



# **Welcome to First West's Traditional Union Benefits Plan**

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# Summary

# Your Benefits

Every eligible employee at First West Credit Union gets more than a paycheque. In addition to money, you receive benefits. Your benefits include life, accident and disability insurance, medical and dental coverage, and vacation. This is all part of your total compensation.

## Enrolment

To enroll in the First West Credit Union Traditional Union Benefit program at the time of eligibility, you must complete the applicable enrolment forms and keep the information updated regarding the status of your dependents and selected beneficiary(ies). (Newborns, or other newly acquired dependents, must be enrolled within 60 days of dependency.)

### Eligibility

You and your dependents may participate in the benefits program if you are residents of Canada and meet the eligibility requirements.

### Employees

To be eligible for benefits under the Traditional Union Benefits Plan you must work an **AVERAGE** of 15 hours per week.

### Dependents

Eligible dependents include your spouse and dependent children. For all benefits in this booklet (other than provincial medical plan),

**Spouse** is defined as a person who is:

- legally married to you, or
- living with you for at least one year, and publicly represented as your husband or wife (this may include a same sex partner).
- Benefit coverage is available to only one spouse at any one time. The same person must be listed as your spouse for all benefits.

**Child** is defined as a natural child of you or your spouse, a stepchild, adopted child or foster child who is unmarried, dependent on and living with you or your spouse and:

- under 19 years of age, or
- a full-time dependent student, under age 25.

Coverage may continue beyond these years if your child becomes disabled while they are insured.

For the provincial medical plan, the definition of dependent matches the provincial definition. A spouse is a resident who is either married to or is living and cohabiting in a marriage-like relationship with the applicant and may be of the same gender as the applicant. A child is the legal ward or child of the applicant, is supported by the applicant, is neither married nor living and cohabiting in a marriage-like relationship, and is either age 18 or younger or age 19 to 24 and attending school or university full-time.

# Effective Dates

For newly hired eligible employees, your coverage under the First West Credit Union benefit program becomes effective on the first day of the month following start date. For current employees newly eligible for benefits, your effective date is the date you became eligible.

If you are away from work because of sickness or injury on the day your coverage is due to become effective, your coverage will be delayed until you return to work for one full day. If your dependents (other than a newborn child) are in hospital on the day their coverage is due to become effective, they will not be covered until after discharge from hospital.

New residents or persons re-establishing residence in British Columbia are eligible for Provincial Medical Plan benefits after completion of a waiting period that consists of the balance of the month of arrival plus two months.

**Coverage for your eligible  
dependents enrolled under  
the plans begins the same  
day as yours.**

# Benefits Summary

## Changes

You can change your optional life insurance coverage at any time. A health questionnaire may be required if you increase your coverage.

## Plan Sponsor

The First West Credit Union program is administered by the Board of Trustees of the BC Credit Union Employees' Benefits Trust Fund. The Board of Trustees is comprised of twelve representatives from credit unions and co-operatives around B.C.

### Extended Health Care

You already receive a basic level of coverage through your provincial medical plan. Our extended health care plan is designed to provide you and your family with additional health care protection over and above that provided by your provincial medical plan. The plan reimburses 100% of eligible expenses after the deductible, up to a maximum of \$1,000,000 per lifetime. In addition, the plan provides for reimbursement of 100% of emergency out-of-country expenses, up to a maximum of \$5,000,000 per claim. The deductible for extended health care is \$25 per single or family per calendar year. Reimbursement for Vision Care is included for up to \$350 per person per 12 month period.

### Dental

There is no deductible for dental care. The insurance coverage is based on the insurance company's fee schedule and provides for reimbursement of eligible expenses at the following levels:

- basic treatment - 75% of eligible expenses
- major restorative treatment - 75% of eligible expenses
- orthodontic treatment - 50% of eligible expenses up to \$2,000 per person for life
- *Important: New employees must be covered under the benefit plan for 12 months to be eligible for orthodontic coverage.*

### Basic Life Insurance

Life insurance provides financial protection for survivors in the event of your death. You are insured for 3 times your annual earnings to a maximum benefit of \$1,200,000 if you are under age 65, and 1.5 times your annual salary if you are age 65 and over

### Accidental Death and Dismemberment (AD&D)

If you die or are severely injured in an accident, your AD&D will pay a benefit to you (in the case of injury) or your beneficiary (in the case of your death). You are insured for 2 times your annual salary, up to \$800,000.

### Optional Life Insurance

The amount of Life Insurance you choose depends on your personal situation. You can purchase up to an additional \$500,000 of coverage for yourself and \$500,000 for your spouse.

## Service Providers

The Trustees select insurance companies that provide the best coverage at the most reasonable cost. The Trustees also use benefit consultants, actuaries and legal advisors to provide advice on plan details and costs.

