


## Part 2 – Definition of covered conditions

### Provisional critical illness insurance agreement

This part is rounded out with Part 1 – Coverage description of the Provisional critical illness insurance agreement and is an integral part of it.

 Some of the terms used in the definitions of the conditions below are defined in the **General definitions** section.

#### Acquired brain injury

Definite diagnosis of new damage to brain tissue caused by traumatic injury, anoxia or encephalitis, resulting in signs and symptoms of neurological impairment that:

1. are present and verifiable on clinical examination or neuro-psychological testing;
2. are corroborated by imaging studies of the brain such as magnetic resonance imaging (MRI) of the nervous system or computerized tomography (CT) showing changes that are consistent in character, location and timing with the new damage; and
3. persist for more than 180 days following the date of diagnosis.

The diagnosis of acquired brain injury must be made by a specialist.

#### **Exclusion:**

**No amount will be payable under the definition of "acquired brain injury" for:**

- an abnormality seen on brain or other scans without definite related clinical impairment;
- post-concussion symptoms;
- neurological signs occurring without symptoms of abnormality.

#### Aortic surgery

Undergoing of surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. For the purposes of this definition, "aorta" means the thoracic and abdominal aorta, but not its branches.

The surgery must be determined to be medically necessary and performed by a specialist.

#### **Exclusions:**

1. **A 30-day survival period applies.**
2. **No amount will be payable under the definition of "aortic surgery" for:**
  - angioplasty;
  - intra-arterial or percutaneous trans-catheter surgery; or
  - non-surgical procedures.

#### Aplastic anemia

Definite diagnosis of a chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion and treatment with at least one of the following:

1. marrow stimulating agents;
2. immunosuppressive agents;
3. bone marrow transplantation.

The diagnosis of aplastic anemia must be confirmed by biopsy and made by a specialist.

## Bacterial meningitis

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Definite diagnosis of meningitis confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis.

The diagnosis of bacterial meningitis must be made by a specialist.

**Exclusion:**

**No amount will be payable under the definition of "bacterial meningitis" for viral meningitis.**

## Blindness

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Definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

1. the corrected visual acuity being 20/200 or less in both eyes; or
2. the field of vision being less than 20 degrees in both eyes.

The diagnosis of blindness must be made by a specialist.

## Coma

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Definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score is 4 or less.

The diagnosis of coma must be made by a specialist.

**Exclusion:**

**No amount will be payable under the definition of "coma" for:**

- a medically induced coma;
- a coma which results directly from alcohol or drug use;
- a diagnosis of brain death.

## Coronary artery bypass surgery

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Undergoing of heart surgery to unblock or widen one or more coronary arteries with bypass graft(s).

The surgery must be determined to be medically necessary and performed by a specialist.

**Exclusions:**

1. **A 30-day survival period applies.**
2. **No amount will be payable under the definition of "coronary artery bypass surgery" for:**
  - angioplasty;
  - intra-arterial or percutaneous trans-catheter surgery; or
  - non-surgical procedures.

## Deafness

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Definite diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz.

The diagnosis of deafness must be made by a specialist.

## Heart attack

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Definite diagnosis of the death of heart muscle due to obstruction of blood flow that results in rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

1. heart attack symptoms;
2. new electrocardiogram (ECG) changes consistent with a heart attack;
3. development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

The diagnosis of heart attack must be made by a specialist.

### **Exclusions:**

1. **A 30-day survival period applies.**
2. **No amount will be payable under the definition of "heart attack" for:**
  - elevated biochemical cardiac markers as the result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty in the absence of new Q waves;
  - ECG changes suggesting a prior myocardial infarction that does not meet the "heart attack" definition as described above.

## Heart valve replacement or repair

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Undergoing of surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities.

The surgery must be determined to be medically necessary and performed by a specialist.

### **Exclusions:**

1. **A 30-day survival period applies.**
2. **No amount will be payable under the definition of "heart valve replacement or repair" for:**
  - angioplasty;
  - intra-arterial or percutaneous trans-catheter surgery; or
  - non-surgical procedures.

## Kidney failure

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Definite diagnosis of chronic irreversible failure of both kidneys as the result of which regular hemodialysis, peritoneal dialysis or renal transplantation is required.

The diagnosis of kidney failure must be made by a specialist.

## Loss of limbs

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Definite diagnosis of the complete severance of 2 or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.

The diagnosis of loss of limbs must be made by a specialist.

## Loss of speech

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Definite diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease for a period of at least 180 days.

The diagnosis of loss of speech must be made by a specialist.

### **Exclusion:**

**No amount will be payable under the definition of "loss of speech" for all psychiatric causes.**

## Major organ failure on waiting list

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Definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow for which transplantation is medically necessary. For the amount to be payable under the definition of "major organ failure on waiting list," the insured person must become enrolled as a recipient at a recognized transplant centre in Canada or the United States that performs the required form of transplant surgery.

The diagnosis of major organ failure must be made by a specialist.

