



NewsForum

Numekevor & Associates Inc.

Health Disaster Relief Programs for Business Owners

The HDRP Specialists

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Critical Illness Insurance (CII)

A life-saving group health ASSURANCE plan

What happens when a friend, a neighbor, or a close relation has been diagnosed with cancer, had a heart attack, or suffered a stroke? Not that long ago, these kinds of health events were almost always fatal. Today, this news is no longer a death sentence since advancements in medicine have improved patient survival rates. Survival, however, is expensive. It is not uncommon to hear of cancer survivors who have had to drain their life savings or mortgage their home in order to pay for treatment and stay afloat.

It doesn't have to be that way!

Critical Illness Insurance (CII) pays a tax-free lump sum amount after a diagnosis from a list of over twenty illnesses including the **Big Three**: cancer, heart attack, or stroke. CII has been in Canada now for over two decades.

This insurance was created by South Africa heart surgeon Dr. Marius Barnard, who after years of practice discovered that, "You need insurance, not only because you're going to die, but because you're going to live."

Since its arrival in Canada as an individual product, consumers have benefited tremendously from CII's lump sum payouts. Its unexpectedly high level of success, however, has been both a blessing and curse. For example, Canadian CII plans are the only ones in the world that offer guaranteed level or fixed premiums payable for a limited period or for life. This popular feature, coupled with the longest running low interest rate environment in recent memory, has made the original CII program unsustainable and has resulted in rising premiums.

In addition, insurance companies have introduced "benchmark definitions" which are essentially watered down versions of previous benefits. A final, ancillary

effect has been a tightening up of the underwriting process, thus making it difficult to even qualify for CII. (See the *President's Corner* on page 4 for insight on how definitions are considered when it comes to deciding if a claim will be paid.)

The result of these actions by insurance companies means it is now harder to qualify for CII and to afford it as an individual plan. The solution to this problem lies with the movement towards offering CII as a

Employers today can provide a platform that makes group CII affordable for employees and their spouses.

group health benefit plan. The exciting thing about group CII is that it addresses two key issues: affordability and "hard-to-qualify-for" concerns. Not all group CII plans, however, are created the same.

There are differences in how covered conditions are defined and in the medical and legal frameworks associated with payouts. In short, the issue becomes which plan is more likely to pay out your benefit.



Image from: <http://catholiclane.com/wp-content/uploads/Stethoscope-Money.jpg>

It is the employer today who has the power to provide a platform for group CII, thus making it possible for employees and their spouses to have access to and afford a critical illness product. In its group form, this life-saving protector product is priced lower than that of individual CII. In addition, the underwriting process poses less of a qualification hurdle since group CII plans are based on the

number of insured employees rather than individual health histories. Even an employee who has had a heart attack or a stroke, or has been diagnosed with cancer or any other insured condition prior to joining the plan, can still qualify.

Visit www.NumekevorAssociates.ca and click **Group Critical Illness** to learn more about your ideal group CII plan.

Why time speeds up as we age

Have you ever noticed that time has an unnerving tendency to just march on, and that the older we get, the more quickly it does so?

What you may not know is that there are scientific theories that try to explain this phenomenon. Dharma Singh Khalsa, M.D., President and Medical Director, Alzheimer's Research and Prevention Foundation, identifies three such theories in his 2013 article "Why Life Goes Faster as You Grow Older."

Theory #1: That "seems-like-only-yesterday" sensation you have about something that occurred many years ago is due to "telescoping." Khalsa calls it the "underestimation of time" whereby "our brains recall distant events as if they occurred only yesterday." In some respects it is as though you are looking through a telescope where distant details appear closer than they really are.

Often this feeling is triggered when we remember an important event and then reflect on when it happened. It may seem hard to believe, for example, that it has been 25 years since "The Simpsons" first aired on television, and that that was the same year Nelson Mandela was released from a South African prison.

Theory #2: The "reminiscence effect" is another reason time seems to move more quickly as we age. This relates to "memory bumps" that are created as we experience emotionally-charged life events. A first kiss, the loss of a loved one, a marriage, or the birth of a child are all remembered in more vivid detail than the ordinary routines that make up our daily lives.

"As time marches on," explains Khalsa, "life may become more routine, more mundane. Hence, you create fewer memory bumps, which give you the feeling that time is moving very quickly."

