

Manitoba Home Care  
Employee  
Benefits Program

*YOUR EMPLOYEE BENEFITS*

***JANUARY 2019***



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## A Message from the Home Care Benefits Program Board of Trustees

**The Manitoba Home Care Employees Benefit Program** helps you pay for some of your dental and vision expenses, and replaces some of your salary if you are hurt or sick and not able to work. It also pays a benefit to your beneficiary or estate if you die.

This booklet explains the benefits, the rules to find out your eligibility for benefits, and how to make a claim. We hope it helps you understand and appreciate the value of these benefits.

The costs and quality of service of your Program are managed & supervised by the Board of Trustees. The Regional Health Authorities and the Manitoba Government and General Employees' Union (MGEU) appoint the Manitoba Homecare Employees Benefits Plan Board. There are three (3) board members representing MGEU and three (3) board members representing the RHAs. An additional member who does not represent either the MGEU or the RHA's chairs the Board. The Board meets every three (3) months to discuss the operation of the Program and the Board sub-committees meet in between those meetings to address various issues.

Your Employer pays the cost of your benefits plan as required by your Collective Agreement. A Trust Fund has been set up to hold these Employer contributions, which are used to pay Great-West Life for benefits paid to you as well as administration costs incurred by the Board. As Trustees, we may decide to increase or reduce the Program benefits from time to time should the Employer contributions and/or the finances of the Plan be insufficient to pay current benefit costs. You would be notified in advance of any future benefit changes or reductions should this be required.

The booklet is a brief explanation of the Program's benefits. There are legal documents issued by Great-West Life that take priority over the information in the booklet if any disagreements should arise.

Your RHA Benefits / Payroll or HR Staff or your Resource Coordinator can help you with any questions or with making a claim.

\* \* \* \*

### **Benefit Service Provider**

The Great-West Life Assurance Company

### **Great-West Life Policy Numbers**

Dental, Vision Care & Weekly Sick Leave Plan 51504

Life Insurance Plan 156365

## Your Program Benefits - A Summary

The Program benefits are briefly explained below. Your Employer pays the cost of the benefits on your behalf. You must be eligible and qualify for benefits for your claim to be paid.

### Great-West Life - Dental Benefits

- You Are Paid
- 100% of the cost of Basic Services (Exams, cleanings, x-rays, etc.)
  - 50% of the cost of Major Services (Crowns, dentures, & repairs)
  - Up to \$1,100 per person each calendar year for Basic and Major dental expenses
  - 50% of the cost of Orthodontic Services for dependent children 6 to 18 years of age
  - Up to \$1,100 per dependent child for each complete course of Orthodontic treatment

**YOU PAY:** \$25 for you or your family each calendar year (This is called a “deductible”).

Payments are based on the charges listed in the current year Manitoba Dental Fee Guide.

### Great-West Life - Weekly Sick Leave Benefits

Each week you get paid: 66 2/3% of your average regular earnings over the previous 26 bi-weekly pay periods, or the average of all pay periods, if less than 26.

When? From the 1st calendar day for an accident, or  
From the 3rd calendar day for sickness

How Long? A total of 67 weeks from:

Weekly Sick Leave plan	3 weeks
EI Sickness benefits and Weekly Sick Leave plan	15 weeks
Weekly Sick Leave plan	49 weeks
<b>Total</b>	<b>67 weeks</b>

### Great-West Life - Life Insurance Benefits

A benefit of \$10,000 is payable to your beneficiary or estate if you die. Coverage continues until you reach age 70 as long as you remain eligible, or age 65 if you are disabled.

### Great-West Life – Vision Care Benefits

Vision Care coverage is available every other year for the previous calendar year subject to the following

- You must have been “in benefits” for a minimum of nine months in the previous calendar year
- Coverage is only for you and is not transferable to spouse or dependents.
- Coverage is for a maximum of \$200 every other year to reimburse for vision care expenses incurred in the year immediately preceding the year in which the claim is submitted.
- You must attach the original or copies of your vision care receipts (eye exam, glasses, contact lenses) from the previous calendar year as referenced above, to the claim form when it is submitted to Great West Life

## Things You Should Know About the Program

### To start getting benefits from the Program, you must be eligible. This means you must:

1. Be a Home Care Attendant, a Home Support Worker, a Rehabilitation Assistant, an Integrated Support Worker or a Mental Health Proctor (i.e. you are in a classification covered by Section II of your MGEU Community Collective Agreement)
2. Send a completed enrolment form, if applicable, to the RHA Benefits / Payroll Office (you should have received an enrolment form from the Recruitment Officer or Resource Coordinator when you were hired), *and*
3. Work enough “eligible hours” so that benefits can start. Eligible hours must be worked and reported over **at least** three consecutive months, but over **no more** than six consecutive months. Two hundred & forty (240) hours must be deposited into the hour bank before benefits can start.

