Insurance and Retirement Plan Booklet

June 2016

For Members

By Members

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INTRODUCTION

The following pages include information on the benefits provided to members by the Member Benefits Trust (MBT). The MBT Benefit program renews annually on June 1st with confirmation of coverage mailed to members in May of each year.

Coverage includes:

- Extended Health and Dental Care offered through Green Shield Canada;
- Life and Disability coverage with Great-West Life;
- Accidental Death and Dismemberment coverage offered by Chartis Insurance;
- Critical Illness insurance offered through RBC Insurance; and
- An Employee and Family Assistance Program provided by Ceridian.

The MBT Benefit program is governed by a Board of 7 Trustees. The Trustees are members, just like you, and bios of the current Trustees can be found on the MBT website. Although the Trustees are charged with the responsibility of overseeing and managing the MBT Benefit program, all plan changes must be approved by the MBT beneficiaries at duly constituted meetings. This means that no changes will occur without member approval.

The MBT and our Insurance partners value and respect your privacy. Our insurance partners adhere to strict Privacy regulations and your personal health information is not shared by them with the MBT unless you have given express, written authorization. A copy of the MBT Privacy policy can be found on our website, www.mbt.ca. Links to our insurance partners' websites and their privacy policies are available on our website as well.

The information contained in this booklet should answer most of your questions. However, if you require further information, please contact Sarah or Tunde at the MBT office. They are there to help you navigate your Benefit coverage.

CONTACTS

Green Shield Canada (GSC):

www.greenshield.ca

Green Shield ID #: Refer to your GSC ID card

Extended Health and Dental Care: 1-888-711-1119
Travel Expenses - Canada & US: 1-800-936-6226
Outside North America: 0-519-742-3556

Great-West Life (GWL):

Life and Disability Services

www.greatwestlife.com

Short term/Long Term Disability Policy #: 156874

Group Life Policy #: 156844

Optional Group Life Policy #: 156863

Disability: 604-646-1200

Group Retirement Services

www.grsaccess.com

Policy #: 37957
Certificate #: Member UBCP #
GRS Access Line: 1-800-724-3402

LifeWorks:

www.lifeworks.ca

Employee and Family Assistance Plan: 1-877-207-8833

AIG Insurance Company of Canada

Group AD&D Policy #: BSC9029554

Optional Group AD&D Policy #: PAI9029555

POLICIES

The MBT has policies in place to ensure that your benefits and privacy are protected. Policies are available online at www.mbt.ca.

Disclaimer

This booklet provides a summary of the benefits available through the MBT program. If there is a discrepancy between this booklet and any Policy Contract, the contract will apply without exception. Please note that the information contained in Sections 2, 3 and 4 has been provided by Green Shield Canada, Great-West Life and AIG, respectively.

For more detailed information regarding your specific coverage please contact the MBT office.

SECTION 1 – GENERAL INFORMATION

ELIGIBILITY AND ENROLMENT

To qualify for benefits, you must be a member in good standing (includes Active and Withdrawn members) of the UBCP. Benefit class levels are calculated based on the previous calendar year of earnings as recorded by the UBCP in the Member Funds Tracking System (MFTS). For example, benefit class levels for the June 1, 2012 to May 31, 2013 benefit year are based on MFTS earnings from January 1, 2011 to December 31, 2011.

A Statement of Insurance Benefits outlining your benefit class level and coverage details is sent to you in May of each year by the MBT.

An enrolment package is sent to new MBT members shortly after joining. Enrolment forms must be submitted to the MBT office before your coverage commences.

EARNINGS AND VERIFICATION

The MBT relies on earnings information submitted by third parties. It is extremely important that you check your work history on a regular basis to ensure that you have received credit for all work completed, whether in BC or another province.

Pay Details are available on the UBCP website at www.ubcp.com, in the Member Only Services portion of the site. If you find a discrepancy in your *Pay Detail* please contact the UBCP immediately in order to have it corrected.

HOW PREMIUMS ARE PAID

The Producers are required to remit contributions on your behalf to both the insurance and retirement plans each time you work under a UBCP or ACTRA contract. The percentage of contributions varies depending on the Collective Agreement under which you are working. The insurance contributions are held in trust for and are used each year to pay the premiums for the insurance for which you are eligible.

Each member has their own Contribution Reserve account which is protected by CDIC coverage. If there is a shortfall between the balance of your Reserve account and the cost of the insurance for which you qualify, the MBT will subsidize the difference, through the Class Drop Protection Subsidy.

Members pay for dependent coverage, as well as for the option to maintain Health and Dental coverage.

YOUR MEMBER STATUS

Active/Withdrawn: Members must be Active or Withdrawn members of UBCP in order to participate in the Benefits Program. Certain limitations apply on Withdrawn members, please contact the MBT office for more details.

Suspended: If your status with UBCP is reactivated between June 1st and July 31st your benefit coverage will be reinstated. If your status with UBCP is reactivated at any other time during the benefit year you will not be eligible for coverage until the following June 1st.

Resigned: Benefit coverage will terminate on the 1st of the month following the effective date of your

resignation. Conversion options are available for certain benefits. Please refer to the conversion sections of the booklet for more details.

Residency: You must be a Canadian resident with valid provincial health care (i.e. BC MSP) to be eligible for Health, Dental, STD, LTD, and CI benefits. Limited benefits are available to non-resident members, including Life and AD&D insurance.

ONE CLASS DROP PROTECTION AND SUBSIDY

Fluctuating earnings can have a significant impact on a Performer's eligibility for benefit coverage. As a way to help smooth out these fluctuations, the MBT has implemented a 'Class Drop Protection' (CDP) and a 'Class Drop Protection Subsidy' (CDP Subsidy) program.

CDP helps ensure that your benefit class level will not drop by more than one class level in any given year. For example, if you were a class level 6 in the 2014/2015 Benefit Year, the lowest class level, for Health and Dental, for which you would be eligible in the 2015/2016 Benefit Year would be class level 5, no matter what your earnings were in 2015.

The CDP Subsidy is given to members who have dropped a class level under the CDP and do not have sufficient Producer contributions to cover the premium cost of that class level. This Subsidy is limited to twice in a lifetime.

Qualifying for the CDP does not necessarily mean that you will qualify for, or need, the CDP Subsidy.

OPTIONAL INSURANCE

Member Health and Dental:

You can maintain your health and dental coverage at your previous year's highest class level. This is an annual option. Information regarding cost and buy up options are included with the Statement of Insurance Benefits.

Family Health and Dental:

When you first become eligible for coverage you have the opportunity to add your dependents to your benefit package. Information on adding your dependents is sent in May with your Annual Insurance Statement.

Eligible dependents include your spouse (married or common law, must be cohabitating for at least 12 months to be considered common law) and eligible dependent children. Eligible dependent children include children under the age of 19 or children under the age of 25 who are unmarried, attending school, college, or university full time or physically or mentally handicapped and normally reside with, and totally dependent upon you for support.

Dependents can also be added if you have a Life Event (i.e. marriage, birth of a child or adoption or during an Open Enrolment). Please contact the MBT office within 45 days of a Life Event to add dependents. Open Enrolments occur at random intervals with no more than 3 years between opportunities. Members will be notified of an Open Enrolment with their Statement of Insurance Benefits.

Life and AD&D Insurance:

At the beginning of each benefit year you have the opportunity to purchase Optional Life and AD&D insurance for you and your family. For more information please refer to the GWL and Chartis portions of this booklet.

SENIOR COVERAGE

At Age 65

- A lifetime maximum of $12,500 (excluding vision and travel) is implemented for extended health and dental care coverage
- Group life coverage decreases by 50% and further reduces by 10% each subsequent year
  Critical illness, short and long term disability benefits, optional life and optional AD&D coverage terminates

At Age 70

- Travel coverage terminates for members in Classes 2 and 3
- Group life insurance is limited to a maximum of $10,000

CLAIMS

Health and Dental:

Personalized claim forms are available online at www.greenshield.ca. Original receipts must be submitted with paper claims. Paramedical and Optical providers can submit claims directly to Green Shield using their online services. Alternatively, you can submit claims online. Log in at www.greenshield.ca for more information.

Co-ordination of Benefits:

You may have health and dental benefits under this plan as well as another plan, such as your spouse's plan. Benefits can be coordinated according to the Canadian Life & Health Insurance Association guidelines. The total amount payable will not exceed 100% of the eligible expense incurred.

Your Claims: First: Submit to Green Shield (Primary)
Second: Submit to Spouse's plan (Secondary)

Spouse's Claims: First: Spouse submits to their plan
Second: Submit to your plan

If your child(ren) is covered under both plans, the primary coverage belongs to the parent whose birthday comes first in the year.

Copies of receipts must be submitted to the Secondary plan along with the Primary carrier's explanation of benefits.

Short Term and Long Term Disability:

STD Forms are available from the MBT office or online at www.mbt.ca. There are sections for both you and your Doctor to complete. Claims should be submitted to GWL within 10 days of injury or illness and must be submitted no later than 90 days after onset of injury or illness.

The MBT must complete an employer statement with your claim so please let us know when you are submitting a claim.

Forms can be submitted directly to GWL by fax to 604-***-**** or online here.

Your GWL Claims Manager will provide information to you should your claim continue to Long Term Disability.

Critical Illness:

Please contact the MBT office for claim forms.

Life/AD&D:

In the event of your death, claim forms will be mailed to the beneficiary on file. Information is forwarded to your last known address.

SECTION 2 – EXTENDED HEALTH AND DENTAL (GSC)

Services shown below will be eligible if they are usual, reasonable and customary, and are medically necessary for the treatment of an illness or injury. Please contact your benefits administrator or the Green Shield Customer Service Centre at 1.888.711.1119 to determine benefit eligibility and coverage details. All claims must be received by GSC no later than 12 months from the date the eligible service was incurred.

Co-insurance means the percentage of the eligible amount that you are entitled to receive after satisfaction of the deductible.

Co-payment means the amount that you are required to pay.

TERMINATION

Your coverage will end on the earliest of the following dates:

a) the date you no longer meet the eligibility requirements of the plan;
b) the date you attain age 70 for Travel benefit only (classes 2 and 3);
c) the end of the period for which rates have been paid to GSC for your coverage; or
d) the date the group contract terminates.

