• Multiple Sclerosis - The unequivocal written diagnosis by a physician who is certified as a neurologist confirming at least moderate persisting neurological abnormalities, with impairment of function, but not necessarily causing confinement to a wheelchair or bed.

• Occupational HIV Infection - is defined as a definitive diagnosis of infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of your normal occupation, which exposes you 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, or the effective date of last reinstatement of the policy.

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

1) You have elected not to take any available licensed vaccine offering protection against HIV;
2) A serum HIV test must be taken within 14 days of the accidental injury; and
3) The accidental injury leading to the infection must have been 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 Physician.

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

1) You have elected not to take any available licensed vaccine offering protection against HIV;
2) A serum HIV test must be taken within 14 days of the accidental injury; and
3) The accidental injury leading to the infection must have been reported, investigated and documented in accordance with current Canadian or United States of America workplace guidelines.

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1) You have elected not to take any available licensed vaccine offering protection against HIV;
2) A serum HIV test must be taken within 14 days of the accidental injury; and
3) The accidental injury leading to the infection must have been reported, investigated and documented in accordance with current Canadian or United States of America workplace guidelines.
If you suffer any of the Critical Illnesses covered by the policy, you will receive a Benefit Payment upon the first diagnosis of the Critical Illness listed above is subject to the following:

1. Alzheimer’s Disease
2. Aortic Surgery
3. Aplastic Anemia
4. Benign Brain Tumor
5. Coma
6. Coronary Artery Bypass Graft
7. Heart Attack
8. Kidney (Renal) Failure
9. Life-Threatening Cancer
10. Loss of Independent Existence
11. Loss of Sight, Speech, or Hearing
12. Mortal Organ Transplant
13. Major Organ Transplant
14. Motor Neuron Disease
15. Multiple Sclerosis
16. Occupational HIV Infection
17. Paralysis - Quadriplegia, Paraplegia, Hemiplegia
18. Parkinson’s Disease
19. Severe Burn
20. Stroke

**CRITICAL ILLNESS COVERAGE**

If you suffer any of the Critical Illnesses covered by the policy, you will receive the Benefit Amount shown below in a lump sum payment. Under some circumstances, if you return to active work and later suffer a subsequent critical illness, you may qualify for a second benefit payment equal to your first payment.

If you qualify for a Critical Illness benefit payment, you can use it any way you wish - for example, to help cover extra costs associated with your illness, or to help make up for lost income.

All benefit payments are subject to the terms and conditions of the policy, which are summarized in this brochure.

**ELIGIBILITY**

All active members and their eligible spouses of Local 183 Members Benefit Fund who are under 70 years of age and who meet the eligibility requirements.

**BENEFIT AMOUNT**

Member: $200,000
Spouse: $150,000

The amount payable for a Critical Illness will be reduced by 50% if you are age 65 or older on the date the benefit becomes payable.

A Second Event Benefit may be payable equal to the Benefit Amount, subject to certain conditions as described under Second Event Benefit.

**CRITICAL ILLNESS DEFINITIONS**

**Alzheimer’s Disease** – progressive degeneration of the brain as diagnosed by a certified neurologist or psychiatrist. The diagnosis must be supported by medical evidence of progressive deterioration of memory and the ability to reason and perceive, to understand, and to express and give effect to ideas. The deterioration must be severe enough to render you incapable of independent living to the extent that you require a minimum of 8 hours of daily supervision. No other dementia of organic brain disorders or psychiatric illnesses are included.

**Aortic Surgery** - the undergoing of surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta means the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a Physician.

Exclusion: No benefit will be payable under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non- surgical procedures.

**Aplastic Anemia** - means as a definite diagnosis of a chronic persistent bone marrow failure, confirmed by a biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion and treatment with at least one of the following.

Marrow stimulating agents;
Immunosuppressive agents;
Bone marrow transplantation.

The diagnosis of Aplastic Anemia must be made by a Physician.

**Benign Brain Tumor** - a benign neoplasm within the substance of the brain or the meninges (the membrane enclosing the brain). The following conditions are deemed not to be Benign Brain Tumor:

- Cysts, granulomas, malformations of the intracranial arteries and veins; or
- Tumors or lesions of the pituitary.

A diagnosis of Benign Brain Tumor must be made by a physician. Interpretation: Benign Brain Tumors are typically more harmless than benign tumors in other parts of the body. This is because any abnormal growth in the brain can place pressures on sensitive tissue causing impaired functions and neurological deficits. Benign tumors within the substance of the brain or the meninges are covered.

Other problems within or near the brain, such as cysts, granulomas, malformations of the intracranial arteries and veins, and tumors or lesions of the pituitary are not covered.

**Corona Artery Bypass Graft** - the diagnosis of the condition that necessitates coronary artery bypass graft surgery must be made by a cardiologist and based on angiographic evidence of the underlying disease.