“Eligible hours” include only the paid straight time hours you work and paid vacation hours. Overtime hours, and more than eight hours a day for a live-in or an overnight shift are not included.

Each month, your eligible hours are reported by your payroll department for deposit into an *hour bank*. The *hour bank* works like a bank account - each eligible hour is deposited and then 80 hours are withdrawn each month so that you can have benefits.

### Your benefits start . . .

You must have 240 hours in your hour bank and then on the first day of the second month after that you would become eligible for benefits. For example, if the balance is at least 240 hours by the end of April, your benefits will start on June 1.

### To keep getting benefits from the Program, you must stay eligible. This means you must:

1. Keep working as a Home Care Attendant, a Home Support Worker, a Rehabilitation Assistant, an Integrated Support Worker or a Mental Health Proctor.
2. Work enough eligible hours so that your benefits continue. Each month, the eligible hours reported for you will be deposited into your hour bank. Then, 80 hours will be withdrawn.

#### **EXAMPLE**

MONTH	Opening	Hours Worked	Sub-Total Hours	Benefit Hours Deducted	Ending Balance
July	0	80	80	0	80
August	80	80	160	0	160
September	160	80	240	- 80	160
October	160	80	240	- 80	160
November	160	80	240	- 80	160
December	160	80	240	- 80	160

Once a Member has reached 240 hours in their Hour Bank, 80 hours are withdrawn each month for benefit coverage.

*If the hours worked are lower than the above illustration, then it will take a longer period of time for the Member to become “in benefit”, but the hours must be worked and reported over no more than six consecutive months.*

3. You must always have a balance in your hour bank of **at least 80 hours** each month so that benefits can continue.

**EXAMPLE**

MONTH	Opening	Hours Worked	Sub-Total Hours	Benefit Hours Deducted	Ending Balance
January	160	70	230	- 80	150
February	150	10	160	- 80	80
March	80	10	90	- 80	10
April	10	80	90	- 80	10
May	10	40	50	0	50
June	50	0	50	0	50
July	50	80	130	- 80	50

*Although a Member is still working, if a Member's hours worked drops below 80 hours, the member would be considered out of benefits (i.e. for the months of May and June). In July, the Member has enough hours for coverage again.*

4. If you fall out of benefit for more than five (5) consecutive months, you will need to accumulate 240 hours all over again to reestablish benefit eligibility.

**EXAMPLE**

MONTH	Opening	Hours Worked	Sub-Total Hours	Benefit Hours Deducted	Ending Balance
October	160	70	230	- 80	150
November	150	10	160	- 80	80
December	80	10	90	- 80	10
January	10	10	20	0	20
February	20	10	30	0	30
March	30	0	30	0	30
April	30	0	30	0	30
May	30	10	40	0	40
June	40	20	60	0	60

*In this example, the Member is out of benefits from January on. Because they are out of benefits for 5 consecutive months, the Member will need re-accumulate 240 hours in their Hour Bank before they will be eligible for benefits again.*

**What would make my benefits stop?**

If you are no longer eligible, benefits will stop. This means that you:

1. No longer work as a Home Care Attendant, a Home Support Worker, a Rehabilitation Assistant, an Integrated Support Worker or a Mental Health Proctor. Benefits stop on the last day of the month you no longer work, or
2. Do not have enough hours to withdraw from your hour bank. Benefits stop on the last day of the month following the month you do not have enough hours (if your hour bank balance falls below 80 hours in April, your benefits end on May 31).

