

<b>Feature</b>	<b>Aetna Renaissance</b>	<b>Aetna Critical Needs Rider</b>	<b>PruCan Security Fund Version 3</b>	<b>Canada Life LifeAdvance</b>	<b>Commercial Union LifeCheque</b>	<b>UNUMProv Critical Illness Recovery Plan</b>
<b>Product Type</b>	10 year renewable to age 75, or level to age 75	Non-cancellable and guaranteed renewable plan providing income replacement insurance and critical illness insurance in one package.	A component on a Universal life Chassis. Term 10 and Level for life.	Non-cancellable, available as 10 year renewable term, or level premiums to age 75.	Level to age 75, or 10 year renewable to age 75. Permanent level to age 100 available.	Non-cancellable , level to age 65 or 75 or Guaranteed renewable to age 65, or 75
<b>Issue age</b>	20-65	18 – 60	Term 10: 20-60 Level for Life: 20-65	18-65	Term 10: 18-60 Permanent: 18-65	18-65 Some restrictions apply
<b>Issue Limits</b>	Minimum: \$50,000 Maximum: \$2,000,000	Minimum: \$25,000 Maximum: \$100,000	Minimum: \$25,000 Maximum: \$2,000,000	Minimum: \$25,000 Personal Maximum: \$1,000,000 Business Maximum: \$2,000,000	Minimum-\$50,000 Maximum-\$2,000,000 Business Insurance: Generally 3-5 times earned income only. May add mortgage balance on personal residence. Dependent spouse: a max of \$250,000	\$10,000-\$500,000 Individual consideration up to \$1,000,000
<b>Policy Fee</b>	\$100 per case. \$75 per case multiple life family or business situations	No policy fee.	\$10 per month	Annual: One time of \$400 or \$100 per year for 5 years or \$75 every year Monthly: \$40 per month first year or \$10 per month for 5 years or \$7.50 per month every year.	\$75 for individual and joint policies. \$100 for pluralife policies.	None

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<b>Premium Banding</b>	No banding	No banding.	No banding.	Band 1: \$25,000-\$49,000 Band 2: \$50,000-\$199,000 Band 3: \$200,000+	Band 1: \$50,000-\$99,999 Band 2: \$100,000-\$1,000,000	No banding.
<b>Joint Life</b>	Not Available	Not Available	Yes. Can include two lives each can be individually insured.	Not Available	Available on all plan types and provides coverage for two lives. The face amount is paid upon diagnosis of the first diagnosis of one of the covered conditions.	Not Available
<b>Stand Alone/Rider</b>	Stand Alone	Rider	Component of SF3	Stand Alone	Stand Alone	Stand Alone
<b>Waiting Period</b>	30 days(Unless stated otherwise in covered illness definitions)	30 days(Unless stated otherwise in covered illness definitions)	30 days(Unless stated otherwise in covered illness definitions)	30 days(Unless stated otherwise in covered illness definitions)	30 days(Unless stated otherwise in covered illness definitions)	30 days(Unless stated otherwise in covered illness definitions)
<b>Charitable Donation</b>	Not Available	Not Available.	Not Available	Once a critical illness benefit becomes payable, Canada Life will make a \$500 donation to a charitable organization (as directed by the insured).	Not Available	Once a critical illness benefit becomes payable, Provident Life will make a \$500 donation to a charitable organization as directed by the insured, and approved by Provident.

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<b>Covered Illnesses</b>	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer
	Heart Attack	Heart Attack	Heart Attack	Heart Attack	Heart Attack	Heart Attack
	Stroke	Stroke	Stroke	Stroke	Stroke	Stroke
	Coronary Bypass	Coronary Bypass Surgery	Coronary Artery Bypass	Coronary Bypass Surgery	Coronary Artery Disease	Coronary Bypass Surgery
	Kidney Failure	Kidney Failure	Kidney Failure	Kidney Failure	Kidney Failure	Kidney Failure
	Major Organ Transplant	Major Organ Transplant	Major Organ Transplant	Major Organ Transplant	Major Organ Transplant	Major Organ Transplant
	Blindness	Blindness	Blindness	Blindness	Blindness	Blindness
	Deafness	Deafness	Deafness	Deafness	Deafness	Deafness
	Multiple Sclerosis	Multiple Sclerosis	Multiple Sclerosis	Multiple Sclerosis	Multiple Sclerosis	Multiple Sclerosis
	Paralysis	Paralysis	Paralysis	Paralysis	Paralysis	Paralysis
	Loss of speech		Loss of speech	Loss of Speech	Loss of Speech	Loss of Speech
	Coma		Coma	Coma	Coma	Coma
	Severe Burns	Severe Burns	Major Burns	Severe Burns		Severe Burns
	Motor Neuron Disease	Motor Neuron Disease				
			Alzheimer's	Alzheimer's		Alzheimer's
			Parkinson's	Parkinson's		Parkinson's
	Occupational HIV		Valve Replacement			
		Aorta Surgery				
				Loss of Limbs		

