

# **SHEET METAL WORKERS UNION LOCAL 235**

## ***BENEFITS PLANS***

Dear Member:

This Booklet contains a summary of the Benefits Plans in effect on [June 1, 2011](#). Please destroy the old booklet and keep this new booklet in a safe place for future reference.

This Booklet cannot refer to every detail of every Plan. If there are points not covered in this Booklet, or if you think something is not clearly expressed, please contact the Union Office. If there is any conflict between the Booklet and the documents establishing the Plans, the documents must govern.

These Benefits Plans are administered by a Board of Trustees elected by members of Local 235.

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**THE INSURANCE CARRIER:**

**Great-West Life Assurance Company**

**Health & Dental Claims Toll Free Line:**

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# Health Benefits Plan

## INTRODUCTION

The Health Benefits Plan described in this Booklet is designed to help **protect** you and your family against **loss of income** and to provide reimbursement of expenses of **health** and **dental** care.

Loss of income can be caused by:

- Sickness or Injury
- Death or Accident

Health care may require the payment of:

- Hospital, Drug and Major Medical Expenses
- Dental Expenses

*The different Health Plan Benefits available for active members and retired members are summarized on the following pages. Note that these tables are summaries only. For details of coverage see the appropriate section of the Booklet.*

Benefits **will only be paid** if you meet the eligibility requirements for benefits coverage at the time of your death or retirement or at the time the expense was incurred. Your spouse or dependent children must also meet eligibility criteria.

# SUMMARY OF BENEFITS PLAN

Benefit	Active Member	Retired Member
Minimum Hours of Work for Commencement	300 Hours (see Page 16)	See Eligibility Requirements for Retiree Benefits
Hours Bank	3 Years Family Rate	1 Year Family Rate
Monthly Pay Direct	Set by Trustees	Set by Trustees

## LIFE INSURANCE

Before Age 65	\$60,000	\$60,000
Age 65 to 69	\$30,000	\$30,000
Age 70 (and over)	\$20,000	\$20,000

## DEPENDENT LIFE INSURANCE

Spouse	\$15,000	\$15,000
Child	\$7,500	\$7,500

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

Before age 65	\$60,000	\$60,000
Age 65 to 69	\$30,000	\$30,000
Age 70 (and over)	\$20,000	\$20,000

**SUMMARY OF BENEFITS PLAN CONTINUED...**

Benefit	Active Member	Retired Member
<b>SHORT-TERM DISABILITY</b>		
Waiting Period for Active Members under age 65 only	Sickness – 7 Days Injury – 0 Days	Not Eligible
Maximum Benefit Period	52 Weeks, less the number of full or partial weeks' payment from E.I.	
Amount of Benefit	66 2/3% of weekly earnings to be the maximum allowable under E.I.	

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## SUMMARY OF BENEFITS PLAN CONTINUED...

BENEFIT for MEMBERS and DEPENDENTS	ACTIVE MEMBER	RETIRED MEMBER
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### EXTENDED HEALTH BENEFITS

Prescription drugs  <i>(NO DEDUCTIBLE)</i>	90% of the first \$5,000 and 100% thereafter  Pay Direct Drug Card  \$9.00 Max. Dispensing Fee	90% of the first \$5,000 and 100% thereafter  Pay Direct Drug Card  \$9.00 Max. Dispensing Fee
Private or Semi-Private Hospital Room <i>(NO DEDUCTIBLE)</i>	100%	100%
Chronic Care <i>(NO DEDUCTIBLE)</i>	\$3 per day up to 120 days	\$3 per day up to 120 days

### **DEDUCTIBLE APPLIES TO THE FOLLOWING BENEFITS:**

Annual Deductible	\$10 Single \$20 Family	\$10 Single \$20 Family
Medical Equipment and Services	90% of the first \$5,000 and 100% thereafter	90% of the first \$5,000 and 100% thereafter

## SUMMARY OF BENEFITS PLAN continued...

BENEFIT for MEMBERS and DEPENDENTS	ACTIVE MEMBER	RETIRED MEMBER
<b>MEDICAL SUPPLIES &amp; SERVICES</b>		
Paramedical  Osteopath  Naturopath  Podiatrist  Massage Therapist  Chiropodist  Chiropractor	\$30 per visit, maximum    \$500/calendar year per practitioner    \$500/calendar year per practitioner	\$30 per visit, maximum    \$500/calendar year per practitioner
Psychologist and Social Worker	\$100/ first visit \$80/subsequent visit, maximum \$420/year	\$100/first visit \$80/subsequent visit, maximum \$420/year
Speech Therapist / Pathologist	\$60/first visit \$40/subsequent visit, maximum \$300/calendar year	\$60/first visit \$40/subsequent visit, maximum \$300/calendar year
Dietitians	\$300/calendar year	\$300/calendar year
Orthopedic Shoes or Orthotics	\$300 every 12 months	\$300 every 12 months
Other eligible Services & Supplies	Reasonable and Customary charges	Reasonable and Customary charges

## SUMMARY OF BENEFITS PLAN continued...

BENEFITS for MEMBERS and DEPENDENTS	ACTIVE MEMBER	RETIRED MEMBER
<b>EXTENDED HEALTH BENEFITS</b>		
Glasses or Contacts	\$200/24 months Dependents - \$200/24 months	\$200/24 months Dependents - \$200/24 months
<b>OUT of COUNTRY EMERGENCY CARE</b>		
Members are eligible for trips lasting up to 60 days	Out of province/country coverage while traveling	Out of province/country coverage while traveling
<b>BEST DOCTORS</b>		
Second opinion service for serious medical issues	No Age Limit If you or your dependents contract any of the listed diseases, use the Service Card to contact Best Doctors Individual - \$10 / year	No Age Limit If you or your dependents contract any of the listed diseases, use the Service Card to contact Best Doctors Individual - \$10 / year
<b>DENTAL</b>		
Deductible	Family - \$20 / year	Family - \$20 / year
Basic/Preventive	100%	100%
Recall Examinations	Once every 9 months	Once every 9 months
Periodontic Endodontic	100%	100%
Plan Maximum	Unlimited Annual Maximum	Unlimited Annual Maximum
Dental Fee Guide	1 year lag e.g. expenses incurred in 2011 will be paid according to the 2010 ODA Fee Guide	1 year lag e.g. expenses incurred in 2011 will be paid according to the 2010 ODA Fee Guide

# DEFINITIONS

## ***ACTIVE MEMBER***

An active Member is one who pays full monthly dues and is either working for a signatory contractor or has their name on the out-of work list and is ready, willing and able to return to work or is temporarily not working due to an accident, injury, or sickness.

A Member who is employed by a non-signatory contractor and is performing work that is covered by our jurisdiction is considered a non-active Member, unless the Member is working as a Salt for the purpose of Organizing.

## ***RETIRED MEMBER***

A retired Member is one who chooses to stop working when he reaches pensionable age.

## ***PARTICIPANT IN THE BENEFITS PLAN***

A plan participant is a Member who has monthly contributions deducted by a contractor and remitted to the Union or pays the monthly amount as set forth by the Trustees' for Benefits coverage.

## ***MEDICAL REIMBURSEMENT PLAN (M.R.P.)***

Monies in excess of the required reserve in a Members' Hour Bank may be used for approved medical treatments or procedures listed as allowable medical expenses by CRA on their web site at [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca). This is a non-taxable benefit.

## ***RESERVE FUNDS***

Hour-Bank Funds above the required reserve build-up belong to the Member. Funds in excess of the required reserves may be used for a variety of approved medical procedures listed as allowable medical expenses by CRA on their web site at [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca)

The accumulation of these funds in a Members' Hour Bank will also be beneficial upon retirement, at which time they may be used to pay their monthly premiums, thus these Members will not have to pay for benefits from their retirement income.

Withdrawal of these funds for any purpose other than approved medical expenses will be taxed as income.

# PROCEDURES AND FUNDING

## **ACTIVE MEMBERS**

Active Members are required to accumulate a Reserve comprised of (3) three years of Family Rate Benefits coverage in their Hour Bank Account. Amounts in excess of the three year build-up may be used for approved Medical expenses through the M.R.P. for treatments or procedures not covered by the Benefits Plan.

## **RETIRED MEMBERS**

To qualify for subsidized benefits, Members choosing to retire at age 60 must have a Reserve of a minimum of (1) one year of Family Rate Benefits coverage in their Hour Bank. Amounts in excess of the (1) one year build-up may be used for payments to maintain Benefits coverage, or **TAX-FREE** payment of approved Medical expenses for treatments or procedures through the M.R.P. Upon retirement at age 60 and until age 65, retirees will have coverage in the plan under the following funding schedule:

- Members with 30 or more consecutive years of both membership with Local 235 & a participant in the Benefits Plan will be required to pay 25% of the current monthly Family or Single premiums.
- Members with 25-29 consecutive years of both membership with Local 235 & a participant in the Benefits Plan will be required to pay 30% of the current monthly Family or Single premiums.
- Members with 20-24 consecutive years of both membership with Local 235 & a participant in the Benefits Plan will be required to pay 40% of the current monthly Family or Single premiums.
- Members with 15-19 consecutive years of both membership with Local 235 & a participant in the Benefits Plan will be required to pay 50% of the current monthly Family or Single premiums.