**What happens to my benefits if I am unable to work?**

If you are unable to work, and you are getting benefits from:

This program’s Weekly Sick Leave plan	Maximum 67 weeks
Employment Insurance (EI) sickness benefits	Maximum 15 weeks
EI Compassionate Care	Maximum of 26 weeks
EI Maternity Leave	Maximum of 17 weeks
EI Parental Leave	Maximum of 63 weeks
EI Family Caregiver for Children	Maximum of 37 weeks
EI Family Caregiver for Adults	Maximum of 17 weeks
Unpaid Leave related to the death of a child as a result of crime	Maximum of 104 weeks
Unpaid leave related to the disappearance of a child as a result of crime	Maximum of 52 weeks
Domestic Violence Leave	Maximum of 17 weeks

- Or the provincial government’s automobile insurance plan (i.e. MPI),

complete and send the Hour Bank Freeze Form to the RHA Benefits / Payroll Office (an employee’s hour bank is frozen if an employee is unable to work for 14 days or more in one month due to illness or injury).

After your Hour Bank Freeze Form is received, your hour bank will be frozen - no more hours will be deducted for the applicable maximum as indicated above while you are unable to work.

**Note: When an employee is on a gradual return to work program, their hour bank remains frozen as long as they continue to have an open claim with a third party (i.e. weekly sick leave plan, WCB or MPI). Once the open claim is closed, the hour bank is no longer frozen.**

**What if . . .**

You change your marital status, you move, add or delete a dependent, or want to report a change to your name? Mail a completed Great-West Life Group Coverage Change Form to the RHA Benefits / Payroll Office. Forms are available from that Office or your Resource Coordinator.

**I did not receive a card when I became eligible for Great-West Life benefits, what are my Great-West Life Plan Number and Identification (ID) Number?**

You will not receive a Great-West Life card.

Your Great-West Life Plan Number is 51504 and your ID Number is your Employee Number.

**How much is deducted for my benefits?**

There is no cost to the employee for Great-West Life Weekly Sick Leave, Vision Care and Life Insurance. (See page 8 for the deduction when you make a Dental claim).

**I work more than 80 hours a month, why does my hour bank stay at 480 hours?**

480 hours is the maximum number of hours that you can accumulate in your hour bank.

**How many hours do I have in my hour bank?**

The bottom of your pay stub may indicate the Benefit Hour Bank and when you become eligible for benefits. Alternatively, you may receive a letter from the RHA Benefits / Payroll Office. You may call your Resource Coordinator or the RHA Benefits / Payroll Office for your banked hours.

**What happens when I terminate my employment?**

Benefit coverage stops at the end of the month in which your employment ends.

**Where can I get a benefit booklet?**

You can obtain a Home Care Benefit booklet from your Resource Coordinator or call the RHA Benefits / Payroll Office or through the Manitoba Government and General Employees Union web site <http://www.mgeu.ca>

**Benefits Administration**

You will get a letter from the RHA Benefits / Payroll Office telling you when your benefits start, and if they stop. You can phone that Office if you have any questions, or need more information.

## Great-West Life - Dental Benefits

You and your eligible dependent family members have dental benefits when you are eligible under the Program. You can visit any licensed dentist you wish for service.

Your eligible dependent family members include:

1. your spouse - legal or common law, or
2. your unmarried children who are:
  - under age 21\*, or
  - under age 25 if they are full-time students, or
  - incapable of supporting themselves because of an impairment in physical or mental function that began before the age of 21, or age 25 if a full-time student.

*\*Children under age 21 do not get dental benefits if they are working more than 30 hours a week (unless they are full-time students.)*

### How much of my dental expenses do I get back?

The Program pays a part of your dental expenses depending upon what kind of dental service you have – Basic, Major or Orthodontic services. The amount paid is based on the charge shown in the Manitoba Dental Association Fee Guide, or what your dentist charges, if less.

The Program pays as follows:

- 100 % of the charge for eligible Basic services, and
- 50% of the charge for eligible Major services, and
- 50% of the charge for eligible Orthodontic services.

For example, you go to the dentist for eligible Basic services like a cleaning, check up and an x-ray. The dentist's bill comes to \$120. After you send a claim form to Great-West Life, you will get a cheque back for \$120.

See How to Make a Claim for Benefits on page 16 for more information.

### How much can I get back each year?

The maximum amount you will get back each year for Basic and Major services is \$1,100 per person.

The maximum amount you will get back for Orthodontic services is \$1,100 per dependent child for each complete course of treatment.

### How much do I have to pay?

Twenty-five dollars (\$25) is deducted from the first claim you or your eligible family members make every calendar year. For example, if your first claim is for \$120, you will get back \$95 ( $\$120 \times 100\% - \$25 = \$95$ .)

