

HEALTH INSURANCE

Sun Critical Illness Insurance

ADVISOR GUIDE

What's inside

Product information

Underwriting

Claims

Administration




We help. You grow.

Important information about this guide

The information in this guide has been prepared for advisor use only and is intended to provide you with an overview of Sun Critical Illness Insurance (Sun CII). You should also read the sample policy pages located on the Advisor websites.

This guide doesn't provide tax, legal, accounting or other professional advice. We suggest you advise Clients to seek the advice of a tax professional when making decisions. It's the policy owner's responsibility to determine the tax consequences under their relevant tax legislation. Any tax information provided in this Advisor Guide is based on the provisions of the Income Tax Act (Canada) and Regulations as of the date of this guide. In addition, this information is based on Sun Life's current understanding and interpretation of the rules and the administrative practices of the Canada Revenue Agency (CRA).

Throughout this guide you'll see this symbol  which indicates a Sun CII competitive advantage. Please refer to page 75 for a summary of these competitive advantages.

Contents

Overview	6
Helping Clients understand how Critical Illness Insurance works	8
Exclusions	10
When coverage for cancer or benign brain tumour ends	10
When coverage for Parkinson's disease or specified atypical parkinsonian disorders ends	10
General exclusions	11
Optional benefits	16
Long-term care conversion option (LTCCO)	16
Total disability waiver (TDW)	18
Owner waiver disability benefit (OW) ☼	20
Owner waiver death benefit (OW) ☼	22
Owner waiver death and disability benefit (OW)	23
Return of premium on death (ROPD)	23
Return of premium on cancellation or expiry (ROPC/E) – 15 years	24
Return of premium on cancellation or expiry (ROPC/E) – age 65	25
Return of premium on cancellation or expiry (ROPC/E) – age 75	26
Advanced return of premium on cancellation or expiry (Advanced ROPC/E)	27
Return of premium on cancellation or expiry (ROPC/E) – age 35	28
When premiums exceed the critical illness insurance benefit amount ..	29
Teladoc Medical Experts ☼	
– coverage Clients can use right away	30
Expert Medical Opinion	31
Find a Doctor	31
Care Finder	31
Personal Health Navigator	31
Ask the Expert	31
Mental Health Navigator	32
Family access to Teladoc Medical Experts	32
Applying for a CII policy	33
Residency requirements	33
Backdating	33
Ownership rules	34
Payee designation	35
Completing the application	36
Payments on new applications	36

Underwriting	37
Underwriting evidence requirements	37
Risk classes	37
Ratings	38
Tele-interview	38
Financial underwriting	39
Premium details	41
Premium bands	41
Premium frequency – monthly or annually	41
Withdrawable premium fund	42
Issuing a CII policy	42
Policy date	42
Plan changes	43
Changing from a smoker to a non-smoker	43
Decreasing the benefit amount	43
Terminating an optional benefit	44
Adding the LTC conversion option – child plans	44
Conversions	44
Internal replacements	52
Reinstatements	53
Making a claim for a CII benefit	54
Critical illness occurring or diagnosed while in Canada	56
Critical illness occurring or diagnosed while outside of Canada	56
Step 1: Completing the claim form	57
Step 2: Collecting medical information	58
Step 3: Making the claims decision	59
Tips for an efficient claims process	59
Taxation	60
Product history	61
Sun CII policies dated Oct 2, 2017 - Oct 17, 2021 (age nearest-pricing)	61
Sun CII policies dated Sept 17, 2012 - Oct 1, 2017 (age-nearest pricing)	64
Sun CII policies dated Jan 26, 2009 - Sept 16, 2012 (age-last pricing)	67
Sun CII policies dated Jan 23, 2006 - Jan 26, 2009 (age-last pricing)	69
Sun CII policies dated Mar 11, 2005 - Jan 23, 2006 (age-last pricing)	72

Sun CII competitive advantages – summary ☀	75
Clients can claim sooner – no survival period on most covered illnesses	75
Limited premium payment options	75
High issue limits	75
Acquired brain injury due to external trauma	75
Partial payout won't reduce CII and return of premium benefits	75
Long-term care conversion option	76
Owner waiver	76
Ratings don't apply to premiums for return of premium options	76
Teladoc Medical Experts	76
Where to go for more information	77

Overview

Sun Critical Illness Insurance (Sun CII) provides a lump sum benefit to help the Client respond to the financial impacts of the insured person being diagnosed with, and surviving, one of the covered illnesses.

The insurance pays a lump sum benefit. The benefit is the Client's to spend any way they choose to help them, their family or business financially manage a significant illness or condition. Sun CII helps protect against lost income or missed debt repayments. It can cover medical expenses, but also child care, travel and accommodations during treatment, new and unexpected household expenses and even quality time with friends and family.

Sun CII can be customized to fit the current and future needs of Clients. The product features and various optional benefits in this guide can be used in combination to create flexible and affordable coverage to follow a Client through every life stage. The guide also includes important information you'll want to reference in the future when exercising the options and helping Clients manage their critical illness insurance coverage over time.

Health protection for every life in every life stage

Sun CII can protect the Client, their family and their business. It can protect debt and savings plans in the short term or employment and retirement income for the long-term.

Help build a family's future – The ability to earn an income is the most important asset a family has to rely upon. Protecting their investment in their home is number two. Critical illness protection can help replace lost income of both the patient and the care giver. It can help create the financial stability to meet mortgage and other debt payments so families can focus on recovery.

Secure a child's future – The benefit from critical illness insurance when a child is seriously ill can help a family cope financially at a very stressful time. But more than that, choosing to put critical illness insurance in place when a child is young can mean affordable, guaranteed coverage for life. Sun CII has unique benefits designed just for kids that can contribute financially to their futures even if they don't suffer an illness in childhood. A Sun CII policy can be a great gift for parents or grandparents to give a child or young adult.

Protect Clients' retirement plans – Saving for a successful retirement means having a solid investment plan in place. A serious illness can put that plan on hold, or worse, cause it to be liquidated to pay for expenses during recovery. Including Sun CII in a retirement plan can help protect it against unexpected serious illness. And getting the coverage in place early means affordable health insurance protection throughout retirement. Alternatively, there are options to convert the coverage to long-term care insurance closer to retirement, or cancel coverage and have the premiums paid for the insurance flow back into savings.

Business owners are vulnerable, too – Critical illness insurance for key persons in a business is equally important as life insurance. The benefit from the insurance can assist with business continuity, debt repayment and succession planning if illness strikes owners or staff.

Helping Clients understand how Critical Illness Insurance works

Illnesses eligible for full benefit payout (Group 1):

The policy will pay a full lump sum benefit if the insured person is diagnosed and survives one of 26 illnesses or conditions defined in their policy. When a full payout is made the policy ends.

- Acquired brain injury due to external trauma
- Aortic surgery
- Aplastic anemia
- Bacterial meningitis
- Benign brain tumour
- Blindness
- Cancer
- Coma
- Coronary artery bypass surgery
- Deafness
- Dementia, including Alzheimer's disease
- Heart attack
- Heart valve replacement or repair
- Kidney failure
- Loss of independent existence* (LOIE)
- Loss of limbs
- Loss of speech
- Major organ failure on waiting list
- Major organ transplant
- Motor neuron disease
- Multiple sclerosis
- Occupational HIV infection
- Paralysis
- Parkinson's disease and specified atypical parkinsonian disorders
- Severe burns
- Stroke

* If an insured child is diagnosed with LOIE before the policy anniversary nearest their 18th birthday, a claim may be submitted at the policy anniversary nearest their 18th birthday and no later than the policy anniversary nearest their 19th birthday.

Childhood illnesses eligible for full benefit payout:

If the insured person is a child, they'll have coverage for an additional five illnesses until they're 24 years old. After age 24, coverage continues for the remaining 26 illnesses.

- Cerebral palsy
- Congenital heart disease
- Cystic fibrosis
- Muscular dystrophy
- Type 1 diabetes mellitus

Illnesses eligible for partial benefit payout (Group 2):

Some conditions are diagnosed at early stages and therefore treatments are less invasive and often very successful. In these situations, the full benefit isn't paid. Instead, a partial benefit of 15% of the full benefit amount to a maximum of \$50,000 will be paid. The coverage doesn't end.

- Cancer – chronic lymphocytic leukemia (CLL) Rai stage 0
- Cancer – ductal carcinoma in situ of the breast
- Cancer – papillary thyroid cancer or follicular thyroid cancer stage T1
- Cancer – gastrointestinal stromal tumours classified as AJCC Stage 1
- Cancer – grade 1 neuroendocrine tumours (carcinoid)
- Cancer – stage 1A malignant melanoma
- Cancer – stage A (T1a or T1b) prostate cancer
- Coronary angioplasty

One claim is permitted per partial payout illness, to a maximum of four partial payments.



The CII benefit and Return of premium benefits aren't reduced by the amount of the partial payout.

Critical illness insurance is intended to help financially with life altering health events. Understanding how each illness has specific diagnosis criteria is important for you and the Client. Please refer to the sample Sun CII policy available on your advisor site or to the Guide to critical illness definitions (810-3310) available on your advisor site or accessible via Sun Life Illustrations.



There is no survival period requirement for non-cardiovascular conditions. This means Clients can submit claims after a diagnosis and may receive their benefit sooner. Aortic surgery, coronary artery bypass surgery, heart attack, heart valve replacement, stroke, coronary angioplasty (Illness eligible for a partial payout (Group 2)) and congenital heart disease (childhood illness) have a 30 day survival period.

Exclusions

When coverage for cancer or benign brain tumour ends

No benefit is payable for benign brain tumour or cancer if within the first 90 days following the later of:

- the date the application for this policy was signed,
- the policy date, shown on the policy summary,
- the most recent date the policy was put back into effect (reinstatement), or
- the underwriting decision date, but only if shown under the heading, Amendments to this policy.

The insured person has:

- signs, symptoms or investigations that lead to a diagnosis of benign brain tumour or cancer (covered or excluded under the policy), regardless of when the diagnosis is made.
- a diagnosis of benign brain tumour or cancer (covered or excluded under the policy).

When coverage for Parkinson's disease or specified atypical parkinsonian disorders ends

No benefit will be payable for Parkinson's disease or specified atypical parkinsonian disorders if, within one year following the later of:

- the date the application for the policy was signed,
- the policy date, shown on the policy summary, or
- the most recent date this policy was put back into effect (reinstatement)
- the underwriting decision date, but only if shown under the heading, Amendments to this policy.

the insured person has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of Parkinson's disease, a specified atypical parkinsonian disorder or any other type of parkinsonism, regardless of when the diagnosis is made.
- a diagnosis of Parkinson's disease, a specified atypical parkinsonian disorder or any other type of parkinsonism.

General exclusions

- Some CII policies may be issued with amendments or exclusions.
- Some CII definitions have specific exclusions. Refer to the Guide to critical illness definitions for a description of each illness (810-3310).
- We won't make a payment if the covered critical illness is directly or indirectly caused by or associated with the insured person:
 - committing or attempting to commit a criminal offence,
 - taking or attempting to take their own life, regardless of whether the insured person has a mental illness or understands or intends the consequences of their action(s),
 - causing themselves bodily injury, regardless of whether the insured person has a mental illness or understands or intends the consequences of their action(s),
 - taking any drug, unless the drug was taken as prescribed by a licensed medical practitioner,
 - inhaling or ingesting any poisonous substance, whether voluntarily or otherwise,
 - inhaling any type of gas, whether voluntarily or otherwise,
 - civil disorder or war, whether declared or not, or
 - operating a vehicle while their blood alcohol level is more than 80 milligrams of alcohol per 100 milliliters of blood.

