

**IRONWORKERS HEALTH &
WELFARE TRUST FUND
OF WESTERN CANADA**

**Group
Insurance**

June 2009

This information booklet has been prepared to give you an informal summary of the main features of your group insurance program including a brief outline of the benefits, rules covering eligibility and termination and the procedure to follow in making claims.

This booklet is not an insurance policy, and does not grant or confer any contractual rights. All rights under this program shall be governed by the provisions of the Master Policy, by the rules and regulations made by the Trustees and by applicable law.

This booklet is for your reference. Please read it carefully and keep it for future use.

Insurance Underwriters

1. **Industrial Alliance Pacific Insurance Company** for Accidental Death & Dismemberment coverage
2. **The Manufacturers Life Insurance Company** (Manulife Financial) for all other coverages.
3. **Human Solutions** for Member Assistance.

Plan Administrator

Funds Administrative Service Inc.
9th Floor, 9707 – 110th Street
Edmonton, AB T5K 3T4
Telephone: 780-452-5161
Toll Free: 1-800-770-2998
www.fasadmin.com

If you have any questions or need further clarification of the benefits, terms and conditions outlined in this booklet, please contact your Plan Administrator.

IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

**c/o PLAN ADMINISTRATOR
FUNDS ADMINISTRATIVE SERVICE INC.
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Edmonton, AB T5K 3T4**

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To Eligible Participants:

This Booklet has been published to give you an up-to-date description of the benefits provided by the Trust Fund, as of June 1, 2009.

The Booklet provides a description of the benefits to which you and your family are entitled, the rules governing eligibility for these benefits, and the procedures that should be followed when making a claim.

Be sure to read this booklet carefully so you will be acquainted with all of the various benefit provisions. If you have any questions concerning your eligibility or the benefit program, you must contact the Fund office where a member of the staff will be pleased to assist you.

Sincerely,

BOARD OF TRUSTEES

TABLE OF CONTENTS

| <u>ITEM</u> | <u>PAGE</u> |
|--|-------------|
| GENERAL INFORMATION | 4 |
| ELIGIBILITY: | 5 |
| ▪ Class Descriptions & Coverages For Each Class..... | 5 |
| ▪ Who May Be Insured..... | 5 |
| ▪ When You Become Insured Initially..... | 6 |
| ▪ Termination of Insurance..... | 7 |
| ▪ Self-Pay Provision..... | 7 |
| ▪ Reinstatement..... | 8 |
| ▪ Extension Of Coverage..... | 8 |
| ▪ Eligible Dependents..... | 9 |
| SUMMARY OF BENEFITS FOR: | 10 |
| ▪ Class 801 – Retired Members under Age 70..... | 10 |
| ▪ Class 802 – Reduced Self-Pay Active Members..... | 12 |
| ▪ Class 803 – Full Self-Pay Active Members..... | 14 |
| ▪ Class 804 – Active Members..... | 16 |
| ▪ Class 805 – New Members who have not yet accumulated 200 Hours..... | 18 |
| ▪ Class 806 – Members on Basic Life Insurance Premium Waiver..... | 19 |
| ▪ Class 807 – Surviving Dependents of Deceased Members | 20 |
| ▪ Class 808 – Trustees & Former Trustees..... | 22 |
| DESCRIPTION OF BENEFITS: | 24 |
| ▪ Member Basic Life Insurance..... | 24 |
| ▪ Member Accidental Death & Dismemberment Benefit..... | 25 |
| ▪ Dependent Basic Life Insurance..... | 29 |
| ▪ Member Optional Life Insurance..... | 30 |
| ▪ Dependent Optional Life Insurance..... | 30 |
| ▪ Supplementary Health Expense..... | 31 |
| ▪ Emergency Travel Assistance..... | 37 |
| ▪ Dental Expense Benefit..... | 41 |
| ▪ Weekly Disability Income (for Class 804 only)..... | 45 |
| ▪ Member Assistance Program..... | 47 |
| GENERAL PROVISIONS: | 48 |
| ▪ Definitions..... | 48 |
| ▪ Coordination Of Benefits..... | 49 |
| ▪ Change In Amounts Of Insurance..... | 49 |
| ▪ Change In Government Sponsored Programs..... | 49 |
| ▪ Application For Optional Life Insurance..... | 50 |
| ▪ Initially Registering With The Plan And Addition/Changes To Family Status Or Address..... | 50 |
| ▪ Establishing Proof Of Common-Law Spouse..... | 50 |
| ▪ Correspondence..... | 50 |
| ▪ How To Claim | 50 |
| ▪ Time Limitations..... | 51 |
| ▪ Medical Information Bureau (MIB)..... | 51 |

IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

| <u>Policy Number</u> | <u>Coverages under this Policy Number</u> |
|-----------------------------|--|
| #2638 | ▪ Life Insurance |
| #100003172 | ▪ Accidental Death & Dismemberment |
| #6115 | ▪ All other Coverages |

GENERAL INFORMATION

The Group Insurance is provided by the Board of Trustees of Ironworkers Health & Welfare Trust Fund of Western Canada which is comprised of an equal number of Trustees appointed by employers participating in the Plan and by Local Unions 720 and 725 of the International Association of Bridge, Structural and Ornamental Ironworkers.

Your Group Insurance is administered by this Board of Trustees representing the Ironworkers Health & Welfare Trust Fund of Western Canada and employers participating in the Plan. Such employers are called "Contributing Employers" in this booklet. Contributing Employers are party to and bound by a Collective Agreement with the Local Unions 720 and 725 of the International Association of Bridge, Structural and Ornamental Iron Workers.

Contributions are made to the Board of Trustees by Contributing Employers as required by collective agreements, and those contributions are used, in part, by the Trustees to pay the premiums on the group insurance policy.

An account is kept by the Administrator of the Fund for each member who shows hours worked for a Contributing Employer for which contributions have been made for the purchase of group insurance. This account is called an Hour Bank Account.

Each month 100 hours will be deducted from your Hour Bank Account. The number of hours in your Hour Bank Account may never exceed 600 hours (enough to provide six months of coverage even though you acquire no hours during that period). Excess hours over this amount will be credited to the general reserves of the Fund.

ELIGIBILITY

Members will be classified as follows:

| Class No. | Class Description | Coverage for this Class |
|-----------|---|--|
| 801 | Retired Members Under Age 70 | <ul style="list-style-type: none"> ▪ Basic Life Insurance ▪ Accidental Death & Dismemberment ▪ Basic Dependent Life ▪ Optional Life Insurance for Members and Dependents ▪ Supplementary Health ▪ Emergency Travel Assistance ▪ Dental ▪ Member Assistance Program |
| 802 | Active Reduced Self-Pay Members | <ul style="list-style-type: none"> ▪ Same benefits as Class 801 (but level of coverage may be different) |
| 803 | Active Full Self-Pay Members | <ul style="list-style-type: none"> ▪ Same benefits as Class 801 (but level of coverage may be different) |
| 804 | Active Members | <ul style="list-style-type: none"> ▪ Basic Life Insurance ▪ Accidental Death & Dismemberment ▪ Basic Dependent Life ▪ Optional Life Insurance for Members and Dependents ▪ Supplementary Health ▪ Emergency Travel Assistance ▪ Dental ▪ Member Assistance Program ▪ Weekly Disability Income |
| 805 | New Members who have not as yet accumulated 200 Hours | <ul style="list-style-type: none"> ▪ Basic Life Insurance ▪ Accidental Death & Dismemberment ▪ Optional Life Insurance for Members and Dependents ▪ Member Assistance Program |
| 806 | Members on Life Insurance Premium Waiver | <ul style="list-style-type: none"> ▪ Basic Life Insurance (coverage in place at time of disability) ▪ Accidental Death & Dismemberment (coverage in place at time of disability) ▪ Basic Dependent Life (coverage in place at time of disability) ▪ Optional Life Insurance for Members and Dependents (coverage in place at time of disability) ▪ Supplementary Health ▪ Emergency Travel Assistance ▪ Dental ▪ Member Assistance Program |
| 807 | Surviving Dependents of Deceased Members | <ul style="list-style-type: none"> ▪ Basic Dependent Life ▪ Supplementary Health ▪ Emergency Travel Assistance ▪ Dental ▪ Member Assistance Program |
| 808 | Trustees and Former Trustees | <ul style="list-style-type: none"> ▪ Same benefits as Class 801 (but level of coverage may be different) |

WHO MAY BE INSURED

This Plan is for:

1. Members in good standing of Local Unions 720 and 725 of the International Association of Bridge, Structural and Ornamental Iron Workers who work for Contributing Employers;
2. Full-time Employees or Officers of the Union;
3. Non-Union Employees of Contributing Employers or Trustees;
4. Surviving Dependents of Deceased Members;
5. Disabled Members on Life Insurance Premium Waiver; and
6. Retired Members as defined below.

(who will be referred to throughout this booklet as Members), and their dependents. All Members and dependents must be covered by a Provincial government health care program.

Retired Member or Retiree, for the purpose of determining whether or not the Trust Fund will pay the full premium for retiree coverage under Class 801, shall mean any person under age 65 who:

1. Is in receipt of pension benefits from the Alberta Ironworkers Pension Fund;
2. Is a current member of Local 720 or 725;
3. Has at least 20 cumulative years of union membership in Local 720 or 725;
4. Whose employment income in the previous year did not exceed \$25,000;
5. On a continuous basis from his date of retirement, remains a member in good standing with the Union.

Retired Member or Retiree, for the purpose of determining whether or not the Member is eligible to Self-Pay retiree coverage under Class 801, shall mean any person age 50 and over but under age 70 who:

1. Is in receipt of pension benefits from the Alberta Ironworkers Pension Fund, and
2. Is a current member of Local 720 or 725
3. Is retired from active work in the trade (whether unionized or non-unionized)

WHEN YOU BECOME INSURED INITIALLY

For all Classes except Class 805: You and your eligible dependents will become insured for all coverages except Life Insurance coverages on the first day of the second month following a period of not more than 3 consecutive calendar months during which you have accumulated at least 200 hours in your Hour Bank Account, provided you are actively at work or available for work on the day you would ordinarily become insured.

For Basic Member Life Insurance, Basic Dependent Life Insurance, Optional Life Insurance and Accidental Death & Dismemberment coverages, you and your eligible dependents will become insured on the day following a period of not more than three consecutive calendar months during which you have accumulated 200 hours in your Hour Bank Account, provided you are actively at work or available for work on the day you would ordinarily become insured.

For Class 805: Basic Member Life Insurance and Optional Life Insurance for the Member and their dependents is available to members prior to their accumulating 200 hours in their Hour Bank Account provided they are a member in good standing of the Union and hours have been reported on their behalf.

Non-Union Employees of Contributing Employers: Contributing Employers may insure themselves and any non-union employees who are not covered by a Collective Bargaining Agreement by making application for participation in the Plan to the Trustees.

If such application is accepted by the Trustees, contributions will be made at the same hourly rate as is paid for bargaining employees based on 160 hours of employment per month. Non-bargaining employees become and remain eligible in accordance with the initial eligibility rules.

Should you not be working or available for work on the day your insurance would ordinarily start, the insurance for you and your dependents will be delayed until you return to work or are available for work.

Optional Life Insurance (for both Member and Dependents) shall become effective on the date evidence of insurability satisfactory to the Insurer, is approved.

TERMINATION OF INSURANCE

The insurance for you and your eligible dependents will terminate the earliest of the following:

1. The last day of the month in which you have less than 100 hours in your Hour Bank Account. However, you may arrange to have your insurance, (except Weekly Disability Income Insurance), continued on a Self-Pay basis. See Self-Pay Provision below for details.
2. If you cease to be a member of the Union.
3. If you enter Military Service.
4. If the Group Policy terminates.
5. If you discontinue any required self-pay contributions.
6. If you retire, and have insufficient hours in your Hour Bank Account;
7. The date the member (or eligible dependent) ceases to be covered under a Provincial Health plan;
8. The date employment terminates for non-union employees;
9. The date outlined in the Summary of Benefits.

A dependent's coverage will also terminate when he/she is no longer an eligible dependent.

Coverage for Emergency Travel Assistance and Outside Canada Expenses under Supplementary Health Expense is not available during a leave of absence.

See the Description of Benefits section for termination of your Waiver of Premium benefit under Member Life Insurance, Dependent Life Insurance, Optional Life Insurance, Optional Dependent Life Insurance, and Accidental Death and Dismemberment.

SELF-PAY PROVISION

If at the end of any given month, a member's Hour Bank falls below what is required to meet one month's coverage costs (currently 100 hours), he will have the opportunity of contributing the necessary amount of money so that he may continue to be insured.