Plan	Service Provider	Policy #
Extended Health Care	Green Shield	Not Required
Dental	Green Shield	Not Required
Life Insurance	Great-West Life	158692
Optional Life Insurance	Great-West Life	158693
AD&D	The Co-operators	G-2010-002
Short Term Disability	Desjardins	647210
Long Term Disability	Desjardins	647210
Employee and Family Assistance	Shepell	Not Required

### Short Term Disability (STD)

If you become sick or injured, and are not able to return to work for a period of time, your disability plan provides income protection after fourteen days of disability. Short Term Disability pays 60% of your regular earnings for up to 15 weeks of disability. The maximum weekly benefit is \$3,462. This benefit is taxable when received. Coverage terminates at age 65.

Further information on the Long-term disability plan can be found on the Hub under Employee Essentials, Health benefits, leaves and retirement/ Leaves/ Policy 647210 – STD LTD Desjardins employee booklet – Traditional Union Benefits Plan

### Long Term Disability (LTD)

If you continue to be disabled after 17 weeks of Short Term Disability, the Long Term Disability plan will pay 60% of your regular monthly earnings to a maximum of \$15,000 per month. This benefit is taxable when received. Coverage terminates at age 65

Further information on the Long-term disability plan can be found on the Hub under Employee Essentials, Health benefits, leaves and retirement/ Leaves/ Policy 647210 – STD LTD Desjardins employee booklet – Traditional Union Benefits Plan

### Employee and Family Assistance Program (EFAP) ([www.worklifehealth.com](http://www.worklifehealth.com))

The Employee and Family Assistance Program (EFAP) is a confidential short term counselling session for you and your eligible dependents. The service can assist with all issues, ranging from stress to chemical dependence and abuse. The plan may limit counselling to twelve sessions if the counsellor determines that the issues are of a long-standing or chronic nature. Should specialized or long-term follow up assistance be required, the counsellor will make a referral to appropriate professionals and agencies within the community.

The plan also provides a number of Work/Life programs:

- Childcare and eldercare resources and referral program.
- Financial counselling such as credit/debt management, savings plans, insurance plans, bankruptcy.
- 24 hour access to a registered nurse for non-urgent physical symptoms and concerns.
- Home care assessment and access to quick response services.
- Professional nutrition counseling by registered dietitians.
- Internet based online information and education service.

**While every effort has been made to provide you with information that is easy to understand, not all details are included. The legal documents will govern in all cases, and may be reviewed upon request. Errors & Omissions Excluded. If you have any questions regarding your benefits program, please contact the Credit Union Member Services Centre at 1-844-451-9698.**



# **Extended Health**

# Extended Health

## Provincial Medical Plan

The employee monthly cost for Group MSP coverage is \$15.00 (single),

\$20.00 (couple), \$25.00 (family) and

First West pays the remainder. The provincial plan typically covers most

doctor's fees, the cost of

comprehensive hospital care at

standard ward levels, and other

qualifying expenses, such as:

- Doctor's charges for office, home and hospital calls
- Consultations
- Laboratory exams
- X-rays
- Diagnostic and therapeutic treatment
- In-hospital nursing care
- Drugs administered in a hospital
- Operating rooms
- Surgical procedures
- Anesthetic expenses (administered in a hospital)

Your extended health care plan is designed to supplement your provincial medical plan. Together, the two plans are intended to cover most of the medical and hospital expenses incurred by you and your family.

### How Does the Plan Work?

Visits to most doctors are covered under the provincial medical plans, and you will not be charged. You may wish to check with your doctor or specialist first prior to incurring costs.

If your doctor prescribes medication, your pharmacist will be able to tell you if your prescription is covered under the extended health care plan by means of a computer link to Green Shield. Your pay direct drug card can be used for eligible drugs covered under the drug plan (refer to the Conditional Drug Plan section). You will be able to send in claims electronically through your pharmacist.

The First West Credit Union extended health care (EHC) plan covers the cost of going to many health care specialists including naturopaths, chiropractors and physiotherapists, subject to limits. And, if you are traveling out of the province, the plan will also cover emergency medical services and supplies.

### Who Pays?

First West Credit Union pays 100% of the premium for the EHC plan. The plan provides 100% reimbursement of covered expenses, up to a maximum of \$1,000,000 per lifetime. The plan also provides for reimbursement of 100% of **emergency** out-of-country expenses, up to a maximum of \$5,000,000 per claim. You pay an annual deductible, which is \$25 per person or family.

### Enrolment

After completing the eligibility requirements (as shown in the Summary of Benefits section) you should have filled out your enrolment form and listed the dependents you wanted covered. Check the Summary of Benefits section for dependent eligibility. To make future changes you will be required to fill out a new enrolment form.

## Compound Drugs

Green Shield's policy on compound drugs ensure that compounds are paid only if:

- the compound contains an eligible Drug Identification Number (DIN) under the drug plan,
- the compound utilizes an eligible base, and
- there is sufficient therapeutic dose.

Employees should contact Green Shield directly if they have any questions regarding this policy.

