

The Critical Illness benefit is payable if one of the following conditions is diagnosed: **Alzheimer's Disease, Aortic Surgery, Benign Brain Tumor, Blindness, Cancer (Life-Threatening), Coma, Coronary, Artery Bypass Surgery, Deafness, Heart Attack, Heart Valve Replacement, Kidney Failure, Loss of Limbs, Loss of Speech, Major Organ Failure and On Waiting List for Transplant, Major Organ Transplant, Motor Neuron Disease, Multiple Sclerosis, Occupational HIV Infection, Paralysis, Parkinson's Disease, Severe Burns, and Stroke (Cerebrovascular Accident).**

Coverage is also available for your dependent children. In addition to the previously listed adult illnesses, the following childhood conditions are covered: **Autism, Cerebral Palsy, Congenital Heart Disease (certain conditions apply), Cystic Fibrosis, Down Syndrome, Muscular Dystrophy, and Type 1 Diabetes Mellitus.**

Written notice and proof of loss must be submitted to Manulife Financial within ninety (90) days after the date of diagnosis.

Failure to furnish such notice or proof within such time shall not invalidate nor reduce any claim if it is shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as was reasonably possible, but in no event later than one (1) year after the date of the diagnosis.

Employee Information

Last Name	First Name	Middle Initial	Employee's CERT
Date of Birth (MM/DD/YYYY)	Address		
City	Province	Postal Code	Telephone Number

Claimant Information

Name of Claimant	
Relationship to Employee	<input type="checkbox"/> Employee (Self) <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Address	
Date of Birth (MM/DD/YYYY)	
Amount of Insurance	
Date of Diagnosis or Surgery	
Description of Diagnosis or Surgery	

To be Completed by Employee

Date (MM/DD/YYYY)	
Signature of Employee	

To be Completed by Employer

Division Name	Division Number	Location
Name of Contact Person (Please Print)		Date (MM/DD/YYYY)
Signature of Contact Person		

Please forward the original to Group Benefits Solutions, Health Association Nova Scotia, 2 Dartmouth Road, Bedford NS B4A 2K7.