Classes are defined as follows:

- **Under Age 65**
  - Class 2 ($4,500-$7,499)
  - Class 3 ($7,500-$11,999)
  - Class 4 ($12,000-$24,999)
  - Class 5 ($25,000-$69,999)
  - Class 6 ($70,000 plus)
- **Over Age 65**
  - Class 2 ($4,500-$7,499)
  - Class 3 ($7,500-$11,999)
  - Class 4 ($12,000-$24,999)
  - Class 5 ($25,000-$69,999)
  - Class 6 ($70,000 plus)

PRESCRIPTION DRUGS

- Your overall maximum is $5,000 per calendar year
- The dispensing fee is nil, for eligible drugs dispensed at Costco pharmacies
- Smoking cessation program: one course of treatment* in any 12 month period
- Your co-payment per prescription or refill is:

Under Age 65	**Co-Pay**
Classes 2, 3, 4 & 5	25% plus rendered dispensing fee
Class 6	5% plus rendered dispensing fee
Over Age 65	
Classes 2, 3, 4 & 5	25% plus rendered dispensing fee
Class 6	5% plus rendered dispensing fee

- Ontario residents only: The Ontario Drug Benefit co-pay/deductible for seniors **is not** a benefit
- Speak to your Physician as they may prescribe a drug that is identified as a Special Authority drug under your provincial health program which may require further documentation to be eligible for coverage
- Quebec residents only: Legislation states that GSC is obligated to follow RAMQ reimbursement guidelines for all residents of Quebec. For those 65 years of age and under, GSC is primary payer.
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* Treatment includes oral drugs that legally require a prescription and, if you choose, counselling by a pharmacist.

Prescription drug benefits, only if a benefit of the provincial drug formulary in the plan member's province of residence, are eligible if they:

a) are prescribed by a legally qualified medical practitioner or dental practitioner as permitted by law; and
b) legally require a prescription and have a Drug Identification Number (DIN); and
c) are paid on either a Pay Direct basis or are submitted by paper claim.

If a benefit of the provincial drug formulary in the plan member's province of residence and approved by GSC, this plan includes drugs with a Drug Identification Number (DIN) that do not legally require a prescription, including insulin and all other approved injectables, as well as related supplies such as diabetic syringes, needles. In addition, this plan includes all vaccines.

Certain drugs may require prior approval. Your Pharmacist is aware of the drugs that fall into this category.

Maintenance drugs required to treat lifelong chronic conditions must be purchased in a 90-day supply of a prescription at any one time. Non-maintenance drugs may be purchased in a supply not exceeding 3-months (90-day) supply of a prescription at any one time. However, for all drugs, 6 months for a vacation supply may be purchased and not more than a 13-month supply in any 12 consecutive months.

Benefits do not include drugs for the treatment of obesity, erectile dysfunction, infertility and nicotine replacement products (such as patches, gum, lozenges, and inhalers).

EXTENDED HEALTH SERVICES

- Your overall deductible is nil
- Your overall maximum is:

Under Age 65	**Overall Health Maximum**
Classes 2, 3, 4, 5, & 6	N/A
Over Age 65	
Classes 2, 3, 4, 5, & 6	$12,500 per lifetime excluding Vision and Travel

- Stated maximums are expressed in Canadian dollars
- Your co-insurance for Extended Health Services is 95%
- Co-insurance applies to Emergency Transportation, Accidental Dental, Medical Items, Private Duty Nursing in the Home and Professional Services

Emergency Transportation

Ambulance Transportation, for land or air ambulance to the nearest hospital equipped to provide the required treatment.

Accidental Dental

Reimbursement for the services of a licensed dental practitioner for dental care when necessitated by a direct blow to the mouth and not by an object wittingly or unwittingly placed in the mouth. The accident must occur while the coverage is in force. When natural teeth have been damaged eligible services are limited to one set of artificial teeth. You must notify GSC immediately following the accident and the treatment must commence within 180 days of the accident.

GSC will not be liable for any services performed after the earlier of a) 365 days following the accident, or b) the date you or your dependent cease to be covered under this plan.

No amount will be paid for periodontia or orthodontia treatments.

Charges will be based on the current Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered. Approval will be based on the current status and/or benefit level of the covered person at the time that we are notified of the accident. Any change in coverage will alter GSC's liability.

In the event of a dental accident, claims should be submitted under the health benefit plan before submitting them under the dental plan.

Hospital Accommodation

- Semi-Private Room in a public general hospital

Hearing Care

Reimbursement will be made for standard hearing aids, repairs or replacement parts up to a maximum of $750 every 5 years. Batteries are not eligible.

Medical Items

Prosthetic Appliances and Durable Medical Equipment as well as replacements, repairs, fittings and adjustments of such devices. Contact the Customer Service Centre to verify eligibility of a particular benefit.

Private Duty Nursing in the Home

Private duty nursing benefits for the services of a Registered Nurse (R.N.) or Registered Practical Nurse (R.P.N.)/Licensed Practical Nurse (L.P.N.) in the home on a visit or shift basis.

Under Age 65	**Maximum**
Classes 2, 3, 4, 5, & 6	$15,000 per year beginning June 1
Over Age 65	
Classes 2, 3, 4, 5, & 6	Included in the overall Extended Health Services Lifetime Maximum

Professional Services

- Physiotherapist, Psychologist, Chiropractor, Osteopath, Podiatrist/Chiropodist, Naturopath, Registered Massage Therapist (medical referral required), Speech Therapist and Acupuncturist.

Under Age 65	**Per Visit Maximum**	**Per Practitioner Maximum**	**Combined Maximum**
Classes 2 & 3	$30	$500	$900
Class 4	$40	$500	$900
Class 5	$50	$500	$900
Class 6	$50	$800	$2,000
Over Age 65			
Classes 2 & 3	$30	$500	$900
Class 4	$40	$500	$900
Class 5	$50	$500	$900
Class 6	$50	$800	$2,000

NOTE:

- Podiatry services are not eligible until your Alberta / Ontario health insurance plan annual maximums have been exhausted

- Professional Services are only eligible when the practitioner rendering the service is a member in good standing with their provincial regulatory agency or an active member of a professional association, either of which must be recognized by GSC. Please contact the GSC Customer Service Centre to confirm eligibility when in doubt

Vision

- Your Vision benefit for prescription eye glasses or contact lenses, or medically necessary contact lenses, or laser eye surgery, provided they are dispensed by an Optometrist, an Optician or an Ophthalmologist

Commencement of your benefit period is based on the initial date you receive vision benefits. This is the date of service **(payment in full)** of the eyewear.

Under Age 65	**Maximum**
Classes 2, 3, 4 & 5	$250 every 24 months with an additional $250 after 12 months with a prescription change
Class 6	$300 every 24 months with an additional $300 after 12 months with a prescription change
Over Age 65	
Classes 2, 3, 4 & 5	$250 every 24 months with an additional $250 after 12 months with a prescription change
Class 6	$300 every 24 months with an additional $300 after 12 months with a prescription change

Eye examinations performed by a registered, licensed Optometrist or Physician limited to one exam every 2 years, up to a maximum of $65 per claim and subject to the Extended Health Services co-insurance.

TRAVEL

- Travel benefits are eligible for the first **90** days per trip
- Your maximum is $1,000,000 per covered person per calendar year for Emergency Services and $50,000 per calendar year for Referral Services
- Hospital and medical services are eligible only if your provincial health insurance plan provides payment toward the cost of incurred services.
- Deductible and co-payments do not apply to Travel
- Travel is not eligible to plan members over age 70 for classes 2 and 3

Expenses arising as a result of a medical emergency while you or an eligible dependent are temporarily outside of your regular province of residence for vacation, business, or education will be considered eligible under the Travel benefit.

To qualify for benefits, the claimants must be covered by their respective provincial government health plan or equivalent at the time the expenses are incurred.

Eligible travel benefits will be considered based on the reasonable and customary charges in the area where they were received, less the amount payable by your provincial health insurance plan.

All dollar maximums and limitations are stated in Canadian currency. Reimbursement will be made in Canadian funds or U.S. funds for both providers and plan members, based on the country of the payee. For payments that require currency conversion, the rate of exchange used will be the rate in effect on the date of service of the claim.

Upon notification of the necessity for treatment of an accidental injury or medical emergency, **the patient must contact GSC Travel Assistance within 48 hours of commencement of treatment.**

> **Emergency means** a sudden, unexpected injury, illness or acute episode of disease that requires immediate medical attention **and could not have been reasonably anticipated based upon the patient's prior medical condition**. This includes treatment (non-elective) for immediate relief of severe pain, suffering or disease that cannot be delayed until you or your dependent is medically able to return to your province of residence.
>
> Any invasive or investigative procedures must be pre-approved by GSC Assistance Medical Team.

Eligible benefits are limited to the maximum days per trip as shown above commencing with the date of departure from your province of residence. If you are hospitalized on the last day shown above, your benefits will be extended until the date of discharge.

1. **Hospital services and accommodation** up to a standard ward rate in a public general hospital;

2. **Medical/surgical services** rendered by a legally qualified physician or surgeon to relieve the symptoms of, or to cure an unforeseen illness or injury;

3. **Emergency Transportation**

   - **Land ambulance** to the nearest qualified medical facility

   - **Air ambulance -** the cost of air evacuation (including a medical attendant when necessary) between hospitals and for hospital admission into Canada when approved in advance by your provincial health insurance plan or to the nearest qualified medical facility

4. **Referral services** – (a) hospital services and accommodation, up to a standard ward rate in a public general hospital, and/or (b) medical surgical services rendered by a legally qualified physician or surgeon;

   - **Prior to the commencement of any referral treatment, written pre-authorization** from your provincial health insurance plan and GSC **must be obtained**. Your provincial health insurance plan may cover this referral benefit entirely. You must provide GSC with a letter from your attending physician stating the reason for the referral, and a letter from your provincial health insurance plan outlining their liability. **Failure to comply in obtaining pre-authorization will result in non-payment**

5. **Services of a registered private nurse** up to a maximum of $5,000 per calendar year, at the reasonable and customary rate charged by a qualified nurse (R.N.) registered in the jurisdiction in which treatment is provided. You must contact GSC Travel Assistance for pre-approval;

6. **Diagnostic laboratory tests and X-rays** when prescribed by the attending physician. Except in emergency situations, GSC Travel Assistance must pre-approve these services (i.e. cardiac catheterization or angiogram, angioplasty and bypass surgery);

7. **Reimbursement of prescriptions** for drugs, serums and injectables which require a prescription by law and are prescribed by a legally qualified medical practitioner (vitamins, patent and proprietary drugs are excluded). Submit to GSC Travel Assistance the original paid receipt from the pharmacist, physician or hospital outside your province of residence showing the name of the prescribing physician, prescription number, name of preparation, date, quantity and total cost;