# Extended Health Care

The First West Credit Union extended health care plan provides coverage for medically necessary expenses beyond the amounts covered by your provincial plan. If you have any questions about your coverage please call the Green Shield Customer Service Line: 1-888-711-1119 or visit [www.greenshield.ca](http://www.greenshield.ca)

## Hospital Expenses

- Extra charges for a private or semi-private room in an acute care hospital

## Medical Expenses

- Prescription drugs (fertility drugs limit \$5,000 per lifetime)
- Emergency ambulance services
- Oxygen, blood or plasma, artificial limbs and eyes, crutches, splints, casts, trusses, braces (braces or orthotic devices used for athletic activities are not covered)
- Hearing aids - \$500 maximum per 5 year period
- Wigs and hairpieces required because of injury or medical treatment - maximum \$500 per lifetime
- Orthopedic shoes - one pair per person lifetime maximum
- Orthotic devices - 1 pair per person every 12 months (orthotic devices use for athletics are not covered)
- Rental or purchase (where more economical) of durable equipment for therapeutic treatment, including standard wheelchairs and hospital beds (major expenses should be approved before purchase)
- Professional services of the following practitioners are covered at 100% from the first visit up to the specified maximums (x-rays, appliances and tray fees are not covered):
  - Chiropractor - up to \$200 per person / year
  - Naturopath - up to \$200 per person / year
    - Remedies prescribed by a Naturopath are not covered
  - Physiotherapist and massage practitioner - no annual limit - for massage therapy a physician's referral is required
  - Podiatrist - up to \$200 per person / year
  - Speech language pathologist - up to \$100 per person / year
  - Acupuncture treatments provided in BC by a licensed acupuncturist (including x-rays) - up to \$100 per person / year
  - Services of a registered psychologist and/or Clinical Counselor - up to \$200 per person / year
- **Reimbursement for paramedical practitioner expenses will be based on usual and customary amounts.**
- Insulin pump and supplies
  - Medical condition must be Type 1 Diabetes
  - Insulin infusion pump is paid at "usual and customary" charges - the current maximum eligible expense for reimbursement is \$5,500 per 5 years.
  - \$250 monthly maximum for insulin infusion pump supplies
  - Claim/application must be submitted under the provincial plan first for those who are age 18 or younger
- In acute cases, the services of a private-duty registered nurse
  - up to a maximum of 720 hours per year
- Fees for medical exams required for employment purposes (if not covered by another plan)

Physiotherapy is limited to 20 visits per year, at which point Green Shield will request additional information from the physician and physiotherapist. Green Shield will review this information and determine whether they will approve the continued treatment for the length of time indicated by the physician or physiotherapist.

# Accidental Dental Coverage

## Double Coverage

If you or your spouse have additional EHC coverage outside of the First West Credit Union plan, you may be able to recover your share of any costs from the other plan. You will be required to:

- pay the full cost of the service or supplies,
- send your claim to the insurer,
- wait for your reimbursement, and
- submit a claim form to your other insurer, with proof of your first reimbursement.

Spouses should claim under their own plan first, and then from the First West Credit Union plan.

If you have children covered under both our plan and your spouse's plan, the child's claim is submitted first to the plan of the parent born earliest in the year, and then to the other plan. For example, if the mother's birthday is in March, and the father's birthday is in August, the child's claim should be submitted to the mother's plan first.

If you and your spouse both work for First West Credit Union, claims may be submitted to the insurer under both your names.

Benefits are adjusted so that you cannot recover more than you actually paid out.

Dental expenses incurred because of an accidental blow to the mouth that require prompt repair of natural teeth are covered under the EHC plan. Normal dental care expenses are covered under the dental plan. Please refer to the dental section for details.

## Vision Coverage

Vision care expenses for eye examinations (for persons aged 19 to 64), prescription eyeglasses, contact lenses and laser eye surgery are covered up to \$350 per person per 12 month period from the date on the receipt.

## Emergency Treatment While Traveling

If you have an accident or medical emergency while traveling outside your province of residence or outside of Canada, the plan will cover 100% of the costs for a ward hospital room, doctors' fees, professional ambulance service, and other in-patient or out-patient services and supplies in excess of the amounts covered by our provincial medical plan, up to your benefit maximum, which is \$5 million per claim.

Eligible benefits are limited to a maximum of 60 days per trip.

Be sure to take your ID card with you. If you or one of your covered family members has a medical emergency, Green Shield provides toll-free access to multilingual personnel who will help you locate professional care, services and supplies.

Travel assistance multilingual services are also available 24 hours a day to assist you in locating medical services, arranging medical evacuations and related transportation needs, locating interpreters, replacing lost passports and obtaining other services as required.

Please see the brochure document for more detailed information.

# Be a Wise Consumer of Prescription Drugs

Health care costs are rising fast but you can do your part to keep costs as low as possible while still having the medicines you need. Talk to your doctor and your pharmacist about generic drugs. They are identical to brand name drugs but without the fancy label and high cost.