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<b>Conversion</b>	No Conversion	HealthFLEX with Critical Needs Rider is convertible to Venture if conversion rider is purchased. The Critical Needs Rider may be added to existing Venture & Proguard Policies without evidence of insurability if the policy has been issued within the last three years.	Convertible from a monthly charge method to a Level Critical Illness monthly charge, on or before the last conversion date shown in the Policy Schedule. Calculated at attained age.	Up to age 65, the ten-year term version of LifeAdvance may be converted to a LifeAdvance permanent level premium policy. The new premium rate will be on attained age. Evidence of insurability will not be required.	No Conversion	No Conversion
<b>Return of Premium</b>	If the insured dies while policy is in force, all of the Critical Needs premiums will be refunded to beneficiary. (Not applicable if the lump sum Critical Needs benefit has been paid.)	If the insured dies while policy is in force, all of the Critical Needs premiums will be refunded to beneficiary. (Not applicable if the lump sum Critical Needs benefit has been paid.)	Can be custom designed using the policy cash value and tax sheltered accumulation.	If the insured dies while policy is in force, all of the Critical Needs premiums will be refunded to beneficiary. (Not applicable if the lump sum Critical Needs benefit has been paid.)	If a life insured for this provision dies and no LifeCheque benefit is payable, the company will return, subject to the general policy provisions, the LifeCheque premiums paid to a maximum of the sum insured. This does not include premiums paid for substandard and/or riders. Same applies if insured reaches age 75 without claim.	If the insured dies while policy is in force, all of the Critical Needs premiums will be refunded to beneficiary. (Not applicable if the lump sum Critical Needs benefit has been paid.)

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<b>Children's Rider</b>	Not Available	Not Available.	Not Available	Provides critical illness coverage to all children over age 2 (natural, adopted, step). The coverage ceases on the child's 21 <sup>st</sup> birthday	Any child, stepchild or legally adopted child, between the ages of 0-17.  Coverage terminates under this provision at age 21	Not Available.
<b>Waiver of Premium</b>	Aetna will waive premium payments if the individual becomes totally disabled for a period of 6 consecutive months.	Premiums are waived after a disability has continued for 90 days, or from the date disability benefits become payable if earlier. The required premium payments made during this period will also be refunded.	There is no waiver of premium for critical illness charges in the event of disability or the diagnosis of critical illness. However the Deposit Completion Rider can be used to provide monthly premium.	Canada Life will waive premium payments if the individual becomes totally disabled for a period of 6 consecutive months.	Commercial Union will waive premium payments if the individual becomes totally disabled for a period of 6 consecutive months.	If you become totally disabled prior to age 65 and have remained totally disabled for 90 days, premiums are waived. Those premiums paid during the 90 days of disability are refunded.
<b>Accidental Death &amp; Dismemberment</b>	Not Available	Not Available.	Not Available	Not Available	Not Available	Not Available

