GENERAL INFORMATION

Please read this information and keep it for quick and easy access, and future reference. In the event of any discrepancy between these descriptive pages and the various group policies, the terms and conditions of the actual policy will apply.

ELIGIBILITY

Group Life, Accidental Death & Dismemberment, Health & Travel and Dental

Note: Does not apply to Long Term Disability.

Participation -- for all employee groups:

1) an employee (regular full-time, part-time, or term) who occupies a position and/or is required to work a minimum of 33-1/3% of full-time employment on a regularly scheduled basis;

2) an employee who occupies a seasonal position and who work a minimum of 33-1/3% of full-time employment on a regularly scheduled basis;

3) persons employed a minimum of 33-1/3% of full-time employment on a regularly scheduled basis are eligible for participation the first of the month following completion of 6 continuous months of employment, if they are:

   - replacing a regular employee, or
   - covering off a vacancy, or
   - any other temporary staff. If employment is terminated, and the participant becomes re-employed within 6 months, coverage resumes on the first day of becoming re-employed; and

4) 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 are eligible to participate as outlined in their contract of employment.

In order to be eligible for health, travel and dental benefits, employees and dependents must also be residents of Canada, and be covered for benefits under the provincial government health care programs in the province of residence (e.g., Medicare).

Long Term Disability Coverage

The Long Term Disability coverage is **compulsory** for:

- all full-time permanent employees of participating employee groups;
- all permanent part-time employees of participating employee groups, provided they are required to 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; and
- new employees of participating employee groups.

If you are unsure that you belong to a participating employee group, please consult your Human Resource office.

DEFINITION OF DEPENDENTS

Dependents are defined as your *Spouse* and *Dependent children*.

Spouse means an individual to whom the employee is legally married, or a common-law spouse with whom the employee has cohabited continuously in a conjugal relationship for at least one year immediately prior to being eligible for coverage. With respect to common-law spouse, there is a requirement of public representation of a spousal relationship. This definition extends to partners of the same sex. **Only one individual will qualify as a *Spouse***. When the employee has more than one *Spouse,* as defined above*,* you may choose which Spouse will be covered.

Dependent children means the employee's, natural, adopted children or stepchildren, who are not married or in a common-law relationship and are dependent upon the employee for financial care and support. *Dependent children* are eligible for coverage:

- up to 21st birthday; or
- up to 26th birthday if a full-time student at an accredited educational institution; or
- beyond age 21 if mental or physical disability commenced and was diagnosed prior to age 21 or age 26 if a full-time student at date of diagnosis and continues thereafter.

Dependent children are eligible from birth for Group Life Insurance coverage. In the case of a child born (stillborn or live birth), the Dependent coverage will be effective from 28 weeks of conception.

BENEFICIARY DESIGNATION

You must designate a beneficiary for the Basic Group Life, Supplementary Life, and Voluntary Program of Accidental Death & Dismemberment Insurance (if coverage is chosen). Guidelines in designating a beneficiary are:

- Your beneficiary shall be the person or persons you designate in writing and entered into the insurance records. It is recommended that the beneficiary be either a person over 18 years of age or your Estate.
- If there is no beneficiary designated, the amount of insurance will be paid directly to your Estate.
- If your beneficiary is a minor or incapable of giving a valid release for payment due, payment will be made to a duly appointed guardian of the beneficiary only.

COORDINATION OF BENEFITS

When benefits can be claimed under more than one section of the Health Program, the claim will be assessed in a manner so that the greatest benefit will be paid. Benefit payments will be coordinated with any other program or arrangement, so that the total amount received from all sources will not be greater than the total expense incurred.
Your employer will provide claim forms for the various other benefit programs. You can contact your Human Resource office regarding claim procedures. All claims should be submitted as soon as possible to prevent any refusal of payment due to late filing provisions.

CONTINUATION OF COVERAGES

Leave of Absence

When you are granted a leave of absence by your employer, coverage remains in place as follows:

- **Leave with full or partial pay**: all coverage must remain in effect and premium payments continue as if you are at work.

