



Your guide to Lifecheque



Critical Illness Insurance



Lifecheque is a unique kind of insurance ...

It's about peace of mind. It's about recovery. It's about life.

Getting sick isn't something any of us like to think about. But it happens. If it does, thanks to improvements in healthy living and medical science, there is a good chance you'll recover and get on with your life.

But getting better costs money. Treating and coping with illness can mean significant and often unexpected costs.

Lifecheque is designed to help you with the unexpected. It provides a cash benefit if you're diagnosed with one of the conditions as defined in the contract and you survive the waiting period. This can give you the financial freedom to focus on what really matters ... getting better.

The money is yours to use any way you want. For example, you can:

- Find the best health care available – anywhere
- Hire a nurse or caregiver to help you at home
- Pay off your mortgage
- Replace lost income
- Take a vacation or reduce your workload to help you recover.

Because recovery will be your first priority

- Recovery means a cash benefit. Lifecheque covers **22 conditions** that pose the greatest threat to your health, present the most significant recovery demands and the greatest financial challenges.
- Recovery means coverage for conditions that may not be life threatening, but that will alter your life. Our industry-leading **Early Intervention Benefit** provides 25% of your coverage (up to a maximum of \$50,000) for conditions not normally covered by other critical illness products.
- Recovery means getting your money fast. Let's face it. If you're diagnosed with a critical illness, you'll probably spend a lot of time waiting – for appointments, for test results, for treatment. Our unique **Recovery Benefit** helps you get some money faster, without having to fulfill the waiting period. Money in your hands faster means your recovery can begin sooner.

Note: The total maximum benefit you'll receive during the life of your contract will be the amount of coverage you have purchased.

- Recovery means understanding your condition and being sure you're getting the best care possible. Manulife's [Recovery Care Program](#) takes care a step further by giving you access to a service that can help you find the best medical advice, services and facilities available – anywhere in the world. This service can help you:
 - get a personalized evaluation and verification of your diagnosis by leading medical specialists
 - locate the best doctor or treatment facility available for your condition
 - arrange transportation, accommodation, or even translation/interpretation services.

Note: The Recovery Care Program is a service currently provided at no charge to you by Best Doctors, Inc., a company that specializes in linking consumers to the best medical resources available. We cannot guarantee the availability of this service at the time of a claim.

Getting your money back

And what if you don't ever need Lifecheque? Several options are available that give you your money back, including our Return of Premium on Death Benefit. This benefit is included in all Lifecheque plans. Our Return of Premium at Expiry Rider is available for an additional charge. You'll find more information about these options later in this brochure.

Coverage that fits your needs

Manulife's four Lifecheque plans provide coverage amounts ranging from a minimum of \$25,000 to a maximum of \$2,000,000. You choose the amount and the type of coverage* you need:

Primary Lifecheque

An economical solution offering coverage to age 65 of the four most common conditions: Heart Attack, Cancer, Stroke, and Coronary Artery Disease requiring surgery.

Level Lifecheque

Coverage that offers you protection into your retirement years (age 75) for 22 Covered Conditions, with premiums that never change.

Renewable Lifecheque

Coverage that offers you protection into your retirement years (age 75) for 22 Covered Conditions, with premiums that increase as you age.

Permanent Lifecheque

Protection for life for 22 Covered Conditions, with premiums that never change and end at age 100.

* Depending on the plan you choose, if you're diagnosed with one of the Covered Conditions or Early Intervention Conditions as defined in your contract, and you survive a specified waiting period (30 days in most cases) you'll receive a Lifecheque benefit. Your contract will provide details of the coverage available under the plan you choose. Restrictions may apply and some waiting periods are longer than 30 days. Your advisor can provide more details.

Covered Conditions

Here's a list of conditions covered under the Lifecheque plans, the contract wording that describes the conditions and an explanation of that wording.