Also, check the amount the pharmacist charges as a fee for dispensing your prescription because fees can vary quite a bit between stores. Choosing a pharmacy that provides the best service at the most reasonable cost is part of being a wise consumer.

## Making a Claim

For prescription drug claims, please see the "The Conditional Drug Plan" on the following page. Otherwise, follow these instructions: Save all your receipts. Fill out an Extended Health claim form, attach your original receipts, make a copy for your records, and mail them to the insurer. Please note that you will be reimbursed for amounts in excess of the \$25 deductible. After your claim has been processed, the insurer will mail you a cheque for reimbursement of the covered expenses.

It may be that your pharmacist will be reimbursed directly for most prescription drug claims. In any event, direct payment does not apply if you and your spouse have double coverage where claims must be sent to the other insurer first. Once the other insurer has paid the claim, any unpaid portion may be reimbursed by the insurer by submitting a claim form, receipt and proof of the other plan's payment.

For expenses incurred outside of your province, the insurer will coordinate your reimbursement from the provincial medical plan and our Extended Health Care plan, up to the provincial maximums.

**All claims should be submitted within 90 days of the expense. Any claims not submitted within one year of the expense will not be covered.**

### Enrolling New Dependents

**You can enrol new dependents by completing a benefits enrolment / change form available on the employee portal. A new spouse or child must be enrolled within 60 days after qualifying as an eligible dependent.**

# The Conditional Drug Plan

Since the early 1990's, there have been significant advancements in the medical field and the introduction of new, higher priced drugs. Although, these new drug treatments have benefited us, studies have shown there are a growing number of new, higher priced drugs that are no more effective, for certain conditions, than existing, lower cost alternatives. As well, a drug treatment's effectiveness is often hindered by improper use. In order to ensure effective drug treatment coverage, a conditional drug plan has been adopted within the extended health care plan.

New drugs introduced to the market on or after January 1, 2006 will be evaluated to determine whether they will be 'automatically' covered by the plan or not.

Green Shield will evaluate all drugs introduced to the market after January 1, 2006 and will immediately assign the drug a status: "Covered", "Conditional", or "Not Covered". The Conditional Drug Plan will not affect prescription drugs that were covered under the plan before January 1st 2006. The new plan will only affect certain drugs introduced to the market on or after January 1st 2006. So medications covered before the Conditional Drug Plan was introduced will continue to be covered. Please refer to Green Shield's Plan Member Online Services at [www.greenshield.ca](http://www.greenshield.ca).

## Using your Pay Direct Drug Card

You will receive a Green Shield ID card. At the time of purchase, present the card to the pharmacist. The pharmacist will fill the prescription and send the claim to Green Shield electronically. The claim will be adjudicated immediately, and the pharmacist's computer system will advise the pharmacist what portion of the cost the plan will pay. You will be responsible for the remainder of the cost, if any.

# General Information

## **What expenses are not covered?**

The EHC plan does not cover all expenses. The most common exclusions are:

- Drugs which have been deemed ineligible by Green Shield.
- Expenses not medically necessary
- Extra or balanced billing costs charged by your doctor.
- Expenses covered by other government programs and plans.
- Expenses covered by other privately sponsored programs and plans (see section on Double Coverage).
- Cosmetic treatments, services and supplies, unless the result of deformities resulting from injury or illness, or congenital defects that interfere with bodily functions.
- Professional services performed by a relative or someone who ordinarily resides with you.
- Treatment for purposefully self-inflicted injuries.
- Charges for completions of forms.
- Treatment for injuries which occur as a result of war, riot, insurrection, or criminal activity.

If you have an expense that is not on this list or identified as a reimbursable expense, check with the insurer to determine if it is covered.

## **When does coverage end?**

Coverage ends when you are no longer eligible, or on your termination date, whichever is earlier.

Coverage for your dependents ends at the same time yours ends or when they no longer qualify, if earlier.

**While every effort has been made to provide you with information that is easy to understand, not all details are included. The legal documents will govern in all cases, and may be reviewed upon request. Errors & Omissions Excluded. If you have any questions regarding your benefits program, please contact the Credit Union Member Services Centre at 1-844-451-9698.**



# Dental

# Dental

## Who Pays?

First West Credit Union pays 100% of the premium for the dental plan.

The dental plan reimburses 75% of all basic treatment, 75% of major treatment and 50% of orthodontic treatment.

There is no annual maximum benefit for basic and major treatment.

There is a lifetime \$2,000 maximum for orthodontic treatment per covered individual.

Our plan reimburses expenses based on Green Shield's dental fee guide. If your dentist charges fees higher than the fee guide, you will be responsible for paying the excess.