Product at a glance

Plan details	Adult plan	Child plan
Issue ages	18 - 65	30 days - 17 years
Issue amounts	\$25,000 - \$3,000,000	\$25,000 - \$1,000,000
Limited payment options	10 pay: T100 15 pay: T75, T100	
Plan types and age at expiry	T10, T75 – expires at policy anniversary nearest age 75 T100 – doesn't expire; policy is paid up at the policy anniversary nearest age 100 and coverage continues	
Conversion option	T10 can convert to T75 or T100 until the policy anniversary nearest age 65	
26 illnesses – full benefit payout (Group 1)	<ul style="list-style-type: none"> • Acquired brain injury due to external trauma • Aortic surgery • Aplastic anemia • Bacterial meningitis • Benign brain tumour • Blindness • Cancer • Coma • Coronary artery bypass surgery • Deafness • Dementia, including Alzheimer's disease • Heart attack • Heart valve replacement or repair 	<ul style="list-style-type: none"> • Kidney failure • Loss of independent existence (LOIE) • Loss of limbs • Loss of speech • Major organ failure on waiting list • Major organ transplant • Motor neuron disease • Multiple sclerosis • Occupational HIV infection • Paralysis • Parkinson's disease and specified atypical parkinsonian disorders • Severe burns • Stroke
Five childhood illnesses – full benefit payout Coverage ends on the insured person's 24 th birthday	Not applicable	<ul style="list-style-type: none"> • Cerebral palsy • Congenital heart disease • Cystic fibrosis • Muscular dystrophy • Type 1 diabetes mellitus
Eight partial payout illnesses (Group 2) – 15% up to \$50,000 on each Claims don't reduce the face amount One claim per illness to a maximum of four partial payments	<ul style="list-style-type: none"> • Cancer – chronic lymphocytic leukemia (CLL) Rai stage 0 • Cancer – ductal carcinoma in situ of the breast • Cancer – gastrointestinal stromal tumours classified as AJCC Stage 1 • Cancer – grade 1 neuroendocrine tumours (carcinoid) • Cancer – papillary thyroid cancer or follicular thyroid cancer stage T1 • Cancer – stage 1A malignant melanoma • Cancer – stage A (T1a or T1b) prostate cancer • Coronary angioplasty 	

Options and features	Adult plan	Child plan
<p>Return of premium on death (ROPD)</p> <p>Optional benefit</p>	<p>Issue ages 30 days - 65 years</p>	
<p>Return of premium on cancellation or expiry (ROPC/E)</p> <p>Optional benefit</p>	<p>Plans paid for the lifetime of the policy</p> <ul style="list-style-type: none"> • ROPC/E - 15 years <ul style="list-style-type: none"> – Issue ages 18 - 60 • ROPC/E - age 65 <ul style="list-style-type: none"> – Issue ages 18 - 50 • ROPC/E - age 75 <ul style="list-style-type: none"> – Issue ages 18 - 60 	<p>Plans paid for the lifetime of the policy</p> <ul style="list-style-type: none"> • 75% of returnable premiums are automatically paid at the later of age 25 or the 15th policy anniversary. Remaining returnable premiums are payable on cancellation at the later of age 40 or the 30th policy anniversary.
	<p>Limited pay plans</p> <ul style="list-style-type: none"> • ROPC/E - 15 years <ul style="list-style-type: none"> – Issue ages 18 - 60 	<p>Limited pay plans</p> <ul style="list-style-type: none"> • ROPC/E at age 35
<p>Long-term care conversion option (LTCCO)</p> <p>Optional benefit</p>	<ul style="list-style-type: none"> • Issue ages 18 - 50 • Available for standard risks only • Not available on limited pay plans 	<ul style="list-style-type: none"> • May apply to add to policy between policy anniversary nearest age 18 and policy anniversary nearest age 19.
	<p>Weekly LTCI benefit = CII amount being converted ÷ 200</p> <p>The maximum amount of CII that may be converted is \$250,000 per insured person. This provides a weekly LTCI benefit of \$1,250. Conversion is available once during the five policy years that start on the policy anniversary nearest the insured person's 60th birthday.</p>	

Options and features	Adult plan	Child plan
Total disability waiver (TDW) Optional benefit	Issue ages 18 - 55	For issue ages 0 - 17, charges and coverage for this benefit begin at age 18.
Owner waiver (OW) Optional benefit	Issue ages: <ul style="list-style-type: none"> • 18 - 55 (Owner waiver – disability) • 18 - 60 (Owner waiver – death) 	For issue ages 0-17, coverage ends on the policy anniversary nearest the insured's 25th birthday or the policy anniversary nearest the owner's 60th birthday (Disability or Disability/Death) or 70th birthday (Death) whichever is the earliest.
Smoking status	<ul style="list-style-type: none"> • Occasional large cigar use may qualify the insured as a non-smoker. 	<ul style="list-style-type: none"> • Smoker rates begin on the policy anniversary nearest the insured person's 18th birthday. • The owner can apply for non-smoker rates on or after the policy anniversary nearest the insured person's 17th birthday.
Teladoc Medical Experts	Unlimited access to Teladoc Medical Experts services available to the insured, their spouse, dependent children, parents and parents-in-law. The insured can extend a one-time gift of services to their grandparent or sibling. Services are available any time while the policy is in effect and up to four months after the policy ends.	

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Product details

Sun CII provides a lump sum benefit that helps the Clients respond to a critical illness in their own way.

Sun Life offers the following standalone plan designs for single lives:

- **Term 10 (T10)** – Guaranteed renewable premiums every 10 years until the policy ends at the policy anniversary nearest the insured person’s 75th birthday.
- **Term 75 (T75)** – Guaranteed level premiums until the policy anniversary nearest the insured person’s 75th birthday, at which point the policy ends.
- **Term 75 (T75) Payable for 15 years** – Guaranteed level premiums for 15 policy years, at which time the policy is paid up and coverage continues until the policy ends at the policy anniversary nearest the insured person’s 75th birthday. 🌀
- **Lifetime (T100)** – Guaranteed level premiums until the policy anniversary nearest the insured person’s 100th birthday, at which time the policy is paid up and coverage continues.
- **Lifetime (T100) Payable for 10 years** – Guaranteed level premiums for 10 policy years, at which time the policy is paid up and coverage continues. 🌀
- **Lifetime (T100) Payable for 15 years** – Guaranteed level premiums for 15 policy years, at which time the policy is paid up and coverage continues. 🌀

For all plans above, coverage will end when a claim is paid for a full payout illness, or when the insured person dies or when the policy is cancelled.

Base plan issue ages

Adult: 18 - 65

Child: 30 days - 17 years

Issue ages are based on the insured person’s insurance age, or their age at their nearest birthday. For example, if the Client is 48 years and 7 months, their insurance age will be 49.

Issue limits

Adult: \$25,000 - \$3,000,000 🌀

Child: \$25,000 - \$1,000,000 🌀

Optional benefits

Long-term care conversion option (LTCCO)

Adult plans: Optional benefit for issue ages 18 - 50.

Child plans: This option can't be purchased at issue. Instead, the owner may apply for this optional benefit between the policy anniversary nearest the insured person's 18th birthday and the policy anniversary nearest their 19th birthday, with evidence of insurability.

This option is available only if the insured person is a standard risk. It isn't available on plans with limited premium payments.

If this option is included in the policy, the owner may apply once to convert a portion or the entire CII benefit to a long-term care insurance (LTCI) policy on the insured person without evidence of insurability. 🌀

The application to convert to LTCI may be made during the five policy years that start on the policy anniversary nearest the insured person's 60th birthday.

- We determine the type of LTCI policy available for conversion.
- The weekly LTCI benefit amount will be calculated by dividing the CII amount being converted by 200 and rounded to the nearest dollar. Minimums may apply depending on the LTCI product that is available for the conversion.

For example:
$$\frac{\$150,000 \text{ (CII benefit amount)}}{200} = \$750 \text{ (weekly LTCI benefit amount)}$$

- The maximum CII amount that may be converted is \$250,000 per insured person for a weekly LTCI benefit amount of \$1,250.
- Premiums for the new LTCI policy will be the attained age rates we charge for the new insurance at the time the application for the new policy is signed.
- If a Return of premium on cancellation or expiry (ROPC/E) benefit is included in the CII policy and the policy has been in effect long enough for the owner to receive the returnable premium amount if they cancelled the policy, then on conversion to LTCI, we transfer the returnable premium amount to the LTCI withdrawable premium fund. 🌀
- If a Return of premium on death (ROPD) benefit is available for LTCI at the time of conversion, it may be included in the converted policy if the CII policy included an ROPD benefit. At conversion, the ROPD returnable premium amount (after any ROPC/E benefit payment if applicable) is carried over from the CII policy to the new LTCI policy.

NOTE: *If a policy includes the Long-term care conversion option and the Return of premium on cancellation or expiry – age 75 (ROPC/E – age 75), the use of these benefits may be limited. The Client can choose to:*



- convert the total CII benefit to long-term care insurance between ages 60 and 65;
 - if converting between 60 and 62 the policy will end and no return of premium benefit will be payable.
 - if converting between 63 and 65 the policy will end and the return of premium benefit percent available at the given age will be payable.
 - convert a portion of the CII benefit to long-term care insurance between age 60 and 65 and have the remaining ROP benefit prorated to align with the remaining CII coverage.
 - if they convert between the ages of 60 and 62 they won't receive a returnable amount. For ages 63 to 65 a portion of the returnable premium amount will be returned, based on the converted benefit amount and the chart in the ROPC/E - age 75 section below,
 - retain the full CII benefit until age 75 to gain access to the full ROPC/E benefit, but forfeit the opportunity to convert to long-term care insurance.
-

Total disability waiver (TDW)

This optional benefit maintains coverage if the insured person becomes totally disabled and is unable to earn an income. With TDW, the premiums will be waived if the insured person becomes disabled.

Total disability waiver	
Issue ages	<ul style="list-style-type: none"> Ages 0 - 55 For issue ages 0 - 17, this benefit must be selected when the policy is applied for, but premiums and coverage begin at age 18.
Availability	<ul style="list-style-type: none"> Not available after issue. Not available if the insured is between 0 - 17 years and the payment period is "10 years" or "15 years".
Coverage period for this benefit	Until the policy anniversary nearest the insured person's 60 th birthday.
Length of time premiums will be waived for	For the duration of disability of the insured person, even if disability extends past age 60, provided that the disability began before age 60.
Waiting period	Six months of continuous disability.
Maximum amount Sun Life will waive under this benefit	\$50,000 annual premium across all Sun Life policies.
Exclusions	<p>Premiums won't be waived if the total disability:</p> <ul style="list-style-type: none"> continues for less than six months, is the result of self-inflicted injuries, or is the result of committing a criminal offence. <p><i>Please refer to the policy for other exclusions.</i></p>
Making a claim	<p>For Clients to make a claim:</p> <ul style="list-style-type: none"> notice must be given to Sun Life during total disability and before the policy anniversary nearest the insured person's 60th birthday, proof of disability must be provided within six months of notice, and then periodically as required, and payments under this benefit won't be made for any period earlier than one year before notice of total disability is received.



TIP! *If a Client becomes disabled, they may be unable to pay their premiums. The TDW provides low-cost disability protection, helping Clients maintain their valuable critical illness insurance coverage*

Definition of total disability – An insured person must be completely unable, as a result of injury or disease, during the first two years following the date of their disability, to carry on with the essential duties of their own occupation, and thereafter to carry on any occupation. The total disability must be continuous.

- **Disabled while a student** – If the insured person becomes disabled while they're a student, Sun Life considers them to be disabled if they're completely unable to attend or participate as a student in an education program or perform the duties of any occupation within their education, training or experience.
- **Disabled while unemployed** – If the insured person becomes disabled while unemployed and isn't profiting from any occupation, Sun Life considers them to be disabled if they're completely unable to perform the duties of any occupation within their education, training or experience.

Owner waiver disability benefit (OW)

This is an optional benefit that maintains coverage if the owner of the policy becomes totally disabled between the policy anniversary nearest their 18th and 60th birthdays. Premiums for the insurance amount and any optional benefits in the policy, along with the policy fee, are waived if the owner insured under this benefit becomes disabled.

Owner waiver disability benefit	
Issue ages	18 - 55
Availability	<ul style="list-style-type: none"> • Only one owner can be covered per policy. • The owner must be different than the insured. • Not available when the policy is owned by a corporation. • Not available on rated policies.
Coverage period for this benefit	<ul style="list-style-type: none"> • Insured ages 18 - 55: Coverage ends on the policy anniversary nearest the owner's 60th birthday. • Insured ages 0 - 17: Coverage ends on the earlier of the policy anniversary nearest the insured's 25th birthday or the policy anniversary nearest the owner's 60th birthday.
Length of time premiums will be waived for	For the duration of disability of the owner insured under this benefit.
Waiting period	Six months of continuous disability.
Maximum amount Sun Life will waive under this benefit	\$50,000 annual premium across all Sun Life policies.
Exclusions	<p>Premiums won't be waived if the total disability:</p> <ul style="list-style-type: none"> • continues for less than six months, • is the result of self-inflicted injuries, or • is the result of committing a criminal offence. <p><i>Please refer to the policy for other exclusions.</i></p>
Making a claim	<p>For Clients to make a claim:</p> <ul style="list-style-type: none"> • notice must be given to Sun Life during total disability and before the policy anniversary nearest the insured person's 60th birthday, • proof of disability must be provided within six months of notice, and then periodically as required, and • payments under this benefit won't be made for any period earlier than one year before notice of total disability is received.

If there are multiple owners on one policy, the Owner waiver benefit can't be transferred between owners. If ownership of this policy is transferred, the benefits under this option aren't transferrable and therefore, the new owner won't qualify for the Owner waiver on death benefit.

Definition of total disability – The insured person must be completely unable, as a result of injury or disease, during the first two years following the date of their disability, to carry on with the essential duties of their own occupation, and thereafter to carry on any occupation. The total disability must be continuous.

- **Disabled while a student** – If the insured person becomes disabled while they're a student, Sun Life considers them to be disabled if they're completely unable to attend or participate as a student in an education program or perform the duties of any occupation within their education, training or experience.
- **Disabled while unemployed** – If the insured person becomes disabled while unemployed and isn't profiting from any occupation, Sun Life considers them to be disabled if they're completely unable to perform the duties of any occupation within their education, training or experience.

If ownership of this policy is transferred, the benefits under this option aren't transferrable and therefore, the new owner won't qualify for the Owner waiver on disability benefit. In cases where the owner dies while disabled and premiums are being waived, those costs resume.

Owner waiver death benefit (OW)

This is an optional benefit that maintains coverage if the owner of the policy dies between the policy anniversary nearest their 18th and 70th birthdays. Premiums will be waived if the policy owner insured under this benefit dies.