You also have to pay the cost for any dental expense not paid by the Program.

### What if our family has two dental plans?

The amount you get back from this Program for dental expenses may be reduced if you are covered by *another dental plan*. This is done so that no more than 100% of the cost of eligible dental expenses is paid from both dental benefit plans.

### What if my benefits stop during dental treatments?

Benefits will continue for another 31 days if:

1. Great-West Life has already approved a treatment plan for dentures, crowns, bridgework, or endodontic treatments, and
2. Your treatments started *before* the RHA Benefits / Payroll Office tells you that your benefits will stop.

### **What can I use as a deduction on my Income Tax return?**

You can use the amount you paid to your dentist that was *not paid* by the Program as a medical expense deduction.

### **When does the calendar year begin and end?**

The calendar year begins January 1<sup>st</sup> and ends December 31<sup>st</sup>.

### **Why should I let Great-West Life know about large dental expenses in advance?**

If you would like to know what a large amount of dental work would cost you before it is done, you may:

1. Ask your dentist to complete the claim form before any dental work is started, and
2. Mail the form to Great-West Life at the address shown on the form.

The claim form, showing the amount the Program will pay, will be returned to your dentist with a copy for you. This way, you will understand how much is paid by the Program and how much you will have to pay before your dentist completes the work.

### **Eligible Dental Benefits**

Here is a list of the dental benefits covered under the Program. If you have questions, please call the RHA Benefits / Payroll Office, or ask your dentist.

#### **BASIC DENTAL SERVICES AND SUPPLIES**

- ⇒ Oral examinations, teeth cleaning, bite wing x-rays and topical applications of fluoride solutions twice in any calendar year, but not more than once in any five-month period.
- ⇒ Full mouth series of x-rays, once every 24 months.
- ⇒ Extraction and alveolectomy at the time of tooth extraction.
- ⇒ Non Bonded Amalgam, silicate, acrylic and composite fillings.
- ⇒ Dental surgery.
- ⇒ Necessary treatment for relief of dental pain.
- ⇒ General anesthesia and diagnostic x-rays and laboratory procedures required in relation to dental surgery.
- ⇒ The cost of medication and its administration when provided by injection in the dentist's office.
- ⇒ Endodontic and periodontal treatments.
- ⇒ Space maintainers for missing primary teeth, and habit-breaking appliances.
- ⇒ Consultations required by the attending dentist.
- ⇒ Denture relines and rebases.
- ⇒ Stainless steel crowns.

#### **MAJOR DENTAL SERVICES AND SUPPLIES**

- ⇒ Provision of crowns.
- ⇒ Provision of an initial prosthodontic appliance (e.g. fixed bridge restoration, removable partial or complete dentures) if the appliance was required because at least one additional natural tooth was extracted after the date the person became covered for Major Dental expenses.
- ⇒ Replacement of an existing prosthodontic appliance if the replacement appliance:
  - is required because at least one additional natural tooth was necessarily extracted after the date the person first became covered for major dental expenses, and the existing appliance could not have been made serviceable,

- replaces an existing appliance which is at least five years old and cannot be made serviceable,
  - replaces an existing appliance which was temporarily installed after the date the person first became covered for major dental expenses,
  - is required as the result of the installation of an initial opposing denture after the date the person became covered for major dental expenses,
  - is required as the result of accidental dental injury, which occurs after the date the person, became covered for major dental expenses.
- ⇒ Repairs and adjustments to existing bridges and dentures.
- ⇒ Procedures involving the use of gold if such treatment could not have been rendered at a lower cost by means of a reasonable substitute. If there was a reasonable substitute, only the expense that would have been incurred for that treatment is covered.

#### ORTHODONTIC DENTAL SERVICES AND SUPPLIES

- ⇒ Diagnostic services including examinations, x-rays, and diagnostic casts
- ⇒ Fixed and removable appliances for orthodontic treatment including related charges for observations, adjustments, repairs, alterations, removal, and retention.
- ⇒ No benefits will be paid for expenses covered under another group plan's extension of benefits.