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<b>Exclusions</b>	<p>Critical Needs excludes any covered critical illness that results, directly or indirectly, from any of the following:</p> <ol style="list-style-type: none"> <li>1. Intentionally self-inflicted injury</li> <li>2. Use of any illegal or illicit drugs or substances, or misuse of medication obtained with or without a prescription</li> <li>3. Operating any motorized vehicle while concentration of alcohol in 100ml of the insured's blood exceeds 80 mg</li> <li>4. Participation in a criminal act or attempt to commit a criminal offense.</li> </ol>	<p>Critical Needs excludes any covered critical illness that results, directly or indirectly, from any of the following:</p> <ol style="list-style-type: none"> <li>1. Intentionally self-inflicted injury</li> <li>2. Use of any illegal or illicit drugs or substances, or misuse of medication obtained with or without a prescription</li> <li>3. Operating any motorized vehicle while concentration of alcohol in 100ml of the insured's blood exceeds 80 mg</li> <li>4. Participation in a criminal act or attempt to commit a criminal offense.</li> </ol>	<p>The benefit will exclude any critical illness that results directly or indirectly from any:</p> <ol style="list-style-type: none"> <li>1. Self-inflicted injury</li> <li>2. Use of any illegal drugs or substances, or misuse of medication obtained with or without a prescription</li> <li>3. Operation of a motorized vehicle while legally impaired; or,</li> <li>4. Participation in a criminal act or attempt to commit a criminal offence</li> </ol>	<p>No Critical Illness benefit shall be due or payable if your Critical Illness Insured Condition results directly or indirectly, from any of the factors described under the following:</p> <ol style="list-style-type: none"> <li>1. Your attempt to take your own life, or inflict injuries on your own person, whether or not in possession of your mental faculties;</li> <li>2. You committing or attempting to commit a criminal offence</li> <li>3. Your use or intake of any drug, poisonous substance, intoxicant or narcotic, other than as prescribed and administered by or in accordance with the instruction of a legally licensed physician:</li> </ol>	<p>No benefit will be paid if the life insured for this provision, while sane or insane, suffers a covered condition as a result of intentional self-inflicted injuries or the abuse of alcohol or drugs. No benefit will be paid unless the life insured survives 30 days following the first diagnosis of a covered condition.</p> <p>(from sample policy)</p>	<p>Provident does not pay any benefits, including the "waiver" for disability or return of premium caused or contributed to by:</p> <ol style="list-style-type: none"> <li>1. Any intentionally self inflicted injury or attempted suicide, regardless of whether sane or insane;</li> <li>2. Committing or attempting to commit a criminal offence;</li> <li>3. Use of any drug, poisonous substance, intoxicant or narcotic other than as prescribed and administered by, or in accordance with the instruction of a legally licensed physician;</li> </ol>

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Exclusions				<p>4. War whether such war is declared undeclared or hostile action of the armed forces of any country, or insurrection or civil commotion, whether or not you were actually a participant.</p> <p>5. Your control of any land, water or air conveyance moved or operated by means other than your muscular power, while your blood alcohol is in excess of 80 mil. Of alcohol/100 mils. Of blood.</p> <p>6. Any symptom or medical condition of yours which initiated any investigation leading to your surgery or the diagnosis of your critical illness other than Cancer, and which commenced prior to the later of the date of issue and the date of the last Reinstatement of the policy, if any.</p>		