Owner waiver death benefit	
Issue ages	18 - 60
Availability	<ul style="list-style-type: none">• Only one owner can be covered per policy.• The owner must be different than the insured.• Not available when the policy is owned by a corporation.• Not available after issue or for substandard risk.
Coverage period for this benefit	<ul style="list-style-type: none">• Insured ages 18 - 60: Coverage ends on the policy anniversary nearest the owner's 70th birthday.• Insured ages 0 - 17: Coverage ends on the earlier of the policy anniversary nearest the base insured's 25th birthday or the policy anniversary nearest the owner's 70th birthday.
Length of time premiums will be waived for	For as long as premiums are charged.
Maximum amount Sun Life will waive under this benefit	\$50,000 annual premium across all critical illness insurance policies issued by Sun Life.
Exclusions	Premiums won't be waived if death is the result of: <ul style="list-style-type: none">• self-inflicted injuries, or• committing a criminal offence. <i>Please refer to the policy for other exclusions.</i>

If ownership of this policy is transferred, the benefits under this option aren't transferrable and therefore, the new owner won't qualify for the Owner waiver on death benefit.

If there are multiple owners on one policy, the Owner waiver benefit can't be transferred between owners.

Owner waiver death and disability benefit (OW)

This is an optional benefit that combines the coverages provided by the Owner waiver death and Owner waiver disability benefits. When both benefits are purchased, a discount is applied to the benefit premium.

The issue age for this combined benefit is 18 - 55. All other features and provisions for the separate Owner waiver death and Owner waiver disability benefits remain the same.

Return of premium on death (ROPD)

Issue ages: 30 days - 65 years

We'll pay the Returnable premium amount (described below) to the ROPD beneficiary if the insured person dies while the policy is in effect and a CII benefit isn't payable.

DEFINITION: Returnable premium amount

This definition applies to all return of premium benefits – ROPD, ROPC/E and Advanced ROPC/E.

The Returnable premium amount is the sum of all premiums paid, including rated premiums, minus:

- any Advanced return of premium amount we have paid,
- any premiums paid for the Long-term care conversion option, if included in the policy, and
- any unpaid premiums plus interest.

The Returnable premium amount isn't reduced by any payments made for partial payout illnesses and may be greater than the CII benefit amount.

We'll pay either a return of premium benefit or a CII benefit, but not both.

Return of premium on cancellation or expiry (ROPC/E) – 15 years

Issue ages: 18 - 60

Plan types: T75 or T100. It's also available on plans with limited premium payment periods.

It isn't available on T10 plans.

We'll pay a percentage of the returnable premium amount to the owner if the policy is cancelled on or after the 3rd policy anniversary, if the CII benefit isn't payable. The benefit has no value if the policy is cancelled before this date. The percentage amount starts at 10% of the returnable premium amount and increases by 7.5% per year to a maximum of 100%.

Policy anniversary	Percentage
3	10.0%
4	17.5%
5	25.0%
6	32.5%
7	40.0%
8	47.5%
9	55.0%
10	62.5%
11	70.0%
12	77.5%
13	85.0%
14	92.5%
15+	100.0%

If the policy expires at age 75 and no claim for a full-payout covered illness has been made, the policy owner can receive 100% of the returnable premiums. We'll also pay the policy owner any amount in the withdrawable premium fund on the policy end date.

Return of premium on cancellation or expiry (ROPC/E) – age 65

Issue ages: 18 - 50

Plan types: T10, T75 or T100. It isn't available on plans with limited premium payment periods.

We'll pay a percentage of the returnable premium amount to the owner if the policy is cancelled on or after the policy anniversary nearest the insured person's 53rd birthday, if the CII benefit isn't payable. The benefit has no value if the policy is cancelled before this date. The percentage amount starts at 10% of the returnable premium amount and increases by 7.5% per year to a maximum of 100%.

Age nearest policy anniversary	Percentage
53	10.0%
54	17.5%
55	25.0%
56	32.5%
57	40.0%
58	47.5%
59	55.0%
60	62.5%
61	70.0%
62	77.5%
63	85.0%
64	92.5%
65+	100.0%

If the policy expires at age 75 and no claim for a full-payout covered illness has been made, the policy owner can receive 100% of the returnable premiums. We'll also pay the policy owner any amount in the withdrawable premium fund on the policy end date.

Return of premium on cancellation or expiry (ROPC/E) – age 75

Issue ages: 18 - 60

Plan types: T10, T75 or T100. It isn't available on plans with limited premium payment periods.

We'll pay a percentage of the returnable premium amount to the owner if the policy is cancelled on or after the policy anniversary nearest the insured person's 63rd birthday, if the CII benefit isn't payable. The benefit has no value if the policy is cancelled before this date. The percentage amount starts at 10% of the returnable premium amount and increases by 7.5% per year to a maximum of 100%.

Age nearest policy anniversary	Percentage
63	10.0%
64	17.5%
65	25.0%
66	32.5%
67	40.0%
68	47.5%
69	55.0%
70	62.5%
71	70.0%
72	77.5%
73	85.0%
74	92.5%
75	100.0%

If the policy expires at age 75 and no claim for a full-payout covered illness has been made, the policy owner can receive 100% of the returnable premiums. We'll also pay the policy owner any amount in the withdrawable premium fund on the policy end date.

Advanced return of premium on cancellation or expiry (Advanced ROPC/E)

Issue ages: 30 days - 17 years

Plan types: T10, T75 or T100. It isn't available on plans with limited premium payment periods.

If a CII benefit isn't payable, we'll automatically pay the owner 75% of the returnable premiums on the 15th policy anniversary or the policy anniversary nearest the insured person's 25th birthday, whichever is later, and coverage continues. 🌀

If a CII benefit isn't payable, we'll pay the owner the remainder of the returnable premiums if they cancel the policy on or after the 30th policy anniversary or the policy anniversary nearest the insured person's 40th birthday, whichever is later. This benefit has no value prior to these maturity dates.

For T10 and T75 plans, we'll pay the Returnable premiums to the owner if the policy hasn't been cancelled and therefore expires (ends) and a CII benefit isn't payable. These policies expire on the policy anniversary nearest the insured person's 75th birthday.

Return of premium on cancellation or expiry (ROPC/E) – age 35

Issue ages: 30 days - 17 years

Plan types: T75 or T100 plans with limited premium payment periods.

If a CII benefit isn't payable, we'll pay the owner the returnable premiums if they cancel the policy on or after the policy anniversary nearest the insured person's 35th birthday.

For T75 plans with a 15-year limited payment period, we'll pay the returnable premiums to the owner if the policy hasn't been cancelled and therefore expires (ends) and a CII benefit isn't payable. These policies expire on the policy anniversary nearest the insured person's 75th birthday.

This benefit has no value prior to its maturity at age 35. Please refer to the Plan changes section of this guide for more information on how policy changes will impact ROPC/E values.

Return of premium on cancellation or expiry (ROPC/E) – summary					
	Adult plans			Child plans	
	ROPC/E – 15 years	ROPC/E – age 65	ROPC/E – age 75	Advanced ROPC/E	ROPC/E – age 35
T10		✓	✓	✓	
T75 (lifetime pay plans)	✓	✓	✓	✓	
T75 (15-pay plans)					✓
T100 (lifetime pay plans)	✓	✓	✓	✓	
T100 (10-pay or 15-pay plans)	✓				✓

When premiums exceed the critical illness insurance benefit amount

In some CII policies, the premiums paid may exceed the critical illness insurance benefit amount of the policy. Here are some factors that may result in a Client paying more in premium than the face amount of the plan:

- Rated policies
- An older insured at the time of issue
- Smoker status
- ROPC/E added to the policy
- Limited pay policy

The below scenarios show what will be paid out for Sun CII policies sold after September 17, 2012.

Scenario	Claim for full benefit payout	At cancellation	At death
CII without any ROP benefit	CII benefit amount	\$0	\$0
CII with ROPD	CII benefit amount	\$0	Total returnable premium amount ² , even if this exceeds the CII benefit amount
CII with ROPC/E (before maturity date) ¹	Total returnable premium amount ² or the CII benefit amount, whichever is higher	\$0	\$0
CII with ROPC/E (after maturity date) ¹	Total returnable premium amount ² or the CII benefit amount, whichever is higher	Total returnable premium amount ² , even if this exceeds the CII benefit amount	\$0
CII with both ROPD and ROPC/E (before maturity date) ¹	Total returnable premium amount ² or the CII benefit amount, whichever is higher	\$0	Total returnable premium amount ² , even if this exceeds the CII benefit amount
CII with both ROPD and ROPC/E (after maturity date) ¹	Total returnable premium amount ² or CII benefit amount, whichever is higher	Total returnable premium amount ² , even if this exceeds the CII benefit amount	Total returnable premium amount ² , even if this exceeds the CII benefit amount

¹ Maturity dates will vary depending on the type of ROPC/E selected.

² Please consult page 23 of this guide for a definition of the Returnable premium amount.

Teladoc Medical Experts – Coverage Clients can use right away

While the CII policy is in effect, the insured person and their family members have unlimited access to Teladoc Medical Experts services any time they suspect they have a medical condition – even if it isn't a listed medical condition stated in the policy. The insured person can extend a one-time gift of services to their grandparent or sibling.

When we make a payment for a full payout illness, the insured person has a four month grace period to contact Teladoc Medical Experts for services.

This value-added service provides access to an expert medical opinion, connecting the person and their treating physician to leading specialists, helping them get the right diagnosis and treatment. Their services include: Expert Medical Opinion, Find a Doctor, Care Finder, Personal Health Navigator, Mental Health Navigator and Ask the Expert.

How to access Teladoc Medical Experts services:

Step 1: The insured person will need to contact Teladoc Medical Experts at 1-877-419-2378 and provide their policy number.

Step 2: Upon verification by Teladoc Medical Experts, they'll have access to the services described below.



NOTE: *The services offered by Teladoc Medical Experts aren't part of the policy. Sun Life can't guarantee their availability and they may be withdrawn at any time.*



DID YOU KNOW?

In January 2020 Best Doctors became Teladoc Medical Experts

Expert Medical Opinion

- Provides an in-depth review of medical files including diagnostic test results and the retesting of pathology.
- Have world-renowned specialists review an existing diagnosis or treatment plan to confirm or recommend a modified path forward.
- The Client receives a comprehensive report that can be shared with the treating physician.
- Can potentially reduce serious complications that result from a misdiagnosis.
- Helps the Client and their treating physician determine the proper course of action.

Find a Doctor

- When looking for a specialist, Teladoc Medical Experts will conduct a customized physician search and recommend leading Canadian specialists who are accepting new patients.¹

Care Finder

- When expert physicians or leading care facilities are required outside of Canada, Teladoc Medical Experts will find them and call each doctor or treatment facility to ensure they're accepting new patients.²

Personal Health Navigator

- The Client can call Teladoc Medical Experts for medical information and resources, one-on-one support and customized health coaching for a wide range of health concerns, from simple to serious.
- The Client can receive healthcare information on topics such as wait times, drug funding programs and health assessment tools.

Ask the Expert

- The Client's medical questions will be sent to a leading physician who specializes in their condition.
- The Client will receive a written report with answers and advice addressing specific questions so they can better understand their condition and make well-informed decisions about healthcare.

¹ Access to a Canadian specialist requires a referral from the Client's treating physician.

² Expenses associated with medical treatment, travel and lodging relating to the Find a Doctor and Care Finder services are the responsibility of the person incurring those expenses.

Mental Health Navigator

- Provide a thorough review of an existing mental health condition and treatment plan with recommendations for improvement and ongoing support.
- Give an expert medical opinion on how to navigate the mental health system with advice on treatment options for their best path forward.

Family access to Teladoc Medical Experts

- The insured person's spouse
- Any financially dependent child of the insured person who has a marital status of single and is:
 - younger than 21,
 - younger than 25 if attending college or university full time, or
 - physically or mentally disabled before age 21 and continues to be dependent.
- Parents
- Parents-in-law
- The insured person can extend a one-time gift of services to their grandparent or sibling.

The services offered by Teladoc Medical Experts aren't part of the policy. Sun Life can't guarantee their continuous availability. They may be withdrawn or changed at any time, without any notice.

Teladoc Medical Experts, Expert Medical Opinion, Find a Doctor, Care Finder, Ask the Expert, Personal Health Navigator, and Mental Health Navigator are service marks or registered trademarks of Teladoc Health, Inc.

Applying for a CII policy

Residency requirements

We'll issue a CII policy to applicants or insured persons who have permanent Canadian resident status.

The following categories of non-landed immigrants may be considered for CII coverage as soon as they arrive in Canada:

- Doctors
- Professionals
- Investors
- Entrepreneurs
- Provincial nominee appointees

Frequent foreign travel may be rated or declined. We'll decline an application where the proposed insured travels to destinations we consider unsafe. People who travel to certain high-risk countries are exposed to those countries endemic hazards which include:

- Disease or reduced access to health care
- War, civil unrest and terrorism
- Crime, corruption and fraud

Backdating

We permit backdating to save age up to a maximum of six months.

Backdating is only permitted to reduce premiums as a result of the lower issue age. A policy can't be backdated in order to apply for a benefit or provision that would otherwise be unavailable. The availability of benefits and provisions are based on the insured person's age nearest at the time the application is completed.

