for Regular Full-Time employees
that are Members of the
International Union of
Operating Engineers, Local 772
(IUOE 772)

INTRODUCTION

This booklet summarizes the key features of the Group Benefit Plans available to Regular Full-Time employees that are Members of the International Union of Operating Engineers, Local 772 (IUOE 772). Your benefits represent an important component of your overall compensation at Western University. These benefits have been strategically developed to provide protection against health and dental costs, protect your income if an illness or injury prevents you from working, and provide survivors with financial protection in the event of death.

While every effort has been made to ensure the accuracy of this outline, this booklet does not contain all of the plan provisions. Your benefits and rights are governed by the terms of the Group Master Contract providing the group benefit coverage and the Collective Agreement between Western University and the International Union of Operating Engineers.

Human Resources - Benefits administers the Group Benefit Plans. Requests for information about coverage or relevant plan provisions of the governing document may be obtained by contacting a Human Resources - Benefits Representative.

TABLE OF CONTENTS

Contact Us i

Benefits at a Glance ii

Claim Forms 1

Extended Health Plan 2

Dental Plan 8

Life Insurance Plans 12

Voluntary Personal Accident Insurance Plan 16

Disability Income Program 23

Other Benefits 25

Cost of Benefits 26

CONTACT US

Western University
Human Resources
Room 5100, Support Services Building
London, Ontario
N6A 3K7

Inquiries: Contact Human Resources using ASK HR

Hours of Operation: 8:30 a.m. to 4:30 p.m.
Telephone: (519) 661-2194
Fax: (519) 661-4104

Website: http://www.uwo.ca/hr

Please refer to our website for a list of
Human Resources-Benefits representatives and email addresses.

BENEFITS AT A GLANCE

The following summary is intended to give a brief overview of the Group Benefit Plans available to Regular Full-Time employees that are Members of the International Union of Operating Engineers, Local 772 (IUOE 772).

EXTENDED HEALTH PLAN

- compulsory; however, if you are covered for similar benefits under your spouse's plan you may exempt yourself
- coverage for you and your eligible dependents
- 85/15 Co-insurance Arrangement
- prescribed drugs legally requiring a prescription
- those drugs not legally requiring a prescription which are in an injectable format or life sustaining
- generic substitutions unless specifically prescribed by the attending physician or dentist
- semi-private/private hospital room
- medically necessary services and supplies
- services of a licensed chiropractor: $15 a visit after the 15th visit per calendar year
- services of a licensed chiropractor, podiatrist, physiotherapist, naturopath, masseur and speech therapist
- a visioncare benefit: $300 per person every two years
- out-of-country emergency medical and travel assistance: limited to $200,000 per person per trip; 90 days per trip duration

DENTAL PLAN

- compulsory; however, if you are covered for similar benefits under your spouse's plan you may exempt yourself
- coverage for you and your eligible dependents
- 85/15 Co-insurance Arrangement
- based on current year's Dental Society Fee Guide for General Practitioners and/or Specialists
- basic expenses - 85% reimbursement:
  Preventive services: routine dental examination and cleaning once every nine consecutive months, root canal therapy, bitewing X-rays, fluoride treatment, restorations, etc.
- major expenses - 80% reimbursement:
  Restorative services: inlays and crowns, dentures, periodontal surgery, fixed bridgework, etc.
- initial orthodontic consultation fee

LIFE INSURANCE PLANS

BASIC LIFE
- compulsory
- life insurance on your life
- 2 times your normal basic annual salary (minimum $50,000)

OPTIONAL LIFE
- optional
- additional life insurance on your life
- coverage levels vary between 1/2 times to 5 times your normal basic annual salary

DEPENDENT LIFE
- optional
- life insurance on your eligible dependents
- $40,000 coverage on your eligible spouse and $10,000 coverage on your eligible dependent children

VOLUNTARY PERSONAL ACCIDENT INSURANCE PLAN

- optional
- coverage for you and your eligible dependents
- 24 hour protection against accidents worldwide
- level of coverage between $10,000 and $500,000 (in multiples of $10,000)

DISABILITY INCOME PROGRAM

- compulsory
- protection against loss of income due to injury or illness
- Sick Leave-Salary Continuance Plan - 100% of your normal basic monthly salary, continued up to a maximum of 15 consecutive weeks
- Long Term Disability Insurance Plan - 70% of your normal basic monthly salary in effect immediately prior to the commencement of your Sick Leave

ADMINISTRATIVE STAFF PENSION PLAN

- optional
- your monthly contribution is 2.5% of your normal basic monthly salary
- Western University monthly contribution:

Service	University's Contribution (as a % of basic monthly salary)
Under 10 years	**7.5%**
10 to 19 years	**8.0%**
20 or more years	**8.5%**

- a wide range of investment options are available
- vesting is immediate upon enrollment
- monthly option to change investment direction
- option available to make additional pension contributions and transfer funds in from an RRSP

For a complete description, refer to the applicable section within this booklet or access the information on our website at **http://www.uwo.ca/hr**.

CLAIM FORMS

Need a claim form? Click here

You can also log into the Manulife website, any time to obtain a claim form. You will see the forms that are the right ones for you. The forms will be pre-filled with the new Plan Contract Number and Plan Sponsor Name every time you need a form.

After completion of the claim form(s), simply maintain a copy for your records and forward your claim with the original receipts directly to Manulife Financial at the following address:

Manulife Financial Group Benefits
Health Claims
PO Box 1653
Waterloo ON N2J 4W1

EXTENDED HEALTH PLAN

The University's Extended Health benefit is issued as a supplement to the Ontario Health Insurance Plan (O.H.I.P.) or equivalent which includes the University Health Insurance Plan (U.H.I.P.). It provides payments towards usual and customary charges for medically necessary health services and supplies (incurred by you and your covered dependents) for which government legislation does not prohibit reimbursement.

CO-INSURANCE ARRANGEMENT
Your Extended Health and Dental plans are subject to an 85/15 co-insurance arrangement. You are required to pay 15% of claims for eligible expenses submitted under these plans. The maximum you would pay in a calendar year is $450 for Single coverage and $900 for Family coverage. Once the maximum is reached in any given calendar year, you will no longer be required to pay 15% towards eligible claim expenses for the remainder of that calendar year. This co-insurance arrangement does not apply to the following:

- the $6.11 dispensing fee cap
- any internal maximums already defined within the plans
  (i.e. Visioncare - $300 Orthotics - $400)
- the major restorative benefits under the Dental plan
  (already subject to an 80/20 co-insurance)

PARTICIPATION IN THE PLAN
If you are a Regular Full-Time employee that is a Member of the International Union of Operating Engineers, Local 772 (IUOE 772), you are eligible to participate in the Extended Health benefit.

Participation is **compulsory;** however, if you are covered for similar benefits under your spouse's group plan, you may exempt yourself from our plan.

Coverage is effective on the first day of your Regular Full-Time appointment.

COST OF THE PLAN
For a breakdown of the cost, refer to our web site or contact a Human Resources - Benefits Representative.

ENROLLMENT PROCEDURE
Enrollment is initiated by the completion of an application form available in Human Resources - Benefits.

DEFINITION OF DEPENDENTS
You may also cover your spouse and dependents, as defined below:

Spouse/Partner: A spouse is defined as a person who is legally married to the employee or, although not legally married, has continuously cohabited in a common-law like relationship of the same or opposite sex with the employee for not less than one full year.

Dependent Children: a dependent child is defined as unmarried (including legally adopted children, foster or step-children), not engaged in full-time employment, dependent on you for financial support under the age of 21 unless the child is registered as a full-time student in which case the child must be under the age of 25 or if incapable of self support due to mental or physical infirmity which began while the child was covered as the Employee's dependent will continue to be eligible.

CHANGE IN STATUS
Coverage for an employee who acquires a spouse or dependent(s) after becoming covered may be changed upon notification to provide coverage for the spouse or dependent(s) effective as of the date of eligibility or the date of application, whichever is later. However, evidence of insurability is required if the change is not received within 31 days of the change.

