

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 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):

- Regular full-time, part-time, temporary term and seasonal employees who work a minimum of 33 1/3 % of full-time employment on a regularly scheduled basis will be eligible immediately on their first day of work.
- Casual employees who work a minimum of 33 1/3% 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.
- Persons hired on a Personal Services Contract and who work a minimum of 33 1/3 % of full-time employment on a regularly scheduled basis will be eligible to participate as outlined in their contract.
- 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 (subject to Collective Agreement provisions, where applicable).
- Employees who had a qualifying life changing event as described in the chart 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 days** of the life changing event.
- Employees and eligible dependents must be resident(s) of Canada to be eligible to participate, and employees must work in Canada. Additionally, for health/travel and dental coverage only, all employees and eligible dependents must be covered for benefits under the government health insurance in the province of residence (e.g. Medicare). For more information on who qualifies as a dependent, please refer to the chart on page 2.

B. Long Term Disability Coverage

- 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 1/3 % of full-time employment.
- 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**

* Coverage available to employees only

** Coverage available to employees and dependents

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 (for example: dependents cannot participate in the Health plan unless the employee is also participating in the Health plan).

Benefit Plans	Dependents	Eligibility Requirements
Health Travel Dental Dependent Life Voluntary AD&D	Spouse	A spouse is eligible for coverage if legally married to the employee or in a common-law partnership with cohabitation for at least one year (includes same-sex partners). A divorced spouse is not eligible for coverage. 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.
	Children*	Dependent children are eligible for coverage if: <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 educational institution.
	Over-Age Dependents	Coverage for dependent children can continue indefinitely if 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 Form .
* Does not include foster children.		

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

Participation in the Basic Life, Basic AD&D, and LTD 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.

Enrolments or changes to Optional Life, Dependent Life, Health and Travel, and/or Dental benefits must occur **within 31 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 chart on page 3.

Employees (and any 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.

Any enrolments or changes to an employee's coverage will take effect on the first day of eligibility, provided that the employee is actively at work. If an employee is not actively at work, enrolments or changes must be submitted **within 31 days** of the employee's return to work (actively at work).

Provisions that allow employees to make changes while on an approved leave of absence are:

- Employees on maternity/paternity or adoption leave who continued coverage during their leave, can change their coverage **within 31 days** following the life changing event.
- Employees who have involuntarily lost coverage may add similar coverage **within 31 days** following the loss of coverage. Applies to Health, Travel, and Dental coverage only.

4. WHAT QUALIFIES AS A LIFE CHANGING EVENT?

Life Changing Event	Who Can be Added?	Documentation Required
Marriage or Common-Law Partnership	Employee, Spouse, and Dependent Children	Marriage Certificate or Statutory Declaration of Common-Law Partner Form
Birth or Adoption	Employee, Spouse, and Dependent Children	Birth Certificate or Adoption Papers
Divorce or Separation	Employee and Dependent Children	Divorce Judgement or Separation Agreement
Death of a Spouse	Employee and Dependent Children	Death Certificate
Initial Post-Secondary Enrolment	Dependent Children	Applies to the student's initial enrollment 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).
<p><i>For all life changing events, the employee must also provide proof of coverage under the government health insurance plan in their province of residence (e.g. Medicare).</i></p>		

For more information, contact Vestcor's Member Services team at (506) 453-2296 or toll free 1-800-561-4012.