



COLLECTIVE AGREEMENT

Between

THE ESPANOLA REGIONAL HYDRO DISTRIBUTION CORPORATION

(Hereinafter referred to as "The Corporation")

And

THE CANADIAN UNION OF PUBLIC EMPLOYEES, AND ITS LOCAL 4705

(Hereinafter referred to as "The Union")

APRIL 1, 2019 TO MARCH 31, 2022

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General

Article 1 - Recognition

1.01 The Espanola Regional Hydro Distribution Corporation recognizes The Canadian Union of Public Employees and its Local 4705 as the sole collective bargaining agent for all employees of the Espanola Regional Hydro Distribution Corporation in the District of Sudbury, save and except; General Supervisor, persons above the rank of General Supervisor, Supervisor Assistant, the Chief Financial Officer and Financial Assistant.

1.02 Discrimination

There shall be no discrimination as defined in the Human Rights Code by the Corporation or the Union or its members against any employee.

Wherever the singular or masculine is used in this Collective Agreement, it shall be considered as if the plural and feminine has been used, where the context of the Collective Agreement so indicates.

1.03 The Parties agree that neither an Employee nor the Corporation will enter into a contract, written or oral, on matters related to working conditions.

Article 2 - Management Rights

2.01 It is recognized that the Corporation has and shall retain the exclusive right and power to manage and direct its operations in all matters which are not specifically restricted by this Collective Agreement.

Article 3 - Union Security

3.01 Each new employee on reporting for duty, will be furnished with a copy of the Collective Agreement and will be informed of the name of the Union Steward who will represent him.

3.02 Employees covered by this agreement shall have deducted regularly monthly Union dues from their pay beginning in the first full month of employment. Amounts so deducted shall be forwarded to the Financial Secretary of the Union by the tenth (10th) day of each calendar month along with a copy of the names of employees from whom the deductions have been made and a total base payroll cost for these employees. The Corporation will be given at least thirty (30) days notice of any change in dues or assessments.

- 3.03 In consideration of the deducting and forwarding service by the Corporation, the Union agrees to indemnify and save harmless, the Corporation against any claim or liability arising out of or resulting from the collection and forwarding of the regular monthly dues.

Article 4 - Relationship

- 4.01 The parties to this Collective Agreement agree that there will be no discrimination, intimidation, interference, restraint or coercion exercised or practised by the parties with respect to any employee or representative of either party. There will be no Union activity at the work place of the employee during working hours, except as is provided for under this Collective Agreement.
- 4.02 It is agreed that there shall be no strikes, walkouts, lockouts, slowdowns or other interruption of work as defined in the *Ontario Labour Relations Act* so long as this Collective Agreement continues in force.
- 4.03 Employees are not required to cross legal picket lines except to perform duties relative to system operation and the maintenance of or service to equipment within the system's jurisdiction and under no circumstances will an employee be required to force a crossing of a picket line.

Where Union members encounter picket lines within the system's jurisdiction, the Corporation may consult with the Union representative. The Union representative may accompany the supervisor in communicating to the striking union the reasons why the picket line may be crossed.

Article 5 - Corporation Non-Liability

- 5.01 It is understood that the Corporation is not bound by the decision of any Supervisor who is included in the bargaining unit or who is a member of the Union on any interpretation of this Collective Agreement by him.

Article 6 - Seniority

- 6.01 Seniority shall be defined as the length of continuous service a regular employee has established with the Corporation and shall accrue in all cases from the date the regular employee last entered the employ of the Corporation.
- 6.02 An employee shall lose seniority and the employee's name shall be removed from the records and employment with the Corporation shall cease if the employee;
- a) resigns with written confirmation
 - b) is discharged and not reinstated
 - c) retires
 - d) is laid off for a period of twelve (12) months

- e) has been laid off and fails to return within ten (10) working days after he has been notified to do so by the Corporation through registered mail addressed to the last address on record with the Corporation

NOTE: It is the employee's responsibility at all times to keep the Corporation and the Union informed of his correct home address and telephone number.