MAXIMUM BENEFIT
There is no overall maximum benefit.

EXPENSES FOR WHICH PAYMENTS ARE MADE INCLUDE THE FOLLOWING:

Services and Supplies of a Licensed Hospital
For services and supplies of a licensed hospital such as:
Hospital Accommodation - the difference between ward and semi-private or private accommodation:

In Canada - no limit

Out of Canada (for Canadian residents only)

- if an emergency while travelling or on vacation, or while on leave of absence from employer - no limit
- if a non-emergency or elective - limited to $200 a day
- if a referral (approved by O.H.I.P. or equivalent) - no limit

Services of Physicians & Surgeons
For services of physicians & surgeons such as:

Out of Province for Canadian residents, over the amount allowed under O.H.I.P. or equivalent:

- if an emergency while travelling or on vacation, or while on leave of absence from employer - unlimited less the amount covered by O.H.I.P. or equivalent
- if a non-emergency - unlimited less the amount covered by O.H.I.P. or equivalent
- if elective - up to the amount in the Medical Fee Schedule of the province where you reside
- if a referral (approved by O.H.I.P. or equivalent) - unlimited less the amount covered by O.H.I.P. or equivalent

Note: All expenses are paid in Canadian funds.

Other Services

Diagnostic and X-Ray Services - eligible charges for diagnostic and x-ray services when carried out by a hospital or private laboratory such as:

- laboratory services
- x-ray examination

Mental Health Professional Services
(Effective July 1, 2023)
The plan covers 85% of eligible expenses for: Services delivered by individuals who are registered by the College of Psychologists of Ontario, the College of Registered Psychotherapists of Ontario, the College of Nurses of Ontario, the College of Occupational Therapists of Ontario, the Ontario College of Social Workers, Ontario Registered Clinical Counsellor or the Canadian Registry of Marriage and Family Therapists

Licensed Osteopath (Eligibility Memorandum), Naturopath, Chiropodist/Podiatrist, Acupuncturist, Speech Therapist, Physiotherapist, and Massage Therapist

- up to $15 a visit
- includes X-rays by a chiropractor (limited to $35 a person per calendar year)
- surgery performed by a licensed podiatrist (limited to $200 a calendar year per person)

Licensed Chiropractor

- up to $15 a visit after the 15th visit per calendar year

Note: Any difference between the benefits paid by O.H.I.P. or equivalent for services rendered and the fees charged by the above practitioners is not eligible.

Optometrist/Ophthalmologist

- eye examinations not covered under O.H.I.P. or equivalent (limited to $25 per visit)
- for visual training and remedial eye exercises (limited to $10 per half hour)
- contact lenses or eyeglasses due to a medical condition such as after cataract surgery (limited to $100 per eye per lifetime)

Note: For information on additional benefits for visioncare see **Visioncare Benefit** section on page 5.

Dentist

- for accidental injury to natural teeth from an external blow (excluding biting accident)

within twelve (12) months of the accident

Ambulance

- if condition requires it, to the nearest hospital where treatment facilities are available

Private Duty Nursing

Services of private duty nursing in your home by a Registered Nurse (RN) and/or a Registered Practical Nurse (RPN).

Pre-approval is required.

Further information can be found under the Private Duty Nursing Claim Predetermination Submission Guidelines.

Prosthetic Appliances & Supplies

Prosthetic appliances and supplies such as:

- artificial limbs
- splints
- braces
- cervical collars
- surgical brassieres (limited to six (6) per calendar year)
- stump socks (limited to six (6) per calendar year)
- tracheotomy supplies
- surgical elastic stocking (limited to two (2) pairs per calendar year)
- wigs for permanent or temporary hair loss (limited to $700 lifetime maximum)

Note: Replacement will not be a benefit unless the replacement is required due to normal wear and tear or pathological change.

Medical Supplies and Assistive Devices

Medical supplies and assistive devices such as:

- surgical bandages/dressings
- burn pressure garments
- rental of a hospital bed
- rental of a wheelchair
- equipment for the treatment of cystic fibrosis
- equipment for the treatment and control of diabetes such as: glucometer (limited to $200 per claim) or Preci-Jet insulin injector (limited to $350 per calendar year)
- respirators
- dialysis equipment
- equipment for the administration of oxygen
- obus formes (limited to $100 per five (5) calendar years)
- crutches, canes, walkers
- transcutaneous nerve stimulator referred to as a TENS machine (limited to payment at 50%)
- essential ostomy supplies
- custom-made orthopaedic shoes (limited to one (1) pair per calendar year minus a $75 deductible) **or** modifications to street shoes such as insoles or molded arch supports (limited to one (1) pair per calendar year)
- custom-made orthotics (limited to $400 for one (1) pair per calendar year)
- hearing aid and repairs

Note: Many of the above prosthetic devices and medical supplies may require a written recommendation of a physician. As well, if due to an extended illness or disability it is felt the need for any of the above-mentioned items will be long term, a purchase may be approved rather than a rental.

CO-ORDINATION OF BENEFITS

If you or your dependent(s) are entitled to benefits under this plan and any other plan for the same expense, the amount payable under this plan will be reduced to ensure that the total amount payable under all plans does not exceed the actual expense incurred.

DRUGS AND MEDICINES

Prescription Drugs

In the treatment of an injury or illness, the following drugs will be considered eligible expenses if dispensed by a licensed physician or dentist, or by a licensed pharmacist on the written prescription of a licensed physician or dentist:

- drugs legally requiring a prescription, in accordance with the Food and Drug Act, Canada or similar provincial legislation

- eligible fertility drugs (limited to a lifetime maximum of $12,000)

- contraceptive devices (limited to $50 per calendar year per person)

- eligible smoking cessation products (limited to a lifetime maximum of $500)

- drugs not legally requiring a prescription, but which are in an injectable format, or are life sustaining and identified under the following headings in the Therapeutic Guide section of the then current Compendium of Pharmaceutical and Specialities:

  anti-anginal agents
  anticholinergic preparations
  antiparkinsonism agents
  anti-arrhythmic agents
  bronchodilators
  glaucoma therapy
  antihyperlipidemic agents
  insulin preparations
  hyperthyroidism therapy
  oral fibrinolytic agents
  parasympathomimetic agents
  potassium replacement therapy
  tuberculosis therapy
  topical enzymatic debriding agents
  anti-inflammatories
  anti-histamines

Generic Substitutions
Where the drug dispensed is interchangeable with any other drug, the charges will not exceed the cost of the lowest priced interchangeable drug, unless specifically prescribed by the attending physician or dentist.

Dispensing Fee
You may visit any pharmacy to have your prescription filled, however, the maximum allowed for reimbursement is $6.11.

EXAMPLES OF EXPENSES NOT COVERED
Listed below are a few examples of expenses not eligible for coverage:

- duplicate payments from the Provincial Health Insurance or any Worker's Compensation Coverage - this limitation does not apply to the differences between ward and semi-private or private accommodations in a licensed hospital
- food and dietary supplements
- cosmetic or hygienic products
- experimental drugs
- any hospitalization or service rendered concerning general health examinations for "check-up" purposes
- travel for health, dental services, or cosmetic surgery
- expenses resulting from an act of war or hostilities of any kind
- any health services provided without cost to you or your dependent(s) or expenses for which coverage is provided under any other insurance plan or policy to the extent of such coverage
- drugs not considered by the Canadian Medical Association, or by the Medical Association of the province of residence of the employee, to be therapeutically useful
- services rendered by a person who resides in the patient's home or is a member of the patient's immediate family

VISIONCARE BENEFIT
The Extended Health plan provides a Visioncare benefit for reasonable and customary charges for necessary expenses for eyeglass lenses or contact lenses prescribed by a physician or surgeon legally licensed to practice medicine or an optometrist for the correction of impaired vision, and frames for such lenses recommended by a physician or optometrist. Eye examinations can be claimed against the Visioncare benefit. These examinations should be claimed first under the Eye Examination benefit (maximum $25) and then the balance submitted under the Visioncare benefit, if eligible. Laser Eye Surgery may also be claimed as an expense under the Visioncare benefit.

