

Critical Illness Insurance – Insurance Policy

Part I of this Policy sets out the detailed terms specific to the Insured (you) and the Policyholder, whether that is you or another person. Part II (this document) sets out the general terms and conditions of the Insurance Contract.

Part II – General Terms and Conditions

Please read this document carefully to ensure the Insurance Contract meets your needs.

Review Period

You have 30 days to read the document. If you cancel your Insurance Contract within 30 days of receiving it, any premiums that you have paid will be refunded and your Insurance Contract will be considered never to have been in effect. You may cancel your Insurance Contract at any time by contacting us.



1-877-871-7500
514-871-7500



National Bank Life Insurance Company
800 Saint-Jacques Street, Suite 16701
Montreal, Quebec H3C 1A3



nbc-insurance.ca
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In this Policy:

- (1) The Policyholder may also be the Insured. In this case, “you” designates both the Policyholder and the Insured.
- (2) “We” designates the Insurer, National Bank Life Insurance Company.

The words that are capitalized are defined and explained in Section 3 (Definitions).

Part II of this Policy sets out key information about your Insurance Contract. You will find details on coverage, exclusions and how the Insurance Contract works. Make sure you understand the terms of this document. You must make sure to understand the terms and conditions of the policy. Do not hesitate to contact us for additional information.

1. About this Policy

This section details the coverage provided by the Insurer.
The amount of the benefits payable is listed in Part I (Specific Conditions).

1.1 COVERAGE

Critical Illness Insurance is a protection you can benefit from during your lifetime that also offers you insurance in case of death.

- › In the event you are diagnosed with one of the three Critical Illnesses covered, subject to all of the terms of this Policy, we will pay you the insurance benefit selected at enrolment, indicated in Part I (Specific Conditions).
 - › In the event of death of the Insured before age 65, if the death is not related to a Diagnosis of one of the Critical Illnesses covered or if a Critical Illness benefit cannot be paid, we will pay the Beneficiary the lump-sum life insurance benefit set out in Part I (Specific Conditions).
- Some exclusions may apply (see Section 1.7, Limitations and Exclusions).
The three Critical Illnesses covered are:
- › **Cancer (Life-Threatening);**
 - › **Heart Attack;** and
 - › **Stroke.**
- See Section 1.6 of this Policy (Critical Illnesses Covered) for definitions of each of the Critical Illnesses covered and applicable exclusions.



**NATIONAL
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INSURANCE Life | Health

1.2 ELIGIBILITY, INSURABILITY AND DURATION OF COVERAGE

For your Insurance Contract to be valid, you must meet certain conditions when you submit the Insurance Application.

The Insurer also has certain rights regarding the acceptance of the Insurance Application, which are explained in this section.

The Insurance Contract has a start and an end date, as well as the rules that must be followed during the coverage period. This section contains explanations and some examples.

1.2.1. Eligibility Requirements

To be eligible for Critical Illness Insurance, you must:

- › Be between the ages of 18 and 59;
- › Be a Canadian citizen or permanent resident;
- › Reside in and be physically present in Canada for more than 6 of the 12 months preceding the date on which the Insurance Application is submitted.

1.2.2. State of Health (Insurability)

When analyzing your Insurance Application, we will ask questions about your state of health and lifestyle. We may also request medical examinations (e.g., electrocardiograms, blood tests or screening tests) to assess the risk associated with the Insurance Application. Our decision will be based on the analysis of the requested information and examinations.

1.2.3. Effective Date of Insurance

The insurance coverage will take effect on the date we accept your application.

The effective date of the Insurance Contract is indicated in Part I (Specific Conditions) of this Policy and applies only if the following three conditions are met:

- › We have accepted your Insurance Application and have sent you a copy of the Insurance Contract, which is deemed to have been delivered 10 days after it was sent from our offices.
- › We have received the full amount of the first monthly premium or valid banking information for pre-authorized debit.
- › There has been no major change in the Insured's health status since the date of your Insurance Application.