Coverage	Condition	What the contract says	What it means
Primary Level Renewable Permanent	Cancer	<p>A tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes leukemia, Hodgkin's Disease, and non-melanoma skin cancer that has metastasized to distant organs.</p> <p>Exclusion Carcinoma in situ, any skin cancer other than malignant melanoma into the dermis or deeper (greater than stage 1A), and early prostate cancer (stages T1a and T1b), are excluded.</p> <p>No benefit under this Covered Condition will be payable if:</p> <ul style="list-style-type: none"> i) a diagnosis of any type of cancer (whether covered or excluded in this contract) is made within 90 days of the coverage issue date or the date of the latest reinstatement, or ii) any symptoms of medical problems begin within 90 days of the coverage issue date or the date of the latest reinstatement that initiate any investigations that lead to a diagnosis of any type of cancer (whether covered or excluded in this contract). <p>Coverage for any Covered Condition or Early Intervention Condition directly related to this cancer or its treatment are also excluded. Coverage will continue for Covered Conditions and Early Intervention Conditions if the cause is not related to this cancer.</p> <p>You and all persons insured by this contract have an obligation to disclose any information about cancers diagnosed within 90 days of the coverage issue date or any reinstatement. You must report this information to us in writing to our Individual Insurance Claims department at our Canadian head office within six months of diagnosis. If you fail to disclose this information, we have the right to deny any claim under this coverage.</p> <p>Early Intervention Benefit Although Early (Stage T1a and T1b) Prostate Cancer and Ductal Carcinoma in Situ of the Breast are excluded from the Covered Condition Benefit for cancer, an Early Intervention Benefit may be available.</p>	<p>There are well over 300 different types of cancer and this definition covers almost all of them. The main exclusions are for cancers that are not generally looked upon as life threatening and are readily treatable.</p> <p><i>Note: Early stages of breast and prostate cancer are covered at a lower benefit level (Early Intervention Benefit).</i></p>
	Coronary Artery Disease requiring surgery (Coronary Bypass)	<p>The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts.</p> <p>Exclusion We will not pay a Covered Condition Benefit for Coronary Artery Disease requiring surgery if the treatment for coronary artery disease is limited to non-surgical techniques such as coronary angioplasty or laser relief of an obstruction.</p> <p><i>continued...</i></p>	<p>Only artery bypass is covered under the Covered Condition for Coronary Bypass, since coronary angioplasty and laser relief do not require open-heart surgery and have a lower recovery demand.</p> <p>Coronary angioplasty will be covered at a lower benefit amount to reflect this lower recovery demand. Laser relief is not covered.</p>

Coverage	Condition	What the contract says	What it means
Primary Level Renewable Permanent	Coronary Artery Disease requiring surgery (Coronary Bypass) continued	Early Intervention Benefit Although coronary angioplasty is excluded under the Covered Conditions for Coronary Bypass, an Early Intervention Benefit may be available.	
	Heart Attack (myocardial infarction)	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: i) new electrocardiographic changes indicative of a myocardial infarction, and ii) elevation of cardiac biochemical markers to levels considered diagnostic for infarction. Exclusion We will not pay a Covered Condition Benefit for Heart Attack if it is diagnosed by any other method, unless the diagnosis is confirmed as described above.	If you suffer a heart attack, you will have damage to the heart muscle, which causes changes in your electrocardiogram (ECG) and elevation of cardiac (heart) biochemical markers. Evidence of only one of these two criteria will not result in a valid claim. Both criteria are required to indicate that the heart attack happened while the contract was current and that the heart attack was sufficient to cause heart damage that is measurable.
	Stroke (Cerebrovascular incident)	Any cerebrovascular event producing neurological sequelae lasting more than 30 days and caused by intracranial thrombosis or hemorrhage, or embolism from an extra-cranial source. Exclusion We will not pay a Covered Condition Benefit for stroke unless there is evidence of measurable, objective neurological deficit lasting longer than 30 days. Transient Ischemic Attacks are specifically excluded.	This definition covers all three causes of stroke: Thrombosis, caused by a blockage by a thrombus (clot) that has built up on the wall of a brain artery; Embolization, caused by an embolus (usually a clot) that is swept into a brain artery causing blockage; Hemorrhage, which is caused by the rupture of a blood vessel in or near the brain's surface. Your deficit must last for more than 30 days for you to be eligible for benefits. Any incident with symptoms lasting less than 24 hours is referred to as a TIA (Transient Ischemic Attack) and does not qualify for coverage under this definition.
Level Renewable Permanent	Alzheimer's Disease	The clinical diagnosis by a neurologist or a certified psychiatrist that the insured person has Alzheimer's Disease, supported by evidence of a progressive degeneration of the brain. The insured person must exhibit the loss of intellectual capacity involving impairment of memory and judgment which results in such a significant reduction of mental and social functioning, as to require continuous daily supervision. Exclusion All other dementing organic brain disorders and all psychiatric illnesses are specifically excluded.	Alzheimer's Disease is a progressive degenerative brain disease. The nerve cells in the brain deteriorate over time. Early symptoms are memory loss, disorientation, personality change and seizures. The disease progresses to severe loss of memory and death usually within 10 years. The disease is difficult to diagnose, and therefore the definition requires that the insured has reached the stage where continuous daily supervision is required.
	Aortic Surgery	The undergoing of surgery for disease of the thoracic or abdominal aorta requiring excision and surgical replacement of the diseased aorta with a graft. Exclusion Surgery for the diseases of the branches of the thoracic aorta or abdominal aorta is specifically excluded.	The aorta is the largest artery in the body and replacement of diseased portions with a graft is covered. The use of balloon angioplasty to widen narrowed passages is not covered nor is any surgery to the branches of the aorta.
	Benign Brain Tumour	The diagnosis of a tumour arising from the brain or meninges. The histologic nature of the tumour must be confirmed by examination of tissue (biopsy or surgical excision). Exclusion Tumour of the bony cranium and pituitary microadenomas (less than 10 mm in diameter) are excluded.	Brain tumours may be either benign or malignant. This condition covers benign tumours – tumours that are slow growing, have distinct borders and don't typically spread. There is no requirement for physical or mental impairment in this condition. Malignant brain tumours would fall under our cancer condition.