VISIONCARE BENEFIT:

$300 per person every two years.

General Limitations for the Visioncare benefit
Visioncare benefits are designed to reimburse you only for your out-of-pocket expenses. No reimbursement will be made for the following expenses:

- safety glasses (paid through Occupational Health & Safety)
- non-corrective glasses or sunglasses, whether prescribed or not
- glasses or contact lenses for cosmetic or decorative purposes

DELUXE TRAVEL
Deluxe Travel provides various benefits as a result of an accident or a sudden unexpected illness incurred outside the employee's province of residence in Canada or outside Canada up to $200,000 per person per trip. Coverage is only for the first 90 days of being out of the country. These benefits include:

Medical Assistance Services
- provides emergency response in any major language
- referrals to an appropriate physician, clinic or hospital
- confirms you have coverage
- guarantees or arranges payment to the hospital or physician for eligible expenses
- provides assistance in contacting your family, place of business or family physician
- supervises the medical treatment and keeps the family informed
- arranges for transportation of a family member to the patient's bedside
- arranges for transportation home of the patient

Non-Medical Assistance Services
- arranges for local care of dependent child(ren) and coordinates the safe return home if the person is hospitalized
- arranges the transmission of urgent messages to family members
- provides assistance in the event of loss of passport(s) or airline ticket(s)
- provides legal counsel referral in the event of a serious accident
- coordinates claims processing and negotiation of health care provider discounts
- provides pre-departure information concerning Visa's and Vaccines

Note: If hospitalization occurs due to accident or a sudden unexpected illness, the Assistance Centre must be contacted within 24 hours of the admission. Your coverage will be validated and payment to the health care provider guaranteed.

As well, Deluxe Travel pays for the reasonable and customary charges for the following eligible expenses:

Repatriation
Extra costs of return economy fare by the most direct route (air, bus, train) when an illness is such that the covered person must return home and be accompanied by a qualified medical attendant (not a relative). Written authorization is required from the attending physician. On a commercial aircraft this coverage includes:

- two economy seats by most direct route to the covered person's home city in Canada (one for the covered person and one round trip fare for a medical attendant)
- the number of economy seats required to accommodate the covered person if on a stretcher and one round trip for a medical attendant, and the attendant's overnight hotel and meal expenses if required
- economy seats to return any covered person of the immediate family who is travelling with the patient

Vehicle Return
An allowance of up to $1,000 Canadian will be reimbursed for the cost of driving the patient's vehicle, either private or rental, to the patient's residence or nearest appropriate vehicle rental agency when the patient or any travelling companion is unable to return it due to sickness or accident.

RETURN OF DECEASED
Up to $5,000 Canadian towards the cost or preparation (including cremation) and homeward transportation of a deceased covered person (excluding the cost of a coffin) to the point of departure in Canada by the most direct route. Up to $2,000 Canadian towards these same costs

if the deceased is not returned to Canada.

Meals & Accommodation Allowance
Up to $1,500 Canadian ($150 per day) per calendar year for extra costs of commercial accommodation and meals incurred by the employee or by a covered dependent when the trip is delayed due to illness or accident to a covered person. This must be verified by the attending physician and supported with receipts from commercial organizations.

Transportation to Visit the Covered Person One return economy fare by the most direct route for transportation costs (air, bus, train) when the covered person is confined to hospital for at least seven days or has died and the attending physician advised the necessary attendance of a family member or close friend of the covered person.

BENEFITS WHILE ON LEAVE OF ABSENCE OR TRAVELLING
If you are going on a leave of absence, you may arrange to continue your coverage by contacting Human Resources - Benefits to cover the cost of your benefits prior to leaving.

When travelling outside of the country, you and your dependent(s) will continue to be covered.

Reimbursement for any eligible claims will be made in Canadian funds.

TERMINATION OF COVERAGE
Coverage will terminate on the earlier of one of the following:

(1) the end of the month in which you terminate your employment

(2) the date on which you are no longer eligible to participate in the plan

(3) the date the plan is cancelled for any reason

DEPENDENT TERMINATION OF COVERAGE
A dependent's coverage ceases on the earlier of: the date the person is no longer an eligible dependent under Definition of Dependents, and/or the date your coverage terminates.

If you should die prior to termination, benefits for your covered dependent(s) will be continued for an additional thirty-six (36) months at no additional cost to the surviving dependent(s).

BENEFITS AFTER TERMINATION OF COVERAGE
If you are totally disabled at the time your coverage terminates and disability continues, this benefit may be continued for a period up to ninety (90) days.

If any of your dependents are confined in a licensed hospital when this coverage terminates, the benefit for that dependent may be continued, during the period of hospital confinement, for a period up to ninety (90) days.

If following termination you are interested in purchasing alternate coverage, our current insurance carrier offers a Group Conversion Program for employees who have recently left a Group Benefit Plan. The benefits available include: Extended Health benefits, prescription drugs, semi-private hospital and dental benefits.

Did you know...

If you are planning on leaving Canada for a period exceeding six months, the Ministry of Health in your province of residence must be notified to request approval for continued Provincial Health Insurance. You must complete a Change of Information form for you and/or your dependents. To obtain this form or to request further information, contact the Ministry of Health branch below:

Ministry of Health
217 York Street, 5th Floor
PO Box 5700, Station A
London, ON N6A 5P9
519 675-6800

Forms are available on the OHIP web site at
http://www.health.gov.on.ca/en/public/forms/ohip_fm.aspx

It is your responsibility to maintain your Provincial Health Insurance.

DENTAL PLAN

The University's Dental benefit provides payment towards usual and customary charges for necessary dental services (incurred by you and your covered dependents) up to the current Fee Guide.

CO-INSURANCE ARRANGEMENT
The Extended Health and Dental plans are subject to an 85/15 co-insurance arrangement. You are required to pay 15% of claims for eligible expenses submitted under these plans. The maximum you would pay in a calendar year is $450 for Single coverage and $900 for Family coverage. Once the maximum is reached in any given calendar year, you will no longer be required to pay 15% towards eligible claim expenses for the remainder of that calendar year. This co-insurance arrangement does not apply to the following:

- the major restorative benefits under the Dental plan (already subject to an 80/20 co-insurance)

PARTICIPATION IN THE PLAN
If you are a Regular Full-Time employee that is a Member of the International Union of Operating Engineers, Local 772 (IUOE 772), you are eligible to participate in the Dental benefit.

Participation is **compulsory;** however, if you are covered for similar benefits under your spouse's group plan, you may exempt yourself from our plan.

Coverage is effective on the first day of your Regular Full-Time appointment.

COST OF THE PLAN
For a breakdown of the cost, refer to our web site or contact a Human Resources - Benefits Representative.

ENROLLMENT PROCEDURE
Enrollment is initiated by the completion of an application form available in Human Resources - Benefits.

DEFINITION OF DEPENDENTS
You may also cover your spouse and dependents, as defined below:

Spouse/Partner: A spouse is defined as a person who is legally married to the employee or, although not legally married, has continuously cohabited in a common-law like relationship of the same or opposite sex with the employee for not less than one full year.

Dependent Children: a dependent child is defined as unmarried (including legally adopted children, foster or step-children), not engaged in full-time employment, dependent on you for financial support under the age of 21 unless the child is registered as a full-time student in which case the child must be under the age of 25 or if incapable of self support due to mental or physical infirmity which began while the child was covered as the Employee's dependent will continue to be eligible.

CHANGE IN STATUS
Coverage for an employee who acquires a spouse or dependent(s) after becoming covered may be changed upon notification to provide coverage for the spouse or dependent(s) effective as of the date of eligibility, or the date of application, whichever is later. However, evidence of insurability is required if the change is not received within 31 days of the change.

MAXIMUM BENEFIT
There is no overall maximum benefit.