When a retired member has attained the age of 65 and has been **both** a Member of Local 235 & a participant in the Benefits Plan for minimum of (20) years, the Member will be only be required to pay 50% of the current Family or Single premiums in order to have full coverage under the Benefits Plan.

A retired Member who has attained the age of 65 but has not been **both** a Member of Local 235 **and/or** has not been an active participant in the Benefits Plan for (20) twenty years or more, will be required to pay 100% of the current Family or Single premiums in order to have full coverage under the Benefits Plan.

Extenuating circumstances by Local 235 Members who do not fulfill the requirements as set forth above will be reviewed by the Trustees' of the Benefits Plan.

### **WIDOWED SPOUSE AND FAMILY**

Upon the death of a member, a widowed spouse (including common law spouse) and family may continue to participate in the Benefit Plan for a period of **7 years**. If the member was retired at the time of his/her death, the spouse and family will have coverage in the Plan as per the Retirees' schedule and requirements.

The widowed spouse and family are not entitled to participate if the spouse has coverage from another source.

The widowed spouse and family must have and leave 12 months of the current family base premium in the Plan which can be used to draw down on their monthly supplement. If the widowed spouse chooses not to participate in the Plan all contribution monies may be withdrawn.

If there is no spouse, monies will go to the Beneficiary or Estate of the deceased member.

### **COMMENCEMENT OF COVERAGE**

- You are eligible to participate in the plan on the date you meet your union eligibility requirements.
- You and your dependents will be covered as soon as you become eligible.
- You may waive health and/or dental coverage if you are already covered for these benefits under your spouse's plan. If you lose spousal coverage you must apply for coverage under this plan. If you do not apply within 31 days of loss of such coverage, or you were previously declined for coverage by Great-West Life, you and your dependents may be required to provide evidence of

insurability acceptable to Great-West Life to be covered for health benefits, and may be declined for or offered limited dental benefits.

Once you have coverage under the plan you must maintain coverage for a minimum of (1) one year. You may only waive coverage under the plan if you have coverage under another plan i.e. coverage under a spouse's plan. If your spouse loses coverage under their plan, you must join the plan again within 30 days of losing coverage.

- You must meet the union eligibility requirement before coverage takes effect; otherwise the coverage will not be effective until you meet the requirements.
  - Increases in your benefits while you are covered by this plan will not become effective unless you meet the union eligibility requirements.
  - Your coverage terminates when your membership in the union ends, you no longer meet the union requirements, or the policy terminates, whichever is earliest.
  - Your dependents' coverage terminates when your insurance terminates or your dependent no longer qualifies, whichever is earlier.
  - When your coverage terminates, you may be entitled to a conversion to a personal plan.
1. When you begin to work for an Employer that is covered under the terms of a Collective Agreement between the S.M.W.I.A. Local 235 and an Employer or an Employer Association:
    - a) Your Employer is required to make contributions to the Health Benefits Plan on your behalf.
  2. The contributions are recorded in your name. Your benefit coverage begins the first day of the second month after you have worked the minimum number of hours.

Example: Minimum number of hours is 300 and you begin to work under a Collective Agreement in March:

Hours worked in March	80
Hours worked in April	123
Hours worked in May	119
Total Hours May 31 <sup>st</sup>	322

The Administration Office would receive your hours by June 30th, and your benefits coverage would commence on July 1.

3. Before your coverage begins, you must:

be an **initiated member** of S.M.W.I.A. Local 235 and have **300 hours** of Employer Contributions.

**and**

the Administration Office must receive your Application Card.

If you are a new member of S.M.W.I.A. Local 235, please obtain a card from the Administration Office, prior to your first dispatch, complete it, and bring it back to the office.

## ***CONTINUATION OF COVERAGE***

1. You will be covered for benefits as long as:

a) You continue to be a member of S.M.W.I.A. Local 235  
and;

You are working for a Contributing Employer,

**or**

You are available to work for a Contributing Employer as determined by S.M.W.I.A. Local 235, and you have funds accumulated in your Benefits account.

**or**

You make Pay Direct payments to the Administration Office to continue your coverage.

b) You are a member of S.M.W.I.A. Local 235 and you work as a travel card, under the jurisdiction of another S.M.W.I.A. Local, or you work under the jurisdiction of another trade union and the other union local's plan sends reciprocal contributions to our Health Benefits Plan.

c) You are a member of S.M.W.I.A. Local 235, and you have not reached the age where a specific benefit stops. The age when a specific benefit ceases is shown on the current Benefits Summary.

2. If you are receiving benefits from the Workplace Safety Insurance Board (WSIB), your Health Benefits Plan coverage continues as though you were still working. The benefit coverage continues for the time that you are off work and receiving benefits from WSIB, providing that you were an active member of the Plan when you first became disabled. Benefits are continued for a maximum of twelve months as required under the workplace Safety and Insurance Act. Your benefits may be continued further as approved by the Trustees.

3. It is very important that you advise the Administration Office when you are receiving benefits from the Workplace Safety and Insurance Board. The Administration Office will advise you of any required documentation you need to provide to the Trustees.

4. It is very important that you advise the Administration Office when there is a change in your family such as a marriage, death, divorce or the birth of a child.

5. If you become temporarily or permanently disabled because of an illness or injury that is not work related and you are unable to work for a contributing employer, the continuation of your benefit plan coverage will be considered by the Trustees. It is very important to notify the Administration Office as soon as possible when you become disabled and the Office will advise you of the required documentation you need to provide to the Trustees regarding your disability.

6. If a Member of the S.M.W.I.A. Local 235 Pension Plan terminates their membership from the Pension Plan and withdraws their commuted value or contributions from the Pension Plan, that person will have restrictions placed on eligibility for Health Benefit coverage while disabled.

7. Years of Service Subsidy This subsidy will entitle each Member of S.M.W.I.A. Local 235 to one month of subsidized benefits coverage for each year of membership in the benefits plan, to a lifetime maximum of twelve months. A member, who has exhausted his /her Hour Bank and cannot afford to pay the monthly premiums to maintain benefit coverage, may elect to use the “Years of Service Subsidy”. Members will be notified by the Local when they have exhausted their Hour Bank and when they have exhausted their “Years of Service Subsidy”.

### **PAY DIRECT COVERAGE**

1. You may pay for the cost of your coverage if you continue to be a member of S.M.W.I.A. Local 235, but you are no longer eligible for the benefit coverage paid for by the Fund because:
  - a) You have depleted the funds in your Benefits Account.
  - b) You are not available to work for a contributing Employer because of other interests or you are working at another job outside of the trade. You must notify the Administration Office within 1 month of the time that you become unavailable to:
  - c) Work for a Contributing Employer.
2. Your payments towards the cost of your coverage are called “Pay Direct”. The monthly Pay Direct amounts are determined by the Trustees at the end of each calendar year. The fee is based on a standard work year, the current contribution rate, and an administration fee.
3. You will be notified in writing, of the date your Fund paid coverage will be terminated. You will have the option of Pay Direct payments to continue your coverage. If you choose the Pay Direct option, you must remain on Pay Direct until you return to work for a contributing Employer and work the required minimum hours to be eligible for benefit coverage paid for by the Fund. Your coverage will begin as stated earlier.

4. Please note: that if you fail to maintain continuous coverage, you may not be eligible for retired member coverage. Before you begin to Pay Direct, you will be asked to sign a form that confirms that you understand the eligibility rules for retired member coverage.
5. You may continue to Pay Direct for active member benefits as long as you are a S.M.W.I.A. Local 235 member.
6. If you stop your Pay Direct payments, your benefit coverage will terminate at the end of the month in which your last payment was made.
7. If you stop your Pay Direct payments, and then later return to work for a contributing employer, you will be treated as a new member of the plan. Your coverage will begin as stated earlier.

### ***TERMINATION OF COVERAGE***

1. Your active member benefits will terminate immediately if:
  - a) You are expelled from S.M.W.I.A. Local 235 (by order of the Executive Board of the Union or through non-payment of union dues as per the Constitution);

or

  - b) You terminate your S.M.W.I.A. Local 235 membership;

or

  - c) You reach the limiting age for specific benefit coverage.
2. Your active member benefits will terminate at the end of the month in which:
  - a) You cease to Pay Direct,

or

  - b) You retire under the S.M.W.I.A. Local 235 Pension Plan. You may be eligible for retired members benefit coverage.

