I.B.E.W.
LOCAL UNION 2038

HEALTH & WELFARE
TRUST FUND

JANUARY 2016

January 2016

To All Plan Participants
I.B.E.W. Local Union 2038
Health and Welfare Trust Fund

We are pleased to present this updated booklet describing the current benefits and provisions of the Health and Welfare Plan. We urge you to read this booklet carefully to thoroughly familiarize yourself with the benefits that are available to you and your dependants.

The Prescription Drugcare, Visioncare, and Dentalcare Benefits are designed to assist you with the payment of these expenses. They may not pay the total cost of services and supplies; in effect, this Group Benefit Plan shares the payment of your Visioncare, Prescription Drug, and Dental bills with you. Travel Medical Emergency coverage provided by RSA Travel Insurance Inc., Accidental Death & Dismemberment coverage via ACE INA Life Insurance, and all other benefits by the Great-West Life Assurance Company.

Please note that benefits may change at any time given legislative revisions and/or the financial stability of the Plan. Participants will be advised accordingly, and on a timely basis.

The Plan Administrator is Coughlin & Associates Ltd., located at Suite 100-175 Hargrave Street, Winnipeg, Manitoba, R3C 3R8. If you have any questions concerning your benefits or claim procedures, please contact either the Local Union 2038 office or the Plan Administrator (Toll Free 1-888-204-1234) for this information.

We are pleased to make these arrangements on your behalf and we are certain that your participation in the Plan will bring greater security and peace of mind to you and your family. We wish you continued good health.

Sincerely,

The Board of Trustees
I.B.E.W. Local Union 2038 Health and Welfare Trust Fund

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Important Notice

This booklet highlights the principal features of the Plan; however Great-West Life's Group Policy No. 24979, RSA's Policy No. 1057831, and ACE INA's Policy (AB10406509) issued to the Trustees of the I.B.E.W. Local Union 2038 Health and Welfare Trust Fund are the governing documents.

In the event of any variation between the information in this booklet and the policy provisions, the latter will prevail.

Notice Regarding Personal Information

Great-West Life, RSA, ACE INA, and the Plan Administrator, Coughlin & Associates Ltd., recognize and respect every individual's right to privacy. When you apply for coverage or benefits, a confidential file of personal information is established.
They use this information to administer the Group Benefit Plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the Plan
- enrolling you for coverage
- assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- underwriting activities, such as determining the cost of the Plan, and analyzing the design options of the Plan
- preparing regulatory reports, such as tax slips

Access to information in your file is limited to the staff or an authorized person who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Great-West Life, ACE INA, RSA, your health care provider, other insurance and reinsurance companies, and Coughlin & Associates Ltd. may also exchange information when the information is needed to administer the group benefit plan.

For more information about our privacy guidelines, please ask the Plan Administrator for Great-West Life's ***Privacy Guidelines*** brochure.

Highlight of Benefits

Group Policy Numbers:
Great-West Life – 24979
ACE INA – AB10406509
RSA – 1057831 (formerly 28205916)
(as revised effective January 1, 2016)

PARTICIPANTS

Life Insurance

Benefit* $75,000

Reduces by 50% at age 65

Coverage ceases ..... at age 70

Please refer to Life Insurance section for complete details.

Dependent Life Insurance

Benefit*..... Spouse $10,000
Child $4,000

Coverage ceases ..... at age 70

Please refer to Dependent Life Insurance section for complete details.

**Premium is a Taxable benefit as paid for by Employer contributions.*

Accidental Death & Dismemberment (AD&D) Insurance

Principal Sum $100,000

Reduces by 50% at age 65

Coverage ceases ..... at age 70

Please refer to AD&D Insurance section for complete details.

Weekly Income (WI) Insurance

Benefit..... 66 2/3% of weekly earnings up to the Employment Insurance maximum of $537 per week.

Commencement.....1st day if hospitalized more than 24 hours or day surgery/4th day sickness

Maximum Duration .....52 weeks

Offsets Include .....W.C.B., Auto Insurance, etc.

Coverage ceases ..... at the earlier of age 70 or retirement

Please refer to WI Insurance section for complete details.

Benefit received is taxable income as premium paid for by Employer contributions.

Long Term Disability (LTD) Insurance

Monthly Benefit Amount:

Office Employees..... 66 2/3% of monthly earnings to a maximum of $1,300 per month

All other Participants .....$1,300 per month

Commencement .....52 weeks

Maximum Duration .....To Age 65

Coverage ceases ..... at the earlier of age 65 or retirement

Please refer to LTD Insurance section for complete details.

Benefit received is taxable income as premium paid for by Employer contributions. Benefit is subject to a 75% pre-disability income all-source limitation.

PARTICIPANTS AND DEPENDANTS

Prescription Drugcare*

Deductible ..... Nil

Reimbursement ..... 70% of eligible expenses

Benefit Maximum ..... Up to $4,000 per family per calendar year
integrated with Saskatchewan Drug Plan

Smoking Cessation Maximum ..... $500 per person per lifetime

Coverage Ceases ..... No later than age 70 or 75 if actively working

Please refer to Prescription Drugcare section for complete details.

Visioncare*

Deductible ..... Nil

Reimbursement ..... 100% of eligible expenses

Benefit Maximum ..... $300 for eligible expenses every 24 months
..... One eye examination per person every 12 months

Coverage Ceases ..... No later than age 70 or 75 if actively working

Please refer to Visioncare section for complete details.

Dentalcare*

Deductible ..... Nil

Reimbursement ..... 80% for Routine and Major Treatment
..... 50% for Orthodontic Treatment

Fee Schedule ..... 2016 SDA

Annual Maximum

Routine and Major combined ..... $1,500 per person

Orthodontic Maximum ..... $1,500 per person per lifetime

Check ups and cleanings are limited to once per person per calendar year (twice per calendar year for dependent children under age 18).

Orthodontic treatment for dependent children ages 6 to 18 only.

Coverage Ceases No later than age 70 or 75 if actively working.

Please refer to Dentalcare section for complete details.

Hearing Tests*

Deductible ..... NIL

Reimbursement 100%

Benefit Maximum ..... $50 per person every 24 months

Coverage Ceases ..... at age 70 or 75 if actively working

Ambulance Service*

Licensed ambulance coverage within Province of Residence to nearest medical center where treatment can be obtained.

Deductible ..... Nil

Reimbursement 100%

Coverage Ceases ..... at age 70 or 75 if actively working

Travel Medical Emergency*

For emergency treatment coverage, while traveling outside of your home province of residence.

Deductible ..... Nil

Maximum Trip Duration ..... 30 days

Benefit Maximum ..... $5,000,000 per person per trip
(top-up insurance available for longer periods of travel)

Coverage Ceases ..... No later than age 70 or at retirement if receiving a pension benefit from the International Union

Please contact the Plan Administrator for a booklet and wallet card outlining the benefit coverage and emergency contact numbers

Physician Charges for Disability Forms

For Physician charges incurred to provide disability information

Benefit Maximum ..... $50 per Physician

Will Preparation (For Member's Only)

Benefit Maximum ..... $150 per Insured Member per lifetime subject to receipt of invoice

Healthcare Spending Account (H.S.A.)

Reimbursement ..... 100% of eligible expenses limited to H.S.A. balance

Eligibility.....Local Union 2038 Members in good standing

* **As Prescription Drugcare, Visioncare, Dentalcare, Travel, Hearing Tests, Medical Emergency, and Ambulance services premiums are paid entirely by Employer contributions, Participants cannot claim them as an eligible medical expense for tax purposes.**

General Information

The Plan is administered by the Board of Trustees who retain the services of Coughlin & Associates Ltd., to perform this function.

For each Participant, an account is kept by the Plan Administrator that shows hours worked for a Contributing Employer for which contributions have been made for the purpose of Group benefits. This account is called an Hour Bank Account.

When You Become Insured Initially

You will be eligible for Life, Accidental Death and Dismemberment, and Long Term Disability Insurance **on the first day following the date you have accumulated 300 hours worked** (hours may vary depending on the hourly rate of contribution) **within six (6) consecutive months.** Subsequently, you will be eligible for Weekly Income Insurance, Travel Medical Emergency, Prescription Drugcare, Hearing Tests, Visioncare and Dentalcare benefits on the **first day of the month following the month in which you have accumulated 300 hours worked** (hours may vary depending on the hourly rate of contribution) **within six (6) consecutive months.**

For Office Employees, eligibility for all benefits begins on the first (1st) day following three (3) consecutive months of employment.

If you are unable to work when coverage is to become effective, the effective date of coverage will be postponed until you are able to work.

An enrolment card must also be completed to be eligible to receive benefits.

Ongoing Eligibility

Each month 110 hours (hours may vary depending on hourly rate of contribution) will be deducted from the Participant's Hour Bank Account. For Office Staff, the hours worked should equate to the monthly deduction as there may not be an accumulation of hours worked. The number of hours in the Union Member's Hour Bank Account may not exceed 1,320 hours (enough to provide twelve (12) months of coverage). Excess hours accumulated will be credited to the general reserves of the Trust Fund.

A Permit Worker can accumulate hours worked in excess of the monthly deduction; however, upon the date of termination of employment or lay-

off, the balance in the Hour Bank Account is forfeited to general reserves of the Trust Fund unless the Permit Worker becomes a Union Member in good standing with the Local Union 2038.

Eligible Participants

Under this Plan, the following Participants are eligible for coverage:

Union Members

A Member in good standing with Local Union 2038 on whose behalf contributions are being made to the IBEW Local Union 2038 Health and Welfare Trust Fund.

Coverage will vary for other Member Classes (Retired, Disabled, Self Pays). Please read on or contact the Administrator, Coughlin & Associates Ltd., for clarification.

Permit Workers

Employees of Certified Employers on whose behalf contributions are being made to the IBEW Local Union 2038 Health and Welfare Trust Fund and are not Members of Local Union 2038 or any reciprocating Local will be eligible for benefits under this Plan while working for a Certified Employer.

