

Samples of riders available on Lifecheque

These are samples of riders that are available on Lifecheque policies.
They are provided for your information only.

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Children's Lifecheque rider

Benefit amount

When a benefit is payable under this rider, the amount of the benefit for each insured child is the coverage amount you have chosen, as shown in section 3 of this policy. Only one benefit will be payable to you for each insured child.

General information about this rider

This rider insures the child or children of a parent insured under this policy. The insured parent is named in the application for this insurance coverage and is shown in section 3 of your policy.

This rider also provides a critical illness insurability benefit.

A person insured by this rider is an insured child. An insured child means any child, step-child or legally adopted child between the ages of 15 days and 17 years named in the application for this rider and approved by us and any future natural child of that insured parent born after the date the application for this rider is signed. A future natural child does not include a step-child or a legally adopted child.

Exclusions

A future natural child will be excluded from coverage under this children's Lifecheque rider if:

- that child is born within 10 months of the date the application for this rider is signed or the date of the last reinstatement,
- and, before or within 30 days after that child's birth:
- that child is diagnosed with any covered condition, or
- that child has any signs, symptoms or investigations that lead to a diagnosis of a covered condition at any time in the future.

Benefits provided by this rider

This rider provides two benefits:

- critical illness insurance benefit
- critical illness insurability benefit

Your critical illness insurance benefit

We will pay a benefit on the occurrence of a covered condition as defined in this rider if the rider is in effect and if the insured child affected by that condition:

- is diagnosed with a covered condition before he or she reaches age 21, and
- survives 30 days after birth, and
- survives the waiting period specified for each covered condition, and
- meets all other terms of this policy.

Covered conditions

Aplastic anemia

A definite diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:

- marrow stimulating agents;
- immunosuppressive agents;
- bone marrow transplantation.

The diagnosis of aplastic anemia must be made by a specialist.

Waiting period

The 30 days following the date the condition is diagnosed.

Bacterial meningitis

A definite diagnosis of meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis.

The diagnosis of bacterial meningitis must be made by a specialist.

Waiting period

Until the date the criteria outlined above have been met.

Exclusion

We will not pay a covered condition benefit for viral meningitis.

Blindness

A definite diagnosis of the total and irreversible loss of vision in both eyes, evidenced by:

- the corrected visual acuity being 20/200 or less in both eyes, or
- the field of vision being less than 20 degrees in both eyes.

The diagnosis of blindness must be made by a specialist.

Waiting period

The 30 days following the date the condition is diagnosed.

Cancer (life threatening)

A definite diagnosis of a tumour 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.

Waiting period

The 30 days following the date the condition is diagnosed.

Exclusions

Exclusions are described in this rider under the subheading *Exclusions for cancers and related conditions*.

Cerebral palsy

A definite diagnosis of definite cerebral palsy, a non-progressive neurological defect characterized by spasticity and unco-ordinated movements.

Waiting period

The 30 days following the date the condition is diagnosed.

Congenital heart conditions

A definite diagnosis of cyanosis, a state of poor oxygenation of the blood, resulting from atresias of the heart valves, transposition of the great vessels, truncus arteriosus, total anomalous pulmonary venous drainage, or tetralogy of Fallot.

The diagnosis must be made by a specialist and supported by appropriate cardiac imaging.

Waiting period

The 30 days following the date the condition is diagnosed.

Exclusions

All other heart conditions are excluded.

Cystic fibrosis

A definite diagnosis of cystic fibrosis which is a hereditary disorder affecting the exocrine glands, resulting in chronic lung disease and pancreatic insufficiency.

Waiting period

The 30 days following the date the condition is diagnosed.

Deafness

A definite diagnosis of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3,000 hertz.

The diagnosis of deafness must be made by a specialist.

Waiting period

The 30 days following the date the condition is diagnosed.

Down syndrome

A definite diagnosis of Down syndrome supported by chromosomal evidence of Trisomy 21.

Waiting period

The 30 days following the date the condition is diagnosed.

Kidney failure

A definite diagnosis of chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.

The diagnosis of kidney failure must be made by a specialist.

Waiting period

The 30 days following the date the condition is diagnosed.

Loss of speech

A definite diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease, for a period of at least 180 days.

The diagnosis of loss of speech must be made by a specialist.

Waiting period

Until the date the criteria outlined in loss of speech above have been met.

Exclusions

We will not pay a covered condition benefit for loss of speech for all psychiatric-related causes.

Major organ failure (on waiting list)

A definite diagnosis of the irreversible failure of the heart, both lungs, liver, both kidneys or bone marrow, and transplantation must be medically necessary. To qualify under major organ failure (on waiting list), the insured child must become enrolled as the recipient in a recognized transplant centre in Canada or the United States that performs the required form of transplant surgery.

For the purposes of the survival period, the date of diagnosis is the date of the insured child's enrolment in the transplant centre.

The diagnosis of the major organ failure must be made by a specialist.