1.2.4. Initial Term and Automatic Renewal

The initial term of your Insurance Contract is five years. It will start on the effective date set out in Part I (Specific Conditions) and end on the renewal date. The renewal date is the fifth anniversary of the effective date.

At the end of the initial five-year term, if the Insurance Contract is still in effect, we will automatically renew it for another five-year term. You will not be required to submit further proof of health. We will inform you of the new premium amount in writing at least 30 days prior to the renewal date.

The Insurance Contract will then continue to be renewed automatically every five years, provided the Insurance Contract is in effect on the renewal date. If the Insurance Contract is renewed when you are over 60 years of age, the Insurance Contract will remain in effect for the number of years remaining until your 65th birthday or until one of the events set out in Section 1.2.5 (Termination of Insurance Contract) occurs.

1.2.5. Termination of Insurance Contract

Your Insurance Contract will be terminated as soon as one of the following occurs:

- › Payment of a benefit following Diagnosis of one of the Critical Illnesses covered by this Insurance Contract;
- › Voluntary termination by you of your Insurance Contract, which does not require the consent of the Beneficiary (whether irrevocable or revocable);
- › Your 65th birthday;
- › The date of your death;
- › The date following the final day of the grace period granted for the non-payment of premiums. You will receive a notice of non-payment listing the payment deadline and the impact of non-payment on the validity of your Insurance Contract;
- › The date your Insurance Contract is cancelled by the Insurer (see Section 1.7.3, Misrepresentation and Dispute of Statements).

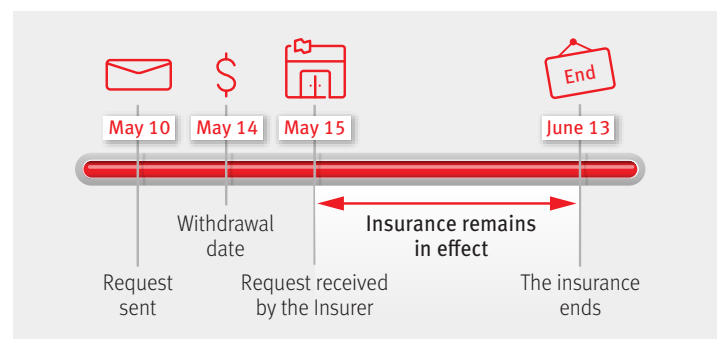
1.2.6. Termination of your Insurance Contract More Than 30 Days After Enrolment (voluntary termination)

You may terminate your Insurance Contract at any time with no penalty by calling **1-877-871-7500**.

Your Insurance Contract will end on the next premium payment date following:

- › The date on which you choose to terminate your Insurance Contract; or
- › The date on which we receive your notice of voluntary termination, whichever is later.

For example, you wish to terminate your Insurance Contract on May 10. We receive your termination request on May 15, but the pre-authorized debit date is the 14th of each month. In this case, the Insurance Contract will remain in effect until June 13.



If you terminate your Insurance Contract after the first 30 days, no premiums will be refunded because the termination will be effective as of the premium payment date and no grace period will be granted.

1.3 PREMIUMS AND REINSTATEMENT

For your Insurance Contract to be in effect, you must pay premiums to the Insurer. See below for the rules governing payment of premiums.

1.3.1. Premium Payment Date

The first monthly premium will be debited 10 days after enrolment and thereafter premiums will be collected monthly, on the effective date of your Policy as indicated in Part I (Specific Conditions).

Example:

Insurance effective date	First premium	Subsequent premiums
June 10	June 20	The 10th day of each month

1.3.2. Premium Calculation and Payment

Insurance premiums are calculated based on:

- › Your sex and age;
- › Your smoker status; and
- › The coverage selected.

Premiums for this Insurance Contract are payable to the Insurer each month in Canadian dollars (CAD). Taxes will apply based on your province of residence. The payment dates and premium amounts are set out in Part I (Specific Conditions).