8. **Medical appliances** including casts, crutches, canes, slings, splints and/or the temporary rental of a wheelchair when deemed medically necessary and required due to an accident which occurs, and when the devices are obtained outside your province of residence;

9. **Treatment by a dentist** only when required due to a direct accidental blow to the mouth up to a maximum of $2,000. Treatments (prior to and after return) must be provided within 90 days of the accident. Details of the accident must be provided to GSC Travel Assistance along with dental X-rays;

10. **Coming Home** - when your emergency illness or injury is such that:

    - GSC Assistance Medical Team specifies in writing that you should immediately return to your province of residence for immediate medical attention, reimbursement will be made for the extra cost incurred for the purchase of a one way economy airfare, plus the additional economy airfare if required to accommodate a stretcher, to return you by the most direct route to the major air terminal nearest the departure point in your province of residence

      This benefit assumes that you are not holding a valid open-return air ticket. Charges for upgrading, departure taxes, cancellation penalties or airfares for accompanying family members or friends are not included;

    - GSC Assistance Medical Team or commercial airline stipulates in writing that you must be accompanied by a qualified medical attendant, reimbursement will be made for the cost incurred for one round trip economy airfare and the reasonable and customary fee charged by a medical attendant who is not your relative by birth, adoption or marriage and is registered in the jurisdiction in which treatment is provided, plus overnight hotel and meal expenses if required by the attendant

11. **Cost of returning your personal use motor vehicle** to your residence or nearest appropriate vehicle rental agency when you are unable to due to sickness, physical injury or death, up to a maximum of $1,000 per trip. We require original receipts for costs incurred, i.e. gasoline, accommodation and airfares;

12. **Meals and accommodation** up to $1,500 (maximum of $150 per day for up to 10 days) will be reimbursed for the extra costs of commercial hotel accommodation and meals incurred by you when you remain with a travelling companion or a person included in the "family" coverage, when the trip is delayed or interrupted due to an illness, accidental injury to or death of a travelling companion. This must be verified in writing by the attending legally qualified physician or surgeon and supported with original receipts from commercial organization;

13. **Transportation to the bedside** including round trip economy airfare by the most direct route from your province of residence, for any one spouse, parent, child, brother or sister, and up to $150 per day for a maximum of 5 days for meals and accommodation at a commercial establishment will be paid for that family member to:

    - be with you or your covered dependent when confined in hospital. This benefit requires that the covered person must eventually be an inpatient for at least 7 days outside your province of residence, plus the written verification of the attending physician that the situation was serious enough to have required the visit

    - identify a deceased prior to release of the body

14. **Return airfare** if the personal use motor vehicle of you or your covered dependent is stolen or rendered inoperable due to an accident, reimbursement will be made for the cost of a one-way economy airfare to return you by the most direct route to the major airport nearest your departure point in your province of residence. An official report of the loss or accident is required;

15. **Return of deceased** up to a maximum of $5,000 toward the cost of embalming or cremation in preparation for homeward transportation in an appropriate container of yourself or your covered dependent when death is caused by illness or accident. The body will be returned to the major airport nearest the point of departure in your province of residence. The benefit excludes the cost of a burial coffin or any funeral-related expenses, makeup, clothing, flowers, eulogy cards, church rental, etc;

GSC TRAVEL ASSISTANCE SERVICE

The following services are available 24 hours per day, 7 days per week through GSC's international medical service organization.

These services include:

- Access to Pre-trip Assistance (prior to departure): Canada Direct Calling Codes; information about vaccinations; government issued travel advisories; and VISA/document requirements for entry into country of destination
- Multilingual assistance
- Assistance in locating the nearest, most appropriate medical care
- International preferred provider networks
- GSC Assistance Medical Team consultative and advisory services, including second opinion and review of appropriateness and analysis of the quality of medical care
- Assistance in establishing contact with family, personal physician and employer as appropriate
- Monitoring of progress during treatment and recovery
- Emergency message transmittal services
- Translation services and referrals to local interpreters as necessary
- Verification of coverage facilitating entry and admissions into hospitals and other medical care providers
- Special assistance regarding the co-ordination of direct claims payment
- Co-ordination of embassy and consular services
- Management, arrangement and co-ordination of emergency medical transportation and evacuation as necessary
- Management, arrangement and co-ordination of repatriation of remains
- Special assistance in making arrangements for interrupted and disrupted travel plans resulting from emergency situations to include:
  - the return of unaccompanied travel companions
  - travel to the bedside of a stranded person
  - rearrangement of ticketing due to accident or illness and other travel related emergencies
  - the return of a stranded personal use motor vehicle and related personal items

- Knowledgeable legal referral assistance
- Co-ordination of securing bail bonds and other legal instruments
- Special assistance in replacing lost or stolen travel documents including passports
- Courtesy assistance in securing incidental aid and other travel related services
- Emergency and payment assistance for major health expenses, which would result in payments in excess of $200

How Travel Assistance Service Works

For assistance dial **1.800.936.6226** within Canada and the United States or call collect **0.519.742.3556** when traveling outside Canada and the United States. These numbers appear on your GSC Identification card.

Quote the GSC travel assist group number and your GSC Identification Number, found on your GSC Identification card, and explain your medical emergency. **You must always be able to provide your GSC Identification Number and your provincial health insurance plan number.**

A multilingual Assistance Specialist will provide direction to the best available medical facility or legally qualified physician able to provide the appropriate care.

Upon admission to a hospital or when consulting a legally qualified physician or surgeon for major emergency treatment, we will guarantee the provider (hospital, clinic or physician), that you have both provincial health insurance plan coverage and GSC travel benefits as detailed above.

The provider may then bill GSC Travel Assistance directly for these approved services for amounts in excess of $200.

GSC Assistance Medical Team will follow your progress to ensure that you are receiving the best available medical treatment. These physicians also keep in constant communication with your family physician and your family, depending on the severity of your condition.

When calling collect while travelling outside Canada and the United States, you may require a Canada Direct Calling Code. In the event that a collect call is not possible, keep your receipts for phone calls made to GSC Travel Assistance and submit them for reimbursement upon your return to Canada.

Travel Limitations

1. Coverage becomes effective at the time you or your dependent crosses the provincial border departing from their province of residence and terminates upon crossing the border returning to their province of residence on the return home. If traveling by air, coverage becomes effective at the time the aircraft takes off in the province of residence and terminates when the aircraft lands in the province of residence on the return home;

2. Upon notification of the necessity for treatment of an accidental injury or medical emergency, GSC's Assistance Medical Team reserves the right to determine whether repatriation is appropriate if the patient's medical condition will require immediate or scheduled care. Such repatriation is mandatory, where the Assistance Medical Team determines that the patient is medically fit to travel and appropriate arrangements have been made to admit the patient into the provincial government health care system of their province of residence. Repatriation will ensure continued coverage under the plan. Should the patient opt not to be repatriated or elects to have such treatment or surgery outside their province of residence, the expense of such continuing treatment will not be an eligible benefit;

   The patient must contact GSC Travel Assistance within 48 hours of commencement of treatment. Failure to notify us within 48 hours may result in benefits being limited to only those expenses incurred within the first 48 hours of any and each treatment/incident or the plan maximum, whichever is the lesser of the two;

3. Air ambulance services will only be eligible if:
   - they are pre-approved by GSC Travel Assistance
   - there is a medical need for you or your dependent to be confined to a stretcher or for a medical attendant to accompany you during the journey
   - you or your dependent are admitted directly to a hospital in your province of residence, and
   - medical reports or certificates from the dispatching and receiving legally qualified physicians are submitted to GSC Travel Assistance
   - proof of payment (including air ticket vouchers or air carrier invoices) is submitted to GSC Travel Assistance

4. If planning to travel in areas of political or civil unrest, or in areas where Global Affairs Canada (GAC) has issued a formal travel warning regarding non-essential travel, contact GSC Travel Assistance for pre-travel advice, as we may be unable to guarantee assistance services;

5. GSC reserves the right, without notice, to suspend, curtail or limit its services in any area in the event of political or civil unrest, including rebellion, riot, military uprising, labour disturbance or strike, act of God, or refusal of authorities in a foreign country to permit GSC to provide service. This includes travel in any area if at the time of booking the trip (including delay of travel), or before your departure date, Global Affairs Canada (GAC) issued a formal travel warning advising Canadians to avoid all or non-essential travel to that specific country, region or city due to a likely or actual epidemic or pandemic, (non-essential travel will be deemed as anything other than a significant medical or family emergency, such as the death of a family member);

Travel Exclusions

In addition to the General Overall Exclusions, eligible benefits do not include and reimbursement will not be made for:

1. Any expenses incurred for the treatment related directly or indirectly to a pre-existing or pre-diagnosed medical condition that, at the time of your departure from your province of residence, was not completely stable (in the opinion of GSC Assistance Medical Team) and where medical evidence suggested a reasonable expectation that treatment or hospitalization could be required while traveling. GSC reserves the right to review your medical information at the time of claim.

2. Any expenses incurred for treatment or surgery that is not required for the immediate relief of acute pain or suffering as recommended by a legally qualified physician or surgeon. Eligible benefits will not be reimbursed for treatment or surgery that could reasonably be delayed until you return to your province of residence;

3. Any expenses incurred for treatment or surgery not covered under your provincial health insurance plan or for expenses incurred for treatment or surgery towards which your provincial health insurance plan has not provided payment;

4. Any expenses incurred for services, treatment or surgery received once the patient has opted to not be repatriated or elects to have such treatment or surgery outside their province of residence;

5. Any claims arising directly or indirectly from any medical condition you suffer or contract in a specific country, region or city due to an epidemic or pandemic, if at the time of booking the trip (including delay of travel), or before your departure date, Global Affairs Canada (GAC) issued a formal travel warning advising Canadians to avoid all or non-essential travel to that specific country, region or city. In this exclusion a medical condition is limited to the reason for which the formal travel warning was issued and includes complications arising from such medical condition;

6. Treatment or services required for ongoing care, rest cures, health spas, elective surgery, check-ups or travel for health purposes, even if the trip is on the referral of a physician;

7. Treatment or service that you elect to have performed outside Canada when the medical condition would not prevent your return to Canada for such treatment;

8. Abusive or excessive consumption of medication, drugs or alcohol and the ensuing consequences, including, and as a result of, in connection with or in any way associated with driving a motorized vehicle while impaired by drugs, alcohol or toxic substances or an alcohol level of more than 80 milligrams in 100 millilitres of blood. (A motorized vehicle means any form of transportation which is propelled or driven by a motor and includes, but is not restricted to an automobile, truck, motorcycle, moped, snowmobile, or boat);
9. Amounts paid or payable under any Workplace Safety and Insurance Board or similar plan;

10. Hospital and medical care for childbirth occurring within 8 weeks of the expected delivery date from the date of departure, or deliberate termination of pregnancy;

11. Treatment or service provided in a chronic care or psychiatric hospital, chronic unit of a general hospital, Long-Term Care (LTC) Facility, health spa, or nursing home;

12. Services received from a chiropractor, chiropodist, podiatrist, or for osteopathic manipulation;

13. Cataract surgery or the purchase of eyeglasses or hearing aids;

14. Any expenses incurred during any trip taken for the purpose of seeking medical treatment or advice that have not been previously authorized as outlined in referral services

GSC does not assume responsibility for nor will it be liable for any medical advice given, but not limited to a physician, pharmacist or other healthcare provider or facility recommended by GSC Travel Assistance.

