



CATCA
Canadian Air Traffic
Control Association

CATCA SAFE LANDING

CRITICAL ILLNESS INSURANCE



Introducing CATCA Safe Landing critical illness insurance

Adjusting to life after a critical illness is difficult. Now you can ensure that you and your family have the financial tools necessary to pay for the lifestyle adjustments, extra medical services, debt payment, re-education or other expenses that may be required should you or your spouse suffer from a major illness or medical condition.

With CATCA Safe Landing critical illness coverage, you can receive a lump sum payment of up to \$150,000 following a physician's confirmation of, and your survival after 30 days of, any one of the following medical conditions:

- ▶ heart attack
- ▶ cancer
- ▶ stroke
- ▶ coronary artery bypass surgery
- ▶ blindness
- ▶ paralysis
- ▶ multiple sclerosis
- ▶ Alzheimer's disease
- ▶ motor neuron disease
- ▶ coma
- ▶ deafness
- ▶ Parkinson's disease
- ▶ severe burns
- ▶ aorta surgery
- ▶ benign brain tumour
- ▶ major organ failure
- ▶ dismemberment
- ▶ loss of speech
- ▶ occupational HIV infection
- ▶ heart valve replacement
- ▶ major organ transplant

The money can be used any way you like... re-training, out-of-country medical services, debt payment, additional family expenses, even a holiday. It's money to help you concentrate on getting well again.

Your odds are greater than you think

What are your odds of being diagnosed with a critical illness? They're greater than you think, based on data collected by the Canadian Heart and Stroke Foundation, the Canadian Cancer Society and Statistics Canada. For example:



9 in 10 Canadians have at least one risk factor for stroke or heart disease. While many risk factors are within your control (i.e. diet, physical activity, weight, smoking, stress, alcohol and drugs), some are non-controllable (i.e. sex, age, family history, and heritage).



About **4 out of every 100 strokes** happen to people aged 18 to 45.



2 in 5 Canadians will develop cancer in their lifetime. Males have a 45% lifetime probability and females have a 42% lifetime probability of developing cancer.



1 in 8 males are expected to be diagnosed with prostate cancer in their lifetime.



1 in 9 females are expected to develop breast cancer in their lifetime.

While the government medical plan and your group benefits package can help meet your immediate medical needs, they may not be designed to fund the long-term lifestyle or career changes that you or the members of your family may face as a result of a major disease or medical condition.

That's why you should consider CATCA Safe Landing critical illness coverage.



Second event benefit

CATCA Safe Landing critical illness coverage will also pay a second event benefit in specific situations. If you are diagnosed with cancer and later return to work for at least 90 days and suffer from a covered cardiovascular condition (heart attack, stroke, coronary artery bypass, aorta surgery, or heart valve replacement), you will receive a **second payment** equal to the coverage amount. The same applies if you have a covered cardiovascular condition and later return to work for 90 days or more and are diagnosed with a covered cancer.

See the *Definitions and Second Event Benefit* sections for definitions and conditions.

Loss of independence benefit

With a serious illness, you can lose your most precious asset — your independence.

CATCA Safe Landing critical illness insurance offers a special benefit of 25% of the coverage amount if a cognitive impairment or illness (other than one of the covered illnesses) prevents you from being able to perform any **two** of the six following activities of daily living: bathing, dressing, toileting, maintaining continence, transferring, and feeding.

The benefit can help pay for home care and related personal support services so you can face the critical illness with dignity and in the privacy of your own home.

Early stage prostate cancer (T1a or T1b) treatment

Subject to the terms, conditions and other provisions of this policy, CATCA Safe Landing critical illness insurance will pay the insured person 20% of the principal sum up to a maximum of \$20,000 if, while insured, the insured person undergoes early stage prostate cancer (T1a or T1b) treatment and the insured person survives 30 days thereafter.

Early stage prostate cancer (T1a or T1b) treatment means the diagnosis must be made by a specialist. No benefit will be payable unless the specialist has recommended one of the following treatments: prostate surgery, radiation therapy, chemotherapy, and hormone therapy.