- f) is absent from work for three (3) consecutive days or more without providing Management with a reasonable explanation
- g) is absent from work due to a non-compensable accident or sickness for a period of thirty (30) consecutive months
- h) is absent from work due to a compensable accident or sickness for a period of thirty (30) consecutive months
- i) is placed on a disability pension and is unable to perform any available work for the Corporation

6.03 Seniority will not increase during each leave of absence of over one (1) month, except where otherwise provided in the Collective Agreement or by legislation.

6.04 Management will compile a seniority list annually and a copy will be forwarded to the Union on January 15th of each year.

Article 7 - Employee Categories

7.01 Regular Full-time Employee:

One who has satisfactorily served the probationary period and who is employed to work a minimum of thirty (30) hours per week, fifty-two (52) weeks per year in a position of a continuing nature.

Categorization as a regular employee does not imply an obligation on the Corporation to provide continuous employment.

7.02 Regular Part-time Employee:

An employee hired to fill a regular part-time position.

Regular Part-time Employees cannot be regularly scheduled for more than twenty-four (24) hours per week. A Regular Part-time employee will not displace any Regular Full-time Employee.

7.03 Summer Student:

The Corporation may, on occasion, employ students as casual help. A student, before hiring, shall provide the Corporation beyond reasonable doubt, that he or she intends to return to the next regular semester at College, University, or other institute of learning approved by the Department of Education.

Summer students may be disciplined or discharged without recourse to the grievance procedure.

Summer students will be paid for statutory holidays which occur during their work period with the Corporation.

7.04 Temporary Employee:

One hired to fill a temporary position, either Full-time or Part-time, or a temporary vacancy in a regular position for a period of not more than seven (7) months or the length of a pregnancy/parental leave, or such longer period as may be mutually agreed upon between the Corporation and the Union.

Temporary employees will not accumulate seniority. Should a temporary employee acquire regular status, his seniority will accumulate from the date of hiring provided there has been no break in employment. Temporary employees shall not have recourse to the provisions of this Collective Agreement with the exception of the rates of pay in accordance with Articles 32 and 34. Vacation and recognized holiday entitlement would be as per *Employment Standards Act*.

7.05 Probationary employee:

Persons hired on a trial basis to determine their suitability for continuing employment in regular positions.

An employee shall be considered probationary for up to six (6) calendar months. The probationary period may be extended an additional three (3) months by mutual agreement of the parties. The probationary period may be extended by the amount of any full-day absence in excess of ten (10) working days, except for protected leaves of absence under legislation. In such a case, the Union and the Employee will be notified in writing in advance of the extension. At the end of their probationary period, their seniority date will be established as their date of commencement. During this probationary period they shall not be considered as having regular status and shall not be entitled to any of the rights and privileges accruing to regular employees unless otherwise indicated in a specific clause, nor shall they have recourse to the grievance procedure.