1.3.3. Guarantee of Premium Amounts

The amount of your premium at enrolment is guaranteed for five years.

Premium amounts at renewal are not guaranteed. These amounts will depend on your age and will be based on the rates then in effect for this Insurance Contract.

1.3.4. Period During Which Your Insurance Contract Remains in Effect Even if the Premium is Late (grace period)

The grace period is 30 days.

If the premium is not paid on the due date, we will grant you a grace period of 30 days in which to pay it. This means that if an insured event occurs during this grace period, the unpaid premium amount will be deducted from the benefit payable.

If the premium remains unpaid after the grace period, your Insurance Contract will be terminated at least 15 days after receipt of the written termination notice.

1.3.5. Reinstatement of Contract Within 30 Days of End of Grace Period

If your Insurance Contract is terminated due to unpaid premiums, it can be reinstated within 30 days of the end of the grace period if the outstanding premium amounts are paid, **provided you are alive at the time of the payment** and that you have not been diagnosed with any of the Critical Illnesses covered.

1.3.6. Reinstatement of Contract More Than 30 Days After End of Grace Period

If the Insurance Contract is terminated due to unpaid premiums and is not reinstated within 30 days following the end of the grace period, it can only be reinstated if the following four conditions are met:

- › You must complete a reinstatement form during the two years following the end of your Insurance Contract;
- › You must present any proof of insurability we request;
- › You must still be insurable based on our criteria; and
- › You must pay all outstanding premiums, including the interest calculated at a rate determined by us, as well as any applicable reinstatement fees for your Insurance Contract, at the time the reinstatement is accepted.

We may place you in a different risk category and adjust your premiums if your insurability (lifestyle, health, smoker status) has changed.

When your Insurance Contract is reinstated, a new two-year term will apply, during which period we can refuse a claim due to suicide or misrepresentation (see Section 1.7, Limitations and Exclusions).

1.3.7. Refunding Premiums

Premiums may be refunded in the following situations:

- › You receive a Critical Illness Diagnosis within the first 12 months of coverage which directly or indirectly resulted from a pre-existing condition.
- › You have made a misrepresentation concerning your health or smoker status as defined in Section 1.7.3 (Misrepresentation and Dispute of Statements) of this document.

1.4 BENEFICIARY

The Beneficiary is the person who will receive the amount set out in Part I (Specific Conditions) if the benefit is payable.

1.4.1. Coverage in the Event of a Critical Illness Diagnosis

In the event of a Diagnosis of one of the Critical Illnesses covered, the benefit is paid to the Insured, provided he is alive.

If the Insured is deceased when the benefit is paid, the amount will be paid to their estate, if the claim is made while the Insured is alive.

1.4.2. Coverage in the Event of Death

If the cause of death of the Insured is unrelated to the Critical Illnesses covered until age 65, the life insurance benefit (lump sum) will be paid to the estate or designated Beneficiary, if any.

1.4.3. Designating and Changing Beneficiaries (for coverage when cause of death is unrelated to the Critical Illnesses covered until age 65)

You may choose or change a Beneficiary at any time by completing the Change of Beneficiary Form. This form is provided with this Policy and can also be obtained by calling our Customer Service Department at the number listed on Page 2.

The information and rules concerning a change of Beneficiary and the percentages to be paid out to each Beneficiary are set out in the form we provide.

We are not responsible for ensuring the validity of any Beneficiary designation you may make.

1.5 CLAIMS

This section explains the procedure for submitting a claim, including the necessary documents and applicable delays.

Please note that all benefits payable under this Policy are tax-free.

1.5.1. Claims Further to a Critical Illness Diagnosis

We must be informed of a Critical Illness Diagnosis within 30 days of the Date of Diagnosis; the claim must be made while the Insured is still living.

The Critical Illness benefit is payable only once all supporting documents and the results of any required medical tests or examinations have been received and deemed satisfactory by us. Any medical tests or examinations must be performed by a Specialist. We may require that you be examined by healthcare professionals of our choosing, at our expense.