Office Employees

Office Employees of Certified Employers and Union Office Staff on whose behalf contributions are made to the IBEW Local Union 2038 Health and Welfare Trust Fund and are not Members of Local Union 2038 or any reciprocating Local will be eligible for benefits under this Plan while working for a Certified Employer.

Retired Members

A Union Member is considered retired when he/she is receiving a Pension benefit from the International Union.

Eligible Dependents

Your eligible dependents consist of:

- Your legal spouse or common-law spouse (including same-sex partner) who is living in a conjugal relationship with you for a

minimum period of twelve (12) consecutive months prior to the date in which a claim arises. Divorced or separated spouses (with or without a court order or separation agreement) are **not** eligible for coverage.

- The Participant's unmarried children from 15 days to 20 years of age inclusive. As well, dependents aged 21 or older provided they are in full-time attendance at a University or similar institution (evidence of attendance will be required), **however, only eligible for Travel Medical Emergency coverage up to age 26.**

- Stepchildren, foster children and legally adopted children may be included the same as your own children provided they depend upon you for support and maintenance.

- A child who is physically or mentally incapable of self-support beyond the limiting age may be continued under the prescription drugcare, visioncare and dentalcare insurance while remaining incapacitated and unmarried subject to your own coverage continuing in effect. To continue a child under this provision, proof of incapacity must be received by the Insurer within thirty-one (31) days after dependent coverage would otherwise terminate. Additional proof will be required from time to time.

This Plan does **not** cover:

- children working more than 30 hours a week, unless they are full-time students, or

- a spouse or child who is not a resident of Canada or the United States.

IMPORTANT: REPORT ALL CHANGES OF BENEFICIARY, DEPENDENT STATUS, AND ADDRESS AS SOON AS POSSIBLE TO THE PLAN ADMINISTRATOR.

Reinstatement of Insurance

If a Union Member's benefit coverage has previously been terminated because of insufficient hours in his/her Hour Bank Account, the Union Member will again become insured on the first day of the month following the accumulation of 300 hours in his/her Hour Bank Account provided these hours are accrued within six (6) consecutive months. Otherwise, the Union Member will be required to meet the eligibility requirements of a new Participant in the Plan.

If a Retired Member who returns to work meets the initial eligibility requirements (i.e. 300 hours) the Retired Member would be eligible for all benefits (including disability) subject to benefit age restrictions.

Changes in Insurance Benefits

If your benefit coverage changes because of an amendment to the Plan, or because of a change in your age, class, earnings, dependent status, etc., the new benefits become effective on the date the change affecting your benefits occurred.

When a change results in increased benefits, you must be actively at work for an eligible Employer to be eligible for the new benefits. If you are not at work for an eligible Employer on the date the new benefits would otherwise become effective, the change will not become effective until you return to work for an eligible Employer. Increased benefits for a dependant confined in hospital on the dates the new benefits would otherwise become effective do not become effective until he or she is released from the hospital. In any case, payment for services and supplies received before the date of an increase in benefits will always be based on plan benefits in effect before the change.

Termination of Insurance

The insurance for you and your dependants will terminate:

- **Union Member**: at the end of any month wherein you do not have at least 110 hours in your Hour Bank Account. However, you may arrange to have your coverage continued for an additional sixty (60) months on a self-paying basis (excluding Weekly Income and Long-Term Disability coverage) up to age 70. The Plan Administrator will contact you with the required self-pay amount;

- **Retired Member**: following the depletion of your Hour Bank Account and completion of sixty (60) months of self-payments. During this period, Disability and Travel Medical Emergency coverage is excluded and Life/AD&D reduces by 50% at age 65, however, all other coverage ceases age at 70. Actively Working Members may have their Dental, Hearing Tests, Visioncare, Prescription Drugs, and Ambulance coverage extended to age 75 with no ability to self-pay;

- **Permit Workers and Office Employees**: at the end of the month following the termination of employment or lay-off (except Disability

coverage which will cease immediately). Permit Workers and Office Employees **are not** eligible to make self-payments;

- for specific benefits, if you reach the benefit age restriction;
- if you cease to be a Participant in the eligible class;
- if you enter military service;
- if the Group Policy terminates;
- under Prescription Drugcare, Visioncare and Dentalcare, and Travel Medical Emergency, coverage for a dependant if he/she is no longer an eligible dependant.

Extended Benefits After Termination

Weekly Income or Long Term Disability Insurance – If your insurance terminates while you are disabled you will continue to receive Weekly Income or Long Term Disability benefits during that period of disability, up to the maximum noted in the respective benefit description.

Dentalcare – If the Insurer has started making payments for Orthodontic Treatment and the insurance for the person receiving the treatment terminates, orthodontic benefits will be continued during the 3-month period immediately following termination of insurance.

Life Insurance – If your insurance terminates your Life Insurance will remain in force for up to 31 days following the date of termination.

Self-Pay Provision

Only Union Members and Retired Members are eligible to self-pay to continue benefit coverage.

If there are insufficient hours in a Union Member's or a Retired Member's Hour Bank Account (i.e. due to a lay-off or retirement) to make the monthly deduction for benefit coverage, the Union Member or Retired Member will be allowed to continue his/her coverage by making a self-payment (direct contribution to the Fund). The Plan Administrator will notify the Member if a self-payment is required to maintain their coverage. The self-payment must be continuous and consecutive for a period not to exceed sixty (60) months and to no later than age 70. The payment must

be made prior to the 28th of the month following the month in which the Hour Bank falls below 110 hours. If a self-payment is not received by the required date, benefit coverage will be terminated without further notification as identified in the Termination of Insurance section of this booklet. **Eligibility to self-pay is contingent upon the Member being in good standing with Local Union 2038.**

Note:

1) Weekly Income and Long-Term Disability benefits are excluded for self-paying Union and Retired Members.
2) Travel Medical Emergency is excluded when receiving a Pension benefit from the International Union.
3) All coverage ceases no later than age 70.
4) Self-payments cannot be made by Permit Workers or Office Employees.

If you have any questions on self-payment procedures, please call the Plan Administrator at 1-888-204-1234.

In order to reinstate the self-paying duration to sixty (60) months, a Union Member must return to employment and work a minimum of 300 hours within six (6) consecutive months as identified in the Reinstatement of Insurance section of this booklet.

Monthly Statements

Each month a statement is mailed to each eligible Participant (excluding Office Employees). This statement will show the individual's benefit status, the Employer's contribution or the self-payment, and the previous and present months' Hour Bank Account balance. It should be noted that an amount is deducted from the balance each month to pay the premium for your coverage. If there are insufficient hours in the Union or Retired Member's Hour Bank Account, the statement will show the amount required to pay on the "self-pay basis" to maintain coverage. For all other Participants, coverage will terminate as they cannot make self-payments to continue coverage. For a Union or Retired Member, if the required premium is not paid, the next statement will show the Member as being "out of benefit" with a final option to self-pay.

If self-payments are not made when required, benefit coverage will not again become effective until the Participant has satisfied the reinstatement requirements.

***Permit Workers*:** if there is no remittance of contributions on the Permit Worker's behalf, the statement will show "out of benefit". If the Permit Worker wishes to maintain coverage under this Plan, he/she will be required to join Local Union 2038.

In order to assure yourself of receiving this statement regularly, it is necessary to inform the Plan Administrator of any change of address.

Disability Claims

All Disability claims should be recorded with the Plan Administrator (Coughlin & Associates Ltd.) and the Insurer (Great-West Life) regardless of whether or not you are eligible to receive Workers' Compensation, Provincial Auto Insurance or E.I. Disability Benefits. This recording will assist you should your claim with these agencies be declined either immediately or at a future date. In addition, proper application will be made relative to a Waiver of Life Insurance premiums which is required within twelve (12) months of the date of initial disability.

Disability Provision

Disabled Union Members

If after six (6) months of continuous disability the Union Member's Hour Bank Account is depleted, the Trust Fund will pay the required premiums for an additional six (6) months. If still disabled, Dental, Vision, Prescription Drugs, Ambulance, Hearing Tests, and Travel Medical Emergency benefits may be continued via hour bank depletion and self-payments up to the earlier of age 65 or date of recovery.

Disabled Office Employees and Permit Workers

A Disabled Office Employee or Permit Worker may be extended coverage for up to six (6) consecutive months, provided the appropriate monthly contribution remittance is received by the Trust Fund.

Please notify the Plan Administrator when you are disabled.

Wage Loss Provision

In the event that a Union Member incurs a total disability while insured but on lay-off or leave of absence and is in the process of "running down"

his/her Hour Bank Account, the Plan will recognize his/her disability for wage loss benefits (Weekly Income and Long Term Disability) from the scheduled date of return to work, provided the Union Member is then totally disabled and submits an attending physician's statement certifying continued disability.

Reciprocal Agreements

Local Union 2038 Members – Union Members working in a jurisdiction other than Local Union 2038, and on whose behalf contributions are being made to a Health and Welfare Trust Fund which has entered into a reciprocal agreement with the I.B.E.W. Local Union 2038 Health and Welfare Trust Fund should complete a Transfer Authority form and advise the Union or Plan Administrator to reciprocate contributions to the "Home Fund". This will maintain coverage under the I.B.E.W. Local Union 2038 Health and Welfare Trust Fund.

Travel Card Members – Employees of employers on whose behalf contributions are made but who are members of other Local Unions or Funds, and whose Funds have entered into reciprocal agreements with the I.B.E.W. Local Union 2038 Health and Welfare Trust Fund will not be eligible for benefits but will have all contributions made on their behalf reciprocated to their "Home Fund" after they complete the Transfer Authority form available at the Local Union 2038 office.

Third Party Liability

If you or your dependent(s) have the right to recover damages from any person or organization with respect to which benefits are payable by the Insurer, you will be required to reimburse the Insurer in the amount of any benefits paid out of the damages recovered.

If you or your dependent(s) receive a lump-sum payment under judgment or settlement for benefits which would otherwise be payable by the Insurer, no further benefits will be paid by the Insurer until the benefits that would otherwise be payable equal the amount of the lump sum.

If a claim for damages is settled before trial, you will be required to reimburse the Insurer the amount that reasonably reflects the loss of benefits that would otherwise be payable by the Insurer.