DENTAL

- *Benefit Year is June 1 to May 31, stated maximums are expressed in Canadian dollars
- Basic services cover recalls once every 6 months, other exams and full mouth X-rays every 3 year
- Comprehensive basic services cover denture relines once every 3 years
- Major services cover standard dentures, crowns and bridges once every 5 years
- Applicable lab, drug and other expenses are eligible to a maximum of 40% of the allowable professional fee. Any applicable co-payment is then applied
- Your eligible claims are reimbursed at the level stated above and in accordance with:
  - the current Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered
  - for independent Dental Hygienists, the current Provincial Dental Hygienists' Association Fee Guide in the province where services are rendered
- Your co-insurance is applied to the eligible allowed amount

	Co-pay			**Deductible**
	Basic & Comprehensive Basic Services	Major Services	Orthodontic Services	
Under Age 65				
Class 2	NO DENTAL			
Class 3	50%	-	-	Nil
Class 4	20%	50%	-	$50 per family per benefit year*
Class 5	0%	20%	50%	Nil
Class 6	0%	0%	50%	Nil
Over Age 65				
Class 2	NO DENTAL			
Class 3	50%	-	-	Nil
Class 4	20%	50%	-	$50 per family per benefit year*
Class 5	0%	20%	50%	Nil
Class 6	0%	0%	50%	Nil

	Maximum		
	Basic & Comprehensive Basic Services	Major Services	Orthodontic Services
Under Age 65			
Class 2	NO DENTAL		
Class 3	$500 per benefit year*	-	-
Class 4	$1,000 per benefit year*	Combined w/Basic	-
Class 5	$2,500 per benefit year*	Combined w/Basic	$1,000 per lifetime
Class 6	$2,500 per benefit year*, overall $4,000 combined maximum per benefit year for Basic, Comprehensive Basic and Major Services	$2,500 per benefit year*, overall $4,000 combined maximum per benefit year for Basic, Comprehensive Basic and Major Services	$2,500 per lifetime
Over Age 65			
Class 2	NO DENTAL		
Class 3	$500 per benefit year*	-	-
Class 4	$1,000 per benefit year*	Combined w/Basic	-
Class 5	$2,500 per benefit year*	Combined w/Basic	$1,000 per lifetime
Class 6	$2,500 per benefit year*, overall $4,000 combined maximum per benefit year for Basic, Comprehensive Basic and Major Services	$2,500 per benefit year*, overall $4,000 combined maximum per benefit year for Basic, Comprehensive Basic and Major Services	$2,500 per lifetime

Basic Services

- Recalls include exams, bitewing X-rays, preventive cleanings and fluoride treatments
- Complete, general or comprehensive oral exams, full mouth X-rays and panoramic X-rays
- Basic restorations, fillings and inlays
- Extractions and surgical services. General anaesthesia and intravenous sedation only when done in conjunction with eligible oral surgery

Comprehensive Basic Services

- Endodontic treatment including standard root canal therapy, excluding retreatments
- Periodontal treatment including scaling and/or root planing
- Standard denture services including relining and rebasing of dentures only after 6 months have elapsed from the installation of a denture, plus denture adjustments only after 3 months have elapsed from the installation of a denture

Major Services (if applicable, refer to chart above)

- Standard dentures, complete, immediate and partial
- Standard crown restorations or onlays on natural teeth
- Repair or recementing of crowns, onlays and bridgework on natural teeth
- Standard bridges, including pontics, abutment retainers/crowns on natural teeth based on the date of the tooth/teeth extractions

Orthodontic Services (if applicable, refer to chart above)

- Orthodontic treatment to straighten teeth and correct the bite

- When a lump sum fee has been paid toward orthodontic treatment, the total amount of the claim will be split into separate portions to allow for payment of an initial fee (approximately one-third of the total lump sum), and the balance of the claim will be divided into monthly fees of equal amounts to be reimbursed over the duration of the treatment. Receipts for payment must be received by GSC no later than 12 months from the date the service is incurred while treatment is in progress, not at the end of the treatment

- If orthodontic treatment is terminated for any reason before completion, the obligation to pay benefits will cease with payment to the date of termination. If such services are resumed, benefit for the remaining services, will be resumed. The benefit payment for orthodontic services will be only for the months that coverage is in force

Alternate Treatment

The group benefit plan will reimburse the amount shown in the Fee Guide for the least expensive service or supply, provided that both courses of treatment are a benefit under the plan.

Predetermination

Before your treatment begins:

- for all proposed treatment for crowns, onlays and bridges, an estimate completed by your dental practitioner, **must** be submitted for assessment. Our assessment of the proposed treatment, may result in a lesser benefit being payable or may result in benefits being denied. Failure to submit an estimate prior to beginning your treatment will result in the delay of the assessment.

- if the total cost of any other proposed treatment is expected to exceed $300, it is recommended that you submit an estimate completed by your dental practitioner.

GENERAL INFORMATION

GENERAL OVERALL EXCLUSIONS

Eligible Services do not include and reimbursement will not be made for:

1. services or supplies received as a result of disease, illness or injury due to:
   a) an act of war, declared or undeclared;
   b) participation in a riot or civil commotion; or
   c) committing a criminal offence;

2. services or supplies provided while serving in the armed forces of any country;

3. failure to keep a scheduled appointment with a legally qualified medical or dental practitioner;

4. the completion of any claim forms and/or insurance reports;

5. any specific treatment or drug which:
   a) does not meet accepted standards of medical, dental or ophthalmic practice, including charges for services or supplies which are experimental in nature, or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
   b) is an adjunctive drug prescribed in connection with any treatment or drug that is not an eligible service;
   c) is administered in a hospital or is required to be administered in a hospital in accordance with Health Canada's approved indication for use;
   d) is not dispensed by the pharmacist in accordance with the payment method used for Prescription Drugs;
   e) is not being used and/or administered in accordance with Health Canada's approved indication for use, even though such drug or procedure may customarily be used in the treatment of other illnesses or injuries;

6. service and charges for sleep dentistry;

7. services or supplies that:
   a) are not recommended, provided by or approved by the attending legally qualified (in the opinion of GSC) medical practitioner or dental practitioner as permitted by law;
   b) are legally prohibited by the government from coverage;
   c) you are not obligated to pay for or for which no charge would be made in the absence of benefit coverage or for which payment is made on your behalf by a not-for-profit prepayment association, insurance carrier, third party administrator, like agency or a party other than GSC, your plan sponsor or you;
   d) are provided by a health practitioner whose license by the relevant provincial regulatory and/or professional association has been suspended or revoked;
   e) are not provided by a designated provider of service in response to a prescription issued by a legally qualified health practitioner;

f) are primarily for cosmetic or aesthetic purposes, or are to correct congenital malformations;
g) are provided by an immediate family member related to you by birth, adoption, or by marriage and/or a practitioner who normally resides in your home. An immediate family member includes a parent, spouse, child or sibling;
h) are a replacement of lost, missing or stolen items, or items that are damaged due to negligence.
i) are from any governmental agency which are obtained without cost by compliance with laws or regulations enacted by a federal, provincial, municipal or other governmental body;

j) would normally be paid through any provincial health insurance plan, worker's compensation board or tribunal, the Assistive Devices Program or any other government agency, or which would have been payable under such a plan had proper application for coverage been made, or had proper and timely claims submission been made;
k) were previously provided or paid for by any governmental body or agency, but which have been modified, suspended or discontinued as result of changes in provincial health plan legislation or de-listing of any provincial health plan services or supplies;
l) may include but are not limited to, drugs, laboratory services, diagnostic testing or any other service which is provided by and/or administered in any public or private health care clinic or like facility, medical practitioner's office or residence, where the treatment or drug does not meet the accepted standards or is not considered to be effective (either medically or from a cost perspective, based on Health Canada's approved indication for use);
m) are provided by a medical practitioner who has opted out of any provincial health insurance plan and the provincial health insurance plan would have otherwise paid for such eligible service;
n) relates to treatment of injuries arising out of a motor vehicle accident;
o) are cognitive or administrative services or other fees charged by a provider of service for services other than those directly relating to the delivery of the service or supply.

CO-ORDINATION OF BENEFITS (COB)

Where you or your dependents have coverage with more than one carrier, claims will be co-ordinated so that reimbursement from all coverage will not exceed 100% of the actual claim. Visit our web site at greenshield.ca or call our Customer Service Centre at 1.888.711.1119 for information on COB.

SUBROGATION

GSC retains the right to subrogation if benefits have or should have been paid or provided by a third party. In cases of third party liability, you must advise your lawyer of these rights.

PLAN MEMBER ONLINE SERVICES

In addition to this booklet and our Customer Service Centre, we also provide you with access to our secure website. Self-service through the GSC website makes things quick, convenient and easy. Register today to:

- View your Benefit Plan Booklet
- Access your personal claims information, including a breakdown of how your claims were processed
- Simulate a claim to instantly find out what portion of a claim will be covered
- Submit certain claims online
- Search for a drug to get information specific to your own coverage (or coverage for your family)

- Search for eligible dental, paramedical, and vision care providers in a particular location (within Canada)
- Search for vision and hearing care providers who offer discounts to GSC plan members through our Preferred Provider Network
- Arrange for claim payments to be deposited directly into your bank account
- Print personalized claim forms and replacement Identification Cards
- Print personal Explanation of Benefits statements for when you need to co-ordinate benefits

Register online at greenshield.ca and see what our website can do for you!