#### **What Dental Services are not covered?**

The following dental services and supplies are not covered for payment:

- ⇒ Services received during any month in which you are not eligible for benefits.
- ⇒ Bonded amalgam
- ⇒ Cosmetic treatment.
- ⇒ Charges made by a dentist for broken appointments or for completion of claim forms.
- ⇒ Services and supplies rendered for oral hygiene instruction or plaque control or for dietary planning.
- ⇒ Dental treatment which is not approved by the Canadian Dental Association or which is clearly experimental in nature.
- ⇒ Dentures, which have been lost, mislaid or stolen.
- ⇒ Services or supplies rendered for facings on crowns or pontics posterior to the second bicuspid.
- ⇒ Services and supplies rendered for a full mouth reconstruction, for a vertical dimension correction or for correction of a temporo-mandibular joint dysfunction.
- ⇒ Services and supplies rendered for the correction of any congenital or developmental malformation, which is not a Class I, Class II or Class III malocclusion.
- ⇒ Expenses incurred as a result of accidental injury to natural teeth for treatment completed more than 12 months after the accident, and
- ⇒ Any service or supply not listed under Eligible Dental Benefits.

***For inquiries regarding Dental Claims, phone: Great-West Life toll free 1-800-957-9777, you will need to quote your Plan Number 51504 and your Employee Number (ID #)***

## Great-West Life - Weekly Sick Leave Benefits

Weekly Sick Leave benefits are paid if you are:

- eligible under the Program,
- away from work and can't do your regular job,
- under the care of a licensed doctor, and
- Great-West Life approves your claim form.

See How to Make a Claim for Benefits on page 16 for more information about making a claim for sick leave benefits.

### Who pays my sick leave benefits and for how long?

WHO PAYS?	HOW LONG?
Great-West Life Sick Leave Benefits	First 3 weeks
Employment Insurance (EI) Sickness Benefits and GWL Sick Leave Benefits *	Up to the next 15 weeks
Great-West Life Sick Leave Benefits	Up to the next 49 weeks

\* *Benefits paid by EI Sickness Benefits will be “topped-up” by Great-West Life Weekly Sick Leave benefits. The “top-up” is called a Supplemental Unemployment Benefit (SUB).*

*You get the Employment Insurance (EI) sickness benefits only if you apply and are approved for them. The SUB “top-up” is paid only if EI Sickness Benefits are paid. **Do not report the SUB top-up as part of your income to EI.***

*The benefit level paid under the SUB Plan is set at the difference between 66 2/3% of the employee’s “average regular earnings” and the amount paid by Employment Insurance.*

*In any week, the total amount of the SUB payments and the weekly rate of EI sickness benefits will not exceed 66.23% of the employee’s average weekly earnings.*

*The SUB benefit will be paid for a maximum of 15 weeks, corresponding to the period over which EI sickness benefits are paid. The Manitoba Home Care Employees Weekly Sick Leave Plan pays benefits before and after the EI sickness benefit period*

### When do benefits start?

Benefits start on:

- the first day you're away from work because of an accident, or
- the third day you're away from work because you are sick,
- but in no event prior to the day the employee is treated by a physician or surgeon.

### How much do I get?

You get an amount equal to 66 2/3% of your average regular earnings over the previous 26 consecutive bi-weekly pay periods (i.e. the 26 consecutive pay periods that occurred just prior to the disability claim), or average of all pay periods if less than 26.

For example, if you earned \$10,000 over the previous 26 consecutive pay periods, you get \$128.19 per week (\$10,000 x 66 2/3% ÷ 52 weeks.)

**NOTE:** Vacation taken as time off with pay is included as part of the regular earnings; vacation payouts are not included in the regular earnings.

### **Who pays the benefit?**

For the first 3 weeks and for the 19<sup>th</sup> to 67<sup>th</sup> weeks that you are away from work, Great-West Life pays the benefit.

For each week that you are approved for EI sickness benefits, (the 4<sup>th</sup> to 18<sup>th</sup> weeks that you are away from work), you'll be paid the maximum amount stated under the Employment Insurance Act at that time, plus the SUB "top-up". This ensures that you are eligible for the same level of income through the entire time that you qualify for benefits. Send all EI stubs or EI print-outs, including detailed CPP retirement income information if applicable, showing your first payment from EI to the last payment, including your EI weekly benefit amount to Great-West Life to ensure you receive the top-up.

### **What if I get disability payments from another source?**

The amount you get from Workers' Compensation or a provincial government automobile insurance plan is deducted from the amount you get from Great-West Life for sick leave benefits. When applying for Workers' Compensation (WC) or Manitoba Public Insurance (MPI), complete the Great-West Life Sick Leave Form and forward it to Great-West Life. Great-West Life will pay benefits during the waiting period. If WC or MPI terminates your claim, you may be eligible to continue benefits with Great-West Life and Employment Insurance. The time period you were collecting WC or MPI will be considered part of the 67 week Sick Leave Benefit. Great-West Life may reject your claim if they did not receive your Great-West Life Sick Leave Form when you started benefits with WC or MPI.