You or your dependent(s) must notify the Plan Administrator of any action commenced against a third party and of any judgment or settlement in the circumstances described above.

Life Insurance

The amount of your Life Insurance benefit will be paid to your beneficiary upon your death, regardless of the cause.

When you enroll in the Plan, you should name a beneficiary to whom you wish your Life Insurance proceeds paid. Your estate will be your beneficiary if you do not name one. Subject to provincial laws, you may change your beneficiary at any time. Please contact the Plan Administrator to obtain the appropriate form to make such a change.

Amount of Benefit

You are entitled to the Benefit Amount outlined in the Highlight of Benefits section which reduces by 50% at age 65.

Coverage Ceases

Your Life Insurance coverage terminates at the earlier of age 70, following the depletion of your Hour Bank Account and/or self-pay period, or if you are no longer a Member in good standing with Local Union 2038.

For Office Employees or Permit Workers, coverage terminates upon the earlier of the date of termination of employment, lay-off, retirement or age 70.

Waiver of Premium for Disability

If you become totally disabled before age 65, your Life Insurance may be continued without payment of premiums, throughout the duration of your disability up to age 65. If you have been totally disabled for at least six (6) months, you must apply for the Waiver of Premium benefit. As you are also insured for group Long Term Disability Insurance (LTD) under this Plan, with a similar waiver of premium, application for the Life and LTD Waiver of Premiums are applied for on the LTD benefit claim form.

All Disability claims should be recorded with the Plan Administrator (Coughlin & Associates Ltd.) and the Insurer (Great-West Life) regardless of whether or not you are eligible to receive Workers' Compensation, Provincial Auto Insurance or E.I. Disability Benefits. This recording will assist you should your claim with these agencies be declined either immediately or at a future date.

Claim forms must be received by the Plan Administrator and Great-West Life within twelve (12) months of the date of disability. Your premiums will be waived following six (6) continuous months of total disability. Proof of a continuing disability may be required from time to time.

Conversion Privilege

If your Life Insurance terminates on or prior to your 65th birthday, you shall be entitled to convert, without evidence of insurability, up to the full amount of your group Life Insurance to an individual policy of life insurance.

Conversion shall be subject to the following terms and conditions:

1. Application for the individual policy of life insurance and payment of the first premium must be made within thirty-one (31) days after the date of termination of the group life insurance.

2. The individual policy of life insurance shall at your option be:

    - any one of the regular policies other than the term life insurance then customarily issued by the Insurer, or
    - a non-renewable term life insurance policy to age 65, or
    - a one-year, non-renewal term life insurance policy with premiums payable not more frequently than monthly. At any time prior to the end of the one-year term period, this policy may be converted without evidence of insurability to a policy immediately described above.

3. The premium rate for the selected individual life insurance policy shall be determined from your age and class of risk at the time of conversion.

If you should die within the thirty-one (31) day period after termination of insurance, an amount equal to the Group Life Insurance benefit will be paid to your beneficiary, whether or not you have applied for conversion to an individual life insurance policy.

Dependent Life Insurance

Amount of Benefit

If one of your dependents dies, the Insurer will pay the applicable benefit (Spouse/Child) as outlined in the Highlight of Benefits section.

Coverage Ceases

Your Dependent Life Insurance coverage terminates at the earlier of age 70, following the depletion of your Hour Bank Account and/or self-pay period, or if you are no longer a Member in good standing with the Local Union 2038.

For Office Employees or Permit Workers, coverage terminates upon the earlier of the date of termination of employment, lay-off, retirement or age 70.

Waiver of Premium for Disability

If you become totally disabled before age 65, the Dependent Life Insurance may be continued without payment of premiums the same as your Life Insurance.

Conversion Privilege

If your insurance terminates at or before age 65, your spouse may be eligible to apply for an individual conversion policy without providing proof of insurability. Your spouse must apply and pay the first premium no later than thirty-one (31) days after your Group Insurance terminates. Please contact the Plan Administrator for more details.

Accidental Death & Dismemberment Insurance

Accidental Death

This benefit is payable to your beneficiary upon your death as the result of an accident. It is payable in addition to any life benefit for which you may be eligible as a Participant of this Plan. Loss of life must occur within one (1) year of the accident.

Accidental Dismemberment

This benefit insures you against physical loss or loss of use due to an accident. The loss must occur within three hundred and sixty-five (365) days of the accident and, in the case of loss of use, the loss is continuous for at least 365 days.

Amount of Benefit

You are entitled to the Principal Sum or a portion thereof, outlined in the Highlight of Benefits section, which reduces by 50% at age 65.

Coverage Ceases

Your Accidental Death & Dismemberment coverage terminates at the earlier of age 70, following the depletion of your Hour Bank Account and/or self-pay period, or if you are no longer a Member in good standing with Local Union 2038.

For Office Employees or Permit Workers, coverage terminates upon the earlier of the date of termination of employment, lay-off, retirement or age 70.

Payment of Benefit

Payment of the Principal Sum or a portion thereof will be made according to the Specific Loss Schedule.

Waiver of Premium

If you are under age 65 and have been disabled for 6 months or more, you may be entitled to have your Accidental Death & Dismemberment

insurance continued without premium payment until you reach age 65. You are considered disabled if injury or disease prevents you from being gainfully employed in any job. If you believe you may be eligible, contact Coughlin & Associates Ltd. for claim forms. You must apply for waiver of premium benefits within 12 months of becoming eligible.

Termination of Waiver of Premium

Waiver of Premiums will cease on the earliest of:

- the date an Insured Employee ceases to meet the policy's definition of totally disabled;
- the date an Insured Employee does not supply ACE INA Life Insurance with appropriate medical evidence as deemed necessary by ACE INA Life Insurance;
- the date an Insured Employee is no longer receiving regular, ongoing care and treatment of a Physician appropriate for the disabling condition, as determined by ACE INA Life Insurance;
- the date an Insured Employee does not attend a medical, psychiatric, psychological, functional, educational and/or vocational examination evaluation by an examiner selected by ACE INA Life Insurance;
- the date the policy terminates;
- the date an Insured Employee turns 65; or
- the date an Insured Employee dies.

Coverage During Waiver of Premium

While premiums are being waived, Basic Accidental Death and Dismemberment Insurance under the policy on an Insured Employee will continue to be in force. The amount of such insurance will be the amount of insurance that was in effect on the date of commencement of the disability, subject to any age reduction or termination shown in the policy.

"Totally Disabled or Total Disability" with respect to Waiver of Premium means disability resulting from injury or sickness which prevents engagement in an Insured Employee's regular occupation for 6 consecutive months.

Schedule of Losses

Accidental Death & Dismemberment

If such injuries shall result in any one of the following specific losses within 1 year from the date of the accident, ACE INA Life Insurance will pay the percentage of the benefit amount, based on the amount stated under the benefit amount section, however, that not more than one (the largest) of such benefits shall be paid with respect to injuries resulting from one accident.

Percentage of Benefit Amount

Loss of Life	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of Use of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of Speech and Hearing in Both Ears	100%
Brain Death	100%
Loss of Both Arms, Both Hands, Both Legs or Both Feet	200%
Loss of Use of Both Arms, Both Hands, Both Legs or Both Feet	200%
Quadriplegia	200%
Paraplegia	200%
Hemiplegia	200%
Loss of One Arm or One Leg	75%
Loss of Use of One Arm or One Leg	75%
Loss of One Hand or One Foot	75%
Loss of Use of One Hand or One Foot	75%
Loss of Entire Sight of One Eye	75%
Loss of Speech or Hearing in Both Ears	75%
Loss of Thumb and Index Finger of Same Hand	33 1/3%
Loss of Use of Thumb and Index Finger of Same Hand	33 1/3%
Loss of Four Fingers of Same Hand	33 1/3%
Loss of Hearing in One Ear	33 1/3%
Loss of All Toes of Same Foot	25%

"Loss" shall mean with respect to hand or foot, the actual severance through or above the wrist or ankle joint; with respect to arm or leg, the actual severance through or above the elbow or knee joint; with respect to eye, the total and irrecoverable loss of sight; with respect to speech, the total and irrecoverable loss of speech which does not allow audible

communication in any degree; with respect to hearing, the total and irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with respect to thumb and index finger or four fingers, the actual severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand); with regard to toes, the actual severance through or above the metatarsophalangeal joints (the joints between the toes and the foot) of the same foot. If an Insured Person suffers complete severance of a hand, foot, arm or leg as described above, then ACE INA Life Insurance will pay the amount specified in the Schedule of Losses even if the severed limb is surgically reattached, whether successful or not.

"Loss" as used with reference to quadriplegia (paralysis of both upper and lower limbs), paraplegia (paralysis of both lower limbs), and hemiplegia (total paralysis of upper and lower limbs of one side of the body), means the complete and irrecoverable paralysis of such limbs, provided such loss of function is continuous for 180 consecutive days and such loss of function is thereafter determined on evidence satisfactory to ACE INA Life Insurance to be permanent.

"Loss of Use" shall mean the total and irrecoverable loss of function of an arm, hand, foot, leg or thumb and index finger of the same hand provided such loss of function is continuous for 12 consecutive months and such loss of function is thereafter determined on evidence satisfactory to ACE INA Life Insurance to be permanent.

"Brain Death" means irreversible unconsciousness with total loss of brain function; and completes absence of electrical activity of the brain, even though the heart is still beating.

Quadriplegia, Paraplegia, Hemiplegia and Loss of Use losses are subject to an all policies combined maximum Benefit Amount of $1,000,000.

Repatriation Benefit

When injuries result in loss of life of an Insured Person outside 50 kilometers from their city of permanent residence or outside Canada and the loss of life occurs within 365 days from the date of the accident, ACE INA Life Insurance will pay the actual expense incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased, but not to exceed $15,000.