All documents, including the claim form that we will provide and required supporting documents, must be submitted **within one year** of the Date of Diagnosis. Once this period has elapsed, we will no longer be required to pay the benefit.

1.5.2. Claims Submitted After Death

When the death of the Insured occurs while the Insurance Contract is still in force and:

- › the death is attributed to a cause other than a Diagnosis of one of the Critical Illnesses covered; or
- › the death is related to a Diagnosis of Critical Illness but the application for a Critical Illness benefit was not made while the Insured was alive,

the claim must be submitted as soon as possible using the forms we provide, with the following supporting documents:

- › The Insured's death certificate;
- › Document indicating the cause and circumstances of the Insured's death;
- › Proof of the Insured's age or date of birth;
- › If applicable, proof of the Beneficiary's right to receive the benefits payable (identity document, will, etc.).

The life insurance benefit (lump sum) is payable only if all supporting documents and required documents have been received and deemed satisfactory by us.

1.6 CRITICAL ILLNESSES COVERED

The Critical Illnesses covered by this Policy are detailed in this section, including exclusions and situations in which the coverage does not apply.

The Critical Illnesses covered in the Insurance Contract are:

- › Cancer (life-threatening);
- › Heart attack; and
- › Stroke;

as defined in this Policy.

The Diagnosis must be made by a Specialist licensed to practice medicine in Canada or the United States.

If a Specialist is not available, the Critical Illness Diagnosis can be made by a qualified physician licensed to practice in Canada or in the United States, only if acceptable to the Insurer.

Any Diagnosis of Critical Illness must be confirmed by objective medical evidence.

1.6.1. Cancer (Life-Threatening)

Definite Diagnosis of a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

Types of cancer include carcinoma, melanoma, leukemia, lymphoma and sarcoma.

The Diagnosis of cancer must be made by a Specialist.

CAUTION

EXCLUSIONS SPECIFIC TO CANCER (LIFE-THREATENING)

The cancer must meet the definition set out in this Policy for the benefit to be payable.

Conditions or types of cancer not covered:

- › Lesions described as benign, pre-malignant, uncertain, borderline, non-invasive;
- › Carcinoma in-situ (Tis), or tumours classified as Ta;
- › Malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- › Any non-melanoma skin cancer, without lymph node or distant metastasis;
- › Prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- › Papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis;
- › Chronic lymphocytic leukemia classified less than Rai stage 1;
- › Malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than American Joint Committee on Cancer (AJCC) Stage 2.

For the purposes of this Policy, the terms "Tis, Ta, T1a, T1b, T1 and AJCC Stage 2" are to be applied as defined in the American Joint Committee on Cancer (AJCC) Cancer Staging Manual (7th edition, 2010).

For the purposes of this Policy, the term "Rai staging" is to be applied as set out in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: "Clinical staging of chronic lymphocytic leukemia," Blood 46:219, 1975.

1.6.2. Heart Attack

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

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

The Diagnosis of heart attack must be made by a Specialist.

CAUTION

EXCLUSIONS SPECIFIC TO HEART ATTACK

No benefit is payable in the following situations:

- › Elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves;
- › ECG changes suggesting a prior myocardial infarction, which do not meet the heart attack definition as described in this Policy.

1.6.3. Stroke

Definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

- › Acute onset of new neurological symptoms; and
- › New objective neurological deficits on clinical examination, persisting for more than 30 days following the Date of Diagnosis.

These new symptoms and neurological deficits must be corroborated by diagnostic imaging.

The Diagnosis of stroke must be made by a Specialist.

CAUTION

EXCLUSIONS SPECIFIC TO STROKE

The stroke must meet the definition in this Policy for the benefit to be payable.

No benefit will be payable in the following situations:

- › Transient ischaemic attacks;
- › Intracerebral vascular events due to trauma;
- › Lacunar infarcts which do not meet the definition of stroke as described above.