Under this provision, self-payments may be made on the following basis:

1. Monthly payments equal to the coverage costs may be made for a maximum of 18 consecutive months by Active Members who have exhausted their Hour Bank Account;
2. Retired Members (as defined above) who meet the five-point eligibility requirement outlined above will have their coverage under Class 801 paid for by the Trust Fund until their attainment of age 65.
3. Retired Members (as defined above) who meet the three-point eligibility requirement outlined above, may self-pay all coverage under Class 801 to age 70;
4. An Active or Retired Member must remain a member in good standing of the Union to qualify for the Self-Pay Provision;
5. Eligible employees of either the Union or Contributing Employers cannot self-pay.

REINSTATEMENT

If your insurance has previously terminated because of insufficient hours in your Hour Bank Account, you will again become insured on the first day of the month in which you have accumulated 100 hours in your Hour Bank Account within four (4) months of termination. If you are not reinstated during this four-month period, the number of hours in your Hour Bank Account will be reduced to zero.

Should you not be working or available for work on the day your insurance would ordinarily become reinstated, the insurance for you and your dependents will be delayed until you return to work or are available for work.

If upon termination of your Group Life Insurance you converted it in accordance with the section "Conversion Privilege", it will be necessary for you to submit evidence of insurability satisfactory to the Insurer before again becoming insured for Group Life Insurance.

EXTENSION OF COVERAGE

During Disability: If a member is absent from work due to injury for at least two weeks and benefits are payable under the Workers' Compensation Law, Employment Insurance Disability, or the Weekly Disability coverage under this policy, no deduction will be made from the member's Hour Bank Account for the month he becomes disabled and for the next 23 months provided he continues to be disabled. All coverage under this policy will continue for this period provided premiums continue to be paid on behalf of the member by the Trust Fund.

If Health Coverage terminates while the Member or Dependent is Disabled: If a member or dependent's Supplementary Health Expense coverage terminates while he/she is Totally Disabled, Supplementary Health Expense coverage for the totally disabled member or dependent (and for no other person) will continue provided premiums continue to be paid by the Trust Fund until the earlier of:

1. the end of the three-month period following the date the total disability commenced;
2. the date the dependent ceases to be a dependent, as defined;
3. the date the member or dependent becomes eligible for similar insurance under another group policy;
4. the date the member or dependent is no longer totally disabled.

"Totally Disabled" for purposes of this extension shall mean that the member is prevented because of injury or disease from engaging in his regular or customary occupation and is performing no work of any kind for compensation or profit.

"Totally Disabled" for purposes of this extension shall mean that the dependent is prevented solely because of injury or disease from engaging in substantially all the normal activities of a person of like age and sex in good health.

While on Life Waiver of Premium: Supplementary Health Expense, Emergency Travel Assistance and Dental Expense will be continued under Class 806 (provided premiums continue to be paid by the Trust Fund) for members who have been approved for Waiver of Life Insurance premium, until the earlier of (a) discontinuance of Life Waiver, (b) the date the member attains age 65, or (c) the date the member qualifies for a pension from the Alberta Ironworkers Pension Fund.

While Attending Trade School: If a member is attending a Trade School for at least two consecutive weeks, no deductions will be made from his Hour Bank for that month. This hold on the Hour Bank will continue until the earlier of the end of the third month following the date classes commence or to the first day of the second month following the month in which classes end. All coverage will continue during this period provided premiums continue to be paid by the Trust Fund on behalf of the member.

ELIGIBLE DEPENDENTS

Eligible dependents under this plan shall include the following persons who are resident in Canada:

- Unmarried children who are under age 21, or under age 25 if attending an accredited school, college, or university as a full-time student. Dependent children must be dependent on you for support and not employed at a regular full-time job. With respect to Dependent Life Insurance, dependent children must be at least 14 days old.

A dependent child shall include children of the marriage, legally adopted children, foster children, children of the member's spouse, and grandchildren of the member, provided the member is eligible for a tax credit for the purpose of calculating taxable income under the Income Tax Act (Canada).

A functionally impaired child who was insured as a dependent when the infirmity commenced shall remain insured beyond any limiting age for dependents, provided the child is incapable of self-sustaining employment and is wholly dependent upon the member for support and maintenance.

- Your spouse as the result of a valid civil or religious ceremony, or a person whose common-law relationship with you has existed for a minimum of 12 consecutive months immediately prior to the date on which a claim arose.

Note: In the event of a common-law spouse, one year must have elapsed from the time of receipt by your Plan Administrator of a Registration/Change of Registration and Declaration of Beneficiary Form in which you designate such person as your spouse, before your common-law spouse is covered under this Plan.

If a member has been married to more than one person, the term spouse shall mean the spouse designated in writing by the member. **In the absence of such written designation, spouse shall mean the member's spouse by a legal marriage.** Only one spouse may be covered under this policy at any given time.

Dependent shall not include:

- (a) a divorced spouse;
- (b) a separated spouse (with or without a court order or separation agreement) unless the member designates in writing that the separated spouse is to be his Dependent Spouse for purposes of this policy;
- (c) a person cohabiting with the member without public representation of marital status.

SUMMARY OF BENEFITS

The following Summary of Benefits gives you the highlights of your group insurance benefits. Before continuing, to see which Class you belong to, refer to Page 6.

When reading this section, keep in mind that when reference is made to *maximum benefits available* either per calendar year or per lifetime, this will always mean *maximums per insured individual*, unless otherwise specified.

The “Description of Benefits” follows this section.

SUMMARY FOR CLASS 801 **(Retired Members under Age 70)**

BASIC MEMBER LIFE INSURANCE - \$50,000

Evidence of Insurability is not required.

Coverage terminates the date you attain age 70, and as outlined under Termination of Insurance earlier in this booklet.

BASIC MEMBER ACCIDENTAL DEATH & DISMEMBERMENT - \$50,000

In addition to Basic Life Insurance, you are eligible for Accidental Death and Dismemberment Insurance with a Principal Sum equal to your Basic Life Insurance amount and the Loss Schedule set out in the Description of Benefits section.

Coverage terminates on the same date as your Basic Life Insurance, and as outlined under Termination of Insurance earlier in this booklet.

BASIC DEPENDENT LIFE INSURANCE

Spouse \$40,000; Each Child \$ 10,000

Coverage terminates the date the member’s life insurance terminates, and as outlined under Termination of Insurance earlier in this booklet.

OPTIONAL LIFE INSURANCE

If you are under age 70, you may apply for this coverage for:

- yourself;
- your spouse, provided he/she is under age 70;
- each of your dependent children, or
- you, your spouse, and your dependent children.

Member coverage is available in units of \$10,000, subject to a maximum benefit of \$100,000. Coverage available to dependents is 10% of member’s benefit to a maximum of \$10,000 for your spouse and 5% of member’s benefit to a maximum of \$5,000 for each of your dependent children.

Evidence of insurability, satisfactory to the Insurer, shall be required for all amounts of Optional Life Insurance. This coverage is available in addition to, not in lieu of, Basic Life and/or Basic Dependent Life Insurance.

Coverage terminates the earlier of the date you attain age 70, you cease being a member in good standing of the

Union, and/or for Spousal Optional Life, the date your spouse attains age 70, and as outlined under Termination of Insurance earlier in this booklet.

SUPPLEMENTARY HEALTH EXPENSE

- | | |
|---------------------------|---|
| Coinsurance: | <ul style="list-style-type: none">▪ 100% of Drug Expenses, and▪ 100% of all other eligible expenses are paid by Manulife Financial |
| Lifetime Maximum Benefit: | <ul style="list-style-type: none">▪ \$100,000 (Canadian Hospital expenses are not subject to this maximum) |
| Drug Expense Maximums: | <ul style="list-style-type: none">▪ \$60 per month up to \$720 per calendar year for Viagra▪ \$350 per calendar year for Epipen Injections▪ \$1,000 per lifetime for Smoke Cessation Products▪ \$4 per prescription is the maximum Drug Dispensing Fee |

Coverage terminates the earlier of the date the member attains age 70 or ceases making required Self-Pay premiums, and as outlined under Termination of Insurance earlier in this booklet.

EMERGENCY TRAVEL ASSISTANCE

Your employer has arranged to provide you and your family with Emergency Travel Assistance coverage. Mondial Assistance, a multi-service corporation which assists travellers, has contracted with Manulife Financial to provide you with timely efficient assistance when you travel.

- | | |
|-------------------|---|
| Coinsurance: | <ul style="list-style-type: none">▪ 100% of eligible expenses and eligible services are covered |
| Lifetime Maximum: | <ul style="list-style-type: none">▪ \$1,000,000. |

Note: Coverage is limited to 60 days from the date the insured individual leaves the province of residence.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

DENTAL EXPENSE INSURANCE

- Coinsurance
- 80% for Minor Procedures
 - 50% for Major Procedures

Individual Calendar Year Maximum: \$2,000

Dental Fee Guide – The 2005 Fee Guide for General Practitioners for your Province of Residence. If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial. Specialist's fees are covered when recommended by a Physician or Dentist.

Coverage terminates the earlier of the date the member attains age 70 or ceases making required Self-Pay premiums, and as outlined under Termination of Insurance earlier in this booklet.

MEMBER ASSISTANCE PROGRAM

You and your family are each eligible for up to twelve (12) hours of personal counselling per year plus two (2) hours of financial or legal consultation.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

SUMMARY FOR CLASS 802
(Reduced Self-Pay Active Members)

BASIC MEMBER LIFE INSURANCE - \$25,000

Evidence of Insurability is not required.

Coverage terminates the earlier of attainment of age 70 or retirement **and** exhaustion of your Hour Bank Account, and as outlined under Termination of Insurance earlier in this booklet.

BASIC MEMBER ACCIDENTAL DEATH & DISMEMBERMENT - \$25,000

In addition to Basic Life Insurance, you are eligible for Accidental Death and Dismemberment insurance with a Principal Sum equal to your Basic Life Insurance amount and the Loss Schedule set out in the Description of Benefits section.

Coverage terminates on the same date as your Basic Life Insurance, and as outlined under Termination of Insurance earlier in this booklet.

BASIC DEPENDENT LIFE INSURANCE

Spouse \$40,000; Each Child \$10,000

Coverage terminates the date your life insurance terminates, and as outlined under Termination of Insurance earlier in this booklet.

OPTIONAL LIFE INSURANCE

If you are under age 70, you may apply for this coverage for:

- yourself;
- your spouse, provided he/she is under age 70;
- each of your dependent children, or
- you, your spouse, and your dependent children.

Member coverage is available in units of \$10,000, subject to a maximum benefit of \$100,000. Coverage available to dependents is 10% of member's benefit to a maximum of \$10,000 for your spouse and 5% of member's benefit to a maximum of \$5,000 for each of your dependent children.

Evidence of insurability, satisfactory to the Insurer, shall be required for all amounts of optional life coverage. This coverage is available in addition to, not in lieu of, Basic Life and/or Basic Dependent Life Insurance.

Coverage terminates the earlier of the date you attain age 70, you cease being a member in good standing of the Union, and/or for Spousal Optional Life, the date your spouse attains age 70, and as outlined under Termination of Insurance earlier in this booklet.

SUPPLEMENTARY HEALTH EXPENSE

- | | |
|---------------------------|--|
| Coinsurance: | ▪ 80% of Drug Expenses, and |
| | ▪ 100% of all other eligible expenses are paid by Manulife Financial |
| Lifetime Maximum Benefit: | ▪ \$100,000 (Canadian Hospital expenses are not subject to this maximum) |
| Drug Expense Maximums: | ▪ \$60 per month up to \$720 per calendar year for Viagra |
| | ▪ \$350 per calendar year for Epipen Injections |
| | ▪ \$1,000 per lifetime for Smoke Cessation Products |
| | ▪ \$4 per prescription is the maximum Drug Dispensing Fee |

Coverage terminates the earlier of the date of exhaustion of the member's Hour Bank Account or the date the member ceases making required self-pay premiums, and as outlined under Termination of Insurance earlier in this booklet.

EMERGENCY TRAVEL ASSISTANCE

Your employer has arranged to provide you and your family with Emergency Travel Assistance coverage. Mondial Assistance, a multi-service corporation which assists travellers, has contracted with Manulife Financial to provide you with timely efficient assistance when you travel.

- | | |
|-------------------|---|
| Coinsurance: | ▪ 100% of eligible expenses and eligible services are covered |
| Lifetime Maximum: | ▪ \$1,000,000. |

Note: Coverage is limited to 60 days from the date the insured individual leaves the province of residence. However, any member working in the United States and maintaining their Provincial Health Care coverage and the required number of hours in their Hour Bank Account to maintain coverage, may be covered for up to a 12 month period.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

DENTAL EXPENSE INSURANCE

- | | |
|--------------|----------------------------|
| Coinsurance: | ▪ 80% for Minor Procedures |
|--------------|----------------------------|

Individual Calendar Year Maximum: \$2,000

Dental Fee Guide – The 2005 Fee Guide for General Practitioners for your Province of Residence. If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial. Specialist's fees are covered when recommended by a Physician or Dentist.