Rehabilitation Benefit

When injuries result in a payment being made by ACE INA Life Insurance under any benefit excluding the Loss of Life Benefit, ACE INA Life Insurance will also pay the reasonable and necessary expenses actually incurred up to a limit of $15,000 for special training of an Insured Employee provided:

- such training is required because of such injuries and in order for an Insured Employee to become qualified to engage in an occupation in which he or she would not have been engaged except for such injuries;

- expenses are to be incurred within 2 years from the date of the accident;

- no payment will be made for ordinary living, travelling, or clothing expenses.

Family Transportation Benefit

When injuries result in an Insured Person confinement as an in-patient in a hospital outside 50 kilometers from an Insured Person's city of permanent residence or outside Canada and requires personal attendance of a "Member of the Immediate Family" as recommended by the attending physician, in writing, ACE INA Life Insurance will pay for the expense incurred by the member of the family, for the transportation by the most direct route by a licensed common carrier to an Insured Person, while confined, but not to exceed $15,000.

"Member of the Immediate Family" means spouse, parent or stepparent, child or stepchild, brother or sister, stepbrother or stepsister, brother-in-law or sister-in-law, mother-in-law or father-in-law, or son-in-law or daughter-in-law.

Spousal Occupational Training Benefit

When injuries result in a payment being made by ACE INA Life Insurance under the Loss of Life Benefit, ACE INA Life Insurance will pay in addition the expenses actually incurred, within 365 days from the date of the accident, by the spouse of an Insured Employee for a formal occupation training program for the purpose of specifically qualifying such spouse to gain active employment in an occupation for which the

spouse would otherwise not have sufficient qualifications. The maximum payable hereunder is $15,000.

Home Alteration and Vehicle Modification Benefit

In the event an Insured Person sustain an injury which results in a payment being made under the Schedule of Losses, excluding the Loss of Life Benefit, and such injury subsequently requires the use of a wheelchair to be ambulatory, ACE INA Life Insurance will pay the reasonable and necessary expenses actually incurred within 365 days from the date of the accident for:

- the one-time cost of alterations to an Insured Person's principal residence to make it wheelchair accessible and habitable; and

- the one-time cost of modifications necessary to a motor vehicle utilized by an Insured Person to make the vehicle accessible or drivable for an Insured Person.

Benefit payments herein will not be paid unless:

- home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and

- vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.

  The maximum payable under both items 1 and 2 shall be 10% of an Insured Person's Principal Sum.

Day Care Benefit

If an Insured Person suffers a loss of life in a covered accident while the policy is in force, ACE INA Life Insurance will pay, in addition to all other benefits payable under the policy a Day Care Benefit equal to the reasonable and necessary expenses actually incurred, subject to the lesser of 5% of an Insured Person's Principal Sum amount or a maximum of $5,000 per year, on behalf of any dependent child who is enrolled in a legally licensed day care centre on the date of the accident or who enrolls in a legally licensed day care centre within 365 days following the date of the accident.

The "Day Care Benefit" will be paid each year for 4 consecutive years, but only upon receipt of satisfactory proof that a child is enrolled in a legally licensed day care centre.

"Dependent Child" means the Employee's eligible unmarried natural, legitimate, illegitimate, adopted, step child or common law child who is principally dependent on the Employee or the Employee's Spouse for financial support.

Special Education Benefit

If an Insured Person suffers a loss of life in a covered accident while the policy is in force, ACE INA Life Insurance will pay, in addition to all other benefits payable under the policy, a Special Education Benefit up to 5% of an Insured Person's Principal Sum amount (subject to a maximum of $5,000 per year), on behalf of any dependent child who, on the date of the accident, is enrolled as a full-time student in any post-secondary institution of higher learning or was at the 12th grade level and subsequently enrolls as a full-time student in any post-secondary institution of higher learning within 365 days following the date of the accident.

The "Special Education Benefit" is payable annually for a maximum of 4 consecutive annual payments but only if the dependent child continues his or her education as a full-time student in an institution of higher learning.

Bereavement Benefit

When injuries covered by the policy result in loss of life of an Insured Person within 365 days from the date of the accident, ACE INA Life Insurance will pay the reasonable and necessary expenses actually incurred by the spouse and dependent children of an Insured Person for up to 6 sessions of grief counseling, by a "Professional Counselor", subject to a maximum of $5,000.

"Professional Counselor" means a therapist or counselor who is licensed, registered or certified to provide such treatment.

In-Hospital Confinement Monthly Income Benefit

In the event an Insured Person sustains an injury which results in a payment being made under the Schedule of Losses, excluding the Loss of Life Benefit, and an Insured Person is hospital confined as an in-patient and is under the care of a legally qualified and registered physician or

surgeon other than himself or herself, ACE INA Life Insurance will pay for each full month, 1% of an Insured Person's Principal Sum amount, subject to a maximum amount of $2,500, or 1/30 of such monthly benefit for each day of partial month, retroactive to the 1st full day of such confinement but not to exceed 365 days in the aggregate for each period of hospital confinement.

"Hospital" as used herein means a legally constituted establishment which meets all of the following requirements: (1) operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; (2) provides 24 hour a day nursing service by registered or graduate nurses; (3) has a staff of one or more licensed physicians available at all times; (4) provides organized facilities for diagnosis and surgical facilities; and (5) is not primarily a clinic, nursing home or convalescent home or similar establishment nor, other than incidentally, a place for alcoholics or drug addicts.

"In-Patient" means a person admitted to a hospital as a resident or bed-patient and who is provided at least one day's room and board by the hospital.

Cosmetic Disfigurement Benefit

If an Insured Person suffers a third degree burn due to an accident, ACE INA Life Insurance will pay a percentage of the Principal Sum depending on the area of the body which was burned according to the following table, subject to a maximum benefit payable of $25,000:

Body Part	**% of Principal Sum Payable**
Face, Neck, Head	10%
Hand & Forearm	25%
Either Upper Arm	15%
Torso (Front or Back)	35%
Either Thigh	10%
Either Lower Leg (below knee)	25%

In the event of a 50% surface burn, the % of benefit is reduced by 50%. This table only represents the maximum percent of the Principal Sum payable for any one accident. If the Insured suffers burns in more than one area as a result of any one accident, benefits will not exceed a maximum of $25,000.

Seat Belt Benefit

In the event an Insured Person sustains an injury which results in a payment being made under the Schedule of Losses, an Insured Person Principal Sum amount will be increased by 10% to a maximum of $25,000 if, at the time of the accident, an Insured Person was driving or riding in a vehicle and wearing a properly fastened seat belt. Due proof of seat belt use must be provided as part of the written proof of loss.

"Vehicle" means a private passenger car, station wagon, van, or jeep-type automobile. "Seat Belt" means those belts that form a restraint system.

Identification Benefit

In the event accidental loss of life is sustained by an Insured Person not less than 150 kilometers from an Insured Person's normal place of residence and identification of the body by a "Member of the Immediate Family" has been requested by the police or a similar governmental authority, ACE INA Life Insurance will reimburse the reasonable expenses actually incurred by such member for:

- transportation by the most direct route to the city or town where the body is located; and

- hotel accommodation in such city or town, subject to a maximum duration of 3 days.

The reimbursement of such expenses incurred is subject to the accidental Loss of Life benefit being subsequently payable in accordance with the terms of the policy following the identification of the body as an Insured Person. The maximum amount payable will not exceed $15,000 for all such expenses.

Payment will not be made for board or other ordinary living, travelling or clothing expenses, and transportation must occur in a vehicle or device operated under a license for the conveyance of passengers for hire.

"Member of the Immediate Family" means spouse, parent or stepparent, child or stepchild, brother or sister, stepbrother or stepsister, brother-in-law or sister-in-law, mother-in-law or father-in-law, and son-in-law or daughter-in-law.

Exposure and Disappearance

Loss resulting from unavoidable exposure to the elements shall be covered to the extent of the benefits afforded an Insured Person. If the body of an Insured Person has not been found within 1 year of disappearance, stranding, sinking or wrecking of the conveyance in which an Insured Person was riding at the time of the accident, it shall be presumed, subject to all other conditions of the policy, that an Insured Person suffered a loss of life resulting from bodily injuries sustained in the accident covered under the policy.

Conversion Privilege

On the date of termination of employment or during the 31-day period following termination of employment, an Insured Person may convert his or her insurance to an individual ACCIDENTAL DEATH and DISMEMBERMENT only insurance policy of ACE INA Life Insurance. The individual policy will be effective either as of the date that the application is received by ACE INA Life Insurance or on the date that coverage under the group policy ceases, whichever occurs later. The premium will be the same, as a person would ordinarily pay when applying for an individual policy at that time. Application for an individual policy may be made at any office of ACE INA Life Insurance. The amount of insurance benefit converted shall not exceed that amount issued during employment up to an all policies combined maximum of $200,000. The individual policy will cover ACCIDENTAL DEATH and DISMEMBERMENT only.

Benefits payable under this section will be limited to only one (1) policy in the event the benefits are contained in two (2) or more policies issued to the Policyholder by ACE INA Life Insurance (not applicable to the Schedule of Losses, Exposure and Disappearance and Conversion).

Recurrent Disabilities

When an Insured Employee becomes totally disabled again from the same or related causes within 6 months of cessation of the Waiver of Premiums, then all such recurrences will be considered a continuation of the same disability and ACE INA Life Insurance will waive the 6 months qualification period.

If the same disability recurs more than 6 months after cessation of the Waiver of Premiums, such disability will be considered a separate disability. Two disabilities which are due to unrelated causes are considered separate disabilities if they were separated by a return to work of at least one 1 day.

Funeral Benefit

When injuries covered by this policy result in loss of life of an Insured Person within 365 days from the date of the accident, ACE INA Life Insurance will pay the actual expense incurred for preparing the deceased for burial or cremation but shall not exceed $5,000.

The plan does not cover any loss, which is the result of:

- intentionally self-inflicted injuries, suicide or any attempt thereat, while sane or insane;

- declared or undeclared war or any act thereof;

- travel or flying in an aircraft owned or leased by the Policyholder, an Insured Person or a member of an Insured Person's household, or aircraft being used for any test or experimental purpose, firefighting, power line inspection, pipeline inspection, aerial photography or exploration;

- losses occurring while an Insured Person is serving on full-time active duty in the Armed Forces of any country or international authority (any premium paid to be returned by ACE INA Life Insurance pro-rata for any such period of full-time active duty);

- travel or flight in any vehicle or device for aerial navigation; except to the extent such travel or flight is provided in the "Hazards Insured Against" section of the Accidental Death & Dismemberment portion of the policy.