GROUP CONVERSION - PRISM CONTINUUM® PROGRAM

The PRISM CONTINUUM® Program offers three plans that are focused on providing coverage for you if you are leaving a company group plan.

This program may be your solution if you, your spouse or dependent children are losing, or have lost company group health benefits within the last 60 days and are looking for guaranteed coverage.

Call 416.601.0429 in the Toronto area or toll-free at 1.800.667.0429 for an information package or visit our website at greenshield.ca. Coverage is guaranteed if you apply within 60 days of losing your GSC group benefits.

OUR COMMITMENT TO PRIVACY

The GSC Privacy Code balances the privacy rights of our group and benefit plan members and their dependents, and our employees, with the legitimate information requirements to provide customer service.

To read our privacy policies and procedures, please visit us at greenshield.ca.

SECTION 3 – LIFE AND DISABILITY (GWL)

PROTECTING YOUR PERSONAL INFORMATION

At Great-West Life, we recognize and respect the importance of privacy. When you apply for coverage or benefits, we establish a confidential file of personal information. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

We use the personal 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

We may exchange personal information with your health care providers, your plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us when necessary to administer the plan.

All claims under this plan are submitted through you as plan member. We may exchange personal information about claims with you and a person acting on your behalf when necessary to confirm eligibility and to mutually manage the claims.

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

BENEFIT SUMMARY

This summary must be read together with the benefits described in this booklet.

Basic Life Insurance

Class 0	$0
Class 1 & 2	$10,000
Class 3	$15,000
Class 4	$60,000
Class 5	$100,000
Class 6	$250,000
Class 7	$400,000

The original amount in force prior to age 65 reduces by 50% at age 65 and further reduces by 10% each subsequent year (no rounding) on the member's birthday, until his attainment of age 70. At such time his insurance shall be a flat $10,000.

Optional Life Insurance

Member	Available in $10,000 units to a maximum of $250,000, subject to approval of evidence of insurability
Spouse	Available in $10,000 units to a maximum of $250,000, subject to approval of evidence of insurability
Child	Available in $2,000 units to a maximum of $10,000. Evidence of insurability not required

Short Term Disability Income Benefits

Waiting Period	7 days
Maximum Benefit Period	52 weeks
Amount	66.7% of the first $400 of your weekly earnings plus 55% of the remainder to a maximum benefit of $1,000

Long Term Disability Income Benefits

Waiting Period	365 days

One year of eligibility

Amount	66.7% of the first $3,000 of your monthly earnings plus 50% of the remainder to a maximum benefit of $2,500

Two or more years of eligibility

Amount	66.7% of the first $3,000 of your monthly earnings plus 50% of the remainder to a maximum benefit of $5,000

STD NOTE: In order to qualify for STD benefits you must have a minimum average of $17,500 over the three calendar years prior to the current benefit year. Please refer to your statement of benefits provided by the MBT or contact the MBT office to determine whether or not you qualify for STD benefits.

LTD NOTE: In order to qualify for LTD benefits you must have a minimum average of $35,000 over the three calendar years prior to the current benefit year. Please note that if you have been a member less than three years, a two year or one year average will be used depending on your length of membership. Please refer to your statement of benefits provided by the MBT or contact the MBT office to determine whether or not you qualify for LTD benefits.

COMMENCEMENT AND TERMINATION OF COVERAGE

Insureds entering an eligible class are permitted to join the plan June 1 of every year.

- You and your dependents will be covered as soon as you become eligible.
- You must be actively at work, in good standing of the Union of BC Performers and your union dues must be paid in full when coverage takes effect, otherwise the coverage will not be effective until these requirements are met.
- Increases in your benefits while you are covered by this plan will take effect June 1 of each year, provided you are actively at work.

Your coverage terminates when your employment ends, membership in the union ends, you are no longer eligible, 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 an extension of benefits under the plan. Your employer will provide you with details.

DEPENDENT COVERAGE

Dependent means:

- Your spouse, legal or common-law.

  A common-law spouse is a person who has been living with you in a conjugal relationship for at least 12 months.

- Your unmarried children under age 19, or under age 25 if they are full-time students.

  Children under 14 days of age are not covered for Dependent Optional Life insurance.

  Children under age 19 are not covered if they are working more than 30 hours a week, unless they are full-time students.

  Children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn 19, or while they are students under 25, and the disorder has been continuous since that time.

EMPLOYEE BASIC LIFE INSURANCE

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

- Your basic life insurance terminates when your membership in the union ends, you are no longer eligible, or the policy terminates, whichever is earliest.

- You are entitled to waiver of premium benefits after you have been continuously disabled for 365 days. You will be considered disabled during the period you are entitled to receive Long Term Disability benefits.

- If any or all of your insurance terminates on or before your 65th birthday, 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 the MBT for details.

OPTIONAL LIFE INSURANCE

Optional Life Insurance allows you to choose additional coverage for yourself, your spouse and your dependent child. Check the **Benefit Summary** for the amount of Optional Life Insurance available. When you apply for Optional Life Insurance for yourself or your spouse, you must provide proof of your insurability, and the application must be approved by Great-West Life. When you apply for Optional Life Insurance for your dependent child within 31 days of eligibility, you are not required to provide proof of your child's insurability. If you apply for Optional Life Insurance for your dependent child after 31 day of eligibility or you increase the amount of coverage for your dependent child, you must provide proof of your dependent child's insurability, and the application must be approved by Great-West Life. If you, your spouse or your dependent child die within two years after applying for Optional Life Insurance, Great-West Life has the right to verify any medical information provided for you, your spouse or your dependent child. If any inconsistencies are discovered, the claim will be denied and any premiums paid will be refunded.

You may name a beneficiary for your optional life insurance and change that beneficiary at any time by completing a form available from your employer. On your death, Great-West Life will pay your life insurance to your beneficiary. If your spouse or dependent child dies, you will be paid the amount for which he or she was insured. Your employer will explain the claim requirements.

- If you are approved for waiver of premium on your basic life insurance, any optional life insurance for yourself or your spouse will also continue without premium payment as long as your basic life insurance continues but not beyond the date your optional insurance would otherwise terminate.

- If your or your spouse's optional life insurance terminates, you or your spouse may be eligible to apply for an individual conversion policy without providing proof of insurability. You must apply and pay the first premium no later than 31 days after your group insurance terminates. See the MBT for details.

- Your optional life insurance terminates when you reach age 65 or when you retire, whichever comes first. Your spouse's coverage terminates at the same time, or when he or she reaches age 65 or is no longer your spouse, whichever comes first. Your children's coverage terminates at the same time, or when they are no longer eligible dependents, whichever comes first.

Limitation
No benefit is paid for suicide within the first two years of initial or increased optional life coverage. In such a situation, Great-West Life refunds the premiums that have been received. This limitation does not apply to coverage for a dependent child.

SHORT TERM DISABILITY (STD) INCOME BENEFITS

The plan provides you with regular income to replace income lost because of a disability due to disease or injury. Benefits begin after the waiting period is over and continue until you are no longer disabled or until the end of the benefit period, whichever comes first. Check the **Benefit Summary** for the benefit amount, waiting period and benefit period.

- STD benefits are payable after the waiting period if disease or injury prevents you from doing your own job. You are **not** considered disabled if you can perform a combination of duties that regularly took at least 60% of your time to complete.
- If you have not seen a physician before the end of the waiting period, benefits will not be payable until after your first visit to the physician.
- Separate periods of disability arising from the same disease or injury are considered to be one period of disability unless they are separated by at least 2 weeks of continuous work at the same number of hours per week as you regularly worked before the disability started.
- Benefits are not taxable.
- Your STD coverage terminates when you reach age 65.

Other Income
Your STD benefit is reduced by other income you are entitled to receive while you are disabled. Other income includes:

- disability benefits you are entitled to on your own behalf under the Canada or Quebec Pension Plan, except for increases that take effect after the benefit period starts
- benefits under any Workers' Compensation Act or similar law
- benefits under a legislated automobile insurance plan where permitted by law

Earnings received from an approved rehabilitation plan or program are not used to reduce your STD benefit unless those earnings, together with your income from this plan and the other income listed above, would exceed your weekly take-home pay before you became disabled. If it does, your benefit is reduced by the excess amount.

Exception for Residual Income
Residual income is considered to be earned when it is reported to the employer. Residual income is income generated when a commercial, TV series, movie, or similar production that a performer previously worked on re-airs.

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 Coordination Benefits
Medical coordination 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.

Limitations
No benefits are paid for:

- Any period in which you do not participate or cooperate in a prescribed plan of medical treatment appropriate for your condition.
- Depending on the severity of the condition, you may be required 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.
- Any period you are eligible for Employment Insurance benefits.
- The scheduled duration of a lay-off or leave of absence.
- This does not apply to any portion of a period of maternity leave during which you are disabled due to pregnancy.
- Any period of employment, except in an approved rehabilitation plan or program.
- Any period after you fail to participate or cooperate in an approved rehabilitation plan or program.
- Any period after you fail to participate or cooperate in a recommended medical coordination program.
- Disability due to or associated with cosmetic treatment.
- Any period of confinement in a prison or similar institution.
- Disability arising from war, insurrection or voluntary participation in a riot.

How to Make a Claim
Notify your employer of your disability as soon as possible. Obtain an Employee Claim Submission Guide (form M5454) from your employer and follow the guide's instructions. Please ensure that your claim is submitted to Great-West Life within 10 days after the onset of your disability.

LONG TERM DISABILITY (LTD) INCOME BENEFITS

The plan provides you with regular income to replace income lost because of a lengthy disability due to disease or injury. Benefits begin after the waiting period is over and continue until you are no longer disabled **as defined by the policy** or you reach age 65, whichever comes first. Check the **Benefit Summary** for the benefit amount and waiting period.

- If disability is not continuous, the days you are disabled can be accumulated to satisfy the waiting period as long as no interruption is longer than 2 weeks and the disabilities arise from the same disease or injury. If your STD benefits are still being paid when the waiting period ends, the waiting period will be extended until the end of the STD benefit period, but not later than one year after your disability started.

- LTD benefits are payable for the first 24 months following the waiting period if disease or injury prevents you from doing your own job. You are **not** considered disabled if you can perform a combination of duties that regularly took at least 60% of your time to complete.