3. A written notice will be sent by the Administration Office to your last known address to confirm the termination of your benefit coverage.
4. If your benefits are terminated, and you later work for a contributing employer, you will be treated as a new member of the Plan. Your coverage will begin as stated earlier.
5. Your coverage will terminate if you no longer reside in Canada.
6. Your benefit coverage will terminate if the Trustees discontinue the Plan or if the Insurance policy is terminated and not replaced. You will be advised in writing in advance of the termination of coverage.
7. The Trustees may terminate a specific benefit for which you or your dependents are covered. You will be advised in advance of the termination of a specific benefit.

### ***SURVIVOR BENEFITS***

If you die while your coverage is still in force, the health and dental benefits for your dependents will be continued for a period of 2 years or until they no longer qualify, whichever happens first?

## **BENEFITS EXCLUSIVELY for FULL MONTHLY DUES PAYING LOCAL 235 MEMBERS**

### ***BEREAVEMENT***

The amount of \$300.00 is payable to the member upon Proof of Death of the following people related to the said member: SPOUSE, CHILD, BROTHER, SISTER, MOTHER, FATHER, GRANDPARENT.

### ***LAST WILL AND TESTAMENT***

The amount of \$50.00 is payable to the member upon proof of purchase of a Last Will and Testament.

### ***JURY DUTY***

A member that is selected to serve on "Jury Duty" shall be compensated for his/her time by the amount of \$100.00/day to a maximum of \$500/week and for a maximum duration of 3 weeks.

# VISIONCARE

## **Not Insured By Great-West Life**

***Claims for eyeglasses and contact lenses must be sent to Local 235 administration offices.***

**Please, do not send vision care claims to  
GREAT WEST LIFE**

Prescription eye glasses or contact lenses and the fittings of such eye-wear performed by a licensed ophthalmologist, for the purpose of correcting vision, are covered subject to a combined maximum of **\$200** in any **24 consecutive months**.

All claims must be supported by an official receipt indicating name of patient and the date the eye-wear was received.

## **MEMBER LIFE INSURANCE**

You may name a beneficiary for your life insurance and change that beneficiary at any time by completing a form available from your plan administrator. On your death, your plan administrator will explain the claim requirements to your beneficiary. Great-West Life will pay your life insurance benefits to your beneficiary.

- If you are under age 65 and have been disabled for 6 months or more, you may be entitled to have your life 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. Great-West Life will determine your qualification for waiver of premium benefits. If you believe you may be eligible, contact your plan administrator for claim forms. You must apply for waiver of premium benefits within 12 months of becoming eligible.
- If any or all of your insurance terminates, you may be eligible to apply for an individual conversion policy without providing proof of your insurability. You must apply and pay the first premium no later than 31 days after your group insurance terminates. See your plan administrator for details.

## **DEPENDENT LIFE INSURANCE**

If one of your dependents dies, Great-West Life will pay you the dependent life insurance benefit.

- If you are disabled and the premiums for your employee life insurance are waived, your dependent life insurance will also continue without premium payment until your own coverage terminates or your dependents no longer qualify.
- If your spouse's insurance terminates, he or she may be eligible for an individual conversion policy without providing proof of insurability. You or your spouse must apply and pay the first premium no later than 31 days after the group insurance terminates

## ACCIDENTAL DEATH, DISMEMBERMENT SPECIFIC LOSS (AD&D) INSURANCE

If you suffer one of the losses listed below as the result of an accident which occurs while you are insured, Great-West Life will pay up to two times the Principal Sum. The loss must occur no later than 365 days after the accident. For loss of use, the loss must be continuous for 365 days.

<i>Loss</i>	<b>Amount Payable</b>
Life	Principal Sum
Both hands or both feet	Principal Sum
Sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
One hand and sight of one eye	Principal Sum
One foot and sight of one eye	Principal Sum
Speech and Hearing in both ears	Principal Sum
One arm or one leg	3/4 Principal Sum
One hand or one foot or sight of one eye	1/2 Principal Sum
Speech	1/2 Principal Sum
Hearing in both ears	1/2 Principal Sum
Thumb and index finger or 4 fingers of one hand	1/4 Principal Sum
All toes of one foot	1/8 Principal Sum

### *Loss of Use*

Both arms and both legs (quadriplegia)	2 X Principal Sum
Both legs (paraplegia)	2 X Principal Sum
One arm and one leg on the same side of the body (hemiplegia)	2 X Principal Sum
One arm and one leg on different sides of the body	Principal Sum
Both arms or both hands	Principal Sum
One hand and one leg	Principal Sum
One leg or one arm	3/4 Principal Sum
One hand	1/2 Principal Sum

## ***Surgical Reattachment***

If you suffer the loss of a limb that is surgically reattached, Great-West Life will pay 50% of the amount that would have been payable if the loss had been permanent, regardless of the amount of use regained. The balance of the benefit will be payable if the reattachment fails and the reattached part is removed within one year after the reattachment was performed.

## ***Repatriation***

If you die as the result of an accident that is at least 150 kilometers away from your home, Great-West Life will pay up to \$2,500 for the preparation and transportation of your body to the place of burial or cremation less any amounts paid under this plan's global medical assistance benefit.

## ***Educational Benefit for Dependent Children***

If benefits are payable under this benefit provision for your death, Great-West Life will pay the tuition fees for enrolling your dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing your death, or he must have been enrolled as a full-time student at the secondary school level at the time of the accident causing your death and enrolls as a full-time student at a post-secondary institution within 365 days after the accident.

Great-West Life will pay up to 5% of the Principal Sum, or \$5,000, whichever is less, for each year of full-time post-secondary school enrollment. Great-West Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrollment.

No benefits will be paid for tuition expenses incurred before the accident, or room or board or other ordinary living, traveling, or clothing expenses.

## ***Family Transportation Benefit***

If you are hospitalized more than 150 kilometers from your home as a result of an injury for which benefits are payable under this benefit provision, Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's global medical assistance benefit, up to \$2,000, for transportation and lodging expenses for one family member to join you.

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to \$.20 per kilometer traveled.

## ***Occupational Training Benefit for Spouses***

If benefits are payable under this benefit provision for your death, Great-West Life will pay for expenses associated with your spouse's enrollment in an accredited occupational training program. The purpose of the training program must be to provide the spouse with at least the minimum qualifications required for employment in an occupation for which the spouse would not otherwise qualify.

Great-West Life will pay up to 10% of the Principal Sum, or \$10,000, whichever is less.

No benefits will be paid for expenses incurred more than 3 years after the accident causing your death, or room or board or other ordinary living, traveling, or clothing expenses.

## ***Educational Benefit***

If benefits are payable under this benefit provision for an injury that requires you to change occupations, Great-West Life will pay the tuition fees for enrolling you as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, you must enrol at a post-secondary institution within 365 days after the accident. Great-West Life will pay up to \$10,000.

No benefits will be paid for tuition expenses incurred before the accident, expenses incurred more than 2 years after the accident causing the injury, or room or board or other ordinary living, traveling, or clothing expenses.

## ***Wheelchair Benefit***

If benefits are payable under this benefit provision for an injury that requires the use of a wheelchair for you to be ambulatory, Great-West Life will pay for alterations to your principal residence to make it wheelchair accessible and habitable, and modifications to a motor vehicle you use to make it accessible to and drivable by you.

Benefits for home alterations are payable only if the person or persons making the changes are experienced in home alterations for wheelchairs, and recommended by an organization recognized for providing support and assistance to wheelchair users. Benefits for vehicle modifications are payable only if the person or persons making the changes are experienced in vehicle modification for wheelchairs, and the modifications are approved by the provincial vehicle licensing authority.

Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's health care benefit, up to \$10,000 for all home and vehicle modifications combined.

No benefits will be paid for expenses incurred more than 365 days after the accident or for subsequent alterations to your home or vehicle after an initial claim for benefits has been made under this wheelchair benefit provision.

## ***Limitations***

The Principal Sum is the maximum amount that will be paid for all injuries resulting from the same accident. For paraplegia, hemiplegia, and quadriplegia, the maximum amount that will be paid for all injuries resulting from the same accident is two times the Principal Sum.

No benefits are paid for injury or death resulting from:

- Intentionally self-inflicted injury or suicide
- Viral or bacterial infections, except pyogenic infections occurring through the injury for which loss is being claimed
- Any form of illness or physical or mental infirmity
- Medical or surgical treatment, except surgical reattachment
- War, insurrection or voluntary participation in a riot
- Service in the armed forces of any country
- Air travel serving as a crew member, or in aircraft owned, leased or rented by your Union, or air travel where the aircraft is not licensed or the pilot is not certified to operate the aircraft

## ***How to Make a Claim***

- To claim benefits for yourself, ask your plan administrator for a claim form. Complete it and return it to your plan administrator.
- If you die accidentally, your plan administrator will explain the claim requirements to your beneficiary.
- Claims should be submitted as soon as possible, but no later than 15 months after the loss.