FEE SCHEDULE
All eligible expenses are based on the current Dental Society Fee Guide for General Practitioners and/or Specialists in the provider's province of residence. Claims for specialists will be payable up to 120% of the General Practitioners Fee Guide amount with the exception of Denturists which will be payable based on the current Denturists Fee Guide in the provider's province of residence. Claims incurred outside Canada will be reimbursed at the current Dental Society Fee Guide for General Practitioners and/or Specialists in the employee's province of residence.

BASIC DENTAL EXPENSES
You may recover the usual and customary charges for Basic Dental such as:

PREVENTIVE DENTAL SERVICES

Diagnostics
Clinical Oral Examination:

- complete oral examination of a new patient (limited to once every three (3) calendar years)
- recall oral examination (limited to once every nine (9) consecutive months)
- emergency oral examination
- specific oral examination

Radiographs
- periapical
- sialography
- postero-anterior and lateral skull and facial bone
- use of radiopaque dyes
- cephalometric films
- cephalometric tracing
- tomography
- full mouth series, including bitewings (limited to once every five (5) years)
- panoramic (limited to once every five (5) calendar years)
- occlusal
- bitewing (limited to once every nine (9) consecutive months)
- extraoral
- tests and laboratory examinations
- microbiological tests
- pulp vitality tests
- lab reports
- emergency services

Preventive Services
- polishing (limited to once every nine (9) consecutive months)
- fluoride treatment (limited to once every nine (9) consecutive months)
- scaling
- preventive recall packages (limited to once every nine (9) consecutive months)
- pit and fissure sealants
- space maintainer appliances - including maintenance and repair
- interproximal disking of teeth
- recontouring of teeth for functional reasons (not associated with delivery of prosthesis)

Restorative Services (Basic)
- amalgam (metal) and tooth coloured (plastic) restorations
- tooth coloured veneer applications
- porcelain staining (chairside)
- prefabricated steel crowns (primary teeth)

Endodontics Services
- treatment of pulp chamber - pulpotomy and pulpectomy
- root canal therapy - root canals and apexification
- periapical services - root amputation, retrofilling, exploratory endodontics surgery, canal and/or pulp chamber enlargement, surgical and non-surgical root repair or pulp chamber repair

Periodontic Services (Basic)
- non-surgical services - application of displacement dressings, management of oral infections, desensitization
- adjunctive periodontal services - occlusal adjustment, root planning, topical application of antimicrobial agent

Oral Surgery (Basic)
- extractions of erupted teeth, impacted teeth, residual roots, surgical exposure of teeth, surgical movement of teeth

- oral surgical procedures including the removal of teeth, but excluding periodontal surgery
- surgical excisions and incisions
- other oral surgery services such as: post surgical care, repairs, lacerations, fractures, replantation of avulsed teeth, repositioning of traumatically displaced teeth

Adjunctive General Services

- local anaesthesia (not in conjunction with operative or surgical procedures)
- general anaesthesia
- provisions of dental and anaesthetic facilities, equipment and supplies
- conscious sedation - inhalation technique, intravenous sedation, intramuscular injections of sedative drugs

MAJOR DENTAL EXPENSES

You may recover up to **80%** of the reasonable customary charges for Major Dental expenses such as:

RESTORATIVE SERVICES

Restorative Services (Major)

- inlay and onlay restorations (limited to once per tooth per five (5) consecutive years) - metal, composite and porcelain/ceramic
- retentive pins and posts
- indirect overdenture restorative services
- crowns (limited to once per tooth per five (5) consecutive years)
- recontouring of existing crowns
- removal of inlays, onlays and crowns

Prosthodontics Services

- complete dentures (limited to one (1) complete upper and one (1) complete lower denture in five (5) calendar years)
- partial dentures (limited to one (1) partial upper and one (1) partial lower denture in five (5) calendar years)
- transitional dentures (limited to one (1) complete upper and one (1) complete lower denture in five (5) calendar years)
- denture adjustments, repairs and additions
- denture reline and rebase
- denture remake
- fixed bridge
- fixed bridge repairs

Oral Surgery (Major)

- remodelling and recontouring oral tissues

Periodontic Services (Major)

- periodontic surgical services
- adjunctive periodontic services
- periodontal appliances - maintenance, adjustments, repairs and relines (limited to any one (1) maxillary (upper) and any one (1) mandibular (lower) appliance in two (2) calendar years)

Miscellaneous Services

- diagnostic casts
- initial orthodontic consultation

CO-ORDINATION OF BENEFITS

If you or your dependent(s) are entitled to benefits under this plan and any other plan for the same expense, the amount payable under this plan will be reduced to ensure that the total amount payable under all plans does not exceed the actual expense incurred.

EXAMPLES OF EXPENSES NOT COVERED

Listed below are a few examples of expenses not eligible for coverage:

- services other than those provided by a dentist, except those services which may be performed by legally qualified auxiliary personnel under the supervision of a dentist, or those services which may be performed by periodontal practitioner under the terms of the practitioner's license
- cosmetic services
- dentures and bridgework (including crowns and inlays forming the abutments) to replace any teeth removed before the covered person became insured under this benefit
- dentures which have been lost, stolen or mislaid
- prosthetic devices which were ordered before the covered person was insured under this benefit
- replacement of an existing partial or full denture or fixed bridgework unless
  (i) the existing denture or bridgework is at least five (5) years old, OR

(ii) the replacement is required to replace an immediate temporary denture which was installed while the covered person was insured under this benefit

- the addition of teeth to an existing partial denture or fixed bridgework unless the addition is required to replace one or more teeth removed while the covered person is insured under this benefit
- orthodontic services other than initial consultation
- services rendered by a person who resides in the patient's home or is a member of the patient's immediate family

PREDETERMINATION OF DENTAL CLAIMS
If your dentist has recommended dental treatment that is expected to cost more than $500, you should have your dentist prepare a pre-treatment plan. This will allow you to determine your own financial obligation prior to the commencement of treatment.

GENERAL LIMITATIONS
Dental benefits are designed to reimburse you only for your out-of-pocket expenses. Listed below are a few examples of expenses not eligible for coverage:

- services payable under any Workers Compensation Act or any other statute
- self-inflicted injuries
- services required as a result of war or hostilities of any kind
- services required as a result of your participation in a criminal offence
- services performed by a person who is ordinarily a resident in the covered person's home
- services for which reimbursement is payable due to the legal liability of any other party, to the extent of such reimbursement

BENEFITS WHILE ON LEAVE OF ABSENCE OR TRAVELLING
If you are going on a leave of absence, you may arrange to continue your coverage by contacting Human Resources - Benefits to cover the cost of your benefits prior to leaving.

When travelling outside of the country, you and your dependent(s) will continue to be covered.

Reimbursement for any eligible claims will be made in Canadian funds.

TERMINATION OF COVERAGE
Coverage will terminate on the earlier of one of the following:

(1) the end of the month in which you terminate your employment

(2) the date on which you are no longer eligible to participate in the plan

(3) the date the plan is cancelled for any reason

DEPENDENT TERMINATION OF COVERAGE
A dependent's coverage ceases on the earlier of: the date the person is no longer an eligible dependent under Definition of Dependents, and/or the date your coverage terminates.

If you should die prior to termination, benefits for your covered dependent(s) will be continued for an additional thirty-six (36) months at no additional cost to the surviving dependent(s).

BENEFITS AFTER TERMINATION OF COVERAGE
If you are totally disabled at the time your coverage terminates and disability continues, this benefit may be continued for a period up to ninety (90) days.

If following termination you are interested in purchasing alternate coverage, our current insurance carrier offers a Group Conversion Program for employees who have recently left a Group Benefit Plan. The benefits available include: Extended Health benefits, prescription drugs, semi-private hospital and Dental benefits.

LIFE INSURANCE PLANS

The University's Life Insurance plans provide life insurance on your life and on your dependent's life payable to your beneficiary in the event of death. The plans available are:

- **Basic Life**
- **Optional Life**
- **Dependent Life**

If you are a Regular Full-Time employee that is a Member of the International Union of Operating Engineers, Local 772 (IUOE 772), you are eligible to participate in the following Life Insurance plans:

BASIC LIFE

PARTICIPATION IN THE PLAN

- participation is **compulsory**
- coverage is effective on the first day of your Regular Full-Time appointment

COVERAGE AMOUNT

The Basic Life Insurance plan provides coverage on your life based on two times your annual basic salary rounded to the next higher $1,000 with minimum coverage of $50,000.