Coverage	Condition	What the contract says	What it means
Level Renewable Permanent	Blindness	Total and irreversible loss of vision in both eyes as diagnosed by an ophthalmologist. The corrected visual acuity must be 20/200 or less in each eye, or the field of vision must be less than 20 degrees in both eyes.	The blindness can be the result of an accident, injury or illness. The benefit will be paid regardless of whether the cause is injury, disease, or degenerative disease of the eyeball, of the optic nerve or nerve pathways connecting the eye to the brain, or the brain itself.
	Coma	A state of unconsciousness, with no reaction to external stimuli or response to internal needs, continuing for at least four days.	A state of being incapable of responding to internal or external stimuli, caused by disease or injury that continues for at least four days.
	Deafness	Total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or more within the speech threshold of 500 to 3,000 cycles per second.	You are covered if an accident, injury or illness causes you to totally and permanently lose your hearing in both ears. "Speech threshold" means sounds that a human would normally be able to hear. The amount of hearing loss required to qualify under this definition can be easily measured and accurately confirmed by professional testing.
	Heart Valve Replacement	The replacement of any heart valve with either a natural or mechanical valve. Heart valve repair is specifically excluded.	There are four valves in the heart (aortic, pulmonary, mitral, tricuspid) which control the flow of blood from one of the chambers of the heart to another. Replacement of any one or more of these valves with human, animal or mechanical valves is covered under this condition.
	Kidney Failure	End stage renal failure presenting as chronic irreversible failure of both kidneys to function, with the insured person undergoing regular peritoneal dialysis or hemodialysis or having had renal transplantation.	Chronic kidney failure patients require dialysis, either peritoneal dialysis or hemodialysis, for the rest of their lives or until they can be given a kidney transplant.
	Loss of limbs	The irreversible severance of two or more limbs from above the wrist or ankle joint as the result of an accident or medically required amputation.	The event can be the result of an accident, injury or illness.
	Loss of speech	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 express thoughts and ideas by vocal sounds. The event can be the result of an accident, injury or illness, but excludes psychiatric causes.
	Major Organ Transplantation	Diagnosis of irreversible failure of the heart, liver, both lungs, both kidneys or bone marrow, and followed by the actual undergoing as a recipient of a transplant of a heart, lung, liver, kidney, or bone marrow. Exclusion A transplantation that is not medically necessary is specifically excluded.	If you undergo any of these five listed medically necessary transplants, you will be covered under Lifecheque.
	Major Organ Transplantation Waiting List	Enrolment as the recipient in a recognized organ or bone marrow transplant program in Canada for one or more of heart, lung, liver, kidney or bone marrow. The date of diagnosis is the date of the enrolment in a transplant program. The transplantation program must be recognized by a governmental or other similar medical organization in Canada.	Your waiting period for this benefit will begin as soon as you are registered on a recognized transplant list in Canada.
Motor Neuron Disease	An unequivocal diagnosis of one of: Amyotrophic Lateral Sclerosis (A.L.S. or Lou Gehrig's Disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy or pseudo bulbar palsy. Exclusion We will not pay a Covered Condition Benefit for Motor Neuron Disease if it does not meet the criteria described above.	Motor Neuron Disease is a progressive degenerative disorder which affects the central nervous system characterized by muscular weakness and a wasting away of muscle without any sensory changes. As the nerves degenerate, the muscles weaken and deteriorate. The most frequently mentioned Motor Neuron Disease is Amyotrophic Lateral Sclerosis (ALS), which is more commonly known as Lou Gehrig's Disease.	

