

**IRON WORKERS
(SASKATCHEWAN)
LOCAL UNION 771**



**CENTRAL WELFARE
TRUST FUND**

**Metal Building System
Erectors (MBSE)**

January 2019

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**To All Participants
Metal Building System Erectors (MBSE) Division of
Iron Workers (Saskatchewan) Local Union 771
Central Welfare Trust Fund**

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

The Extended Healthcare, Visioncare, Prescription Drugs, and Dentalcare Expense Benefits are designed to assist you with the payment of these expenses. It may not pay the total cost of services and supplies. In effect, this Group Insurance Plan shares the payment of your medical and dental bills with you. These Benefits are underwritten on a self-insured basis by the Trust Fund while the Pay Direct Drug Card is coordinated with Express Scripts Canada and the Weekly Disability Income benefits are also self-insured by the Trust Fund. The Travel Medical Emergency Benefits are underwritten by RSA Travel Insurance Inc., Accidental Death and Dismemberment coverage via Chubb Life, and the Life, Dependent Life, Long Term Disability benefits by Sun Life Financial.

The Plan Administrator is Coughlin & Associates Ltd., PO Box 764, Winnipeg, Manitoba, R3C 2L4. If you have any questions concerning your benefits or claim procedures, please contact either the Local Union 771 office or the Plan Administrator for this information.

Please note that it is the intention of the Trustees to maintain the current benefits available under the Welfare Plan. The Trustees however, reserve the right to change the benefit portfolio at any time given legislative revisions and/or the utilization costs of the benefits. Insured Participants will be advised accordingly of any required plan revisions.

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

Sincerely,

The Board of Trustees of the
Iron Workers (Saskatchewan) Local Union 771
Central Welfare Trust Fund

Notice Regarding Personal Information

When you apply for coverage under the group benefit plan, Sun Life Financial, Chubb Life, RSA, ES Canada (Pay Direct Prescription Drug Card provider), and the Plan Administrator, Coughlin & Associates Ltd., set up a file with personal information relevant to your insurance coverage under the plan.

The purpose of this file is to permit these companies to administer all financial services provided to you and to keep information specific to Sun Life Financial and Coughlin's business relationship with you. This includes the following:

1. Underwriting and financial reporting
2. Claims adjudication and management
3. Internal and external audits
4. Preparation of regulatory and statutory reports
5. Assisting you in planning and financial security

The files are kept in the offices of the Plan Administrator. The employees of each insurance company and Coughlin have access to the file when required for insurance purposes.

You have certain rights and access and correction with respect to the information in your file. A request for access or correction must be in writing and may be sent to Coughlin's office.

Privacy

Effective January 1, 2004, the federal Personal Information Protection and Electronic Documents Act (PIPEDA) governs the collection, use and disclosure of all personal data by all Canadian commercial organizations. Thus, every transaction involving the handling of personal data (collection, use, transfer, disclosure, storage, accessing, processing, etc.) has to be conducted in accordance with the Act.

Coughlin & Associates Ltd. is committed to respecting your right to privacy and safeguarding your personal information. For more information regarding Coughlin's Privacy Policy, please contact Coughlin & Associates Ltd. directly or via the website www.coughlin.ca.

Highlight of Benefits

PARTICIPANTS

Life Insurance

Benefit \$100,000

Dependent Life Insurance

Benefit Spouse - \$15,000
..... Child - \$10,000

Optional Life Insurance

Benefit Units of \$10,000 to a maximum of
\$500,000 for Member and/or Spouse
..... Subject to medical evidence requirements with
preferred smoker/non-smoker rates

Accidental Death & Dismemberment Insurance

Principal Sum \$100,000

Weekly Disability Income (WI) Insurance

Benefit 75% of weekly earnings to a maximum benefit of \$562/week
(E.I. Equivalent)
Commencement 1st day of accident/
..... 1st day hospitalized (over 24 hours)/8th day sickness

This benefit is taxable and must be reported as income

Maximum Duration 52 weeks
Basic Reductions W.C.B. and C.P.P.