Coverage terminates the earlier of the date the member exhausts his Hour Bank Account or the date the member ceases making required self-pay premiums, and as outlined under Termination of Insurance earlier in this booklet.

MEMBER ASSISTANCE PROGRAM

You and your family are each eligible for up to twelve (12) hours of personal counselling per year plus two (2) hours of financial or legal consultation.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

SUMMARY FOR CLASS 803
(Full Self-Pay Active Members)

BASIC MEMBER LIFE INSURANCE - \$50,000

Evidence of Insurability is not required.

Coverage terminates the earlier of attainment of age 70 or retirement **and** exhaustion of your Hour Bank Account, and as outlined under Termination of Insurance earlier in this booklet.

BASIC MEMBER ACCIDENTAL DEATH & DISMEMBERMENT - \$50,000

In addition to Basic Life Insurance, you are eligible for Accidental Death and Dismemberment insurance with a Principal Sum equal to your Basic Life Insurance amount and the Loss Schedule set out in the Description of Benefits section.

Coverage terminates on the same date as your Basic Life Insurance, and as outlined under Termination of Insurance earlier in this booklet.

BASIC DEPENDENT LIFE INSURANCE

Spouse \$40,000; Each Child \$10,000

Coverage terminates the date your life insurance terminates, and as outlined under Termination of Insurance earlier in this booklet.

OPTIONAL LIFE INSURANCE

If you are under age 70, you may apply for this coverage for:

- yourself;
- your spouse, provided he/she is under age 70;
- each of your dependent children, or
- you, your spouse, and your dependent children.

Member coverage is available in units of \$10,000, subject to a maximum benefit of \$100,000. Coverage available to dependents is 10% of member's benefit to a maximum of \$10,000 for your spouse and 5% of member's benefit to a maximum of \$5,000 for each of your dependent children.

Evidence of insurability, satisfactory to the Insurer, shall be required for all amounts of optional life coverage. This coverage is available in addition to, not in lieu of, Basic Life and/or Basic Dependent Life Insurance.

Coverage terminates the earlier of the date you attain age 70, you cease being a member in good standing of the Union, and/or for Spousal Optional Life, the date your spouse attains age 70, and as outlined under Termination of Insurance earlier in this booklet.

SUPPLEMENTARY HEALTH EXPENSE

Coinsurance:

Lifetime Maximum Benefit

Drug Expense Maximums:

- 100% of all eligible expenses are paid by Manulife Financial
- \$100,000 (Canadian Hospital expenses are not subject to this maximum)
- \$60 per month up to \$720 per calendar year for Viagra
- \$350 per calendar year for Epipen Injections
- \$1,000 per lifetime for Smoke Cessation Products
- \$4 per prescription is the maximum Drug Dispensing Fee

Coverage terminates the earlier of the date the member exhausts his Hour Bank Account or the date the member ceases making required Self-Pay premiums, and as outlined under Termination of Insurance earlier in this booklet.

EMERGENCY TRAVEL ASSISTANCE

Your employer has arranged to provide you and your family with Emergency Travel Assistance coverage. Mondial Assistance, a multi-service corporation which assists travellers, has contracted with Manulife Financial to provide you with timely efficient assistance when you travel.

- Coinsurance: ▪ 100% of eligible expenses and eligible services are covered
Lifetime Maximum: ▪ \$1,000,000.

Note: Coverage is limited to 60 days from the date the insured individual leaves the province of residence. However, any member working in the United States and maintaining their Provincial Health Care coverage and the required number of hours in their Hour Bank Account to maintain coverage, may be covered for up to a 12 month period.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

DENTAL EXPENSE INSURANCE

- Coinsurance:
- 90% for Minor Procedures
 - 70% for Major Procedures
 - 75% for Orthodontics

Individual Calendar Year Maximum Benefit for Minor and Major Procedures Only: \$3,000

Lifetime Maximum Benefit for Orthodontics Only: \$6,000

Dental Fee Guide – The 2005 Fee Guide for General Practitioners for your Province of Residence. If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial. Specialist's fees are covered when recommended by a Physician or Dentist.

Coverage terminates the earlier of the date the member exhausts his Hour Bank Account or the date the member ceases making required Self-Pay premiums, and as outlined under Termination of Insurance earlier in this booklet.

MEMBER ASSISTANCE PROGRAM

You and your family are each eligible for up to twelve (12) hours of personal counselling per year plus two (2) hours of financial or legal consultation.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

SUMMARY FOR CLASS 804
(Active Members)

BASIC MEMBER LIFE INSURANCE - \$100,000

Evidence of Insurability is not required.

Coverage terminates the earlier of attainment of age 70 or retirement **and** exhaustion of your Hour Bank Account, and as outlined under Termination of Insurance earlier in this booklet.

BASIC MEMBER ACCIDENTAL DEATH & DISMEMBERMENT - \$100,000

In addition to Basic Life Insurance, you are eligible for Accidental Death and Dismemberment insurance with a Principal Sum equal to your Basic Life Insurance amount and the Loss Schedule set out in the Description of Benefits section.

Coverage terminates on the same date as your Basic Life Insurance, and as outlined under Termination of Insurance earlier in this booklet.

BASIC DEPENDENT LIFE INSURANCE

Spouse \$40,000; Each Child \$ 10,000

Coverage terminates the date your life insurance terminates, and as outlined under Termination of Insurance earlier in this booklet.

OPTIONAL LIFE INSURANCE

If you are under age 70, you may apply for this coverage for:

- yourself;
- your spouse, provided he/she is under age 70;
- each of your dependent children, or
- you, your spouse, and your dependent children.

Member coverage is available in units of \$10,000, subject to a maximum benefit of \$100,000. Coverage available to dependents is 10% of member's benefit to a maximum of \$10,000 for your spouse and 5% of member's benefit to a maximum of \$5,000 for each of your dependent children.

Evidence of insurability, satisfactory to the Insurer, shall be required for all amounts of optional life coverage. This coverage is available in addition to, not in lieu of, Basic Life and/or Basic Dependent Life Insurance.

Coverage terminates the earlier of the date you attain age 70, you cease being a member in good standing of the Union, and/or for Spousal Optional Life, the date your spouse attains age 70, and as outlined under Termination of Insurance earlier in this booklet.

SUPPLEMENTARY HEALTH EXPENSE

- | | |
|---------------------------|--|
| Coinsurance: | ▪ 100% of all eligible expenses are paid by Manulife Financial |
| Lifetime Maximum Benefit: | ▪ \$100,000 (Canadian Hospital expenses are not subject to this maximum) |
| Drug Expense Maximums: | ▪ \$60 per month up to \$720/calendar year for Viagra |
| | ▪ \$350/calendar year for Epipen Injections |
| | ▪ \$1,000/lifetime for Smoke Cessation Products |
| | ▪ \$4 per prescription is the maximum Drug Dispensing Fee |

Coverage terminates upon exhaustion of the member's Hour Bank Account, and as outlined under Termination of Insurance earlier in this booklet.

EMERGENCY TRAVEL ASSISTANCE

Your employer has arranged to provide you and your family with Emergency Travel Assistance coverage. Mondial Assistance, a multi-service corporation which assists travellers, has contracted with Manulife Financial to provide you with timely efficient assistance when you travel.

- | | |
|-------------------|---|
| Coinsurance: | ▪ 100% of eligible expenses and eligible services are covered |
| Lifetime Maximum: | ▪ \$1,000,000. |

Note: Coverage is limited to 60 days from the date the insured individual leaves the province of residence. However, any member working in the United States and maintaining their Provincial Health Care coverage and the required number of hours in their Hour Bank Account to maintain coverage, may be covered for up to a 12 month period.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

DENTAL EXPENSE INSURANCE

- | | |
|--------------|----------------------------|
| Coinsurance: | |
| | ▪ 90% for Minor Procedures |
| | ▪ 70% for Major Procedures |
| | ▪ 75% for Orthodontics |

Individual Calendar Year Maximum Benefit for Minor and Major Procedures Only: \$3,000

Lifetime Maximum Benefit for Orthodontics Only: \$6,000

Dental Fee Guide – The 2005 Fee Guide for General Practitioners for your Province of Residence. If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial. Specialist's fees are covered when recommended by a Physician or Dentist.

Coverage terminates upon exhaustion of the member's Hour Bank Account, and as outlined under Termination of Insurance earlier in this booklet.

MEMBER ASSISTANCE PROGRAM

You and your family are each eligible for up to twelve (12) hours of personal counselling per year plus two (2) hours of financial or legal consultation.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

WEEKLY DISABILITY INCOME

Your benefit is equal to \$440 per week. Benefits begin on the 1st day of a disability due to either a non-occupational accident or a sickness.

No benefits are payable by the Insurer during the 15 week period commencing with the date Employment Insurance Act benefits would normally commence, unless you provide proof you are not eligible for such benefits. Weekly Disability benefits will be reduced by any income received from the Alberta Ironworkers Pension Trust Fund.

The maximum duration of benefits is 104 weeks.

Coverage terminates upon attainment of age 65, and as outlined under Termination of Insurance earlier in this booklet.

SUMMARY FOR CLASS 805 **(New Members who have not yet accumulated 200 Hours)**

BASIC MEMBER LIFE INSURANCE - \$10,000

Evidence of Insurability is not required.

Coverage terminates the earlier of attainment of age 70, retirement **and** exhaustion of Hour Bank Account or when the new Member becomes eligible for coverage under another Class, and as outlined under Termination of Insurance earlier in this booklet.

BASIC MEMBER ACCIDENTAL DEATH & DISMEMBERMENT - \$10,000

In addition to Basic Life Insurance, you are eligible for Accidental Death and Dismemberment insurance with a Principal Sum equal to your Basic Life Insurance amount and the Loss Schedule set out in the Description of Benefits section.

Coverage terminates on the same date as your Basic Life Insurance, and as outlined under Termination of Insurance earlier in this booklet.

OPTIONAL LIFE INSURANCE

If you are under age 70, you may apply for this coverage for:

- yourself;
- your spouse, provided he/she is under age 70;
- each of your dependent children, or
- you, your spouse, and your dependent children.

Member coverage is available in units of \$10,000, subject to a maximum benefit of \$100,000. Coverage available to dependents is 10% of member's benefit to a maximum of \$10,000 for your spouse and 5% of member's benefit to a maximum of \$5,000 for each of your dependent children.

Evidence of insurability, satisfactory to the Insurer, shall be required for all amounts of optional life coverage. This coverage is available in addition to, not in lieu of, Basic Life and/or Basic Dependent Life Insurance.

Coverage terminates the earlier of the date you attain age 70, you cease being a member in good standing of the Union, and/or for Spousal Optional Life, the date your spouse attains age 70, and as outlined under Termination of Insurance earlier in this booklet.

MEMBER ASSISTANCE PROGRAM

You and your family are each eligible for up to twelve (12) hours of personal counselling per year plus two (2) hours of financial or legal consultation.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

SUMMARY FOR CLASS 806 **(Members on Basic Life Insurance Premium Waiver)**

If you become totally disabled six months prior to age 65, your Basic Member Life Insurance, Basic Dependent Life Insurance, and Accidental Death and Dismemberment coverages will be continued without payment of premium, until the earlier of the date you are no longer totally disabled, or you attain age 65.

The following benefits will be funded by the Trust Fund if you are approved for Waiver of Premium due to total disability:

SUPPLEMENTARY HEALTH

- | | |
|---------------------------|--|
| Coinsurance: | ▪ 100% of all eligible expenses are paid by Manulife Financial |
| Lifetime Maximum Benefit: | ▪ \$100,000 (Canadian Hospital expenses are not subject to this maximum) |
| Drug Expense Maximums: | ▪ \$60 per month up to \$720 per calendar year for Viagra |
| | ▪ \$350 per calendar year for Epipen Injections |
| | ▪ \$1,000 per lifetime for Smoke Cessation Products |
| | ▪ \$4 per prescription is the maximum Drug Dispensing Fee |

Coverage terminates the earlier of the date the member's Life Insurance Waiver ceases, the date the member attains age 60 or qualifies for a pension from the Alberta Ironworkers Pension Fund, and as outlined under Termination of Insurance earlier in this booklet.

EMERGENCY TRAVEL ASSISTANCE

Your employer has arranged to provide you and your family with Emergency Travel Assistance coverage. Mondial Assistance, a multi-service corporation which assists travellers, has contracted with Manulife Financial to provide you with timely efficient assistance when you travel.

