminal Illness – with life expectancy of less than 12 months
Third Degree Burns – covering 20% of the body's surface area
Traumatic Head Injury – resulting in permanent symptoms

Please note that not all illnesses are covered under the Canada Life Specified Illness Benefit. For full details on what illnesses are covered under Canada Life Specified Illness Benefit please see **Canada Life Specified Illness Benefit Explained** on page 40.
Not all insurers cover the same specified illnesses.

This section gives full details regarding each condition covered under the Canada Life Specified Benefit. The details include the definition which must be met in full. The text in the 'In simpler terms' sections is for further explanation only and does not form part of the definition. In the event of any conflict between text in these sections and the corresponding definition, the definition will apply.

1. ALZHEIMER'S DISEASE before age 65 – resulting in permanent symptoms

Definition:

A definite diagnosis of Alzheimer's disease before age 65 by a Consultant Neurologist, Psychiatrist or Geriatrician. There must also be permanent clinical loss of the ability to do all of the following:

- Remember
- Reason; and
- Perceive, understand, express and give effect to ideas

For the above definition, the following are not covered:

- Other types of dementia.

In simpler terms:

Alzheimer's disease is a degenerative condition that affects the brain. It results in widely different degrees of disability but in many cases, there is a severe loss of mental ability affecting memory and concentration. You can claim if you have been given a definite diagnosis of Alzheimer's disease by a Consultant Neurologist, Psychiatrist or Geriatrician before age 65. In addition there must be permanent clinical symptoms of dementia before the earlier of your 65th birthday and expiry of your policy.
All other forms of dementia are excluded.

2. AORTA GRAFT SURGERY – for disease

Definition:

The undergoing of surgery for disease to the aorta with excision and surgical replacement of a portion of the diseased aorta with a graft. The term aorta includes the thoracic and abdominal aorta but not its branches. For the above definition, the following are not covered:

- Any other surgical procedure, for example the insertion of stents or endovascular repair.
- Surgery following traumatic injury to the aorta.

In simpler terms:

The aorta is the main artery of the body and supplies blood to all other arteries. The aorta may become narrowed due to a build-up of fatty deposits or weakened as a result of an aneurysm (artery wall becomes thin and stretched). You can claim if you require surgery to repair and replace the main aorta that lies within the thorax (chest) and/or abdomen with a graft due to disease. Only parts of the aorta in the thorax and abdomen are covered because these are closest to the heart and any blockage or weakness here is more serious. Damage to the aorta caused by a traumatic injury is not covered.

3. APLASTIC ANAEMIA - of specified severity

Definition:

Confirmation by a Consultant Haematologist of a definite diagnosis of complete bone marrow failure which results in anaemia, neutropenia and thrombocytopenia and requires as a minimum one of the following treatments:

- Blood transfusion
- Bone marrow transplantation
- Immunosuppressive agents
- Marrow stimulating agents

All other forms of anaemia are specifically excluded.

In simpler terms:

Aplastic Anaemia occurs when the bone marrow fails to produce blood cells. The symptoms can include fatigue, bruising, infections and weakness. It is usually treated by blood transfusion, drug therapy or bone marrow transplantation. You can claim if you have a definite diagnosis by a Consultant Haematologist and have progressed, before the expiry date of your policy, to the stage where one of the treatments listed above is required. Other forms of anaemia are not covered.

4. BACTERIAL MENINGITIS - resulting in permanent symptoms

Definition:

Bacterial Meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit with persisting clinical symptoms. The diagnosis must be confirmed by a Consultant Neurologist. All other forms of meningitis including viral meningitis are not covered.

In simpler terms:

Bacterial Meningitis is a serious infection affecting the membranes of the brain and spinal cord. It is caused by bacteria. You can claim if a Consultant Neurologist diagnoses Bacterial Meningitis that has resulted in permanent neurological deficit with persisting clinical symptoms as defined in the Specified Illness Glossary on page 59.

We won't pay if there is no permanent neurological deficit with persisting clinical symptoms as defined in the Specified Illness Glossary on page 59. Other forms of meningitis, including viral, are excluded.

