

Benefit Fact Sheet - Eligibility Criteria

This Fact Sheet describes which employees are **eligible to participate** in the Employee Benefit Plans, and when they **must** be enrolled. This information is important to note because employees (and any eligible dependents) could risk being declined coverage by the Insurer if their applications are not received within **31 calendar days** of becoming eligible to **participate** or to **change their coverage** due to a life changing event.

1. WHO IS ELIGIBLE TO PARTICIPATE?

A. Eligibility criteria for all employee benefit programs, other than Long Term Disability Coverage (LTD):

- Full-time, part-time, seasonal, or temporary term employees who work a minimum of 33 ⅓% of full-time employment on a regularly scheduled basis will be eligible immediately on their first day of work.
- Persons who work a minimum of 33 ⅓% of full-time employment on a regularly scheduled basis will be eligible for participation the first of the month following completion of six (6) continuous months of employment, if they are replacing a regular employee, covering off a vacancy, or any other temporary staff.

NOTE: In Part III, casual employees are not eligible for benefits and temporary term employees will only be eligible for benefits the first of the month following the completion of six (6) continuous months working a minimum of 33 ⅓% of full-time employment on a regularly scheduled basis.

- Persons hired on a personal services contract and who work a minimum of 33 ⅓% of full-time employment on a regularly scheduled basis will be eligible to participate as outlined in their contract of employment.
- Employees who have been terminated and subsequently re-hired within six (6) months of termination are eligible for the reinstatement of their coverage immediately upon return to work (applies to all employees but subject to Collective Agreement provisions, where applicable).
- Employees who had a qualifying life changing event as described in the table on page 3 and meet one of the eligibility criteria listed above have the opportunity to enrol or make changes to their benefits within **31 calendar days** of the life changing event.
- Employees must be residents of Canada to be eligible to participate and must work in Canada. Additionally, for Health, Travel (applies to Business Travel as well), and Dental coverage only, employees must be covered for benefits under a provincial or territorial government health insurance plan (e.g., Medicare). For more information on who qualifies as a dependent, please refer to the table on page 2.

B. Long Term Disability (LTD) Coverage

- Employees must be actively at work.
- Mandatory for full-time permanent employees of participating employee groups.
- Mandatory for permanent part-time employees of participating employee groups, provided they work a minimum of 40% of full-time employment on a regularly scheduled basis. Should required hours of work be reduced, continuation of coverage will be allowed, provided the minimum does not fall below 33 ⅓ % of full-time employment.
- Employees must be under the age of 65, less the four (4) months qualifying period.
- Employees must be Canadian or U.S. residents or be temporarily assigned outside their country of residence and their Government Pension Plan and Government Health Insurance must be in force.
- Seasonal, Personal Service Contract, Temporary Term or Casual employees **are not** eligible to participate in the LTD Plan.

All eligible employees **must** be enrolled in the following mandatory benefits, and be given the option to enrol in the following optional benefits:

MANDATORY BENEFITS	OPTIONAL BENEFITS
<ul style="list-style-type: none"> • Basic Life and Basic Accidental Death & Dismemberment (AD&D)* • LTD (limited to participating groups only)* 	<ul style="list-style-type: none"> • Optional Life with Optional AD&D* • Voluntary AD&D** • Dependent Life** • Health and Travel** • Dental**
<p>* Coverage available to employees only. ** Coverage available to employees and dependents.</p>	

2. WHO QUALIFIES AS A DEPENDENT?

Dependents are defined as an employee's Spouse and Dependent Children.

For dependents to be eligible to participate in a benefit plan, the employee **must** also be participating in that plan. (e.g.: a dependent cannot participate in the Health Plan unless the employee is also participating in the Health Plan).

Dependents must be residents of Canada, and for Health, Travel, and Dental coverage only, they must be covered for benefits under a provincial or territorial government health insurance plan (e.g., Medicare).

Benefit Plans	Dependents	Eligibility Requirements
Health Travel Dental Dependent Life Voluntary AD&D	Spouse	<p>A spouse is eligible for coverage if legally married to the employee or in a common-law partnership with cohabitation for at least one. A divorced spouse is not eligible for coverage.</p> <p>Only one spouse is eligible for coverage. Where the employee has more than one spouse, as defined above, the employee may choose which spouse will be covered.</p>
	Children*	<p>Dependent children are eligible for coverage if:</p> <ul style="list-style-type: none"> • under age 21; • a natural, adopted, or stepchild of the employee; • reliant on the employee for financial care and support; and • not married or in a common-law relationship. <p>NOTE: In the case of a child born (stillborn), the Dependent Life coverage will be effective from 28 weeks of conception.</p>
	Students	Coverage for dependent children can continue until their 26 th birthday, if a full-time student at an accredited post-secondary educational institution.
	Over-Age Dependents	Coverage for dependent children can continue beyond age 21 if a mental or physical disability was diagnosed prior to age 21, or prior to age 26 if a full-time student at date of diagnosis. Must complete Special Dependent Questionnaire .
* Does not include foster children.		

3. WHEN SHOULD AN EMPLOYEE ENROL IN THE PROGRAM OR MAKE CHANGES TO THEIR COVERAGE?

Where participation in the Basic Life/AD&D, and LTD (participating groups only) Benefit Plans are mandatory, and the employer **must** enrol the employee immediately upon becoming eligible.