How to Claim

Note: In the event of a claim, notice of claim must be given to ACE INA Life Insurance within 30 days from the date of the accident and subsequent proof of claim must be submitted to ACE INA Life Insurance within 90 days from the date of the accident. A claim form can be obtained from the benefits administrator.

Weekly Income Insurance

In the event you become totally disabled due to an injury or illness you will receive a disability benefit provided you are under the continual treatment of a qualified and licensed physician.

All Disability claims should be recorded with the Plan Administrator (Coughlin & Associates Ltd.) and the Insurer (Great-West Life) regardless of whether or not you are eligible to receive Workers' Compensation, Auto Insurance or Employment Insurance (E.I.) Disability Benefits. This recording will assist you should your claim with these agencies be declined either immediately or at a future date.

Benefits for any one disability are payable from the first (1st) day of disability for injury or sickness (if hospitalized over 24 hours or day surgery) and the fourth (4th) continuous day of disability for illness. **But in no event prior to the first day of visit to your physician.** Your benefit will be payable for not more than fifty-two (52) weeks during any one period of disability.

Note: Disability Benefits received from the Plan must be included in your taxable income as your Weekly Income premium is paid by Employer contributions. If a benefit is received a tax slip (T4A) will be issued to you by the Insurer for the total benefit received in a year.

You are considered "totally disabled" if you are incapacitated to the extent that you are not able to perform all of the usual and customary duties of your occupation. *Please refer to the Long Term Disability section for the definition of "Totally Disabled".*

If following a period of disability you return to active work for at least two (2) weeks, a recurrence of this disability will be considered a new period of disability.

Amount of Benefit

You are eligible for the Benefit Amount as identified in the Highlight of Benefits section.

If you are receiving any other forms of retirement income or disability income, the Weekly Income benefit under this Plan will be reduced so

that the disability income which you receive from all sources does not exceed 100% of your regular gross weekly income at the time you became disabled. Benefits payable under any individual disability income policy or rider attached to an individual life insurance policy will not be included as disability income.

Benefits are not payable for:

- injury sustained while working for pay or profit other than with an Employer who is signatory to the Collective Agreement or alternatively a Project Agreement;

- disability resulting from voluntary participation in a war, riot, insurrection or criminal offense;

- the portion of a period of disability during which a Participant is receiving Workers' Compensation or Auto Insurance benefits, unless proof is submitted to the Insurer that the Participant has been disqualified for such benefits;

- for the portion of a period of disability during which the Participant is unable to earn income due to:

  a) imprisonment in a penal institution; or

  b) confinement in a hospital, or similar institution as a result of criminal proceedings;

- during any leave of absence (including maternity/parental leave).

Coverage Ceases

Your Weekly Income Insurance coverage terminates immediately upon the earlier of age 70, depletion of your Hour Bank Account, the date of retirement or if you are no longer a Member in good standing with Local Union 2038.

For Office Employees or Permit Workers, coverage terminates immediately upon the date of termination, retirement, lay-off or age 70.

Long Term Disability Insurance

If you become totally disabled before you reach age 65 and are unable to work, you are eligible for a monthly disability benefit. Although it is not necessary for you to be confined to your house during the entire period of your disability, you must be under the care of a physician.

All Disability claims should be recorded with the Plan Administrator (Coughlin & Associates Ltd.) and the Insurer (Great-West Life) regardless of whether or not you are eligible to receive Workers' Compensation, Auto Insurance or Employment Insurance (E.I.) Disability Benefits. This recording will assist you should your claim with these agencies be declined either immediately or at a future date.

Description of Benefit

You will begin receiving disability payments after you have been continuously and totally disabled for a qualifying period of 52 weeks and your salary continuance plan (i.e. Weekly Income) has expired. Payments are made at the end of each month and continue as long as you are totally disabled, even if the Group Policy terminates, but not beyond the date that you reach 65 years of age. During any period of disability payments, premiums will not be required.

"Total Disability" prevents you from performing your regular duties during the qualifying 52 week period and the first two (2) years that you are entitled to disability payments. If you are still disabled at the end of this time, your condition is considered a "total disability" when it prevents you from performing any work where the requirements are within the range of your education, training or experience.

If you recover and return to work, but the same disability recurs, it will be considered a continuation of the previous disability if the period between disabilities is less than two weeks during the qualifying period or less than six (6) months during the period when disability payments are being made. A recurrence of disability due to an unrelated cause will be considered a new disability if you have worked at least one (1) day between disabilities.

Amount of Benefit

You are eligible for an amount of monthly disability income as identified in the Highlight of Benefits section.

The disability payment from this Plan may be adjusted so that the monthly disability and retirement income that you receive from all sources does not exceed 75% of your pre-disability gross earnings.

You must apply for all benefits or income for which you are eligible under any of the preceding sources with the exception of any retirement benefits which will only be deducted if you are in receipt of such benefits.

If you are receiving any income or benefits payable under any government plan or program for an injury or disease totally unrelated to the injury or disease that caused the current disability, the Insurer shall not reduce the gross monthly benefit by that amount.

All sources of total Monthly income includes:

- Long Term Disability benefits under this plan;
- Income from a Program of Rehabilitation;
- Any income or benefit from a different or lesser paid occupation;
- Income payable to the member under a pension or retirement plan of the employer, or any plan or arrangement resulting in the payment of any salary, wage or other payment by the employer to the member during the total disability;
- Income or benefit payable under:

  a) any other plan or program provided to the member by or through the employer. Such plan or program includes any permanent and total disability benefit of group life insurance for which the member could have elected not to apply.

  b) any Workers' Compensation law or similar law.

  c) the Canada Pension Plan or Quebec Pension Plan primary and family benefits.

  d) any other plan or program of any government or the Crown or of any subdivision or agency of the government or the Crown, including any plan or program established pursuant to the Provincial Automobile Insurance Act. The Insurer shall **not**

reduce the monthly benefit in respect of benefits payable by the Employment Insurance Commission.

Note: Disability Benefits received from this Plan must be included in your taxable income as the Long-Term Disability premium is paid by Employer contributions. If a benefit is received, a tax slip (T4A) will be issued to you by the Insurer for the total benefit received in-year.

Coverage Ceases

Your Long Term Disability Insurance coverage terminates immediately upon the earlier of age 65, depletion of your Hour Bank Account, the date of retirement or if you are no longer a Member in good standing with Local Union 2038.

For Office Employees or Permit Workers coverage terminates immediately upon date of termination, retirement, lay-off or age 65.

Waiver of Premium

The Insurer will waive the payment of premiums for the Long Term Disability insurance for you if you are receiving benefits under this coverage. Premiums will be waived beginning with the premium for the first full policy month for which benefits became payable and continuing for each full policy month for which benefits are payable.

Rehabilitation

As your condition improves, you will want to get back to work. If your condition does not allow for a return to your job on a full-time basis, you may be able to work on a part-time basis or take a less demanding job. Inform the Insurer and Plan Administrator as you may qualify for a rehabilitation program.

Gross earnings received from an approved rehabilitation plan or program are not used to reduce your LTD benefit unless those earnings, together with your income from this plan and the other income listed above, would exceed your indexed monthly gross earnings before you became disabled. If they do, your benefit is reduced by the excess amount.

Vocational Rehabilitation Benefits

Vocational rehabilitation involves a work-related activity or training strategy that is designed to help you return to gainful employment and a

more productive lifestyle. A plan or program will be approved if it is appropriate for the expected duration of your disability and it facilitates your earliest possible return to work.

Medical Co-ordination Benefits

Medical co-ordination is a process of early involvement to ensure that you are diagnosed quickly and receive appropriate treatment on a timely basis. The goal is to enable you to return to work as early as possible and to prevent the disability from becoming long-term or permanent.

If Your Long-Term Disability Terminates

If the Long Term Disability benefit terminates while you are totally disabled, you will continue to be eligible for this benefit as if it were still in force.

Subrogation

If you are entitled to recover compensation for loss of income from a third party as a result of the incident which caused or contributed to the disability, for which benefits are paid or payable, the Insurer will be subrogated to all rights of your recovery for loss of income, to the extent of the sum of benefits paid or payable by the Insurer. You shall execute such documents as required by the Insurer.

In the event that you provide proof to the Insurer that you have not recovered full compensation for loss of income, the Insurer shall determine the proportion of damages actually recovered and share pro rata in that amount.

Should you choose to settle the matter prior to judicial determination, you understand that the sum reached in settlement will be deemed to be full compensation for loss of income, and the Insurer's right of subrogation will apply.

The term "compensation" shall include any lump-sum or periodic payment which you receive or are entitled to receive an account of past, present, or future loss of income.

Conversion Privilege

If you change jobs, you may apply for an individual Long Term Disability Policy without any medical tests. You must apply for and pay the first premium no later than thirty-one (31) days after you start your new job, and you must start your new job no later than six (6) months after you leave your present one.

Exclusions and Limitations

No benefits are paid for:

- A disability that begins before your insurance starts or after it ends.

- A disability arising from a disease or injury for which medical care was received before your insurance started. This limitation does not apply if your disability starts after you have been continuously insured for one (1) year, or you have not had medical care for the disease or injury for a continuous period of ninety (90) days ending on or after the date your insurance took effect.

- Disability arising from war, insurrection, or voluntary participation in a riot.

- Any period of prison confinement.

- Any period in which you do not co-operate with an approved rehabilitation plan or program. Depending on the severity of the condition, the Plan may require you to be under the care of a specialist. For substance abuse, treatment must include participation in a recognized substance abuse withdrawal program.

- Any twelve (12) month period during which you do not live in Canada for at least six (6) months.