5. BALLOON VALVULOPLASTY

Definition:

The actual insertion, on the advice of a Consultant Cardiologist, of a balloon catheter through the orifice of one of the valves of the heart, and the inflation of the balloon to relieve valvular abnormalities.

In simpler terms:

There are four valves in the heart: aortic valve, pulmonary valve, mitral valve and tricuspid valve. They play a major role in the functioning of the heart by regulating blood flow through the heart. If these valves become defective, open-heart surgery may be required. It is sometimes possible to open these valves without the need for open-heart surgery and this procedure is known as balloon valvuloplasty. In this procedure, a tube with a small deflated balloon is inserted into a blood vessel in the groin and advanced to the heart. The balloon is positioned in the opening of the narrowed heart valve and then inflated, stretching the valve open.

6. BENIGN BRAIN TUMOUR – resulting in permanent symptoms

Definition:

A non-malignant tumour or cyst in the brain, cranial nerves or meninges within the skull, resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Tumours in pituitary gland
- Angiomas

In simpler terms:

A Benign Brain Tumour is a non-cancerous but abnormal growth of tissue. It can be very serious as the growth may be pressing on areas of the brain. These growths can be potentially life threatening and may have to be removed by surgery. You can claim if you have a definite diagnosis of a benign brain tumour with permanent neurological deficit with persisting clinical symptoms, before the expiry of you policy, as defined in the glossary. Malignant tumours are not covered under this definition as these are covered under the cancer definition where that applies. Benign tumours in the pituitary gland (a small pea-sized gland connected by a stalk to the middle of the underside of the brain behind the nasal cavity) are not covered. Angiomas (benign tumours of blood vessels) are also not included.

7. BLINDNESS – permanent and irreversible

Definition:

Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellan eye chart.

In simpler terms:

Blindness means a significant loss of sight in both eyes to the extent that the person can only see an object up to 3 feet away that a person with normal eyesight could see if it were 60 feet away.

The condition must be incurable and therefore expected to be permanent. Please note that being registered blind or being in receipt of a State Blind Pension may not constitute a valid claim.

8. CANCER – excluding less advanced cases

Definition:

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, lymphoma and sarcoma. For the above definition, 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 greater than 6 or having progressed to at least clinical TNM classification T2NOMO.
- Chronic lymphocytic leukaemia unless histologically classified as having progressed to at least Binet Stage A.
- Any skin cancer other than malignant melanoma that has been histologically classified as having caused invasion beyond the epidermis (outer layer of skin).

In simpler terms:

A Cancer is an uncontrolled growth of abnormal 'malignant' cells which can invade and destroy the surrounding healthy tissue. In the later more advanced stages, it can spread from the original site to other parts of the body. Generally speaking, Cancer claims are valid on the diagnosis of a malignant Cancer that has reached the point where it has invaded and started to destroy the adjacent surrounding tissue.

Cancer is classified in a number of ways. TNM is an internationally recognised method of staging cancer. A Gleason score is an internationally standardised method specific to prostate cancer. Binet Stage is a system of grading chronic lymphocytic leukaemia (CLL).

When they are detected, cancers are graded. If they are in the early stages, whereby the cancer has not yet started to invade the affected organ, doctors commonly refer to them as pre-malignant, non-invasive, cancer in situ, having borderline malignancy or having low malignant potential. Tumours of this nature are not covered irrespective of what treatment is given. Malignant melanoma is only covered when it is proven, histologically, to have invaded beyond the outer layer of the skin. This is classified as invasive malignant melanoma. Skin cancers, other than invasive malignant melanoma, are not covered. These types affect only the surface layer of cells and do not attack or spread to other parts of the body. They are generally treated effectively with a high success rate.

9. CARDIOMYOPATHY - of specified severity

Definition:

The definite diagnosis by a Consultant Cardiologist of cardiomyopathy resulting in

- permanent impaired ventricular function and marked limitation of physical activity with the Life Assured unable to progress beyond stage 2 of a treadmill exercise test using the standard Bruce protocol; or is
- classified as Stage III under the New York Heart Association (NYHA) Functional Classification.