- | | |
|-------------------|---|
| Coinsurance: | ▪ 100% of eligible expenses and eligible services are covered |
| Lifetime Maximum: | ▪ \$1,000,000. |

Note: Coverage is limited to 60 days from the date the insured individual leaves the province of residence.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

DENTAL EXPENSE INSURANCE

- | | |
|--------------|----------------------------|
| Coinsurance: | |
| | ▪ 90% for Minor Procedures |
| | ▪ 70% for Major Procedures |
| | ▪ 75% for Orthodontics |

Individual Calendar Year Maximum Benefit for Minor and Major Procedures Only: \$3,000

Lifetime Maximum Benefit for Orthodontics Only: \$6,000

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Coverage terminates the earlier of the date the member's Life Insurance Waiver ceases, the date the member attains age 60 or qualifies for a pension from the Alberta Ironworkers Pension Fund, and as outlined under Termination of Insurance earlier in this booklet.

MEMBER ASSISTANCE PROGRAM

You and your family are each eligible for up to twelve (12) hours of personal counselling per year plus two (2) hours of financial or legal consultation. Coverage is effective from the first hour reported for a member.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

SUMMARY FOR CLASS 807 **(Surviving Dependents of Deceased Members)**

BASIC DEPENDENT LIFE INSURANCE

Spouse \$40,000; Each Child \$10,000

Coverage terminates the end of the month following the date the deceased member's Hour Bank is exhausted or the date the spouse attains age 70, whichever is earlier, and as outlined under Termination of Insurance earlier in this booklet.

SUPPLEMENTARY HEALTH EXPENSE

- | | |
|---------------------------|--|
| Coinsurance: | ▪ 100% of all eligible expenses are paid by Manulife Financial |
| Lifetime Maximum Benefit: | ▪ \$100,000 (Canadian Hospital expenses are not subject to this maximum) |
| Drug Expense Maximums: | ▪ \$60 per month up to \$720 per calendar year for Viagra |
| | ▪ \$350 per calendar year for Epipen Injections |
| | ▪ \$1,000 per lifetime for Smoke Cessation Products |
| | ▪ \$4 per prescription is the maximum Drug Dispensing Fee |

Coverage terminates the earlier of:

- (a) the end of the 24-month period following the date the deceased member's Hour Bank Account is exhausted;
- (b) the date the dependent ceases to be a dependent, as defined in this booklet;
- (c) the date the dependent becomes eligible for insurance as an employee under this policy, and
- (d) as outlined under Termination of Insurance earlier in this booklet.

EMERGENCY TRAVEL ASSISTANCE

Your employer has arranged to provide you and your family with Emergency Travel Assistance coverage. Mondial Assistance, a multi-service corporation which assists travellers, has contracted with Manulife Financial to provide you with timely efficient assistance when you travel.

- Coinsurance: ▪ 100% of eligible expenses and eligible services are covered
Lifetime Maximum: ▪ \$1,000,000.

Note: Coverage is limited to 60 days from the date the insured individual leaves the province of residence.

Coverage terminates the date the dependent's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

DENTAL EXPENSE INSURANCE

- Coinsurance:
- 90% for Minor Procedures
 - 70% for Major Procedures
 - 75% for Orthodontics
 -

Individual Calendar Year Maximum Benefit for Minor and Major Procedures Only: \$3,000

Lifetime Maximum Benefit for Orthodontics Only: \$6,000

Dental Fee Guide – The 2005 Fee Guide for General Practitioners for your Province of Residence. If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial. Specialist's fees are covered when recommended by a Physician or Dentist.

Coverage terminates the earlier of:

- (e) the end of the 24-month period following the date the deceased member's Hour Bank Account is exhausted;
- (f) the date the dependent ceases to be a dependent, as defined in this booklet;
- (g) the date the dependent becomes eligible for insurance as an employee under this policy, and
- (h) as outlined under Termination of Insurance earlier in this booklet.

MEMBER ASSISTANCE PROGRAM

You and your family are each eligible for up to twelve (12) hours of personal counselling per year plus two (2) hours of financial or legal consultation.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

SUMMARY FOR CLASS 808
(Trustees & Former Trustees)

BASIC MEMBER LIFE INSURANCE - \$100,000

Evidence of Insurability is not required.

Coverage terminates the earlier of attainment of age 80 or retirement **and** exhaustion of Hour Bank Account, and as outlined under Termination of Insurance earlier in this booklet.

BASIC MEMBER ACCIDENTAL DEATH & DISMEMBERMENT - \$100,000

In addition to Basic Life Insurance, you are eligible for Accidental Death and Dismemberment insurance with a Principal Sum equal to your Basic Life Insurance amount and the Loss Schedule set out in the Description of Benefits section.

Coverage terminates on the same date as your Basic Life Insurance, and as outlined under Termination of Insurance earlier in this booklet.

BASIC DEPENDENT LIFE INSURANCE

Spouse \$40,000; Each Child \$10,000

Coverage terminates on the date your life insurance terminates, and as outlined under Termination of Insurance earlier in this booklet.

OPTIONAL LIFE INSURANCE

If you are under age 80, you may apply for this coverage for:

- yourself;
- your spouse, provided he/she is under age 80;
- each of your dependent children, or
- you, your spouse, and your dependent children

Member coverage is available in units of \$10,000, subject to a maximum benefit of \$100,000. Coverage available to dependents is 10% of member's benefit to a maximum of \$10,000 for your spouse and 5% of member's benefit to a maximum of \$5,000 for each of your dependent children.

Evidence of insurability, satisfactory to the Insurer, shall be required for all amounts of optional life coverage. This coverage is available in addition to, not in lieu of, Basic Life and/or Basic Dependent Life Insurance.

Coverage terminates the earlier of the date you attain age 80, you cease being a member in good standing of the Union, and/or for Spousal Optional Life, the date your spouse attains age 80, and as outlined under Termination of Insurance earlier in this booklet.

SUPPLEMENTARY HEALTH EXPENSE

- | | |
|---------------------------|--|
| Coinsurance: | ▪ 100% of all eligible expenses are paid by Manulife Financial |
| Lifetime Maximum Benefit: | ▪ \$100,000 (Canadian Hospital expenses are not subject to this maximum) |
| Drug Expense Maximums: | ▪ \$60 per month up to \$720 per calendar year for Viagra |
| | ▪ \$350 per calendar year for Epipen Injections |
| | ▪ \$1,000 per lifetime for Smoke Cessation Products |
| | ▪ \$4 per prescription is the maximum Drug Dispensing Fee |

Coverage terminates upon exhaustion of the member's Hour Bank Account, and as outlined under Termination of Insurance earlier in this booklet.

EMERGENCY TRAVEL ASSISTANCE

Your employer has arranged to provide you and your family with Emergency Travel Assistance coverage. Mondial Assistance, a multi-service corporation which assists travellers, has contracted with Manulife Financial to provide you with timely efficient assistance when you travel.

Coinsurance: ▪ 100% of eligible expenses and eligible services are covered
Lifetime Maximum: ▪ \$1,000,000.

Note: Coverage is limited to 60 days from the date the insured individual leaves the province of residence. However, any member working in the United States and maintaining their Provincial Health Care coverage and the required number of hours in their Hour Bank Account to maintain coverage, may be covered for up to a 12 month period.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

DENTAL EXPENSE INSURANCE

Coinsurance:
▪ 90% for Minor Procedures
▪ 70% for Major Procedures
▪ 75% for Orthodontics

Individual Calendar Year Maximum Benefit for Minor and Major Procedures Only: \$3,000

Lifetime Maximum Benefit for Orthodontics Only: \$6,000

Dental Fee Guide – The 2005 Fee Guide for General Practitioners for your Province of Residence. If you reside in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial. Specialist's fees are covered when recommended by a Physician or Dentist.

Coverage terminates upon exhaustion of the member's Hour Bank Account, and as outlined under Termination of Insurance earlier in this booklet.

MEMBER ASSISTANCE PROGRAM

You and your family are each eligible for up to twelve (12) hours of personal counselling per year plus two (2) hours of financial or legal consultation.

Coverage terminates the date the member's Supplementary Health coverage terminates, and as outlined under Termination of Insurance earlier in this booklet.

DESCRIPTION OF BENEFITS

MEMBER BASIC LIFE INSURANCE

In the event of your death while insured, the amount of your Life Insurance is payable to your beneficiary. You may change your beneficiary at any time (subject to the applicable laws of your province of residence) by completing a new registration form and submitting to the Fund Office. The change will become effective on the date the Fund Office receives your new form.

WAIVER OF PREMIUM FOR DISABILITY

If you become totally disabled for 6 consecutive months before age 65, your Life Insurance will be continued without payment of premium until you cease to be totally disabled or you reach age 65, whichever occurs first. To qualify you must be physically or mentally incapacitated to the extent that you are not able to work regularly at any job. The disability must be severe and prolonged. “Severe” means your condition prevents you from working regularly at any job, and “prolonged” means your condition is long term or may result in your death.

Note: In order to qualify for the Waiver of Premium benefit you must notify Manulife Financial c/o FAS Inc. of your disability within one (1) year of your last active day at work, and must furnish proof of your disability satisfactory to the Insurer within 18 months of that last active working day.

CONVERSION PRIVILEGE

Your Life Insurance continues for 31 days following the termination of coverage due to insufficient hours in your Hour Bank Account. During this 31 day period you may convert the amount of your Group Life Insurance, provided you are under 65 years of age, to (i) a non-convertible term insurance to age 65; (ii) a permanent plan that Manulife Financial offers to the public at the time of conversion; or, (iii) a one-year non-renewable term insurance which may be converted while it is in force to any plan described above without submitting evidence of health. The amount of the individual policy shall not exceed the amount of insurance for which you were insured when coverage was discontinued, subject to a maximum of \$200,000 (Basic and Optional insurance combined) less any amount you become eligible for under a replacing contract of group life insurance.

The premium rate will be determined from your age and class of risk at the time of conversion.

Note: The conversion privilege does not apply for loss of insurance as a result of any age reduction or if insurance terminates when you reach the age specified in the Summary of Benefits section or upon your retirement.

SUBROGATION

If a member is entitled to recover compensation for benefits from a third party as a result of the incident which caused or contributed to the disability for which benefits are paid or payable, the Insurer will be subrogated to all rights of recovery of the employee to the extent of the sum of benefits paid or payable by the Insurer. As it relates to “Waiver of Premium”, the Insurer will calculate the amount of premium that would have been required, but for this provision, and will provide that information to the member from time to time so that the member can put forward the subrogated claim of the Insurer.

In the event that the insured member provides proof to the Insurer that the said member was unable to recover full compensation for this benefit, the Insurer shall determine the proportion of the damages actually recovered and share pro rate in that amount.

Should the employee choose to settle the matter prior to judicial determination, the member understands that the Insurer’s right of subrogation still applies and that the member has an obligation to put forward the Insurer’s subrogated interest in this regard.

**MEMBER BASIC ACCIDENTAL
DEATH AND DISMEMBERMENT BENEFIT**

COVERAGE

Any accident resulting in: death, dismemberment, loss of sight, or paralysis - anywhere in the world - 24 hours a day - on or off the job.

ELIGIBILITY

Eligible persons are:

- Class 1 Members under age 70, and trustees and former trustees under age 80, who are in good standing with the Policyholder and are eligible for coverage on the day such member has completed working his 200th hour of covered employment, regardless of when such hours are reported.
- Class 2 Members under age 70 for whom hours have been reported but who are not yet eligible for benefits under this policy.

AMOUNT OF INSURANCE

Your amount of insurance (Principal Sum) is:

- Class 1 Active members, trustees and former trustees who are in good standing with the Policyholder are automatically insured for a Principal Sum amount of \$100,000.00.

Members whose eligibility terminates may have his coverage continued by electing the “self-payment” program and will have the following options to choose from:

| <u>Option</u> | <u>Applicable Principal Sum</u> |
|---------------|---------------------------------|
| I | \$50,000.00 |
| II | \$25,000.00 |
| Class 2 | \$10,000.00 |

BENEFITS

Accidental Death, Dismemberment and Specific Loss Indemnity

If, within 12 months of the date of the accident, Injury results in any of the following losses, the Company will pay for Loss of or permanent and total Loss of Use of:

| | |
|--|-------------------------------------|
| Life..... | The Principal Sum |
| Both Hands | The Principal Sum |
| Both Feet..... | The Principal Sum |
| Entire Sight of Both Eyes | The Principal Sum |
| One Hand and One Foot | The Principal Sum |
| One Hand and the Entire Sight of One Eye | The Principal Sum |
| One Foot and the Entire Sight of One Eye..... | The Principal Sum |
| Speech and Hearing | The Principal Sum |
| One Arm | Three-Quarters of the Principal Sum |
| One Leg | Three-Quarters of the Principal Sum |
| One Hand | Two-Thirds of the Principal Sum |
| One Foot | Two-Thirds of the Principal Sum |

Entire Sight of One Eye Two-Thirds of the Principal Sum
 Speech or Hearing Two-Thirds of the Principal Sum
 Thumb or Any Finger of the Same Hand One-Third of the Principal Sum

If, within 12 months of the date of the accident, Injury results in the following loss, the Company will pay for Loss of:

First Phalange of a Thumb or Finger One-Fiftieth of the Principal Sum

PARALYSIS BENEFITS

Quadriplegia (complete paralysis of both upper and lower limbs) One Times the Principal Sum
 Paraplegia (complete paralysis of both lower limbs) One Times the Principal Sum
 Hemiplegia (complete paralysis of upper and lower limbs of one side of body) One Times the Principal Sum

Indemnity provided under this part for losses relating to any one limb, will be paid for one of the losses, the greatest, sustained by any one Insured Person as the result of any one accident.