Coverage	Condition	What the contract says	What it means
Level Renewable Permanent	Multiple Sclerosis	Unequivocal diagnosis of definite Multiple Sclerosis by a neurologist, of well-defined neurological abnormalities evidenced by the typical symptoms of demyelination with resultant impairment of the brain stem or spinal cord as confirmed by an MRI or imaging techniques generally used to diagnose Multiple Sclerosis. The neurological abnormalities must persist for a continuous period of at least six months and occur in two separate clinically documented episodes. The insured person need not necessarily be confined to a wheelchair.	Multiple Sclerosis is an extremely difficult condition to diagnose and usually takes a number of tests to exclude other possibilities before it is confirmed. Symptoms vary according to which part of the brain and spinal cord is affected; therefore, physical symptoms are very different among the different forms of Multiple Sclerosis. This definition has centred around the neurological abnormalities, as opposed to the degree of physical impairment. With Multiple Sclerosis, areas of the fatty myelin sheaths of the nerve fibers are destroyed, thus blocking nerve impulses to and from the brain. Demyelination is typical evidence of Multiple Sclerosis.
	Occupational HIV injury	<p>The diagnosis of Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the insured person's normal occupation, which exposed the insured person to HIV contaminated blood or body fluids.</p> <p>Payment under this Covered Condition requires satisfaction of all of the following:</p> <ol style="list-style-type: none"> i) the accidental injury must be reported to us in writing within 14 days of its occurrence, ii) an HIV test must be taken within 14 days of the accidental injury and the result must be negative, iii) an HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive, iv) all HIV tests must be performed by facilities approved by us, v) the accidental injury must have been reported, investigated and documented in accordance with Canadian workplace guidelines. <p>Exclusion No payment will be made if:</p> <ol style="list-style-type: none"> i) the insured person has elected not to take any available licensed vaccine offering protection against HIV, or ii) a licensed cure for HIV infection has become available prior to the accidental injury, or iii) HIV infection has occurred as a result of non-accidental injury (including, but not limited to, sexual transmission or intravenous drug use). 	This benefit would be of value to people who work in occupations where they may come in contact with blood or body fluids (physician, dentist, nurse, police officer etc.). The reporting procedures are necessary to ensure that HIV is contracted as a result of occupational exposure and not from drug use or sexually transmitted means.
	Paralysis	<p>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.</p> <p>Exclusion All psychiatric related causes are specifically excluded.</p>	Any permanent type of paraplegia or quadriplegia, whether it is caused by an accident, illness or disease, is covered. This condition has a 90-day waiting period to eliminate cases of temporary paralysis. This waiting period is shorter than many typical accident coverage plans.
	Parkinson's Disease	<p>The diagnosis by a neurologist that the insured person has primary idiopathic Parkinson's Disease which is characterized by two or more of the following clinical manifestations:</p> <ol style="list-style-type: none"> i) muscle rigidity ii) tremor iii) bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses). <p><i>continued...</i></p>	<p>Parkinson's Disease is a progressive, degenerative disease of the central nervous system. The disease is characterized by muscular rigidity, tremor and slow movements. This definition only covers 'idiopathic' Parkinson's Disease. Idiopathic means that the disease must have originated from an unknown cause. Parkinson's Disease originating from exposure to certain drugs or toxic chemicals, etc. will not be covered. Although the disease does not have to have progressed to a point where daily supervision is required, a level of impairment must have been reached.</p> <p>Your advisor can provide details on the definitions for bathing, dressing, toileting, transferring and eating.</p>