Ductal carcinoma in situ (DCIS) benefit

Approximately 12–14% of all new breast cancer cases involve DCIS. If DCIS is confirmed by medical diagnosis, the CATCA Safe Landing critical illness insurance plan will pay 20% of the principal sum to a maximum of \$20,000.



Low rates

The following are the monthly premiums for each \$10,000 unit of critical illness coverage. Premiums are based on the insured person's age, sex and smoking status.

Age	Male		Female	
	non-smoker	smoker	non-smoker	smoker
20-24	\$2.60	\$3.45	\$2.90	\$3.90
25-29	\$2.60	\$3.45	\$2.90	\$3.90
30-34	\$3.80	\$5.60	\$4.55	\$6.35
35-39	\$5.30	\$8.95	\$6.90	\$10.15
40-44	\$8.30	\$15.30	\$10.55	\$16.70
45-49	\$13.65	\$26.55	\$15.45	\$26.35
50-54	\$23.05	\$46.30	\$22.10	\$40.70
55-59	\$43.05	\$84.85	\$34.65	\$65.55
60-64	\$79.30	\$146.45	\$55.90	\$100.70

Examples:

A male, non-smoker, age 40, requiring \$100,000 of critical illness coverage (10 x \$10,000) would pay a monthly premium of \$83.00 (10 X \$8.30).

A female, non-smoker, the same age would pay a monthly premium of \$105.50 (10 X \$10.55).

Apply for coverage today

Protect you and your family against the financial impact of a critical illness. Apply for *CATCA Safe Landing* critical illness insurance coverage today. Just complete, sign, and return the application to:

CATCA Safe Landing critical illness insurance
Coughlin & Associates Ltd.
Box 3517, Station C
Ottawa, ON K1Y 4H5
t: 1.888.613.1234, Ext. 4288

Or, download the application form at www.coughlin.ca/catca-accta

Eligibility and conversion

Eligibility

All members in good standing with the Canadian Air Traffic Control Association who are under age 65 are eligible to apply for coverage under the *CATCA Safe Landing* critical illness insurance plan.

Spouses can also be covered

Insured spouses can also benefit from a lump sum payment of up to \$150,000 following the confirmed diagnosis of one of the covered illnesses. Just have your spouse complete and sign the spousal portion of the *CATCA Safe Landing* critical illness insurance application.

Coverage to age 65

CATCA Safe Landing critical illness insurance coverage may be maintained until age 65 or (in cases of spousal coverage), when your spouse reaches age 65.

Conversion

On the date of termination of coverage or during the 31-day period following termination of coverage, an insured person under the age of 65 may convert his/her insurance to an individual insurance policy of Chubb Life Insurance Company of Canada ("Chubb"), subject to review of evidence of insurability.

The individual policy will be effective as of the date that Chubb receives the application. The premium will be the same as an insured person would ordinarily pay when applying for an individual policy at that time.

Application for an individual policy may be made at any office of Chubb. The amount of critical illness insurance benefit converted to shall not exceed that amount issued during employment up to an all policies combined maximum of \$25,000.



Limitations, exclusions and definitions

Limitations

Cancer limitation

There is a waiting period for cancer and ductal carcinoma in situ (DCIS) claims. No benefit is paid if an insured person is diagnosed within the first 90 days after the effective date of the insurance or the effective date of the last reinstatement of the policy. Within this exclusion period, there shall be no coverage for cancer or ductal carcinoma in situ if a diagnosis of either DCIS or any other type of cancer, whether included or excluded in the contract, is made or if any symptoms or medical problems manifest themselves which, or the persistence or recurrence of which, subsequently results in an investigation leading to the diagnosis of cancer or DCIS.

In the event of any such diagnosis, the policy will remain in force but cancer or ductal carcinoma in situ will no longer be considered an insured condition, except for a subsequent diagnosis of unrelated cancer.

Single sum benefit will be paid upon diagnosis of a covered illness or injury and survival after 30 days (365 days for paralysis, and a 90-day waiting period for cancer applies).