Indemnity provided under this part for all losses sustained by any one Insured Person as a result of any one accident will not exceed the Principal Sum.

“Injury” whenever used in the policy means bodily injury caused by an accident occurring while the policy is in force as to the Insured Person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the policy, and that is not caused or contributed to, directly or indirectly, by physical or mental illness or disease, or treatment for the illness or disease.

“Loss” whenever used in the policy with reference to hand or foot means complete severance at 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 at or above the elbow or knee joint; as used with reference to thumb and fingers means complete severance at or above the metacarpophalangeal joint; as used with reference to the first phalange of a thumb or finger means severance at or above the distal interphalangeal joint; as used with reference to eye means the irrecoverable loss of the entire sight thereof; as used with reference to speech means the total and irrecoverable loss thereof; as used with reference to hearing means the total and irrecoverable loss thereof; and as used with reference to Quadriplegia, Paraplegia and Hemiplegia means the permanent and irrecoverable paralysis of such limbs.

“Loss of Use” whenever used in the policy means a loss which is permanent, total, irrecoverable and continuous for a period of 12 months from the date of the accident.

Bereavement Benefit

If Injury results in the loss of your life, the Company will pay the reasonable and necessary expenses actually incurred by your Spouse and Dependent Children for up to six sessions of grief counselling, by a professional counsellor, subject to a maximum of \$2,000.00.

Day Care Benefit

If Injury results in the loss of your life within 12 months of the date of the accident, the Company will pay five percent of your Principal Sum to a maximum of \$5,000.00 for each year your Dependent Child is enrolled in a legally licensed Day Care (not to exceed four years) for each of your Dependent Children who are under 13 years of age and are enrolled in a legally licensed Day Care Centre on the date of the accident or are enrolled in a legally licensed Day Care Centre within 12 months after your death.

Education Benefit

If Injury results in your loss of life, the Company will pay, in addition to all other benefits, five percent of your Principal Sum to a maximum of \$5,000.00 to your Dependent Child, who on the date of the accident was enrolled as a full-time student in any institution of higher learning above the secondary school level, or was enrolled as a full-time student at the secondary school level and enrolls as a full-time student in any institution of higher learning within 12 months after your death, but not to exceed four consecutive annual payments.

Family Transportation Benefit

When, as a result of Loss covered by the policy, you are confined as an inpatient in a hospital located from a point of not less than 150 kilometers from your normal place of residence, the Company will pay the reasonable expenses actually incurred by any member of your immediate family for hotel accommodation and transportation by the most direct route to you, not to exceed in the aggregate the amount of \$15,000.00 for all such expenses.

Home Alteration and Vehicle Modification Benefit

In the event you sustain a Loss for which indemnity becomes payable under the part titled "Accidental Death, Dismemberment and Specific Loss Indemnity" and subsequently require the use of a wheelchair to be ambulatory, the Company will pay the cost of alterations to your principal residence and/or the cost of modifications to one motor vehicle utilized by you, when such modifications are approved by licensing authorities where required for the purpose of making them wheelchair accessible to a maximum of \$15,000.00.

Rehabilitation Benefit

If Injury requires that you undergo special training in order to be qualified to engage in a special occupation in which you would not have engaged except for such Injury, the Company will pay the reasonable and necessary expense incurred for such training within three years of the date of the accident, subject to a maximum amount of \$15,000.00 as the result of any one accident.

Repatriation Benefit

If Injury results in your loss of life, the Company will pay the actual expense incurred for the transportation of your body to your city of residence, including the preparation of your body for such transportation, subject to a maximum amount of \$15,000.00.

Spousal Retraining Benefit

In the event you lose your life as the result of an Injury, the Company will pay the reasonable and necessary expenses actually incurred within three years from the date of such accident by your Spouse who engages in a formal occupational training program in order to become specifically qualified for active employment in an occupation for which he would not otherwise have sufficient qualifications, not to exceed in the aggregate the amount of \$15,000.00 for all such expenses.

EXPOSURE AND DISAPPEARANCE

If due to accident you are unavoidably exposed to the elements and if, as a result of such exposure and within 12 months after the date of the accident, you suffer a loss for which indemnity would otherwise have been payable hereunder, such loss will be deemed to be the result of Injury.

Where, due to the accidental wrecking, sinking or disappearance of a conveyance in which you were riding, you disappear, and if your body is not found within 12 months after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of the policy, that you suffered loss of life as a result of Injury.

AGGREGATE LIMIT OF INDEMNITY

The policy is subject to an Aggregate Limit of Indemnity of \$5,000,000.00 for all losses resulting from any one aircraft accident. This means that in the event of an aircraft accident that results in an accumulation of losses exceeding \$5,000,000.00, the amount payable with respect to each Insured Person will be reduced proportionately.

WAIVER OF PREMIUM

If your Life Insurance coverage is continued under the waiver of premium provision, the Accidental Death and Dismemberment coverage then in effect for you, will also be continued until the earlier of the date you attain age 65 or the date the master policy is terminated.

EXCLUSIONS

Cover does not apply to any loss caused or contributed to by:

- flying as a pilot or crew member in any aircraft;
- suicide or self-destruction;
- full-time, active service in the armed forces;
- war or act of war;
- flying in owned, operated or leased aircraft of the Policyholder.

BENEFICIARY

Indemnity payable in the event of the loss of life of an Insured Person is payable to the beneficiary or beneficiaries designated in writing by the Insured Person and on file with the Policyholder. If there is no such beneficiary designation, the indemnity is payable to the estate of the Insured Person. All other indemnities are payable to the Insured Person, with the exception of indemnities payable under "Bereavement Benefit", "Day Care Benefit", "Education Benefit", "Family Transportation Benefit" and "Spousal Retraining Benefit".

DEPENDENT BASIC LIFE INSURANCE

In the event of the death of your spouse and/or dependent children while insured, the amount of Dependent Life Insurance is payable to you.

CONVERSION PRIVILEGE

The Dependent Life Insurance for your spouse continues for 31 days following your death, or your termination of coverage due to insufficient hours in your Hour Bank Account. During this 31 day period your spouse's amount of Basic Dependent Life Insurance may be converted, provided your spouse is under 65 years of age, to a non-convertible term insurance to age 65, a permanent plan that Manulife Financial offers to the public at the time of conversion or a one-year non-renewable term insurance which may be converted while it is in force to any plan described above without submitting evidence of health. The premium rate will be determined from your spouse's age and class of risk at the time of conversion. The amount of the individual policy shall not exceed the amount of insurance for which your spouse was insured when coverage was discontinued, subject to a maximum of \$200,000 (Basic and Optional Insurance combined) less any amount your spouse becomes eligible for under a replacing contract of group life insurance.

Note: -The conversion privilege does not apply for loss of insurance as a result of any age reduction or if insurance terminates when you reach the age specified in the Summary of Benefits section or upon your retirement.
-After the spouse attains age 65, the spouse may only convert 50% of his/her Optional Life coverage.

WAIVER OF PREMIUM FOR DISABILITY

If while insured for this coverage, you become disabled and qualify for the Waiver of Premium benefit under your Basic Life Insurance coverage, the Insurer will also waive the payment of your Basic Dependent Life Insurance premiums.

Your entitlement to Waiver of Premium Benefit ceases on the earlier of (a) the date your Waiver of Premium for Basic Life Insurance ceases, or (b) the date the policy or this coverage terminates.

MEMBER OPTIONAL LIFE INSURANCE

In the event of your death while insured, the amount of your Optional Life Insurance is payable to your beneficiary.

However, if you die due to self-destruction while sane or insane, the Insurer will not pay any part of Optional Life Insurance which became effective less than two years prior to your date of death. Misstatement of non-smoker status by you shall constitute fraud, and the Insurer will not pay any part of your Optional Life Insurance, regardless of the cause of death.

The provisions of this coverage shall be the same as for Basic Life Insurance except that to qualify for Waiver of Premium, you must become totally disabled for 6 consecutive months before age 65 for your Life Insurance to be continued without payment of premium until you cease to be totally disabled or you reach age 65, whichever occurs first.

DEPENDENT OPTIONAL LIFE INSURANCE

In the event of the death of your spouse or your dependent child while insured, the amount of your dependent's Optional Life Insurance is payable to you.

However, if your spouse or child dies due to self-destruction while sane or insane, the Insurer will not pay any part of your dependent's Optional Life Insurance which became effective less than two years prior to the date of death. Misstatement of non-smoker status by you or your dependent child or spouse shall constitute fraud, and the Insurer will not pay any part of the Optional Life Insurance, regardless of the cause of death.

The provisions of this coverage shall be the same as for Basic Dependent Life Insurance except that to qualify for Waiver of Premium, you must become totally disabled for 6 consecutive months before age 65 for your Dependent Optional Life Insurance to be continued without payment of premium until you cease to be totally disabled or you reach age 65, whichever occurs first.

Your entitlement to Waiver of Premium Benefit ceases on the earlier of (a) the date your Waiver of Premium for Optional Member Life Insurance ceases, or (b) the date the policy or this coverage terminates.

SUPPLEMENTARY HEALTH EXPENSE

MEMBER AND DEPENDENT COVERAGE

In the event that you incur any of the Eligible Expenses listed below, you will be paid a percentage (coinsurance) of such expenses. Such expenses must be reasonable and customary, medically necessary and prescribed by a physician or other qualified medical practitioner deemed appropriate by Manulife Financial. The coinsurance is 100% of all eligible expenses except that Drug Expenses for Classes 802 only will be paid at 80% coinsurance.

LIFETIME MAXIMUM BENEFIT

The total lifetime benefit payable in respect of you or your dependents is limited \$100,000. Hospital in Canada expenses are not subject to this maximum.

RESTORATION OF MAXIMUM BENEFIT

On January 1 of each year, the amount of benefit which has been counted against the Maximum Benefit of an insured family member and not previously restored or reinstated will be automatically restored subject to the following (whichever is greater):

- \$1,000, or
- 10% of the Maximum Benefit, rounded to the next higher \$500 if not already an even multiple thereof.

No evidence of good health is required for this automatic restoration but it is not available after insurance has terminated or if the member has retired.

ELIGIBLE EXPENSES

The following are brief descriptions of all eligible expenses and unless indicated otherwise, the list applies to all Classes:

Preferred Accommodation in Canadian Hospitals

Semi-private or private room and board in a licensed Canadian hospital. Such charges shall not be subject to the Lifetime Maximum.

Drug Expenses

Members have a Pay-Direct Drug Card through ClaimSecure. The maximum dispensing fee for drug expenses is \$4.00. Anything over this \$4 maximum dispensing fee must be paid by you.

This Plan covers reasonable and customary charges incurred for medically necessary drugs and medicines which:

1. Are dispensed by a licensed pharmacist or physician legally authorized to dispense such drugs and medicines, and
2. Are prescribed by a physician or other professional authorized by provincial legislation to prescribe drugs for the treatment of an illness or injury and are either
 - a) Drugs requiring a prescription in accordance with the Food and Drugs Act, Canada, or
 - b) Other specified drugs and medicines which have been identified by the Insurer as covered expenses and are by convention usually not dispensed without a prescription, or

- c) Injectable preparations identified by the Insurer, insulin preparations and supplies, and allergy serums.
- d) Smoking cessation aids which require a physician's prescription are covered, subject to a lifetime maximum benefit of \$1,000 per individual, including nicotine patches and charges by a registered acupuncturist, laser treatment therapist or hypnotherapist legally practicing within the scope of their license, when recommended by a Physician.
- e) Drugs required as a result of a colostomy or ileostomy and/or for the treatment of cystic fibrosis, diabetes and parkinsonism.
- f) The drug Viagra to a maximum of \$60 per month and \$720 per year.
- g) Neovisc to a maximum of \$400 per year per insured individual.
- h) Epipen Injections to a maximum of \$350 per year per insured individual.
- i) All items falling into the following categories considered Life Sustaining over-the counter drugs:
 - 1. Anti-Anginal Agents
 - 2. Anticholinergic
 - 3. Antiparkinsonian Agents
 - 4. Anti Arrhythmic Therapy
 - 5. Bronchodilators
 - 6. Enzymatic Zonulolytic
 - 7. Fluorides
 - 8. Glaucoma Therapy
 - 9. Topical Enzymatic Debriding Agents
 - 10. Hyperthyroidism
 - 11. Insulins
 - 12. Oral Fibrinolytic
 - 13. Parasympathomimetic
 - 14. Potassium Replacement Therapy
 - 15. T.B. Therapy
 - 16. Hypercholesterolemia Therapy
 - 17. The Drug "Pancrease"

No benefit shall be payable for any single purchase of drugs which would not reasonably be used within 90 days from the date of purchase. Fertility Drugs are excluded.