Prescription Drugcare

Drugcare Expenses

You and your dependents may recover the reasonable and customary charges for the following Prescription Drugcare expenses, which are prescribed by a physician or dentist and dispensed by a registered pharmacist or physician. The eligible expenses identified below, as outlined in the Highlight of Benefits section, will be reimbursed at the level shown and may be subject to plan maximums and frequency limits.

1. Drugs and medicines requiring the written prescription of a doctor and dispensed by a licensed pharmacist to an annual family maximum of $4,000 integrated with the Saskatchewan Drug Plan including:

    - oral contraceptives
    - injectable drugs when administered by a doctor and for which no non-injectable alternative is available, excluding the cost of administration
    - insulin, insulin syringes and testing supplies for diabetics

2. Other drugs listed in the current Compendium of Pharmaceuticals and Specialties when prescribed by your doctor to treat a diagnosed injury or illness.

3. Smoking cessation products provided they have a Drug Identification Number and are not classified as a Natural Health Product to a lifetime maximum of $500 per person.

4. Fertility drugs are covered to a maximum of 12 cycles (1 cycle = 1 month) per lifetime.

Coverage Ceases

Your Prescription Drugcare coverage terminates at the earlier of age 70, following depletion of your Hour Bank Account and/or self-pay period, or if you are no longer a Member in good standing with Local Union 2038.

For Permit Workers and Office Employees coverage terminates at the earlier of age 70, the date of termination of employment, lay-off or retirement.

Actively Working Members may have their Prescription Drug coverage extended to age 75 with no ability to self-pay.

Limitations and Exclusions

- contact lens supplies, vitamins, food or food products, skin and hair care products, contraceptive devices (other than oral), laxatives, antacids and antihistamines, disinfectants, acne therapy, vaccines, and other supplies not requiring a prescription
- any single purchase of drugs which would not be used within 90 days
- any drug which does not have a drug identification number as defined by Canadian federal legislation
- any drug which is registered under Division 10 of the Regulations of the Food and Drugs Act, Canada
- delivery and transportation charges
- supplies required for recreation or sports that are not medically necessary for regular activities
- Viagra and the family of erectile dysfunction drugs

Visioncare

Benefits are subject to plan maximums and frequency limits as outlined in the Highlight of Benefits Section.

Coverage Ceases

Your Visoncare coverage terminates at the earlier of age 70, following depletion of your Hour Bank Account and/or self-pay period or if you are no longer a Member in good standing with Local Union 2038.

For Permit Workers and Office Employees, coverage terminates upon the earlier of age 70, the date of termination of employment, lay-off or retirement.

Actively Working Members may have their Visioncare coverage extended to age 75 with no ability to self-pay.

Covered Expenses

The Plan covers reasonable and customary charges for the following services and supplies, if they are not covered under your provincial government plan and provincial law allows the Insurer to cover them.

- Eyeglasses or contact lenses when required for an initial or changed lens prescription to a maximum of $300 every 24 months.

- Prescription Safety Glasses to a maximum of $ 500 every 24 months for Insured Members only.

- Eye examinations (including refractions), but only for residents of a province in which the provincial plan does not cover these services. Expenses are limited to one examination in any 12 month period.

- Contact lenses which are prescribed because the regular surface of the lens of the eye (the cornea) is impaired in some way and visual acuity cannot be improved to at least the 20/40 level in the better eye with ordinary eyeglasses. Expenses are limited to a lifetime maximum of $150.

- Visual training or remedial therapy to correct faulty visual skills is covered only for residents of a province wherein the provincial plan

does not cover these services. Expenses are limited to a lifetime maximum of $150.

Limitations

No benefits are paid for:

- artificial eyes or sunglasses
- services covered under the Workers' Compensation Act or other statutes
- services for which payment is the legal liability of any other party (including Government Plans)
- services and supplies required for a replacement of spectacles or contact lenses which have been lost, stolen or broken.

Dentalcare

All eligible expenses will be reimbursed at the level shown in the Highlight of Benefits section. Benefits are subject to plan maximums and frequency limits**.**

Coverage Ceases

Your Dentalcare coverage terminates at the earlier of age 70, following depletion of your Hour Bank Account and/or self-pay period or if you are no longer a Member in good standing with Local Union 2038.

For Permit Workers and Office Employees coverage terminates upon the earlier of age 70, the date of termination of employment, lay-off or retirement.

Actively Working Members may have their Dentalcare coverage extended to age 75 with no ability to self-pay.

Covered Expenses

The Plan covers reasonable and customary charges for the following services and supplies, if they are not covered under your provincial government plan and provincial law allows the Insurer to cover them.

Treatment Plan

Before you begin any course of dental treatment expected to cost more than $500, ask your dentist to complete a treatment plan and submit it to the Plan Administrator. Coughlin & Associates Ltd. will calculate the benefits payable for the proposed treatment, so you know in advance the portion of the cost you will have to pay. This calculation will be valid for ninety (90) days.

Routine Treatment

- The following preventative services are covered, not more than once (or twice in the case of dependent children under age 18) in any calendar year:

    - oral examinations

- polishing of teeth
- bite-wing x-rays
- fluoride application

- Scaling of teeth
- Full mouth series of x-rays once every 24 months
- Extractions and alveolectomy at the time of tooth extraction
- Fillings
- Dental surgery, including related diagnostic x-rays, lab procedures, and general anesthesia
- Necessary treatment for relief of dental pain
- Space maintainers for missing primary teeth, and habit-breaking appliances
- Consultations required by the attending dentist
- Stainless steel crowns

Major Treatment

- Endodontic treatment (root canal therapy)
- Periodontic treatment (treatment of gum disease)
- Crowns (other than stainless steel) and inlays (including gold foil fillings)
- Denture relines and rebases to existing dentures
- Repairs and adjustments to dentures
- Initial prosthodontic appliances (i.e. removable partial or complete dentures or fixed bridge restoration) are covered only when they are required because at least one additional natural tooth was necessarily extracted after the date the person's coverage became effective

- Adjustment to initial or replacement prosthodontic appliances (i.e. removable partial or complete dentures) after 3-month post-insertion care period

- Replacement of an existing prosthodontic appliance (i.e. removable partial or complete dentures or fixed bridge restoration) are covered only when:

  - they are required because of the extraction of one or more natural teeth after the person's coverage became effective and the existing appliance cannot be made serviceable.

  Note: If the existing appliance could have been made serviceable, only the expense for that portion of the replacement appliance which replaces the teeth extracted after the person's coverage became effective shall be covered.

  - the existing appliance is at least 5 years old and cannot be made serviceable

  - a permanent appliance is required to replace a temporary appliance made after the person's coverage became effective and was installed, providing installation was within 12 months after the installation of the temporary appliance

- Repairs and recementing of crowns, inlays or existing bridgework

- Treatment involving gold if there is no substitute available

Orthodontic Treatment

Orthodontic treatment is covered for dependent children who are at least age 6 and not more than 18 years of age at the time of commencement of treatment.

Limitations

No benefits are paid for:

- Cosmetic treatment, experimental treatment, dietary planning, plaque control, congenital or developmental malformations

- Dental treatment which is not yet approved by the Canadian Dental Association or which is clearly experimental in nature

- Lost or stolen dentures

- Charges for treatment involving gold in excess of the charges for a reasonable substitute

- Charges for broken appointments or completion of claim forms

- Services or supplies for full mouth reconstruction, vertical dimension correction, or correction of temporomandibular joint dysfunction

- Services payable under the Workers' Compensation Act or other statutes

- Services for which payment is the legal liability of any other party (including Government Plans)

Healthcare Spending Account

Purpose

For Union Members and their families to offset Healthcare, Visioncare, and Dentalcare expenses incurred above and beyond the coverage presently provided by the I.B.E.W. Local Union 2038 Health & Welfare Trust Fund Group Insurance Plan (i.e. coverage not included in Plan parameters and expenses in excess of Plan maximums).

Eligibility

The Healthcare Spending Account will be allocated at the discretion of the Trustees, subject to the financial stability of the Plan. It is understood that to be eligible for the allocation, the individual must be a Member in good standing with Local Union 2038**.**

For Union Members who are no longer in benefit (i.e. Retirees, Non-Working Members, Disabled), you may still make claims against your Healthcare Spending Account balance following your last day of coverage under the Group Insurance Plan provided you maintain your good standing as a Member of the Local Union 2038.

As per Canada Revenue Agency (CRA) regulations, the Healthcare Spending Account is subject to annual forfeiture and potential subsequent reallocation given the Plan's continued positive financial stability.

Termination

In the event of termination of Membership from Local Union 2038, the remaining Healthcare Spending account balance will be immediately forfeited to the Trust Fund.

Death

In the event of a Union Member's death, coverage will be extended to the surviving dependents as follows:

1. Spouse – until the balance of the Healthcare Spending Account is depleted.
2. Dependent Children – until they no longer qualify as dependents under the Group Insurance Plan.

Reinstatement

Reinstatement of a Union Member's Healthcare Spending Account is not applicable as it is a requirement that a Member maintain a positive status with Local Union 2038 at all times.

Marital Separation / Divorce

As per the provisions for the insured benefits, the Healthcare Spending Account will not be extended to the spouse following separation or divorce. Alternatively, eligible dependent children will continue to be eligible for participation at the discretion of the Union Member.

Claims Procedures

For reimbursement through your H.S.A., just submit your original receipt or Insurer claims summary statement with a claim form to the Plan Administrator, Coughlin & Associates Ltd., no different than for regular claims covered by the Group Insurance Plan. Please note that the Health and Dental claim forms have been updated to allow for any remaining Health, Vision, or Dental benefit expenses not covered by the Basic Plan to automatically be applied to the extent of your Healthcare Spending Account, if any, unless you indicate on the applicable claim form that you do not want to have Coughlin apply remaining claims expenses automatically to your H.S.A. Please note that if you are submitting claims that require redirection to your spouse's plan for coordination of benefits, we will not automatically apply to your H.S.A. Subsequently, any remaining balance following coordination of benefits with your spouse's plan will need to be submitted (summary statement from your spouse's Insurer), to Coughlin in order to have the remaining portion applied to your H.S.A. For Dental claims submitted directly by your Dentist (i.e. no claim form submitted), you will need to contact Coughlin's directly if you do wish to use your H.S.A. balance.