Exclusions

The policy does not provide benefits for any claim caused directly or indirectly by or resulting from any one of the following:

- ▶ intentionally self-inflicted injury, suicide or any attempt there at, whether sane or insane;
- ▶ declared or undeclared war or any act thereof;
- ▶ for injury or sickness, other than one of the specified coverages, even though such injury or sickness may have been complicated by one of the specified coverages;
- ▶ a complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS Related Complex;
- ▶ the use, existence or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel;

- ▶ the commission or attempted commission by the insured person of any act that, if adjudicated by a court, would be an illegal act under the laws of the jurisdiction where the act was committed;
- ▶ misuse of medication or the abuse of drugs or intoxicants; and/or
- ▶ any pre-existing medical condition, except where coverage has been in effect for a period of 24 consecutive months following the insured person's effective date of coverage.

90-day DCIS, early stage prostate cancer (T1a or T1b) treatment and cancer exclusion

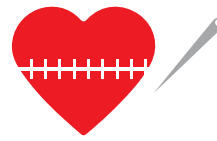
The DCIS, early stage prostate cancer (T1a or T1b) treatment and cancer exclusion period is 90 days from the later of:

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

Within this exclusion period, there shall be no coverage for DCIS, early stage prostate cancer (T1a or T1b) treatment or cancer if a diagnosis of DCIS or any type of cancer is made, or the insured person undergoes early stage prostate cancer (T1a or T1b) treatment, whether included or excluded under this contract, is made or if any symptoms or medical problems manifest themselves which, or the persistence or recurrence of which, subsequently results in an investigation leading to the diagnosis of cancer. In the event of any such diagnosis the policy will remain in force but cancer will no longer be considered an insured condition, except for a subsequent diagnosis of an unrelated cancer.

Definitions

Alzheimer's disease: means the diagnosis that the insured has Alzheimer's disease, which is a progressive degenerative disease of the brain. The diagnosis must be supported by medical evidence that the insured exhibits the loss of intellectual capacity resulting in impairment of their memory and judgement, which results in a significant reduction in their mental and social functioning, such that they require permanent daily personal supervision for the activities of daily living. All other dementing organic brain disorders and psychiatric illnesses are excluded from this insured condition definition. A physician who is certified as either a neurologist or a psychiatrist must confirm diagnosis in writing.



Aorta surgery: means surgery to the aorta that is medically required to treat disease of the aorta and that involves the excision and surgical replacement of the diseased aorta with a graft. The aortic surgery must be performed on the prior written advice of a physician certified as a cardiovascular surgeon. Aorta includes the thoracic and abdominal aorta but does not include any of the branches of the aorta.

Benign brain tumour: means a benign neoplasm in the brain or meninges with histologic confirmation. Cysts granulomas, malformations of intracranial arteries or veins, and tumours or lesions of the pituitary are specifically excluded. The diagnosis must be confirmed neuro-radiologically by a specialist trained in the interpretation of radiological investigations.



Blindness: means the total and irrecoverable loss of sight in both eyes due to injury or sickness. Corrected visual acuity must be 20/200 or less in both eyes and the field of vision must be less than 20 degrees in both eyes. A physician certified in ophthalmology, must clinically confirm the diagnosis in writing.

Cancer: means a malignant tumour characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. This includes leukemia, Hodgkin's Disease and invasive melanoma but does not include:

- a. carcinoma in situ;
- b. Kaposi's Sarcoma or other AIDS related cancers and cancer in the presence of human immunodeficiency virus (HIV);
- c. skin cancer or melanoma that is not invasive and has not exceeded .75 millimetres in depth;
- d. prostate cancer diagnosed as T1 N0 M0 or equivalent staging;
- e. a recurrence or metastasis of a cancer which was originally diagnosed prior to the effective date of coverage.

A physician certified as an oncologist must confirm diagnosis in writing.

Coma: means the insured has been in a state of unconsciousness for a continuous period of at least 96 hours, during which external stimulation produced no more than primitive avoidance reflexes. A physician who is certified as a neurologist must confirm diagnosis in writing.