## **SHORT TERM DISABILITY (STD) BENEFITS**

If you are disabled due to illness or injury, **and only Eligible if you are currently employed with a signatory Contractor**, the plan will provide you with a weekly income. Benefits begin after the waiting period is over, and continue until you are no longer disabled, you turn age 65 or the maximum benefit period has been reached, whichever is earlier. Check the **Benefit Summary** for the benefit amount, waiting period and maximum benefit period.

- To receive short term disability benefits your disability must prevent you from performing a substantial portion of the duties you regularly performed and you must be under the continuous personal care of a physician.
- If you have not seen a physician on or before the end of the waiting period, benefits will not start until after your first visit to the physician.
- A disability is considered a recurrence if it arises from the same disease or injury and starts before you have completed 2 weeks of continuous full-time work.

## **LIMITATIONS**

Your Short Term Disability benefits will be reduced by any amounts payable under an Automobile Insurance Plan where permitted by law.

No benefits are paid for:

- Any period for which you do not participate or cooperate in a reasonable and customary treatment program
- Depending on the severity of the condition, the plan may require you to be under the care of a specialist
- If substance abuse contributes to your disability, the treatment program must include participation in a recognized substance withdrawal program
- Disability related to any employment
- Any period of employment

- Disability due to or associated with cosmetic treatment, any period of prison confinement, war, insurrection or voluntary participation in a riot
- The scheduled duration of a leave of absence or lay-off
- This does not apply to any portion of a period of maternity leave during which you are disabled due to pregnancy.

### ***HOW TO MAKE A CLAIM***

Obtain claim form from your plan administrator. Complete the member portion of the form and have your doctor complete the portion titled "Attending Physician's Statement". Return the completed form to your plan administrator as soon as possible, but no later than 3 months after the end of the waiting period.

## **HEALTH CARE**

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers customary charges for the following services and supplies. All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is accepted by the Canadian medical profession, it is proven to be effective, and it is of a form, intensity, frequency and duration essential to diagnosis or management of the disease or injury.

## **COVERED EXPENSES**

- Ambulance transportation to the nearest centre where adequate treatment is available
- Private room and board in a hospital in Canada

For out-of-province accommodation, any difference between the hospital's standard ward rate and the government authorized allowance in your home province is covered.

The plan also covers the hospital facility fee related to dental surgery and any out-of-province hospital out-patient charges not covered by the government health plan in your home province.

- Convalescent care for a condition that will significantly improve as a result of the care and follows a 3 days confinement for acute care
- The government authorized co-payment for accommodation in a nursing home. Residences established primarily for senior citizens or which provide personal rather than medical care is not covered.

- Home nursing services of a registered nurse, licensed practical nurse or registered nursing assistant who is not a member of your family, when services are provided in Canada, but only if the patient requires the specific skills of a trained nurse

You should apply for a pre-care assessment before home nursing begins

- Chronic care, provided in a hospital, nursing home or for home nursing care in Canada, for a condition where improvement or deterioration is unlikely within the next 12 months
- Drugs and drug supplies described below when prescribed by a physician or other person entitled by law to prescribe them, and provided in Canada. Benefits for drug expenses outside Canada are payable only as provided under the out-of-country emergency care provision.
  - Drugs which require a written prescription, including oral contraceptives
  - Injectable drugs including vitamins, insulin and allergy extracts. Syringes for self-administered injections are also covered
  - Disposable needles for use with non-disposable insulin injection devices, lancets and test strips
  - Extemporaneous preparations or compounds if one of the ingredients is a covered drug
  - Certain other drugs that do not require a prescription by law may be covered when they are prescribed. If you have any questions, contact your plan administrator before incurring the expense.

The plan will also pay for preventative immunization vaccines and toxoids.

For drugs eligible under a provincial drug plan, coverage is limited to the deductible amount and coinsurance you are required to pay under that plan.

- Rental or, at Great-West Life's discretion, purchase of certain medical supplies, appliances and prosthetic devices prescribed by a physician
- Custom-made foot orthotics and custom-fitted orthopaedic shoes, including modifications to orthopaedic footwear, when prescribed by a physician
- Hearing aids, including batteries, tubing and ear molds provided at the time of purchase, when prescribed by a physician
- Diabetic supplies prescribed by a physician: Novolin-pens or similar insulin injection devices using a needle, blood-letting devices including platforms but not lancets. Lancets are covered under prescription drugs
- Blood-glucose monitoring machines prescribed by a physician
- Diagnostic x-rays and lab tests, when coverage is not available under your provincial government plan
- Treatment of injury to sound natural teeth. Treatment must start within 60 days after the accident unless delayed by a medical condition

A sound tooth is any tooth that did not require restorative treatment immediately before the accident. A natural tooth is any tooth that has not been artificially replaced

No benefits are paid for:

- accidental damage to dentures
- dental treatment completed more than 12 months after the accident
- orthodontic diagnostic services or treatment

- Out-of-hospital treatment of muscle and bone disorders, including diagnostic x-rays, by a licensed chiropractor
- Out-of-hospital treatment of nutritional disorders by a registered dietitian
- Out-of-hospital treatment of movement disorders by a licensed physiotherapist
- Out-of-hospital treatment of foot disorders, including diagnostic x-rays, by a licensed podiatrist
- Out-of-hospital services of a qualified chiroprapist
- Out-of-hospital services of a licensed naturopath
- Out-of-hospital services of a licensed osteopath, including diagnostic x-rays
- Out-of-hospital treatment by a registered psychologist or qualified social worker
- Out-of-hospital treatment of speech impairments by a qualified speech therapist or pathologist
- Out-of-hospital services of a qualified massage therapist

## **GLOBAL MEDICAL ASSISTANCE PROGRAM**

This program provides medical assistance through a worldwide communications network which operates 24 hours a day. The network locates medical services and obtains Great-West Life's approval of covered services, when required as a result of a medical emergency arising while you or your dependent is traveling for vacation, business or education. Coverage for travel within Canada is limited to emergencies arising more than 500 kilometers from home. You must be covered by the government health plan in your home province to be eligible for global medical assistance benefits.

**NOTE:** If you are under a doctor's care, the provincial health plan may not cover you if you leave your province. If you are under a doctor's care check with your doctor and the Benefits Office before you travel.

The following services are covered, subject to Great-West Life's prior approval:

- On-site hospital payment when required for admission, to a maximum of \$1,000
- If suitable local care is not available, medical evacuation to the nearest suitable hospital while traveling in Canada. If travel is outside Canada, transportation will be provided to a hospital in Canada or to the nearest hospital outside Canada equipped to provide treatment

When services are covered under this provision, they are not covered under other provisions described in this booklet

- Transportation and lodging for one family member joining a patient hospitalized for more than 7 days while traveling alone. Benefits will be paid for moderate quality lodgings up to \$1,500 and for a round trip economy class ticket

- If you or a dependent is hospitalized while traveling with a companion, extra costs for moderate quality lodgings for the companion when the return trip is delayed due to you or your dependent's medical condition, to a maximum of \$1,500
- The cost of comparable return transportation home for you or a dependent and one traveling companion if prearranged, prepaid return transportation is missed because you or your dependent is hospitalized. Coverage is provided only when the return fare is not refundable. A rental vehicle is not considered prearranged, prepaid return transportation
- In case of death, preparation and transportation of the deceased home
- Return transportation home for minor children traveling with you or a dependent who are left unaccompanied because of your or your dependent's hospitalization or death. Return or round trip transportation for an escort for the children is also covered when considered necessary
- Costs of returning you or your dependent's vehicle home or to the nearest rental agency when illness or injury prevents you or your dependent from driving, to a maximum of \$1,000. Benefits will not be paid for vehicle return if transportation reimbursement benefits are paid for the cost of comparable return transportation home

Benefits payable for moderate quality accommodation include telephone expenses as well as taxicab and car rental charges. Meal expenses are not covered.

## ***OUT-OF-COUNTRY EMERGENCY CARE***

The plan covers medical expenses incurred as a result of a medical emergency arising while you or your dependent is outside Canada for vacation, business or education purposes. To qualify for benefits, you must be covered by the government health plan in your home province.

A medical emergency is a sudden, unexpected injury or an acute episode of disease.

- The following services and supplies are covered when related to the initial medical treatment:
  - treatment by a physician
  - diagnostic x-ray and laboratory services
  - hospital accommodation in a standard or semi-private ward or intensive care unit, if the confinement begins while you or your dependent is covered
  - medical supplies provided during a covered hospital confinement
  - paramedical services provided during a covered hospital confinement
  - hospital out-patient services and supplies
  - medical supplies provided out-of-hospital if they would have been covered in Canada
  - drugs
  - out-of-hospital services of a professional nurse
  - ambulance services by a licensed ambulance company to the nearest centre where essential treatment is available
  - dental accident treatment if it would have been covered in Canada

If your medical condition permits you to return to Canada, benefits will be limited to the amount payable under this plan for continued treatment outside Canada or the amount payable under this plan for comparable treatment in Canada, plus return transportation, whichever is less. No benefits are paid for expenses incurred more than 60 days after the date of departure from Canada. If you or your dependent is hospital confined at the end of the 60 days period, benefits will be extended to the end of the confinement.