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<b>Life Threatening Cancer</b>	<p>A tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The following conditions are totally excluded from coverage:</p> <ol style="list-style-type: none"> <li>1. Non-Invasive Cancer in situ</li> <li>2. Any skin cancer except invasive malignant melanoma into dermis or deeper</li> <li>3. Stage A prostate</li> <li>4. Tumors in the presence of any human immuno-deficiency virus (HIV)</li> <li>5. Pre malignant lesions, benign tumors or polyps</li> </ol> <p>No benefit under this condition will be available unless the diagnosis is made after the policy has been in force for a period of 90 days (including the date of last reinstatement of the policy.)</p>	<p>A tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The following conditions are totally excluded from coverage:</p> <ol style="list-style-type: none"> <li>1. Carcinoma in situ</li> <li>2. Malignant melanoma to a depth of 0.75 mm or less, and any skin cancer that has not spread beyond the deepest layer of the skin</li> <li>3. Chronic lymphocytic leukemia</li> <li>4. Stage A prostate</li> <li>5. Kaposi's sarcoma</li> </ol> <p>No benefit under this condition will be available unless the diagnosis is made after the policy has been in force for a period of 90 days (including the date of last reinstatement of the policy.)</p>	<p>Cancer is defined as the diagnosis of the presence of a tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.</p> <p>The following conditions are totally excluded:</p> <ol style="list-style-type: none"> <li>1. Carcinoma in situ;</li> <li>2. Malignant Melanoma to a depth of 0.75 millimeters or less, and any skin cancer that has not spread beyond the deepest layer of the skin;</li> <li>3. Stage A prostate</li> <li>4. Kaposi's sarcoma</li> </ol> <p>Should a diagnosis of cancer be made within 90 days from the delivery date, or of the effective date of a reinstatement, no critical illness benefit for cancer will be payable.</p>	<p>The diagnosis by a Doctor that you have a malignant tumor characterized by the uncontrollable growth and spread of malignant cells and the invasion of tissue and which is not excluded under the following exclusion provisions:</p> <ol style="list-style-type: none"> <li>1. Non-invasive cancer in situ</li> <li>2. Tumors in the presence of any human immuno-deficiency virus</li> <li>3. Dukes Stage A colon cancer</li> <li>4. Stage A colon Cancer</li> <li>5. Pre-malignant lesions, benign tumors or polyps</li> </ol> <p>Any skin cancer other than invasive malignant melanoma into the dermis or deeper.</p>	<p>A malignant tumor characterized by the uncontrollable growth and spread of malignant cells and the invasion of tissue. This includes Leukemia and Hodgkin's disease, but excludes non-invasive cancer in situ and any skin cancer other than malignant melanoma into the dermis or deeper. Stage A Prostate cancer will be included only if the diagnosis is made before the policy anniversary nearest the insured's age 75. No benefit under this condition will be available if the diagnosis is made before the policy has been in force for a period of 90 days or within 90 days of the last reinstatement</p>	<p>A tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The following conditions are totally excluded from coverage:</p> <ol style="list-style-type: none"> <li>1. Non-Invasive Cancer in situ</li> <li>2. Any skin cancer except invasive malignant melanoma into dermis or deeper</li> <li>3. Stage A prostate</li> <li>4. Tumors in the presence of any human immuno-deficiency virus (HIV)</li> <li>5. Pre malignant lesions, benign tumors or polyps</li> </ol> <p>No benefit under this condition will be available unless the diagnosis is made after the policy has been in force for a period of 90 days (including the date of last reinstatement of the policy.)</p>

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<b>Heart Attack</b>	<p>The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by:</p> <ol style="list-style-type: none"> <li>1. New electrocardiograph changes indicative of a myocardial infarction, and</li> <li>2. The elevation of cardiac enzymes</li> </ol> <p>An incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of a corroborating event, is not covered</p>	<p>The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by:</p> <ol style="list-style-type: none"> <li>1. New electrocardiograph changes indicative of a myocardial infarction, and</li> <li>2. The elevation of cardiac enzymes</li> </ol> <p>An incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of a corroborating event, is not covered</p>	<p>Heart Attack or Myocardial Infarction is defined as the diagnosis of the death of a portion of heart muscle as a result of inadequate blood supply as evidenced by:</p> <ol style="list-style-type: none"> <li>1. New electrocardiograph changes indicative of a myocardial infarction, and</li> <li>2. The elevation of cardiac enzyme levels.</li> </ol> <p>An incidental finding of electrocardiogram changes suggesting a prior myocardial infarction, in the absence of a corroborating event, is not covered.</p>	<p>The Diagnosis by a Doctor of the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be based on all of:</p> <ol style="list-style-type: none"> <li>1. A history of chest pain, and</li> <li>2. New electrocardiograph changes, and</li> <li>3. Elevation of cardiac enzymes.</li> </ol>	<p>The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be based on:</p> <ol style="list-style-type: none"> <li>1. New electrocardiograph changes indicative of a myocardial infarction, and</li> <li>2. Elevation of cardiac enzymes</li> </ol>	<p>The death of a portion of heart muscle as a result of inadequate blood supply as evidenced by:</p> <ol style="list-style-type: none"> <li>1. New electrocardiograph changes indicative of a myocardial infarction, and</li> <li>2. The elevation of cardiac enzymes</li> </ol> <p>An incidental finding of ECG changes suggesting a prior myocardial infarction, in the absence of a corroborating event, is not covered</p>