Coronary artery bypass surgery: means surgery performed by a physician who is certified as a cardiovascular surgeon to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, or other intra-arterial techniques will not be considered to be a covered critical illness.

DCIS: means the diagnosis by a licensed physician, of the presence of ductal carcinoma in situ of the breast, as confirmed by biopsy. A physician certified as an oncologist must confirm the diagnosis in writing.

Subject to the terms, conditions and other provisions of this policy, the company will pay the insured person 20% of the principal sum up to a maximum of \$20,000 if, while insured, the insured person is diagnosed with DCIS and the insured person survives 30 days thereafter.

Deafness: means the diagnosis of permanent loss of hearing in both of the insured's ears, with an auditory threshold of more than 90 decibels in each ear. A physician, who is certified as an otolaryngologist must confirm diagnosis in writing.

Dismemberment: means a definite diagnosis of the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation. The diagnosis of loss of limbs must be made by a specialist.

Early stage prostate cancer (T1a or T1b) treatment: means the diagnosis must be made by a specialist. No benefit will be payable unless the specialist has recommended one of the following treatments:

- ▶ prostate surgery;
- ▶ radiation therapy;
- ▶ chemotherapy;
- ▶ hormone therapy.

Subject to the terms, conditions and other provisions of this policy, the company will pay the insured person 20% of the principal sum up to a maximum of \$20,000 if, while insured, the insured person undergoes early stage prostate cancer (T1a or T1b) treatment and the insured person survives 30 days thereafter.

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

- a. heart attack symptoms; or
- b. new electrocardiogram (ECG) changes consistent with a heart attack; or
- c. 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: No benefit will be payable under this condition for:

- A. elevated biochemical cardiac markers with a:
 - i. Troponin level of less than 1
 - ii. CK-Mb level of less than 4, or
- B. ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described above.

Heart valve replacement: means undergoing surgery to replace any heart valve with either a natural or mechanical valve. The surgery must be determined to be medically necessary by a specialist.

Exclusion: No benefit will be payable under this condition for heart valve repair.

Loss of independence: means the definitive diagnosis by a licensed physician of either:

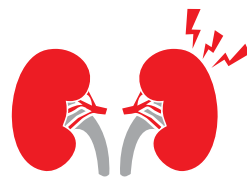
1. Being totally and permanently unable to perform, by oneself, at least two of the six activities of daily living; or,
2. Cognitive impairment.

A mental or nervous disorder without a demonstrable organic cause is not covered. Loss of independence must persist for at least 90 days from the date of the diagnosis.

Loss of speech: means the 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.

Major organ failure: means the irreversible failure of the entire heart, entire liver, entire pancreas (pancreatic islet cell transplants are excluded), both lungs, both kidneys or bone marrow, in which the affected organ is unresponsive to any treatment and for which the insured is medically required to become enrolled in a recognized Canadian transplant program to become the recipient of a heart, a liver, a pancreas, a lung, or a kidney or to receive a bone marrow transplant.

Major organ transplant: means a definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ transplant, the insured person must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities. The diagnosis of the major organ failure must be made by a specialist.



Motor neuron disease: means a definite diagnosis of one of the following:

- ▶ amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease); (amyotrophic lateral sclerosis means unequivocal diagnosis of ALS resulting in the inability to perform three of the six activities of daily living without assistance.) A physician who is certified as a neurologist must confirm diagnosis in writing.
- ▶ primary lateral sclerosis;
- ▶ progressive spinal muscular atrophy;
- ▶ progressive bulbar palsy;
- ▶ pseudo bulbar palsy.

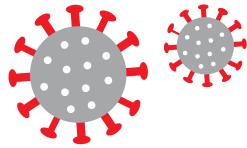
The diagnosis of motor neuron disease must be made by a specialist.

Multiple sclerosis: means the unequivocal written diagnosis by a physician who is certified as a neurologist confirming at least one of the following:

- ▶ two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination; or
- ▶ well-defined neurological abnormalities lasting more than six months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination; or
- ▶ a single attack, confirmed by repeated MRI imaging of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart.