For example, we can't backdate to:

- Age 17 to issue a juvenile policy
- Age 50 to apply for the LTCCO

Ownership rules

Minimum required age of an applicant:

- If residing in a common law province, must be at least age 16 (attained age 16).
- If residing in Quebec, must be at least age 18 (attained age 18).

When the owner(s) and insured aren't the same:

Owner	Insured person	Example
Individual person	Individual person (different from the owner)	Husband owns the policy, wife is the insured person
More than one person	Individual person	Parents own the policy, child is the insured person
Corporation	Individual person	Corporation owns the policy, employee is the insured person
Corporation and individual person	Individual person	Corporation and the employee share ownership of the policy, employee is the insured person

Contingent ownership:

- The owner can appoint a contingent owner at the time of application or after issue by submitting form E28 - Contingent owner change form.

When the insured person is a child:

Parents, legal guardians and grandparents can be policy owners for a child's CII coverage because they have insurable interest.

Parents can apply for up to \$150,000 of coverage on their children, regardless of the amount of CII on themselves.

For amounts over \$150,000, both parents should have some individual or group CII, DI or LTCI coverage in force or applied for (unless uninsurable).

A CII policy may be purchased for a child by a parent, legal guardian or grandparent:

- All siblings from a family must be insured for a similar amount unless uninsurable. Similar can mean the:
 - same amount of premium,
 - same face amount, or
 - maximum CII for their age on each child.

If a person other than a parent, grandparent or legal guardian wishes to pay the premium for a child CII policy, this person must provide details regarding their insurable interest. We will decide if they can own the policy. If we agree, the benefit payee for the child's policy must be the parent or legal guardian.

Transfer of ownership:

The policy owner may transfer ownership of the policy to another person. Transferring ownership of a policy is also known as “absolute assignment” and could have tax implications.

There may be tax consequences if the transfer is from a corporation to a shareholder or employee, or to another corporation or unincorporated business.

The rollover rules in the Income Tax Act that permit tax-free transfers of life insurance policies in certain circumstances don't apply to CII policies.

To transfer ownership, complete form E82 – Transfer of ownership.

This guide doesn't provide tax, legal, accounting or other professional advice. We suggest you advise Clients to seek the advice of a tax professional when making decisions. It's the policy owner's responsibility to determine the tax consequences under their relevant tax legislation. Any tax information provided in this advisor guide is based on the provisions of the Income Tax Act (Canada) and Regulations as of the date of this guide. In addition, this information is based on Sun Life's current understanding and interpretation of the rules and the administrative practices of the Canada Revenue Agency (CRA).

Payee designation

The CII benefit payee:

The CII benefit payee can be designated when completing the application. If this isn't specified on the application, the benefit payee will be the owner or the estate of the owner. Future changes can be submitted using form E53 – Payee designation change for critical illness insurance policies.

The Return of premium on cancellation or expiry (ROPC/E) benefit payee:

Unless the policy owner instructs otherwise, any ROPC/E benefits are paid to the policy owner.

The Return of premium on death benefit payee:

The ROPD benefit payee can be designated when completing the application. If this isn't specified on the application, the ROPD benefit payee will be the owner or estate of the owner. Future changes can be submitted using form E53 – Payee designation change for critical illness insurance policies.

Designating a payee other than the applicant or owner may create tax implications. See the Taxation section for further details.

Completing the application

For information on insurance coverage before the policy is approved, please refer to the advisor site.

Once the application is received, it will be assigned to an underwriter. Application status can be checked on the advisor site.

For information on how to submit the application, please refer to the advisor site or contact the Advisor service centre.



REMINDER: *The Guide to critical illness definitions (810-3310) must be given to each applicant before they begin the application process.*

Payments on new applications

Depending on the premium frequency chosen by the Client, payments can be made on a monthly basis through our pre-authorized chequing (PAC) process or annually by cheque.

If PAC is chosen, monthly payments are deducted automatically from the payor's account. Monthly premiums are calculated by multiplying the annual premium (including a \$45 policy fee) by 0.09 (the modal factor).

For example, consider a 45 year old Client (male, non-smoker), purchasing a Sun CII T75 policy with a CII benefit amount of \$100,000.

The annual premium for this policy is \$1,771. If the Client chooses to pay monthly, the monthly premium would be \$159.39 (annual premium * 0.09). Over a one year period, the Client would pay \$141.68 less in premiums if they decide to pay annually instead of monthly.

If the Client chooses to pay annually by cheque, payments can be remitted to our head office before the policy anniversary date. An annual statement is sent to the owner approximately three weeks before the policy anniversary, reminding them that their annual premium is due.

Underwriting

When we underwrite for CII we're evaluating the risk of a proposed insured being diagnosed with any of the covered conditions. The underwriting requirements for CII may differ from those of life insurance, which evaluates the risk of death.

Underwriting evidence requirements

Evidence required to underwrite CII will depend on the total amount being applied for, as well as the amount of insurance pending plus the amount issued by Sun Life within the last 12 months before receiving the most recent application. Evidence requirements are based on the insured person's age nearest at the time the application is submitted.

Amounts	Age nearest			
	0 - 17	18 - 40	41 - 50	51 +
Up to \$100,000	Non-medical	Non-medical	Non-medical	Non-medical, Blood, Vitals
100,001 - 250,000	Non-medical	Non-medical	Non-medical, Blood, Vitals	Non-medical, Blood, Vitals
\$250,001 - \$500,000	Non-medical	Non-medical, Blood, Vitals	Non-medical, Blood, Vitals	Non-medical, Blood, Vitals
\$500,001 - \$1,000,000	Non-medical	Non-medical, Blood, Vitals	Tele-interview, Blood, Vitals	Tele-interview, Blood, Vitals
\$1,000,001 +	Non-medical	Tele-interview, Blood, Vitals	Tele-interview, Blood, Vitals	Tele-interview, Blood, Vitals

Tele-interview:

- A tele-interview can be used instead of a non-medical.
- A paramedical can be used instead of a tele-interview with vitals.

Please refer to the advisor site for more resources on underwriting.

Risk classes

- Male non-smoker
- Male smoker
- Female non-smoker
- Female smoker

Non-smoker definition:

- No use of any product containing nicotine within the last 12 months.
- We may offer non-smoker rates for new applications where the proposed insured is an occasional large cigar smoker and has a negative cotinine test (when testing is required).
- Clients who use marijuana won't be charged smoker rates, unless they also use tobacco.

Ratings

Adult plans	Child plans
<p>The base plan and the optional TDW benefit can be rated.</p> <p>The minimum rating is +25 (125%).</p> <p>The maximum rating is +150 (250%).</p> <p>Ratings don't apply to any premium paid for a return of premium benefit. 🌀</p> <p>The LTCCO isn't available on rated or modified plans and therefore, can only be issued standard.</p> <p>The OW benefit can't be rated.</p>	<p>Children will only be accepted if they qualify as a standard risk, otherwise they'll be declined. Plans with a +25 rating will be considered a standard risk and won't be declined.</p>

Tele-interview

Tele-interviewing is a process that uses trained professionals to collect personal and health-related information from the proposed insured over the phone. A tele-interview can be used for CII applications to replace either a non-medical or a paramedical if we also receive vitals – a measure of the Client's height, weight, blood pressure and pulse.

Advantages of tele-interviewing:

- Easier for Clients to share sensitive information.
- Saves you time when completing the application with the Client, especially for Clients with extensive medical or lifestyle history.
- Waives the paramedical requirement when vitals are also collected.
- Faster and more accurate processing of the application with electronic underwriting.

Visit [Sun Life's advisor website](#) for more details on tele-interviewing.

Financial underwriting

The maximum amount of CI available on any one life is \$3 million. This includes all personal and business insurance combinations in force, pending and applied for with all companies.

Personal insurance:

Maximum amount of personal insurance available based on age and earned income:

Issue age	Maximum available
16 - 55	\$250,000 or {10 x earned income + mortgage balance}
56 - 60	\$200,000 or {7 x earned income + mortgage balance}
61 +	\$150,000 or {5 x earned income + mortgage balance}



NOTE: Sources of earned income generally will include salary, draw and/or bonus.

Non-income earning spouse:

The maximum amount of personal insurance that we'll consider for non-income earning spouses will be the highest of:

- Issue age 16 - 55: \$250,000 or {½ of amount available on working spouse + mortgage balance}
- Issue age 56 - 60: \$200,000 or {½ of amount available on working spouse + mortgage balance}
- Issue age 61 and up: \$150,000 or {½ of amount available on working spouse + mortgage balance}

University or college students and recent graduates:

They may apply for \$250,000, regardless of their earned income. Certain professional studies for occupations where the insured person is expected to earn a substantial income (for example a doctor or engineer) can be considered for amounts up to \$500,000.

Children:

Children can be considered for amounts up to \$150,000, regardless of the amount of coverage on their parents.

For amounts over \$150,000 and up to \$500,000, both parents should have some individual or group critical illness, disability income or long-term care insurance in force or applied for (unless uninsurable).

For amounts over \$500,000, both parents should have more individual or group CI, DI or LTCI coverage in force or applied for (unless uninsurable) than is in force or applied for on their children.

Maximum amount of personal insurance coverage available on children:

- 30 days to 5 years: \$500,000
- 6 to 10 years: \$750,000
- Over age 10: \$1,000,000

Unless uninsurable, siblings should be equally insured, subject to maximums for their ages.

Retired persons:

Maximum amount of personal insurance coverage available on a retired person is the lesser of:

- \$250,000, and
- 4 x the combined unearned income of the two spouses.

Estate preservation:

The maximum amount we'll consider is 50% of the insured's net worth.

Employed persons whose bankruptcies haven't been discharged:

They may apply for amounts up to \$150,000. Benefits are acceptable. This includes all personal and business insurance combinations in force, pending and applied for with all companies. Once the bankruptcy is discharged, we'll consider as per our regular financial guidelines.

Business insurance:

- **Key person insurance:**
 - A proposed insured aged 60 years or less will be considered for an amount equal to 7 x their annual salary and bonus.
 - For ages 61 and over, we'll use a factor that corresponds with the number of years remaining until the usual retirement age.
 - Unless uninsurable, all key persons of the business should be insured.
- **Business loan insurance:**
 - The suggested maximum face amount for each owner of the business is the full amount of the loan.
- **Buy-sell insurance:**
 - Coverage can be considered for an amount equal to the proposed insured's share of the business value of the company. Unless uninsurable, all owners with more than 10% ownership should be insured for their appropriate share.

Premium details

All premiums must be paid in Canadian funds and drawn from an account at a Canadian financial institution.

Premium bands

	Band 1	Band 2	Band 3	Band 4	Band 5
Child plans	\$25,000 - \$49,999	\$50,000 - \$99,999	\$100,000 - \$250,000	N/A	N/A
Adult plans	\$25,000 - \$49,999	\$50,000 - \$99,999	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and over

Premium frequency – monthly or annually

If a Client chooses to pay monthly by pre-authorized chequing (PAC), monthly payments are deducted automatically from the payor's account. Monthly premiums are calculated by multiplying the annual premium (including a \$45 policy fee) by 0.09 (the modal factor).

For example, Consider a 45 year old Client (male, non-smoker), purchasing at Sun CII T75 policy with a CII benefit amount of \$100,000.

The annual premium for this policy is \$1,771. If the Client chooses to pay monthly, the monthly premium would be \$159.39 (annual premium*0.09). Over a one year period, the Client would pay \$141.68 less in premiums if they decide to pay annually instead of monthly.

If the Client chooses to pay annually by cheque, payments can be remitted to our head office before the policy anniversary date. An annual statement is sent to the owner approximately three weeks before the policy anniversary, reminding them that their annual premium is due.

Withdrawable premium fund

If we receive more money than is owed in premiums, we'll hold the excess amount in the withdrawable premium fund. We may set a maximum amount that can be in the fund. This fund can be used to pay premiums at any time.

The amount in the withdrawable premium fund will earn interest daily. We set the interest rate each day based on short-term interest rates. Interest earned on the withdrawable premium fund is taxable.

The money from this fund can be withdrawn at any time. There may be limits on withdrawal amounts and we may charge a fee for these withdrawals. You'll be informed of any rules and limitations when you submit a withdrawal request.

Please call the Advisor Service Centre or email servicenow@sunlife.com for details.

Issuing a CII policy

Policy date

The policy date indicated in the CII policy is the start date of that policy.¹

- The policy date will be the date the policy is issued, or the retained age date if requested.

Please refer to the [Sun Life advisor website](#) for more details on policy delivery requirements.

¹ For tax and legal purposes, the policy issue date will be determined according to relevant provincial and/or federal legislation where applicable.

Plan changes

Changing from a smoker to a non-smoker

If the insured person was a juvenile at the time of issue:

- Smoker rates will be charged beginning the policy anniversary nearest the insured person's 18th birthday. The owner may apply for non-smoker rates on or after the policy anniversary nearest the insured person's 17th birthday.
- If the request for non-smoker rates is made, form E3331 – Juvenile declaration of smoking status is required. This form is sent to the Client with the policyholder statement between the policy anniversary nearest the insured person's 17th birthday and the policy anniversary nearest their 19th birthday.