For the purpose of this definition NYHA Stage III is classified as marked limitation in activity due to symptoms even during less than ordinary activity. The patient is only comfortable at rest.

For the above definition, all other forms of heart disease, heart enlargement and myocarditis are specifically excluded. Cardiomyopathy directly related to alcohol or drug misuse is excluded.

In simpler terms:

Cardiomyopathy is a serious heart condition, often of unknown cause in which heart muscle can no longer effectively receive or pump blood through the body. The symptoms of Cardiomyopathy include shortness of breath on moderate exercise, chest pain, and fainting. You can claim if you are diagnosed with Cardiomyopathy that is permanent and causing symptoms which significantly limit your normal everyday activities. This will be measured by a treadmill exercise test or using the New York Health Association Functional Classification. This is a classification system which relates a patient's symptoms to everyday activities and the patient's quality of life. All other forms of heart disease, heart enlargement and myocarditis (inflammation of the heart muscle) are not covered. Cardiomyopathy resulting from alcohol or drug abuse is also excluded.

10. CHRONIC RHEUMATOID ARTHRITIS – of specified severity

Definition:

Confirmation by a Consultant Rheumatologist of a definite diagnosis of rheumatoid arthritis, which satisfies all of the following:

- The condition must be diagnosed, established and treated for a period of at least 12 months
- There must be evidence of a positive rheumatoid arthritis factor
- There must be morning stiffness in the affected joints
- There must be arthritis of at least three joint groups with soft tissue swelling caused by fluid observed by a physician
- There must be symmetrical arthritis involving at least one of the following sites:
  - Both wrists or both ankles
  - Both hands and fingers
  - Both feet and toes
- There must be radiographic changes typical of rheumatoid arthritis

In simpler terms:

Rheumatoid Arthritis is a chronic disease involving inflammation of the joints and their surrounding tissue. Multiple joints are usually involved. Reduced joint movement, muscular weakness and joint deformities are common features. In severe cases there will be widespread disability. To make a claim the disease must have progressed, before the expiry of your policy, to such a severity that you satisfy all of the conditions listed above. Also, the illness must have been diagnosed and treated for a period of at least 12 months.

11. COMA – resulting in permanent symptoms

Definition:

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

- Requires the use of life support systems for a continuous period of at least 96 hours; and
- Results in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following is not covered:

- Coma secondary to alcohol or drug use.

In simpler terms:

A Coma is a state of unconsciousness from which you cannot be roused. A person in a Coma will be unlikely to respond to any form of physical stimulation and unlikely to have any control of his or her bodily functions. It may occur as a result of a head injury or a brain tumour. You can claim if the Coma lasted for at least 96 hours, with life support systems being necessary throughout. The Coma must result in permanent neurological deficit with persisting clinical symptoms as defined in the Specified Illness Glossary on page 59.

However, Comas caused by any of the following are not covered:

- Consuming too much alcohol.
- Taking an overdose of drugs, prescribed or otherwise.
- Taking controlled drugs unless lawfully prescribed.

12. CORONARY ARTERY BY-PASS GRAFTS – with surgery to divide the breastbone

Definition:

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

In simpler terms:

Coronary artery surgery may be necessary if one or more coronary arteries (which supply blood to the heart) are narrowed or blocked. This surgery involves attaching a short length of vein or by using arteries in the area of the breast, to by-pass a blockage in one or more of the coronary arteries. Claims will only be valid if the by-pass procedure is done using surgery to divide the breastbone and a heart lung bypass pump has been utilised. This reflects the significant nature of this procedure and the consequent recovery times for patients.

Other procedures to treat narrowing or blocked coronary arteries are not covered under this definition. Examples of other procedures which are not covered include balloon angioplasty (balloon tipped catheter passed along affected artery and then inflated which corrects narrowing to the artery), cases involving less invasive surgery (for example, keyhole or minimally invasive surgery), the use of scrapers, cutters, lasers, or the insertion of stents (tubular structure placed within a blood vessel or organ).