List of Eligible Medical Expenditures

A list of eligible medical expenses is available via the Plan Member Portal on the Plan Administrator's website at www.coughlin.ca, or alternatively, you can contact Coughlin & Associates Ltd. directly and request a list be mailed to you.

To determine the outstanding balance in a Member's individual HSA, the Member should refer to his/her latest claims cheque record, monthly Member statement, or alternatively contact the Plan Administrator at (204) 942-4438 or Toll Free 1-888-204-1234, or alternatively via the Plan Administrator's website at www.coughlin.ca by clicking on "Logon" and entering a temporary password detailed on your claims summary.

Travel Medical Emergency

Underwritten by RSA Travel Insurance Inc. (RSA)

The Travel Medical Emergency insurance is designed to cover medical losses arising from sudden and unforeseeable circumstances occurring while you or your eligible dependents are temporarily traveling outside of your province or territory of residence for up to thirty (30) days per trip. Your Emergency Travel Medical coverage provided through RSA and Global Excel Management will cover your eligible emergency medical expenses, as well as help you or your dependents find proper medical care.

Global Excel Management

Global Excel provides professional assistance personnel who are available twenty-four (24) hours daily, worldwide to Participants and their families while traveling outside of Canada.

Please contact Global Excel when you or your dependents:

- are injured on the job while working outside of Canada;
- are hospitalized or about to be hospitalized;
- need assistance in locating proper medical care nearest you;
- are required to provide insurance verification (may be confirmed by physician or hospital through Global Excel directly);
- are in an accident requiring medical treatment;
- have a medical problem and require a translation service; or
- encounter any serious medical problem.

Claims Submission

RSA has an agreement with Global Excel to pay claims and coordinate the payment of claims with the Provincial Health Insurance Plan. Therefore, Participants must submit a single travel claim along with other pertinent information to Global Excel and sign an authorization form allowing Global Excel to recover payment from the Provincial Health Insurance

Plan. In the event of an emergency while traveling outside of Canada, please call:

- Canada and USA – 1-866-870-1898
- Mexico – 001-800-514-7798
- Collect – (819) 566-1898

Your policy number is **1057831** (formerly 28205916)

Coverage Ceases

Your Emergency Travel Medical coverage terminates at the earlier of age 70, following the depletion of your Hour Bank Account and/or self-pay period, or if you are no longer a Member in good standing with Local Union 2038. **Members who have retired and are receiving a Pension benefit from the International Union are not eligible for coverage.**

For Permit Workers and Office Staff, coverage terminates at the earlier of the date of termination of employment, lay-off, retirement or age 70.

Covered Expenses

The Plan covers one hundred percent (100%) of the expenses listed below subject to a $5 million maximum per person per trip for a maximum trip duration of thirty (30) days for insured Participants under age 70 (and their dependants).

In order to be considered as Eligible Expenses, many benefits listed in this section require ***prior*** *approval of Global Excel.*

- Semi-Private Hospital in-patient and out-patient charges (until Global Excel determines that further care is no longer required) to a maximum stay of three hundred and sixty-five (365) days.

- Medical and surgical charges for services provided by a legally qualified medical physician or surgeon.

- Laboratory tests and x-rays prescribed by the attending physician which are part of the Emergency. **Note**: This policy does not cover magnetic resonance imaging (MRI), cardiac catheterization, computerized axial tomography (CAT) scans, sonograms or ultrasounds and biopsies unless such services are authorized in advance by Global Excel.

- Paramedical services (including x-rays) of a licensed Chiropractor, Physiotherapist, Podiatrist, or Osteopath to a maximum of $250 per person.

- Ambulance charges for service from the place of illness or accident to the nearest qualified hospital capable of providing appropriate treatment.

- Emergency air transportation when arranged in advance to the nearest appropriate medical facility or Canadian hospital, and to return the person to their home city.

- Dentalcare to natural, vital and sound teeth or permanently attached artificial teeth when caused by a direct accidental blow to the mouth or face. A letter from the attending dentist must be presented indicating treatment was necessary to relieve acute dental pain not present before the date of departure. Maximum coverage $2,000.

- In the event of loss of life, up to $5,000 towards the cost of preparation and transportation of the deceased insured person to the home city; or up to $2,500 for cremation or burial at place of death.

- If you or your dependant are returned to your province or territory of residence under the Emergency Air Transportation benefit or the Return of Deceased benefit, the Insurer will reimburse the cost of a single one-way economy airfare for a traveling companion to return to Canada, when approved in advance by Global Excel.

- Meals and accommodations, up to $150 per day to a maximum of $3,000, incurred beyond the original duration of the trip by you or another person also covered under this policy when your trip is delayed as a result of injury or illness. This must be authorized in advance by Global Excel.

- Charges for transportation to the bedside of the insured person and up to $150 per day for meals and commercial accommodation incurred to a combined maximum of $3,000 for any one spouse, parent, child, brother, sister or business partner to be with the insured person who is confined to hospital and will be an inpatient for at least three (3) days outside of their province of residence, or if deceased, to identify the deceased prior to the release of the body, where necessary.

- If you or your dependant are returned to your province of residence under the Emergency Air Transportation benefit, RSA will reimburse the cost of a single one-way economy airfare return from your trip destination when approved by the medical physician of Global Excel as soon as the attending physician determines the insured person requires no further treatment. A reoccurrence, or any problems or complications related to the initial emergency treatment will not be covered.

- Medical appliances when approved in advance by Global Excel for crutches, casts, splints, trusses, braces, walkers, and temporary rental of a wheelchair if prescribed by a physician or surgeon.

- Prescription Drugs (limited to a thirty (30) day supply prescription unless insured person is confined to hospital).

- An allowance of $250 will be reimbursed for additional expenses incurred while hospitalized as an in-patient. (This benefit is intended to help defray incidental costs such as parking, telephone calls, taxis, etc.).

- Registered Private Duty Nursing services, when medically necessary and while hospitalized, to a maximum of $5,000 per person, when approved in advance.

- Return of your vehicle (owned or rented) if you nor anyone traveling with you are able to drive, to a maximum expense of $5,000.

Exclusions and Limitations

- Persons traveling outside of their home province for the purpose of obtaining medical treatment.

- All benefits described shall be eligible only on the submission of certification by the attending physician that the services were for the immediate relief of acute pain or suffering. Charges for treatment which could have been delayed (on medical evidence) until you return to your home province will not be considered eligible.

- Upgrading charges and cancellation penalties for airline tickets, unless approved in advance by Global Excel.

- Loss or damage to eye glasses, contact lenses, prosthetic devices or hearing aids.

- Any travel booked or commenced contrary to medical advice or after receipt of a terminal prognosis.

- Any medical condition for which, prior to departure, medical evidence would suggest a reasonable expectation that treatment or hospitalization could be required while traveling.

- Treatment or hospitalization of mother or child(ren) as a result of pregnancy, miscarriage, childbirth or complications of any of these conditions occurring in the four (4) weeks before and/or after the expected delivery date.

- Committing or attempting to commit an illegal act, or criminal offence.

- Suicide, attempted suicide or self-inflicted injury, whether the insured person is sane or insane.

- Hospitalization or services rendered in connection with a general health examinations for "checkup" purposes, treatment of an *ongoing condition,* regular care or a chronic condition, home health care, investigative testing, rehabilitation or ongoing care or treatment in connection with drugs, alcohol or any other substance abuse or non-compliance with any prescribed medical therapy or treatment and medical treatment of an acute *sickness* and/or *injury* after the initial *emergency* has ended (as determined by the Medical Director of *Global Excel).*

- An *accident* occurring while the *insured person* was operating a motorized *vehicle*, vessel or aircraft, if the *insured person:*

    - Was under the influence of drugs or toxic substances, or
    - Had a blood alcohol level higher than 80 milligrams of alcohol per 100 milliliters of blood, or
    - Had a blood alcohol level higher than the legal limit in the location where the accident occurred.

- Any expenses normally covered or reimbursed under a Government Health Insurance Plan or under other insurance.

- Treatment, surgery or medication that is not medically necessary in connection with an emergency that the insured Participant elects to have provided outside Canada when medical evidence indicates that the insured Participant could return to Canada to receive such treatment. The delay to receive treatment in Canada has no bearing on the application of this exclusion.

- Treatment or surgery during a trip when the trip is undertaken for the purpose of securing or with the intent of receiving medical or hospital services, whether or not such trip is taken on the advice of a physician.

- Cardiac catheterization, angioplasty, and/or cardiovascular surgery including any associated diagnostic test(s) or charges unless approved by Global Excel prior to being performed, except in extreme circumstances wherein such surgery is performed on an Emergency basis immediately upon admission to hospital.

- Treatment for mental, psychological or emotional disorders unless such disorder requires immediate hospitalization.

- Any claims or expenses directly or indirectly arising from or in consequence of war, invasion, act of a foreign enemy, declared or undeclared hostilities, civil war, rebellion, revolution, military power or service in the armed forces.

- Terrorism or by any activity or decision of a government agency or any other entity to prevent, respond to or terminate terrorism except for ensuring loss or damage which results directly from fire or explosion. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

- Participation in professional sports, or motorized or mechanically-assisted racing or speed contests (an organized activity of a competitive nature in which speed is a determining factor in the outcome of the event).

- The replacement of an existing prescription whether by reason of renewal or inadequate supply of the purchase of drugs and medications (including vitamins) which are commonly available without a prescription or which are not legally registered and approved in Canada, or which are not medically necessary as a result of an emergency.

General Provisions

Continuation of Health Benefits for Dependents

In the event of your death, Prescription Drugcare, Travel Medical Emergency, Visioncare and Dentalcare benefits for your dependant(s) will be continued for a period of twenty-four (24) months, unless:

- your surviving children cease to qualify as eligible dependents. The Prescription Drugcare, Travel Medical Emergency, Visioncare & Dentalcare benefits will terminate on the date they no longer qualify.