Waiting period

The 30 days following the date of the insured child's enrolment in the transplant centre specified above.

Major organ transplant

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

The diagnosis of the major organ failure must be made by a specialist.

Waiting period

The 30 days following the date of transplantation.

Muscular dystrophy

A definite diagnosis of muscular dystrophy, characterized by well-defined neurological abnormalities, confirmed by electromyography and muscular biopsy.

Waiting period

The 30 days following the date the condition is diagnosed.

Paralysis

A definite diagnosis of the total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.

The diagnosis of paralysis must be made by a specialist.

Waiting period

Until the date the criteria outlined in paralysis above have been met.

Exclusions and limitations

General

No benefit will be paid if the insured child, while sane or insane, suffers a covered condition as a result of any of the following:

- a intentionally inflicted injuries
- b committing or attempting to commit a criminal offence
- c operating a motor vehicle while the concentration of alcohol in 100 milliliters of blood exceeds 80 milligrams, or
- d the insured child's intentional use or intake of:
 - any prescription drug or narcotic other than as instructed by a physician
 - any drug or narcotic legally available for sale in Canada without a prescription other than as recommended by the manufacturer
 - any drug or narcotic not legally available in Canada, or
 - any poisonous substance or intoxicant, including alcohol.

No benefit will be paid if the insured child does not survive 30 days after birth.

Waiting period

No benefit will be paid unless an insured child survives the waiting period. The waiting period is defined for each covered condition.

Exclusions for cancers and related conditions

In these exclusions, the term "any cancer" includes all cancers, even if they would not have been covered under the definitions for cancer for a covered condition benefit.

We will not pay a covered condition benefit if, within the first 90 days following the later of:

- the coverage issue date, and
- the date of last reinstatement of the coverage,

the insured person has any of the following:

- signs, symptoms or investigations, that lead to a diagnosis of cancer (covered or excluded under the coverage), regardless of when the diagnosis is made, or
- a diagnosis of cancer (covered or excluded under the coverage)

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to us within six months of the date of the diagnosis. If this information is not provided within this period, we have the right to deny any claim for cancer or any critical illness caused by any cancer or its treatment.

We will not pay a covered condition benefit for the following:

- lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumors 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, or
- malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.

For purposes of the 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 purposes of the 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.

Paid-up coverage

If, while this rider is in effect, the insured parent's Lifecheque insurance coverage ends because:

- the insured parent dies,
- we pay a covered condition benefit, or
- the sum of any recovery benefit paid or payable and any care benefits paid or payable under that coverage equals the amount of insurance of that Lifecheque insurance coverage,

then the benefits provided by this rider will continue at no cost until the rider terminates.

The rider terminates when:

- the youngest insured child reaches their 21st birthday, or
 - the last insured child exercises the critical illness insurability benefit,
- whichever is earlier.

No future natural children of the insured parent would be covered under this rider.

Your critical illness insurability benefit

The critical illness insurability benefit allows you to apply for new critical illness insurance for each insured child under this rider during an option period. We describe option periods below. You can exercise the right to buy new insurance once for each insured child under this rider.

What information we ask for when you apply for new critical illness insurance

When you apply for new critical illness insurance, we ask the insured child to confirm:

- that they would not qualify for, or start a waiting period for, any benefit under the new critical illness insurance policy, and
- that they do not have and have not applied for critical illness insurance with us and other insurance companies that provides more coverage than our administrative rules allow.

We don't ask for any additional information to make a decision on whether we will insure the child.

Option periods

You can apply for new insurance for the insured child while the children's Lifecheque rider is in effect and during any option period.

An option period is:

- the 60 days before the coverage expiry date, or
- the 60 days before the insured child's 21st birthday until 75 days after that day, or
- the 75 days following a life event as we describe below.

An option day occurs on the day:

- that's the earlier of:
 - the coverage anniversary nearest the insured parent's 65th birthday, also called the coverage expiry date, or
 - the day the insured child turns 21 years old.
- that one of these life events occurs:
 - the insured child becomes legally married, or enters into a civil union in Quebec,
 - the insured child's relationship qualifies as common-law under the Income Tax Act of Canada in effect on the option day,
 - the insured child gives birth to a living child,
 - the spouse or common-law partner of the insured child gives birth to a living child, or
 - the insured child legally adopts a child under the age of 18.

How to buy new insurance

If you would like to buy new insurance for an insured child, your advisor can help you complete an application.

The insured child can buy new insurance, but only with your written permission and if the provincial laws that govern your policy allow it. If you buy the insurance, the insured child, or the parent or guardian, must agree to the new insurance by signing the application in accordance with the laws that govern your policy.

When we refer to *you* in the next two sections, we mean either the policy owner or the insured child who is buying new insurance with the policy owner's permission.