## LIMITATIONS

Except to the extent otherwise required by law, no benefits are paid for:

- Expenses private insurers are not permitted to cover by law
- Services or supplies you are entitled to without charge by law or for which a charge is made only because you have insurance coverage
- The portion of the expense for services or supplies that is payable by the government health plan in your home province, whether or not you are actually covered under the government health plan
- Services or supplies that do not represent reasonable treatment
- Services or supplies associated with:
  - treatment performed only for cosmetic purposes
  - recreation or sports rather than with other daily living activities
  - the diagnosis or treatment of infertility
  - contraception, other than oral contraceptives
- Services or supplies not listed as covered expenses
- Extra medical supplies that are spares or alternates
- Services or supplies received outside Canada except as listed under Out-of-Country Emergency Care and Global Medical Assistance
- Services or supplies received out-of-province in Canada unless you are covered by the government health plan in your home province and Great-West Life would have paid benefits for the same services or supplies if they had been received in your home province. This limitation does not apply to Global Medical Assistance.

- Expenses arising from war, insurrection, or voluntary participation in a riot
- Podiatric treatments for which a portion of the cost is payable under the Ontario Health Insurance Plan (OHIP). Benefits for these services are payable only after the maximum annual OHIP benefit has been paid

In **addition** under the prescription drug coverage, no benefits are paid for:

- Atomizers, appliances, prosthetic devices, colostomy supplies, first aid supplies, diagnostic supplies or testing equipment
- Non-disposable insulin delivery devices or spring loaded devices used to hold bloodletting devices
- Delivery or extension devices for inhaled medications
- Oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas or injectable total parenteral nutrition solutions
- Diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, contraceptive implants or appliances
- Smoking cessation products
- Fertility drugs
- Any drug that is not listed in the Plan 88 formulary established by Emergis Inc, in effect on January 1<sup>st</sup> two years prior.
- Any drug that does not have a drug identification number as defined by the Food and Drugs Act, Canada
- Proprietary or patent medicines registered under the Food and Drugs Act, Canada

- Any single purchase of drugs which would not reasonably be used within 34 days. In the case of certain maintenance drugs, a 100 days supply will be covered
- Proprietary or patent medicines registered under the Food and Drugs Act, Canada
- Drugs dispensed by a dentist or clinic or by a non-accredited Any single purchase of drugs which would not reasonably be used within 34 days. In the case of certain maintenance drugs, a 100 days supply will be covered
- Drugs dispensed by a dentist or clinic or by a non-accredited hospital pharmacy
- Drugs dispensed during treatment as an in-patient or an out-patient in a hospital
- Non-injectable allergy extracts
- Drugs that are considered cosmetic, such as topical minoxidil or sunscreens
- Drugs used to treat erectile dysfunction

## ***HOW TO MAKE A CLAIM***

- Out-of-country claims (other than those for Global Medical Assistance expenses) should be submitted to Great-West Life as soon as possible after the expense is incurred. It is very important that you send your claims to the Great-West Life Out-of-Country Claims Department immediately as your Provincial Medical Plan has very strict time limitations.

Obtain form M5432 (Statement of Claim Out-of-Country Expenses form) from your plan administrator. The Great-West Life Out-of-Country Claims Department will forward the appropriate government forms to your attention when required.

Residents of the provinces should complete all applicable forms, making sure all required information is included. Attach all original

receipts and forward the claim to the Great-West Life Out-of-Country Claims Department. Be sure to keep a copy for your own records.

The plan will pay all eligible claims including your Provincial Medical Plan portion. Your Provincial Medical Plan will then reimburse the plan for the government's share of the expenses.

Out-of-country claims must be submitted within a certain time period that varies by province. For the claims submission period applicable in your province or territory or for any other questions or for assistance in completing any of the forms, please contact [Great-West Life's Out-of-Country Claims Department at 1-800-957-9777](tel:1-800-957-9777).

- For all other Health care claims, obtain form M635D from your plan administrator. Complete this form making sure it shows all required information.

Attach your receipts to the claim form and return it to the Great-West Life Benefit Payment Office as soon as possible, but no later than 15 months after you incur the expense.

- **For drug claims**, your Union will provide you with a prescription drug identification card. Present your card to the pharmacist with your prescription.

Before your prescription is filled, a Health Assure check will be done. Health Assure is a series of seven checks that are electronically done on your drug claim history for increased safety and compliance monitoring. This has been designed to improve the health and quality of life for you and your dependents. Checks done include drug interaction, therapeutic duplication and duration of therapy, allowing the pharmacist to react prior to the drug being dispensed. Depending on the outcome of the checks, the pharmacist may refuse to dispense the prescribed drug.

When your coverage ends, return your direct pay drug identification card to the Union Benefits Office.

## **DENTAL CARE**

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers reasonable and customary charges to the extent they do not exceed the dental fee guide level shown in the **Benefit Summary**. Denturist fee guides are applicable when services are provided by a denturist. Dental hygienist fee guides are applicable when services are provided by a dental hygienist practicing independently.

## **TREATMENT PLAN**

- Before your dental service provider starts a course of treatment, he will, upon request, prepare a "treatment plan" a written report describing his recommendations as to necessary treatment and cost.
- **It is suggested you submit a treatment plan to Great-West Life before treatment starts for any dental treatment expected to cost more than \$200.**
- A predetermination of the benefits payable for the proposed treatment will then be calculated so you know in advance the portion of the cost you will have to pay. Any predetermination of benefits is only valid for 90 days from its date of issue.

## ***COVERED EXPENSES***

The following items are considered covered expenses under this Dental care Benefit:

### ***Routine Treatment***

- complete oral examination, full-mouth series of x-rays and panoramic x-rays each limited to once in any period of 36 consecutive months
- recall examinations, polishing of teeth, bite-wing x-rays and oral hygiene instructions each limited to once in any 9 months period
- scaling of teeth
- emergency examinations
- specific oral area examinations
- topical application of fluoride solutions
- supervised fluoride brush-in, self-administered
- extractions and surgical removal of teeth and residual roots
- removal of carious lesions (caries control)
- amalgam, silicate, acrylic and composite restorations, including pin reinforcement
- diagnostic x-ray and laboratory procedures, excluding diagnostic casts
- occlusal adjustment and equilibration (limited to 8 units of time in any 12 months period)
- anesthesia required in relation to dental surgery

- professional visits limited to house calls, institutional calls and office visits after regularly scheduled hours
- consultations required by the attending dentist, including treatment planning
- inter-proximal discing of teeth
- dental surgery: extractions and surgical removal of teeth and residual roots; fibrotomy; surgical exposure; transplantation; alveoplasty; gingivoplasty; osteoplasty; frenectomy; surgical excision of cysts and tumours; incision and drainage of abscesses; treatment of fractures - simple open reduction and closed reduction; antrum lavage; closure of oroantral fistula, except following nasal antrostomy; recovery of dental root or foreign body from antrum; post-surgical care; therapeutic drug injections provided by a dentist
- endodontic services: pulp capping; vital pulpotomy; root canal therapy and apexification; periapical services including root amputation; gingival curettage; alveolectomy; hemisection; chemical bleaching; intentional removal, apical filling and reimplantation; emergency procedures
- periodontal services: application of displacement dressing; management of acute infections and other oral lesions; tooth desensitization; gingival curettage; gingivectomy; osseous surgery; osseous grafts; soft tissue grafts; vestibuloplasty; post-surgical treatment; provisional splinting; root planing; special periodontal appliances excluding appliances for treatment of temporal mandibular joint dysfunction
- adjustments, repairs, relines and re-bases to existing dentures
- space maintainers
- stainless steel crowns

## **EXCLUSIONS**

### No benefits are paid for:

- services and supplies not listed as covered expenses
- cosmetic treatment, experimental treatment, dietary planning, congenital or developmental malformation
- charges made by a dentist for broken appointments or for completion of claim forms required by Great-West Life
- orthodontic treatment
- expense of crowns (other than stainless steel crowns), bridges, dentures or denture replacement or repair, dental treatment involving the use of gold
- services or supplies rendered for full mouth reconstructions, for vertical dimension correction or for correction of temporomandibular joint dysfunction
- covered expenses for treatment of accidental injury to natural teeth completed more than 12 months after the accident
- Expenses private plans are not permitted to cover by law
- Services and supplies you are entitled to without charge by law or for which a charge is made only because you have insurance coverage
- Services or supplies that do not represent reasonable treatment  
Expenses arising from war, insurrection, or voluntary participation in a riot.