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<b>Stroke</b>	A cerebrovascular incident, causing infarction of brain tissue due to thrombosis, hemorrhage or embolism producing measurable neurological impairment persisting for at least 30 days. Following the occurrence of a stroke. Transient Ischemic Attacks are specifically excluded.	A cerebrovascular event producing neurological sequelae lasting more than 30 days and caused by thrombosis, hemorrhage, or embolism from an extra-cranial source. There must be evidence of measurable, objective neurological deficit. Transient Ischemic Attacks are specifically excluded.	Stroke or Cerebrovascular Accident is defined as the diagnosis of a cerebrovascular event producing neurological sequelae lasting thirty days or more and caused by intracranial thrombosis or hemorrhage, or embolism from an extra-cranial source. There must have be evidence of measurable, objective neurological deficit. The determination of the survival period commences with the occurrence of the stroke.  Transient Ischemic Attacks are excluded	Diagnosis by a Doctor of a cerebrovascular incident, excluding any Transient Ischemic Attack (TIA), which was caused by infarction of your brain tissue, hemorrhage or embolization from an extra-cranial source. To qualify for this Insured Condition, the diagnosis must also be supported by evidence that your stroke produced permanent measurable neurological deficit, which has persisted for at least 30 days.	Any cerebrovascular incident producing neurological sequelae lasting more than twenty-four hours and including infarction of brain tissue, hemorrhage or embolism from an extra-cranial source. There must be evidence of permanent neurological deficit. Transient Ischemic Attacks are specifically excluded.	A cerebrovascular incident, causing infarction of brain tissue due to thrombosis, hemorrhage or embolism producing measurable neurological impairment persisting for at least 30 days. Following the occurrence of a stroke. Transient Ischemic Attacks are specifically excluded.

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<b>Coronary Bypass Surgery</b>	The undergoing of heart surgery recommended by a cardiologist licensed and practicing in Canada, to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.	The undergoing of open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, excluding any non-surgical techniques such as balloon angioplasty or laser relief of an obstruction.	Coronary Artery or Bypass Graft is defined as the diagnosis of the need for and the undergoing of Coronary Artery Bypass Graft to correct narrowing or blockage of one or more coronary arteries with bypass grafts.  Non surgical techniques such as balloon angioplasty or laser relief of an obstruction are excluded.	Coronary Bypass Surgery: The undergoing of heart surgery on the written advice of a consultant Doctor who is a certified Cardiologist, to correct the narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding non-surgical techniques such as balloon angioplasty, laser relief of an obstruction and/or any other intra-arterial procedures	The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts. This excludes non-surgical techniques such as balloon angioplasty or laser relief of an obstruction.	The undergoing of heart surgery recommended by a cardiologist licensed and practicing in Canada, to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.
<b>Kidney Failure</b>	End stage renal disease presenting as chronic, irreversible failure of both kidneys to function, as a result of which either regular hemodialysis, peritoneal dialysis or renal transplantation is initiated.	End stage renal disease presenting as chronic, irreversible failure of both kidneys to function, as a result of which either regular hemodialysis, peritoneal dialysis or renal transplantation is initiated.	Kidney failure or end stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular hemodialysis or renal transplantation is initiated.	The diagnosis by a Doctor of chronic irreversible failure of both your kidneys (end stage renal disease), which requires you to be undergoing regular dialysis	End stage renal disease, due to whatever cause or causes, with the life insured undergoing regular peritoneal dialysis or hemodialysis or having had renal transplantation.	Chronic, irreversible failure of both kidneys (end stage renal disease) which necessitates treatment by regular dialysis.

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<b>Major Organ Transplant</b>	The actual undergoing as a recipient of a transplant of a heart, lung, liver, kidney, pancreas or bone marrow. Coverage is limited to these entities.	The actual undergoing as a recipient of a transplant of a heart, lung, liver, kidney, pancreas or bone marrow. Coverage is limited to these entities.	<p>Major Organ Transplant is defined as the diagnosis of the irreversible failure of one or more of the Insured's heart, both lungs, liver, both kidneys, pancreas or bone marrow and transplantation must be medically necessary.</p> <p>The insured must either:</p> <ol style="list-style-type: none"> <li>1. Undergo surgery as the recipient, for transplantation of a heart, lung, liver, kidney, pancreas or bone marrow, or</li> <li>2. Become enrolled in a recognized organ or bone marrow transplant program.</li> </ol>	Major Organ Transplant shall mean that you undergo surgery as the recipient for transplantation of one or more of the following organs or tissues: liver, kidney, lung, entire heart, or bone marrow.	The actual undergoing as a recipient of a transplant of a:  Heart, Lung, Liver, Pancreas, Kidney, Bone marrow	The actual undergoing as a recipient of a transplant of a heart, lung, liver, kidney, pancreas or bone marrow. Coverage is limited to these entities.

