



**CATCA SAFE LANDING CRITICAL ILLNESS  
BENEFIT CERTIFICATE  
UNDERWRITTEN BY ACE-INA LIFE INSURANCE**



This certifies that the named certificate holder is insured in accordance with the terms of the group policy CI10334601 issued to the CATCA insurance trust. This certificate replaces all certificates bearing an earlier date of issue. It is not a contract of insurance. All rights with respect to interpretation will be governed by the group policy. The governing amount of insurance and beneficiary appointment will be those which are on file with the administrator at the time of claim. Coverage will remain in force only as long as premiums continue to be paid unless otherwise stated.

**CHANGES:** It is important that the plan administration records remain current. Should you require any changes to your coverage, including but not limited to, a change of beneficiary, change of address, change in benefit amount, be certain to advise the plan administrator, Coughlin & Associates.

**IMPORTANT:** This certificate supersedes and replaces all previous communication material. Please keep in a safe place.

*For ease of reference please refer to the enclosed brochure for a brief description of the provisions of the contract and of the covered illnesses. This document contains a brief description 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.*

<b>DATE OF LAST CHANGE</b> «CHGDT» <b>DATE OF ISSUE</b> «ISSUEDT» <b>INSURANCE NUMBER</b> «PIN»	<b>INSURANCE (CANADIAN CURRENCY)</b>  Optional <b>Member:</b> \$«CI_MB» Coverage <b>Spouse:</b> \$«CI_SP»  Insured spouse:      «SP_NAME»
«FNAME» «INIT» «LNAME» «ADDR1» «ADDR2» «CITY», «PROV» «PCODE»	<b>BENEFICIARY</b>  Member:      «CI_BEN1»  «CI_BEN2»



**COUGHLIN & ASSOCIATES LTD.**  
**P.O. Box 3517, Station C, Ottawa, ON K1Y 4H5**  
**Tel: (613) 231-2266 ext. 288 or 1-888-613-1234 ext. 4288**  
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[www.coughlin.ca/catca-accta/](http://www.coughlin.ca/catca-accta/)



# Canadian Air Traffic Control Association

Safe Landing critical illness insurance

Underwritten by ACE Canada

Policy CI10334601



*For ease of reference this document contains a brief description 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.*



## ELIGIBILITY

### Member coverage

All CATCA members and CATCA staff members in good standing under the age of 65 and actively at work are eligible to be covered under this plan, provided their application for coverage is approved by the insurer.

### Spouse means:

- a person who is a resident of Canada and who is your spouse.
- your legally married spouse; or
- a person of the opposite or same sex who has continuously lived with you for a period of at least one year in a conjugal relationship outside marriage.

Only one spouse will be considered as being covered at any time.

## COMMENCEMENT OF COVERAGE

### Member coverage

If proof of good health is not required, coverage will be effective on the date you are eligible. If proof of good health is required, coverage will be effective on the date the proof of good health is approved by ACE-INA. Proof of good health is required if you apply more than 31 days after your date of eligibility.

If you are not a member in good standing of CATCA on the date that coverage would otherwise be effective, then it will take effect only when you satisfy the MIGS definition.

### Eligible Spousal coverage

Coverage for a spouse will be effective on the date the proof of good health is approved by ACE-INA. If a spouse is confined to a hospital on the date coverage would otherwise be effective, it will not become effective until the date the spouse is discharged from the hospital.

## TERMINATION

### Member coverage

Your coverage will terminate on the earliest of the following dates unless continuation of coverage is provided in the extension of coverage provision:

- the last day of the month for which the current premiums have not been remitted on your behalf;
- the 1st of the month following attainment of your 65th birthday;
- the date the contract terminates;
- the first of the month following receipt of a member's dated and signed request to cancel.

### Eligible spousal coverage

A dependant's coverage will terminate on the earliest of the following dates:

- the last day of the month for which current premiums have not been remitted on your spouse's behalf;
- the 1st of the month following attainment of your spouse's 65th birthday;
- the date the contract terminates;
- the date spousal coverage under the contract terminates; or
- the first of the month following receipt of a member's dated and signed request to cancel.