Coverage	Condition	What the contract says	What it means
Level Renewable Permanent	Parkinson's Disease <i>continued</i>	<p>Exclusion We will not pay a Covered Condition Benefit for Parkinson's Disease unless:</p> <ul style="list-style-type: none"> the insured person meets the criteria described above and the insured person requires substantial physical assistance from another adult to perform two or more of the activities of bathing, dressing, toileting, transferring and eating. 	
	Severe burns	The diagnosis by a doctor that the insured person has sustained third degree burns covering at least 20 per cent of the surface area of the body.	There are three levels of burns. They are medically known as 'first', 'second' and 'third degree'. 'First degree' burns damage the top layer of skin (e.g., sunburn). 'Second degree' burns go deeper into the layers of skin. 'Third degree' burns are the most serious, as they destroy the full thickness of the skin. The 20% requirement of third degree burns is considered to be life threatening.

Early Intervention Conditions

All Plans	Coronary Angioplasty	The undergoing of coronary angioplasty, which is a medically necessary non-surgical interventional procedure to unblock and widen a vessel to allow an uninterrupted flow of blood and oxygen to the heart.	Coronary angioplasty is the widening of one or more of the three coronary arteries with a balloon. A balloon-tipped catheter is inserted into an artery (usually in the groin) and threaded up the body to the blockage or narrowing, where the balloon is then inflated. Recovery is short (approximately 1 day) and the risks of heart attack or emergency bypass surgery as a result of the procedure are low. Nearly 50 per cent of patients with coronary artery disease are treated with this procedure. The medical term for this procedure is PTCA (percutaneous transluminal coronary angioplasty).
	Ductal Carcinoma in Situ of the Breast	<p>The diagnosis of Ductal Carcinoma in Situ of the Breast.</p> <p>Exclusion We will not pay an Early Intervention Benefit for ductal carcinoma in situ of the breast unless the diagnosis is made by a pathologist and confirmed by biopsy.</p>	<p>Ductal Carcinoma in Situ of the Breast is an early, treatable stage of breast cancer. Tumours are localized in the ducts and have not spread to the surrounding tissue.</p> <p>Ductal Carcinoma in Situ of the Breast in the first 90 days of your contract is not covered. Please see the exclusion under Cancer for more information.</p>
	Early (Stage T1a or T1b) Prostate Cancer	The diagnosis of early Prostate Cancer (T1a and T1b).	<p>If you are diagnosed with the early stages of Prostate Cancer (T1a or T1b) you will be covered under Lifecheque. The early stages of prostate cancer are considered treatable. At this stage, tumours cannot be felt and must be diagnosed by biopsy.</p> <p>The early stage of Prostate Cancer (T1a or T1b) in the first 90 days of your contract is not covered. Please see the exclusion under Cancer for more information.</p>

Coverage	What the contract says	What it means
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Exclusions and limitations

All Plans	<p>No benefit will be paid if the person insured for any benefit under this policy, while sane or insane, suffers a Covered Condition or an Early Intervention Condition as a result of any of the following:</p> <ul style="list-style-type: none"> intentional self-inflicted injuries, the use of alcohol or drugs by the insured person, committing or attempting to commit a criminal offence, operating a motor vehicle while the concentration of alcohol in 100 milliliters of blood exceeds 80 milligrams. <p>Exclusion No Covered Condition Benefit or Early Intervention Benefit will be paid unless the insured person survives the waiting period. The waiting period is the longer of:</p> <ol style="list-style-type: none"> 30 days following the first diagnosis of a Covered Condition or Early Intervention Condition, and the period of time stipulated for a specific Covered Condition or Early Intervention Condition. 	<p>Exclusions are directed at self-inflicted injuries, which is a standard provision for policies of this nature.</p> <p>These exclusions apply to all Covered Conditions and Early Intervention Conditions already described. You will receive a benefit if you both meet the criteria for the conditions listed earlier and do not fall under one of these exclusions. Note that if you die while you are satisfying a waiting period, the only benefit you will receive is the Return of Premium on Death.</p> <p>Manulife does not have exclusions for war or acts of war.</p>
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What if I never have a critical illness?

A good financial strategy plans for the unexpected. That's why Lifecheque makes sense ... no one plans to get a critical illness. If you're fortunate enough to live a long and healthy life, Lifecheque has a feature that gives you your money back (with some limits).