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<b>Blindness</b>	The total and irreversible loss of vision in both eyes as confirmed by an ophthalmologist, with corrected visual acuity being 20/200 or less in both eyes.	The total and irreversible loss of vision in both eyes as confirmed by an ophthalmologist, with corrected visual acuity being 20/200 or less in both eyes.	The diagnosis, as confirmed by an Ophthalmologist of the total and irreversible loss of vision in both eyes, with the corrected visual acuity being 20/200 or less in both eyes.	The diagnosis by a Doctor who is a certified Ophthalmologist, of the permanent and uncorrectable loss of sight in both eyes. Your corrected visual acuity must be either worse than 20/200 in both eyes, or the field of vision must be less than 20 degrees in both eyes.	Permanent loss of sight in both eyes as confirmed by an ophthalmologist registered to practice in Canada. The corrected visual acuity must be worse than 20/200 in both eyes, or the field of vision must be less than 20 degrees in both eyes.	Permanent loss of sight in both eyes as confirmed by an ophthalmologist registered to practice in Canada. The corrected visual acuity must be worse than 20/200 in both eyes, or the field of vision must be less than 20 degrees in both eyes.
<b>Deafness</b>	Permanent loss of hearing in both ears, with an auditory threshold of no more than 90 decibels, as confirmed by an otolaryngologist licensed and practicing in Canada.	The permanent and profound loss of hearing in both ears. The loss of hearing suffered, as confirmed by an otolaryngologist, must be 80 decibels or greater across the entire frequency, even after any surgical correction.	The diagnosis, as confirmed by an Otolaryngologist, of the total and irreversible loss of hearing in both ears, with an auditory threshold of more than 90 decibels.	The diagnosis by a Doctor who is a certified Otolaryngologist, of the permanent loss of hearing in both ears, with an auditory threshold of more than 90 decibels.	Total, permanent and profound loss of hearing in both ears, with an auditory threshold of more than 90 decibels, as confirmed by an otolaryngologist registered to practice in Canada.	Permanent loss of hearing in both ears, with an auditory threshold of no more than 90 decibels, as confirmed by an otolaryngologist licensed and practicing in Canada.

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<b>Multiple Sclerosis</b>	An unequivocal diagnosis of definite Multiple Sclerosis, characterized by well defined neurological abnormalities persisting for a continuous period of at least 6 months and with 2 separate clinically documented episodes. Neurological abnormalities in this context must be evidenced by the typical symptoms of demyelination of the brain or the spinal cord with resultant impairment.	An unequivocal diagnosis of definite Multiple Sclerosis, characterized by well defined neurological abnormalities persisting for a continuous period of at least 6 months and with 2 separate clinically documented episodes. Neurological abnormalities in this context must be evidenced by the typical symptoms of demyelination of the brain or the spinal cord with resultant impairment.	The diagnosis of definite Multiple Sclerosis, characterized by well-defined neurological abnormalities with 2 separate clinically documented episodes persisting for at least 180 days each. Neurological abnormalities in this context must be evidenced by the typical symptoms of demyelination of the brain or the spinal cord with resultant impairment confirmed by modern investigation techniques such as image scanning. The survival period is 180 days from the onset of the second episode.	An Unequivocal Diagnosis that you have Multiple Sclerosis, by a Doctor who is a certified Neurologist. The diagnosis must be based on at least two episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within your central nervous system, and must also be supported by modern investigative techniques.	Unequivocal diagnosis of definite Multiple Sclerosis by a consultant neurologist, holding an appointment as such in a major Canadian Hospital. Well defined neurological abnormalities persisting for a continuous period of at least six months, and confirmed by modern investigation techniques such as image scanning. Neurological abnormalities in this context must be evidenced by the typical symptoms of demyelination with resultant impairment of the brain stem or spinal cord, but the life insured need not necessarily be confined to a wheelchair.	Unequivocal Diagnosis by a neurologist, of at least 2 episodes of well-defined neurological abnormalities, with objective evidence of lesions at more than one site within your central nervous system, and must also be supported by modern investigative techniques including imaging techniques.