Our dental plan covers a full range of dental work including:

- Basic Treatment - routine exams, cleaning, fluoride, fillings, and x-rays
- Major Restorative Treatment - crowns, bridges and dentures
- Orthodontic Treatment

## How Does the Plan Work?

You will be issued an identity card from Green Shield. Make an appointment to see a dentist of your choice. Show your card, and discuss the services covered, your dentist's charges, and what portion of the cost you will be required to pay. **Please note that not all services may be covered.**

## Basic Treatment

Our plan reimburses 75% of the premium for basic dental treatment, which includes:

- Examinations, routine cleaning, fluoride treatment, and bite-wing x-rays - twice each year
- Full mouth x-rays are limited to once every 3 years
- Space maintainers for missing primary teeth
- Pit and fissure sealants for dependent children
- Fillings (white fillings in front teeth only)
- Extractions
- Treatment of gums
- Root canals
- Denture repair and reline (limited to once every 2 years)
- Dental surgery
- Inlays and onlays, if required
- Periodontal Scaling is limited to 8 units per 12-month period (1 unit is 15 minutes)

# Major Reconstructive Work

Our plan will reimburse 75% of the cost of major restorative work, which includes:

- Crowns or bridges
- Complete and partial dentures

Services to replace a crown or bridge will not be covered more than once every 5 years.

## Laboratory Charges

The Dental plan limits applicable lab expenses to a maximum of 40% of the professional fee. According to insurance companies, although lab fees can vary, most lab fees are either 40% of the professional fee, or less. Should the lab cost exceed 40% of the professional fee, reimbursement for the service will be reduced accordingly.

For example,

Crown (Porcelain fused to Metal) according to the current BC Dental Fee Guide: \$456.00

Lab fee cannot exceed 40% of the cost of the service:  $\$456 \times 40\% = \$182.40$

The Crown would then be assessed at the selected reimbursement percentage (for example 75%). Therefore, in the example above, the Plan would reimburse the cost of the Crown (\$456.00) plus lab (\$182.40), multiplied by the reimbursement percentage (75%).

## Orthodontic Treatment

Our plan will reimburse 50% of orthodontic treatment after you (and your dependent if claiming for a dependent) have completed 12 months participation in the plan. The maximum lifetime benefit for orthodontic work is \$2,000 per person.

# General Information

## **Should I get a cost estimate before treatment?**

Yes, if extensive dental work is required, your dentist should submit an outline of the proposed services to Green Shield to help determine what services and fees your dental plan will cover.

**Insurers pay only for the least expensive treatment that produces a professionally adequate result.**

If in doubt, you should check.

## **What expenses are not covered?**

The dental plan does not cover all expenses. The most common exclusions are:

- Cosmetic procedures or temporary dentistry
- Implants for dentures and bridgework
- White fillings in back teeth
- Drugs, medicines and some general anesthetics
- Treatment covered by WCB
- Expenses for which a third party is liable
- Work started before membership in the First West Credit Union plan
- Charges for completing forms, or for broken appointments
- Dentures or appliances that have been lost or stolen

## **Making a Claim**

Today, most dentists send the claim and receive payment directly from the insurer. The dentist will ask you to pay only for your share of the expenses.

Other dentists, however, may ask you to pay the full cost yourself and then claim reimbursement from the insurer. In this case, your dentist will give you a completed claim form which you must then send to the insurer.

All claims should be submitted within 90 days of treatment.

If you are unsure about whether your treatment will be covered by the dental plan, you should first check with the insurer, then with the Human Resources Department.

## **Am I covered for emergency treatment?**

Yes. Emergency dental services provided anywhere in the world is covered up to the same limits in accordance with Green Shield's fee guide. You should not have non-emergency work done outside of your province of residence.

## **When does coverage end?**

Coverage ends when you are no longer eligible, or on the last day of employment, whichever is earlier. Coverage for your dependents ends at the same time yours ends or when they no longer qualify, if earlier.

### **How to Enrol**

Fill out your enrolment form. List the dependents you want covered. Check the Summary of Benefits section for dependent eligibility.

## **Double Coverage**

If you or your spouse have additional dental coverage outside of the First West Credit Union plan, you may be able to recover all or a portion of your share of the costs from your other plan, up to Green Shield's dental fee guide.

Let your dentist know that you have coverage under two plans. They will assist you to coordinate the claims to both insurance companies. If you require further advice, contact the Human Resources Department.

Spouses should claim under their own plan first, and then from the First West Credit Union plan.

If you have children covered under both our plan and your spouse's plan, the child's claim is submitted first to the plan of the parent born earliest in the year, and then to the other plan. For example, if the mother's birthday is in March, and the father's birthday is in August, the child's claim should be submitted to the mother's plan first.

If you and your spouse both work for First West Credit Union, claims may be submitted to the insurer under both your names.

Benefits are adjusted so that you cannot recover more than you actually paid out.

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# Disability

## Making a STD Claim

Obtain a claim form from [FWLeaves@firstwestcu.ca](mailto:FWLeaves@firstwestcu.ca) as soon as you know you will be absent for more than 14 calendar days. After you and your doctor have completed the form, return it to Desjardins.

There are certain rules about what is considered to be a valid claim, when payments begin, and for how long you would receive them. You must submit a claim for benefits and that claim must be approved by Desjardins before benefit payments can begin. Therefore it is important that Desjardins receives ALL the information needed to process your claim as quickly as possible so your benefit payments are not delayed.