- After 24 months, LTD benefits will continue only if your disability prevents you from being gainfully employed in any job. Gainful employment is work you are medically able to perform, for which you have at least the minimum qualifications, and provides you with an income of at least 50% of your indexed monthly earnings before you became disabled.

- After the waiting period, separate periods of disability arising from the same disease or injury are considered to be one period of disability unless they are separated by at least 6 months.

- Benefits are not taxable.

- Your LTD insurance terminates when you reach age 65.

Other Income
Your LTD benefit is reduced by other income you are entitled to receive while you are disabled. Your benefit is first reduced by:

- disability benefits you or another member of your family is entitled to on the basis of your disability under the Canada or Quebec Pension Plan that are paid directly to you

- retirement benefits under the Canada or Quebec Pension Plan

- disability or retirement benefits you are entitled to on your own behalf under the Canada or Quebec Pension Plan

- benefits under any Workers' Compensation Act or similar law

There is a further reduction of your LTD benefit if the total of the income listed below exceeds 85% of your indexed monthly take-home pay before you became disabled. If it does, your benefit is reduced by the excess amount.

- your income under this plan

- benefits another member of your family is entitled to on the basis of your disability under the Canada or Quebec Pension Plan that are paid directly to you

- loss of income benefits available through legislation, except for Employment Insurance benefits, which you and any other member of your family are entitled to on the basis of your disability, including automobile insurance benefits where permitted by law

- disability benefits under a plan of insurance available through membership in an association

- employment income, disability benefits, or retirement benefits related to any employment except an approved rehabilitation plan or program (termination pay and severance benefits are included as employment income under this provision)

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 take-home pay before you became disabled. If it does, your benefit is reduced by the excess amount.

Exception for Residual Income
Residual income is considered to be earned when it is reported to the employer. Residual income is income generated when a commercial, TV series, movie or similar production that a performer previously worked on re-airs.

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 Coordination Benefits
Medical coordination 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.

Survivor Benefit
If you die while LTD income benefits are being paid, Great-West Life will pay 3 times your monthly LTD benefit to your beneficiary.

Inflation Protection
Each year, your LTD benefit will be adjusted to reflect increases in the Consumer Price Index, to a maximum increase of 3% in any year.

Limitations
No benefits are paid for:

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

- Any period in which you do not participate or cooperate in a prescribed plan of medical treatment appropriate for your condition.

- Depending on the severity of the condition, you may be required 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.

- The scheduled duration of a lay-off or leave of absence.

- This does not apply to any portion of a period of maternity leave during which you are disabled due to pregnancy.

- Any period after you fail to participate or cooperate in an approved rehabilitation plan or program.

- Any period after you fail to participate or cooperate in a recommended medical coordination program.

- Any 12-month period in which you do not live in Canada for at least 6 months.

- Any period of confinement in a prison or similar institution.

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

How to Make a Claim

Before the end of the short term disability benefit period, Great-West Life will ask the MBT to provide information to begin processing your LTD claim. All information must be submitted within 6 months of the request.

SECTION 4 – ACCIDENTAL DEATH & DISMEMBERMENT (CHARTIS)

BASIC AD&D INSURANCE
(Underwritten by Chartis)
Policy No: BSC 9029554

The Basic Accidental Death and Dismemberment (AD&D) plan covers you 24 hours a day, anywhere in the world, for specified accidental losses occurring on or off the job. If you suffer any of the losses listed below in the schedule of losses as the result of an accidental injury which results directly and independently of all other causes and the loss occurs within 365 days of the date of the accident, the benefits indicated below will be paid.

This description is a summary of the principal features of the Plan which is covered by the terms of the insurance contract with Chartis.

WHO IS COVERED?

CLASS	CLASS DESCRIPTION	PRINCIPAL SUM
0	Less than $500	No Coverage
I	$500.00 - $4499.00	$ 10,000.00
2	$ 4,500. - $ 7,499	$ 10,000.00
3	$ 7,500. - $ 11,999	$ 15,000.00
4	$ 12,000. - $ 24,999	$ 60,000.00
5	$ 25,000. - $ 69,999	$100,000.00
6	$ 70,000. - $ 99,999	$250,000.00
7	$100,000. +	$400,000.00

The original amount in force prior to age 65 reduces by 50% at age 65 and further reduces by 10% each subsequent year (no rounding) on the member's birthday, until his attainment of age 70. At such time his insurance shall be a flat $10,000.

SCHEDULE OF LOSSES

TYPE OF LOSS	AMOUNT
Loss of Life	Principal Sum
Loss of Both Hands	Principal Sum
Loss of Both Feet	Principal Sum
Loss of Entire Sight of Both Eyes	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Loss of One Hand and the Entire Sight of One Eye	Principal Sum
Loss of One Foot and the Entire Sight of One Eye	Principal Sum
Loss of One Arm	3/4 Principal Sum
Loss of One Leg	3/4 Principal Sum
Loss of One Hand	2/3 Principal Sum
Loss of One Foot	2/3 Principal Sum
Loss of The Entire Sight of One Eye	2/3 Principal Sum

TYPE OF LOSS	AMOUNT
Loss of Thumb and Index Finger of the Same Hand	1/3 Principal Sum
Loss of Speech and Hearing	Principal Sum
Loss of Speech or Hearing	2/3 Principal Sum
Loss of Hearing in One Ear	1/6 Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	2X Principal Sum
Paraplegia (total paralysis of both lower limbs)	2X Principal Sum
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	2 X Principal Sum
Loss of Use of Both Arms or Both Hands	Principal Sum
Loss of Use of One Hand or One Foot	2/3 Principal Sum
Loss of Use of One Arm or One Leg	3/4 Principal Sum
Loss of Four Fingers of One Hand	1/3 Principal Sum
Loss of All Toes of One Foot	1/8 Principal Sum

"Loss" as above used with reference to quadriplegia, paraplegia, and hemiplegia means the complete and irreversible paralysis of such limbs; as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint; as used with reference to arm or leg means complete severance through or above the elbow or knee joint; as used with reference to thumb and index finger means complete severance through or above the first phalange; and as used with reference to eye means the irrecoverable loss of the entire sight thereof.

"Loss" as above used with reference to speech means complete and irrecoverable loss of the ability to utter intelligible sounds; as used with reference to hearing means complete and irrecoverable loss of hearing in both ears.

"Loss" as used with reference to "Loss of Use" means the total and irrecoverable loss of use provided the loss is continuous for 12 consecutive months and such loss is determined to be permanent.

All claims submitted under this policy for Loss of Use must be verified by agreement between a licensed practicing physician appointed by the Policyholder and a licensed practicing physician appointed by the Company, or in the event that the two physicians so appointed cannot arrive at an agreement, a third licensed practicing physician shall be selected by the first two physicians and the majority decision of the three physicians shall be binding on the Policyholder and the Company. This procedure may be waived by the Company at its sole discretion.

Indemnity provided under this Section for all losses sustained by any one (1) Insured Member as the result of any one (1) accident, only one of the amounts so stated in said Table, the largest shall be payable.

EXPOSURE AND DISAPPEARANCE

If by reason of an accident covered by the policy an Insured Member is unavoidably exposed to the elements and, as a result of such exposure suffers a loss for which indemnity is otherwise payable hereunder, such loss will be covered under the terms of the policy.

If the body of an Insured Member has not been found within one year of disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such member was an occupant, then it shall be deemed subject to all other terms and provisions of the policy, that such Insured Member shall have suffered loss of life within the meaning of the policy.

BENEFICIARY DESIGNATION

In the event of Accidental Loss of Life, benefits shall be payable as designated in writing by the Insured Member under the Policyholder's current basic group life insurance policy. In the absence of such designation, benefits shall be payable to the Estate of the Insured Member.

All other benefits shall be payable to the Insured Member.

ADDITIONAL BENEFITS

Repatriation
If accidental death, covered by the plan, occurs more than 200 kilometres away from your permanent place of residence, the plan will reimburse the actual expenses up to $10,000 which are incurred for the preparation and shipment of the deceased's body to the place of residence.

Rehabilitation
If you suffer an injury listed in the loss schedule, this plan will pay up to $10,000 for special training, provided such training is required because of the covered injury and in order to qualify you for an occupation in which you would not be engaged except for the accident. All such expenses must be incurred within three years from the date of the accident and are limited to the cost of the training and materials needed for such training.

Family Transportation
When injuries covered by the policy result in an Insured Member being confined to a hospital, outside 200 Km from his/her permanent city of residence, within 365 days of the accident and the attending physician recommends the personal attendance of a member of the immediate family, the Company shall pay the actual expenses incurred by the immediate family member for transportation by the most direct route by a licensed common carrier to the confined Insured Member's hotel accommodation in the vicinity of the hospital, and transportation to and from the hospital but not to exceed the amount of $10,000.00.

The term "member of the immediate family" means the spouse (or common-law spouse) parents, grandparents, children age 18 and over, brother or sister of the Insured Member.

Conversion Privilege
On the date of termination of employment or during the 60 day period following termination of employment, you may change your insurance to the American Home Assurance Company's individual insurance policy. The individual policy will be effective either as of the date that the application is received by the Insurance Company or on the date that coverage under the policy ceases, whichever occurs later. The premium will be the same as you would ordinarily pay if you applied for an individual policy at that time. Application for an individual policy may be made at any office of the American Home Assurance Company. The amount of insurance benefit converted to shall not exceed that amount issued during employment.

Home Alteration and Vehicle Modification
If an Insured Member receives a payment under the Table of Losses herein and was subsequently required (due to the cause for which payment under the Table of Losses was made) to use a wheelchair to be ambulatory, then this benefit will pay, upon presentation of proof of payment:

A) The one-time cost of alterations to the injured member's residence to make it wheel-chair accessible and habitable; and

B) The one-time cost of modifications necessary to a motor vehicle, owned by the injured member, to make the vehicle accessible or driveable for the insured member.

Benefit payments herein will not be paid unless:

i) Home alterations are made on behalf of the Insured Member and carried out by an experienced individual in such alterations and recommended by a recognized organization, providing support and assistance to wheel-chair users; and

ii) Vehicle modifications are made on behalf of the Insured Member and carried out by an experienced individual in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under both Items A and B combined will not exceed $10,000.00.

Day Care Benefit

If indemnity becomes payable under the policy for accidental loss of life of an Insured Member, the Company will pay an amount equal to the lessor of the following amounts:

1) The actual cost charged by such day care center per year, or

2) 3% of the Insured's Principal Sum, or

3) $5,000.00 per year,

On behalf of any child who was an Insured's dependent at the time of such loss and is under age 13 and is currently enrolled or subsequently enrolled in an accredited day care center within 90 days following such loss.