COST OF THE PLAN

- the University pays the full cost of the first $25,000 of coverage

As the University provides a Sick Leave Benefit that qualifies for a reduction in Employment Insurance Premiums, a portion of the reduction (5/12) is used to pay the full cost of an additional amount of the Basic Life Insurance plan. Currently this reduction amount provides sufficient funding for an additional $25,000 of coverage. (For the most up-to-date additional amount of Basic Life being funded through this arrangement, refer to our web site or contact a Human Resources - Benefits Representative)

- you pay the remaining cost of the coverage
- the cost being paid by the University is a taxable benefit
- for a breakdown of the cost, refer to our web site or contact a Human Resources - Benefits Representative

OPTIONAL LIFE

PARTICIPATION IN THE PLAN

- participation is **optional**
- you are eligible to participate on the first day of your Regular Full-Time appointment, however, if you do not make an application within 31 days of first becoming eligible, evidence of health is required and is subject to approval by the insurance carrier
- to increase optional life amounts, evidence of health may be required

COVERAGE AMOUNT

The Optional Life Insurance plan provides you with the opportunity to purchase additional life insurance coverage on your life at a level of one half times, one times, one and a half times, two times, three times, four times or five times your annual basic salary rounded to the next higher $1,000. Subject to a combined (basic and optional) coverage of $1,000,000.

COST OF THE PLAN

You pay the full cost of the coverage which is dependent on your age, gender, and whether you are a smoker or non-smoker. For a breakdown of the cost, refer to our web site or contact a Human Resources - Benefits Representative.

DEPENDENT LIFE

PARTICIPATION IN THE PLAN

- participation is **optional**
- if you have eligible dependent(s), you may participate in the plan on the first day of your Regular Full-Time appointment, however, if you do not make an application within 31 days of first becoming eligible, evidence of health is required on your dependent(s) and is subject to approval by the insurance carrier
- if you do not have a dependent(s) when you

first became eligible to participate in the plan as outlined above, you may make an application when you have a dependent(s), however, if you do not make an application within 31 days of the dependent(s) becoming eligible, evidence of health is required on your dependent(s) and is subject to approval by the insurance carrier

COVERAGE AMOUNT
The Dependent Life Insurance plan provides you with the opportunity to purchase life insurance on your spouse's life at $40,000 and for each of your eligible dependent children at $10,000.

COST OF THE PLAN
You pay the full cost of the coverage. For a breakdown of the cost, refer to our web site or contact a Human Resources - Benefits Representative.

DEFINITION OF ELIGIBLE DEPENDENTS FOR THE DEPENDENT LIFE PLAN

Spouse/Partner: A spouse is defined as a person who is legally married to the employee or, although not legally married, has continuously cohabited in a common-law like relationship of the same or opposite sex with the employee for not less than one full year.

Dependent Children: a dependent child is defined as unmarried (including legally adopted children, foster or step-children), not engaged in full-time employment, dependent on you for financial support under the age of 21 unless the child is registered as a full-time student in which case the child must be under the age of 25 or if incapable of self support due to mental or physical infirmity which began while the child was covered as the Employee's dependent will continue to be eligible.

Note: A dependent child confined to hospital when becoming eligible is not insured until released from the hospital. Children confined to hospital since birth will be insured when they are 15 days old.

GENERAL PLAN PROVISIONS FOR ALL LIFE PLANS:

(BASIC, OPTIONAL AND DEPENDENT LIFE)

ENROLLMENT PROCEDURE
Enrollment is initiated on the completion of an application form available in Human Resources - Benefits.

AMOUNT OF BENEFIT PAYABLE
The Life benefit pays 100% up to the maximum benefits provided by the plans.

MAXIMUM BENEFIT
The combined maximum benefit for the Basic and Optional Life Insurance plans is $1,000,000.

BENEFICIARY DESIGNATION
You may designate whomever you wish as your named beneficiary and may initiate a change at any time. However, if the named beneficiary is under the age of 18, a trustee must be designated.

You are automatically the named beneficiary for the Dependent Life plan.

DELAYED EFFECTIVE DATES IN CASE OF DISABILITY
Employees not actively at work on the date the life insurance plan becomes effective are not entitled to coverage at that time. In such cases, coverage will commence upon return to active full-time employment.

CHANGES IN AMOUNTS OF COVERAGE

Basic and Optional Life

The total amount of Basic and Optional Life Insurance coverage changes whenever your basic annual salary is adjusted. If you are not at work at that time, the change will be made on the date you return to work.

Optional Life

- you may elect to change the level of your Optional Life Insurance coverage without evidence of health when any change in marital status takes place provided you make application within 31 days of the date of the change
- you may elect to increase or apply for new coverage for any other reason, however, evidence of health is required and is subject to approval of the insurance carrier
- you may elect to decrease or cancel coverage at any time

Dependent Life

- there is not an option to change the level of coverage as outlined above in the "Changes in Amounts of Coverage" section
- you may elect to cancel your coverage at any time

BENEFITS WHILE ON LEAVE OF ABSENCE OR TRAVELLING

If you are going on a leave of absence, you may arrange to continue your coverage by contacting the Human Resources - Benefits to cover the cost of your benefits prior to leaving.

When travelling outside of the country, you and your dependent(s) will continue to be covered.

Reimbursement for any eligible claims will be made in Canadian funds.

TOTAL DISABILITY BENEFIT

If you become totally disabled before your normal retirement date, your life benefits continue as follows:

- your Basic Life Insurance plan will be kept in force without cost to you
- your Optional Life and Dependent Life insurance plans may be kept in force without cost to you if the premiums are waived by the insurance carrier based on acceptable proof of disability. If the premiums are not waived by the carrier, the plans may be continued at full cost to you.

DEATH BENEFIT

Basic and Optional Life

In the event of your death, the Basic and Optional Life Insurance plan coverage amount in effect prior to your death will be paid to your named beneficiary. Note: If death is a result of suicide or any attempt thereof, sane or insane, a limitation clause applies. A Human Resources - Benefits Representative will assist beneficiaries with the processing of the claim.

Dependent Life

In the event of the death of your dependent(s), the Dependent Life Insurance plan coverage amount in effect prior to the dependent's death will be paid to you directly. A Human Resources - Benefits Representative will assist you with the processing of the claim.

TERMINATION OF COVERAGE

Basic and Optional Life

Your Basic and Optional Life Insurance plans cease on the earlier of one of the following dates:

(1) 31 days after you terminate your employment or retire
(2) on your Normal Retirement Date
(3) on your death
(4) the date the plan is cancelled for any reason

If you are still actively employed after your Normal Retirement Date, then Basic Life insurance, which is 100% employer paid, will continue with a coverage amount of $15,000.

Dependent Life

Your Dependent Life Insurance plan ceases on the earlier of one of the following dates:

(1) 31 days after you terminate your employment or retire
(2) on your Normal Retirement Date
(3) on your death
(4) when your dependent(s) are no longer eligible
(5) the date the plan is cancelled for any reason

BENEFITS AFTER TERMINATION OF COVERAGE

Basic and Optional Life

- your life insurance coverage may be converted to an individual policy
- application for this individual policy must be made within 31 days of termination of employment or retirement
- the individual policy issued will be without disability or double indemnity benefits and not in excess of the amount of your group life insurance
- no medical examination is necessary to convert your insurance and the premium rate will be the same as would apply to a new policy

Dependent Life

- the life insurance coverage you have on your spouse can be converted to an individual policy
- no medical evidence is required providing an application for the individual insurance is made within 31 days of termination of employment, retirement or death
- the conversion privilege does not apply to the coverage on your children

VOLUNTARY PERSONAL ACCIDENT INSURANCE PLAN

You may purchase any amount of insurance in multiples of $10,000 subject to a maximum of $500,000 covering yourself, or yourself and your dependents.