When there is more than one drug that is suitable to treat your condition, your plan allows for reimbursement based on the lowest priced drug. Should you decide to purchase a higher priced drug, you must pay the difference between the ingredient cost for the drug purchased and the ingredient cost for the lowest priced drug.

Extended Health Expenses

- 1. Charges for accommodation in a licensed **Convalescent Care Facility**, subject to a maximum benefit of \$20 per day. Confinement must be for the continuous care of the same condition for which the insured was hospitalized;
- 2. Charges for the services of a certified, registered, or licensed **Christian Science Practitioner, Acupuncturist and Osteopath** to a maximum of \$35 per visit and \$840 per calendar year per specialty per insured individual.
- 3. Charges for the services of a certified, registered, or licensed **Naturopath and Masseur** to a maximum of \$60 per visit and \$840 per calendar year per specialty per insured individual.

4. Charges for the services of a certified, registered or licensed **Physiotherapist** to a maximum of \$60 per visit to a maximum of \$900 per calendar year. The services of a Physiotherapist must be recommended by a Physician. X-rays are covered subject to a maximum benefit of \$25 per disability.

Charges for the services of a certified, registered, or licensed **Chiropractor** to a maximum of \$45 per visit and \$900 per calendar year per specialty per insured individual. Services are provided from first-dollar coverage.

Charges for the services of a certified, registered, or licensed **Podiatrist** to a maximum of \$35 per visit and \$840 per calendar year per specialty per insured individual. Services are provided from first-dollar coverage.

Charges for the services of a certified, registered, or licensed **Psychologist** to a maximum of \$100 per hour, and \$1,000 per insured individual per calendar year;

Charges for the services of a certified, registered, or licensed **Speech Therapist** to a maximum of \$25 for the initial assessment, \$60 for each subsequent visit and \$840 per insured individual per calendar year when recommended by a Physician;

This plan will only reimburse you for Paramedical expenses (except for Podiatry services) if the Provincial Government has not paid all or part of the expense. Charges for x-rays are covered up to a maximum of \$25 per disability;

5. Charges for the medical services (excluding custodial care, psychological or personal counselling) provided by a Registered **Nurse** (R.N.), Nursing Assistant (C.N.A., R.N.A., R.P.N., L.P.N. or L.N.A.) or a member of the Victorian Order of Nurses (V.O.N.) which are rendered while the insured is not confined to a hospital subject to a lifetime maximum benefit of \$5,000 provided such nurse is not a resident in your home or a relative of your family.

These charges will be considered eligible expenses only if recommended by a physician and only if medically necessary. For the purpose of this policy, custodial care is defined as assistance with daily living or tasks which a layperson could perform;

6. Charges for rental (or, at the Insurer's option, purchase) of **durable medical equipment** required for therapeutic purposes and as approved by the Insurer, including but not limited to wheelchairs, hospital beds, oxygen equipment:
 - Portable or fixed oxygen concentrators to a lifetime maximum of \$5,000;
 - Phototherapy light equipment used for the treatment of Seasonal Affective Disorder (SAD) to a lifetime maximum of \$300 (excluding repairs);
7. Charges for rental (or, at the Insurer's option, purchase) of **medical aids and prostheses**, including but not limited to braces, crutches and purchase of prostheses;
8. Charges for necessary **dental treatment** required as the result of an **accidental injury** to natural teeth or for cosmetic surgery necessary for prompt repair of an accidental injury to natural teeth, provided the accident occurred while insured under this coverage. Only such charges directly related to such an accidental injury and approved by the Insurer are considered a covered medical expense;
9. Unlimited charges for professional **ambulance service**, other than airline, to and from the nearest hospital qualified to provide the necessary treatment.
10. Emergency transportation by airline to and from the nearest hospital qualified to provide the necessary treatment. Such emergency transportation is subject to a maximum benefit equal to the economy airfare for the insured, and, if medically required, a medical attendant who is neither a resident in your home nor a relative of your family;

11. Charges for orthopedic shoes (including repairs) and orthotics which have been specially designed and molded for the insured individual and are required to correct a diagnosed physical impairment, provided that the following information is supplied:

- i) a diagnosis, including a list of symptoms and the primary complaint;
- ii) a description of the physical findings from the clinical examination;
- iii) a brief description of the abnormal walking pattern associated with the diagnosis; and
- iv) confirmation that the product has been custom-made.

Your orthopedic shoes and orthotics must be prescribed on an annual basis by providers with the following professional qualifications:

- i) Medical General Practitioner or Specialist (MD); or
- ii) Podiatrist (DPM); or
- iii) Chiropodist (D CH or D Pod M);

and must be dispensed by one of the following provider types:

- i) Medical General Practitioner or Specialist (MD); or
- ii) Orthotist Co(c) or CPO(c); or
- iii) Pedorthist C Ped (C) or C Ped (MC); or
- iv) Podiatrist (DPM); or
- v) Chiropodist (D CH or D Pod M).

Charges for orthopedic shoes, including repairs, and orthotics are limited to a maximum of \$400 per insured individual every 36 calendar months.

12. Charges for purchase of hearing aids (including replacement), subject to the maximum benefit outlined below per person in any 60 consecutive months (Batteries are not covered). Testing performed by an Audiologist is covered and included within the benefit maximum:

- **For Classes 801, 802, 803, 804, 806, 807 and 808:** Subject to a maximum benefit of \$4,000 (including replacement);
- **For Classes 802, 803, 804, 806 and 808:**
 - Custom fitted earplugs (for members only) for preventative hearing protection purposes and not prescribed by a physician or an otolaryngologist are covered to a maximum of \$100 per person every 2 calendar years;
 - Custom fitted earplugs (for members only) which are medically necessary and prescribed by a physician or an otolaryngologist are covered to a maximum of \$400 per person every 5 calendar years;

13. Charges for outpatient hospital care, services and supplies not covered by any Provincial Government plan;

14. Provision of anaesthesia, oxygen, blood and blood products;

15. Charges for elastic support stockings to a maximum of 3 pairs and \$150 per person per calendar year;

16. Charges for medication required for sclerotherapy to a maximum of \$60 per visit and a lifetime maximum of \$360;

17. Charges for laser surgery to correct sleep apnea and the purchase and/or repairs of sleep apnea treatment equipment subject to a combined maximum of \$2,500 every 5 years when recommended by a Physician.

18. Charges for endo-venous laser therapy for treatment of varicose veins, including physician fees and facility fees up to a lifetime maximum benefit of \$3,000 (effective May 1, 2008).

Vision Care Expenses

Charges for vision care as follows:

For all Classes except Class 802:

- i) eye examination up to a maximum benefit of \$70 per eye exam once every 2 calendar years (or every calendar year for insured individuals under age 18)

For all Classes:

- ii) lenses and frames for eyeglasses (including prescription sunglasses), lens tinting, protective coating or contact lenses not covered in (iii) below and prescribed by an optometrist or ophthalmologist and the cost of material for repair of eyeglasses to a maximum of \$450 every 2 calendar years (or every calendar year for insured individuals under age 18) for all classes except 802 and \$240 every 2 calendar years for Class 802 only;
- iii) contact lenses prescribed for severe corneal astigmatism, severe corneal scarring, Keratoconus (conical cornea) or Aphakia, provided visual acuity can be improved to at least the 20/40 level by contact lenses but cannot be improved to that level by spectacle lenses to a maximum of \$200 in any period of 2 years;

For all Classes except Class 801:

Physician surgical fees (but not facility or any other charges, or professional fees related to cataract surgery) for treatment related to Photorefractive Keratectomy (PRK) and Laser Assisted In-situ Keratomileusis (LASIK) are covered to a lifetime maximum of \$2,000. Radial Keratotomy (RK) and Automated Lamellar Keratoplasty (ALK) are not eligible procedures. A claim under this category of laser eye surgery will disqualify an insured from Vision Care benefits for a period of three months prior to eye surgery, and six years from the date of eye surgery related to either of the two approved procedures;

For all Classes except Classes 801, 802 and 807:

Prescription safety glasses (for members only) to a maximum of \$300 every 2 calendar years.

EXCLUSIONS

The foregoing list of eligible expenses shall not include any of the following:

1. charges which are considered an insured service of any provincial government plan;
2. charges which were considered an insured service of any provincial government plan at the time this plan/benefit was issued and subsequently were modified, suspended or discontinued;
3. charges for general health examinations, and examinations required for use of third party;
4. charges for eye examinations, except where included as an eligible expense;
5. charges for a surgical procedure or treatment performed primarily for beautification, or charges for hospital confinement for such surgical procedure or treatment;
6. charges for medical treatment or surgical procedure by a physician other than as provided under Out of Province Expenses or for laser surgery for sleep apnea;

7. charges for transport or travel, other than as specifically provided under eligible expenses;
8. charges not specified in the foregoing list of eligible medical expenses;
9. charges for services or supplies which are furnished without the recommendation and approval of a physician acting within the scope of his license;
10. charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy;
11. charges which are from an occupational injury or disease covered by any Workers' Compensation law or similar legislation;
12. charges which would not normally have been incurred but for the presence of this insurance or for which you are not legally obligated to pay;
13. charges which the Insurer is not permitted, by any law or regulation, to cover;
14. charges for dental work where a third party is responsible for payment for such charges;
15. charges for bodily injury resulting directly or indirectly from war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind;
16. charges for services or supplies resulting from any intentionally self-inflicted wound;
17. charges for drugs, sera, injectable drugs or supplies which are not approved by Health and Welfare - Canada or are experimental or limited in use whether or not so approved;
18. charges for experimental medical procedures or treatment not approved by the Canadian Medical Association or the appropriate medical specialty society;
19. charges made by a physician for travel, broken appointments, communication costs, filling in of forms, or physician's supplies;
20. charges which are not incurred as a result of an emergency while travelling;
21. charges in connection with childbirth and medical complications resulting from childbirth when the delivery takes place after the beginning of the 32nd week of pregnancy and occurring while travelling.
22. for care, treatment, services or supplies which are furnished or paid for, or with respect to which benefits are provided, under any law of a government (national or otherwise) by reason of the past or present service of any person in the armed forces of a government;
23. for care, treatment, services or supplies other than those referred to in item (1) above, which are paid for, or with respect to which benefits are provided, under any law of a government (national or otherwise) except where such payments are made or such benefits are provided under a plan specifically established by a government for its own civilian employees and their dependents;
24. incurred for care, treatment, services or supplies as a result of any group or employer-sponsored treatment, inoculation or examination.
25. charges not listed as an eligible expense in this Booklet.

EMERGENCY TRAVEL ASSISTANCE

MEMBER AND DEPENDENT COVERAGE

In the event of an emergency while travelling outside your province of residence, if an insured member or dependent who is covered by the provincial government plan incurs any of the following eligible expenses, the member will be reimbursed. Expenses must be reasonable and customary, medically necessary and prescribed by a physician or other qualified medical practitioner deemed appropriate by Manulife Financial.

Note: Coverage is limited to a period of 60 days from the date the insured leaves the province of residence; however, any member working in the United States and maintaining their Provincial Health Care coverage and the required hours in their Hour Bank Account to maintain coverage, can be covered for up to a 12 month period.

LIFETIME MAXIMUM BENEFIT

The total lifetime benefit payable in respect of an insured member or dependent is \$1,000,000.

SERVICES

The following benefits are covered in the event of an emergency which occurs while you or your dependents are travelling for non-medical reasons outside your province of residence:

1) The following Assistance Services are covered:

- a) Multilingual assistance by toll-free telephone, 24 hours a day, 365 days a year, for insured individuals and providers of medical services to obtain aid and assistance;
- b) Referral to a legally qualified physician, dentist, legal advisor or an appropriate medical care facility;
- c) Assistance in replacement (but not cost) of necessary travel documents or tickets in the event of theft or loss;
- d) A centre for communication of messages between you and your family, friends or business associates. Messages are held for 15 days;
- e) Medical consultation and monitoring of medical care and services if you or your dependents are hospitalized, and arrangement for contact with the patient, the attending physician and the patient's personal physician and family if necessary;
- f) Referral of insured individuals to a local legal advisor and assistance in arranging a cash advance from credit cards or family and friends to post bail and pay legal fees;
- g) Multilingual telephone interpretation services in the event of an emergency.