1.7 LIMITATIONS AND EXCLUSIONS

This section details the general exclusions that apply to your coverage. The exclusions specific to each of the Critical Illnesses covered are set out in Section 1.6 (Critical Illnesses Covered).

CAUTION

1.7.1 EXCLUSIONS APPLYING TO ALL CRITICAL ILLNESSES COVERED

SURVIVAL PERIOD

The benefit in the event of a Critical Illness Diagnosis as set out in this Policy and specified in Part I (Specific Conditions) is not payable if the Insured dies during the Survival Period, i.e., the 30 days following the Date of Diagnosis. This exclusion applies regardless of whether or not the death is related to one of the Critical Illnesses covered, except in the case of a cancer Diagnosis.

This means that:

- › In the event of a cancer Diagnosis where the Insured dies within 30 days of the Diagnosis, a benefit in the event of a Critical Illness Diagnosis may be payable further to an analysis of the claim, regardless of whether the death is related to the cancer Diagnosis.
- › In the event of a heart attack or stroke Diagnosis where the Insured dies within 30 days of the Diagnosis, no benefit in the event of a Critical Illness Diagnosis is payable, regardless of whether the death is related to this Diagnosis. However, the lump-sum life insurance benefit set out in Part I (Specific Conditions) will be paid to your Beneficiary.

If the death is attributable to a cause other than one of the Critical Illnesses covered and occurs prior to age 65, or if the death is related to the Diagnosis of one of the Critical Illnesses covered but the claim for benefits has not been made while the Insured was alive, the lump sum set out in Part I (Specific Conditions) will be paid to your Beneficiary, whether the death occurred during or after the survival period.

PRE-EXISTING CONDITIONS

NO BENEFIT IS PAYABLE FOR A CRITICAL ILLNESS THAT:

Occurs WITHIN 12 MONTHS of the Insurance Policy effective date AND is directly or indirectly caused by an illness or symptoms for which you:

- › Consulted or received treatment from a physician or other health care professional; OR
- › Had medical tests; OR
- › Took medication; OR
- › Were hospitalized;

in the 12 MONTHS PRIOR to the Insurance Policy effective date.

1.7.2. Exclusion in the Event of Suicide

In the two years following the effective date of the Insurance Contract, no life insurance benefit (lump sum) will be payable if the Insured's death is due to suicide or is related to self-inflicted injuries, regardless of the Insured's mental health at the time.

This provision also applies if the contract is reinstated as described in Section 1.3.

In such cases, although the benefit is not payable, we will refund all the premiums paid since the effective date of the Insurance Contract or its most recent reinstatement, without interest.

1.7.3. Misrepresentation and Dispute of Statements

If the Insurance Application is misrepresented or suggests the possibility of inaccurate information other than your age or sex, your insurance Policy will be canceled and the premiums paid will be refunded to you without interest. Moreover, in the absence of fraud, an Insurance Contract that has been in force for 2 years cannot be canceled.

If the Insurance Contract is rescinded and then reinstated, or if your Insurance Contract is changed and new evidence of insurability is

presented, the two-year timeframe in which we may exercise our right to dispute any elements (as referenced in the previous clauses) applies to all statements required for the reinstatement or change.

A failure to declare the use of tobacco, electronic cigarettes or nicotine replacement products of any kind on the Insurance Application is considered a material fact and constitutes a misrepresentation.

1.7.4. Misstatement of Age or Sex

If you pay premiums that are too low or too high due to an error in your sex or age when you apply for insurance, we will adjust the amount of premiums to match your actual sex or at your actual age, and the difference between the premiums actually paid and those that should have been paid will be charged or refunded, depending on the situation.

If you submit a claim when you are over the age of 65 (the age when coverage ends), no benefit is payable. Only the premiums that have been overpaid will be refunded.

When the Insurance Application is submitted to us, if your true age does not meet eligibility criteria (ages 18 to 59), we will cancel your Insurance Contract and refund the premiums paid, without interest.