13. CREUTZFELDT-JAKOB DISEASE – resulting in permanent symptoms

Definition:

Confirmation by a Consultant Neurologist of a definite diagnosis of Creutzfeldt-Jakob Disease resulting in permanent neurological deficit with persisting clinical symptoms.

In simpler terms:

Creutzfeldt-Jakob Disease (CJD) is a progressive degenerative brain disorder that causes mental and physical disabilities. A claim can be made if there is a definite diagnosis by a Consultant Neurologist and it has resulted, before the expiry of your policy, in permanent neurological deficit with persisting clinical symptoms as defined in the Specified Illness Glossary on page 59.

14. DEAFNESS – permanent and irreversible

Definition:

Permanent and irreversible loss of hearing to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram.

In simpler terms:

Deafness means a profound loss of hearing in both ears where the condition cannot be cured and is expected to be permanent. A decibel is a measure of the level of sound. You can claim if your hearing loss in your better ear is greater than 95 decibels across all frequencies recorded using a pure tone audiogram (a device used to measure hearing ability). Please note that being registered deaf may not constitute a valid claim.

15. ENCEPHALITIS – resulting in permanent symptoms

Definition:

A definite diagnosis of Encephalitis by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms. Encephalitis in the presence of HIV infection is excluded.

In simpler terms:

Encephalitis means inflammation of the brain and results from an infection of brain tissue usually caused by a virus. It can be a life threatening condition and can result in permanent neurological problems. You can claim on definite diagnosis by a Consultant Neurologist resulting in permanent neurological deficit with persisting clinical symptoms, before the expiry of your policy, as defined in the Specified Illness Glossary on page 59. Encephalitis in the presence of HIV infection is excluded.

16. HEART ATTACK – of specified severity

Definition:

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

- Typical clinical symptoms (characteristic chest pain)
- New characteristic electrocardiographic changes
- The characteristic rise of cardiac enzymes or tropinins recorded at the following levels or higher:
  Troponin T >1.0 ng/ml
  AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods.

The evidence must show a definite acute myocardial infarction. For the above definition, the following are not covered:

- Other acute coronary syndromes including but not limited to angina

In simpler terms:

If the blood supply to the heart is interrupted, this can cause a portion of the heart muscle to die. Doctors call this sudden death of heart muscle an acute myocardial infarction, but the condition is widely known as a Heart Attack. A Heart Attack is usually caused by a blocked artery (coronary occlusion) or a blood clot (coronary thrombosis) and causes permanent damage to the part of the heart muscle affected.
This can be detected using an ECG machine which traces the heartbeat. Also, chemicals such as cardiac enzymes and troponins are released into the blood stream - these are usually present for several days after the event and can be detected by using a blood test. The presence of these chemicals provides important diagnostic information but they can also be present, usually at lower levels, for reasons other than a heart attack. At the time of having a Heart Attack, most people experience very severe chest pain and/or other symptoms such as sweating, vomiting, fainting and nausea. These symptoms can help doctors pinpoint precisely when the incident happened. You may experience pain if the blood supply has only been temporarily restricted, this is known as angina, which, as no permanent damage has been sustained to the heart, is not covered. Other acute Coronary Syndromes are also not covered.
It is important to note that the term 'Heart Attack' may sometimes be used loosely to describe a range of other heart conditions but none of these other conditions, for example angina, are covered under this definition. You can claim if you have suffered a Heart Attack which meets all the criteria set out in the definition above.

17. HEART VALVE REPLACEMENT OR REPAIR – with surgery to divide the breastbone

Definition:

The undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

In simpler terms:

There are four heart valves in the heart: aortic valve, pulmonary valve, mitral valve and tricuspid valve. They play a major role in the functioning of the heart by regulating blood flow through the heart. They may become diseased and as a result, become narrowed or leak. An operation may be necessary to repair or replace a valve. Having a defective heart valve replaced or repaired is covered if the procedure is done using open heart surgery involving the surgical division of the breast bone and a heart lung bypass pump is utilised. This reflects the significant nature of this procedure and the consequent recovery times for patients.

18. HIV INFECTION – caught in the Ireland or the UK from a blood transfusion, a physical assault or at work in a eligible occupation

Definition:

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 (from the eligible occupations listed below)

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 Ireland or the UK

For the above definition, the following is not covered:

- HIV infection resulting from any other means, including sexual activity or drug abuse.