When the new insurance starts

We must receive your signed application and the first payment required for the new insurance before the end of an option period. Once we approve the application, the new insurance starts on:

- the coverage expiry date, if you purchased the new insurance during the 60 days before the coverage expiry date, or
- the monthly processing day after the day we receive the application and first payment, if you purchased the new insurance during the 60 days before or 75 days after the child's 21st birthday or the 75-days after a life event.

If there is an occurrence of a covered condition, as defined in this rider, before the new insurance coverage starts, we cancel the application for the new insurance and refund any payments made for it. Any payment for a covered condition would be under the terms of the children's Lifecheque rider.

If the insured child dies before the new insurance coverage starts, we cancel the application for new insurance and refund any payments made for it.

Rules that apply to buying new insurance

The new insurance must be either:

- a new coverage on an existing critical illness insurance policy with us that allows you to add insurance coverage as described in our administrative rules, or
- a new critical illness insurance policy we offer on the date you apply for the new insurance.

The new critical illness insurance must be for an amount:

- no more than two times the amount of the children's Lifecheque rider coverage,
- no more than \$200,000, and
- no less than the minimum amount that our administrative rules allow for the new critical illness insurance.

If two times the amount of the children's Lifecheque rider coverage is less than the minimum amount that our administrative rules allow, then the new amount of insurance will be that minimum amount.

The new insurance must insure a child covered under the rider.

The insured child must meet the minimum and maximum age requirements. The amount of the new insurance coverage must be within the minimum and maximum limits for that insurance.

If you apply to add a rider on the new critical illness insurance, we will ask you to send us any information we need to decide whether, and under what conditions, we will add the rider.

We base the cost of the new insurance on:

- the sex of the insured child, and
- the insured child's age on the birthday closest to the day the new insurance starts, and
- smoker rates or a comparable risk category, unless we approve your application for a non-smoker rate.

When you purchase the illness insurance coverage, you may apply for a non-smoker rate. We will ask for information we need to decide if, and under what conditions, we will approve the change.

The new insurance includes any amendments and exclusions contained in your Lifecheque policy that apply to the insured child, as well as any limitations we regularly include in policies issued on the same plan for people of the same age, sex, insurance rating, and smoking status.

If we apply the provisions that relate to questioning the validity of your insurance to the new insurance, we use the dates that apply to the new insurance. If we reinstate the new insurance, we use the date of the latest reinstatement.

If we question the validity of the new insurance, we can rely on any information provided to us to obtain or reinstate the rider or any additional information provided to us at the time you purchased the new insurance. If we are relying on information provided to us at the time you purchased the new insurance, we use the dates of the new insurance.

The rider premium

The premium for this rider is shown in section 3 of your policy.

When this rider ends

This rider ends on the earliest of:

- the monthly processing day coinciding with or next following the day we receive your written request to cancel this rider, or
- the coverage expiry date for this rider as shown in section 3 of your policy, or
- the day your insurance policy ends.

Updated definition in Children's Lifecheque rider

This endorsement is part of Lifecheque policy number <<9999999>>.

This endorsement overrides any information in the policy that is not consistent with it.

Policy date: <<date>>

Policy owner(s): <<first and last name>>

In this endorsement, *you* and *your* mean the owner of the policy. *We, us, our,* and *Manulife* mean The Manufacturers Life Insurance Company.

This endorsement forms part of your Lifecheque contract. Keep this update with your policy.

Covered conditions definition

The Down syndrome definition in the *Covered conditions* section of your rider has changed. It is replaced with:

Down syndrome

A definite diagnosis of Down syndrome.

Waiting period

The 30 days following the date the condition is diagnosed.

For questions about your Lifecheque policy, please contact your advisor or our Contact Centre.



Donald Gulioen
President and Chief Executive Officer, The Manufacturers Life Insurance Company

Return of premium at expiry rider

General information

The return of premium at expiry (ROPX) rider provides a benefit to you if you have never claimed a covered condition benefit under the associated Lifecheque insurance coverage.

Terms used in this rider

An associated Lifecheque insurance coverage is the Lifecheque insurance coverage, shown in section 3 of your policy, that is connected to the ROPX rider coverage. The insured person, coverage date, coverage type, coverage option and premium duration must be the same on both coverages.

When the phrase return of premium rider is used in this rider, it refers to any return of premium type rider on the policy, such as a return of premium on death rider, a return of premium rider, a return of premium at expiry rider and a return of premium with early surrender option rider. When the phrase return of premium benefit is used, it refers to the benefit provided by each of these riders.

The benefit provided by this rider

Return of premium at expiry benefit

The ROPX benefit for a coverage under this rider is the lesser of:

- i) the coverage limit shown in section 3 of your policy for the rider coverage minus any recovery benefit and care benefits paid or payable for the associated Lifecheque insurance coverage
- and
- ii) the total eligible premiums you paid minus any recovery benefit and care benefits paid or payable for the associated Lifecheque insurance coverage.