If the insured person was not a juvenile at the time of issue:

- Form E18 – Declaration of smoking status is required. A urinalysis must also be submitted if the insurance amount of the policy is \$100,000 or greater.
- If we approve the request, the insured person will be classified as a non-smoker.

The premiums will be determined according to the rate that was in effect for a non-smoker with the same sex and age of the insured person on the policy date.

Decreasing the benefit amount

To decrease the CII benefit amount, or to decrease the automatic increase benefit (AIB) from 50% to 25% (for pre-Series 2009 plans only), use form E328 – Application for change to an existing critical illness policy.

We determine the minimum CII benefit amount that must remain in effect.

- If an LTC conversion option is included in the policy when the CII benefit is decreased, the amount available to convert to LTCL is reduced if the face amount goes below \$250,000 (the maximum per insured person that may be converted to LTCL). For example:
 - If the original face amount was \$200,000 and the face amount is reduced to \$150,000, the amount of CII that can be converted to LTCL has also reduced from \$200,000 to \$150,000.
 - If the original face amount was \$300,000 and the face amount is reduced to \$250,000 there is no impact on the amount of CII that can be converted to LTCL.

If Return of premium (ROP) options are included:

- If the ROPC/E benefit is included in the policy, a partial return of premium may be available.
 - If the policy owner decreases the insurance benefit after the returnable premium amount is available, they'll receive a partial return of the ROP value. Decreasing the benefit amount is treated as a partial cancellation of the coverage. The partial payment is based on the percentage of the ROP amount available when the policy owner decreases the benefit amount. This percentage is available in the policy.
 - If the policy owner decreases the insurance benefit before the returnable premium amount is available, we won't pay a partial return of premium. The reduction of the CII benefit amount won't reduce any accumulated ROP balance. The return of premium amount will continue to accumulate based on the new premium.
- If the policy also includes an ROPD benefit, and we pay the Client a returnable premium amount, we'll decrease the ROP value by the amount of the payment. The ROP balance will continue to accumulate based on the new premium.
- If the policy only includes an ROPD benefit, there's no change to the accumulated returnable premium amount when the policy owner reduces the CII benefit. ROPD will continue to accumulate based on the new premium.

Terminating an optional benefit

To terminate an optional benefit, use form E328 – Application for change to an existing critical illness policy.

Adding the LTC conversion option – child plans

A request to add the LTCCO to a child plan may be made between the policy anniversary nearest the insured person's 18th birthday and the policy anniversary nearest their 19th birthday.

- Use form E110 – Application for policy change, reinstatement and reconsideration of rating.
- Evidence of insurability is required.
- If we approve the request, the LTCCO will be added to the policy.
- Premiums for the LTCCO are calculated based on the attained age of the insured person.

Conversions

A Sun CII T10 (series 2017 and series 2021) policy may be converted to a Sun CII T75 or T100 policy up to the policy anniversary nearest the insured person's 65th birthday.

- This is a contractual right.
- Evidence of insurability isn't required.
- If the policy includes ROPC/E, the conversion doesn't trigger a return of premium.

We determine the type of policy available for conversion and the terms and conditions of that policy. Premiums for the new policy will be based on the attained age rates we charge for the new insurance at the time of application for the new policy.

Full and partial conversions are allowed:

- Partial conversions are allowed, subject to the minimum face amount limits for both the original policy and the new policy.
- Advisors in Quebec must submit a Replacement disclosure form for partial conversions when the portion not being converted is being cancelled/terminated.
- Conversions and partial conversions don't need evidence of insurability if:
 - the amount at risk isn't increased,
 - there is no change in the number of covered illnesses, and
 - there is no change in risk class (smoker/non-smoker).
- Optional benefits may be added or carried over from the original policy if the Client qualifies for that benefit based on attained age at the time of conversion.
 - For example, if the T10 policy included the ROPC/E – age 65 benefit,
 - the same benefit can be included in the new policy if the Client converts before age 50.
 - the ROPC/E – 15 years option can be included if the Client converts before age 60.
 - the accumulated returnable premium amount is forfeited if the Client converts after age 60.

When converting a child policy after age nearest 18, the new policy will be an adult policy.

- The new policy won't cover the additional childhood illnesses.
- The Advanced ROPC/E benefit isn't transferrable to the new policy. This means the policyowner won't receive 75% of Returnable premium amount at the policy anniversary nearest the insured's 25th birthday or 15th policy anniversary, whichever is later.
- If the policy included an ROPC/E benefit and an ROPC/E benefit is added to the new policy, the accumulated Returnable premium amount will be transferred to the new policy.

CII conversions at a glance:	Converting to Sun CII T75			
	Mar. 11, 2005 to Apr. 27, 2008	Apr. 28, 2008 to Jan. 25, 2009	Jan. 26, 2009 to Oct. 1, 2017	Oct. 2, 2017 to present
Original policy is Sun CII T10 with an application date of...				
Is Acquired brain injury (due to external trauma) covered?	No	No	Only if on original policy	Only if on original policy
Are Group 2 illnesses covered?	Yes ¹ - 10%	Yes ¹ - 10%	Yes ² - 15%	Yes ² - 15%
Is LOIE covered?	No	No	Only if on original policy	Only if on original policy
Can the LTCCO be added without evidence?	No	No	Only if on original policy	Only if on original policy
If AIB increases occurred on the original policy, can the earned increases be converted to the new policy?	Yes	Yes	N/A	N/A
If AIB increases didn't yet occur, will premiums paid for this benefit be re-refunded?	Yes	Yes	N/A	N/A
Will the accumulated ROPD benefits carry over to the new policy?	Yes ³	Yes	Yes	Yes
Can ROPD be added without evidence?	Only if on original policy	Only if on original policy	Only if on original policy	Only if on original policy
Will the accumulated ROPC/E benefit amount carry over to the new policy?	Yes ³	Yes	Yes	Yes
Will the accumulated ROPC/E benefit years carry over to the new policy?	Only for 2005 series ROP	No	No	No
Can ROPC/E be added without evidence?	Yes	Yes	Yes	Yes
Do ratings and exclusions carry over?	Yes	Yes	Yes	Yes
Can TDW be added without evidence?	Only if original policy included Disability waiver	Only if original policy included Disability waiver	Only if original policy included Disability waiver	Only if original policy included Disability waiver
Can OW be added without evidence?	N/A	N/A	N/A	Only if on original policy

CII conversions at a glance:	Converting to Sun CII T100			
	Mar. 11, 2005 to Apr. 27, 2008	Apr. 28, 2008 to Jan. 25, 2009	Jan. 26, 2009 to Oct. 1, 2017	Oct. 2, 2017 to present
Original policy is Sun CII T10 with an application date of...				
Is Acquired brain injury (due to external trauma) covered?			Only if on original policy	Only if on original policy
Are Group 2 illnesses covered?			Yes ² - 15	Yes ² - 15%
Is LOIE covered?			Only if on original policy	Only if on original policy
Can the LTCCO be added without evidence?			Only if on original policy	Only if on original policy
If AIB increases occurred on the original policy, can the earned increases be converted to the new policy?			N/A	N/A
If AIB increases didn't yet occur, will premiums paid for this benefit be refunded?			N/A	N/A
Will the accumulated ROPD benefits carry over to the new policy?	Policies issued before Jan. 26, 2009 were priced for conversion to T75 only. Conversion to T100 isn't allowed	Policies issued before Jan. 26, 2009 were priced for conversion to T75 only. Conversion to T100 isn't allowed.	Yes	Yes
Can ROPD be added without evidence?			Only if on original policy	Only if on original policy
Will the accumulated ROPC/E benefit amount carry over to the new policy?			Yes	Yes
Will the accumulated ROPC/E benefit years carry over to the new policy?			No	No
Can ROPC/E be added without evidence?			Yes	Yes
Do ratings and exclusions carry over?			Yes	Yes
Can TDW be added without evidence?			Only if original policy included Disability waiver	Only if on original policy
Can OW be added without evidence?			N/A	Only if on original policy

Notes:

- The information provided above assumes no evidence is being submitted. If evidence is submitted, additional benefits may be added to the policy.
- If the original plan has a 2005 series ROPC/E, it can't convert to a T75 15 pay plan.
- Yes¹ = if a Group 2 illness was paid on the original policy, the face amount being converted is reduced by any partial benefit amount paid and an exclusion is applied for that condition. The partial benefit amount payable on the new plan is capped at \$50,000 per Group 2 illness.
- Yes² = the same as Yes¹, but any partial benefit amount paid doesn't reduce the face amount being converted.
- Yes³ = ROP carried over is equal to the accumulated amount minus any partial benefit amount paid.

Existing plan – series type and description	Conversion rules
Sun CII Series 2017 and Series 2021	
<p>Available October 2, 2017 - present</p> <p>Adult ROPC/E:</p> <ul style="list-style-type: none"> • ROPC/E – 15 years • ROPC/E – age 65 • ROPC/E – age 75 <p>Child ROPC/E</p> <ul style="list-style-type: none"> • Advanced ROPC/E • ROPC/E – age 35 	<ul style="list-style-type: none"> • T10 converts to T75 or T100. • If the T10 policy has an ROPC/E benefit and ROPC/E is selected on the new policy, the accumulated ROPC/E amount is transferred to the new policy that is available (and determined by us) at the time of conversion. There is no carryover of accumulated policy years from the T10. The ROPC/E accumulated years will start over at 0. • If the T10 policy doesn't have the ROPC/E benefit, the owner may apply to have an ROPC/E benefit added to the policy at the time of conversion, if available, and based on attained age. • If the T10 policy has ROPD and ROPD is selected on the new policy, the premiums paid under the T10 policy will be carried over to the new policy. If ROPD isn't selected on the new plan, any ROPD value from the T10 will be forfeited. • If the T10 policy doesn't have ROPD and the owner wants ROPD on the new policy, evidence must be submitted.
Sun CII Series 2012	
<p>Available September 17, 2012 - October 1, 2017</p> <p>Adult ROPC/E:</p> <ul style="list-style-type: none"> • ROPC/E – 15 years • ROPC/E – age 65 <p>Child ROPC/E</p> <ul style="list-style-type: none"> • Automatic ROP and ROPC/E • ROPC/E – age 35 	<ul style="list-style-type: none"> • T10 converts to T75 or T100. • If the T10 policy has an ROPC/E benefit and ROPC/E is selected on the new policy, the accumulated ROPC/E amount is transferred to the new policy that is available (and determined by us) at the time of conversion. There is no carryover of accumulated policy years from the T10. The ROPC/E accumulated years will start over at 0. • If the T10 policy doesn't have the ROPC/E benefit, the owner may apply to have an ROPC/E benefit added to the policy at the time of conversion, if available, and based on attained age. • If the T10 policy has ROPD and ROPD is selected on the new policy, the premiums paid under the T10 policy will be carried over to the new policy. If ROPD isn't selected on the new plan, any ROPD value from the T10 will be forfeited. • If the T10 policy doesn't have ROPD and the owner wants ROPD on the new policy, evidence must be submitted.

Existing plan – series type and description	Conversion rules
Sun CII Series 2009	
<p>Available January 26, 2009 - September 16, 2012</p> <p>Adult ROPC/E:</p> <ul style="list-style-type: none"> • ROPC/E – 15 years • ROPC/E – age 65 <p>Child ROPC/E</p> <ul style="list-style-type: none"> • Automatic ROP and ROPC/E • ROPC/E - age 35 	<ul style="list-style-type: none"> • T10 converts to T75 or T100. • If the T10 policy has an ROPC/E benefit and ROPC/E is selected on the new policy, the accumulated ROPC/E amount is transferred to the new policy that is available (and determined by us) at the time of conversion. There is no carryover of accumulated policy years from the T10. The ROPC/E accumulated years will start over at 0. • If T10 policy doesn't have the ROPC/E benefit, the owner may apply to have an ROPC/E benefit added to the policy at the time of conversion, if available and based on attained age. • If the T10 policy has ROPD and ROPD is selected on the new policy, the premiums paid under the T10 policy will be carried over to the new policy. • If ROPD isn't selected on the new plan, any ROPD value from the T10 will be forfeited. If the T10 policy doesn't have ROPD and the owner wants ROPD on the new policy, evidence must be submitted.
Sun CII Series 2006	
<p>Available January 23, 2006 - January 26, 2009</p> <p>Adult ROPC/E:</p> <ul style="list-style-type: none"> • ROPC/E – 15 years • ROPC/E age 65 <p>Child ROPC/E:</p> <ul style="list-style-type: none"> • ROPC/E – age 35 <p>Automatic Increase Benefit (AIB)</p>	<ul style="list-style-type: none"> • T10 converts to T75. • If the T10 policy has an ROPC/E benefit and ROPC/E is selected on the new policy, the accumulated ROPC/E amount is transferred to the new policy that is available (and determined by us) at the time of conversion. There is no carryover of accumulated policy years from the T10. The ROPC/E accumulated years will start over at 0. • If the T10 policy doesn't have the ROPC/E benefit, the owner may apply to have an ROPC/E benefit added to the policy at the time of conversion, if available, and based on attained age. • If the T10 policy has ROPD and ROPD is selected on the T75 conversion, the premiums paid under the T10 policy will be carried over to the T75 policy. If ROPD isn't selected on the T75, any ROPD value from the T10 will be forfeited. • If the T10 policy doesn't have ROPD and the owner wants ROPD on the T75 policy, evidence must be submitted. • Any Automatic increase benefit (AIB) already triggered will be converted. However, future AIB increases that haven't been triggered won't be carried over upon conversion. The owner stops paying the AIB premium. We refund the AIB premium paid towards future AIB increases that haven't been triggered. Refunded premiums are transferred to the withdrawable premium fund.