Long Term Disability (LTD) Insurance

Benefit \$500/month
Commencement 52 weeks
Maximum Duration To Age 65
All Source Limit 85% of Pre-Disability Earnings

This benefit is taxable and must be reported as income

Will Preparation

Benefit \$350 plus applicable taxes for Members
in good standing with L.U. 771

This benefit must be provided through either of the following firms:

- *Steven S. Wilson in Saskatoon or*
- *Glen Dowling in Regina*

PARTICIPANTS AND DEPENDANTS

Extended Healthcare

Deductible	Nil
Reimbursement.....	100% of eligible expenses
- Semi-Private Hospital Room and Board,	
- Paramedical Services including Licensed, Speech Therapists,	
Osteopath, Chiropractor, Acupuncturist, Naturopath, Audiologist,	
Dietician, Occupational Therapist, Podiatrist/Chiropodist, Massage	
Therapist	Up to \$600/person/calendar year
- Physiotherapist (including Athletic Therapy)	Up to \$1,000/ person/calendar year
- Orthotics/Orthopedic Shoes	Up to \$350/12 months
- Ambulance Services	
- Hearing Aids	Up to \$3,000/person/5 years

Prescription Drugs (via Pay Direct Drug Card)

Deductible	Nil
Reimbursement.....	100% of eligible drugs subject to 20% mark-up maximum and \$15 dispensing fee maximum
Annual Maximum.....	\$4,000/family/calendar year
Smoking Cessation Products.....	\$500/person/lifetime maximum

Visioncare

Benefit	\$400/person/24 months
Reimbursement.....	100% of eligible expenses

Dentalcare

Deductible	Nil
Reimbursement.....	90% for Basic Treatment
.....	80% for Major Treatment
.....	80% for Orthodontics
Fee Schedule.....	Current SDA
Basic and Major combined	
Annual Maximum	\$2,000/person/calendar year
Orthodontic Lifetime Maximum	\$5,000/Dependant under age 19
Check ups and cleanings are once per person every twelve (12) months	

Travel Medical Emergency – Policy #1058939

For Emergency treatment coverage while travelling outside of your province of residence up to age 70.

Maximum Benefit.....	Up to \$5 Million/person/trip
Deductible	Nil
Maximum Duration	60 days (top-up insurance available for longer period of travel)
Toll Free	1-866-870-1898
Collect	+ 815-566-1898
Coverage ceases	at the earlier of age 70, following the depletion of your Hour Bank Account and/or self-pay period

General Information

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

An account is kept, by the Plan Administrator for each eligible Participant which shows hours worked for a certified Employer for which contributions have been made for the purpose of Group Insurance. This account is called an **Hour Bank Account**.

Please note that for Union Staff, the hours worked will equate to the monthly deduction (see below), as there can be no accumulation of hours worked.

Initial Eligibility

Membership in the Plan for Life and Accidental Death and Dismemberment Insurance is open to all Participants (see Eligible Participants section) who are actively employed by a certified Employer or Local Union 771.

A Participant must join the Plan for Life and Accidental Death and Dismemberment **on the date active employment commences**.

Eligibility for Dependent Life, Weekly Disability Income, and Long Term Disability Insurance will commence on the **first day following the date you have accumulated 375 bank hours worked**.

Subsequently, eligibility for all other benefits will commence **on the first day of the month following receipt of 375 bank hours worked by the Administrator**.

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

An enrollment form must also be completed to be eligible to receive benefits.

Ongoing Eligibility

Each month 125 hours (monthly deduction) will be deducted from each Participant's Hour Bank Account. Only a Union Member may accumulate up to 1,125 hours (enough to provide nine (9) months of coverage even though they may not work any hours during that period) in their Hour Bank Account. Excess hours accumulated over 1,125 hours will be credited to the general reserves of the Fund. Furthermore, although a Probationary Member can accumulate hours worked in excess of the monthly deduction upon the date of cessation of employment or lay-off, the balance in the Hour Bank Account is forfeited to the general reserves of the Fund unless the Probationary Member becomes a Member in good standing with the Local Union 771.

Eligible Participants

Under this Plan, the following Participants, provided they are declared residents of Canada, are eligible for coverage:

Union Member

A Member in good standing with the Local Union 771 on whose behalf contributions are made to the Iron Workers' Local Union 771 Central Welfare Trust Fund.

Probationary Member

Employees of certified Employers on whose behalf contributions are made to the Iron Workers Local Union 771 Central Welfare Trust Fund but are not members of the Local Union 771 or any reciprocating local will be eligible for benefits under this Plan while working for a certified Employer, however, benefit coverage will cease immediately upon the date of lay-off or cessation of employment unless the individual becomes a Member in good standing with the Local Union 771.