Occupations:

Ambulance workers
Dental Nurses
Dental Surgeons
District Nurses
Fire Fighters
Gardai
General Practitioners and nurses employed by them
Hospital Caterers
Hospital Cleaners
Hospital Doctors
Hospital Surgeons
Hospital Consultants
Hospital Laboratory Technicians
Hospital Laundry Workers
Hospital Nurses
Hospital Porters
Midwives
Paramedics
Prison Officers

In simpler terms:

Human Immunodeficiency Virus (HIV) is a virus that causes Acquired Immunodeficiency Syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections. This virus can be transmitted in a number of ways. HIV is covered if it is caught in Ireland or the UK through a blood transfusion, a physical assault or an incident at work in an eligible occupation. HIV resulting from any other cause, for example sexual activity or drug abuse, is not covered. Where the incident relates to a physical assault, it must be reported to the police. Similarly, if the incident occurred at work, it must be reported in line with the employer's procedures. Many employers, including people who work in the health or emergency services, have set procedures for dealing with incidents that may potentially result in the person becoming infected by HIV.

In all cases, a test for HIV should be taken within five days of the incident – a negative test result will show that that the person did not have HIV before the incident. A further test within a year where the test result is positive will confirm that the infection resulted from the reported incident.

19. KIDNEY FAILURE – irreversible & requiring dialysis

Definition:

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is necessary.

In simpler terms:

The kidneys are responsible for removing waste materials from the blood. When the kidneys do not work properly, waste materials build up in the blood. This may lead to life-threatening problems. The body can function with only one kidney because the remaining kidney can take over the work of the damaged kidney, but if both kidneys fail completely, dialysis or a kidney transplant will be necessary. You can claim for Kidney Failure if both kidneys have irreversibly stopped functioning and you are having regular dialysis (a process using a machine to perform the function of the kidneys). A claim will not be paid if dialysis is required for acute renal failure which is reversible.

20. LIVER FAILURE – irreversible end stage

Definition:

Chronic liver disease, being end stage and irreversible liver failure due to cirrhosis and resulting in all of the following:

- Permanent jaundice
- Ascites; and
- Encephalopathy

Liver disease secondary to alcohol or drug misuse is excluded from this definition.

In simpler terms:

The liver plays an important part in the digestion of food as well as breaking down harmful substances, removing waste products from the blood and making chemicals that the body needs to stay healthy. You can claim if you have end stage, irreversible liver failure due to cirrhosis (a serious condition where normal liver tissue is progressively destroyed preventing the liver from working properly) resulting in permanent jaundice (permanent discoloration of the skin), ascites (abnormal accumulation of fluid in the abdominal cavity) and encephalopathy (degenerative disease of brain resulting in a confusional state). Liver disease caused by alcohol or drug misuse is not covered.

21. LOSS OF HANDS OR FEET – permanent physical severance

Definition:

Permanent physical severance of any combination of 2 or more hands or feet at or above the wrist or ankle joints.

In simpler terms:

Losing two or more limbs is covered where the limbs are both permanently severed at or above the wrist in the case of a hand, or the ankle in the case of a foot. The limbs might have been lost as a result of a physical injury or perhaps as a result of medical necessity to remove them using surgery.

22. LOSS OF INDEPENDENT EXISTENCE BEFORE AGE 65 – life tasks

Definition:

Being confirmation by a Consultant Physician of loss of independent existence before the age of 65, resulting in a permanent inability to perform at least 3 of 6 specified Activities of Daily Living without the assistance of another person. The Activities of Daily Living are defined below. For the purposes of this benefit, the word permanent shall mean beyond the hope of recovery with current medical knowledge and technology (in this context, the term 'current' refers to medical knowledge current at the date of claim).

The Activities of Daily Living are:

1. Washing – ability to take a bath or shower or otherwise maintain adequate personal cleanliness, with or without the aid of special equipment.

2. Dressing – dressing and undressing, including putting on and taking off medically necessary surgical appliances usually worn.