Eligible premiums include:

- a) the premiums you paid (including premiums paid for insurance ratings) since the coverage date of this rider coverage for:
 - this rider coverage
 - the associated Lifecheque insurance coverage, and
 - any return of premium on death rider coverage on the associated Lifecheque insurance coverage

adjusted for any requested decreases in the amount of insurance for the associated Lifecheque insurance coverage as described in this rider under the heading *If you change your associated Lifecheque insurance coverage*.

plus

- b) the policy fees you paid (if the Lifecheque policy terminates on the expiry date of this rider)

(If more than one return of premium benefit is payable effective the same day, any policy fees you paid will be divided proportionately between those return of premium rider coverages, based on the coverage limit shown in section 3 of your policy for those rider coverages.)

plus

- c) any premiums you paid for a waiver of premium on disability rider on the insured person (if the waiver of premium on disability rider has terminated and there is no remaining return of premium rider coverage on the insured person).

(If more than one return of premium benefit is payable effective the same day for an insured person, any premiums paid for the waiver of premium on disability rider will be divided proportionately between those return of premium rider coverages on the insured person, based on the coverage limit shown in section 3 of your policy for those rider coverages.)

Benefit at coverage expiry

We will pay a ROPX benefit when coverage under this rider expires if:

- the rider coverage is in effect on the associated Lifecheque insurance coverage at the coverage expiry date for the rider coverage
- the insured person under the rider coverage is not then satisfying a waiting period for a covered condition benefit, care benefit, or early intervention condition benefit
- no care benefit is payable for the associated Lifecheque insurance coverage, and
- no covered condition benefit is payable.

Satisfying the waiting period or receiving care benefits and the coverage expiry date

If the insured person under the associated Lifecheque insurance coverage is satisfying the waiting period for a covered condition benefit or an early intervention benefit on the coverage expiry date that rider coverage will not expire until:

- the first day the insured person is no longer satisfying that waiting period required by that covered condition benefit or early intervention benefit.

If on the coverage expiry date, the insured person is receiving care benefits under the associated Lifecheque insurance coverage, or is satisfying the waiting period for care benefits that rider coverage will not expire until:

- the first day the insured person is no longer functionally dependent
- the LivingCare benefit balance is \$0, or
- the day the care benefits paid or payable for the associated Lifecheque insurance coverage are equal to the LivingCare benefit limit for that coverage.

If the insured person under the associated Lifecheque insurance coverage satisfies the waiting period for a covered condition benefit that ends on or after the coverage expiry date and:

- if that benefit is not payable, we will pay the benefit as described in the *Return of premium at expiry benefit* section above.
- if that benefit is payable, no ROPX benefit will be payable.

If the insured person under the associated Lifecheque insurance coverage satisfies the waiting period for an early intervention benefit that ends on or after the coverage expiry date and:

- if that benefit is not payable, we will pay the benefit as described in the *Return of premium at expiry benefit* section above.
- if that benefit is payable, we will pay the early intervention benefit and then we will pay the benefit as described in the *Return of premium at expiry benefit* section above.

If, on the coverage expiry date, the insured person is receiving care benefits under the associated Lifecheque insurance coverage or has satisfied the waiting period for care benefits we will pay care benefits until the earliest of:

- the first day the insured person is no longer functionally dependent, or
- the first day the LivingCare benefit balance is \$0, or
- the day the care benefits paid or payable for the associated Lifecheque insurance coverage are equal to the LivingCare benefit limit for that coverage
- and then we will pay the benefit as described in the *Return of premium at expiry benefit* section above.
- If the insured person under the associated Lifecheque insurance coverage *does not satisfy* the waiting period for a covered condition benefit, care benefits or an early intervention benefit that ends on or after the coverage expiry date, we will pay the benefit as described in the *Return of premium at expiry* section above.

If you change your associated Lifecheque insurance coverage

If you request a decrease in the amount of insurance

If you request a decrease in the amount of insurance for the associated Lifecheque insurance coverage, the amount described in this rider in *a)* under the subheading *Return of premium at expiry benefit* will be reduced proportionately. The reduction will be based, in part, on the change in premiums for:

- the rider coverage,
- the associated Lifecheque insurance coverage, and
- any return of premium on death rider coverage on that associated Lifecheque insurance coverage.

Our administrative rules in effect at that time will apply in determining the amount of reduction.

No ROPX benefit is payable at the time of the decrease.

The rider premium

The premium for each rider coverage is based on:

- the coverage limit for the rider coverage,
- the personal information of the insured person, and
- the coverage type, coverage option and premium duration for the associated Lifecheque insurance coverage

as shown in section 3 of your policy.

No further premiums will be payable for a rider coverage when:

- the amount described in this rider in *a)* under the subheading *Return of premium at expiry benefit*, adjusted for any requested decreases in the associated Lifecheque insurance coverage,

is greater than or equal to:

- the coverage limit for the rider coverage shown in section 3 of your policy.