PARTICIPATION IN THE PLAN
Coverage may be effective on the first day of your eligibility into the benefit programs at Western University.

Participation is **optional**.

COST OF THE PLAN
You pay the full cost of the coverage. For a breakdown of the cost, refer to "Benefit Costs" or contact Human Resources using **ASK HR** or call 519-661-2194.

ENROLLMENT PROCEDURE
Enrollment is initiated by the completion of an application form available in Human Resources or Voluntary Personal Accident Insurance Form

DEFINITION OF DEPENDENTS
Spouse/Partner: The Employee's spouse by virtue of a legal marriage or the Employee's partner of the opposite sex or of the same sex who is publicly represented as the Employee's spouse and has continuously been so represented for at least the previous year. At any one time, only one person may be insured as an Employee's Spouse.

Dependent Children: A child of the Employee or of the Employee's Spouse (biological, adopted or step-child), who is not married or in any other formal union recognized by law, excluding a child who has attained age 21, or age 25 in the case of a full-time student wholly dependent on the Employee for support.

A Child who attains the limiting age who is incapable of supporting himself due to physical or mental disability, is dependent on the Employee for support and maintenance, and is not married nor in any other formal union recognized by law is deemed to continue to be a Child for as long as these three conditions exist. This continuation is subject to Sun Life receiving proof of the above conditions not later than 31 days after the Child attains the limiting age.

THE PLANS
The Plans offer 24 hour, full year protection against accidents anywhere in the world, whether you are on or off the job.

You may purchase any amount of insurance in multiples of $10,000 subject to a maximum of $500,000. You are insured for the principal sum elected.

Your spouse and children will be insured as follows:

- if there are no eligible children, your spouse will be insured for a spouse's principal sum which is equal to 60% of your principal sum
- if there are eligible children, your spouse will be insured for a spouse's principal sum which is equal to 50% of your benefit, and each eligible dependent child will be insured for a child's principal sum which is equal to 15% of your principal sum
- if there is no spouse, each eligible dependent child will be insured for a child's principal sum which is 20% of your principal sum

An example:

You elect $50,000 on your life and you choose to cover your family consisting of a spouse and three children. Coverage would be as follows:

Employee	$50,000 (Employee's Principal Sum)
Spouse	$25,000 (Spouse's Principal Sum)
Each Child	$7,500 (Child's Principal Sum)

BENEFITS

If injuries result in death, dismemberment or loss of use within 365 days after the date of the accident, the plan provides the following benefits for you and your spouse:

Benefit Entitlement	**You or your Spouse** (based on you or your spouse's principal sum)
Loss of life	100%
Loss of both arms or both legs**	200%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of one hand or one foot, and entire sight of one eye	100%
Loss of one arm or one leg	80%
Loss of one hand or one foot	75%
Loss of four fingers on the same hand	33%
Loss of all toes on the one foot	25%
Loss of use of both arms or both legs or combination of one arm and one leg**	200%
Loss of use of both hands or both feet or a combination of one hand and one foot	100%
Loss of use of one arm or one leg	80%
Loss of use of thumb and index finger of the same hand	33%
Loss of use of one hand or one foot	75%
Loss of thumb and index finger on the same hand	33%
Loss of entire sight of both eyes	100%
Loss of speech and loss of hearing in both ears	100%
Loss of entire sight of one eye	75%
Loss of speech	75%
Loss of hearing in both ears	75%
Loss of hearing in one ear	33%
Quadriplegia**	200%
Paraplegia**	200%
Hemiplegia**	200%

**Subject to a maximum of $1,000,000 per person

If an Employee or Spouse has multiple losses as a result of one accident, the maximum amount payable will not exceed 100% of the loss of life benefit amount with the exception of the Loss of use of both arms, both legs or a combination of one arm and a leg, quadriplegia, paraplegia and hemiplegia. In no event will the maximum benefit amount exceed 200%.

BENEFITS

If injuries result in death, dismemberment or loss of use within 365 days after the date of the accident, the plan provides the following benefits for your child(ren):

Benefit Entitlement	Your child (based on your child's principal sum
Loss of life	100%
Loss of both arms or both legs	100%
Loss of both hands or both feet	400%
Loss of one hand and one foot	400%
Loss of one hand or one foot, and entire sight of one eye	400%
Loss of one arm or one leg	200%
Loss of one hand or one foot	200%
Loss of four fingers on the same hand	33.33%
Loss of four toes on the one foot	50%
Loss of use of both arms or both legs	400%
Loss of use of both hands or both feet	400%
Loss of use of one arm or one leg	200%
Loss of use of thumb and index finger of the same hand	50%
Loss of use of one hand or one foot	150%
Loss of thumb and index finger on the same hand	33.33%
Loss of entire sight of both eyes	400%
Loss of speech and loss of hearing in both ears	400%
Loss of entire sight of one eye	200%
Loss of speech	100%
Loss of hearing in both ears	100%
Loss of hearing in one ear	25%
Quadriplegia	400%
Paraplegia	400%
Hemiplegia	400%

Quadriplegia, paraplegia and hemiplegia will become payable after the elimination period of 365 days has been satisfied.

The definition of **"Loss of"** in the benefit entitlement chart shall mean:

- Loss of an arm means severance at or above the elbow
- Loss of a leg means severance at or above the knee
- Loss of a hand means severance at or above the wrist
- Loss of a foot means severance at or above the ankle
- Loss of a thumb, finger or toe means severance at or above the first phalange
- Loss of sight, loss of speech or loss of hearing must be total and irrecoverable

The definition of **"Loss of Use"** in the previous chart shall mean:

- Loss of use must be total, continuous for 12 months, and then must be determined to be permanent and irrecoverable before the benefit is payable

REHABILITATION BENEFIT

Rehabilitation/retaining means the R&C charges for treatment by a therapist licensed, registered or certified to provide such treatment or confinement in an institution which is licensed to provide such treatment – where treatment is intended to retrain the insured person for work in any gainful occupation including the Employee's regular occupation. Must take place under the direction of a certified vocational rehabilitation specialist. Benefit will be paid if an Accidental bodily injury prevents the Employee from performing the duties of the Employee's regular occupation and requires the Employee to obtain rehabilitation/retraining as determined by a physician approved by the Insurer.

Benefits will be paid until one of the following occurs:

- the total rehabilitation/retraining benefit has been paid
- two years have elapsed from the date of the Accidental bodily injury;
- the Employee dies

The maximum amount payable is $15,000.

SPOUSE OCCUPATION TRAINING BENEFIT

Spouse employment training expenses means the actual incurred costs for tuition, fees, and room and board billed by the institution of higher learning. Also means the costs for required books and required course supplies. These costs must be incurred for the Employee's spouse to attend an institution of higher learning for the purpose of obtaining or refreshing skills needed for employment. Benefit is payable only if the spouse incurs expenses within three years following the date of the Employee's loss of life. Insured person must have elected coverage for your spouse.

The maximum amount payable is $15,000.

CHILD EDUCATION BENEFIT

Education means the actual incurred costs for tuition, fees, room and board billed by the institution of higher learning for the education of the Employee's dependent children. Also means costs for required books and required course supplies. Child must be enrolled as a full time student at an institution of higher learning on the date of the insured person's loss of life or subsequently enrol as a full time student at an institution of higher learning within two years following the date of the Employee's loss of life. Payments also limited to four consecutive years for each dependent child. Institution of higher learning means any public or private college, university or professional trade school beyond the 12th grade. Insured person must have elected family coverage with dependent children listed.

The maximum amount payable is $7,500 per year, $30,000 total benefit payment.

SEAT BELT AND OCCUPANT PROTECTION DEVICE

The seat belt means a lap or lap and shoulder restraint device or a child restraint device which meets the Canadian Motor Vehicle Standards and has been installed in accordance with the manufacturer's instructions. The occupant protective device means either an air bag which inflates for added protection to the head and chest areas or any other personal safety restraint system other than a seat belt. Benefits will be paid if, at the time of the accident, the Employee suffers Accidental bodily injury resulting in a loss while operating or riding in a private passenger automobile and utilizing a seat belt.