1.8 BENEFIT TABLE

This table shows when a benefit may be payable in the event of a Critical Illness Diagnosis or death as well as when a refund of premiums may occur, subject to the terms of this Policy.

Event	Payable benefit
Diagnosis of a Critical Illness covered*	Critical Illness benefit (selected amount \$25,000 or \$50,000)
Death from a cause other than a Diagnosis of one of the Critical Illnesses covered before the age of 65	Life insurance benefit (lump sum \$5,000 or \$10,000)
Death related to the Diagnosis of one of the Critical Illnesses covered while the application for a Critical Illness benefit was not made while the Insured was alive	
Death during the Survival Period:	
> when a claim for a benefit in the event of a Critical Illness Diagnosis has been submitted cancer only*	Critical Illness benefit (selected amount \$25,000 or \$50,000)
> when a claim for a benefit in the event of a Critical Illness Diagnosis has been submitted stroke or heart attack	Life insurance benefit (lump sum \$5,000 or \$10,000)
> from a cause unrelated to the Diagnosis of any of the Critical Illnesses covered before the age of 65	
> while the application for a benefit in case of Diagnosis of Critical Illness was not made while the Insured was alive	
In the event of a claim, in case of:	
> refusal for pre-existing conditions	No benefits payable but we will refund the premiums collected since the effective date of the Policy or its most recent reinstatement
> refusal for false declaration	
> suicide that occurs within the 2 years following the effective date of the Policy or its reinstatement	

* In order for the Critical Illness benefit to be payable, the claim must be made while the Insured is alive.

1.9 POLICYHOLDER'S RIGHTS AND OPTIONS

The rights to which you are entitled under the Insurance Contract are described below.

1.9.1. Ownership

As long as you are alive, you are the owner of your Insurance Contract, and you alone may ask the Insurer to make changes to it, without the need of the beneficiary consent, irrevocable or not.

1.9.2. Rights of Transfer or Assignment

You can assign or transfer the ownership of the Insurance Contract to another person. If you choose to do this, you must inform us in writing. We will not under any circumstances be liable for the validity of this assignment or transfer.

This Policy may not be pledged.

1.9.3. Participation Rights

This Insurance Contract is a non-participating insurance contract. It does not entitle the Policyholder to receive dividends from the surplus or profit declared by the Insurer.

1.9.4. Transformation

You cannot transform your Insurance Contract into a permanent insurance contract or any other type of insurance policy.

1.9.5. Cash Value and Advances

Your Insurance Contract has no cash value and does not permit you to receive advances on the Policy or obtain paid-up or extended insurance.

1.9.6. Copy of the Insurance Contract

You may obtain a copy of your Insurance Policy, including any riders, by sending us a written request or by calling our Customer Service Department. Our contact information is listed on Page 2 of this document.

Any written requests for a complete copy of the Insurance Contract must be made by the Insured.

1.9.7. Total Coverage

The total amount of Critical Illness Insurance policies you hold with the Insurer can not exceed \$50,000.

2. Additional Clauses

2.1.1. Applicable Legislation

The Insurance Contract is governed by the laws of the province or territory in which you reside and the laws of Canada.

2.1.2. Amendments to the Policy

After your Insurance Contract has taken effect, we may make amendments we deem appropriate in response to legislative or regulatory changes.

Any change in the obligations of the Insurer or the obligations of the Insured must be communicated in writing to the Policyholder who must agree in writing for the changes to be in force. These changes will form an integral part of the Insurance Contract.

If this is an amendment made at the time of the renewal of the Insurance Contract, it will be indicated in a separate document and will be presumed accepted by the Policyholder 30 days after receipt of the document.

2.1.3. Notice

Any written notice sent to the Insurer must be delivered to the address indicated on the first page. We recommend that you send any important documents to us by registered mail or courier and keep copies of the documents along with the proof of mailing.

2.1.4. Limitation Period

Any action or proceeding against the Insurer for the recovery of amounts payable under the Insurance Contract must be commenced within the period set out in the applicable provincial legislation.