## Major organ transplant

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Undergoing of medically necessary surgery due to the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow. For the amount to be payable under the definition of "major organ transplant," the insured person must undergo transplantation surgery as the recipient of a heart, lung, liver, kidney or bone marrow exclusively.

The diagnosis of major organ failure must be made by a specialist, and the transplantation surgery must be performed by a specialist.

## Occupational HIV infection

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Definite diagnosis of infection with human immunodeficiency virus (HIV) resulting from accidental injury during the course of the insured person's normal occupation which exposed the person to HIV-contaminated body fluids.

The accidental injury leading to the infection must have occurred after the date the insurance application was signed.

For the amount to be payable under the definition of "occupational HIV infection," all of the following requirements must be met:

1. the accidental injury must be reported to Desjardins Insurance within 14 days of the accidental injury;
2. a serum HIV test must be taken within 14 days of the accidental injury and the result must be negative;
3. a serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
4. all HIV tests must be performed by a duly licensed laboratory in Canada or the United States;
5. the accidental injury must have been reported, investigated and documented in accordance with current Canadian or American workplace guidelines.

The diagnosis of occupational HIV infection must be made by a specialist.

### **Exclusion:**

**No amount will be payable under the definition of "occupational HIV infection" if:**

- the insured person elected not to take any available licensed vaccine offering protection against HIV;
- a licensed cure for HIV infection became available prior to the accidental injury;
- the HIV infection occurred as a result of non-accidental injury including, but not limited to, sexual transmission and intravenous drug use.

## Paralysis

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Definite diagnosis of the total loss of muscle function of 2 or more limbs as the result of injury or disease affecting the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.

The diagnosis of paralysis must be made by a specialist.

## Permanent loss of independent existence

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Definite diagnosis of the total and permanent inability to perform, by oneself, at least 2 of the following 6 activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery.

The diagnosis of permanent loss of independent existence must be made by a specialist.

### Activities of daily living are:

1. **Bathing:** the ability to wash oneself in a bathtub, in a shower or by sponge bath, with or without the aid of assistive devices;
2. **Dressing:** the ability to put on and remove necessary clothing, braces, artificial limbs or other surgical appliances, with or without the aid of assistive devices;
3. **Toileting:** the ability to get on and off the toilet and maintain personal hygiene, with or without the aid of assistive devices;
4. **Bladder and bowel continence:** the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of personal hygiene is maintained;
5. **Transferring:** the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices;
6. **Feeding:** the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices.

## Severe burns

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Definite diagnosis of 3rd-degree burns over at least 20% of the body surface.

The diagnosis of severe burns must be made by a specialist.

## Stroke (cerebrovascular accident)

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Definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or hemorrhage or embolism from an extra-cranial source with:

1. acute onset of new neurological symptoms; and
2. new objective neurological deficits on clinical examination;

persisting for more than 30 days following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

The diagnosis of stroke must be made by a specialist.

### **Exclusion:**

**No amount will be payable under the definition of "stroke (cerebrovascular accident)" for:**

- transient ischemic attacks;
- intracerebral vascular events due to trauma;
- lacunar infarcts which do not meet the definition of "stroke" as described above.

## General definitions

<b>Irreversible</b>	Indicates that the condition of the insured person cannot be reversed or improved by a medical or surgical treatment at the time the definite diagnosis is made by the specialist.
<b>Physician</b>	<p>A person who has successfully completed a recognized medical education program and who satisfies the requirements to legally practise medicine. The physician must have a practice and be licensed to practise in Canada, the United States, or another country duly authorized by Desjardins Insurance.</p> <p>Moreover, the physician must not be the policyowner, the insured person, or a relative or business associate of the policyowner or insured person.</p>
<b>Specialist</b>	<p>A licensed physician who has received specialized medical training relevant to the condition for which an amount is being claimed and who has been certified by a specialty examining board. In the event a specialist is unavailable, and subject to Desjardins Insurance's approval, a condition may be diagnosed by a physician.</p> <p>"Specialist" includes, but is not limited to, cardiologist, neurologist, nephrologist, oncologist, ophthalmologist, burn specialist and internist.</p> <p>The specialist must not be the policyowner, the insured person, or a relative or business associate of the policyowner or insured person.</p>
<b>Surgery</b>	A manual and generally instrumental procedure used in treatment of some conditions covered by Provisional critical illness insurance. The surgery has to be performed by a specialist.
<b>Survival period</b>	<p>Number of days that must elapse following the date on which a condition is diagnosed or surgery is performed.</p> <p>The survival period does not include any days during which the insured person is on artificial life support. The insured person must be alive at the end of the survival period and must not have experienced irreversible cessation of all functions of the brain.</p> <p>For the purposes of this definition, "artificial life support" means care given at regular intervals by a duly authorized physician to an insured person who requires nutritional, respiratory or cardiovascular assistance when all brain function has irreversibly ceased.</p> <p>If there is a survival period applicable to a covered condition, it is indicated in its definition.</p>