Article 8 - Grievance Procedure

- 8.01 For the purpose of this Agreement, a dispute, claim or complaint which involves the interpretation, application or administration of some provision of this Agreement shall be considered to be a fit matter for grievance and shall be dealt with as specified below.
- 8.02 It is the mutual desire of the parties that the complaints of employees shall be resolved as quickly as possible, and it is understood that an employee has no grievance until he has first given the immediate supervisor the opportunity of resolving the complaint. The parties agree to encourage the resolution of complaints on their own at this stage within three (3) working days; failing settlement, the matter shall be taken up as a grievance in the following manner and sequence.
- 8.03 The time limits for the processing of grievances shall be strictly observed except in the case of mutual agreement between the parties to alter the time limits. Failure of the Union or Management to act within the time limits prescribed herein shall mean the alleged grievance is forfeited or processed to the next step as the case may be.
- Step 1: The Union may initiate a grievance by presenting it in writing to the Supervisor Line Operations or designate within ten (10) working days of the occurrence which has given rise to the alleged grievance. The Supervisor Line Operations or designate will discuss the matter with the grievor and Steward or designate within five (5) working days of receipt of the grievance.
- Step 2: Failing settlement of the grievance under Step 1, the Union may within five (5) working days of the issuance of the disposition submit the grievance in writing to the Vice-President, Operations and Engineering or designate stating the article and clause of the Agreement to which the grievance applies. Within five (5) working days of the presentation of a written grievance the Vice-President, Operations and Engineering or designate will meet with the grievor and the Union Steward or designate and render his written decision to the employee with a copy thereof to the Union and the Steward within five (5) working days after the meeting has been held.
- Step 3: Failing settlement of the grievance under step 2, then within three working days of receiving the response and at the option of the Union, the Union Steward may request a meeting with the Union President, Corporation Supervisor or the next level of management as designated, and one member of the Corporation's Board to further discuss the grievance. Such meeting will happen within five (5) working days of the request and a decision will be rendered in writing and forwarded to the employee with a copy thereof to the Union and Steward within five (5) working days after the meeting has been held.
- Step 4: Failing settlement of the grievance under step 2 or 3, as the case may be, either party may submit the matter to arbitration within a further thirty (30) working days.
- 8.04 A regular employee who claims to have been unjustly disciplined or discharged may initiate their grievance at Step 2 of the grievance procedure.

Article 9 - Arbitration Procedure

- 9.01 It is agreed that all differences of opinion relating to the interpretation, application or administration of this Agreement, which cannot be settled after exhausting the grievance procedure, will be settled by Arbitration as defined in the appropriate section of the *Ontario Labour Relations Act*.
- 9.02 An Arbitration Board or Arbitrator shall not have the power to add or to subtract from or change the provisions of this Collective Agreement.
- 9.03 The Union and the Corporation shall each pay one-half (1/2) of the expenses and remuneration of the Chairperson of the Board and each shall bear the expenses and remuneration of their own appointee to the Board and any other expenses incurred in presenting their case.

Article 10 - Hours of Work and Overtime

10.01 Hours of Work:

Subject to operating requirements, the normal work week for operations employees shall be forty (40) hours consisting of five (5) days of eight (8) hours each Monday through Friday, commencing not earlier than 0700 hours and ending not later than 1600 hours with twenty (20) paid minutes for lunch.

- 10.02 The foregoing is intended to define the normal hours of work and shall not be construed as a guarantee of hours of work per day or per week.

- 10.03 Employees will be granted a ten minute paid rest period during each half shift.

10.04 Overtime:

It is acknowledged that from time to time it will be necessary for employees to perform work outside of the normal hours of work and the Corporation has the right to authorize such work as required.

- 10.05 All overtime hours worked shall be paid at the rate of double time.

10.06

- a) Day workers who work more than four (4) accumulated hours during the period between 2200 and 0730 hours (or 0700 hours during peak summer period) and whose next regular shift is scheduled to commence at 0730 hours (or 0700 hours during peak summer period) will be allowed a rest period of four (4) hours with compensation at the basic straight time hourly rate.

- b) Employees are expected to return to work after the four (4) hour rest period unless the four hours exceeds the end of the shift i.e. after 1530 hours in winter and 1500 hours in summer.
- c) The above-noted provision does not apply in the case of emergency work.

Article 11- Banked Overtime

11.01 Upon request, employees will be permitted to bank overtime in lieu of cash payment, provided the following conditions are met:

- a) Overtime hours worked may be banked or paid at the appropriate rate.
- b) Any banked overtime accumulated in the current calendar year must be scheduled as time off before December 1 and taken by December 31 of that year.
- c) Banked time will be paid out when requested. Such requests must be made in writing a minimum of five (5) days prior to the next regularly scheduled pay day and will not otherwise be paid out unless approved by the Supervisor Line Operations. Banked time that is not used by December 1st of that year will be paid to the employee prior to December 31st. Banked time cannot be accumulated during the month of December.
- d) An employee will be permitted to accumulate up to 96 hours of banked overtime once per calendar year.
- e) Banked time may only be taken at a time agreed upon by both the Supervisor Line Operations and employee and must be taken off in half day increments. At the Supervisor's discretion the half day requirements may be waived.