Enrolments, additions, or changes to the Voluntary AD&D Plan can occur at any time through the year by completing the [Active Employee Enrolment/Change Form](#) and submitting it to the Human Resources or Payroll Services office. The effective date will be the first day of the following month.

Enrolments or changes to Optional Life/AD&D, Dependent Life, Health and Travel, and/or Dental benefits **must** occur **within 31 calendar days** of becoming eligible to participate **OR** from the date of a qualifying life changing event, as outlined on the cover page of the [Active Employee Enrolment/Change Form](#) or in the table on the next page.

Employees and eligible dependents who do not enrol or make changes within the eligibility periods outlined above will be treated as a late applicant and are at risk of being declined coverage by the Insurer. See the [Benefit Fact Sheet – Late Applicant](#) for further details.

To enrol and/or make changes to your existing coverage due to a Life Changing Event **while you are actively at work** (capable of working your regular schedule), you **MUST** submit an Enrolment/Change Form within **31 calendar days of experiencing the Life Changing Event** (see table below).

If the Life Changing Event happens **while you are on an approved leave of absence**, you will have **31 calendar days of the date you return to work** to submit an [Active Employee Enrolment/Change Form](#) to enrol and/or make changes to your existing coverage. There are **exceptions** for the two Life Changing Events detailed below.

- **Birth or Adoption:**
 - If you continued coverage during your maternity/paternity or adoption leave, you have **31 calendar days** from the birth or adoption date to add dependents and/or make changes to your existing coverage. **If the 31-calendar day timeline is missed**, you will have to wait upon your return to work to submit a late application to enrol/make changes to your existing coverage. **No late application will be accepted while on a leave of absence.**
 - If you did not continue coverage or did not have coverage prior to this Life Changing Event, you will have **31 calendar days** from the date you return to work to enrol, add dependents, and/or make changes to your existing coverage.
- **Involuntary Loss of Coverage:**
 - If you and/or your dependents involuntarily lose Health and/or Dental coverage, **while you are on an approved leave of absence**, you have **31 calendar days** from the date in which you lost coverage to enrol and/or make changes to your existing coverage. **If the 31-calendar day timeline is missed**, you will have to wait upon your return to work to submit a late application to enrol/make changes to your existing coverage. **No late application will be accepted while on a leave of absence.**

4. WHAT QUALIFIES AS A LIFE CHANGING EVENT?

NOTE: If you cannot obtain the documentation required within **31 calendar days**, send the enrolment form to your employer immediately and then send the required documentation when it becomes available.

Life Changing Event	Who Can be Added?	Documentation Required
Marriage or Common-Law Partnership*	Employee, Spouse, and Dependent Children	Copy of the marriage certificate or the Statutory Declaration of Common-Law Partner . IMPORTANT: The addition of a common law spouse can only be made within 31 calendar days following one year of cohabitation.
Birth or Adoption	Employee, Spouse, and Dependent Children	Copy of the birth certificate or the sealed signed adoption documents.
Divorce or Separation*	Employee and Dependent Children	Copy of the divorce judgement or the separation agreement.
Death of a Spouse	Employee and Dependent Children	Copy of the death certificate.
Initial Post-Secondary Enrolment	Dependent Children	Applies to the student's initial** enrolment in post-secondary education. Proof of full-time enrolment in an accredited post-secondary institution.
Involuntary Loss of Coverage	Employee, Spouse, and Dependent Children	Applies to Health, Travel, and Dental coverage only. Proof of termination of similar coverage*** from employer or insurance provider (including date coverage terminated, description of coverage and confirmation of who was covered).
Obtaining of Government Health Insurance (e.g. Medicare)	Employee, Spouse, and Dependent Children	Proof of acceptance for Government Health Insurance (card or eligibility confirmation letter).

For all life changing events, anyone added to the Health, Travel and Dental Plans must also provide proof of government health insurance plan (e.g., Medicare).

** Can only take advantage of one or the other, not both. For example, if a couple who attains common-law status and later gets married, the marriage would only be considered a life changing event if the couple did not take advantage of the common-law status life changing event (e.g., did not enrol or make changes upon attaining common-law status). The same interpretation applies for separation and divorce.*

*** "Initial" means it **would be** a life changing event anytime a dependent child starts at university/college for the first time or is coming back after enrolling years prior and dropping out or having completed their degree and coming back a few years later to pursue their studies. However, this **would not be** a life changing event every single year of study when continuous (e.g., September 2023 (1st year of study), September 2024 (2nd year of study), September 2025 (3rd year of study), etc.).*

**** Similar coverage means coverage for a comparable category of benefits. Similar coverage may have been offered by a qualified plan of the participant's spouse's or other dependents' employer. The Plan Sponsor (FTB) or designate (Employer) will determine whether coverage is similar. For example, the employee must have had health and dental coverage from another source to qualify as losing such similar coverage. For another example, if the employee only lost dental coverage, they are not eligible for health coverage under a life changing event.*

For more information, contact our Plan Administrator's (Vestcor) Member Services Team at 1-800-561-4012 or 506-453-2296, or visit vestcor.org/benefits.