### **What if I am placed on modified duties by my doctor while receiving Great-West Life Weekly Sick Benefits?**

The GWL Weekly Sick Benefit/Rehabilitation Plan will be reduced by income received. The GWL Rehabilitation Plan will not extend past the entitled GWL Weekly Sick Benefit (see page 11 – period of sick benefits). Employees receiving Employment Insurance, Workers' Compensation and MPI will not be entitled to the Great-West Life Rehabilitation Plan.

### **What if I am away sick during the period when I receive Vacation Pay?**

Great-West Life will **NOT** reduce any Weekly Income Benefits while in receipt of Vacation Pay.

Employment Insurance (EI) **WILL** reduce Weekly Income Benefits while in receipt of Vacation Pay. You must notify your Resource Coordinator as soon as possible with a minimum of 7 to 10 days prior to the Vacation Pay Date to stop any potential Vacation Payout.

### **Do I pay income tax when I get sick leave benefits?**

Yes. The right amount of income tax is deducted from your sick leave benefits cheque before it is paid to you.

### **When would benefits not be paid?**

Benefits are not paid if:

- ⇒ You are **NOT** under the continuous care of a licensed doctor.
- ⇒ Your injuries are self-inflicted or result from a participation in a riot, war or disorderly conduct, or are associated with cosmetic treatments.
- ⇒ Injury or illness caused while committing a criminal offense.
- ⇒ You are on a leave of absence.
- ⇒ You engage in an occupation or employment for wages or profit.

- ⇒ You are serving a prison sentence.
- ⇒ You fail to participate or cooperate in a vocational rehabilitation assessment.
- ⇒ You are on a scheduled lay-off unless you became disabled:
  - before notice of lay-off is given, or
  - more than two months before the lay-off is scheduled to begin, whether or not notice of lay-off has been given.

***For inquiries regarding your Sick Leave Claim, you may phone Great-West Life at 1-800-665-8622 and quote your Plan Number 51504 and Employee Number (ID #).***

***You may fax the Sick Leave Claim form to Great-West Life at 1-844-292-1931 and must mail the original.***

***To reach Employment Insurance: phone 1-800-206-7218 or to apply online:***  
<http://www.servicecanada.gc.ca/en/home.shtml>

***If you feel that you may have a prolonged absence from work due to a severe illness or disability, you may phone CPP Disability at 1-800-277-9914 and inquire about long-term disability benefits.***

## Great-West Life – Life Insurance Benefit

Once you become eligible for the Dental and Weekly Sick Leave benefits, you will remain eligible for Life Insurance until your employment terminates or you reach age 70, or age 65 if you are disabled. You will receive an Application for Group Coverage (Life Insurance) once you become eligible for Benefits; send the completed form to the RHA Benefits / Payroll Office.

See How to Make a Claim for Benefits on page 16 for more information.

### When is the benefit paid?

A \$10,000 lump sum benefit is paid following your death from any cause.

### Who receives the benefit?

On your Application for Group Coverage form, you may designate a beneficiary for the lump sum benefit. If the beneficiary is under 18 years old, you must complete a Trustee Appointment form, the RHA Benefits / Payroll Office will provide you with this form. If you do not designate a beneficiary, the benefit will be payable to your estate and subject to probate.

### Is the benefit taxable?

No, the entire benefit is non-taxable.

### How long am I covered if I am disabled?

If you become disabled, coverage may continue until you reach age 65. You will be considered disabled if you are receiving disability benefits from any of the following:

- this Program's Weekly Sick Leave benefits,
- Employment Insurance (EI) sickness benefits,
- Canada Pension Plan (CPP), or
- Workers' Compensation

### Can I continue my coverage when my eligibility terminates?

Yes, if your eligibility terminates or the Life Insurance Plan terminates while you are under age 70, you have a 31-day opportunity to continue your coverage by converting your life insurance coverage to an individual insurance policy. Your coverage is guaranteed to continue without the need to be approved for medical evidence of insurability if your completed application for the individual policy and the first premium in full is received by Great West Life or Freedom 55 Financial within 31 days after the group insurance terminates. (Ellement can assist you with this process)

You will deal with Great-West Life on your own and submit premiums directly. The cost of converted coverage can be quite high.