## CONTINUANCE OF COVERAGE

Coverage shall be extended subject to payment of premiums if the Employees of the Policyholder are:

- laid-off on temporary basis;
- temporarily absent from work due to short-term disability;
- on leave of absence; or
- on maternity leave.

If an Employee of the Policyholder assumes other occupational duties during the leave or lay-off period, no benefits shall be payable for a loss occurring during the performance of such other occupation.

## CONVERSION

On the date of termination of coverage or during the 31-day period following termination of coverage, an insured person may convert his/her insurance to an individual insurance policy of ACE-INA Life Insurance, subject to review of evidence of insurability. The amount of critical illness insurance benefit converted to shall not exceed that amount issued up to an all policies combined maximum of \$25,000.

## NOTICE AND PROOF OF CLAIM FOR CRITICAL ILLNESS BENEFIT

Written notice of claim must be given to the Company within 30 days after the Survival Period of the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible but in no event later than one (1) year from the date of diagnosis. Notice given by or on behalf of the claimant to the Company, or to any authorized agent in the Company, with information sufficient to identify the Insured Person, shall be deemed notice to the Company.

Claim forms can be obtained by contacting the Plan Administrator, Coughlin & Associates LTD.

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## ADDRESS CHANGES

It is important that the plan administration records remain current. Should you move, be certain to advise the plan administrator of your change of address.

## IMPORTANT

This certificate supersedes and replaces all previous communication material. Please keep in a safe place.

This information summarizes the benefits and provisions of your Voluntary Insurance Plan. It does not constitute the Group Policies and is not a contract of insurance, nor does it create or confer any contractual or other rights. Every effort has been made to ensure that the information is accurate. However, if there is any question as to interpretation, all rights with respect to an insured person will be governed solely by the Group Policies issued to the Canadian Air Traffic Control Association, by Coughlin & Associates Ltd. and ACE-INA Life Insurance.

## BENEFIT

If, while covered for this benefit, you or your spouse, incur and are diagnosed with a critical illness and complete the survival period, then subject to the terms of this benefit, ACE-INA will pay the critical illness benefit amount (as shown in the benefit summary) in effect on the date of incurral or diagnosis.

**The survival period** is the minimum number of consecutive days, immediately following the date of diagnosis of a covered condition, which the covered person must survive before a critical illness benefit becomes payable. In this benefit, the survival period is 30 days or any longer period required by the definition of critical illness.

## 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;
- 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; and/or
- misuse of medication or the abuse of drugs or intoxicants.

## 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 twenty-four 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

**COVERED ILLNESSES:**

Alzheimer's disease; aorta surgery; benign brain tumor; blindness; cancer; coma; coronary artery by-pass surgery; DCIS, deafness; Dismemberment, Early stage prostate cancer (T1A or T1B), heart attack; Loss of Independence, Loss of speech, major organ failure; major organ transplant, Motor neuron disease, multiple sclerosis; occupational HIV infection, paralysis; severe burns and stroke.

**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 tumor:** 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 tumor 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:

- carcinoma in situ;
- Kaposi's Sarcoma or other AIDS related cancers and cancer in the presence of human immunodeficiency virus (HIV);
- skin cancer or melanoma that is not invasive and has not exceeded .75 millimetres in depth;
- prostate cancer diagnosed as T1 N0 M0 or equivalent staging.
- 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 by-pass 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 per cent 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 per cent 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:

- heart attack symptoms; or
- new electrocardiogram (ECG) changes consistent with a heart attack; or
- 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:

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

- Being totally and permanently unable to perform, by oneself, at least two of the six activities of daily living; or,
- 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:

- the accidental injury must be reported to the insurer within 14 days of the accidental injury;
- a serum HIV test must be taken within 14 days of the accidental injury and the result must be negative;
- a serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
- all HIV tests must be performed by a duly licensed laboratory in Canada or the United States of America;
- 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 ACE INA Life Insurance to be permanent. A physician certified as a neurologist must confirm diagnosis in writing.

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

- Cancer, or
  - 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 per cent 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.