**Heart Attack** - the diagnosis of heart attack must be based on an event which causes at least one of the following criteria: 1) HAECOs which changes which support the diagnosis; 2) concurrent diagnostic elevation of cardiac enzymes above normal levels; and 3) confirmatory imaging studies such as thallium scans, MIBGA scans, or stress echocardiograms.

**Heart Valve Replacement** - replacing any heart valve with either a natural or mechanical valve. The surgery must be recommended and performed by a physician in Canada. To qualify, you must survive for 30 days following the date of the surgery.

**Kidney (Renal) Failure** - the diagnosis of end stage renal disease must be based on the irreversible failure of the function of both kidneys requiring regular hemodialysis or necessitating kidney transplant.

**Life-Threatening Cancer** - characterized by the presence of a malignant tumor and by the uncontrollable growth and spread of malignant cells and the invasion of tissue. The condition must be first manifested while your insurance under this policy is in effect. Life-Threatening Cancer includes Leukemia, Hodgkin’s disease, lymphoma and severe malignant melanoma as well as Cancers for which chemotherapy or radiation treatments have been recommended.

**Loss of Independent Existence** - defined as a definite diagnosis of the following conditions:

1. Malignant melanoma to a depth of 0.75 mm or less,
2. Carcinoma in situ,
3. Basal cell carcinoma and squamous cell carcinoma of the skin that have not metastasized,
4. Early prostate Cancer diagnosed as T1a or T1b, and any tumor in the presence of any Human Immunodeficiency Virus (HIV),
5. Pre-malignant lesions, benign tumors or polyps,
6. Stage A Colon Cancer,
7. Stage 1 Hodgkin’s disease (unless requiring chemotherapy and/or radiation treatments),
8. Cancer-related Definitions

**Basal cell carcinoma** - a skin Cancer that arises from the basal cells, which are at the bottom of the epidermis (outer layer of skin).

**Carcinoma in situ** - the Cancer is superficial and has not penetrated into the organ involved.

**Malignant melanoma** to a depth of 0.75 mm or less - a Cancerous mole which is 0.75 mm or less when measured under a microscope.

**Metastasized** - spread of the Cancer from one part of the body to another.

**Squamous cell carcinoma** - a skin Cancer that arises from the upper part of the epidermis (outer layer of skin).

**Partial Payment for Non-Life-Threatening Cancer** - 25% of the Benefit Amount for the following conditions:

1. Malignant melanoma to a depth of 0.75 mm or less, excluding malignant melanoma in situ,
2. Basal or squamous cell carcinoma that has spread beyond the deepest layer of skin and has not metastasized,
3. Stage A Colon Cancer,
4. Carcinoma in situ,
5. Early prostate Cancer diagnosed as T1a or T1b,
6. Stage A Hodgkin’s disease (unless requiring chemotherapy and/or radiation treatments),
7. Life-Threatening Cancer, in the presence of any Human Immunodeficiency Virus (HIV),
8. Must be positively diagnosed by a physician and supported with a pathological report.

Upon your payment of partial benefit for Non-Life-Threatening Cancer, your insurance remains in effect with the Benefit Amount reduced by the amount of the partial payment. Only one claim per condition is permitted for Non-Life-Threatening Cancer.

**Loss of Independent Existence** - defined as a definite diagnosis of the 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 Loss of Independent Existence must be made by a Physician.

**Activities of Daily Living are:**

1. Bathing - the ability to wash oneself in a bath, shower or by sponge bath, with or without the aid of assistive devices;
2. Dressing - the ability to put on and off the clothing or with the aid of assistive devices;
3. 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 hygiene is maintained;
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 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.

**Loss of Sight, Speech, or Hearing** - the diagnosis of loss of sight, speech or hearing must be made by a licensed specialist in that field of medicine. The diagnosis of loss of sight must indicate that corrected visual acuity must be worse than 20/200 in both eyes or that the field of vision must be less than 20 degrees in both eyes. The diagnosis of loss of speech must be established for a continuous period of 12 months. Psychiatric related causes are not covered. The diagnosis of loss of hearing must include audiometric and sound threshold tests, and the auditory threshold must be more than 90 decibels.

**Maj our Organ Transplant** - means being the recipient of a transplanted human heart, liver, kidney, pancreas, bone marrow, or lung performed by a Physician who is certified to conduct such a transplant, or enrolled in a recognized organ or bone marrow transplant program in Canada or the United States for one or more of the organs or bone marrow specified in this provision. Pancreatic cell transplants are excluded.

**Malignant Neuron Disease** - a definitive diagnosis of one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these entities. The diagnosis must be made by a physician who is certified in neurology.

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**CRITICAL ILLNESS COVERAGE**

Payment of benefits upon the first diagnosis of the Critical Illnesses listed above is subject to the following:

- **survival for at least 30 days after diagnosis of a covered Critical Illness**;
- **the diagnosis is made within Canada**;
- **payment is not precluded by any general or specific exclusion or limitation set forth in the policy or any failure to meet any condition precedent set out below**; and
- **once 100% of the maximum Benefit Amount has been paid, coverage terminates and no further benefits are payable, except as described under Second Event Benefit.**