	Return of Premium on Death benefit	Return of Premium on Expiry rider
What is it?	If you die and you've never claimed a benefit, premiums paid for your coverage will be returned.	If the Lifecheque coverage expires and you have never claimed a benefit, you can get your premiums back for that coverage. This option can't be chosen after the Lifecheque coverage is issued.
What does it cost?	It's included in all Lifecheque plans at no additional cost.	Available at an extra cost.
What do I get?	The amount of money paid in premiums for coverage that ends at death will be refunded to a maximum of the coverage amount of the Lifecheque coverage (minus any money already paid or payable for the Recovery Benefit or Early Intervention Benefit). Premiums will not be returned for the Children's Lifecheque Rider or premiums covered by Manulife while the policy is on waiver under the Waiver of Premium Rider.	The amount of money paid in premiums for coverage that ends at expiry will be refunded to a maximum of the coverage amount of the Lifecheque coverage (minus any money already paid or payable for the Recovery Benefit or Early Intervention Benefit). Premiums will not be returned for the Children's Lifecheque Rider or premiums covered by Manulife while the policy is on waiver under the Waiver of Premium Rider.
When do I get it?	When you die, the benefit is paid to the owner of your policy, or if that person is deceased, to their estate.	When the coverage expires.
What if I need my money back earlier?	This benefit is available only after death.	For Primary, Renewable and Level coverage, you can request the benefit prior to expiry, at the later of: <ul style="list-style-type: none"> the policy anniversary nearest your 65th birthday your 10th policy anniversary. Requesting this benefit early will cause your coverage to be terminated.
What plans have these options?	All four Lifecheque plans.	All but the Permanent plan.

What if I become disabled?

If you become disabled before the age of 60, we'll cover your Lifecheque premiums for you if you've purchased the Waiver of Premium Rider.

This option is available on both individual and multi-life policies. If it's a multi-life policy and the claim is accepted, the entire premium is waived for all people covered under the policy. It is also available on the owner of the policy even if he or she has no other coverage.

Is Lifecheque coverage available for children?

Thinking about a child getting sick is beyond anyone's imagination. But it happens. And if it does, your child's recovery will be your first priority. That may mean you'll do everything you can to be there for them and to make sure that they get the very best medical advice and treatment available. Lifecheque can help. A Lifecheque benefit can help take away any financial worries and let you focus on what really matters ... getting your child better.

The Children's Lifecheque Rider provides payment of the benefit when the child is diagnosed with (and survives the initial waiting period for) one of the following childhood illnesses*:

- Blindness
- Cancer
- Cerebral Palsy
- Congenital Heart Conditions
- Cystic Fibrosis
- Deafness
- Down's Syndrome
- Kidney Failure
- Loss of Speech
- Major Organ Transplant Waiting List
- Major Organ Transplant Recipient
- Muscular Dystrophy
- Paralysis

Who can be covered under a Lifecheque Children's Rider?

Children between the ages of 0 and 17 inclusive, whose parent has Lifecheque coverage. The parent must be between the ages of 18 and 55.

The Children's Lifecheque Rider covers all children who are named on the application and who we've approved when the rider is issued, including adopted children and stepchildren (medical information is required). All future natural born children are also covered without any further medical information. Restrictions apply for children born within 10 months of the time the rider is issued or of the date of the latest effective date of reinstatement.

How much coverage is provided?

You determine what amount of coverage is appropriate. Lifecheque Children's Rider is available in increments of \$5,000. You can purchase up to \$100,000 of coverage provided your children's rider coverage is not greater than 50% of the amount of the parent's coverage.

Is it costly?

No. The rider (which covers all your children – see above for details) costs \$50 per month for every \$5,000 of coverage.

How long does the coverage last?

Coverage continues until the child's age 21 or the insured parent's age 65, whichever is earlier. If the insured parent dies or receives a Lifecheque benefit prior to the termination of this rider, the premiums stop, but the coverage continues on each child until his or her 21st birthday.



For more information call
1 888 Manulife or visit our
Web site **www.manulife.ca**

Manulife Financial is a leading Canadian-based financial services group operating in 15 countries and territories worldwide. Through its extensive network of employees, agents and distribution partners, Manulife Financial offers clients a diverse range of financial protection products and wealth management services.

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