3. Feeding – eating and drinking once food or drink has been prepared and made available

4. Toileting – ability to use the toilet and to maintain an adequate level of personal hygiene.

5. Transferring – moving in and out of a chair or bed, with or without the aid of equipment.

6. Mobility – Ability to move from room to room on level surfaces without stopping or without severe discomfort.

Loss of Independent Existence will not apply in the event of infection with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS).

23. LOSS OF SPEECH – permanent and irreversible

Definition:

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

In simpler terms:

Loss of Speech means completely losing the ability to speak as a result of physical injury or disease where the condition cannot be cured and is expected to be permanent (expected to last throughout your life). Cases arising as a consequence of surgery or medical treatment for an illness are also covered.

24. MAJOR ORGAN TRANSPLANT

Definition:

The undergoing as a recipient of transplant of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or inclusion on an official Irish or UK waiting list for such a procedure. For the above definition, the following is not covered:

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

In simpler terms:

Major Organ Transplant surgery is required when it is necessary to completely replace a severely diseased or damaged organ with a healthy organ. You may claim if any of the following organs need to be replaced by undergoing a transplant:

- Bone marrow
- a whole heart
- a whole kidney
- a whole liver
- a whole lung
- a whole pancreas

You can claim from the point at which either

- you are added to an official Irish/UK waiting list for a suitable replacement organ to become available; or
- the organ transplant takes place.

25. MOTOR NEURONE DISEASE – resulting in permanent symptoms

Definition:

A definite diagnosis of Motor Neurone Disease by a Consultant Neurologist. There must be permanent clinical impairment of motor function.

In simpler terms:

Motor Neurone Disease is a degenerative condition that results in weakness and the wasting of muscles. You can claim if, prior to the expiry of your policy, you have a definite diagnosis made by a Consultant Neurologist and prior to the expiry of your policy, the disease has reached the point where it has caused permanent impairment of the ability to control voluntary movement.

26. MULTIPLE SCLEROSIS – with persisting symptoms

Definition:

A definite diagnosis of Multiple Sclerosis by a Consultant Neurologist. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

In simpler terms:

Multiple Sclerosis is a disease of the central nervous system which destroys the protective covering (myelin) of the nerve fibres in the brain and spinal cord. The symptoms include loss of power in certain muscles, double vision, loss of balance and lack of co-ordination. Symptoms may stop for some time to be followed by a relapse. This can be a difficult diagnosis to make and often is not made until the sufferer has had at least one relapse. You can claim if, prior to the expiry of your policy, you have a definite diagnosis of Multiple Sclerosis from a Consultant Neurologist and there must also be current clinical impairment of the senses (sight, hearing, touch, taste or smell) and/or the ability to control voluntary movement that has persisted for at least 6 months prior to the expiry of your policy.

27. PARALYSIS OF LIMBS – total and irreversible

Definition:

Total and irreversible loss of muscle function to the whole of any 2 limbs.

In simpler terms:

Paralysis is the loss of power of movement of a part of the body. You can claim if you totally and irreversibly lose the ability to move, or use, any two or more limbs. The disability must be considered permanent (expected to last throughout your life).

28. PARKINSON'S DISEASE before age 65 – resulting in permanent symptoms

Definition:

A definite diagnosis of Parkinson's Disease by a Consultant Neurologist before the age of 65. There must also be permanent clinical impairment of motor function with associated tremor, rigidity of movement and postural instability.

For the above definition, Parkinson's Disease secondary to drug abuse is not covered.

In simpler terms:

Parkinson's Disease is a degenerative brain disease that causes involuntary tremor of the hands, muscle rigidity and the slowing of body movements. It is characterised by uncontrollable shuffling, slow movements and shaking of the limbs and head. The progression of the disease is slow and at present there is no known cure.

You can claim if you have a definite diagnosis by a Consultant Neurologist before your 65th birthday. In addition, before the earlier of your 65th birthday or the expiry of the policy, the disease must have reached the point where there is permanent clinical impairment of motor function (ability of parts of the body to move voluntarily) with associated tremor (involuntary vibration), rigidity (stiffness/inflexibility) of movement and postural instability (loss of balance and co-ordination, inability to right oneself when falling). Parkinson's disease caused by taking controlled drugs unless lawfully prescribed is not covered.