The benefit is payable annually for a maximum of four consecutive payments but only if the dependent child continues his or her enrollment in an accredited day care center.

Seat Belt

Benefits under the policy shall be increased by 10% as regards Insured Members, if the covered member's injury or death results while he/she is a passenger or driver of a private passenger type automobile and his/her seat belt is properly fastened. Verification of actual use of the seat belt must be part of the official report of accident or certified by the investigating officer.

Waiver of Premium

In the event an Insured Member becomes totally and permanently disabled and his/her waiver of premium claim is accepted and approved under the Policyholder's current group life policy, then the premiums payable under this policy are waived as of the same date the claim is accepted and approved by the Group Life Plan Underwriter until one of the following occurs, whichever is earlier:

a) The date the Insured Member attains age 65.

b) The date of the death or recovery of the Insured Member.

c) The date the Master Policy is terminated.

Educational Benefit
If indemnity becomes payable for the accidental loss of life of an Insured Member of the Holder, under the policy, the Company shall:

1) Pay the lesser of the following amounts to or on behalf of any dependent child who, at the date of accident, was enrolled as a full time student in any institution of higher learning beyond the l2th grade level:

   a) The actual annual tuition, exclusive of room and board, charged by such institution per school year.

   b) $5,000.00 per school year.

   c) 5% of the Insured Member's Principal Sum.

Such amount will be payable annually for a maximum of four consecutive annual payments, only if the dependent child continues his education.

"Dependent Child" as used herein means any unmarried child under 26 years of age who was dependent upon the Insured Member for at least 50% of his maintenance and support.

"Institution of higher learning" as used herein includes, but is not limited to, any University, Private College, or Trade School.

2) Pay to or on behalf of the surviving spouse the actual cost incurred within 30 months from the date of death of the Insured Member as payment for any professional or trades training program in which such spouse has enrolled for the purpose of obtaining an independent source of support and maintenance, but not to exceed a maximum total payment of $5,000.00.

Continuation of Coverage
In the case of members of the Policyholder who are (1) laid-off on a temporary basis, (2) temporarily absent from work due to short-term disability, (3) on leave of absence, or (4) on maternity leave coverage shall be extended for a period of twelve (12) months, subject to payment of premium.

If an employee of the Policyholder assumes other occupational duties during the leave or lay-off period, no benefits shall be payable for a loss occurring during the performance of this occupation.

In-Hospital Indemnity Benefit
If an Insured suffers a loss under the Table of Losses as a result of a covered accident and requires that an Insured be confined to a hospital for more than five (5) consecutive days, We will pay:

a) A monthly benefit of one (1) percent of the Insured's applicable Principal Sum; or

b) For periods of less than one (1) month, one thirtieth (1/30) of the above monthly benefit per day.

Benefits are retroactive to the first (1st) day of hospital confinement.

This benefit is limited to:

a) A monthly amount not to exceed $1,000.00; and

b) A total of twelve (12) months for any covered accident.

Successive periods of hospital confinement for loss from the same covered accident separated by a period of less than three (3) months will be considered as one (1) period of hospital confinement.

The term **"Hospital"** is defined as an establishment which meets all of the following requirements:

1) Holds a license as a hospital (if licensing is required in the province);

2) Operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;

3) Provides 24-hour a day nursing service by registered or graduate nurses;

4) Has a staff of one or more licensed physicians available at all times;

5) Provides organized facilities for diagnosis, and major medical surgical facilities; and

6) Is not primarily a clinic, nursing, rest or convalescent home or similar establishment nor is not, other than incidentally, a place for alcoholics or those addicted to drugs.

EXCLUSIONS

The accident insurance plan does not cover any loss resulting from:

- Suicide or self-inflicted injuries;
- Full-time service in the Armed Forces;
- Declared or undeclared war or any act thereof;
- Injuries received during aircraft travel except for the purposes of transportation where the member is travelling as a passenger.

VOLUNTARY GROUP ACCIDENT INSURANCE PROGRAM

Daily our newspapers report tragic accidents involving people at work, at play, in automobile crashes and even in those home activities we usually think of as safe.

Behind these accidents lie the personal and financial losses that fall heavily upon the families of the victims. While the personal loss is irreparable, it is possible by means of insurance for you to minimize for your family the economic consequences.

With this thought in mind, we recommend for your serious consideration the plan of Accidental Death and Dismemberment insurance. Under this plan you may purchase coverage for yourself and your spouse and children.

WHAT DOES IT COVER?

If enrolled, a Member and/or insured family members are covered 24 hours a day, 365 days a year against covered accidents in the course of business or pleasure. Coverage includes (but is not limited to) accidents on or off the job, in the home, while driving an automobile, travelling as a passenger by train, airplane (except as limited by Exclusions explained below), automobile, or other public or private conveyance. The benefits provided under this plan are payable in addition to any other insurance which may be in effect at the time of accident. There are no geographical limits, it is worldwide accident protection.

WHO IS ELIGIBLE

Class I: All active Members of the Policyholder under the age of 70.

Class II: All Class I Members, their spouses and eligible dependent children.

"Spouse" shall mean either

a) a Husband or a Wife, or

b) an individual of the opposite sex who, immediately prior to his or her death has been residing with the Insured Member and who has been publicly represented as the Husband or Wife of the Insured Member.

WHAT AMOUNTS ARE AVAILABLE?

You may elect to insure yourself only OR yourself and your family for one of the plans outlined below:

Benefit Selection and Cost
You may choose a Principal Sum from $25,000. to $250,000. Your premiums must be paid by you to the MBT at the beginning of each Plan Year. The monthly cost for each $25,000 of Principal Sum is, as follows:

PRINCIPAL SUM	Plan I MONTHLY COST Member Only Plan	Plan II MONTHLY COST Member/Family Plan
$ 25,000.00	$ .20	$ .30
$ 50,000.00	$1.00	$1.50
$100,000.00	$2.00	$3.00
$150,000.00	$3.00	$4.50
$200,000.00	$4.00	$6.00
$250,000.00		

Effective Date of Coverage
The effective date of coverage will be the first of the month coincident with or next following receipt of the signed enrollment form by the Personnel Department of the Holder

Amount of Coverage:

Class I: From a minimum of $25,000 to a maximum of $250,000 in units of $25,000.

Class II: From a minimum of $25,000 to a maximum of $250,000 in units of $25,000. with the following percentages automatically applying to family members: a) Spouse only - 60% of member's amount; b) Spouse and Children - Spouse 50% of member's amount and each Child 15% of member's amount; c) Children only - each Child 20% of member's amount.

WHAT BENEFITS ARE PROVIDED?

If death, dismemberment or loss of sight occurs within one year after the date of the accident, the following benefits will be paid:

TYPE OF LOSS	AMOUNT
Loss of Life	Principal Sum
Loss of Both Hands	Principal Sum
Loss of Both Feet	Principal Sum
Loss of Entire Sight of Both Eyes	Principal Sum
Loss of One Hand and One Foot	Principal Sum
Loss of One Hand and the Entire Sight of One Eye	Principal Sum
Loss of One Foot and the Entire Sight of One Eye	Principal Sum
Loss of One Arm	3/4 Principal Sum
Loss of One Leg	3/4 Principal Sum
Loss of One Hand	2/3 Principal Sum
Loss of One Foot	2/3 Principal Sum
Loss of The Entire Sight of One Eye	2/3 Principal Sum
Loss of Thumb and Index Finger of the Same Hand	1/3 Principal Sum
Loss of Speech and Hearing	Principal Sum
Loss of Speech or Hearing	2/3 Principal Sum
TYPE OF LOSS	**AMOUNT**
Loss of Hearing in One Ear	1/6 Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	2X Principal Sum
Paraplegia (total paralysis of both lower limbs)	2X Principal Sum
Hemiplegia (total paralysis of upper and lower limbs of one side of the body)	2 X Principal Sum
Loss of Use of Both Arms or Both Hands	Principal Sum
Loss of Use of One Hand or One Foot	2/3 Principal Sum
Loss of Use of One Arm or One Leg	3/4 Principal Sum
Loss of Four Fingers of One Hand	1/3 Principal Sum
Loss of All Toes of One Foot	1/8 Principal Sum

TO WHOM ARE BENEFITS PAID?

The employee accidental death benefit will be paid to the designated beneficiary or the estate if no such designation is made. All other indemnities payable (including benefits payable for losses sustained by covered dependents will be paid to the Insured Member).

ADDITIONAL BENEFITS

Rehabilitation Benefit
When injuries shall result in a payment being made by the Company under the Accidental Death and Dismemberment Indemnity section of the policy, the Company will pay in addition:

The reasonable and necessary expenses actually incurred up to a Limit of $10,000.00 for special training of the Insured Member provided:

a) Such training is required because of such injuries and in order for the Insured Member to be qualified to engage in an occupation in which he would not have been engaged except for such injuries,

b) Expenses be incurred within two years from the date of the accident,

c) No payment shall be made for ordinary living, travelling or clothing expenses.

Repatriation Benefit
When injuries covered result in loss of life of an Insured Member outside of 200 Km and within 365 days of the date of the accident, the Insurance Company will pay the actual expenses incurred for preparing the deceased for burial and shipment of the body to the city of residence of the deceased but not to exceed the amount of $10,000.00.

Waiver of Premium
In the event an Insured Member becomes totally and permanently disabled and his/her waiver of premium claim is accepted and approved under the Policyholder's current group life policy, then the premiums payable under this policy are waived as of the same date the claim is accepted and approved by the Group Life Plan Underwriter until one of the following occurs, whichever is earlier:

a) The date the Insured Member attains age 65.

b) The date of the death or recovery of the Insured Member.

c) The date the policy is cancelled.

Common Disaster
If Plan II is selected to cover both member and spouse and both member and spouse die as a result of injuries sustained in the same accident, the Principal Sum payable for loss of life of the spouse will be increased to equal that payable for loss of life of the member.

Conversion Option
In the event of the member's termination of employment, conversion to an individual accident insurance plan will be allowed. This conversion allows the employee to purchase any amount of accident insurance up to the member's Principal Sum amount at the time of termination. Such application for conversion is to be made within 60 days of the date of termination. Premium rates will be the Insurance Company's current individual rates at the time of conversion based on age and occupation.