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<b>Paralysis</b>	The complete and permanent loss of use of two or more limbs for a continuous period of 180 days confirmed by a physician licensed/practicing in Canada.	The complete and permanent loss of use of two or more limbs for a continuous period of 90 days following the precipitating event, during which time there has been no sign of improvement.	Defined as the diagnosis of complete and permanent loss of use of two or more limbs for a continuous period of 90 days following the precipitating paralysis.	The diagnosis by a Doctor of the complete and permanent loss of functional use of two or more of your limbs, as a result of physical paralysis. The waiting period is 180 days.	Complete and permanent loss of use of two or more limbs for a continuous period of 90 days following the precipitating event, during which time there has been no sign of improvement.	The complete and permanent loss of use of two or more limbs for a continuous period of 180 days confirmed by a physician licensed/practicing in Canada.
<b>Loss of Speech</b>	Total permanent and irreversible loss of ability to speak because of physical damage to vocal cords as a result of a physical injury/disease lasting for continuous period of 12 months. Diagnosis must be made by specialist physician licensed in Canada	Not covered.	Defined as the diagnosis of the total and irreversible loss of the ability to speak as the result of physical injury or disease, which must be established for a continuous period of at least 180 days. The survival period is 180 days from the onset of loss of speech.	The diagnosis by a Doctor, who is certified in a medically appropriate specialty for this Insured Condition, of the total, permanent and irreversible loss of your ability to speak, as a result of physical injury or physical disease. To qualify for this Insured condition, the diagnosis must be supported by medical evidence that such loss of speech has persisted for 365 consecutive days. Waiting period is 365 days.	The total and irreversible loss of the ability to speak as the result of physical injury or disease which must be established for a continuous period of at least 180 days. All psychiatric related cases are specifically excluded.	The total and irreversible loss of the ability to speak as the result of physical injury or disease which must be established for a continuous period of at least 12 months. A specialist physician must make diagnosis.

<b>Feature</b>	<b>Aetna Renaissance</b>	<b>Aetna Critical Needs Rider</b>	<b>PruCan Security Fund Version 3</b>	<b>Canada Life LifeAdvance</b>	<b>Commercial Union LifeCheque</b>	<b>UNUMProv Critical Illness Recovery Plan</b>
<b>Coma</b>	State of unconsciousness with no reaction to external stimuli or internal needs, for a continuous period of at least 96 hours. Diagnosis must be made by a Neurologist licensed and practicing in Canada	Not Covered.	Coma is defined as the diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of 7 days. The use of life support systems must be required throughout the period of unconsciousness. The survival period is 30 days from the date of diagnosis of a coma.	The diagnosis by a Doctor, who is a certified Neurologist, that you are in a state of unconsciousness from which you cannot be aroused and in which external stimulation will produce no more than primitive avoidance reflexes. Waiting period is at least 96 hours (4 days IMG)	A state of unconsciousness, with no reaction to external stimuli or response to internal needs, continuing for at least 7 days. Life support systems must be required throughout the period of unconsciousness.	State of unconsciousness, determined by a licensed Neurologist from which cannot be aroused and in which external stimulation produced no more than primitive avoidance reflexes. This state must persist for 96 hours.
<b>Severe Burns</b>	Third degree burns covering at least 20% of the surface area of the body. Diagnosis must be made by a plastic surgeon licensed and practicing in Canada.	Not Available	Major burns are defined as the diagnosis of having third degree burns over at least 20% of the body surface.	The diagnosis by a Doctor, who is a certified Plastic Surgeon, that you have sustained third degree burns covering at least 20% of the surface area of your body.	Not Available	Third degree burns covering at least 20% of the surface area of the body. Diagnosis must be made by a plastic surgeon
<b>Parkinson's</b>	Not covered	Not Available	Defined as the diagnosis of permanent Parkinson's disease resulting in either a significant neurological impairment or in a loss of cognitive function, each to a degree sufficient to warrant supervision on a daily basis.	The diagnosis by a Doctor, who is a certified Neurologist, that you have primary idiopathic Parkinson's Disease which is characterized by two or more of the following manifestations: (a) tremor; (b) muscle rigidity; (c) akinesia. All other types of Parkinsonism are excluded.	Not Available	The diagnosis by a Doctor, who is a certified Neurologist, that you have primary idiopathic Parkinson's Disease which is characterized by two or more of the following manifestations: (a) tremor; (b) muscle rigidity; (c) akinesia.