## **HOW TO MAKE A CLAIM**

Obtain form M445D from your plan administrator. Have your dental service provider complete the form and return it to the Great-West Life Benefit Payment Office as soon as possible, but no later than 15 months after the dental treatment.

## **COORDINATION OF BENEFITS**

- Benefits for you or a dependent will be directly reduced by any amount payable under a government plan. If you or a dependent are entitled to benefits for the same expenses under another group plan or as both a member and dependent under this plan or as a dependent of both parents under this plan, benefits will be coordinated so that the total benefits from all plans will not exceed expenses.
- You and your spouse should first submit your own claims through your own group plan. Claims for dependent children should be submitted to the plan of the parent who has the earlier birth date in the calendar year (the year of birth is not considered). If you are separated or divorced, the plan which will pay benefits for your children will be determined in the following order:
  1. the plan of the parent with custody of the child;
  2. the plan of the spouse of the parent with custody of the child;
  3. the plan of the parent without custody of the child;
  4. the plan of the spouse of the parent without custody of the child

You may submit a claim to the plan of the other spouse for any amount which is not paid by the first plan.

## **MEDICAL REFERRAL SERVICES CARD (BEST DOCTORS® SERVICE CARD)**

Your medical referral services card is designed to allow you, your dependents and your local physicians or specialists access to the latest technologies, the opinions of world-class specialists, and clinical guidance.

This service can assist with confirming the diagnosis of a covered condition, and can suggest the most effective treatment plan by drawing on a global database of up to 50,000 peer-ranked specialists.

If you or your dependents contract one of the covered conditions, this service can be your connection to valuable medical expertise. The service is provided in respect of the following illnesses:

- acquired immunodeficiency syndrome (AIDS)
- Alzheimer's disease
- blindness
- benign brain tumor
- cancer
- cardiovascular conditions
- coma
- deafness
- kidney failure
- loss of speech
- multiple sclerosis
- major organ transplant
- major trauma. This does not include mental trauma.
- motor neuron disease
- Parkinson's disease
- paralysis
- severe burns
- stroke

Conditions that are not directly related to the listed illnesses and some less serious forms of the covered conditions are excluded. For specific definitions of a covered condition, call the number shown below.

***This is a referral service! Neither the provider of the referral service nor Great-West Life is responsible for the quality of any treatment that may be received.***

## ***HOW IT WORKS***

- The person can access all of the medical referral services card services available by calling [1-877-419-BEST \(2378\)](tel:1-877-419-BEST) toll free
- The person will be provided with forms that he must complete
- The person's medical file will be reviewed by a team of specialists. This review usually takes 7 to 10 days from the date the person's medical file is received from his physician
- A written report outlining the conclusions and recommendations of the specialists will be forwarded to the person and his physician.

**NOTES:**





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***Special Note To Retiring Members***

***When a Member starts receiving his pension income, he will no longer be eligible for employment.***

***However, when there is a shortage of manpower a retired member may choose to return to the workforce, but will only be eligible for employment after all Active Members have been offered work.***

***Pension contribution are not permitted into a plan paying an income, therefore, hourly Pension Benefits deducted from their pay will be reimbursed by the Union.***

## ***AN INTRODUCTION TO YOUR PENSION***

### ***Plan, Building for the Future***

To help you plan for your financial security during your retirement years, your Union has established a pension plan with the Group Retirement Services a division of London Life Insurance Company. Working closely with your Union, Group Retirement Services is committed to delivering superior customer service to you and your family.

The information in this booklet provides an overview of the pension benefits available to you. While every effort has been made to ensure the accuracy of this booklet, your rights and benefits as a member of the pension plan are governed by the terms of the plan documents registered with the regulatory authorities. If you wish to review those documents or require more detailed information on the benefits available, please contact your plan administrator.

Additional information may be obtained by accessing our interactive Web site, *GRS Access*, at [www.grsaccess.com](http://www.grsaccess.com) or by calling our toll-free, automated phone service, *Access Line*, at **1-800-724-3402**.

**Note:** In this booklet “you” means a person entitled to benefits in accordance with the terms of the registered plan documents. Defined terms are capitalized throughout the booklet. Please refer to the *Glossary of Terms* at the end of this booklet for an explanation for each of the defined terms.

### ***Your Rights and Responsibilities***

You are responsible for informing yourself about the plan and your rights under it, by using the documents, information and tools made available to you. You are responsible for the investment decisions you make, including any investment decisions made on your behalf, regardless of any advice or recommendations that you may have been given by your Union, plan administrator or any of their agents. The decisions you make will impact the amount of money accumulated for your retirement.

## ***Protecting Your Personal Information***

We recognize and respect every individual's right to privacy. Group Retirement Services will establish a confidential information file that contains personal information concerning you. This information may be provided to us by you or the Union. Collection, use and disclosure of this information are used to:

- process your application
- authenticate you as a client
- administer and service the plan you applied for, including call centre and web-based servicing; in order to help us assess and improve the quality of our services, we may at times contact you for your opinion on our performance
- advise you of products and services which help plan for your financial security
- research claims, if required, and pay benefits under the plan
- create and maintain records concerning our relationship as appropriate
- upon direction from you or your Union, as applicable, transfer your business

Personal information concerning you will only be available to you, your Union, pension and related government authorities, Group Retirement Services and their affiliates and any duly authorized employees, agents, representatives or contracted third party service providers of Group Retirement Services.

## ***Information About Your Pension Plan***

The pension plan outlined in this booklet is called a defined contribution plan. With this type of plan, contributions are made to the plan at least monthly. The Accumulated Value of these contributions is used to purchase a retirement income. The exact amount of your retirement income can only be determined when you retire.

## ***Eligibility***

### ***When you are eligible to join the plan***

If you are a full-time employee, who is a member of the Union, you must join the plan on the date you join the Union.

If you are a part-time employee, who is a member of the Union, you must join the plan on the first day of the month on or after the completion of two years of Continuous employment with your Union provided you have earned not less than 35 per cent of the Year's Maximum Pensionable Earnings or have worked 700 hours in each of the two consecutive calendar years immediately before joining the plan.

### ***How to join the plan***

Your plan administrator will provide you with an application form to complete to become a member of the plan.

### ***Terminating membership in the plan***

If contributions to the plan on your behalf are no longer made, or are no longer required to be made, for a period of 24 consecutive months, your membership in the plan will be terminated. Upon termination of membership you are deemed to have terminated employment for purposes of the plan.

### ***If you are no longer a union member***

If you are no longer a member of the Union, you will not be permitted to continue to participate in the plan. The benefit to which you are entitled will remain in the plan until you terminate Union membership, retire, die or the plan terminates. Membership and service, for the purposes of determining vesting, will continue to accrue on your behalf until the benefit is payable.

## **Contributions**

### ***Your required contributions***

*You are not required to contribute to the plan.*

### ***Your voluntary contributions***

If you wish to increase the amount of your pension, you may want to make voluntary contributions to the plan. Voluntary contributions are permitted as long as the total contributions to the plan don't exceed the limits specified under the *Income Tax Act* (Canada). Your plan administrator has details about these limits.

Any voluntary contributions you choose to make will be deducted from your pay. If you prefer, voluntary contributions can be made by cash payment.

### ***Transfers into the plan***

You may transfer funds from another registered pension plan, a retirement savings plan or a deferred profit sharing plan into this plan as permitted under the *Income Tax Act* (Canada). Any amounts transferred to this plan will be treated as voluntary contributions. If these transferred funds are Locked-in, they will continue to be Locked-in and will be administered according to the Applicable Legislation.

### ***Employer contributions***

Your employer will contribute an amount in accordance with the Collective Agreement.

### **Investment Options**

Your plan provides for a variety of guaranteed and variable investment options which are listed on your *Investment Menu* included in *Your Retirement Guide*.

Group Retirement Services or your Trustees may add or remove investment options at any time.

Group Retirement Services will send you information about the investment returns and descriptions of the investment options available under your plan to you periodically.

You decide where contributions are invested by selecting from the investment options available under the plan. If you wish to change your investment options, you may do so by accessing our interactive Web site at [www.grsaccess.com](http://www.grsaccess.com), by calling our toll-free, automated phone service at **1-800-724-3402** or by completing the *Member Investment Instructions* form which is available from your plan administrator. Please allow two full business days for processing. The transfer will be effective the business day that your investment instructions are received by Group Retirement Services if prior to 2:00 p.m. EST.

If contributions are invested in a guaranteed investment, at the end of a selected guaranteed investment term, the maturity value of the guaranteed investment will be reinvested in another guaranteed investment for the same term, unless you advise otherwise before the end of the guaranteed term.

It's important to note that there may be circumstances, such as the removal or replacement of an investment option or short-term trading, where restrictions and/or fees may be imposed on your ability to invest in, or transfer contributions to, a particular investment option. Your plan administrator will provide you with further details as applicable.