2) The following eligible expenses are covered:

- a) Medical Services - Charges incurred for medical and surgical fees, semi-private hospital accommodations and prescribed drugs;
- b) Emergency transportation - Emergency transportation to the nearest appropriate medical care facility and if medically necessary from the medical care facility to a hospital in Canada. Upon written recommendation of a physician, such charges shall include a medical attendant if necessary who is neither a resident in the member's home nor a relative of the member or the member's spouse;

- c) Return of Deceased - Charges incurred for the return of a deceased member or dependent to the place of former residence in Canada, subject to a maximum benefit of \$5,000 per individual;
- *d) Return of Dependent Children - Charges incurred for the return of dependent children to their residence in Canada in the event you or your spouse is hospitalized and the children are left unattended. The children must be under 16 years of age. Arrangements for an escort to accompany the children will be made if necessary;
- *e) Return Trip Delay - Transportation - Charges incurred for delay of the return trip of an insured individual due to the hospitalization of that individual or another insured individual with whom the individual is travelling, limited to the cost of one way economy class transportation;
- *f) Visit of Family Member - Charges incurred for transportation of an immediate family member to visit a hospitalized insured individual. Such individual must have been travelling alone and confined to a hospital for more than 7 days. The cost of transportation is limited to return economy fare for one family member. An immediate family member is defined as a spouse, parent, child, brother or sister or a person with whom the insured individual normally resides;
- * Charges for d), e) and f) above, are subject to a combined maximum benefit of \$5,000 per emergency.
- g) Return of Vehicle - Charges incurred in connection with the return of an insured's vehicle in the event the insured is unable to return it due to illness, injury or death, subject to a maximum benefit of \$500 per trip. The vehicle will be returned to the insured's residence or nearest appropriate rental agency. Such charges shall not include commercial transport vehicles;
- h) Return Trip Delay - Accommodation - Charges incurred for commercial accommodation and meals for insured individuals while staying with a hospitalized insured family member when their return trip is delayed due to an illness or accident. Such charges are subject to a maximum benefit of \$700 per family;

EXCLUSIONS

The foregoing list of eligible expenses shall not include any of the following:

1. charges which are considered an insured service of any provincial government plan;
2. charges which were considered an insured service of any provincial government plan at the time this plan/benefit was issued and subsequently were modified, suspended or discontinued;
3. charges for general health examinations, and examinations required for use of third party;
4. charges for eye examinations, except where included as an eligible expense;
5. charges for a surgical procedure or treatment performed primarily for beautification, or charges for hospital confinement for such surgical procedure or treatment;
6. charges for medical treatment or surgical procedure by a physician other than as provided under Out of Province Expenses or for laser surgery for sleep apnea;
7. charges for transport or travel, other than as specifically provided under eligible expenses;
8. charges not specified in the foregoing list of eligible medical expenses;

9. charges for services or supplies which are furnished without the recommendation and approval of a physician acting within the scope of his license;
10. charges which are not medically necessary to the care and treatment of any existing or suspected injury, disease or pregnancy;
11. charges which are from an occupational injury or disease covered by any Workers' Compensation law or similar legislation;
12. charges which would not normally have been incurred but for the presence of this insurance or for which you are not legally obligated to pay;
13. charges which the Insurer is not permitted, by any law or regulation, to cover;
14. charges for dental work where a third party is responsible for payment for such charges;
15. charges for bodily injury resulting directly or indirectly from war or act of war (whether declared or undeclared), insurrection or riot, or hostilities of any kind;
16. charges for services or supplies resulting from any intentionally self-inflicted wound;
17. charges for drugs, sera, injectable drugs or supplies which are not approved by Health and Welfare - Canada or are experimental or limited in use whether or not so approved;
18. charges for experimental medical procedures or treatment not approved by the Canadian Medical Association or the appropriate medical specialty society;
19. charges made by a physician for travel, broken appointments, communication costs, filling in of forms, or physician's supplies;
20. charges which are not incurred as a result of an emergency while travelling;
21. charges in connection with childbirth and medical complications resulting from childbirth when the delivery takes place after the beginning of the 32nd week of pregnancy and occurring while travelling.
22. for care, treatment, services or supplies which are furnished or paid for, or with respect to which benefits are provided, under any law of a government (national or otherwise) by reason of the past or present service of any person in the armed forces of a government;
23. for care, treatment, services or supplies other than those referred to in item (1) above, which are paid for, or with respect to which benefits are provided, under any law of a government (national or otherwise) except where such payments are made or such benefits are provided under a plan specifically established by a government for its own civilian employees and their dependents;
24. incurred for care, treatment, services or supplies as a result of any group or employer-sponsored treatment, inoculation or examination.
25. charges not listed as an eligible expense in this Booklet.

LIABILITY

The Insurer is not responsible for the availability, quantity, quality or results of any medical treatment received by an insured individual, or for the failure of an insured individual to receive Medical treatment for any reason.

There are some countries in which Mondial Assistance (Manulife Financial's Emergency Travel Service provider) does not guarantee assistance. You should contact your Plan Administrator if you plan to travel to countries that may be under distress or in strife, as such circumstances may affect the emergency travel assistance service provided by Mondial Assistance.

DENTAL EXPENSE BENEFIT

MEMBER AND DEPENDENT COVERAGE

As the wording of this dental coverage is technically oriented Manulife Financial suggests you take this booklet with you when you visit your dentist.

In the event that you incur in a calendar year any of the Eligible Expenses listed below, you will be paid a percentage of such expenses. The percentage is specified in the Summary of Benefits. Coverage available to each Class is as follows:

| <u>Class</u> | <u>Dental Procedure</u> |
|---------------------|--|
| 801 | <ul style="list-style-type: none">▪ Minor Procedures paid at 80%▪ Major Procedures paid at 50% |
| 802 | <ul style="list-style-type: none">▪ Minor Procedures only paid at 80% |
| All other Classes | <ul style="list-style-type: none">▪ Minor Procedures paid at 90%▪ Major Procedures paid at 70%▪ Orthodontics paid at 75% |

MAXIMUM BENEFIT

The total benefits payable are subject to the maximums specified in the Summary of Benefits.

EXTENSION OF BENEFITS

No benefits for Eligible Expenses will be paid for claims incurred after the termination of the Master Policy or after your insurance under this coverage ceases, except as outlined under Class 807 for Surviving Spouses and Dependent Children.

DENTAL CLAIM FORMS

Paper claims will not be processed unless a Dental Claim Form, satisfactory to the Insurer, is submitted to the Fund Office.

Alternatively, electronic claims can also be submitted by participating dentists via Electronic Data Input (EDI).

ALTERNATE BENEFITS AND SUBMISSION OF TREATMENT PLAN

Where there exists more than one customarily employed and professionally adequate method of treating injury or disease to the teeth, Manulife Financial reserves the right to determine eligible expenses on the basis of an alternate benefit. This *alternate benefit* clause will not apply if a Dentist recommends a bridge instead of a denture, even if the bridge is replacing three or more teeth.

As a service to you, Manulife Financial will advise you in advance of the amount of its liability when a proposed course of treatment includes major restorative dentistry or orthodontics. To use this service, simply have your dentist complete a treatment plan on forms available from your Plan Administrator, including pretreatment x-rays if the proposed treatment involves crowns or bridgework.

ELIGIBLE EXPENSES

Charges for the following supplies and services are considered Eligible Expenses if they do not exceed the Ironworkers Dental Benefit List as outlined in the Summary of Benefits. Further details may be found in the Master Policy.

MINOR PROCEDURES (for all Classes)

(Paid at 80% for Classes 801 & 802 and 90% for all other Classes)

Diagnostics:

- oral examinations limited to 1 every 6 consecutive months,
- complete oral exam and diagnosis 1 every 30 consecutive months,
- x-rays: single diagnostic x-rays, complete series or equivalent 1 every 30 consecutive months,
- consultations;
- study casts once per year

Preventive Therapy:

- cleaning of teeth (prophylaxis) once every 6 consecutive months,
- topical fluoride once every 9 months (for dependents age 16 and under only),
- passive space maintainers for dependent children,
- mouth guards other than athletic appliances,
- polishing and bleaching of teeth,
- pit and fissure sealants (procedures 13401 and 13409) to a maximum of \$100 per person per calendar year.

Basic Restorative Dentistry: The basic procedures used to restore the natural teeth to their normal functions by the use of silver amalgam, silicate, or synthetic restorations (fillings) or prefabricated full coverage restorations. In addition, sedative dressings are covered.

- **Extractions:** Removal of teeth.
- **Endodontics:** Emergency endodontic procedures and conservative root canal therapy.
- **Periodontics:** (Unit of time = 15 minutes)
 - (a) Adjunctive Services as follows: 8 units per calendar year of occlusal equilibration, 10 units of periodontal scaling and root planing combined, acute infections, provisional splinting;
 - (b) Surgical Services as follows: gingival curettage, gingivoplasty, gingivectomy or osseous surgery;
 - (c) Special Periodontal Appliances.
- **Oral Surgery:** Routine oral surgical procedures as follows: surgical removal of impacted teeth, residual roots and associated post-operative care.
- **Anaesthesia:** Anaesthesia where reasonably and customarily required in connection with other covered procedures. Facility fees associated with anaesthesia used in connection with the removal of wisdom teeth are limited to a maximum of \$100 per calendar year.

Repairs, Relining, and Rebasing of Dentures: Repair or relining and rebasing of dentures, including addition of new teeth, but not including the cost of dentures, their replacement or duplication.

MAJOR PROCEDURES (for all Classes except Class 802)

(Paid at 50% for Class 801 and 70% for all other Classes)

Removable Prosthetic Devices:

1. The initial installation of partial or full dentures.
2. Replacement of existing dentures is not covered unless:
 - (a) The existing denture is at least 5 years old and no longer serviceable, or
 - (b) The existing denture is an immediate temporary denture and replacement by a permanent denture is required and takes place within 12 months from the date of installation of the immediate temporary denture.
3. Replacement of lost or stolen dentures, the duplication of dentures and personalization or characterization of dentures is not covered.

Extensive Restorative Dentistry:

Those procedures, including inlays, onlays and crowns, used to restore the natural teeth to their normal functions where the tooth, as a result of extensive caries or fracture, cannot be restored with a filling.

The replacement of inlays, onlays and crowns are covered only if such replacement is more than 12 months after the individual became insured under this coverage, and the existing inlay, onlay, or crown is at least 5 years old and no longer serviceable.

When a tooth can be restored with silver amalgam, silicate or synthetic restorations, benefits will be determined based on the usual costs of such a restoration. Such procedures are subject to the pre-existing condition limitations on teeth missing, extracted, or fractured prior to becoming insured.

Fixed Prosthetic Devices:

1. The initial installation of fixed prosthetic devices, including Dental Implants;
2. Recementing and replacement of the facing or veneer of the fixed prosthetic device;
3. The replacement of existing fixed prosthetic devices provided the existing fixed prosthetic device is at least 5 years old and no longer serviceable.

ORTHODONTICS (for all Classes except 801 and 802)

(Paid at 75%)

The diagnosis or correction of teeth irregularities and malocclusion of jaws, by wire appliances, braces or other mechanical aids, commonly known as "straightening of the teeth". These include active space retainers, or orthodontic appliances, for the purpose of repositioning or moving of the teeth.

EXCLUSIONS AND LIMITATIONS

Payments will not be made for any dental procedure in respect of any injury or dental disease for which the member or dependent was advised to receive treatment or for which treatment first began before the member or dependent became insured for that dental procedure.

No benefit is payable for the following:

1. Services or supplies that are primarily for cosmetic dentistry;
2. Charges which were considered an insured service of any provincial government plan at the time this plan/benefit was issued and subsequently were modified, suspended or discontinued;
3. Services or supplies which are not furnished by a legally qualified dentist or denturist acting within the scope of his license;
4. Any charge for an injury resulting from war, riot, insurrection or participation in a criminal act;
5. Any miscellaneous charges such as counselling or instruction, travel, broken appointments, communication costs or filling in of forms;
6. Any charge resulting from any intentionally self-inflicted injury;
7. Any services covered in whole or in part by any government plan, services for which no charge is made, or services which the insurer is not permitted by law to cover;
8. Any charge for services which would not normally have been incurred, but for the presence of this insurance, or for which you are not required to pay;
9. Any hospital charges for board and room and related services and supplies;
10. Any dental examinations required by a third party;
11. Services or supplies which are not medically necessary to the care and treatment of any existing or suspected injury, or disease;
12. Any services or supplies in connection with the following dental procedures:
 - oral hygiene instruction
 - nutritional counselling
 - protective athletic appliances
 - services or supplies rendered for a full mouth reconstruction, for a vertical dimension correction or for diagnosis for correction of a temporomandibular joint dysfunction (TMJ);
13. Services or supplies in connection with any procedure excluded as an eligible expense.