You may be asked to provide a medical certificate of your disability and to confirm you are under the regular care of a physician. You may also be asked to have an independent medical examination by Desjardins' doctor and go through a rehabilitation assessment.

Your claim could be denied if you have not provided satisfactory medical documentation of your disability.

# Disability

Your disability plan provides coverage if you are unable to work due to an illness or injury that is not work related. If your disability is work related, you are covered under the provincial Workers' Compensation Board program. Together, these programs will replace some portion of your regular earnings when an illness or injury keeps you away from your job.

## The Disability Plan

Your disability plan is made up of three types of coverage: Sick Leave, Short Term Disability (STD) and Long Term Disability (LTD). Employees will become eligible for STD benefits following the 14 day waiting period. STD benefits can continue for as long as 15 weeks. If the insurance company determines that you are still disabled after this time, you will be eligible to receive benefits under the LTD plan.

## Sick Leave

First West Credit Union provides Sick Leave benefits. Benefit details are included in the "Other" section.

## Short Term Disability

STD covers you when you are sick or injured due to a non-work related cause. If your disability is work-related, you must make an application for WCB benefits.

### Who pays?

First West Credit Union pays 100% of the premium for STD plan.

### When does coverage end?

Your STD coverage ends when you are no longer considered by the insurer to be disabled, when you are no longer an eligible employee, on your last day of work or age 65, whichever is earliest.

### How much income does the STD plan provide?

STD will pay 60% of your regular earnings, up to \$3,462 per week.



# Long Term Disability

If you are unable to return to work after STD benefits end, you may qualify for long term disability (LTD) benefits.

## **Who pays?**

First West Credit Union pays 100% of the premium for the LTD plan.

## **How much income does LTD provide?**

LTD will pay 60% of your regular monthly earnings, up to \$15,000 per month.

## **How do I qualify for LTD benefits?**

If you are still disabled because an illness or accident wholly prevents you from performing each and every essential duty of your regular occupation after 15 weeks of disability, you may be eligible to receive Long Term Disability benefits.

During the Elimination period and the succeeding 24 months of your disability, you may be eligible to receive Long Term Disability benefits if the insurance company determines that the illness or accident prevents you from wholly performing each and every the essential duty of your regular occupation.

After the Elimination Period and the succeeding 24 months have elapsed, you may continue to be eligible to receive Long Term Disability benefits if the insurance company determines that an illness or accident wholly prevents you from working in any occupation for which you are suited by education, Training and Experience.

## **When do LTD benefits end?**

Your LTD coverage ends when you are no longer considered to be disabled, no longer an eligible employee, on your last day of work or age 65, whichever is earliest

# Government Disability Plans

## **Workers' Compensation Board (WCB)**

WCB benefits pay a portion of your earnings if you become ill or injured as a result of performing your duties at work. WCB adjusts the maximum weekly benefit amount periodically. The length of time you remain covered is determined by WCB.

## **Employment Insurance Benefits (EI)**

EI benefits are provided through the federal government and both you and the company contribute to the cost. In addition to employment benefits, this program coordinates with the First West Credit Union disability plans.

EI replaces a portion of your weekly earnings up to a maximum amount that is adjusted yearly. EI disability benefits may continue for up to 15 weeks.

You may be eligible to receive EI benefits for the following reasons:

- for disabilities not covered under the STD or LTD plans;
- to replace a portion of your earnings when STD or LTD benefits end;
- to replace a portion of your earnings while you are on maternity leave.

## **Canada Pension Plan (CPP)**

You may be required to apply for benefits from the Canada Pension Plan during your disability. You may be eligible under the following conditions:

- your disability must be severe enough to prevent work at any gainful occupation, and
- your disability must be prolonged.

While every effort has been made to provide you with information that is easy to understand, not all details are included. The legal documents will govern in all cases. If you have any questions regarding your benefits program, please contact the Benefits Department.

# Insurance

# Life & Accident Insurance

Your insurance plans at First West Credit Union are designed to provide financial assistance if you or your spouse die or become seriously injured. The plan includes three different types of insurance coverage.

These are:

- *Basic Life Insurance*
- *Optional Life Insurance for you and your spouse*
- *Accidental Death and Dismemberment (AD&D) Insurance*

## **How Do the Plans Work?**

First West Credit Union provides basic life and accident insurance to all of our eligible employees. For these benefits you do not have to pass a medical exam in order to be insured. But, you must complete an enrolment form indicating your beneficiary.

If you want additional life insurance coverage for yourself or your spouse, First West Credit Union offers an optional life insurance plan.

## **Who pays?**

First West Credit Union pays 100% of the premium for your basic life and AD&D insurance.

If you want to have more coverage for yourself or your spouse, you can purchase optional life insurance. The premium of the optional insurance depends on the amount of coverage you choose, your age, gender, and whether you have smoked cigarettes, marijuana, or any other narcotics, or used tobacco products in the last twelve months.