- **Leave without pay**: coverage remains in effect, at your option, with cost-sharing arrangements (as per administrative policies and /or appropriate collective agreements provisions).

  Maternity: employer cost-sharing arrangements will continue

  Illness: during an absence of 4 consecutive months due to illness, employer cost-sharing arrangements continue. If you continue to be absent due to illness, you should apply for benefits under the Waiver of Premium provision. If you do not apply for Waiver, or if the waiver is denied, your employer has no further obligation to continue the cost-sharing of premiums.

- **Leave for all other reasons**: if you wish to retain coverage, you will be responsible for maintaining both the employee and employer portion of the premium costs.

If you are not actively at work:

- at the time the coverage would otherwise be effective, your coverage will take effect only when you return to work.
- you may change coverage only when you return to work.

Continuation of coverage for some types of leave of absence will require approval of the insurance carrier or program administrator. Premiums must be paid the first of the month when due. No retroactive payments are permitted.

Layoff

Continuation of coverage under the Group Life, Accidental Death & Dismemberment and Health & Dental Programs is permitted for employees who are in a lay-off situation. Extension of coverage may continue during the recall period specified under the applicable collective agreement, or for up to one year for non-union employees. Employees are required to pay 100% of premium costs during this period.

WAIVER OF PREMIUM/CONTRIBUTIONS

Upon the completion of a 4-month qualifying period, employees who are deemed "totally disabled", or who are in receipt of LTD benefits, are eligible to apply for continuation of coverage without payment of premiums/contributions for Group Life, Accidental Death & Dismemberment and Long Term Disability coverage. Premiums must be maintained during the 4-month qualifying period. Once approved, benefits will be maintained for the duration of such disability to the earlier of: recovery, age 65 or the employee's death, and for a maximum period of 28 months from the date of disability for the Health & Dental Programs.

Claims for Waiver of Premium benefits **must** be submitted within 10 months from the date of disability.

Waiver of premiums will not begin until the expiration of any paid leave.

CONVERSION PRIVILEGE

If you should terminate employment, you may convert Group Life or Health and Dental benefits to an individual policy with the insurer. The premium rates will be determined by the insurer at the time of conversion. Application must be made within 31 days following the date of termination. The conversion privilege is also available to the surviving spouse in the event of the employee's death.

TERMINATION OF COVERAGE

Benefit coverage for active employees and/or dependents will cease on the earliest of:

- the date employment is terminated;
- the date employees and/or dependents no longer meet eligibility requirements;
- the termination date of the policy and/or a specified benefit; or
- normal retirement, however, employees who retire are eligible to continue certain benefits available to retirees.

PREMIUM/CONTRIBUTION RATES

Since premium/contribution rates are subject to review on an annual basis, no information is included in this package. To determine the current rates for a particular program, please contact your Human Resource or Payroll office.

LATE APPLICANT

Employees must enroll in the Group Insured Employee Benefit Programs within 31-days of becoming eligible to participate or change their coverage. Failure to enroll or make changes within the 31-day limitation period will result in Late Applicant status for both the employee and his/her eligible dependents and in this situation risk being declined coverage by the Insurer.

A Late Applicant is an employee who wishes to enroll in the Group Insured Benefit Program(s) beyond 31-days of:

1) becoming eligible for coverage; or
2) a change in the employee's personal status (e.g. birth and/or adoption of a child, marriage, attainment of common-law status (12-months of cohabitation), divorce, death of spouse, or the employee's loss of coverage under a spousal plan).

STANDING COMMITTEE ON INSURED BENEFITS

The management of the employee benefit programs is a shared responsibility between the employer and employee representatives through the Standing Committee on Insured Benefits and Board of Management.

No rights are conferred by this pamphlet. For more or updated information, contact your Human Resource office or Vestcor Pension Services Corporation (VPSC) at 506-453-2296 or toll free at 1-800-561-4012.

Or visit the website at: www.vestcor.org

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