WEEKLY DISABILITY INCOME (for Class 804 only)

In the event that you become totally disabled due to a non-occupational injury or sickness you will receive a disability benefit, provided you are under the continual treatment of a qualified and licensed physician.

Benefits for any one disability are payable from the 1st day of disability for injury resulting from an accident or sickness. Your benefit will be payable for not more than 104 weeks during any one period of disability.

Weekly Disability benefits will be reduced by any income received by the Alberta Ironworker Pension Trust Fund.

No benefits are payable during the 15-week period during which Employment Insurance Act benefits are paid or payable to you. You will only receive benefits under this plan during the 15-week period if you provide proof you are not eligible for Employment Insurance benefits.

This plan pays benefits during the post-natal recovery period of maternity leave.

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

EXCLUSIONS

Benefits are not payable for the following:

- disabilities arising from intentionally self-inflicted injuries;
- for the portion of a period of disability during which the member is not under treatment by a physician;
- disabilities arising from voluntary participation in a war, riot or insurrection;
- for the portion of a period of disability during which you are imprisoned in a penal institution or confined in a hospital, or similar institution, as a result of criminal proceedings;
- any period of disability, or portion thereof, during any leave of absence (including maternity leave) as defined in the General Provisions section of this booklet, except where benefits are provided during the post-natal recovery period of maternity leave;
- for a disability which commences on or after the date a strike begins, except as outlined in the Master Policy; however, a member can fulfil his/her Qualifying Disability Period during a strike;
- after 17 weeks (once the 15-week period of Employment Insurance Act benefits ends), for a disability resulting from any automobile accident whether the member is riding as a passenger or is a driver of a vehicle involved in the accident, or is a pedestrian, if the claimant can recover from a third party, the loss of income resulting from the accident. Vehicle shall mean any motorized vehicle or bicycle.

TERMINATION OF INSURANCE

Your Weekly Disability coverage terminates upon attainment of age 65, as outlined under Termination of Insurance.

SUBROGATION

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

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

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

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

Extension of Benefits

If the contract or Weekly Disability Income benefit terminates and the member becomes totally disabled prior to such termination, the Insurer continues to be liable as though the provision remained in force.

MEMBER ASSISTANCE PROGRAM

The Ironworkers Health & Welfare Trust Fund of Western Canada Member Assistance Program (MAP) is designed to offer confidential, short-term counseling to help Members and their family members overcome any personal problems. The MAP provides up to 12 hours of counseling in any given year and is available 24 hours a day, 7 days a week. Also included at no cost is 2 hours of certain financial and legal counseling or consultations.

There are no direct costs to the eligible Members or their eligible family participants when they receive any of this service. The cost of the service is provided as a benefit under the Ironworkers Health & Welfare Trust Fund of Western Canada. Members and their dependents are eligible for MAP from the first hour reported.

Counseling services include:

- Marital and family discord
- Psychological stress
- Work related problems
- Alcohol and drug dependencies
- Gambling
- Grief and bereavement
- Lifestyle problems
- Traumatic distress
- Retirement issues and problems
- Elder care/child care
- Legal and financial counseling
- Career transition adjustment
- Mental/physical health concerns

If you are uncertain whether a particular problem can be resolved under MAP, call the local Human Solutions office, or one of the appropriate 1-800 numbers:

- Edmonton 780-428-7909, or outside the city 1-800-663-1142
- Calgary 403-216-6347, or outside the city 1-800-663-1142

GENERAL PROVISIONS

DEFINITIONS

Actively at work shall mean that a member is working for a contributing employer or available for work as determined by his name appearing on the out-of work list of the Union.

Calendar Year shall mean the 365-day period commencing on January 1st of each year.

Contributions shall mean the cents per hour worked which an employer is bound to remit to the Ironworkers Health & Welfare Trust Fund of Western Canada, under the Collective Agreement.

Contributing Employer shall mean one who is a party to, or bound by, a Collective Agreement with the Local 720 and Local 725 of the International Association of Bridge, Structural and Ornamental Iron Workers or such other definition as given in the Collective Agreement.

Coinsurance shall mean the percentage of the total eligible expense incurred that is covered by Manulife Financial.

Convalescent Care Facility shall mean a licensed, extended hospital care facility or institution, or chronic care facility or institution, which is regularly engaged in the care of sick persons during the convalescent stage of an illness or injury. Such institution must provide 24 hour nursing service and regular medical supervision. The term convalescent care facility as used in this booklet shall not include a home for the aged, health spa or hotel, an establishment providing custodial care or an institution for the care and treatment of alcoholism or drug addiction, tuberculosis or mental illness.

Coverage Costs shall mean the amount of funds in a member's account provided by 100 hours of service which are required to maintain benefit coverage for one month under the Health & Welfare Trust Fund.

Earnings shall mean that amount of money, based on the number of hours in the regular work week, as per the Collective Agreement multiplied by the hourly wage rate for each particular member in the wage rate classification to which he belongs.

Full-time Member shall mean (a) any person covered by a Collective Agreement with the Union, or (b) a full-time employee of the Union, or (c) any person who is employed by a Contributing Employer, provided that the required Contributions have been paid by the Contributing Employer to the Fund.

Hospital shall mean an institution operated pursuant to law for the care and treatment of sick and injured persons. The hospital must be continuously staffed and supervised by licensed physicians and registered graduate nurses. Such institution must have facilities both for diagnosis and for major surgery. The term hospital, as used in this policy, shall not include a rest home, nursing home, convalescent home, chronic care facility, health spa, a place for custodial care, a home for the aged or an institution used primarily for the confinement or treatment of alcoholism or drug addiction, tuberculosis or mental illness.

Hour Bank System shall mean a system used by the Health & Welfare Trust Fund to determine the member's eligibility. Contributing employers will make contributions on behalf of the member to the Administrator for each hour worked, in accordance with the Collective Agreement.

Leave of Absence shall mean a period of time away from work mutually agreed to by you and your employer. In the case of maternity leave of absence, the leave shall begin and finish on dates agreed to by you and your employer or as required by Provincial or Federal law.

Non-occupational with respect to injury, shall mean an injury which does not arise in the course of any

employment for wage or profit. With respect to disease, non-occupational shall mean a disease where a person is not entitled to any benefits under the Workers' Compensation law or similar legislation.

Non-Smoker shall mean a person who has totally abstained from using any form of tobacco or cannabis products for a one year period immediately preceding the date of his/her application for Non-Smoker Status as outlined in the Master Policy. Manulife Financial reserves the right to request evidence of continued Non-Smoker status at any time in connection with Optional Life Insurance coverage.

Physician shall mean only a person who is duly licensed to prescribe and administer any drugs or to perform surgical procedures.

Reasonable and customary shall mean a charge made by the provider of health care, services or supplies that does not exceed the general level of charges made by other providers of similar standing in the locality or geographical area where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals.

Retirement shall mean a Member retired from Active employment with Contributing Employers.

COORDINATION OF BENEFITS

Payment of Supplementary Health, Emergency Travel Assistance and Dental benefits shall be coordinated so that benefits from all plans do not exceed 100% of the eligible claim. For this purpose, the Insurer/Plan Administrator has a right to receive and release information on benefits and if necessary, collect any overpayments made by it.

It is necessary to determine where to submit the claim first and which plan(s) pays next.

The plan that does not have a co-ordination of benefits provision pays before the plan that does (most, if not all, Insurance Company Plans have such a provision).

The plan that covers the person as:

1. an employee or member pays before the plan that covers such person as a dependent; or
2. a dependent child of the parent, covered as an employee or member, whose birthday occurs first during the calendar year, pays first.

If both parents have their birthday on the same day, benefits will be paid under the plan of the parent whose first name begins with the earlier letter in the alphabet.

CHANGE IN AMOUNTS OF INSURANCE

A change in the amount of your insurance shall become effective on the date of change, if you are actively at work for that full scheduled working day, otherwise on the first day thereafter on which you are actively-at-work.

The actively at work requirement will be waived for members who are receiving Workers' Compensation benefits and are covered under the "Extension of Coverage" clause in the "Eligibility" section of this booklet.

CHANGE IN GOVERNMENT SPONSORED PROGRAMS

The medical, dental and hospital benefits under this group insurance plan are provided in conjunction with government sponsored provincial programs. In the event coverage under any provincial program is modified, suspended or discontinued, the group insurance plan will not automatically assume responsibility for any services or products previously covered under the provincial programs. All Members and dependents must be covered by a Provincial government health care program to continue to be eligible for this group insurance plan.

APPLICATION FOR OPTIONAL LIFE INSURANCE

The Application for Optional Life Insurance for either yourself or a dependent can be obtained from your Plan Administrator who will guide you through the process.

INITIALLY REGISTERING WITH THE PLAN AND ADDITIONS/CHANGES TO FAMILY STATUS OR ADDRESS

A “**Registration/Change of Registration & Declaration of Beneficiary Form**” must be completed by you and forwarded to the Plan Administrator,

1. when you initially register with the Plan, so that claims can be paid;
2. again when you marry, or have a child;
3. when you wish to change your beneficiary, and
4. when you have a change of address.

This Registration/Change form can be obtained from either your Union Office or your Plan Administrator.

ESTABLISHING PROOF OF COMMON-LAW SPOUSE

With respect to establishing that your common-law spouse has been living with you for at least one year, a Registration/Change of Registration and Declaration of Beneficiary Form must be completed, naming your common-law spouse. This form must then be received and on file with your Plan Administrator for a period of one year before coverage under this Plan is available to your common-law spouse.

If your common-law spouse has not been registered with your Plan Administrator for one year, the one year period may be waived by completing the "Declaration of Common-law Spouse" section of the Registration/Change of Registration and Declaration of Beneficiary Form.

CORRESPONDENCE

Be sure that you indicate your Certificate Number and complete name and address on all correspondence sent to the Fund office.

HOW TO CLAIM

In order to quickly process a claim, the following information is required:

- **Your full name and address**
- **The name of your Employer**
- **Your Certificate (Identification) Number**
- **Your Group Policy Number:**

**#2638 for Life Insurance,
#100003172 for Accidental Death & Dismemberment,
#6115 for all other coverages.**

For Prescription Drug Expenses: The prescription drug benefit is administered by and claims are reimbursed by ClaimSecure Inc. The Pay Direct Drug Card must be presented each time a claim is made at any pharmacy in Canada. The card cannot be used outside Canada and, if any drugs are required while outside Canada, or if there is a problem using the card at any pharmacy within Canada, those drugs should be purchased. To arrange for payment for an eligible expense under this Policy, please contact your Plan Administrator.

The card is valuable and should be protected like a credit card. If it is lost or stolen, you should report the fact to your Plan Administrator. The card must be returned when your ClaimSecure Drug Card coverage terminates.

For Emergency Travel Assistance claims: Dial the number on the back of your identification card and you will be connected with Mondial Assistance. Be sure to carry your identification card (supplied by your Administrator) with you when you travel. The card contains the information you are required to give to World Access in the event you need assistance.

If your claim is for payment of \$200 or less, you will be asked to make the payment and keep the receipts. Your provincial health plan and the Insurer will reimburse you for the eligible expenses upon your return.

For all other claims: Contact your Plan Administrator who will supply you with the proper forms with instructions for completion.

All claims (with original receipts attached) should be forwarded to the Plan Administrator:

FUNDS ADMINISTRATIVE SERVICE INC.

**9th Floor, 9707 – 110th Street
Edmonton, AB T5K 3T4**

**Telephone: 780-452-5161
Toll Free: 1-800-770-2998
Website: www.fasadmin.com**

TIME LIMITATIONS

A claim for a waiver of premium benefit must be submitted within 12 months of the date disabled.

A claim for disability income benefits must be submitted within 6 months of the end of the Qualifying Disability Period.

A claim for any other loss must be submitted within 15 months following the date the loss is incurred. However, in the event of termination of insurance, a claim must be submitted within 90 days following the date of termination of your insurance or the date following termination of a coverage or the policy.

MEDICAL INFORMATION BUREAU (MIB)

MIB Group, Inc. (MIB) is a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

Manulife Financial or its reinsurers may periodically report information to the MIB. If you apply to receive life, disability or health insurance coverage from another MIB member company or submit a claim for benefits to such a company, the MIB upon request will supply the other insurer with the information on file.

Manulife Financial or its reinsurers may also release information in its file to other life and health insurance companies to whom you may apply for insurance or submit a claim for benefits. All Information obtained will be treated as confidential.

Upon your request, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the MIB file, you may contact the MIB and seek a correction. Their address is: MIB, 330 University Ave., Suite 501, Toronto, Ontario, M5G 1R7. Tel: (416) 597-0590.

For reprints, please contact:

Funds Administrative Service Inc.
9th Floor, 9707 – 110 Street
Edmonton, Alberta T5K 3T4

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