Also, no further premium will be payable for a rider coverage when the length of time that the coverage has been in effect exceeds the premium duration for the associated Lifecheque insurance coverage.

When a rider coverage ends

A coverage provided by this rider ends on the earliest of:

- the day the insured person under the rider coverage is no longer an insured person under the associated Lifecheque insurance coverage
- the monthly processing day that coincides with or next follows the day we receive your request in writing to cancel the rider coverage
- the day we cancel or deny insurance or rider coverage on the insured person, as described in your policy in section 7 under the subheading *Contesting the contract*, or
- the coverage expiry date shown in section 3 of your policy.

When this rider ends

This rider ends on the earliest of:

- the monthly processing day that coincides with or next follows the day we receive your written request to cancel this rider
- the day the last coverage under this rider ends, or
- the day your insurance policy ends.

Sample

Return of premium on death rider

General information

The return of premium on death rider (ROPD) provides a benefit to you on the death of the insured person under this rider if you have never claimed a covered condition benefit for the insured person under the associated Lifecheque insurance coverage.

Terms used in this rider

An associated Lifecheque insurance coverage is the Lifecheque insurance coverage, shown in section 3 of your policy, that is connected to the ROPD rider coverage. The insured person, coverage date, coverage type, coverage option and premium duration must be the same on both coverages.

When the phrase return of premium rider is used in this rider, it refers to any return of premium type rider on the policy, such as a return of premium on death rider, a return of premium rider, a return of premium at expiry rider and a return of premium with early surrender option rider. When the phrase return of premium benefit is used, it refers to the benefit provided by each of these riders.

The benefit provided by this rider

Return of premium on death benefit

The ROPD benefit for a coverage under this rider is the lesser of:

- i) the coverage limit shown in section 3 of the policy for the rider coverage minus any recovery benefit and care benefits paid or payable for the associated Lifecheque insurance coverage
- and
- ii) the total eligible premiums you paid minus any recovery benefit and care benefits paid or payable for the associated Lifecheque insurance coverage.

Eligible premiums include:

- a) the premiums you paid (including premiums paid for insurance ratings) for:
 - the rider coverage
 - the associated Lifecheque insurance coverage
 - any other return of premium rider coverage on the associated Lifecheque insurance coverage, and
 - if the return of premium on death rider coverage resulted from a change in coverage type or coverage option, the premiums you paid for the previous return of premium on death (renewable) rider coverage and its associated Lifecheque (Renewable) insurance coverage

adjusted for any requested decreases in the amount of insurance for the associated Lifecheque insurance coverage as described in this rider under the heading *If you change your associated Lifecheque insurance coverage*.

plus

- b) the policy fees you paid (if the Lifecheque policy terminates because the insured person on the associated Lifecheque insurance coverage dies)

(If more than one return of premium benefit is payable effective the same day, any policy fees you paid will be divided proportionately between those return of premium rider coverages, based on the coverage limit shown in section 3 of your policy for those rider coverages.)

plus

- c) any premiums you paid for a waiver of premium on disability rider on the insured person.

(If more than one return of premium on death benefit is payable effective the same day for an insured person, any premiums you paid for the waiver of premium on disability rider will be divided proportionately between those return of premium on death rider coverages on the insured person, based on the coverage limit shown in section 3 of your policy for those rider coverages.)

Eligible premiums do not include any unused portion of premiums already refunded to you as described in section 7 of your policy under the subheading *Refund of unused portion of premiums*.

Benefit at death

We will pay a ROPD benefit when an insured person under this rider dies if:

- the rider coverage is in effect on the date of death, and
- no covered condition benefit is payable under the associated Lifecheque insurance coverage.

Satisfying the waiting period or receiving care benefits and the coverage expiry date

If the insured person under the associated Lifecheque insurance coverage is satisfying the waiting period for a covered condition benefit or an early intervention benefit on the coverage expiry date that rider coverage will not expire until the earliest of:

- the first day the insured person is no longer satisfying the waiting period required for that covered condition benefit or early intervention benefit, and
- 30 days following the coverage expiry date for the associated Lifecheque insurance coverage.

If the insured person under the associated Lifecheque insurance coverage is receiving care benefits or is satisfying the waiting period for care benefits that began on or before the coverage expiry date that rider coverage will not expire until the earliest of:

- the first day the insured person is no longer functionally dependent, or
- the LivingCare benefit balance for the associated Lifecheque insurance coverage is \$0,
- the day the care benefits paid or payable for the associated Lifecheque insurance coverage are equal to the LivingCare benefit limit for that coverage, and
- 30 days following the coverage expiry date for the associated Lifecheque insurance coverage.

If the insured person under the associated Lifecheque insurance coverage dies during the waiting period for a covered condition benefit, care benefit or early intervention benefit or while receiving care benefits and within 30 days following the coverage expiry date for the associated Lifecheque insurance coverage, we will pay the benefit as described in the *Return of premium on death benefit* section above provided no benefit is payable under any other return of premium rider.