Article 12 - Recognized Holidays

12.01 Employees of the Corporation will be entitled to payment of normal straight time pay for the following holidays provided they have worked the full scheduled shifts which immediately precede and follow such holidays:

New Year's Day	Labour Day
Good Friday	Thanksgiving
Easter Monday	Remembrance Day
Victoria Day	Christmas Day
Canada Day	Boxing Day
Civic Holiday	½ Day before Christmas & New Year's
Family Day	

12.02 Should any of the holidays outlined fall on a Saturday, Sunday or a regular day off, employees shall be granted a day off in lieu thereof.

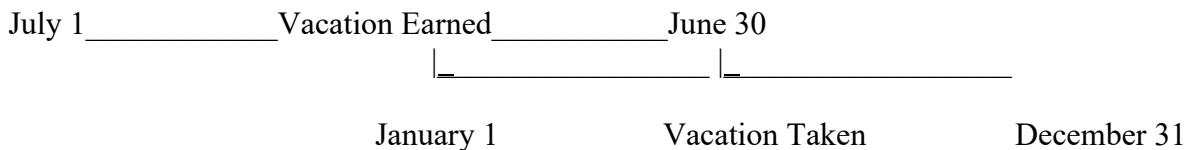
12.03 In the event of the following recognized holidays falling on a day set out below, the following schedule of days off with pay shall be observed by all employees:

HOLIDAYS	FALLING ON	DAY OFF WITH PAY
New Year's Day	Saturday	Friday preceding
New Year's Day	Sunday	Monday following
Canada Day	Saturday	Monday following
Canada Day	Sunday	Monday following
Remembrance Day	Saturday	Monday following
Remembrance Day	Sunday	Monday following
Christmas Day	Saturday	Friday preceding
Christmas Day	Sunday	Monday following
Boxing Day	Saturday	Monday following
Boxing Day	Sunday	Monday following
Boxing Day	Monday	Tuesday following

12.04 Should the municipal, provincial or federal government legally proclaim any day as an additional Holiday, then the Parties agree to meet in order to maintain the total number of Recognized Holidays at thirteen (13) days.

Article 13 - Vacations

13.01



Vacation entitlement is determined as follows:

- Vacation is earned from July 1st to June 30th of each year.
- Vacation entitlement comes into effect on January 1st of each year for the current calendar year.

As of January 1st of each year, a Regular Full-time employee shall be eligible for vacation of:

Less than one (1) year service by June 30	one working day for each full month of service completed between June 30 of the
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	previous year and July 1 of the current year up to a maximum of two weeks (ten working days)
1 year, but less than 7 years	15 days
7 years, but less than 12 years	20 days
12 years, but less than 17 years	25 days
Each completed year after 17 years of continuous service	1 additional day to a maximum of 10 days

Regular Part-time employees are eligible for vacation entitlement pro-rated as follows:

Divide the number of hours worked in each earning year by one thousand eight hundred (1800) hours to determine the percentage of the Full-time vacation entitlement.

In order to estimate a Regular Part-time employee's vacation entitlement as of January 1st, the number of hours worked in the first half of each vacation earning year will be multiplied by two (2). Adjustments to Part-time vacation entitlements will be made at the end of each earning year based on hours actually worked.

- 13.02 Time off for vacation shall be approved by the Supervisor, Line Operations who shall consider the preference of the employee. Employees may make written request for vacation twice each calendar year. The first vacation period shall be from January 1st to April 30th and the second period shall be from May 1st to December 31st.

Employees who do submit their vacation request in writing to the Supervisor, Line Operations for the first period on or before January 1st and the second period on or before May 1st will have their vacations allocated based on seniority.

Employees who do not submit a written request for vacation by the dates set out in the above paragraph understand that if their vacation choice conflicts between two (2) or more employees, vacations will be allocated on a first come first serve basis.