Existing plan – series type and description	Conversion rules
Sun CII Series 2005	
<p>Available March 11, 2005 - January 23, 2006</p> <p>Adult ROPC/E</p> <ul style="list-style-type: none"> • ROPC/E - 15 years <p>Child ROPC/E</p> <ul style="list-style-type: none"> • N/A <p>Automatic Increase Benefit (AIB)</p>	<ul style="list-style-type: none"> • T10 converts to T75. • If the T10 policy has an ROPC/E benefit and ROPC/E is selected on the new policy, the accumulated policy years and ROPC/E amount are transferred to the new policy that is available (and determined by us) at the time of conversion. • If the T10 doesn't have the ROPC/E benefit, the owner may apply to have an ROPC/E benefit added to the policy at the time of conversion, if available, and based on attained age. • If the T10 policy has ROPD and ROPD is selected on the T75 conversion, the premiums paid under the T10 policy will be carried over to the T75 policy. If ROPD isn't selected on the T75, any ROPD value from the T10 will be forfeited. • If the T10 policy doesn't have ROPD and the owner wants ROPD on the T75 policy, evidence must be submitted. • Any AIB already triggered will be converted. However, future AIB increases that haven't been triggered won't be carried over upon conversion. The owner stops paying the AIB premium. We refund the AIB premium paid towards future AIB increases that haven't been triggered. Refunded premiums are transferred into the withdrawable premium fund.

Internal replacements

An internal replacement allows for a plan change outside of the contractual right. Evidence of insurability must always be submitted for internal replacements.

Example of an internal replacement:

- Sun CII T75 (series 2005) to Sun CII T75 (series 2017)

Internal replacement rules:

- If the existing policy has an ROPC/E benefit and the policy has been in effect long enough for the owner to receive the returnable premium amount if they cancelled the policy, the return of premium amount will be paid to the owner – otherwise, the returnable premium amount is forfeited.
- If the existing policy doesn't have an ROPC/E benefit, the owner may apply to have one added to the policy, if available at the time of internal replacement and based on attained age.
- If the existing policy has an ROPD benefit, any ROPD value from this policy is forfeited.
- If the existing policy doesn't have an ROPD benefit, it may be added at the time of internal replacement.
- Advisors in Quebec must submit a disclosure form for all internal replacements.
- For series 2005 plans only:
 - If on or after the 15th policy anniversary, the accumulated ROPC/E amount is paid to the owner.



NOTE: *Because this isn't a contractual right, the rules for internal replacements may change.*

Reinstatements

The required premiums for the CII policy must be paid by the due date. If premiums aren't paid when due, we'll withdraw the unpaid premium from the withdrawable premium fund if it has enough funds.

If premiums aren't received within 30 days after they're due and there are insufficient funds in the withdrawable premium fund, the policy will end. If the policy ends this way, it's called a lapse. The Client will have until day 61 to reinstate without providing evidence of insurability.

If the policy ended because it lapsed, the owner can apply to have it put back into effect (or reinstated) if:

- the insured hasn't been diagnosed with a covered critical illness,
- the insured hasn't had any signs or symptoms of a covered critical illness, or
- the insured hasn't had a change in health, family history or occupation.

To reinstate the policy, the owner must:

- apply within two years of the date the policy ended,
- make a payment equal to the reinstatement charge, and
- provide new evidence of insurability.

Reinstatement rules at a glance:

Number of days from the premium due date	Amount of insurance	Evidence requirements	Payment requirements
Less than 62	Any	None	The total of all back payments to the current date, without interest.
62 - 180	Any	Application for reinstatement of life or critical illness insurance (E67).	
Greater than 180	Any	Regular evidence for age and amount and policy change, reinstatement and/or reconsideration of rating application requiring evidence (form E245)	

Making a claim for a CII benefit

Some covered critical illnesses have a survival period. The insured person must be alive at the end of the survival period to satisfy the requirement for the covered critical illness. For illnesses that don't have a survival period, the insured person must be alive at the time the diagnosis is made. All criteria in the definition of the covered critical illness must be met in order to qualify for benefit payment.

Illness	Eligibility qualifying period	Survival period
Acquired brain injury due to external trauma	180 days	N/A
Aortic surgery	N/A	30 days following the date of surgery
Bacterial meningitis	90 days	N/A
Coma	96 hours	N/A
Congenital heart disease (childhood illness)	N/A	30 days following the date of diagnosis. If surgery is performed, 30 days following the date of the surgery.
Coronary angioplasty (illness eligible for partial benefit payout)	N/A	30 days following the date of the procedure
Coronary artery bypass surgery	N/A	30 days following the date of surgery
Dementia, including Alzheimer's disease	6 months	N/A
Heart attack	N/A	30 days following the date of diagnosis

Illness	Eligibility qualifying period	Survival period
Heart valve replacement or repair	N/A	30 days following the date of surgery
LOIE	90 days	N/A
Loss of speech	180 days	N/A
Multiple sclerosis	Refer to full definition	N/A
Occupational HIV infection	Refer to full definition	N/A
Paralysis	90 days	N/A
Parkinson's disease and specified atypical parkinsonian disorders	1 year	N/A
Stroke	30 days	30 days following the date of diagnosis
Type 1 diabetes mellitus (childhood illness)	3 months	N/A

Critical illness occurring or diagnosed while in Canada

The person making a claim for a covered critical illness that occurs or is diagnosed in Canada must give us all information we need to assess the claim, including:

- proof they have the right to receive the CII benefit,
- proof the insured person suffered a critical illness while the policy was in effect,
- a written diagnosis which describes the conditions and the cause of the illness, and
- the complete medical records of the insured person.

The written diagnosis must:

- include appropriate information to assess the illness, and
- be prepared and signed by a specialist licensed and practising in Canada or by another physician acceptable to Sun Life.

A specialist is a licensed medical practitioner who has been trained in the specific area of medicine relevant to the critical illness for which a benefit is being claimed and who has been certified by a specialty examining board. In the absence or unavailability of a specialist, a condition may be diagnosed by another qualified medical practitioner as approved by Sun Life.

Please refer to the sample policy pages located on the [Sun Life advisor website](#) for more details.

Critical illness occurring or diagnosed while outside of Canada

A claim can be made for a CII benefit if a covered critical illness develops or is diagnosed while outside of Canada. The person making the claim must provide us with all of the information described above. If the medical records of the insured person aren't in French or English, the original records must be provided along with a translation¹ of the records in either French or English. The person making the claim is responsible for any cost associated with providing the translation.

Based on the medical records we require, we must be satisfied that the same diagnosis would've been made if the illness developed in Canada. For additional provisions on out of country claims, please refer to the policy.

For a full list of provisions, please refer to the sample policy pages located on the CII product page on the [Sun Life advisor website](#).

¹ The translator can't be the owner, any person insured under the policy, anyone entitled to make a claim under the policy or any relative or business associate of these people.

Step 1: Completing claim form

All claims must be sent to us while the policy is in effect and within one year of the date the insured person has a covered critical illness.

When an insured person has an eligible illness as defined in the CII policy, a claim should be submitted immediately, unless the insured person is a child and the claim is for LOIE:

- The first date a claim for LOIE may be made is the policy anniversary nearest the insured person's 18th birthday
- If the insured person would've qualified for this condition before this date you may still make a claim, but you must submit it to us no later than the policy anniversary nearest the insured person's 19th birthday

Please contact the Individual Insurance Claims department directly for the appropriate critical illness claim forms. The person making the claim can call the Individual Insurance Claims department or email disable@sunlife.com.

The person making the claim must complete the form(s) and give us the information we need to assess the claim.

Physicians may charge a fee to complete certain forms. The person making the claim is responsible for any fees for this information.

If the insured person is diagnosed with cancer or benign brain tumour:

Form E277 – Responsibility to report cancer or benign brain tumour will need to be completed and submitted if the diagnosis is for cancer or benign brain tumour and the insured person had related signs, symptoms or investigations that began in the first 90 days following the later of:

- the date the application for the policy was signed,
- the policy date, or
- the most recent date the policy was put back into effect (reinstatement).

For details on how to submit the form, visit the [Sun Life advisor website](#).

Coverage for cancer or benign brain tumour:

- will end and we won't make any payment if signs, symptoms or investigations that lead to a diagnosis of cancer or benign brain tumour began in the first 90 days as outlined above.

Coverage for all other covered critical illnesses:

- will continue, provided the insured person's critical illness doesn't result directly or indirectly from any cancer, benign brain tumour, cancer treatment or treatment for benign brain tumour.

If the insured person is diagnosed with Parkinson's disease and specified atypical parkinsonian disorders:

Form 4860-E – Responsibility to report Parkinson's disease and specified atypical parkinsonian disorders will need to be completed and submitted if the diagnosis is for Parkinson's disease and specified atypical parkinsonian disorders, and the insured person had related signs, symptoms or investigations that began in the first year following the later of:

- the date the application for the policy was signed,
- the policy date, or
- the most recent date the policy was put back into effect (reinstatement).

For details on how to submit the form, visit the [**Sun Life advisor website**](#).

Coverage for Parkinson's disease and specified atypical parkinsonian disorders:

- will end and we won't make any payment if signs, symptoms or investigations that lead to a diagnosis of Parkinson's disease and specified atypical parkinsonian disorders began in the first year as outlined above.

Coverage for all other covered critical illnesses:

- will continue, provided the insured person's critical illness doesn't result directly or indirectly from Parkinson's disease and specified atypical parkinsonian or treatment for Parkinson's disease and specified atypical parkinsonian disorders.

Step 2: Collecting medical information

Once we receive the claim form(s), we'll assess the insured person's eligibility for benefits. If more information is needed to assess the claim, we may send written requests for additional medical information directly to the physician.

If the policy was issued within the last five years, be sure to advise your Client that additional medical reports will be requested by us to complete the assessment of the claim.

Step 3: Making the claims decision

Once we receive all information we require, we'll assess the information and make a decision. We communicate this decision to the person making the claim and will send any payment cheques to the person making the claim.

If we deny a claim, we send a letter explaining the decision to the owner. If the owner and the insured person aren't the same person, we'll send two decline letters:

- One letter to the insured person, fully explaining our decision.
- A second letter to the owner confirming our denial of the claim, but no medical information is given to the owner for privacy reasons.

To contact the Individual Insurance Claims department, use Request Centre – CII Claim Inquiry. Or email disable@sunlife.com.

Tips for an efficient claims process

Ensure the person making the claim completes all information and fields on the claim form(s) and also signs and dates the form(s).

The most common missing information is:

- **Signatures** – If the insured person is incapable of signing the claim form (incapacitated), ensure the CII claim form is signed by their attorney for property. Submit the Power of Attorney form appointing the attorney, along with the signed claim form.
- **Physician contact information** – We need the full address, including postal code and phone number, of all doctors the insured person has consulted. Include all names of regular attending physicians and specialists.

If the claim is approved, payment for the CII benefit is issued once the eligibility and/or the survival period has been satisfied. Eligibility and survival periods are defined in the policy.

Taxation

There are no specific tax laws governing CII policies as there are governing life insurance. However, there are general laws and guidance from the Canada Revenue Agency.

Based on these general tax laws and guidance, we expect that:

- Premiums paid for a CII policy owned by an individual or individuals won't be tax deductible, nor can they be used towards a claim for the medical expense tax credit.
- Any cash benefits paid from a CII policy will be tax free when the policy owner and benefit payee are the same.

If the policy is owned by a corporation, different tax laws may apply to some circumstances:

- Premiums paid for a CII policy owned by a corporation won't be tax deductible, except in strictly limited circumstances that are beyond the scope of this guide.
- Any cash benefits paid from a CII policy will be tax free when the policy owner and benefit payee are the same.
- Since CII isn't life insurance, no part of the CII benefit that a corporation receives can be credited to the corporation's capital dividend account.
- If the corporation transfers ownership of a CII policy to one of its shareholders or employees, there may be tax consequences for the recipient. If the corporation pays or directs the insurance company to pay any benefit under a CII policy to which it's entitled to another person, directly or indirectly, that person may have to treat the receipt of the benefit as taxable income.

The above is only a general summary. A tax professional should be consulted for more information.