Retired Member

A Union Member is considered retired when he has attained early retirement (age 55 or older) and has either withdrawn his funds from the Pension Trust Fund, or has indicated in writing to the Local Union 771 of his retirement from the Trade. When a Union Member has retired, benefit coverage (excluding disability (WI and LTD)) subject to benefit age parameters will continue until the earlier of the benefit age restriction or depletion of the Member's Hour Bank Account. Furthermore, Extended Healthcare, Prescription Drugs, Visioncare, Dentalcare, and Travel Medical Emergency (ceases at age 70), may be extended to age 75 via self-pay, as long as the Retired Member remains in good standing with the Local Union 771.

Eligible Dependants

Your eligible dependants consist of:

- Your spouse, or a person of the opposite sex or same sex who is living in a conjugal relationship for a minimum period of twelve (12) consecutive months immediately prior to the date on which a claim arose. Divorced or separated spouses (with or without a court order or separation agreement) are **not** eligible for coverage.
- Your unmarried children from birth to 20 years of age inclusive. As well, dependants age 21 to 25 provided they are in full time attendance at a University or similar institution (evidence of attendance will be required).
- Stepchildren, and legally adopted children may be included the same as your own children provided they depend upon you for support and maintenance.
- A child who is physically or mentally incapable of self-support beyond the limiting age may be continued under the Healthcare insurance while remaining incapacitated and unmarried subject to your own coverage continuing in effect. To continue a child under this benefit provision, proof of incapacity must be received by the Insurer within 31 days after dependent coverage would otherwise terminate. Additional proof may be required from time to time.

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

Survivor Benefit Provision

If your death occurs while you are insured, the Extended Healthcare, Visioncare, Dentalcare, Prescription Drugs, and Travel Medical Emergency coverage for eligible dependants shall continue without premium payment up to a maximum of 24 months from the date of death.

Reinstatement of Insurance

If your insurance had previously terminated because of insufficient hours in your Hour Bank Account, and you have not been out of benefit for a period exceeding 9 consecutive months, you will again become insured on the first day of the month after the accumulation of 250 hours in your Hour Bank Account. Otherwise, you will have to meet the original eligibility requirements as though you were a new Participant in the Plan.

Changes in Insurance Benefits

Any changes in the amount of your insurance shall become effective on the date of such change provided that you are actively at work on the date of the change; otherwise, the increase shall become effective on the first day thereafter on which you are actively at work.

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

When a change results in increased benefits, you must be actively at work for an eligible Employer to be eligible for the new benefits. If you are not at work for an eligible Employer on the date the new benefits would otherwise become effective, the change will not become effective until you return to work for an eligible Employer. Increased benefits for a dependent confined in hospital on the dates the new benefits would otherwise become effective do not become

effective until he or she is released from the hospital. In any case, payment for services and supplies received before the date of an increase in benefits will always be based on plan benefits in effect before the change.

Termination of Insurance

The insurance for yourself and your dependants will terminate:

- **For a Union Member**, at the end of any month when you do not have at least 125 hours in your Hour Bank Account. However, a Union Member may arrange to have his insurance continued for as long as twelve (12) months on a self-paying basis. Please contact your Plan Administrator for the required self-pay amount.
- **For a Probationary Member**, immediately upon the date of cessation of employment or lay-off, or disability (certain provisions may apply, contact the Plan Administrator for more details). Probationary Members are not eligible to make self-payments.
- **For a Retired Member**, no later than age 75 if self-paying for Extended Healthcare, Prescription Drugs, Visioncare, Dentalcare, and Travel Medical Emergency (ceases at age 70) or depletion of his accumulated Hour Bank Account, as long as he remains a Member in good standing with the Local Union 771. Please note disability coverage is excluded for Retired Members.
- For specific benefits, if you reach the benefit age restriction;
- If you cease to be a Participant in the eligible class;
- If you enter military service;
- If the Group Policy terminates;
- Under the Survivor Benefit provision, if the deceased Participant no longer has any qualified survivors because of legal separation, divorce, death or attainment of the age limit;
- Extended Healthcare, Prescription Drugs, Visioncare, Dentalcare, and Travel Medical Emergency coverage for a dependant, if he/she is no longer an eligible dependant.