- a dependent is disabled on the date the insurance under this continuation terminates, in which case his/her insurance payments will continue until the date the disability ends, the date your dependant has received maximum benefits, or 90 days from the date the insurance terminated, whichever is earliest.

Please note: If your dependent is in the hospital on the last day of this 90-day period, insurance payments for that dependent will be continued until the hospital confinement ends or until maximum benefits have been paid.

Co-ordination of Benefits

If you or your dependents are insured for similar benefits under another Plan (e.g. Group Life and Health Program, or other arrangements covering individuals in a group), the Insurer will take this into account when determining the amount of expenses payable under this Plan.

This process is known as Co-ordination of Benefits. It allows for reimbursement of insured medical and dental expenses from all Plans, up to a total of 100% of the actual expense incurred provided the expense is eligible under both plans.

Order of Benefit Payment

A variety of circumstances will affect which Plan is considered as the "Primary Carrier" (i.e. responsible for making the initial payment toward the eligible expense), and which Plan is considered as the "Secondary Carrier" (i.e. responsible for making the payment to cover the remaining eligible expense).

- If your Spouse's Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expense.

- If your Spouse's Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.

  - For Claims incurred by you or your Spouse:

    - The Plan insuring you or your Spouse as an Employee/Member pays benefits before the Plan insuring you and your Spouse as a dependent.

    - In situations where you or your Spouse have coverage as an Employee/Member under more than one (1) Plan, the order of benefit payment will be determined as follows:

    - The Plan where the person is covered as an active full-time Employee, then

    - The Plan wherein the person is covered as an active part-time Employee, then

    - The Plan wherein the person is covered as a retiree.

  - For Claims incurred by your Dependent Child:

    The Plan covering the parent whose birthday (month/day) is earlier in the calendar year pays the benefits first. If both parents have the same birthdate, the Plan covering the parent whose first name begins with the earlier letter in the alphabet pays first.

    However, if you and your Spouse are separated or divorced, the following order applies:

    - the Plan of the parent with custody of the child, then

    - The Plan of the Spouse of the parent with custody of the child (i.e. if the parent with custody of the child remarries or has a common-law spouse, the new Spouse's Plan will pay benefits for the Dependent Child), then

    - The Plan of the parent not having custody of the child, then

- The Plan of the Spouse of the parent not having custody of the child (i.e. if the parent without custody of the child remarries or has a common-law spouse, the new Spouse's Plan will pay benefits for the Dependent Child).
- If the order of benefit payment cannot be determined from the above, the benefits payable under each Plan will be in proportion to the amount that would have been payable if Co-ordination of Benefits did not exist.

Submitting a Claim for Co-ordination of Benefits

To submit a claim when Co-ordination of Benefits applies, refer to the following guidelines:

- As per the Order of Benefit Payment section, determine which Plan is the Primary Carrier and which is the Secondary Carrier.
- Submit all necessary claim forms and original receipts to the Primary Carrier.
- Keep a photocopy of each receipt until your claim has been settled.
- Once your claim has been settled by the Primary Carrier, you will receive a statement outlining how your claim has been handled. Submit this statement along with all necessary claim forms to the Secondary Carrier for further consideration of payment if applicable.

How to Make a Claim

In the event of a claim, you or a member of your family should obtain the proper claim form from the Union Office or the Plan Administrator or alternatively from the Plan Administrator's website www.coughlin.ca. The Plan Administrator's Office is open Monday to Friday at the following address:

Coughlin & Associates Ltd.
100 – 175 Hargrave Street
Winnipeg, Manitoba R3C 3R8
Telephone: (204) 942-4438
Outside Winnipeg Toll Free: 1-888-204-1234
E-mail: winnclaim@coughlin.ca

Please note that the original receipts submitted with your claim will not be returned to you as a detailed claims summary provided by the Plan Administrator on finalization of your claim is sufficient for the purposes of tax reporting and co-ordination of benefits.

The completed claim form can be dropped off at the Plan Administrator's office or mailed to:

Coughlin & Associates Ltd.
P.O. Box 764
Winnipeg, Manitoba R3C 2L4

The claim forms must be signed by the **Insured Participant**.

Pre-Authorized Deposits

Members and Employees of benefit plans administered by Coughlin & Associates Ltd. can have their health and dental claim reimbursements deposited directly to their bank accounts.

With Coughlin's new Pre-Authorized Deposit (PAD) reimbursement program, members can receive their reimbursements within two to five days following the approval of their health and dental claims. They will not have to wait for the arrival of a cheque and a trip to the bank before depositing their reimbursement.

This claims reimbursement program is designed to speed-up the claims reimbursement process by reducing cumbersome paper-based systems that rely on standard postal services.

Enrol in PAD Today

Step 1 – Begin Enrolment

Enroling in Coughlin's PAD service is both fast and easy. First, just click on the notice under *"Claims reimbursement direct to your bank account"* on the main page of the Coughlin & Associates Ltd. website at www.coughlin.ca

Step 2 – Complete and Return the PAD Form

Then, complete and sign the Pre-Authorized Deposit form on the website and return it, along with a sample cheque marked "*void*" to:

Pre-Authorized Deposits
Coughlin & Associates Ltd.
Box 764
Winnipeg, MB R3C 2L4

Step 3 – Logging On

Once enrolled, the member will receive a confirmation notice by e-mail. If email is not available, he or she will be notified by regular mail. The confirmation will contain his/her bank account number. To protect privacy, the *branch transit number* and the bank institution number will ***not*** be included in the confirmation notice.

Once confirmation is received, the member may use the *Member and Trustee Log On* feature of the Coughlin website. It will direct him or her to the plan member portal where the most up-to-date information on his or her health and dental claims, plan booklets, claim forms or other information is available.

Step 4 – Use the Plan Member Portal

Using the portal is easy. Simply key-in your user identification number and password. (Note: first-time users will also be required to provide their plan number 24979 and social insurance number.

A temporary password will also be provided. However, the first-time user will be required to create his/her own permanent password.

Step 5 – Inside the Plan Member Portal

Once inside the portal, members will find a menu of choices.

Step 6 – Check the Status of Claims

Just click on *"Claims history"* to review the status of recent claims. The listing of claims activity will appear. The deposit will also be confirmed by email.

A Giant Step Forward

For most members, Coughlin's Pre-Authorized Deposit program will offer a speed and convenience that will be hard to beat.

However, members can still receive reimbursements via cheque, if they prefer.

Dentalcare

There are two options available to submit your Dental claim:

1. ***Electronic Data Interchange (EDI)***

   With ***EDI, an insured Participant's dental claim is sent directly from the Participant's dental office*** **to the Plan Administrator for claims adjudication.** ***The Plan Administrator's EDI*** service uses the secure data networks of CDAnet, the dedicated claims processing network sponsored by the Canadian Dental Association.

   To take advantage of Coughlin's **EDI** service, just tell the dentist or denturist that Coughlin & Associates Ltd. is your claims administrator and present him/her with the following security codes:

   - the Coughlin & Associates Ltd. CDAnet carrier identification number (also known as the BIN number), which is **610105 on the Telus network** and;
   - your unique employee identification number (which is your Social Insurance Number for this purpose);
   - the policy number of your Group Benefit Plan, which is **24979**.

Not all dental offices are members of CDAnet. So, be sure to first ask your dentist/denturist or his/her office administrator about CDAnet access.

2. **In case an Insured Participant's Dentist/Denturist is not set up for EDI:**

   - Obtain a claim form from Union Office or the Plan Administrator (directly or via their website - www.coughlin.ca).
   - Have the dentist/denturist complete his/her portion of the form.
   - You must sign at the appropriate place in Part 1 if you want the dentist/denturist to be paid directly by the Dental Plan.
   - Complete and sign Part 2 of the form.
   - Return the completed form promptly to the Plan Administrator.

Pre-Authorization

For treatment where the estimated cost is $500 or more, predetermination of costs should be obtained from the Plan Administrator.

Have your dentist/denturist complete the appropriate form or section. Mail the form to the Plan Administrator.

For a proposed treatment plan which includes crown or bridgework, please ask your dentist to send the applicable x-rays with the form.

A letter will be sent to the dentist/denturist with a copy to you, showing how much the Plan will pay.

Please note that the portion of your Dental claim not covered by the Plan is payable immediately to your Dentist.

Travel Medical Emergency Claims

- Coordinated direuctly with Global Excel.
  From Canada and the U.S. 1-866-870-1898
  From Mexico call 001-800-514-7798
- From anywhere else call collect:
  (819) 566-1898.
- RSA has an agreement with Global Excel to pay claims with the provincial health plan.

Visioncare/Prescription Drugcare

- Obtain a claim form from the Union Office or the Plan Administrator (directly or via the website www.coughlin.ca)
- Obtain a receipt from your pharmacist, ophthalmologist, optometrist or optician.
- Complete the form and sign at the bottom of the form.
- Return the completed form with the **original** receipts promptly to the Plan Administrator.

Time Limitations

Life Insurance and AD&D

Claims must be submitted within twelve (12) months of the date of loss.

Prescription Drugcare/Visioncare/Dentalcare/Hearing Tests

Claims for these benefits must be submitted within fifteen (15) months of the date incurred.

Weekly Income (WI)

A claim for disability income benefits must be submitted within six (6) months from the date of disability.

Long Term Disability (LTD)

Initial notice of a claim for Long Term Disability benefits and a Waiver of Premium benefit must be submitted within twelve (12) months of the date of disability. Furthermore, if the Insurer makes a request for information or authorization of the Participant's claim or Waiver of Premium, the information or authorization must be submitted within six (6) months of the Insurer's request, otherwise, the Insurer will not be liable for any further benefit.

This Plan is arranged and Administered by:

Coughlin & Associates Ltd.
100-175 Hargrave Street
Winnipeg, MB R3C 3R8
Tel: (204) 942-4438
Fax: (204) 943-5998
Toll Free: 1-888-204-1234
Email: webmaster@coughlin.ca

Benefits are Underwritten by:

The Great-West Life Assurance Company
RSA Travel Insurance Inc.
ACE INA Life Insurance
Financial Group – Group Explorer