If contributions are received by Group Retirement Services and investment options have not been selected, the contributions will be invested in the default option(s) selected by your plan administrator or, if a default has not been selected, in a short-term guaranteed investment selected by Group Retirement Services.

Please note that you are responsible for the investment decisions you make (including any investment decisions made on your behalf if you fail to make an election), regardless of any advice or recommendation that may have been given by your Union, plan administrator or any of their agents. In addition, the decisions you make will impact the amount of money accumulated in the plan for your retirement.

If contributions are invested in a guaranteed investment, the interest rate is guaranteed. However, if money is withdrawn before the end of the term, the money withdrawn may be subject to an adjustment and early withdrawal fee in accordance with the terms of the plan.

If contributions are invested in a variable investment fund, both the principal and any investment gain are not guaranteed. The amount you'll receive depends on the investment performance of these assets. Your plan administrator can provide further details.

### ***Default investment option***

As a member of the plan, you are responsible for selecting the investments for your plan and to review and make changes on an ongoing basis. A wide range of tools and information to assist you in making these decisions are provided. In the event that you do not make an investment selection, the Trustees have chosen the Cadence Fund as the default investment option. This investment, while likely suitable for medium or long-term investing may or may not be appropriate for you and it is important that if you have not made an investment selection that you do so. The investment return on this fund is not guaranteed and with all similar investments does involve some risk which may not suit your personal risk tolerance and investment goals. You will receive statements on a regular basis. This will be your ongoing source of information on your plan and indicate into which fund(s) your assets are invested. As well, your personal internet access to your plan and call centre services allow you to get information and make changes to ensure that your assets are invested to suit your risk tolerance and investment goals.

## ***Retirement***

### ***When you can retire under the plan***

Your normal retirement date is the first day of the month following your 60th birthday. However, you may retire early at any time up to 10 years prior to your normal retirement date. If you prefer, you may postpone receiving your retirement income beyond your normal retirement date, provided you retire no later than the end of December in the calendar year of your 71st birthday or at such a time as required under the Applicable Legislation.

## ***The amount of pension you will receive at retirement***

The pension you receive on retirement is provided by purchasing an annuity with the Accumulated Value of the employer's contributions made on your behalf. The amount you receive each month depends on your age, the Accumulated Value and the cost of purchasing your pension at retirement.

If you choose an early retirement date, you can expect the amount of your pension to be lower than if you retired at your normal retirement date because you have been in the plan for a shorter time and it is expected that you will receive payments for a longer period of time.

If you choose a later retirement date, you can expect the amount of your pension to be higher than if you retired at your normal retirement date because you have been in the plan for a longer time and it is expected that you will receive payments for a shorter period of time.

The Accumulated Value of any voluntary contributions you have made may be used to increase the amount of your pension or may be received as a cash refund.

## ***Normal form of pension on retirement***

If you have a Spouse when you retire, you will receive a monthly pension payable for your lifetime and, upon your death, for the lifetime of your Spouse. The continuing payments to your Spouse will be 60 per cent of the monthly payments that you received. If you prefer a different form of pension, a spousal waiver form must be completed and returned to your plan administrator within the 12 months period preceding your actual retirement date. Your plan administrator can provide further details regarding such a waiver.

If you do not have a Spouse when you retire, you will receive a monthly pension payable for your lifetime with payments guaranteed for 120 months.

If proof of age has not been submitted previously, you and/or your Spouse will be required to provide proof of age in the form of a birth certificate or other evidence acceptable to Group Retirement Services before your pension begins.

## **Optional forms of pension on retirement**

As an alternative to receiving the normal form of pension, you may choose one of the following:

- **Single life annuity**

A pension payable for life with payments guaranteed for a specified number of years, not to exceed 15 years.

- **Joint and survivor annuity**

A pension payable for life and, upon your death, for the lifetime of your Spouse. Either all or a percentage of the original pension amount may continue to your Spouse. You may also elect to have a portion of the pension guaranteed for a specified period, not to exceed 15 years.

- **Government integrated annuity**

If you choose to retire before you are eligible to receive a government pension, this annuity option utilizes the plan to pay a larger pension until you are eligible to receive government pension benefits. When you are eligible to receive government benefits, a corresponding reduction will be made.

- **Indexed annuity**

An indexed annuity is a pension which increases each year equal to a specified percentage of the increase in the Consumer Price Index, as determined by Statistics Canada. This percentage is subject to the maximum permitted by the *Income Tax Act* (Canada).

## ***Other retirement options available***

In place of receiving a pension at retirement and subject to any rights of your Spouse under the Act, you may elect to transfer the benefit to one of the following:

- **Locked-in retirement account**

A Locked-in Retirement Account, commonly known as a locked-in retirement savings plan, is a tax-sheltered savings vehicle under which your Locked-in pension funds accumulate until December 31 of the calendar year in which you turn age 71 (or such other time required under the Applicable Legislation). At that time (or earlier if you prefer), your Locked-in Retirement Account must be converted into a life annuity, Life Income Fund or Locked-in Retirement Income Fund as required under the Applicable Legislation.

- **Life income fund**

A Life Income Fund is used to generate retirement income. Similar to a registered retirement income fund, you must withdraw a minimum amount from your Life Income fund each year. In addition, a maximum withdrawal limit is established under the Act in order to ensure a lifetime income is provided. Subject to these limits, you select the amount of income to receive, the frequency with which you receive the income, and control the investments within your plan.

## ***Death Before Retirement***

### ***Amount of death benefit prior to retirement***

If you die before you retire, your Plan Beneficiary is entitled to receive a cash refund equal to:

- the Accumulated Value of your voluntary contributions and
- the Accumulated Value of the employer's contributions made on your behalf.

### ***Options available to your plan beneficiary***

If your Plan Beneficiary is your Spouse, your Spouse may waive entitlement to the death benefit as permitted under the Act. Your plan administrator can provide further details.

In addition, if your Plan Beneficiary is your Spouse, the amount of the cash refund may be:

- transferred to a registered retirement savings plan;
- transferred to a registered retirement income fund;
- used to purchase a life annuity; or
- transferred to another registered pension plan as permitted by the Applicable Legislation.

When an amount becomes payable to a Plan Beneficiary who qualifies as your spouse or common-law partner under the *Income Tax Act* (Canada) but does not qualify as your Spouse under the plan, the above options are available to your Plan Beneficiary, as permitted by the Applicable Legislation.

If your Spouse dies after you but before receiving the amount payable, the estate of your Spouse will receive the amount payable as a cash refund.

## ***Termination of Union Membership***

### ***Amount you will receive if you terminate Union Membership***

If you terminate employment before you have completed two years of Continuous membership in the plan, you are entitled to receive:

- the Accumulated Value of your voluntary contributions in the form of a cash refund, and
- the Accumulated Value of the employer's contributions made on your behalf in the form of a pension.

If you terminate employment after you have completed two years of Continuous membership in the plan, you are entitled to receive a pension provided by:

- the Accumulated Value of the employer's contributions made on your behalf.

### ***Transfer options available***

If you are entitled to a cash refund on termination of employment, you may transfer that benefit to one of the following, as permitted by the Applicable Legislation:

- a registered retirement savings plan;
- a registered retirement income fund;
- another registered pension plan; or
- an insurer to purchase a life annuity.

If you are entitled to a pension on termination of employment, you may transfer that benefit to one of the following, as permitted by the Applicable Legislation:

- a Prescribed Retirement Savings Arrangement;
- another registered pension plan; or
- an insurer to purchase a life annuity.

The Accumulated Value of any voluntary contributions you have made may be used to increase the amount of your pension or may be received as a cash refund.

Your plan administrator can provide direction on where to obtain further details on the options available if you terminate employment.

## ***Withdrawal of Contributions***

### ***Are withdrawals permitted at any time***

You can withdraw your voluntary contributions at any time. However, the employer's contributions made on your behalf must remain in the plan until you terminate employment, die, retire, or until the plan terminates unless a withdrawal is required by law.

Any contributions withdrawn may be subject to adjustments and fees in accordance with the provisions of the plan.

## ***Temporary Absence from Work***

### ***What happens to contributions to the plan***

If you are temporarily absent from work due to disability, leave of absence or temporary layoff, all contributions will cease during such periods.

However, if you are on maternity/parental leave of absence or absent from work as a result of a work-related injury for which you receive worker's compensation benefits. Your Union will continue to contribute to the plan for the time period required by the Applicable Legislation.

Similarly, there may be other absences required under the applicable employment legislation where your Union will continue to make contributions to the plan for the time period required by the Applicable Legislation. You may also continue to make voluntary contributions to the plan. Your plan administrator can provide you with further details.

## Information About the Plan

### *When you will receive information*

Annually, you will receive a pension statement indicating the Accumulated Value of your voluntary contributions and the employer's contributions. You will also receive a statement if:

- you retire;
- you terminate employment; or
- the plan terminates.

If you should die, your Plan Beneficiary will receive a statement outlining the options available.