- 13.03 If a recognized holiday falls or is observed during an employee's vacation period, the day will be paid for as a holiday, with vacation days taken at a later date.
- 13.04 If an employee is absent without pay for a period of, or periods totalling; three (3) weeks or more in the vacation accumulation year, his vacation credits will be pro-rated accordingly. For the purpose of this clause, "pay" shall include payment received for work performed, vacation, corporation paid sick leave or Workplace Safety & Insurance Board benefits.
- 13.05 No more than three (3) consecutive weeks' vacation may be taken during the months of July and August.
- 13.06 Vacation entitlement will be pro-rated on the basis of time worked.

13.07

- a) Where it is mutually agreeable, an employee may carry over a maximum of one (1) weeks' vacation to the following year (must be taken by March 31st of the following year). Requests for carry-over must be made in writing.
- b) At the end of the calendar year, any remaining vacation, which has not been taken due to operational reasons or approved carryover, will be paid out at the applicable hourly rate.
- c) The Employer will allow regular employees to save vacation earned in one year for use in the following year when a special excursion / event is planned. This vacation is subject to normal vacation scheduling. Such vacation carryover shall have a maximum duration of four (4) weeks.

Article 14 – Short Term Disability

- 14.01 All employees are entitled after three (3) days of consecutive absence to receive for a period not to exceed seventeen (17) weeks, a weekly benefit of seventy five percent (75) percent of base earnings. An employee must have exhausted all sick leave available to them. Once your sick leave has been exhausted and provided that you have been off three consecutive days you will immediately start to draw short term disability benefit.
- 14.02 An employee may use banked time or vacation credits to top up short term disability to a maximum of one hundred percent (100%) normal straight time pay.
- 14.03 Short term disability is a self insured plan by the Corporation.

Article 15 – Long Term Disability

- 15.01 The Corporation shall, for all regular employees, pay the premium cost of a long term disability insurance plan. The plan or plans will provide coverage of seventy percent (70%) of normal straight time pay. The qualifying period shall be seventeen (17) weeks from the first date of illness.
- 15.02 The long term insurance benefits are currently being insured by the Mearie Group and various other insurance companies. It is understood that the Corporation and employees must follow the terms of insurance benefits as outlined in the carriers Master Plan. The long-term insurance benefits may be insured by multiple insurance companies to provide the coverage outlined in Article 15.01.

Article 16 - Health Plan and Insurance

- 16.01 The Corporation will pay one hundred percent (100%) of the premiums for the Ontario Employer Health Tax and the Ontario Health Premium.

- 16.02 It is also understood that the corporation will pay one hundred percent (100%) of the cost of The Mearie Group benefits as outlined in the Mearie Benefit Handbook listed on Schedule D for the term of this agreement. It is understood that the benefits are governed by the terms set out in Mearie's Master Plan.
- 16.03 It is understood that Full-time active employees working past age 65 will be eligible for the current or equivalent Extended Health Care Plan, with the drug claims paid by the Ontario Government (ODB) first and then Great West Life (GWL) – MEARIE and the current or equivalent Dental Care Plan. Long-term Disability coverage, Term Life, Optional Life and Spouse Optional Life Plans cease at age 65. However, employees are eligible for the Retirement Life plan with a reduced amount of Life Insurance based on their years of service as provided for under Schedule D until age 70 or retirement, whichever occurs first. Basic Life and AD&D reduces by 50% at age 65 and ceases at age 70. Dependent Life ceases at age 70.
- 16.04 Retirees will be eligible for EHC and Dental Benefits at the employee's cost.

Article 17 - Pension

- 17.01 All new employees must enrol in the OMERS Basic Pension Plan in accordance with the OMERS plan rules and regulations.