No benefit is payable if the Employee was driving or riding as a passenger in any race or contest of any type, or if intoxicated as defined by laws of the jurisdiction where the Accidental bodily injury occurred, or under the influence of a controlled substance unless taken on the advice of a physician. See policy for full details.

The maximum amount payable is 10% of benefit amount for seat belt, 10% of benefit amount for occupant protection device to a combined maximum of $50,000.

REPATRIATION BENEFIT
When loss of life results in an amount of benefit becoming payable under this benefit, a Repatriation Benefit will also be payable, as follows:

- payment is made if within one year of the accidental bodily injury, and
- the loss of life must occur at least 50 kilometres away from the residence of the deceased Employee

The maximum amount payable is $15,000.

HOME/VEHICLE ADAPTATION
Alterations to the Employee's residence that are necessary to make the residence accessible and habitable for the Employee. Modifications to a private passenger automobile that are necessary to make the automobile accessible and/or driveable by the Employee. Within two years of the accidental bodily injury a physician must certify that a home/vehicle adaptation is needed to accommodate the physical disability of the Employee and the home/vehicle adaptation is performed by individuals experienced in such adaption and the home/vehicle adaption is in compliance with any applicable laws or requirements for approval by appropriate government authorities. Private passenger automobile means a four-wheeled motor vehicle with a maximum capacity of nine, designed, manufactured and registered as a private passenger vehicle to travel on public roads.

The maximum amount payable is $15,000.

FAMILY TRANSPORTATION BENEFIT
Insured person must be confined to a hospital no less than 50 kilometers from his permanent city of residence and the attending physician recommends the personal attendance of a member of the immediate family. The Insurer’s standard rate of $0.20 per km applies. Member of the immediate family means the spouse, parents, grandparents, children age 18 and over, brother or sister of the insured person.

The maximum amount payable is $15,000.

CHILD CARE EXPENSE
The actual incurred costs billed by the provider for the care and supervision of the insured person's dependent children under the age of 13. Expenses must be incurred within 365 days of the loss of life. If on the date of the insured person's loss of life the dependent children are not eligible for child care expenses, a one-time payment of $2,500 will be made in addition to the loss of life benefit. If this is paid, no additional claims can be made under the child care benefit. Insured person must have elected family coverage.

The maximum amount payable is $5,000 per child per year to a maximum of $25,000.

IDENTIFICATION EXPENSES
Identification expense (for the purpose of identifying a body) means the actual costs for hotel accommodation for a maximum of three days and transportation by a member of the immediate family by the most direct route by a licensed common carrier. Loss of life must occur no less than 50 kilometers from the insured person's permanent city of residence and identification of the body by a member of the immediate family has been requested by the police or a similar government authority.

The maximum amount payable is $5,000.

PARENT CARE
Dependent parent: parents or grandparent of an Employee or Spouse who at the time of an accident is receiving support and care provided by such Employee or Spouse as evidenced by Canadian income tax returns showing parent as a dependent.

The maximum amount payable is $5,000 per eligible parent.

FUNERAL EXPENSES
Funeral expenses means the reasonable costs associated with interment.

The maximum amount payable is $5,000.

PSYCHOLOGICAL THERAPY
Psychological therapy means the reasonable and customary charges for treatment or counselling by a therapist or counsellor, who is licensed, registered or certified to provide such treatment whether on an outpatient basis or while at a medical facility licensed to provide such treatment. Psychological therapy must be prescribed by a physician.

Payments will be made until one of the following occurs:

- the total psychological therapy benefit has been paid, or
- two years have elapsed from the date of the accidental bodily injury, or
- the insured person dies

The maximum amount payable is $5,000.

VOCATIONAL TRAINING
Vocational training expenses means the actual costs incurred for tuition, fees, room and board billed by an institution of higher learning that is intended to prepare an insured person for work in any gainful occupation. Includes costs for required books or course supplies.

Gainful occupation means an occupation including self-employment that is or can be expected to provide an Employee with an income equal to at least 60% of the Employee's monthly earnings within twelve months after the Employee's return to work.

Benefits are payable until the earlier of:

- the total benefit has been paid; or
- two years have elapsed from the date of the accidental bodily injury

The maximum amount payable is $15,000.

COMMON ACCIDENT
If a common accident causes the primary Employee's and Spouse's loss of life, the combined loss of Life benefit amount will be two times the larger of the two loss of Life benefits amounts payable. This combined loss of Life benefit amount will not exceed two times the Employee's benefit amount.

This extension of coverage is applicable only if the Employee has elected coverage for the spouse, such coverage is in effect on the date of the accident, and the Employee and Spouse are survived by a dependent child or children to whom the common accident benefit amount can be paid.

Common accident means a single accident or separate accidents that occur within the same 24 hour period and result in accidental bodily injury to an insured person and the insured person's spouse. The common accident extension of coverage is subject to a maximum amount of two times the Employee's loss of Life benefits amount.

AGGREGATE LIMIT.
An Employee or Dependent who has multiple losses as a result of one accident, the maximum amount payable will not exceed 100% of the loss of life benefit amount with the exception of Loss of use of both arms, both legs or a combination of one arm and a leg, quadriplegia, paraplegia and hemiplegia.

In no event will the maximum benefit amount exceed 200%.

BENEFICIARY DESIGNATION
You may designate whomever you wish as your named beneficiary and may initiate a change at any time. If the named beneficiary is under the age of 18, a trustee must be designated. Benefits payable in the event of your death are paid to your named beneficiary. In the event of your losses under the dismemberment coverage, benefits are payable to you. Losses payable under the Family coverage are automatically paid directly to you.

CHANGES IN AMOUNT OF COVERAGE
You may elect to change the level of your Voluntary Personal Accident Insurance or cancel coverage at any time.

SURVIVING DEPENDENT INSURANCE
A Dependent, whose insurance under this policy would otherwise end because of the Employee's death, continues to be insured without further payment of premiums, subject to all other terms of this policy. Such insurance ends on the earliest of:

- 6 months after the date of the Employee's death
- the date a person ceases to be a Dependent other than as a result of the Employee's death
- the date the benefit provision for which the Dependent is insured terminates
- the date of termination of policy

EXCLUSIONS
A benefit is not paid for a loss which is due to or results from the following:

- self-inflicted injuries by firearm or otherwise, attempted suicide or suicide (while sane or insane)
- drug overdose
- carbon monoxide inhalation
- flying in, entering, or exiting any aircraft owned, leased or operated by the employer or any aircraft owned, leased or operated by an employee of the employer on behalf of the

employer. This exclusion does not apply to aircraft chartered with pilot or crew on a one time charter basis
- the hostile action of any armed forces, insurrection or participation in a riot or civil commotion
- full-time service in the armed forces of any country
- commission or attempted commission of a criminal offence
- disease or illness
- loss caused by or resulting from an insured person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection or bodily malfunction

This exclusion does not apply to loss resulting from an insured person's bacterial infection caused by an accident or from accidental consumption of a substance contaminated by bacteria.

WAIVER OF PREMIUM
If you become totally and permanently disabled, your premiums may be waived upon receipt of approval from the carrier (after 6 months). If the premiums are not waived by the carrier, the plan may be continued at full cost by you.

BENEFITS CONTINUATION WHILE ON LEAVE OR TRAVELLING
When on a leave contact Human Resources to obtain premium costs to maintain your coverage prior to leaving.

When travelling outside of the country, your benefit coverage is continued.

Reimbursement for any eligible claims will be made in Canadian funds.

TERMINATION OF COVERAGE
Coverage ends on the earlier of one of the following dates:

- the date you withdraw from participating in the plan
- the date you terminate employment
- the date you retire
- the date you attain your Normal Retirement Date
- the date the plan is cancelled for any reason

Conversion
The Voluntary Personal Accident Insurance coverage has a conversion provision that provides the Employee to an individual policy, without evidence of insurability, subject to the condition of conversion. You have 31 days to convert to an individual policy (continued coverage during this time period).