Product history

Sun CII policies dated October 1, 2017 - October 18, 2021 (age-nearest pricing)

Features and benefits	Adult plan	Child plan
Issue ages Issue amounts	<ul style="list-style-type: none"> • 18-65 • \$25,000 - \$2,500,000 – Amounts over \$2,000,000 require a special illustration 	<ul style="list-style-type: none"> • 30 days - 17 years • \$25,000 - \$1,000,000 – Amounts over \$250,000 require a special illustration
Plan types available	T10, T75 and T100	
Limited payment options	<ul style="list-style-type: none"> • 10 pay: T100 • 15 pay: T75, T100 	
Age at expiry	<ul style="list-style-type: none"> • T10, T75 – policy anniversary nearest age 75 • T100 – doesn't expire; policy is paid up at the policy anniversary nearest age 100 and coverage continues 	
Conversion option	<ul style="list-style-type: none"> • T10 can convert to T75 or T100 until the policy anniversary nearest age 65 • Group 2 illnesses are included (15% up to a maximum of \$50,000) • ABI and LOIE are only included if they were on the original policy • ROPD benefits carry over to the new policy • ROPC/E benefit amount carries over to the new policy • ROPC/E can be added without evidence 	
26 covered illnesses – full benefit payout (Group 1)	<ul style="list-style-type: none"> • Cancer • Heart attack • Stroke • Coronary artery bypass surgery • Acquired brain injury • Alzheimer's disease • Aortic surgery • Aplastic anemia • Bacterial meningitis • Benign brain tumour • Blindness • Coma • Deafness 	<ul style="list-style-type: none"> • Heart valve replacement • Kidney failure • Loss of limbs • Loss of speech • Major organ failure on waiting list • Major organ transplant • Motor neuron disease • Multiple sclerosis • Occupational HIV infection • Paralysis • Parkinson's disease • Severe burns • Loss of independent existence

Features and benefits	Adult plan	Child plan
<p>Five covered childhood illnesses – full benefit payout</p> <p>Coverage for childhood illnesses ends on the date of the insured person's 24th birthday</p>	Not applicable	<ul style="list-style-type: none"> • Cerebral palsy • Congenital heart disease • Cystic fibrosis • Muscular dystrophy • Type 1 diabetes mellitus
<p>LOIE – full benefit payout</p>	<ul style="list-style-type: none"> • Optional benefit for adult plan <ul style="list-style-type: none"> – Issue ages: 18 - 65 • Automatically included in child plans 	
<p>Eight partial payout illnesses (Group 2) – 15% up to \$50,000 on each</p> <p>Partial claims don't reduce the face amount</p> <p>One claim is permitted for each illness</p>	<ul style="list-style-type: none"> • Cancer – ductal carcinoma in situ of the breast • Cancer – stage 1A malignant melanoma • Cancer – stage A (T1a or T1b) prostate cancer • Coronary angioplasty • Cancer – chronic lymphocytic leukemia (CLL) Rai stage 0 • Cancer – papillary thyroid cancer or follicular thyroid cancer stage T1 • Cancer - gastrointestinal stromal tumours classified as AJCC Stage 1 • Cancer - grade 1 neuroendocrine tumours (carcinoid) 	
<p>ROPD</p> <p>Optional benefit</p>	Issue ages: 30 days - 65 years	
<p>Owner Waivers (OW)</p> <p>Optional benefit</p>	<p>Issue ages:</p> <ul style="list-style-type: none"> • 18 - 55 (Owner waiver – disability) • 18 - 60 (Owner waiver – death) 	<p>For issue ages 0-17, coverage ends on the policy anniversary nearest the insured's 25th birthday or the policy anniversary nearest the owner's 60th birthday (Disability or Disability/Death) or 70th birthday (Death) whichever is the earliest.</p>

Features and benefits	Adult plan	Child plan
ROPC/E Optional benefit	<ul style="list-style-type: none"> Lifetime plans <ul style="list-style-type: none"> – ROPC/E after 15 years <ul style="list-style-type: none"> – Issue ages: 18 - 60 – ROPC/E age 65 <ul style="list-style-type: none"> – Issue ages: 18 - 50 – ROPC/E age 75 <ul style="list-style-type: none"> – Issue ages: 18 - 60 Limited pay plans <ul style="list-style-type: none"> – ROPC/E after 15 years <ul style="list-style-type: none"> – Issue ages: 18 - 60 	<ul style="list-style-type: none"> Lifetime plans <ul style="list-style-type: none"> – 75% ROPC/E at the later of age 25 or the 15th policy anniversary. – Remaining returnable premiums on cancellation at the later of age 40 or the 30th policy anniversary Limited pay plans <ul style="list-style-type: none"> – ROPC/E after age 35
LTCCO Optional benefit	<ul style="list-style-type: none"> Issue ages 18 - 50 Must also select LOIE Available for standard risks Not available on limited pay plans 	<ul style="list-style-type: none"> May apply between policy anniversary nearest age 18 and policy anniversary nearest age 19.
	$\text{Weekly LTCI benefit} = \frac{\text{CII amount being converted}}{200}$	
	<ul style="list-style-type: none"> The maximum amount of Sun CII that may be converted is \$250,000 per insured person. This provides a weekly LTCI benefit of \$1,250. Conversion is available once during the five policy years that start on the policy anniversary nearest the insured person's 60th birthday. 	
TDW benefit Optional benefit	Issue ages: 18 - 55	Not available
Smoking status	<ul style="list-style-type: none"> Occasional large cigar use may qualify the insured as a non-smoker. 	<ul style="list-style-type: none"> Smoker rates begin on the policy anniversary nearest the insured person's 18th birthday. The owner can apply for non-smoker rates on or after the policy anniversary nearest the insured person's 17th birthday.
Best Doctors/ Teladoc Medical Experts	Included	

Sun CII policies dated September 17, 2012 - October 1, 2017 (age-nearest pricing)

Features and benefits	Adult plan	Child plan
Issue ages Issue amounts	<ul style="list-style-type: none"> • 18 - 65 • \$25,000 - \$2,500,000 – Amounts over \$2,000,000 require a special illustration 	<ul style="list-style-type: none"> • 30 days - 17 years • \$25,000 - \$1,000,000 – Amounts over \$250,000 require a special illustration
Plan types available	T10, T75 and T100	
Limited payment options	<ul style="list-style-type: none"> • 10 pay: T100 • 15 pay: T75, T100 	
Age at expiry	<ul style="list-style-type: none"> • T10, T75 – policy anniversary nearest age 75 • T100 – doesn't expire; policy is paid up at the policy anniversary nearest age 100 and coverage continues 	
Conversion option	<ul style="list-style-type: none"> • T10 can convert to T75 or T100 until the policy anniversary nearest age 65 • Group 2 illnesses are included (15% up to a maximum of \$50,000) • ABI and LOIE are only included if they were on the original policy • ROPD benefits carry over to the new policy • ROPC/E benefit amount carries over to the new policy • ROPC/E can be added without evidence 	
25 covered illnesses – full benefit payout (Group 1)	<ul style="list-style-type: none"> • Cancer • Heart attack • Stroke • Coronary artery bypass surgery • Acquired brain injury • Alzheimer's disease • Aortic surgery • Aplastic anemia • Bacterial meningitis • Benign brain tumour • Blindness • Coma • Deafness 	<ul style="list-style-type: none"> • Heart valve replacement • Kidney failure • Loss of limbs • Loss of speech • Major organ failure on waiting list • Major organ transplant • Motor neuron disease • Multiple sclerosis • Occupational HIV infection • Paralysis • Parkinson's disease • Severe burns
Five covered childhood illnesses – full benefit payout Coverage for childhood illnesses ends on the date of the insured person's 24 th birthday	Not applicable	<ul style="list-style-type: none"> • Cerebral palsy • Congenital heart disease • Cystic fibrosis • Muscular dystrophy • Type 1 diabetes mellitus

Features and benefits	Adult plan	Child plan
LOIE – full benefit payout	<ul style="list-style-type: none"> • Optional benefit for adult plan <ul style="list-style-type: none"> – Issue ages: 18 - 65 • Automatically included in child plans 	
<p>Four partial payout illnesses (Group 2) – 15% up to \$50,000 on each</p> <p>Partial claims don't reduce the face amount</p> <p>One claim is permitted for each illness</p>	<ul style="list-style-type: none"> • Cancer – ductal carcinoma in situ of the breast • Cancer – stage 1A malignant melanoma • Cancer – stage A (T1a or T1b) prostate cancer • Coronary angioplasty 	
ROPD Optional benefit	Issue ages: 30 days - 65 years	
ROPC/E Optional benefit	<ul style="list-style-type: none"> • Lifetime plans <ul style="list-style-type: none"> – ROPC/E after 15 years <ul style="list-style-type: none"> – Issue ages: 18 - 60 – ROPC/E at age 65 years <ul style="list-style-type: none"> – Issue ages: 18 - 49 • Limited pay plans <ul style="list-style-type: none"> – ROPC/E after 15 years <ul style="list-style-type: none"> – Issue ages: 18 - 60 	<ul style="list-style-type: none"> • Lifetime plans <ul style="list-style-type: none"> – 75% ROPC/E at the later of age 25 or the 15th policy anniversary. – Remaining returnable premiums on cancellation at the later of age 40 or the 30th policy anniversary • Limited pay plans <ul style="list-style-type: none"> – ROPC/E after age 35
LTCCO Optional benefit	<ul style="list-style-type: none"> • Issue ages 18 - 50 • Must also select LOIE • Available for standard risks • Not available on limited pay plans 	<ul style="list-style-type: none"> • May apply between policy anniversary nearest age 18 and policy anniversary nearest age 19.
<p>Weekly LTCI benefit = $\frac{\text{CII amount being converted}}{200}$</p>		
<ul style="list-style-type: none"> • The maximum amount of Sun CII that may be converted is \$250,000 per insured person. This provides a weekly LTCI benefit of \$1,250. • Conversion is available once during the five policy years that start on the policy anniversary nearest the insured person's 60th birthday. 		

Features and benefits	Adult plan	Child plan
TDW benefit Optional benefit	Issue ages: 18 - 55	Not available
Smoking status	<ul style="list-style-type: none"> Occasional large cigar use may qualify the insured as a non-smoker. 	<ul style="list-style-type: none"> Smoker rates begin on the policy anniversary nearest the insured person's 18th birthday. The owner can apply for non-smoker rates on or after the policy anniversary nearest the insured person's 17th birthday.
Best Doctors/Teladoc Medical Experts	Included	

Sun CII policies dated January 26, 2009 - September 16, 2012 (age-last pricing)

Features and benefits	Adult plan	Child plan
Issue ages Issue amounts	<ul style="list-style-type: none"> • 18 - 65 • \$50,000 - \$2,000,000 	<ul style="list-style-type: none"> • 30 days - 17 years • \$50,000 - \$1,000,000 (special requirements for amounts above \$250,000)
Plan types available	T10, T75 and T100	
Limited payment options	<ul style="list-style-type: none"> • 10 pay: T100 • 15 pay: T75, T100 	
Age at expiry	<ul style="list-style-type: none"> • T10, T75 – policy anniversary nearest age 75 • T100 – doesn't expire; policy is paid up at the policy anniversary nearest age 100 and coverage continues 	
Conversion option	<ul style="list-style-type: none"> • T10 can convert to T75 or T100 until the policy anniversary following age 65 • Group 2 illnesses are included (15% up to a maximum of \$50,000) • ABI and LOIE are only included if they were on the original policy • ROPD benefits carry over to the new policy • ROPC/E benefit amount carries over to the new policy • ROPC/E can be added without evidence 	
24 covered illnesses – full benefit payout (Group 1)	<ul style="list-style-type: none"> • Alzheimer's disease • Aortic surgery • Aplastic anemia • Bacterial meningitis • Benign brain tumour • Blindness • Cancer • Coma • Coronary artery bypass surgery • Deafness • Heart attack • Heart valve replacement 	<ul style="list-style-type: none"> • Kidney failure • Loss of limbs • Loss of speech • Major organ failure on waiting list • Major organ transplant • Motor neuron disease • Multiple sclerosis • Occupational HIV infection • Paralysis • Parkinson's disease • Severe burns • Stroke
Two additional illnesses – full benefit payout	<ul style="list-style-type: none"> • Loss of independent existence (LOIE) and acquired brain injury (ABI) • Optional benefit for adult plans; automatically included in child plans 	
Five covered childhood illnesses – full benefit payout Coverage for childhood illnesses ends on the date of the insured person's 24 th birthday	Not applicable	<ul style="list-style-type: none"> • Cerebral palsy • Congenital heart disease • Cystic fibrosis • Muscular dystrophy • Type 1 diabetes mellitus

Features and benefits	Adult plan	Child plan
<p>Four partial payout illnesses (Group 2) – 15% up to \$50,000 on each</p> <p>Partial claims don't reduce the face amount</p> <p>One claim is permitted for each illness</p>	<ul style="list-style-type: none"> • Cancer – ductal carcinoma in situ of the breast • Cancer – stage 1A malignant melanoma • Cancer – stage A prostate cancer • Coronary angioplasty 	
<p>ROPD</p> <p>Available on all plan types</p>	<p>Optional benefit</p>	
<p>ROPC/E</p> <p>Available on all plan types</p> <p>Can be added at conversion</p>	<ul style="list-style-type: none"> • Lifetime plans <ul style="list-style-type: none"> – 100% ROPC/E after 15 years – 100% ROPC/E at age 65 • Limited pay plans <ul style="list-style-type: none"> – 100% ROPC/E after 15 years 	<ul style="list-style-type: none"> • Lifetime plans <ul style="list-style-type: none"> – Automatic 75% return at age 25 – Remaining and accumulated premiums on cancellation after age 40 • Limited pay plans <ul style="list-style-type: none"> – 100% ROPC/E after age 35
<p>LTCCO</p> <p>Optional benefit</p>	<ul style="list-style-type: none"> • Optional benefit • Must also select LOIE and ABI • Available for standard risks • Not available on limited pay plans 	<ul style="list-style-type: none"> • Optional benefit • May apply between policy anniversary following age 18 and policy anniversary following age 19
	<p>Weekly LTCI benefit = $\frac{\text{CII amount being converted}}{200}$</p>	
	<p>The maximum amount of Sun CII that may be converted is \$250,000, providing a maximum weekly LTCI benefit of \$1,250</p>	
<p>TDW benefit</p>	<p>Optional benefit</p>	<p>Not available</p>
<p>Smoking status</p>	<ul style="list-style-type: none"> • Occasional large cigar use may qualify the insured as a non-smoker. 	<ul style="list-style-type: none"> • Smoker rates begin on the policy anniversary following the insured person's 18th birthday. • The owner can apply for non-smoker rates on or after the policy anniversary following the insured person's 17th birthday.
<p>Best Doctors/Teladoc Medical Experts</p>	<p>Included</p>	