Non-smoker: A non-smoker means someone who has not used cigarettes, cigarillos, cigars, a pipe, chewing tobacco or any products that are nicotine based (patches, chewing gum, etc.) during at least 12 months prior to the date of enrolment.





Occupational HIV infection: means a 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 later of the effective date of the policy, the effective date of last reinstatement of the policy, or the insured person's effective date of coverage.

Payment under this condition requires satisfaction of all of the following:

- a. the accidental injury must be reported to the insurer within 14 days of the accidental injury;
- b. a serum HIV test must be taken within 14 days of the accidental injury and the result must be negative;
- c. a serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
- d. all HIV tests must be performed by a duly licensed laboratory in Canada or the United States of America;
- e. the accidental injury must be reported, investigated, and documented in accordance with current Canadian or United States of America workplace guidelines.

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

Exclusions: No benefit will be payable under this condition if:

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



Paralysis: means the total and irrecoverable loss of function of two or more limbs through neurological damage due to injury or sickness, provided such loss of function continually lasts for 365 consecutive days and such loss of function is thereafter determined on evidence satisfactory to Chubb to be permanent. A physician certified as a neurologist must confirm diagnosis in writing.

Parkinson's disease: means unequivocal diagnosis of primary idiopathic Parkinson's disease resulting in the inability to perform three of the six activities of daily living without assistance. Diagnosis should show signs of progressive impairment and must be confirmed in writing by a physician who is certified as a neurologist.

Second event benefit: If the insured person is diagnosed with either of the following:

Category of conditions:

- A. Cancer, or
- B. Cardiovascular condition (defined as heart attack, stroke, coronary artery bypass, undergoes aorta surgery or heart valve replacement)

for which the principal sum has been paid and the insured person is thereafter considered (by the treating physician) fully recovered and not actively receiving treatment and has returned to work for a period of at least 90 days and is then diagnosed with another insured condition, the second event benefit payable will be equal to the principal sum (less any partial payment benefit paid after the first principal sum was fully paid). The second event benefit is subject to the insured person surviving 30 days after the diagnosis of such insured condition. An insured spouse is considered eligible for a second event 90 days after the required treatment has finished and they have survived 30 days after the diagnosis of such insured condition.

In order to be considered an eligible second event condition, the first event and the second event cannot fall into the same category of conditions.

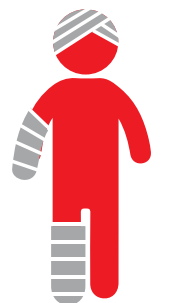
The second event benefit is payable only once. Payment of the second event benefit will represent full and final discharge of all claims under the second event benefit. Following payment of the second event benefit, coverage under this policy will terminate.