29. PERMANENT AND TOTAL DISABLEMENT BEFORE AGE 65 – Work Tasks or Mental Incapacity

Definition:

The permanent inability, before the age of 65, as a result of illness or injury contracted after the Commencement Date of the policy, to perform three of the first six activities listed below OR the seventh activity only, without the help of another person but with the use of appropriate assistive aids and appliances. In addition, the claimant must be under the care and attention of a specialist appropriate to their condition.

1. Walking – defined as the inability to walk more than 200 metres on a level surface without stopping or suffering severe discomfort.

2. Kneeling and bending – defined as the inability to kneel or bend as if to pick something up from the floor and straighten up again.

3. Use of pen/pencil/keyboard – defined as the lack of physical ability to use a pen, pencil or keyboard with either hand or any artificial aids.

4. Communicating – being understood and understanding common language in normal tone – i.e take a message.

5. Lifting and Carrying – defined as the inability to pick from the ground and carry for 3metres a 2.5kg weight with either hand.

6. Vision – vision (as corrected by spectacles, contact lenses or other aids) is defined as the inability to see well enough to read a large print book namely 16 point typeface

7. Mental Agility – mental incapacity which has failed to respond to optimal treatment and requires the need for continuous psychotrophic medication, professional psychiatric supervision and care, and results in persistent severe mental dysfunction.

Permanent and Total Disablement will not apply in the event of infection with Human Immunodeficiency Virus (HIV) or conditions due to any Acquired Immune Deficiency Syndrome (AIDS).

30. PROGRESSIVE SUPRA-NUCLEAR PALSY – resulting in permanent symptoms

Definition:

Confirmation by a Consultant Neurologist of a definite diagnosis of Progressive Supra-Nuclear Palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

In simpler terms:

Progressive Supra-nuclear Palsy is a disease of the brain. Generally, the disease begins slowly and can get worse ("progressive") and causes weakness ("palsy") by damaging a part of the brain above those pea-sized structures (nuclei – hence "supra-nuclear") in the part of the nervous system that control eye movement, balance, movement, vision, speech and the ability to swallow. It can result in impairment of motor function, eye movement disorder and impairment of gait and balance.

You can claim if there is a definite diagnosis by a Consultant Neurologist with confirmation from the Consultant Neurologist, before expiry of your policy, that clinical impairment of motor function (permanent impairment of the ability to control voluntary movement), eye movement disorder and postural instability are all expected to be permanent.

31. PULMONARY ARTERY REPLACEMENT - with surgery to divide the breastbone

Definition:

The actual undergoing of surgery requiring median sternotomy (surgery to divide the breastbone) on the advice of a Consultant Cardiothoracic Surgeon for a disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

In simpler terms:

The Pulmonary Artery carries blood from the heart to the lungs. Pulmonary Artery surgery may be carried out for some disorders of the pulmonary artery.

You can claim if you undergo open heart surgery involving the surgical division of the breastbone and a heart lung bypass pump is utilised to replace the diseased pulmonary artery with a graft. This reflects the significant nature of this procedure and the consequent recovery times for patients.

32. SEVERE LUNG DISEASE - of specified severity

Definition:

Confirmation by a Consultant Physician of chronic lung disease which is evidenced by all of the following:

- The need for continuous daily oxygen therapy on a permanent basis;
- Evidence that oxygen therapy has been required for a minimum period of six months;
- FEV1 being less than 40% of normal;
- Vital Capacity less than 50% of normal.

In simpler terms:

The lungs bring oxygen into our bodies and pass it in to the bloodstream so that it can circulate to every cell in the body. Severe Lung Disease tends to be a progressive disorder which significantly hinders everyday activities. The severity of the condition must result in impaired respiratory function tests at the levels specified before the expiry of your policy. We will not pay if your lung disease does not permanently require you to have oxygen therapy and your lung disease has not severely affected your lung function.