Day Care Benefit
If indemnity becomes payable under the policy for accidental loss of life of an insured member or insured spouse, who at the date of the accident had also insured his or her dependent children under the policy, the Company will pay an amount equal to the lesser of the following amounts:

1) The actual cost charged by such day care center per year, or

2) 3% of the Member's Principal Sum, or

3) $5,000.00 per year,

On behalf of any child who was an Member's dependent at the time of such loss and is under age 13 and is currently enrolled or subsequently enrolled in an accredited day care center within 90 days following such loss.

The benefit is payable annually for a maximum of four consecutive payments but only if the dependent child continues his or her enrollment in an accredited day care center.

Seat Belt Rider
Benefits under the policy shall be increased by 10% as regards Insured Member, if the covered person's injury or death results while he/she is a passenger or driver of a private passenger type automobile and his/her seat belt is properly fastened. Verification of actual use of the seat belt must be part of the official report of accident or certified by the investigating officer.

Family Transportation
When injuries covered by the policy result in an Insured Member being confined to a hospital, outside 200 Km from his/her permanent city of residence, within 365 days of the accident and the attending physician recommends the personal attendance of a member of the immediate family, the Company shall pay the actual expenses incurred by the immediate family member for transportation by the most direct route by a licensed common carrier to the confined Insured Member but not to exceed the amount of $10,000.00.

The term "member of the immediate family" means the spouse (or common-law spouse) parents, grandparents, children age 18 and over, brother or sister of the Insured Member.

Exposure and Disappearance
If by reason of a covered accident the Insured Member is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which benefits are otherwise payable, the loss will be covered under the terms of the plan.

If an Insured Member has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which an Insured Member was an occupant, then the Insurance Company will consider, subject to all other terms and provisions of the plan, that the Insured Member has suffered loss of life.

Continuance of Coverage
In the case of employees of the Policyholder who are (1) laid-off on a temporary basis, (2) temporarily absent from work due to short-term disability, (3) on leave of absence, or (4) on maternity leave coverage shall be extended for a period of twelve (12) months, subject to payment of premium.

If a Member of the Policyholder assumes other occupational duties during the leave or lay-off period, no benefits shall be payable for a loss occurring during the performance of this occupation.

Child Enhancement Benefit
With the exception of Loss of Life, all indemnities provided under the Table of Losses of this policy are doubled with respect to Insured Dependent Child.

The maximum amount payable shall not exceed $100,000.00 combined.

This benefit is not applicable if Loss of Life occurs within ninety (90) days after the date of the accident.

Extended Family Benefit
In the event of loss of Insured Member from death, coverage may be extended to the spouse and dependent children for 6 months if premiums are paid.

Educational Benefit
If indemnity becomes payable for the accidental loss of life of an Insured Member of the Holder, who, at the date of accident, had also insured his spouse and dependent child(ren) under the policy, the Company shall:

1) Pay the lesser of the following amounts to or on behalf of any dependent child who, at the date of accident, was enrolled as a full time student in any institution of higher learning beyond the l2th grade level:

    a) The actual annual tuition, exclusive of room and board, charged by such institution per school year.

    b) $5,000.00 per school year.

    c) 5% of the Insured Member's Principal Sum.

Such amount will be payable annually for a maximum of four consecutive annual payments, only if the dependent child continues his education.

"Dependent Child" as used herein means any unmarried child under 26 years of age who was dependent upon the Insured Member for at least 50% of his maintenance and support.

"Institution of higher learning" as used herein includes, but is not limited to, any University, Private College, or Trade School.

2) Pay to or on behalf of the surviving spouse the actual cost incurred within 30 months from the date of death of the Insured Member as payment for any professional or trades training program in which such spouse has enrolled for the purpose of obtaining an independent source of support and maintenance, but not to exceed a maximum total payment of $10,000.00.

Home Alteration And Vehicle Modification
If an Insured Member receives a payment under the Table of Losses herein and was subsequently required (due to the cause for which payment under the Table of Losses was made) to use a wheelchair to be ambulatory, then this benefit will pay, upon presentation of proof of payment:

A) The one-time cost of alterations to the injured person's residence to make it wheel-chair accessible and habitable; and

B) The one-time cost of modifications necessary to a motor vehicle, owned by the injured person, to make the vehicle accessible or driveable for the Insured Member.

Benefit payments herein will not be paid unless:

i) Home alterations are made on behalf of the Insured Member and carried out by an experienced individual in such alterations and recommended by a recognized organization, providing support and assistance to wheel-chair users; and

ii) Vehicle modifications are made on behalf of the Insured Member and carried out by an experienced individual in such matters and modifications are approved by the Provincial vehicle licensing authorities.

The maximum payable under both Items A and B combined will not exceed $10,000.00.

WHEN DOES THIS INSURANCE NOT APPLY?

- While a pilot or member of the crew in any aircraft;
- In case of suicide or self-destruction, or any attempt thereat
- As the result of any loss caused through war, whether declared or undeclared;
- Service in the military, naval or air service of any country;
- While flying in any aircraft owned or leased by the Policyholder.

SECTION 5 – CRITICAL ILLNESS (RBC)

In 2002, the Member Benefits Trust added a Critical Illness Recovery Plan to the beneficiaries' health program. This means that if you suffer from one of the covered conditions a one-time lump sum benefit will be paid to you.

For most people, diagnosis of a critical illness is just the beginning. This benefit will enable you to focus on regaining your health and allow you to recover on your own terms.

In conjunction with this lump sum benefit, you will have access to Assistance Services that include:

- Best Doctors™ - provides access to the best specialists worldwide.
- Daily Living Assistance – A designated Care Coach can research and contact local resources to assist you with your daily activities.
- Healing the Whole Person – this program offers emotional and psychological support to enhance your recovery.

Examples of medical conditions currently covered include:

- Deafness
- Paralysis or Loss of Limbs
- Parkinson's
- Major Organ Transplant
- Severe Burns
- Renal Failure
- Motor Neuron Disease
- Alzheimer's Disease
- Occupational HIV Infection
- Heart Attack
- Coronary Artery Bypass Surgery
- Coma
- Blindness
- MS
- Loss of Speech
- Benign Brain Tumor
- Cancer

The minimum earnings threshold to qualify for this program is $17,500. Qualified members will receive an application that they must complete and return within the required time limit. Any members who do not return the documentation within the allotted time frame are excluded from this program.

Please contact the MBT office for more information on the Critical Illness Recovery Plan.

SECTION 6 – EMPLOYEE & FAMILY ASSISTANCE PROGRAM (LifeWorks)

LifeWorks® is designed to help you find the support, advice and resources you need – no question is too small, no issue is too big.

The program provides confidential counselling, personal support, referrals to community resources, Life Articles, booklets, audiotapes, CD's, and LifeWorks Online, an informative Web site featuring thousands of online resources. It's fast, easy to use and completely confidential. It's also available to you and your immediate family at no cost. Best of all, it's there for you any time of the day or night, wherever you are.

Be empowered every day. A healthy balance between your work and personal life is important. *LifeWorks* can help you to lead a healthier, happier and more productive life.

LifeWorks can provide you with support, advice and information on a wide range of every day issues including:

- Parenting & child care
- Education
- Older adults
- Midlife & retirement
- Disability
- Financial
- Legal
- Everyday issues
- Work
- Managing people
- Health
- Emotional well-being
- Grief & loss
- Addiction & recovery

***LifeWorks* offers you:**

- Free service to you and your immediate family
- Confidential, personal support available in more than 140 languages
- English and French counsellors available through a toll free number 24 hours a day, seven days a week, 365 days a year
- *LifeWorks* Online – an informative Web site that gives you direct access to required information and resources
- Abundance of resources and tools including booklets, recordings and Life Articles
- Referrals to resources, services and support in your community
- A commitment to always being there when you have a question or need help

To find out more about how *LifeWorks* can help, call to speak with a *LifeWorks* consultant anytime at 877-207-8833, or visit the *LifeWorks* Web site at www.lifeworks.com
EN user id: MBT; password: Performers

SECTION 7 – RETIREMENT PROGRAM – (GWL)

The UBCP RBS Program includes non-registered and registered accounts. There are a variety of investment options for you to choose from including socially responsible funds. There are no annual administration fees, no load funds and low investment management fees. You will have 24/7 access to your accounts and can start your retirement planning as soon as you enroll.

Log on to **www.grsaccess.com** to find information on your current investments, to make changes to your current investments. If you do not have a log in ID and password please contact Great West Life at 1-800-724-3402.

GRS Access – Members can:

Enrol:

- New UBCP members may enrol in all plans they are eligible to enter by logging into GRS Access using a Guest ID
- Existing UBCP plan members may enrol in any plans they are not currently participating in via an Enrolment Express widget on their home page of GRS Access

View your portfolio:

- *Current investments* - including breakdown of assets by plan / account / fund
- *Member information* - including address, phone and fax numbers and email addresses
- *Plan Overview* - including Primary Beneficiary and Date of Membership
- Member *Activity Reports* showing a summary of activity and balances within a 12 month period
- Member *Online statements*
- Current allocation instructions can be viewed under *Future deposits*
- *Maturing Investments* can be viewed over the next 12 months or within a specified time frame within a 12 month period
- *Personal Rate of Return*

Change your portfolio:

- *Investment instructions* – change how future contributions are invested
- *Fund to fund transfers* – transfer monies between investment options
- *Maturing investments* – change where proceeds from maturing investments are directed
- Members can update their address information including phone number through the *Change address* link. Members can make updates to email addresses via the *Online profile* link under *Change your online profile*.
- *Printable forms* – will present custom or generic applications, depending on client preference
- Update frequency of *Mailed statement preference*
- *Retirement Illustrations* – using the Retirement Planning Tool (available through the *Plan your retirement* link), members can customize additional information to be used in producing the retirement illustrations on their statements

- *Personal rate of return* widget
- *iAcquaint* widget

Investments:

- Investment information on the funds available on their plan, i.e. Latest *Fund reviews* and *Fund reports*
- *Net unit values & rates* for the funds available on their plan
- *Investment management fee & fund operating expenses*

Planning & learning:

- *Retirement Planning Tool* (available through the *Plan your retirement* link) which includes the standard *Investment Personality Questionnaire* (IPQ)
- *Site map* located in the Quick Guide under the *Learning Centre* link
- *iAcquaint* interactive website - accessed via the *Learning Centre* link
- Education, videos and interactive tools are housed on *smartPathnow.com* for the Getting Started through to In Retirement phases

NOTES

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UBCP Retirement Benefits Society

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