Self-Pay Provision

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

If there are insufficient hours (i.e. due to a lay-off) in a Union or Retired Member's Hour Bank Account to make the monthly deduction for benefit coverage, a Union or Retired Member will be allowed to continue his coverage by making a self-payment (direct contribution) to the Fund. For Union Members, such self-paid contributions must be continuous and consecutive for a period not to exceed twelve (12) months. For Retired Members, self-paid contributions must be continuous and consecutive up to age 75 for Extended Healthcare, Dentalcare, Prescription Drugs, Visioncare, and Travel Medical Emergency (ceases at age 70) benefits only. The payment must be made prior to the 22nd of the month following the month in which the Hour Bank Account falls below 125 hours. If you do not remit your self-payment by the required date, your insurance will be terminated without further notification as identified in the Termination of Insurance section of this booklet.

Eligibility to self-pay is contingent on the Participant being in good standing with Local Union 771. Probationary Members are not eligible to extend coverage through self-payment.

Monthly Statements

Each month a statement is mailed to each insured Member. This statement will show your benefit status, your Employers or self payment contribution, your previous Hour Bank Account balance and your current Hour Bank

Account balance. It should be noted that an amount (125 hours) is deducted from your Hour Bank Account balance each month to pay the premium for your coverage.

For Union or Retired Members, if you have insufficient hours in your account, the statement will show the amount required for you to pay on the “self-pay basis”. If the required amount is not paid, the next statement will show you as being out of benefit with a final option to self-pay. Your coverage will not become effective until you have satisfied the reinstatement requirements (see Reinstatement of Insurance section).

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

Disability Claims

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

Extension of Coverage

If a Union Member is disabled and receiving disability payments for a period of three (3) consecutive months following the month of disability and the Union Member has maintained continuous eligibility status for benefits by either running out his Hour Bank Account or making self-payments during this three (3) month period, the Trust Fund will extend coverage for all benefits for an additional nine (9) months (if the Union Member is continuously disabled for this period) with the appropriate insurance premiums assumed by the Trust Fund. If the Union Member continues to receive disability benefits after this twelve (12) month period, Extended Healthcare, Visioncare, Dentalcare, Prescription Drug, and Travel Medical Emergency (ceases at age 70), coverage will be further extended to the earlier of an additional two (2) years, attainment of age 65, or retirement, with all insurance premiums assumed by the Trust Fund. Following the three (3) year subsidization period of benefits (Visioncare, Dentalcare, TME (ceases at age 70), Hearing Aids, and Drugs) and depletion of the disabled Member’s Hour Bank Account, the disabled Member will be eligible to continue coverage on a self-pay basis to age 75 provided he/she remains disabled (receiving disability benefits from a Long Term Disability Plan, Provincial Automobile Insurance Program, Workers Compensation, or if a Life Waiver is in place) and in good standing with the Local Union 771. Will be reviewed on a yearly basis to confirm disabled. Regardless of the above, this extension of coverage is subject to the financial stability of the Plan and review by the Board of Trustees from time to time.

Wage Loss Provision (Union Members Only)

In the event that a Union Member incurs a total disability while insured but on layoff or leave of absence and “running down” his Hour Bank Account during self-pay period, the plan will recognize the Union Member’s disability for wage loss benefits (WI and LTD) from the scheduled date of return to work, provided the Union Member is then totally disabled and submits an attending physician’s statement certifying continued disability.

Reciprocal Agreements

Local Union 771 Members – Union Members working in a jurisdiction other than Local Union 771 and on whose behalf contributions are being made to a Health and Welfare Trust Fund which has entered into a reciprocal agreement with Iron Workers (Saskatchewan) Local Union 771 Central Welfare Trust Fund should complete a Transfer Authority form and advise the Union or Plan Administrator to reciprocate contributions to the “Home Fund”. This will maintain coverage under the Iron Workers (Saskatchewan) Local Union 771 Central Welfare Trust Fund.

Travel Card Member - Employees of Employers on whose behalf contributions are made but who are Member’s of other Local Unions or Funds and whose Funds have entered into reciprocal agreements with the Iron Workers (Saskatchewan) Local Union 771 Central Welfare Trust Fund will not be eligible for benefits but will have all

contributions made on their behalf reciprocated to their "Home Fund" after they complete the Transfer Authority form available at Local Union 771 office.

Third Party Liability

If a Participant or dependant has the right to recover damages from any person or organization with respect to which benefits are payable by the Insurer, the Participant will be required to reimburse the Insurer in the amount of any benefits paid out of the damages recovered.

The term **damages** will include any lump sum or periodic payments received with respect to (1) past, present or future loss of income, and (2) any other benefits, otherwise payable by the Insurer.