The amount of the Accidental Death Benefit provision will not be more than $100,000.

Further information concerning conversion options can be found by clicking here.

DISABILITY INCOME PROGRAM

The University's Disability Income Program is a comprehensive plan which protects against loss of income during periods of absence due to either injury or illness.

The program consists of the following two components:

1. Sick Leave-Salary Continuance Plan
2. Long Term Disability Insurance Plan

The University pays the entire cost of the short term Sick Leave-Salary Continuance Plan and the Long Term Disability Insurance Plan (hereafter referred to as the LOSS OF EARNINGS INSURANCE PLAN).

SICK LEAVE-SALARY CONTINUANCE PLAN

PARTICIPATION IN THE PLAN

- if you are a Regular Full-Time employee that is a Member of the International Union of Operating Engineers, Local 772, you are automatically covered
- participation is **compulsory**
- coverage is effective on the first day of your Regular Full-Time appointment

BENEFITS

During periods of absence due to illness or injury, your income will be continued for up to a maximum of fifteen (15) consecutive weeks except as described below:

- if there is a recurrence of the same or related illness or injury during the first three (3) weeks following your return to work on a full-time basis, you are entitled to the unused portion of the original fifteen (15) week period of sick leave
- if you are able to return on a part-time basis during this sick leave period, your fifteen (15) week period of sick leave will be extended by any time worked

Notification

If you are unable to report to work because of illness or injury, you are required to notify your Supervisor of your absence and expected date of return to work.

Medical Certification

Refer to your Collective Agreement for details on reporting obligations to your Supervisor and the requirements for returning to work. The University reserves the right to require medical certification of illness or injury from you or your Health Care Professional, and/or a medical examination by a qualified Health Care Professional as arranged by the University, and agreed to by the union and yourself, any time that it considers such action necessary.

LOSS OF EARNINGS INSURANCE PLAN

PARTICIPATION IN THE PLAN

- if you are a Regular Full-Time employee that is a Member of the International Union of Operating Engineers, Local 772, you are automatically covered
- participation is **compulsory**
- coverage is effective on the first day of your Regular Full-Time appointment

BENEFITS

During the first twenty-four (24) months of absence you are eligible for monthly benefits if you are unable to perform your own occupation. Beyond the twenty-four (24) months you continue to be eligible for benefits if you are not able to perform the duties of your own or any other occupation for which you are reasonably fitted by education, training or experience and which have salary rates equal to at least 75% of your indexed pre-disability monthly earnings.

A. TOTAL LOSS OF EARNINGS:

Following the fifteen (15) week qualification period as described above, if you are still unable to return to work as a result of an injury or illness, which commenced on or after July 1, 2002, you may qualify for a monthly benefit equal to 70% of your normal basic monthly compensation in effect immediately prior to the start of your sick leave.

Benefits are paid for as long as you are disabled and suffer a total loss of earnings, but cease whenever you recover or the end of the month you reach age 65, whichever occurs first.

B. PARTIAL LOSS OF EARNINGS:
"Partial Loss of Earnings" means a reduction in your normal basic compensation of more than 20% but not more than 79%.

Following the fifteen (15) week qualification period, a benefit may be paid under the terms of the contract, reduced to the extent necessary so that total monthly income received and monthly disability benefits do not exceed 100% of the indexed pre-disability monthly earnings.

LONG TERM DISABILITY EXCLUSIONS
This Plan does not provide for disabilities or claims resulting from:

- any period of disability which commences while you are not insured under the plan, or during which you are not under the regular care of a legally licensed physician
- the period during which you are on a leave of absence, including Pregnancy Leave of Absence. If you become disabled while on a leave of absence, the leave of absence will be deemed to end on the day before the date on which you are scheduled to return to work
- any period while you are either permanently or temporarily outside of Canada or the United States, unless on an approved leave of absence, as indicated under General Definitions. If you become disabled while outside of Canada or the United States, your disability will not be deemed to commence until the date on which you return to Canada or the United States
- refusal or failure to undergo medical, psychiatric or psychological treatment or participate in a rehabilitation program or substance abuse treatment program considered beneficial to you as recommended by the carrier and your physician
- any period that you are incarcerated in a mental institution, jail, prison or other correctional facility, by authority of law
- intentionally self-inflicted injuries while sane or any self-inflicted injuries while insane

INTEGRATION OF BENEFITS
Any benefits payable will be reduced by the amount you are entitled to receive from the following sources:

- Workplace Safety and Insurance Act or similar legislation
- contributor benefits under the disability provision of the Canada/Quebec Pension Plan (no reduction for dependent benefits)
- any group insurance plan or any retirement or pension plan which is provided by your employer

Once the above reduction has been made, if your monthly gross income from all sources listed below still exceeds the Integration Level of 85% of your indexed pre-disability monthly earnings (85% of your indexed net pre-disability monthly earnings if receiving benefits under the Workplace Safety and Insurance Act), the benefit will be reduced to the extent necessary so that the total monthly income from all these sources is equal to the Integration Level.

SOURCES SUBJECT TO INTEGRATION LEVEL

- disability benefits payable under this provision
- disability benefits payable under any Workplace Safety and Insurance Act
- any indemnity for loss of time payable under any Government Legislated No-Fault Automobile Insurance Plan, unless prohibited from doing so
- any indemnity for loss of time payable under an insured or uninsured plan covering you on a group basis
- any retirement or pension plan which is provided by your employer
- any continuation of salary from your employer
- damages for loss of income recovered from a third party and arising out of the same circumstances that caused your disability
- income from any employment, other than as described in the other sections of this provision.

COST OF LIVING ADJUSTMENT
The amount of monthly income benefit payable shall be adjusted on each January 1st following the date of commencement of payment of benefits by the lesser of 6% or the ratio that the Cost of Living Index for the current year bears to the Cost of Living Index for the preceding year.

If you have received benefits for less than one full year, the Cost of Living Adjustment will be pro-rated in proportion to the number of months for which benefits have been paid.

RECURRENT DISABILITY PROVISION
If benefit payments cease because you are no longer disabled and become disabled again within six (6) consecutive months due to the same or related cause or causes, you will immediately be eligible for re-instatement of your benefits without having to complete a new fifteen (15) week waiting period.

REHABILITATION BENEFITS
Provision is contained within this contract for payment of benefits during approved rehabilitative employment. Under the conditions outlined in the policy, it would allow you to engage in rehabilitative employment without endangering your claim status.

General Provisions

CONTINUANCE OF BENEFITS DURING DISABILITY
During any period of disability for which Total Loss of Earnings benefits are paid, your premiums to maintain your benefits are fully paid by the University other than the following benefits:

- Optional Life Insurance
- Dependent Life Insurance
- Voluntary Personal Accident Insurance

If you are a participant in the University Pension Plan during total disability, the University will continue to make contributions to the plan for both the University's and your share.

TERMINATION OF COVERAGE
Your insurance will terminate on the earlier of the following dates:

(1) the date you cease to be within the classes of persons eligible
(2) the date of termination of employment
(3) the date of your death
(4) on your Normal Retirement Date
(5) the date the Master Policy is discontinued

If your coverage is discontinued and at that time you are already receiving disability payments or have suffered a disability leading to a loss of earnings payments, your benefits will be continued in accordance with the terms of the policy regardless of the discontinuance of your coverage.

OTHER BENEFITS

Your overall total compensation package includes various other benefits which your Group Benefit Plans booklet does not outline. A few of these **"Other Benefits"**, while not all inclusive, include:

- Administrative Staff Pension Plan
- Vacation Entitlement
- Educational Assistance Program
- Pregnancy, Parental and Adoption Leave
- Pregnancy/Adoption Leave Top Up
  - Supplemental Employment Insurance Benefits (S.E.B.) Plan

For more information on "Other Benefits" please contact Human Resources or refer to your collective agreement.