Theory #3: Khalsa calls this last theory the "best-kept secret in anti-aging medicine." Your "brain's biological clock," the suprachiasmatic nucleus or SCN is located in the hypothalamus gland, which controls the release of youth-maintaining hormones. "[T]his little spot (about the size of a pencil point) sends signals to each...of your 30 trillion cells, telling them that either all is well or...that you're stressed."

When we are stressed, telomeres at the end of our chromosomes become frayed and shortened (kind of like old shoelaces) which accelerates aging. Less stress means longer telomeres and a longer life.

Khalsa recommends three ways to change time

See "Time" page 3

Health clinic

Onions vs illness

It's cold and flu season again, and if you have been paying attention to the news, you will have heard that this year's flu vaccine is not as effective as it has been in previous years. Media outlets have reported efficacy rates in Canada to be as low as 10 per cent¹, while the U.S. Centers for Disease Control has pegged the average in that country at 23 per cent² well below the 50-70 per cent protection rate reported in the past.

The reason for the poor outcome is being attributed to a mismatch between this year's dominant flu strain, H3N2, and the flu strain the vaccine was designed to guard against, H1N1.

So what is a poor citizen to do? If the flu shot isn't going to protect you, what can you do to reduce your risk?

It's times like this when many people turn to folksy home remedies and popular old wives' tales in an effort to find a way to stave off unwanted illness. Here's one that has been making the rounds of late. It may be worth giving it a shot:

From 1918 to 1919, the Spanish flu pandemic killed between 20-50 million people worldwide. At one point, a rural U.S. doctor tending to local farmers came upon one home where, to his surprise, everyone was very healthy.

When the doctor asked the farmer what he was doing differently, the wife explained that she had placed an unpeeled onion in a dish in the rooms of the home, (probably only two rooms back then). When the doctor asked if he could examine one of the onions under the microscope, he found the flu virus on the onion and assumed it had absorbed the bacteria and kept the family healthy.

Does it really work? More recent proponents say it does:

A woman in Arizona claimed that when she placed several bowls with onions around her hairdressing salon, none of her employees became ill. Similarly a woman in Oregon who was feeling unwell followed the instructions from an article she read that advised her to cut both ends off an onion and put it into an empty jar next



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Having trouble qualifying for travel insurance?

Obtaining reliable out-of-country insurance can be a tricky business when it comes to ensuring your existing health condition will be covered.

Many travel insurance policies contain “stability requirements” whereby if a traveler’s medication or treatment changes within three months – sometimes as many as six months – before the travel time, the affected condition will not be covered by the policy. This is a hurdle many middle aged Canadians have to clear every time they want to travel out of the country.

Purchasing insurance online is not always the best or safest choice as it may have limited coverage and does not always ask relevant questions to provide the most appropriate coverage — especially for those with pre-existing conditions.

In order to help clients facing this situation, we have recently partnered with a specialized company that insures virtually all conditions as long as you request for that condition to be covered. With this company, medical underwriting policies do not have any so-called “stability requirements.”

It is a coverage you can truly count on.



Image from: <http://travelinsurancefile.com/wp-content/uploads/2014/11/Travel-Insurance-Claim-Form.jpg>

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perception, affect your biological aging clock, and lengthen your telomeres:

Slow Down Stop and breathe deeply a few times throughout the busy hours of your day.

Meditate More You can positively impact telomeres in only 12 minutes a day with a simple yoga meditation technique called Kirtan Kriya (KK) which has been shown to increase telomeres by up to 44 per cent¹.

Pay Attention Go for a nature walk; look around and notice the sky, the trees, and the clouds. Really taste your food and be wholly alive. Be grateful. This will help you enjoy a more meaningful life, complete with the creation of new and exciting memory bumps.

¹Lavretsky, H. et al. (2013). “A pilot study of yogic meditation for family dementia caregivers with depressive symptoms: Effects on mental health, cognition, and telomerase activity.” *International Journal of Geriatric Psychiatry*. 57-65. doi: 10.1002/gps.3790

“I’ve been waiting for you all day,” said the police officer to the young man he had just stopped for speeding.

“Yeah,” said the boy.
“Well I got here as fast as I could.”

When the officer finally stopped laughing, he sent the kid on his way — without a ticket.



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to her bed at night. “[The article] said the onion would be black in the morning [and] sure enough it happened just like that. The onion was a mess, and I began to feel better,” she said.

Such claims revolve around the belief that plants like onions and garlic have powerful antibacterial and antiseptic properties.