Sun CII policies dated January 23, 2006 - January 26, 2009 (age-last pricing)

Features and benefits	Adult plan	Child plan
Issue ages	<ul style="list-style-type: none"> • 20 - 65 	<ul style="list-style-type: none"> • 2 days - 19 years
Issue amounts	<ul style="list-style-type: none"> • \$50,000 - \$2,000,000 	<ul style="list-style-type: none"> • \$50,000 - \$250,000
Plan types available	T10, T75 and T100	
Limited payment options	15 pay – T75, T100 special quote basis (effective January 29, 2007)	
Age at expiry	<ul style="list-style-type: none"> • T10, T75 – policy anniversary nearest age 75 • T100 – doesn't expire; policy is paid up at the policy anniversary nearest age 100 and coverage continues 	
Conversion option	<ul style="list-style-type: none"> • T10 can convert to T75, until the policy anniversary following age 65 • Group 2 illnesses are included (10% up to a maximum of \$50,000) • ABI and LOIE aren't included • ROPD benefits carry over to the new policy – it's equal to the accumulated amount minus any partial benefit amount paid • ROPC/E benefit amount carries over to the new policy • ROPC/E can be added without evidence 	
24 covered illnesses – full benefit payout (Group 1)	<ul style="list-style-type: none"> • Alzheimer's disease • Aortic surgery • Aplastic anemia • Bacterial meningitis • Benign brain tumour • Blindness • Cancer • Coma • Coronary artery bypass surgery • Deafness • Heart attack • Heart valve replacement 	<ul style="list-style-type: none"> • Kidney failure • Loss of limbs • Loss of speech • Major organ failure on waiting list • Major organ transplant • Motor neuron disease • Multiple sclerosis • Occupational HIV infection • Paralysis • Parkinson's disease • Severe burns • Stroke
Five covered childhood illnesses – full benefit payout Coverage for childhood illnesses ends on the date of the insured person's 24 th birthday	Not applicable	<ul style="list-style-type: none"> • Cerebral palsy • Congenital heart disease • Cystic fibrosis • Muscular dystrophy • Type 1 diabetes mellitus

Features and benefits	Adult plan	Child plan
<p>Four partial payout illnesses (Group 2) – 15% up to \$50,000 on each</p> <p>Partial claims don't reduce the face amount</p> <p>One claim is permitted for each illness</p>	<ul style="list-style-type: none"> • Cancer – ductal carcinoma in situ of the breast • Cancer – stage 1A malignant melanoma • Cancer – stage A prostate cancer • Coronary angioplasty 	
<p>ROPD</p> <p>Available on all plan types</p>	<p>Optional benefit</p>	
<p>ROPC/E</p> <p>Available on all plan types</p> <p>Can be added at conversion</p>	<ul style="list-style-type: none"> • Lifetime payment plans <ul style="list-style-type: none"> – 100% ROPC/E after 15 years (issue ages 20 - 60) – 100% ROPC/E at age 65 (issue ages 20 - 49) • Limited pay plans <ul style="list-style-type: none"> – 100% ROPC/E after 15 years 	<ul style="list-style-type: none"> • Lifetime plans <ul style="list-style-type: none"> – 100% ROPC/E after age 35 (issue ages 2 - 19)

Features and benefits	Adult plan	Child plan
AIB	<p>If selected, this benefit automatically increases the critical illness insurance benefit by a set amount (25% or 50%) on the 5th and 10th policy anniversary dates. The premium for the AIB is guaranteed at the time of issue and is paid for the first 10 years of the policy.</p> <ul style="list-style-type: none"> • Available on T10, T75 and T100 plans • Issue ages 20 - 45 • Available at issue only • Available on standard risks only • The premium for the AIB step-up portion of the coverage is based on the attained age of the insured person • Premiums paid for AIB aren't included in returnable premium amounts • Premiums paid for the AIB step-up portion aren't included in returnable premium amounts • If the owner has more than one CII policy with Sun Life, they can only have the AIB on one policy • Partial payouts for a Group 2 illness are calculated based on the coverage amount that is in effect at the time the benefit is payable • Minimum increase is \$25,000 per step-up • Maximum increase is \$250,000 per step-up 	Not available
TDW benefit	Optional benefit	Not available
Smoking status	<ul style="list-style-type: none"> • Occasional large cigar use may qualify the insured as a non-smoker. 	<ul style="list-style-type: none"> • Smoker rates begin on the policy anniversary following the insured person's 18th birthday. • The owner can apply for non-smoker rates on or after the policy anniversary following the insured person's 17th birthday.
Best Doctors/Teladoc Medical Experts	Included	

Sun CII policies dated March 11, 2005 - January 23, 2006 (age-last pricing)

Features and benefits	Adult plan	Child plan
Issue ages Issue amounts	<ul style="list-style-type: none"> • 20 - 65 • \$100,000 - \$2,000,000 – Clients can request to decrease the original CII benefit amount to \$50,000 	<ul style="list-style-type: none"> • 2 - 19 • \$100,000 - \$250,000
Plan types available	T10, T75 and T100	
Limited payment options	15 pay – T75, T100 special quote basis (effective January 29, 2007)	
Age at expiry	<ul style="list-style-type: none"> • T10, T75 – policy anniversary nearest age 75 • T100 – doesn't expire; policy is paid up at the policy anniversary nearest age 100 and coverage continues 	
Conversion option	<ul style="list-style-type: none"> • T10 can convert to T75 on or before the earlier of either the policy anniversary following age 60 of the insured, to the end of the 10th policy year. (November 2005 changed to allow convertibility up to the policy anniversary following age 65) • Group 2 illnesses are included (10% up to a maximum of \$50,000) • ABI and LOIE aren't included • ROPD benefits carry over to the new policy – it's equal to the accumulated amount minus any partial benefit amount paid • ROPC/E benefit amount and years carry over to the new policy • ROPC/E can be added without evidence 	
24 covered illnesses – full benefit payout (Group 1)	<ul style="list-style-type: none"> • ALS and other motor neuron diseases • Alzheimer's disease • Aortic surgery • Aplastic anemia • Bacterial meningitis • Benign brain tumour • Blindness • Cancer • Coma • Coronary artery bypass surgery • Deafness • Heart attack 	<ul style="list-style-type: none"> • Heart valve replacement • Kidney failure • Loss of limbs • Loss of speech • Major organ transplant waiting list • Major organ failure requiring transplant • Multiple sclerosis • Occupational HIV • Paralysis • Parkinson's disease • Severe burns • Stroke
Five covered childhood illnesses – full benefit payout Coverage for childhood illnesses ends on the date of the insured person's 24 th birthday	Not applicable	<ul style="list-style-type: none"> • Cerebral palsy • Congenital heart disease • Cystic fibrosis • Muscular dystrophy • Type 1 diabetes mellitus

Features and benefits	Adult plan	Child plan
<p>Four partial payout illnesses (Group2) – 10% up to \$50,000 on each</p> <p>Partial claims don't reduce the face amount</p> <p>One claim is permitted for each illness</p>	<ul style="list-style-type: none"> • Cancer – ductal carcinoma in situ of the breast • Cancer – stage 1A malignant melanoma • Cancer – stage A prostate cancer • Coronary angioplasty 	
<p>ROPD</p> <p>Available on all plan types</p>	<p>Optional benefit</p>	
<p>ROPC/E</p> <p>Available on all plan types</p> <p>Can be added at conversion</p>	<p>(ROPC/E) T10 or T75 only:</p> <ul style="list-style-type: none"> • Issue ages 20 - 60 • Available on T10 and T75 • 70% payable in year 15 • 3% increase years 16 to 25 • 100% year 25 • ROPC/E can't exceed benefit amount <p>(ROPC/E) Lifetime (T100) only</p> <ul style="list-style-type: none"> • Issue ages 20 - 60 • Available on Lifetime (T100) • 70% payable in year 15 • 3% increase years 16 to 25 • 100% year 25 • ROPC/E can't exceed benefit amount 	<p>Not applicable</p>

Features and benefits	Adult plan	Child plan
AIB	<p>If selected, the critical illness insurance benefit amount automatically increases by a set amount on the 5th and 10th policy anniversary dates. The extra premium for this attachment is payable for 10 years.</p> <ul style="list-style-type: none"> • Issue ages 20 - 45 • Available on all plan types T10, T75 and T100 • Available in 25% or 50% step-ups, for total increase of 50% and 100% on the original benefit amount respectively • Minimum increase is \$25,000 per step-up • Maximum increase is \$250,000 per step-up • ROPC/E aren't available on the AIB portion of the benefit • One AIB per insured person • The premium for the AIB step-up is payable at the attained age rate. The rate is guaranteed at the time of issue and doesn't qualify for ROPC/E 	Not available
TDW benefit	Optional benefit	Not available
Smoking status	<ul style="list-style-type: none"> • Occasional large cigar use may qualify the insured as a non-smoker. 	<ul style="list-style-type: none"> • Smoker rates begin on the policy anniversary following the insured person's 20th birthday. • The owner can apply for non-smoker rates on or after the policy anniversary following the insured person's 19th birthday.
Best Doctors/Teladoc Medical Experts	Included	

Sun CII competitive advantages – summary

Clients can claim sooner – no survival period on most covered illnesses

- There is no survival period requirement for non-cardiovascular conditions. This means Clients can submit claims after a diagnosis and may receive their benefit sooner. Aortic surgery, coronary artery bypass surgery, heart attack, heart valve replacement, stroke, coronary angioplasty (illness eligible for a partial payout (Group 2)) and congenital heart disease (childhood illness) have a 30 day survival period.

Limited premium payment options

- Sun CII T75 can be paid up in 15 years – that’s fewer years than most carriers offering limited premium payment options on T75 plans, which tend to be paid up at age 65 or at the later of 20 years or age 65.
- Sun CII T100 has two limited premium payment options – paid up in 10 years or paid up in 15 years.
- Limited premium payment options aren’t limited to standard risks only.

High issue limits

- Adult coverage is available up to \$3,000,000 – many carriers will issue up to a maximum of \$2,000,000.
- Child coverage is available up to \$1,000,000 – many carriers offering child CII will issue up to a maximum of \$250,000.

Acquired brain injury due to external trauma

- An acquired brain injury can be catastrophic and have a lasting personal and financial impact. At Sun Life, we led the way by automatically including coverage for this important condition on all our CII plans.

Partial payout won’t reduce CII and return of premium benefits

- The CII benefit and return of premium benefits aren’t reduced when payment is made for a partial payout illness. Some carriers will reduce the CII benefit and Return of premium benefits by the amount of partial payout made.

Long-term care conversion option

- Available on all Sun CII plan types – not limited to T100 plans only.
- We guarantee an LTCI plan will be made available. Not all carriers offering this option provide this guarantee.
- ROPC/E premiums are returned to the owner at conversion, without evidence. “Satisfactory evidence” is required before the ROPC/E premiums are returned with another carrier.
- ROPD premiums may be transferred to the LTCI policy if it also includes an ROPD benefit. These premiums are forfeited with other carriers.
- With no evidence requirements at the time of conversion, Clients are able to go straight on claim with the LTCI policy.

Owner waiver

- Owner waiver provides an additional layer of coverage when the policy owner isn't the insured person, ensuring that premiums are waived if the owner dies or becomes disabled.
- This optional benefit is especially appealing for parents who are purchasing coverage for their children.

Ratings don't apply to premiums for return of premium options

- Ratings don't apply to any premium paid for a return of premium benefit. Some other carriers apply the rating to premiums paid for return of premium benefits.

Teladoc Medical Experts

- Available upon suspicion of a medical condition, even if it isn't listed in the policy. Some other carriers make this service available upon diagnosis of a covered condition and only once a claim is submitted.
- Unlimited access for the insured person. Most carriers don't offer unlimited access.
- Unlimited access for the insured person's spouse and dependent children. Most carriers limit access to the insured person.
- When we make a payment for a full payout illness, the insured person has a four month grace period to contact Teladoc Medical Experts for services.

Where to go for more information?

**For more information on the features
and benefits of Sun Critical Illness
Insurance, contact your Sales Director
or visit [sunlife.ca/advisor](https://www.sunlife.ca/advisor).**

We help. You grow.

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