Residents of Alberta, British Columbia and Manitoba

Every action or proceeding against the Insurer for the recovery of insurance money payable under the agreement is absolutely barred unless commenced within the time set out in the *Insurance Act*.

Residents of Ontario

Every action or proceeding against the Insurer for the recovery of insurance money payable under the agreement must be commenced within the time set out in the *Limitations Act*, 2002.

Residents of Quebec

Every action or proceeding against the Insurer for the recovery of insurance money payable under the agreement must be commenced within three years.

Residents of other provinces

For applicable limitation periods, consult your provincial regulatory body or your legal advisor.

2.1.5. Provincial Specifications

Depending on your province of residence, an additional document entitled Provincial Specifications may form part of your Insurance Contract.

2.1.6. Delivery of the Policy

The Insurer will send the Policy to the mailing address or email address provided by the Insured on the enrolment form.

3. Definitions

The following definitions apply to this Policy and provide helpful information on key terms used in the insurance industry and in this Policy.

Beneficiary	Refers to the Insured, if he is alive or, if the Insured is deceased, their estate or any person designated by the Policyholder in a document received at the Insurer's head office.
Critical Illness	Refers exclusively to one of the following Critical Illnesses: stroke, cancer (life-threatening) and heart attack, as set out in Section 1.6 (Critical Illnesses Covered).
Date of Diagnosis	Date on which the Specialist makes an initial Diagnosis as shown in the Insured's medical file.
Diagnosis	The Diagnosis of a stroke, cancer (life-threatening) or heart attack by a medical Specialist who is licensed to practice in Canada or the United States. The Diagnosis must be corroborated by impartial medical evidence.
Insurance Application	Application for insurance submitted to the Insurer. The form can be completed in writing, electronically or verbally. All statements by the Policyholder and the Insured, including health declarations, are a part of the Insurance Application.
Insurance Contract	<p>Legal agreement entered into with the Insurer which sets out the terms and conditions of your coverage. The Insurance Contract contains the following:</p> <ul style="list-style-type: none">› The Insurance Application;› Part I — Specific Conditions of the Policy;› Part II — General Terms and Conditions of the Policy;› Any riders (changes made to your Policy after it takes effect) or other documents setting out specific legislative requirements of your province of residence;› Any statements presented as part of the Insurance Application, sent to the Insurer or one of its mandataries.
Insured	Person insured under the Insurance Contract. This person is designated in Part I (Specific Conditions).
Insurer	National Bank Life Insurance Company, whose business location is at 800 Saint-Jacques Street, Suite 16701 Montreal, Quebec H3C 1A3
Policy	The main document indicating the terms and conditions of your insurance coverage with the Insurer, including the general terms and conditions and specific conditions of your coverage.
Policyholder	Owner of the Insurance Contract and the only person who can ask the Insurer to amend it. The Policyholder may also be the Insured. The name of the Policyholder appears in Part I (Specific Conditions) of this Policy.
Specialist	Medical Specialist who is a licensed medical practitioner and has been trained in the specific area of medicine relevant to the covered Critical Illness for which the benefit in the event of a Critical Illness Diagnosis is being claimed, and who has been certified by a specialty examining board. The Specialist cannot be the Policyholder, the Insured or the Beneficiary of the Insurance Contract, or the spouse, family member or business partner of the Policyholder, Insured or Beneficiary.
Survival Period	<p>The period which starts on the Date of Diagnosis and ends 30 days after the Date of Diagnosis. The Survival Period does not include the number of days the Insured is on life support. Life support means that the Insured is under the care of a licensed physician and is being kept alive through nutritional, respiratory and/or cardiovascular support, regardless of whether irreversible brain damage has occurred.</p> <p>The Insured must be alive at the end of the Survival Period and not have suffered irreversible loss of all brain function.</p> <p>For more details, see Section 1.7.1 (Exclusions Applying to All Critical Illnesses Covered) and Section 1.8 (Benefit Table).</p>



31251-502 (2024/05)



For more information, contact us:
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