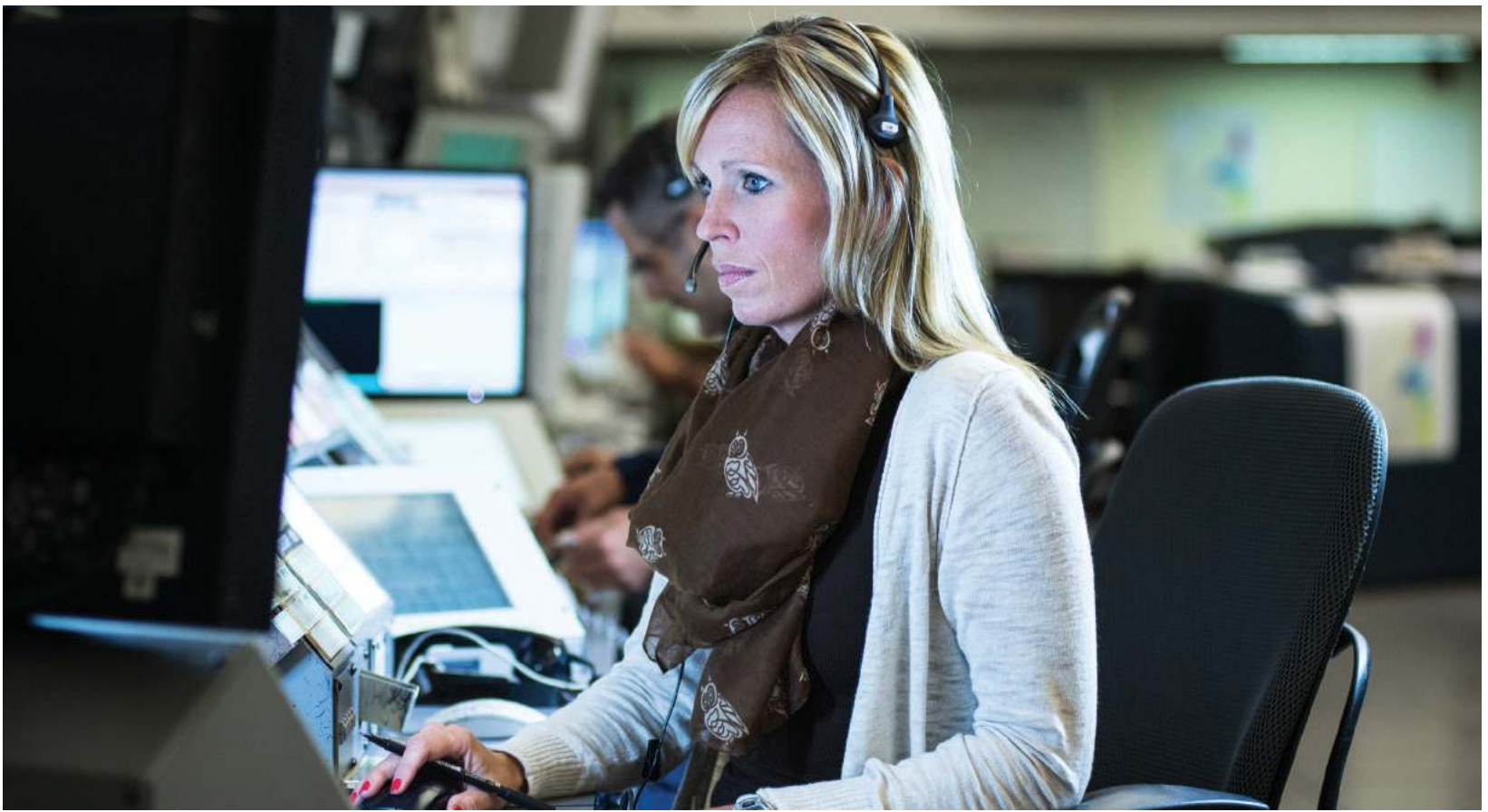
Severe burns: means the insured person has third degree burns covering at least 20% of the surface area of their body. A physician who is certified as a plastic surgeon must confirm diagnosis of this condition in writing.

Stroke: means that the insured person has suffered a cerebrovascular incident, excluding transient ischemic attack (TIA), producing infarction of brain tissue due to thrombosis, hemorrhage from an intracranial vessel or embolization caused by an extracranial source. There must be evidence of permanent neurological deficit persisting for 30 consecutive days, supported by evidence that the deficit is resulting from the stroke, confirmed in writing by a physician who is certified as a neurologist.

Disclaimer

For ease of reference, these are brief descriptions only and does not mention every provision of the contract issued. Please remember that rights and obligations are determined in accordance with the contract and not this brochure.





About CATCA Safe Landing critical illness insurance

Chubb Life Insurance Company of Canada (“Chubb”) underwrites the CATCA *Safe Landing* critical illness insurance coverage. Chubb is the world’s largest publicly traded property and casualty insurer with operations in 54 countries. In Canada, Chubb operates through Chubb Insurance Company of Canada and Chubb Life Insurance Company of Canada.

Coughlin & Associates Ltd.

This insurance program has been developed with the support of Coughlin & Associates Ltd. (“Coughlin”).

Established in 1958 as a benefits consultant and administrator for associations and multi-employer groups, Coughlin has grown to be a leading benefits consultant and third-party administrator.

Their services range from consulting and plan development to payment processing and plan administration – and they are backed by the Coughlin commitment to provide Service Beyond Expectations.

www.coughlin.ca/catca-accta