33. STROKE – resulting in permanent symptoms

Definition:

Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in permanent neurological deficit with persisting clinical symptoms.

For the above definition, the following are not covered:

- Transient Ischaemic Attack.
- Traumatic injury to brain tissue or blood vessels.

In simpler terms:

A stroke (doctors call these cerebrovascular accidents, CVAs) is caused by an interruption to the flow of blood to the brain. This can be due either to a blocked artery which prevents blood reaching the brain or a burst blood vessel in the brain. Strokes vary greatly in severity from a short period of muscle weakness to a more severe problem that can lead to death. A claim will be valid if it causes ongoing clinical symptoms of a stroke which are expected to be permanent. Transient Ischaemic Attacks (also known as mini-strokes) are not covered. These are attacks that produce temporary symptoms similar to a mild stroke but patients recover completely in less than 24 hours. Strokes as a result of traumatic injury are not covered.

34. SYSTEMIC LUPUS ERYTHEMATOSUS – of specified severity

Definition:

A definite diagnosis of Systemic Lupus Erythematosus (SLE) by a Consultant Rheumatologist where either of the following are also present:

Severe kidney involvement with SLE as evidenced by:

- Permanent impaired renal function with a glomerular filtration rate (GFR) below 30 ml/min and
- Persistent abnormal urinalysis showing proteinuria or haematuria

OR

- Severe Central Nervous System involvement with SLE resulting in permanent neurological deficit with persisting clinical symptoms.

In simpler terms:

Systematic Lupus Erythematosus (SLE) is a chronic autoimmune disease that can affect many organs including the joints, skin, heart, lungs, kidneys and nervous system. Typically, there is a skin rash, arthritis and damage to the kidneys. In order to make a claim, there must be a definite diagnosis by a Consultant Rheumatologist. There must be, before the expiry of your policy, either:

- permanent damage to the kidneys resulting in a glomerular filtration rate (the flow rate of filtered fluid through the kidneys) below 30 ml/min and persistent blood or protein in your urine

OR

- damage to the Central Nervous System resulting in permanent neurological deficit with persistent clinical symptoms as defined in the glossary.

All other forms of lupus including Discoid Lupus are not covered.

35. TERMINAL ILLNESS – with life expectancy of less than 12months

Definition:

Advanced or rapidly progressing incurable illness where, in the opinions of an attending Consultant and our Chief Medical Officer, the life expectancy is no greater than 12 months.

In simpler terms:

A Terminal Illness is one which is likely to result in imminent death.

In order to claim, (as for all specified illness claims), you must survive the immediate 14 days after diagnosis. In addition, Canada Life's Chief Medical Officer and your attending consultant must be satisfied that your life expectancy is no more than 12 months.

36. THIRD DEGREE BURNS – covering 20% of the body's surface area

Definition:

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.

In simpler terms:

There are three levels of burns. The degree depends on the extent of the damage to the skin. First degree burns damage the upper layer of the skin, a common example being sunburn. Second degree burns go deeper but can heal without scarring. Third degree burns are the most serious and destroy the full thickness of the skin. To make a claim, you must have suffered third degree burns to 20% or more of the surface area of your body.

37. TRAUMATIC HEAD INJURY – resulting in permanent symptoms

Definition:

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

In simpler terms:

A traumatic injury to the head can cause permanent damage to the brain. In order to claim, there must be permanent neurological deficit with persisting clinical symptoms as defined in the Specified Illness Glossary on page 59.

Specified Illness Glossary

Irreversible

Cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the Health Services in Ireland or the UK at the time of the claim.

Permanent

Expected to last throughout the insured person's life, irrespective of when cover ends or the person retires.

Permanent neurological deficit with persisting clinical symptoms

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life.

Symptoms that are covered include 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 co-ordination, tremor, seizures, lethargy, 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, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

More information

For more information on your policy we recommend that you speak to your Financial Advisor. You can also contact our Customer Service Team by phone on 1850 203 203, by email at customerservices@canadalife.ie, or online by visiting www.canadalife.ie/customer-services.

For information on the full range of products available from Canada Life, please visit our website at: www.canadalife.ie.

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