## How to Enrol

You are automatically enrolled in the life and AD&D insurance plans. However, you need to fill out the enrolment form so that a record of your beneficiary(ies) exists. You can change your beneficiary(ies) at any time. If you choose to have optional life insurance, you must complete the optional life section of your enrolment form. For this coverage a health questionnaire must be completed. You may also be requested to have a medical examination.

## Basic Life Insurance

Your basic life insurance is 3 times your annual earnings to a maximum benefit of \$1,200,000. Once you reach age 65, your basic life insurance amount decreases to 1.5 times your annual earnings.

### When does coverage end?

Your coverage ends on your last day of active employment or age 70, whichever is earlier. You can convert your coverage to an individual insurance policy without having a medical exam, provided you apply in writing to Great-West Life and pay the premium within those 31 days.

### What if I become disabled?

If you become disabled, your life insurance coverage will continue while you are on STD and as long as premiums are paid. As long as you are on LTD, your coverage will continue up to age 65 while you are totally disabled.

### Living Benefit

**If you become terminally ill, you may qualify for an advance payment of a portion of your Life Insurance coverage, which pays up to 50% of your coverage up to maximum of \$50,000.**

# AD&D Insurance

Your AD&D coverage is 2 times your annual earnings up to \$800,000. Again, "annual earnings" do not include bonuses, premiums, overtime, or any extra compensation.

If you die accidentally, your beneficiary(ies) will receive 100% of your coverage.

If you suffer a serious injury, you will receive a certain percentage of your coverage amount, if the loss occurs within one year of the accident. Depending on the injury, you will receive the benefit shown on the Accident Coverage Table.

## **Who receives the benefit if I die?**

Your beneficiary(ies) receives the benefit.

## **Who receives the benefit if I have a serious injury?**

You receive the benefit.

**Are there any special conditions I should know about?** Yes. No more than 100% of your coverage (200% in the case of paraplegia, hemiplegia, quadriplegia, loss of use of both arms or both legs or loss of use of one arm and one leg on the same side of the body) will be paid per accident, no matter how many individual injuries occur.

Also, claims must be submitted no later than 12 months following the accident.

## **Temporary Leave of Absence**

If you are covered for AD&D during a temporary leave of absence (other than Maternity or Parental leave), please note that you will need to advise The Co-operators if you travel outside Canada. Written approval from the insurance company must be obtained before you leave Canada in order to ensure you are covered for an out-of-country AD&D claim. If your leave of absence (other than Maternity or Parental leave) lasts longer than 3 months, out-of-country AD&D coverage is not available.

## **Is there anything the plan will not cover?**

Yes. For example, the plan will not cover death or injuries resulting from:

- suicide or attempted suicide;
- intentionally self-inflicted injury;
- war, or any act of war, insurrection, riot or civil disorder;
- bodily or mental infirmity or treatment thereof;
- while acting as a pilot or crew member of any aircraft or if the flight is for the purpose of aeronautical instruction;
- commission, or attempted commission, of any criminal offense; or
- injuries sustained as a result of driving a vehicle if your blood contains more than 80 mg. of alcohol in 100 ml. of blood.

## **What if I become disabled?**

If you become disabled, your life insurance coverage will continue while you are on STD and as long as premiums are paid. As long as you are on LTD, your coverage will continue up to age 65 while you are totally disabled.

## **Critical Disease**

### **Benefits**

You will receive 10% of your AD&D coverage if you become disabled for at least 9 months as a result of contracting certain critical illnesses including:

- Poliomyelitis
- Parkinson's Disease
- Huntington's Chorea
- Multiple Sclerosis
- Alzheimer's Disease
- Type 1 Diabetes (insulin dependent)
- Amyotrophic Lateral Sclerosis (ALS)
- Peripheral Vascular Disease
- Necrotizing Fascitis

AD&D benefits will also be payable if you lose the use of limbs, sight, speech, or hearing through contracting any of these diseases.

# Accident Coverage Table

Loss of:	% Paid	For loss of use of:	% Paid
Paraplegia.....	200	Both legs or both arms. ....	200
Hemiplegia.....	200	One arm and one leg on	
Quadriplegia.....	200	the same side of the body.....	200
Life.....	100	Both hands or both feet. ....	100
Both arms or both legs. ....	100	One leg and either	
Both hands or both feet. ....	100	one hand or one arm. ....	100
Sight of both eyes.....	100	One arm or one leg.....	75
One hand and one foot.....	100	One hand or one foot.....	66 <sup>2/3</sup>
Sight of one eye and either			
one hand or one foot.....	100		
Speech and hearing in both ears.....	100		
One arm or one leg.....	75		
One hand or one foot.....	66 <sup>2/3</sup>		
Speech.....	66 <sup>2/3</sup>		
Hearing in both ears.....	66 <sup>2/3</sup>		
Sight of one eye.....	66 <sup>2/3</sup>		
Thumb and index finger			
of the same hand.....	33 <sup>1/3</sup>		
Four fingers of one hand.....	33 <sup>1/3</sup>		
Hearing in one ear.....	33 <sup>1/3</sup>		
All toes of one foot. ....	25		

## When does coverage end?

Your AD&D coverage ends

on the last day of your

employment, or at age 70,  
whichever is earlier.