According to a Wall Street Journal article from 2009, belief in the medicinal properties of onions dates back several millennia and crosses many cultures. And while it is highly unlikely that cut onions will attract illness-causing germs, the World Health Organization recognizes that onion extracts will provide relief for the treatment of coughs, colds, asthma and bronchitis³.

Traditional medicine and home remedies rarely get the unquestioning endorsement of western medical professionals. But when science falters, we look for comfort and support from common and familiar items like chicken soup, hot liquids, and now—sliced onions.

And who knows, maybe those old wives were on to something. In this case, nothing is lost in trying.

¹CBC News, “Flu shot this winter only up to 10% effective, Quebec Public Health says,” January 30, 2015.

²CDC, “Early Estimates of Seasonal Influenza Vaccine Effectiveness — United States, January 2015,” January 16, 2015.

³Wall Street Journal, “Home Flu Cures: Bad Medicine?” November 3, 2009.

Demystifying CII “covered conditions” definitions: perception & reality: Part II



Group critical illness insurance (GCII) is quickly becoming the best option available in today's market for insuring individuals

against a catastrophic health event. And while GCII provides more flexibility and is easier to qualify for than individual CII, there is still a considerable amount of confusion when it comes to medical definitions.

One of the most misunderstood conditions in GCII is the pre-existing conditions restrictions clause. If a group is large enough to be enrolled without any pre-existing conditions restrictions, many people believe that no matter what the insured is stricken with, as long as it is a covered condition under the policy, a claim will be paid. Not so.

There are, in fact, a number of situations that can play havoc with the pre-existing conditions restrictions at claim time. Let's examine some very interesting case studies.

Case Study 1 – Heart Attack

Insured: Jack, 55-year-old executive, lives in Toronto

Diagnosis: Heart Attack, at cottage in Parry Sound

History: Local hospital confirms heart attack using cardiac enzyme testing and abnormal ECG results.

Claim: Denied.

Reason: Policy stipulated “only biochemical markers would be accepted to satisfy the definition.”

Case Study 2 – Stroke

Insured: Mary, 38-year-old physician

Diagnosis: Stroke.

History: Involved in a serious automobile accident and subsequently diagnosed as having suffered a stroke.

Claim: Denied.

Reason: Policy stipulated “intracerebral vascular events (strokes) due to trauma are excluded.”

Case Study 3 – Coronary Bypass Surgery

Insured: Jeffery, 45-year-old police officer

Diagnosis: An obstructed coronary artery and coronary artery bypass surgery is recommended.

History: Jeffery elects to have keyhole coronary surgery, a less invasive technique than conventional open heart surgery and the patient's recovery time is quicker, with less likelihood of complications.

Claim: Denied.

Reason: Definition could only be satisfied if open heart surgery was used to perform coronary bypass.

Case Study 4 – Parkinson's Disease

Insured: Mark, 58-year-old lawyer, lives in Ottawa

Diagnosis: Idiopathic Parkinson's Disease

History: While visiting his daughter in Toronto experienced tremors, muscle rigidity and bradykinesia, taken to hospital and confirmed he had Idiopathic Parkinson's Disease.

Claim: Denied.

Reason: His plan required that, in addition to normal symptoms, he be unable to perform at least two of six activities of daily living.

Your ideal group critical illness insurance plan would pay under all these scenarios. In Part III of this series in the next issue of Newsforum, I will discuss the ideal GCII plan that will pay under all the above situations.

This article was previously published by Richard “Dick” Gilbert, President of Megacorp Insurance Agencies in the newsletter, News & Views, September 3, 2014, and was adapted for Newsforum.

About the company. We've focused on small business owners and executives since 1988. Founded by Lordy Morgan Numekevor, Numekevor & Associates is one of Canada's leading corporate insurance advisory organizations. We are the innovators of Health Disaster Relief Programs (HDRPs), combining comprehensive benefit and insurance programs to give you, the business owner, the peace of mind you're after. Contact Numekevor & Associates Inc., 88 Robson Avenue, Cambridge, Ontario, N1T 1L2, Tel: 519-621-4422; Fax: 519-621-1466; hdrp@numekevor.com; www.numekevor.com. [About the newsletter.](#) This newsletter belongs to our clients. Publication dates are January and July with deadlines in November and May. Submissions of original articles, photos or artwork are welcome. For guidelines contact us at 519-621-4422 or email hdrp@numekevor.com. We reserve the right to edit articles for length and clarity.