If you change your associated Lifecheque insurance coverage

If you request a decrease in the amount of insurance

If you request a decrease in the amount of insurance of your associated Lifecheque insurance coverage, the amount described in this rider in *a)* under the subheading *Return of premium on death benefit* will be reduced proportionately. The reduction will be based, in part, on the change in premiums for:

- the rider coverage,
- the associated Lifecheque insurance coverage, and
- any other return of premium rider coverage on that associated Lifecheque insurance coverage.

Our administrative rules in effect at that time will apply in determining the amount of reduction.

If you change the coverage type or coverage option

If you change the coverage type or coverage option of your associated Lifecheque insurance coverage, that change will also apply to any ROPD rider on that coverage.

On the effective date of the coverage type or coverage option change, the premiums for the ROPD rider coverage will increase to reflect that change.

The new premium for your ROPD rider coverage will be determined using the same process outlined in your policy in section 7 under the subheading *The premium for your new Lifecheque insurance coverage*.

The rider premium

The premium for each rider coverage is based on:

- the coverage limit for the rider coverage,
- the personal information of the insured person, and
- the coverage type, coverage option and premium duration of the associated Lifecheque insurance coverage

as shown in section 3 of your policy.

No further premiums will be payable for a rider coverage when:

- the amount described in this rider in *a)* under the subheading *Return of premium on death benefit*, adjusted for any requested decreases in the associated Lifecheque insurance coverage

is greater than or equal to

- the coverage limit for the rider coverage shown in section 3 of your policy.

Also, no further premium will be payable for a rider coverage when the length of time that the coverage has been in effect exceeds the premium duration for the associated Lifecheque insurance coverage.

When a rider coverage ends

A coverage provided by this rider ends on the earliest of:

- the day the insured person under the rider coverage is no longer an insured person under the associated Lifecheque insurance coverage
- the monthly processing day that coincides with or next follows the day we receive your request in writing to cancel the rider coverage
- the day we cancel or deny insurance or rider coverage on the insured person, as described in your policy in section 7 under the subheading *Contesting the contract*
- the coverage expiry date shown in section 3 of your policy, or
- the effective date of any change in the coverage type of the associated Lifecheque insurance coverage.

When this rider ends

This rider ends on the earliest of:

- the monthly processing day that coincides with or next follows the day we receive your request in writing to cancel this rider
- the day the last coverage under this rider ends, or
- the day your insurance policy ends.

Sample

Return of premium with early surrender option rider

General information

The return of premium with early surrender option (ROPS) rider provides a benefit to you if you have never claimed a covered condition benefit under the associated Lifecheque insurance coverage.

Terms used in this rider

An associated Lifecheque insurance coverage is the Lifecheque insurance coverage, shown in section 3 of your policy, that is connected to the ROPS rider coverage. The insured person, coverage date, coverage type, coverage option and premium duration must be the same on both coverages.

When the phrase return of premium rider is used in this rider, it refers to any return of premium type rider on the policy, such as a return of premium on death rider, a return of premium rider, a return of premium at expiry rider and a return of premium with early surrender option rider. When the phrase return of premium benefit is used, it refers to the benefit provided by each of these riders.

The benefit provided by this rider

Return of premium with early surrender option benefit

The ROPS benefit for a coverage under this rider is the lesser of:

- i) the coverage limit shown in section 3 of your policy for the rider coverage minus any recovery benefit and care benefits paid or payable for the associated Lifecheque insurance coverage.
- and
- ii) the total eligible premiums you paid minus any recovery benefit and care benefits paid or payable for the associated Lifecheque insurance coverage.

Eligible premiums include:

- a) the premiums you paid (including premiums you paid for insurance ratings) since the coverage date of this rider coverage for:
- this rider coverage
 - the associated Lifecheque insurance coverage, and
 - any return of premium on death rider coverage on the associated Lifecheque insurance coverage
 - adjusted for any requested decreases in the amount of insurance for the associated Lifecheque insurance coverage as described in this rider under the heading *If you change your associated Lifecheque insurance coverage*.

plus

- b) the policy fees you paid (if the Lifecheque policy terminates as a result of surrendering the associated Lifecheque insurance coverage)

(If more than one return of premium benefit is payable effective the same day, any policy fees you paid will be divided proportionately between those return of premium rider coverages, based on the coverage limit shown in section 3 of your policy for those rider coverages.)

plus

- c) any premiums you paid for a waiver of premium on disability rider on the insured person (if the waiver of premium on disability rider has terminated and there is no remaining return of premium rider coverage on the insured person).

(If more than one return of premium benefit is payable effective the same day for an insured person, any premiums paid for the waiver of premium on disability rider will be divided proportionately between those return of premium rider coverages on the insured person, based on the coverage limit shown in section 3 of your policy for those rider coverages.)

Eligible premiums do not include any unused portion of premiums already refunded to you as described in section 4 of your policy under the subheading *Cancellation by owner*.