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<b>Aorta Surgery</b>	Not Available	Not Available	Defined as the diagnosis of the need for and the undergoing of surgery for disease of the aorta requiring excision and surgical replacement of the diseased aorta with a graft.	Not Available	Not Available	Not Available
<b>Valve Replacement</b>	Not Available		Valve Replacement is defined as the diagnosis of the need for and undergoing the replacement of any heart valve with either a natural or mechanical valve.	Not Available	Not Available	Not Available
<b>Motor Neuron Disease</b>	Unequivocal diagnosis of Motor Neuron Disease by a neurologist licensed and practicing in Canada	An unequivocal diagnosis of one of, and limited to, the following: <ol style="list-style-type: none"> <li>1. Amyotrophic lateral sclerosis(ALS/Lou Gehrig's disease)</li> <li>2. Primary lateral sclerosis</li> <li>3. Progressive spinal muscular atrophy</li> <li>4. Progressive bulbar palsy</li> <li>5. Pseudo bulbar palsy</li> </ol>	Not Available	Not Available	Not Available	Not Available

<b>Feature</b>	<b>Aetna Renaissance</b>	<b>Aetna Critical Needs Rider</b>	<b>PruCan Security Fund Version 3</b>	<b>Canada Life LifeAdvance</b>	<b>Commercial Union LifeCheque</b>	<b>UNUMProv Critical Illness Recovery Plan</b>
<b>Alzheimer's</b>	Not Available	Not Available	<p>Defined as the unequivocal, clinical diagnosis supported by evidence of progressive deterioration of memory and the ability to reason and perceive, understand, express and give effect to ideas. The severity of the condition must be sufficient to warrant supervision on a daily basis.</p> <p>All other dementing organic brain disorders and psychiatric disorders and psychiatric illness are excluded under this condition.</p>	<p>The diagnosis by a Doctor, who is either a certified Neurologist, or a certified Psychiatrist, that you have Alzheimer's disease, which is a progressive degenerative disease of your brain. The diagnosis must also be supported by medical evidence that you exhibit the loss of intellectual capacity resulting in impairment of your memory and judgement, which results in a significant reduction of your mental and social functioning, such that you require permanent daily supervision for the activities of daily living.</p>	Not Available	<p>Progressive degenerative disease of the brain; you must exhibit loss of intellectual capacity resulting in impairment of your memory and judgement, which results in a significant reduction in your mental and social functioning, such that you require</p>
<b>Loss of Limbs</b>	Not covered	Not covered.	<p>Loss of limbs is defined as the diagnosis of the irreversible severance of two or more limbs from above the wrist or ankle joint as the result of an accident or medically necessary amputation.</p>	Not covered.	<p>The irreversible severance of two or more limbs from above the wrist or ankle joint as a result of an accident or medically required amputation.</p>	Not covered.

Feature	Aetna Renaissance	Aetna Critical Needs Rider	PruCan Security Fund Version 3	Canada Life LifeAdvance	Commercial Union LifeCheque	UNUMProv Critical Illness Recovery Plan
<b>Occupational HIV</b>	Infection after issue date from an accident or injury in Canada, during course of normal occupation, which exposed the insured to HIV, contaminated blood or bodily fluids. Must be reported within 14 days, investigated and documented in accordance with established procedures of insured's occupation. Blood tests must be taken within 14 days after accident/injury to confirm the insured is HIV negative. After 3 months, but not later than 6 months from the accident, blood tests must be taken to confirm insured is HIV positive. No infection by any other means including sexual activity, recreational drug use. No benefit if insured elected not to take vaccine which becomes available prior to the accident or where a cure becomes available prior to the accident.	Not Available	Not Available	Not Available	Not Available	Not Available