The RHA Benefits / Payroll Office will have the application forms you need in order to apply to Great-West Life.

## Great West Life - Vision Care Benefit

Vision Care benefits are paid if:

- You are still an active employee of the RHA,
- You were “in benefits” for 9 or more months of the previous calendar year,
- The vision care costs are for you personally and not for a spouse or a dependent,
- You have your original vision care receipts (eye exam, glasses, contact lenses) and you have attached them to the claim form when it is submitted, and
- You incurred the vision care expense in the previous calendar year
- Great-West Life approves your claim form.

See How to Make a Claim for Vision Care Benefits on page 17 for more information about making a claim for vision care expenses.

### How much will I receive for reimbursement?

Your vision care benefit is for a maximum of \$200 every other year.

### What vision care expenses are covered?

Eye exams, eye glasses and contact lenses are covered.

**NOTE:** Laser eye surgery is **not** covered

### Do I have to pay for my vision care at the time of receiving the service?

Yes, you need to pay for vision care services at the time you receive service.

In the following calendar year, if you meet the eligibility requirements as listed above, you can submit your receipts for the vision care expenses you incurred in the previous calendar year for reimbursement in accordance with the benefit provided.

If you submit your vision care expenses prior to the year in which you are eligible to claim them, Great West Life will retain that claim and process it in the applicable calendar year.

### Can I submit my spouse or my child’s vision care expenses if I do not have any expenses?

No you cannot. The vision care benefit is specific to the employee only and claims for your spouse or child will not be approved under the benefit plan.

## How to Make a Claim for Benefits

### DENTAL BENEFITS

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1. Get a Great-West Life dental claim form from your Resource Coordinator, or the RHA Benefits / Payroll Office.
2. Complete the Employee Section and ask your dentist to complete the rest of the form.
3. Mail the form to Great-West Life: PO Box 3050, Winnipeg, MB R3C 0E6

### WEEKLY SICK LEAVE BENEFITS

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1. Get a Great-West Life sick leave claim form **AND** a Record of Employment from your Resource Coordinator.
2. Complete the *Employee's Statement* of the sick leave claim form. Your Resource Coordinator and Payroll will complete the *Employer's Statement* and forward to Great-West Life.
3. Ask your doctor to fill out the *Attending Physician's Statement* and **MAIL original** together with the *Employee's Statement* to Great-West Life, Box 1055, 100 Osborne Street North, Winnipeg MB R3C 2X4 or fax Great-West Life at **1-844-292-1931**.

**DO NOT DROP OFF FORM** – The Claims Centre is not located at 100 Osborne Street

4. Make a photocopy of the completed claim form.
5. **Send your application form for EI sickness benefits right away.** Send the application form with the photocopy of the *Physician's Statement*, and record of employment to the nearest Canada Employment Centre. If you do not have your record of employment, send the EI application form with the photocopy of the *Physician's Statement* first, and then send the record of employment as soon as you receive it.
6. Send a photocopy of every EI sickness benefits cheque stub or EI printout, including detailed CPP retirement income information if applicable to Great-West Life in order to receive your Supplemental Unemployment Benefit (SUB) "top-up". The SUB cannot be paid unless there is proof that you have applied for and are in receipt of EI sickness benefits.
7. Great-West Life will ask you to provide additional medical information before EI sick benefits end.

### LIFE INSURANCE BENEFIT

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1. The RHA Benefits / Payroll Office will send a Group Life Claim Report to the designated beneficiary or the trustee, or the estate's legal representative if there is no beneficiary.
2. Complete the *Claimant's Statement* of the Group Life Claim Report.

3. Enclose a photocopy of the *Official Death Certificate* or *Attending Physician's Certificate (M63)* or *Funeral Director's Statement of Death* and return together with the completed Group Life Claim Report to the RHA Benefits / Payroll Office.

#### **VISION CARE BENEFIT**

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1. Get a Great-West Life vision care claim form from your RHA Benefits / Payroll Office or your Resource Coordinator.
2. Complete the Vision Care Form and attach the original vision care expense receipts or copies of them for the previous calendar year.
3. Mail the form to Great-West Life: PO Box 3050, Winnipeg, MB R3C 0E6