Benefit at early surrender

To claim the ROPS benefit under the early surrender option, you must send us a written request to cancel the associated Lifecheque insurance coverage. You must send the request on or after the fifteenth coverage anniversary but before the coverage expiry date shown in section 3 of your policy for the rider coverage.

No ROPS benefit is payable under the early surrender option if you cancel the associated Lifecheque insurance coverage or the rider coverage before the fifteenth coverage anniversary.

Benefit at coverage expiry

If this rider is on a Lifecheque (Level) insurance coverage, we will pay a ROPS benefit when the coverage under this rider expires if:

- the rider coverage is in effect on the associated Lifecheque insurance coverage at the coverage expiry date for the rider coverage
- the insured person under the rider coverage is not then satisfying a waiting period for a covered condition benefit, care benefit or early intervention condition benefit
- no care benefit is payable for the associated Lifecheque insurance coverage, and
- no covered condition benefit is payable.

If this rider is on a Lifecheque (Permanent) insurance coverage, you are not entitled to an ROPS benefit when the rider coverage expires. However, your benefit is described in your policy in section 5.3 under the subheading *Age 100 benefit*.

Satisfying the waiting period or receiving care benefits and the coverage expiry date

If the insured person under the associated Lifecheque insurance coverage is satisfying the waiting period for a covered condition benefit or an early intervention benefit on the coverage expiry date that rider coverage will not expire until:

- the first day the insured person is no longer satisfying the waiting period required by that covered condition benefit or early intervention benefit.

If, on the coverage expiry date, the insured person is receiving care benefits under the associated Lifecheque insurance coverage, or is satisfying the waiting period for care benefits that rider coverage will not expire until:

- the first day the insured person is no longer functionally dependent or
- the LivingCare benefit balance is \$0, or
- the day the care benefits paid or payable for the associated Lifecheque insurance coverage are equal to the LivingCare benefit limit for that coverage.

If the insured person under the associated Lifecheque insurance coverage *satisfies* the waiting period for a covered condition benefit that ends on or after the coverage expiry date and:

- if that benefit is not payable, we will pay the benefit as described in the *Return of premium with early surrender option benefit* section above.
- if that benefit is payable, no ROPS benefit will be payable.

If the insured person under the associated Lifecheque insurance coverage *satisfies* the waiting period for an early intervention benefit that ends on or after the coverage expiry date and:

- if that benefit is not payable, we will pay the benefit as described in the *Return of premium with early surrender option benefit* section above.
- if that benefit is payable, we will pay the early intervention benefit and then we will pay the benefit as described in the *Return of premium with early surrender option benefit* section above.

If, on the coverage expiry date, the insured person is receiving care benefits under the associated Lifecheque insurance coverage or has satisfied the waiting period for care benefits that began on or before the coverage expiry date, we will pay care benefits until the earliest of:

- the first day the insured person is no longer functionally dependent
- the first day the LivingCare benefit balance is \$0, or
- the day the care benefits paid or payable for the associated Lifecheque insurance coverage are equal to the LivingCare benefit limit for that coverage
- and then we will pay the benefit as described in the *Return of premium with early surrender option benefit* section above.

If the insured person under the associated Lifecheque insurance coverage *does not satisfy* the waiting period for a covered condition benefit, care benefits or an early intervention benefit that ends on or after the coverage expiry date, we will pay the benefit as described in the *Return of premium with early surrender option benefit* section above.

If you change your associated Lifecheque insurance coverage

If you request a decrease in the amount of insurance

If you request a decrease in the amount of insurance of the associated Lifecheque insurance coverage, the amount described in this rider in *a)* under the subheading *Return of premium with early surrender option benefit* will be reduced proportionately. The reduction will be based, in part, on the change in premiums for:

- the rider coverage,
- the associated Lifecheque insurance coverage, and
- any return of premium on death rider coverage on that associated Lifecheque insurance coverage.

Our administrative rules in effect at that time will apply in determining the amount of reduction.

If you request a decrease in the amount of insurance for the associated Lifecheque insurance coverage before the fifteenth coverage anniversary, no ROPS benefit is payable to you at the time of the decrease.

If you request a decrease in the amount of insurance for the associated Lifecheque insurance coverage on or after the fifteenth coverage anniversary but before the coverage expiry date shown in section 3 of your policy, a partial benefit may be payable. Our administrative rules in effect at that time will apply in determining any partial benefit payable.

The rider premium

The premium for each rider coverage is based on:

- the coverage limit for the rider coverage
 - the personal information of the insured person, and
 - the coverage type, coverage option and premium duration for the associated Lifecheque insurance coverage
- as shown in section 3 of your policy.

No further premiums will be payable for a rider coverage when:

- the amount described in this rider in *a)* under the subheading *Return of premium with early surrender option benefit*, adjusted for any requested decreases in the associated Lifecheque insurance coverage

is greater than or equal to:

- the coverage limit for the rider coverage shown in section 3 of your policy.