If a Participant or dependant receives a lump sum payment under judgment or settlement for benefits which would otherwise be payable by the Insurer, no further benefits will be paid by the Insurer until the benefits that would otherwise be payable equal the amount of the lump sum.

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

A Participant or dependant must notify the Plan Administrator of any action commenced against a third party and of any judgment or settlement in the circumstances described above.

How To Make A Claim

In the event of a claim, you or a member of your family should obtain the proper claim form from the Local Union 771 Office or the Plan Administrator. The Plan Administrator's office is open Monday to Friday at the following address:

Coughlin & Associates Ltd.

Suite 100, 175 Hargrave Street
Winnipeg, Manitoba, R3C 3R8

For Mailing Purposes:

PO Box 764

Winnipeg, Manitoba R3C 2L4
(204) 942-4438

Outside Winnipeg Toll Free 1-888-204-1234

E-mail: winclaim@coughlin.ca

Submit Your Claims Electronically

Vision care and paramedical services claims can be submitted directly through the Coughlin Plan Member Portal. Your claim will be adjudicated within two business days.

Some important points to remember:

- The maximum amount that can be claimed is \$1,000 for vision care and \$500 for paramedical services per claim transaction per covered person. You may not submit a claim for yourself and another person, such as a dependent, at the same time.
- You must be registered with Coughlin's Pre-authorized Deposit plan before the service will be activated.
- Claims are audited randomly. Be sure to keep your claim receipts for one year. If you receive an audit notice, please submit the requested original claim receipts within the timeframe indicated.

Dentalcare

There are two (2) options available to submit your Dental Claim:

1. Electronic Data Interchange (EDI)

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

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

- the Coughlin & Associates Ltd. CDAnet carrier identification number (also known as the BIN number), which is **610105 on the TELUS network and;**
- your unique Personal Identification Number (which is your Social Insurance Number);
- the policy number of your Group Benefit Plan, which is **83269**.

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

2. In case your dentist/denturist is not set up for EDI:

- Obtain a claim form from Local Union 771 or the Plan Administrator (directly or via the website at www.coughlin.ca).

- Have the dentist/denturist complete his/her portion of the form. You must sign at the appropriate place in Part 1 if you want the dentist/denturist to be paid directly by the Dental Plan.
- Complete and sign Part 2 of the form.
- Date and sign the form in the Member Authorization and Declaration section.
- Return the completed form promptly to the Plan Administrator.

Pre-Authorization

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

- Have your dentist/denturist complete the appropriate form or section. Mail the form to the Plan Administrator.
- For major dental services, ask your dentist/denturist to send the x-rays with the form.
- A letter will be sent to the dentist/denturist or specialist with a copy to you, showing how much the Plan will pay.

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

How to Make a Claim

A Pay Direct Prescription Drug Card is available to all Plan Participants. For all other claims, please obtain a claim form (Dental or Health) from the Local Union 771 Plan Administrator. The Member must sign and return the completed form with original receipts promptly to the Plan Administrator.

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

Alternatively, you can access your claims history via the Plan Administrator's website at www.coughlin.ca by clicking on "Logon" and entering a temporary password detailed on your claims summary.

The claim form should be returned promptly to the Plan Administrator.

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

Pre-Authorized Deposits

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

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

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

Enrol in PAD Today

Step 1 – Begin Enrolment

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

Step 2 – Complete and Return the PAD Form

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

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

Step 3 – Logging On

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

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

Step 4 – Use the Plan Member Portal

Using the portal is easy. Simply key-in your user identification number and password. (Note: first-time users will also be required to provide their plan number 83269 and social insurance number.

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

Step 5 – Inside the Plan Member Portal

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

Step 6 – Check the Status of Claims

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

A Giant Step Forward

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

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

Time Limitations

Life Insurance

Claims must be submitted within six (6) months of the date of loss.

AD&D

Notice of claim must be submitted within thirty (30) days of the accident, and proof of claim submitted within ninety (90) days of the accident. However, these time limitations may be extended up to twelve (12) months from the date of accident, if deemed not reasonably possible to provide notice or proof within the applicable period.

Visioncare, Dentalcare, Extended Healthcare, and Prescription Drugs

Claims for these benefits must be submitted within eighteen (18) months of the date incurred.

Weekly Disability Income

A claim for disability income benefits must be submitted within three (3) months of the end of the qualifying disability period.