Article 18 - Job Posting

- 18.01 Any job posting within the bargaining unit shall be posted on the bulletin board with its rate of pay for a period of five (5) working days to give present employees an opportunity to apply for the position.
- 18.02 Any new classification created by the Corporation normally falling within the bargaining unit shall similarly be posted with its rate of pay. The Union will be notified of the new position ten (10) working days before the posting.
- 18.03 In the job selection process, applicants will be assessed in terms of their ability, capability, qualifications, experience and seniority. Where these factors are assessed by Management as relatively equal among the applicants, the applicant with the greatest seniority will be selected.
- 18.04 Where there is no successful internal applicant to a job posting, the Corporation will make every reasonable effort to post the position externally within ten (10) working days of the closing date of the internal posting period in 18:01.
- 18.05 In filling temporary positions or temporary vacancies in regular positions, first consideration will be given to regular employees in accordance with seniority.

Article 19 - Leave of Absence

- 19.01 Subject to the approval of the Supervisor, Line Operations or designate, a leave of absence will be granted to any employee without pay and without loss of seniority for Union business.
- 19.02 Subject to the approval of the Supervisor, Line Operations or designate, the representative of employees will be granted necessary leaves of absences with pay, for the purpose of discussing grievances. Additionally, time off with pay will be granted to employees participating in Labour-Management Committee meetings.
- 19.03 A regular employee will be allowed a leave of absence without loss of pay to attend a funeral in accordance with the following:
- a) three consecutive days in the event of the death of siblings, grandparents, step parents, parents-in-law, children-in-law, grandchildren, brother-in-law, sister-in-law, step brother, step sister or step parent.
 - b) five consecutive days in the event of the death of a spouse, child, step child or parent

Employees on vacation leave during a period of bereavement leave shall not have their vacation extended; however, remaining vacation shall be rescheduled at a later date. Where the burial occurs out of the service area, an employee may request additional leave without pay.

- 19.04 Employees will be granted time off without loss of pay when subpoenaed for Jury Duty, Coroner's Inquest, or Crown Witness. Payment of wages by the Court will be reimbursed to the Corporation; such reimbursement will exclude the payment of travel and meal allowances.
- 19.05 Pregnancy/parental/adoption leave will be granted in accordance with the *Employment Standards Act*.

Article 20 - Allowances

20.01 Boots & Clothing

All line crew employees shall wear safety boots and work clothing that is approved by the Corporation and required by law or the Corporation.

- a) New regular full-time employees will be provided with the following safety work clothing:
 - 1 FR Helmet Liner
 - 1 FR Rain Suit

- 1 FR Bib Overall summer
- 1 FR Bib Overall Winter
- 1 FR Winter Parka
- 2 FR Hoodie
- 1 FR Summer jacket
- 3 FR pants
- 3 FR Collared shirts
- 3 FR Long-sleeved t-shirts
- 2 Short-sleeved t-shirts (high visibility traffic)

- b) All Full-time line crew employees will receive safety boot allowance of \$225.00 in 2020 and \$230.00 in 2021 to be paid by the first week of October of each year. Work clothing will be replaced on a turn in basis, in lieu of a clothing allowance, at no cost to the Employee.
- c) All other employee categories will be provided safety boots and safety clothing on an ‘as required basis’ at the discretion of the Supervisor Line Operations.

20.02 Worker’s Safety and Insurance Board (WSIB)

When the employee is off on WSIB, the Corporation agrees to keep the employee’s base wages uninterrupted while the claim(s) is being processed. The calculation for uninterrupted wages will be based on WSIB calculations. The Corporation will estimate what the Employee would receive from WSIB and will make that payment to the Employee in order to continue their wages; so that once the claim is established, there will be continuance of the WSIB base wage. This includes disruptions of pay while the claim is open and there is a gap in payroll between WSIB and the Corporation or the Corporation and WSIB. It is understood that once the claim is established or denied, the employee will return the full amount advanced by the Corporation, regardless of an unintentional calculation error, within thirty (30) days of the commencement of payment from WSIB.

20.03 Physical Fitness Program

- a) Regular Employees, who purchase a physical fitness membership (for their own use) shall be reimbursed on a yearly basis to maximum of 50% of the membership cost not to exceed \$300 annually. (Employee must provide proof of payment).