Also, no further premium will be payable for a rider coverage when the length of time that the coverage has been in effect exceeds the premium duration for the associated Lifecheque insurance coverage.

When a rider coverage ends

A coverage provided by this rider ends on the earliest of:

- the day the insured person under the rider coverage is no longer an insured person under the associated Lifecheque insurance coverage
- the monthly processing day that coincides with or next follows the day we receive your request in writing to cancel the rider coverage
- the day we cancel or deny insurance or rider coverage on the insured person, as described in your policy in section 7 under the subheading *Contesting the contract*, or
- the coverage expiry date shown in section 3 of your policy.

When this rider ends

This rider ends on the earliest of:

- the monthly processing day that coincides with or next follows the day we receive your written request to cancel this rider
- the day the last coverage under this rider ends, or
- the day your insurance policy ends.

Sample

Waiver of premiums on disability rider

Benefits

Each insured person under this rider is shown in section 3 of this contract.

While any person insured under this rider is disabled, we will waive the premiums payable for all Lifecheque policies that have a Waiver of premiums on disability rider for that insured person, provided:

- the disability occurs before the policy anniversary nearest the insured person's 60th birthday, and
- the insured person is disabled for six or more consecutive months.

Any premium due and paid during the period of disability will be refunded.

We will waive the premiums on the same basis that the premiums were being paid to us when the disability began. For example, if the premiums were paid to us semi-annually, we will waive the premiums semi-annually during disability. We will not change the mode of payment while premiums are being waived.

Disability

Disability or disabled means that the insured person under this rider, due to bodily injury, mental incapacity, illness or disease, is not able to perform:

- any of the duties of that insured person's usual occupation during the first two years of disability, or
- the duties of any occupation for which the insured person is or can become suited to do by education, training, or experience after the first two years of disability.

If disability commences while the insured person is unemployed or is not engaged in any occupation for remuneration or profit, the disability benefit will only be available if the insured person is not able to perform the duties of any occupation for which they are or may become suited by education, training or experience.

Exclusions and limitations

Premiums will not be waived if the disability wholly or partly, directly or indirectly, results from or is in any way associated with:

- a) an accident which occurs:
 - i) while the insured person is under the influence of, or affected by, any intoxicant or drug, or
 - ii) while the blood alcohol level of the insured person is 80 milligrams or more per 100 millilitres of blood
- b) self-inflicted injuries while sane or insane
- c) civil disorder or war (whether or not war has been declared)
- d) taking any medication, drug or poisonous substance or alcohol or inhaling gas, whether voluntarily or not
- e) attempting, committing or provoking a criminal offence
- f) travel or flight in or descent from any aircraft if:
 - i) the insured person is a pilot, officer or member of the crew or has any duties on board the aircraft,
 - ii) the aircraft was being used for training or instruction or for testing or experimental purposes or parachuting, or
 - iii) the flight is made for the purpose of observation or manoeuvre of armed forces
- g) service in or with the armed forces of any country, association of countries or international organization in a state of war, whether declared or not
- h) atomic explosion, radiation or the release of nuclear energy.

Proof of claim

We must receive a written claim, with supporting medical evidence of disability satisfactory to us, within one year from the date on which the disability began. If written claim is received more than one year from the date disability began, we consider the disability to have begun one year before the claim was received, regardless of when the disability actually began.

We may request proof of continued disability and we may ask to have the insured person examined by our qualified medical practitioner(s). If proof of continued disability is not provided at our request, the benefits provided by this rider will cease.

The rider premium

The premium for each rider coverage is based on:

- the premium for your insurance policy, excluding the premium for this rider, and
- the personal information of the insured person, as shown in section 3 of your policy.

When a rider coverage ends

A coverage provided by this rider ends on the earliest of:

- the monthly processing day that coincides with or next follows the day the insured person under the rider coverage is not insured by a Lifecheque insurance coverage on this policy, and is not the person named to pay the policy premiums, or
- the day the insured person under the rider coverage dies, or
- the monthly processing day that coincides with or next follows the day we receive your request in writing to cancel the rider coverage, or
- the day we cancel or deny insurance or rider coverage on the insured person under the rider coverage, as described in the provision of your policy in section 7 under the subheading *Contesting the contract*, or
- the coverage expiry date shown in section 3 of your policy.

When this rider ends

This rider and all coverages under it end on the earliest of:

- the monthly processing day that coincides with or next follows the day we receive your request in writing to cancel this rider, or
- the day the last coverage under this rider ends, or
- the day your insurance policy ends.

You can still make a claim for disability benefits after this rider is cancelled if the disability began before the cancellation date, unless we cancelled the rider as described in the provision of your policy called *Contesting the contract*. We must receive the claim while the insured person is alive.

Incorrect age

If the date of birth of an insured person under this rider is misstated and the correct age exceeded 55 years at the date of application for this rider, then we can void this rider.