Long Term Disability

A claim for a waiver of premium benefit must be submitted within three (3) months of the end of the qualifying period.

Co-Ordination of Benefits

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

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

Order of Benefit Payment

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

- If your Spouse’s Plan does not provide for Co-ordination of Benefits, it will be considered as the Primary Carrier, and will be responsible for making the initial payment toward the eligible expense.
- If your Spouse’s Plan does provide for Co-ordination of Benefits, the following rules are applied to determine which Plan is the Primary Carrier.

- **For Claims incurred by you or your Dependent Spouse:**

The Plan insuring you or your Dependent Spouse as an Employee/Participant pays benefits before the Plan insuring you and your Spouse as a dependant.

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

- The Plan where the person is covered as an active full-time employee, then
- The Plan where the person is covered as an active part-time employee, then
- The Plan where the person is covered as a retiree.

- **For Claims incurred by your Dependent Child:**

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

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

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

Submitting a Claim for Co-ordination of Benefits

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

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

Group Optional Term Life Insurance

You may wish to purchase additional Life Insurance under the Group Optional Term Life Insurance.

Monthly Premium Rates

Premiums for the *Group Optional Term Life Insurance* coverage are based on your sex, age and smoking habits. See the table for applicable premium rates.

MONTHLY PREMIUM FOR EACH UNIT OF \$10,000 OF LIFE INSURANCE				
Age of Employee or Spouse	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
To age 34	.60	1.00	.50	.70
35 – 39	.70	1.30	.60	1.00
40 – 44	1.00	2.10	.90	1.60
45 – 49	1.90	3.90	1.60	2.70
50 – 54	3.30	6.50	2.70	4.40
55 – 59	6.10	11.20	4.30	6.70
60 – 64	8.60	15.10	5.70	8.40
65 – 69	11.70	19.60	7.90	10.80

For example, a woman who is a non-smoker and under the age of 35 could qualify for \$30,000 of life insurance coverage for \$1.50 per month. A male, non-smoker in the same age range would pay \$1.80 per month for the same amount of life insurance coverage.

How to qualify for Group Optional Term Life Insurance

To be eligible, you must be a Member in good standing with the Local Union. You continue to be eligible during periods of lay-off or unemployment provided you are a Member in good standing.

Available in units of \$10,000, *Group Optional Term Life Insurance* can provide up to \$500,000 of additional life insurance coverage for you and your spouse.

Your *Group Optional Term Life Insurance* coverage will become effective when your application for insurance is approved. For your convenience, premiums are remitted semi-annually, in advance.

Your spouse can also own Group Optional Term Life Insurance

To enrol your spouse in the *Group Optional Term Life Insurance* program, simply have him or her complete and sign the spousal portion of the attached application.

Other important benefits

The *Group Optional Term Life Insurance* program offers other important features, including the following benefits:

Free, 31-day conversion. If you change your occupation, you may convert your *Group Optional Term Life* coverage to an individual insurance plan from Great-West Life within 31 days of termination, **without** evidence of insurability or medical examination.

Coverage to age 65. *Group Optional Term Life Insurance* coverage is available to age 65. You may reduce your amount of coverage whenever it is desirable without incurring a penalty.

How To Apply

To apply for *Group Optional Term Life Insurance* coverage, simply contact the office below and request an application:

Group Optional Term Life Insurance

Coughlin & Associates Ltd.

Attention: Felicity Cobb

100 – 175 Hargrave Street

Winnipeg, MB

R3C 3R8

Phone: (204) 942-4438

Toll Free: 1-888-204-1234

Email: webmaster@coughlin.ca

This booklet highlights the principal features of the plan, but the Group Policies for Sun Life Financial (no. 83269), RSA Travel Insurance Inc. (no. 1058939), Chubb Life (no. AB10406514), and the self-insured document for Prescription Drugs, Extended Healthcare, Visioncare, Dentalcare, and Weekly Disability Insurance benefits, issued to the Trustees of the Iron Workers (Saskatchewan) Local Union 771 Central Welfare Trust Fund are the governing documents. In the event of any variation between the information in this highlight and the provisions of the policies, the later will prevail.

BOARD OF TRUSTEES

Management Trustees

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LOCAL UNION OFFICE

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1138 Dewdney Avenue East
Regina, Saskatchewan S4N 0E3

Phone: (306) 522-7932
Fax: (306) 352-1367

ADMINISTRATOR AND CONSULTANT

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