Once a year, you, your Spouse, a person entitled to a benefit under the plan or an authorized agent may examine the plan documents as permitted under the Act.

### *How to get up-to-date information*

Group Retirement Services offers fast and convenient ways to access information on your plan. As soon as you become a member, you'll receive your confidential [login](#) I.D. and [password](#), in separate letters, at your home address. You can then access your plan information from your own personal computer or phone.

Visit [www.grsaccess.com](http://www.grsaccess.com)

Our password-protected, easy-to-use Web site, *GRS Access*, has been designed with your needs in mind. You can print your own statement, view and change the investment direction of your future deposits, transfer assets from one investment option to another, update your address and discover your investment personality. You will find information on the investment options in your plan, rates of return, the value of your investment options, and educational information on retirement planning... virtually everything you need to plan for your retirement. For a tour of our Web site's features, visit [the Learning Centre](#) on *GRS Access*.

**Call 1-800-724-3402**

Connect to your plan with our toll-free, automated phone service, *Access Line*, available 24 hours a day, seven days a week, from anywhere in North America. Access your account balance, transfer assets from one investment option to another, change the investment direction of your future deposits, obtain current interest rates and net unit values and check out one year gross rates of return.

If you prefer to speak with someone directly, through *Access Line* you can reach a client service representative at our **bilingual** Client Service Centre, between 8:00 a.m. and 8:00 p.m., EST.

## ***Marriage or Relationship Breakdown***

Your benefit under the plan may be subject to the rights of your Spouse in the event of marriage or relationship breakdown. You may wish to consult a lawyer about the laws governing this situation and the options available to you and your Spouse.

## ***Termination of the Plan***

Your Union expects to continue the plan indefinitely; however, reserves the right to amend or terminate the plan at any time. If the plan is terminated, you will be entitled to the Accumulated Value of your voluntary contributions and the employer's contributions made on your behalf as permitted under the Applicable Legislation.

## ***Tax Deductions***

Because the plan is registered with Canada Revenue Agency, your voluntary contributions are deductible from your taxable income up to the limits specified under the *Income Tax Act* (Canada).

However, any payment from the plan is generally considered taxable income. Any cash withdrawal is taxable in the year received and subject to withholding tax at the time of withdrawal. It may be possible to transfer the benefit on a tax-sheltered basis if permitted under the *Income Tax Act* (Canada).

## ***Benefits as Collateral***

Current legislation prohibits the assignment of rights to your pension benefits.

## Assuris Coverage

London Life Insurance Company is a member of Assuris.

Assuris is a not for profit corporation, funded by the life insurance industry, that protects Canadian policyholders against loss of benefits due to the financial failure of a member company. Details about the extent of Assuris' protection are available at [www.assuris.ca](http://www.assuris.ca) or in its brochure, which can be obtained from [info@assuris.ca](mailto:info@assuris.ca) or by calling 1-800-268-8099

## Plan Administrator

The plan will be **administered by your Union.**

## Contact Information

When you want to	Contact / Use
Do retirement planning	<ul style="list-style-type: none"><li>• Member Kit or <a href="http://www.grsaccess.com">www.grsaccess.com</a></li></ul>
Enrol in the plan	<ul style="list-style-type: none"><li>• Local 235 Benefits Office</li></ul>
Transfer between funds and/or change where funds are invested	<ul style="list-style-type: none"><li>• <a href="http://www.grsaccess.com">www.grsaccess.com</a></li><li>• Access Line (24 hours) – phone #1-800-724-3402</li><li>• Client Service Centre (8:00 a.m. to 8:00 p.m. EST) phone #1-800-724-3402</li><li>• Complete Member Investment <i>Instructions</i> form – from Local 235 Benefits Office</li></ul>
Review your fund values	<ul style="list-style-type: none"><li>• <a href="http://www.grsaccess.com">www.grsaccess.com</a></li><li>• Access Line (24 hours) - phone #1-800-724-3402</li><li>• Client Service Centre (8:00 a.m. to 8:00 p.m. EST) phone #1-800-724-3402</li></ul>
Create a statement	<ul style="list-style-type: none"><li>• <a href="http://www.grsaccess.com">www.grsaccess.com</a></li></ul>

Receive investment education

- Client Service Centre (8:00 a.m. to 8:00 p.m. EST) phone #1-800-724-3402
  - Contact Andy Loscher  
The Benefits Company  
2795 Kew Drive  
Windsor, ON N8T 3B7  
[Office](#) – (519) 258-5948
- 

Withdraw contributions

- Complete Request for Withdrawal form from Local 235 Benefits Office
- 

Change your address

- [www.grsaccess.com](http://www.grsaccess.com)
  - Call Service Centre (8:00 a.m. to 8:00 p.m. EST) – phone #1-800-724-3402
- 

Designate or change your plan beneficiary

- Complete *Designation of revocable beneficiary/trustee appointment form* Local 235 Benefits Office
- 

Learn more about investing and other retirement planning topics

- [www.grsaccess.com](http://www.grsaccess.com)
  - Smart Tools CD
  - Smart Investment Magazine
- 

For Personal Service for any of the above or individual assistance

- Contact Andy Loscher  
The Benefits Company  
2795 Kew Drive  
Windsor, ON N8T 3B7  
[Office](#) – (519) 258-5948  
Cell – (519) 919-8373

# Glossary of Terms

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## ***Accumulated Value***

The Accumulated Value refers to the contributions credited with interest and/or investment gains/losses.

## ***Act***

Act means the *Pension Benefits Act*, Revised Statutes of Ontario 1990 and regulations as amended.

## ***Applicable Legislation***

Applicable Legislation refers to the Act, the *Income Tax Act* (Canada) and regulations and any other legislation governing the administration of the plan.

## ***Collective Agreement***

Collective Agreement refers to the Provincial Collective Agreement between Ontario Sheet Metal Contractors Association, and Sheet Metal Workers' International Association and Ontario Sheet Metal Workers' Conference.

## ***Connected Person***

A Connected Person refers to an individual who:

- owns – directly or indirectly – 10 percent or more of any class of capital stock issued by the employer or any other corporation related to the employer;
- does not deal at arm's length, as defined in the *Income Tax Act* (Canada), with the employer; or
- is a specified shareholder of the employer according to the *Income Tax Act* (Canada).

## ***Continuous***

Continuous, in reference to employment with your Union or membership in the plan, includes periods of temporary suspension of employment or membership and periods of layoff from employment. Your plan administrator can provide further details.

## **Earnings**

Earnings mean your basic salary per Collective Agreement. If contributions continue to be made to the plan while you are temporarily absent from work, your Earnings will include a prescribed amount of compensation in accordance with the *Income Tax Act* (Canada).

## **Life Income Fund**

A Life Income Fund is a retirement income fund, available upon attainment of the early retirement age, that meets the requirements of the Act and the *Income Tax Act* (Canada). The Life Income Fund is an alternative to a life annuity and provides a flexible income until you reach age 80, at which time you will receive a pension payable for life.

## **Locked-in**

When funds are “Locked-in” they cannot be received as a cash refund.

## **Locked-in Retirement Account**

A Locked-in Retirement Account is a retirement savings plan that meets the requirements of the Act and the *Income Tax Act* (Canada). The Accumulated Value transferred to a Locked-in Retirement Account may only be used to purchase a retirement income.

## **Locked-in Retirement Income Fund**

A Locked-in Retirement Income Fund is a retirement income fund, available upon attainment of the early retirement age that meets the requirements of the Act and the *Income Tax Act* (Canada). The Locked-in Retirement Income Fund is an alternative to a life annuity and provides a flexible income during your retirement years.

## Plan Beneficiary

Plan Beneficiary means your Spouse or, if you do not have a Spouse or your Spouse has waived entitlement to the death benefit, your designated beneficiary or estate.

## Prescribed Retirement Savings Arrangement

A Prescribed Retirement Savings Arrangement is a Locked-in Retirement Account, a Locked-in Retirement Income Fund, a Life Income Fund, or any other retirement arrangement stated in the Act and registered under the *Income Tax Act* (Canada).

## Spouse

A Spouse refers to the individual, who at the relevant time is married to you and is not living separate or apart from you; or

if not married to you, has been living with you in a conjugal relationship: continuously for a period of not less than three years; or

in a relationship of some permanence, if you and that individual are the natural or adoptive parents of a child.

## Union

Union refers to the Sheet Metal Workers' Union Local 235.

## Year's Maximum Pensionable Earnings

The Year's Maximum Pensionable Earnings is the maximum amount of earnings for any given year used to calculate Canada Pension Plan contributions and benefits. This amount will vary from year to year. For details, contact your local district taxation office.

**NOTES:**

**CONSULTING SERVICES PROVIDED BY:**

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**The Benefits Company Inc.**

2795 Kew Drive,  
Windsor, ON N8T 3B7

Ph: (519) 258-5948 or (877) 755-5556

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