# Optional Life Insurance

If you would like additional life insurance coverage, you can purchase it through First West's optional life insurance plan. The cost of this insurance coverage is often less than you would pay if you purchased the coverage yourself from an insurance company.

## Optional AD&D

Additional benefits to help you and your family in the case of accidental death or serious injury.

You and your spouse can each purchase up to \$500,000 of coverage in units of \$10,000. You must complete the Optional Life section of the enrolment form and send it to Great-West Life.

### **Are there any medical requirements?**

Yes. The statement of health form asks a number of health related questions. You and/or your spouse may also be requested to have a medical examination. The statement of health should be sent directly to Great-West Life.

### **How much does the insurance cost?**

Premiums are based on age, gender and smoking status.

### **How do I qualify as a non-smoker?**

You qualify as a non-smoker if you have not smoked cigarettes, marijuana, or any other narcotics, and have not used tobacco products for at least 12 months.

### **What if I become disabled?**

If you become disabled, your life insurance coverage will continue while you are on STD and as long as premiums are paid. As long as you are on LTD, your coverage will continue up to age 65 while you are totally disabled.



**When does coverage begin?**

Coverage begins on the day of approval of your application by Great-West Life, provided you are actively at work on that date. If you are off work due to sickness or injury, your coverage begins on the date you return to work. If your spouse is in hospital on the date their coverage would normally become effective, coverage begins the day after discharge.

**Who receives the benefit if I die?**

You may name any beneficiary(ies) to receive your insurance benefit.

**If my spouse has coverage who receives the benefit if he or she dies?**

Under Spousal Optional Life, you receive the benefit if your spouse dies.

**What if I want to change or cancel my coverage?**

You can change your beneficiaries or your coverage amount at any time by completing a form available on the employee portal. A new enrolment form must be completed for coverage changes. You can also change from smoker to non-smoker status whenever you qualify.

**Is there anything the plan does not cover?**

Yes. No benefit is paid if death is due to suicide within 12 months following the effective date of coverage.

**What if I become disabled?**

If you become disabled, your life insurance coverage will continue while you are on STD and as long as premiums are paid. As long as you are on LTD, your coverage will continue up to age 65 while you are totally disabled.

**When does coverage end?**

Coverage ends 31 days after your last day of active service, at age 70, or at the end of the month in which you request cancellation.

Your spouse's coverage ends at the same time or when they no longer qualify as an eligible spouse, whichever is earlier.

If you leave First West Credit Union, you can convert your coverage and your spouse's coverage from this group plan to an individual insurance policy without having a medical exam, provided you apply to the insurance company in writing and pay the premium within 31 days.

**While every effort has been made to provide you with information that is easy to understand, not all details are included. The legal documents will govern in all cases, and may be reviewed upon request. Errors & Omissions Excluded. If you have any questions regarding your benefits program, please contact the Credit Union Member Services Centre at 1-844-451-9698.**

# Other

# Salary Insurance Plans

Short Term and Long Term Disability Plans are salary insurance programs to assist eligible employees with disability benefits for loss of earnings resulting from total inability to work because of accident or illness.

During the 14 calendar day waiting period to become eligible for salary insurance, First West will pay the full salary for full-time employees: part-time employees will be paid for the days they are normally scheduled to work in the 14 calendar day waiting period. If the claim is not approved and all appeals have been exhausted, the employee will be required to pay back to First West the 14 calendar day (10 working day) waiting period. Vacation days or health care days may be used for this purpose.

Upon becoming eligible for salary insurance, all employees will receive 60% of their regular monthly gross earnings directly from the Salary Insurance Plan for the duration of the illness in accordance with the provision of the plan. (Section 4)

Once the insurance carrier has approved the claim, in addition to the waiting period, First West pays employees 25% of their regular gross (base) earnings for a period of time as set out below, which creates a total benefit of 85% of regular salary.

After probation up to two years	10 working days
Less than three years	35 working days
Less than four years	55 working days
Over four years	80 working days

Also after approval of the claim, contributions to an employee's Group RRSP and vacation and health care day accruals continue for up to one year while the employee is on disability.

It is the responsibility of the employee to complete and file the necessary application forms to receive payment from the Short Term and/or Long Term Disability Plans. Forms and assistance in completing these forms are available at [FWLeaves@firstwestcu.ca](mailto:FWLeaves@firstwestcu.ca). The employee is also expected to maintain regular contact with his/her supervisor for the duration of the claim and to provide updated information from the doctor that confirms when the employee will be able to return to work.

All insurance salary benefits have income tax deducted and employees will receive a T-4A slip.