20.04 Non-Smoking

It is recognized that smoking of tobacco is a positive danger to health and cause of material annoyance, inconvenience, discomfort and a health hazard to those who are present in confined

spaces. The Corporation is strongly committed to maintaining and improving the health and well being of all employees. It is therefore the Corporation's policy that employees and customers have the right to an environment free of the hazards of tobacco smoke.

To encourage and assist employees of the Corporation to stop smoking, the Corporation will pay a maximum of two hundred dollars (\$200.00) per employee with proof of purchase of a good or service related to quitting smoking.

Article 21 - Meal Allowance

21.01 The Corporation agrees that due to the nature of our operation, there exists a requirement for employees to receive payment for a meal under certain circumstances. It is understood that when the Corporation makes payment to an employee for a meal that a minimum meal break time of 30 minutes be allotted to eat the meal. This 30 minute time period is to be deducted (the exception is regular paid lunch period as defined in this agreement) from the employee's pay; in other words, the employee is not paid for the meal break.

21.02 Effective April 1, 2019, during normal working hours, if an employee has been requested to leave the work centre and not given the opportunity to retrieve his lunch in advance of leaving, then the Corporation agrees to pay \$16.28 without receipt or will pay the actual meal cost with receipt. Effective April 1, 2020 the Corporation agrees to pay \$16.56 and effective April 1, 2021 the Corporation agrees to pay \$16.85.

21.03

a) Effective April 1, 2019, during overtime hours, which are defined as two hours after normal quitting time and every four hours thereafter, the employee is entitled to a meal of \$16.28 without receipt or actual amount with receipt and will not be paid for the meal break. Effective April 1, 2020 the Corporation agrees to pay \$16.56 and effective April 1, 2021 the Corporation agrees to pay \$16.85.

Effective April 1, 2019, employees called out to work within two hours prior to normal starting time will be entitled to a \$10.85 breakfast without receipt. Effective April 1, 2020 the Corporation agrees to pay \$11.04 and effective April 1, 2021 the Corporation agrees to pay \$11.24. In this instance, there is no deduction in time provided only thirty (30) minutes is taken to eat this meal.

When attending functions outside the service territory such as meetings and training courses the employee is entitled to payment for up to three meals per day.

Payment is to be as follows:

Effective April 1, 2019:

- a) Breakfast = \$10.85
- b) Lunch = \$16.28
- c) Dinner = \$21.71

Effective April 1, 2020:

- a) Breakfast = \$11.04
- b) Lunch = \$16.56
- c) Dinner = \$22.09

Effective April 1, 2021:

- d) Breakfast = \$11.24
- e) Lunch = \$16.85
- f) Dinner = \$22.47

The above allowance can be taken or the Corporation will pay actual meal cost provided the employee submits receipts.

- b) Continuation of Shift – When working overtime on a shift extension, employees will be eligible for a meal allowance after two hours past their normal quitting time and every four hours thereafter as demonstrated below.

Quitting time	First Break	Next Break	Every 4 hours after
3:30 p.m.	5:30 p.m.	9:30 p.m.	

Call-out – When called out to work, employees will be eligible for a meal allowance after two hours on the call-out and every four hours thereafter as demonstrated below.

After quitting time	First Break	Next Break	Every 4 hours after
4:30 p.m. call out	6:30 p.m.	10:30 p.m.	

After quitting time	First Break	Next Break	Every 4 hours after
7:00 p.m. call out	9:00 p.m.	1:00 p.m.	

Meal Breaks during overtime – The employee shall take a ½ hour unpaid meal break unless the requirements of the work being performed does not allow for it. In that case, the employee is then entitled to a ½ hour paid meal break and a meal allowance as per Article 21.03 a) whereby the ½ hour (at straight time) is added to the end of the shift.

Article 22 - General

22.01 Management will provide bulletin boards for posting of Union material.

- 22.02 An employee shall have the right to review his personnel file. Access shall be allowed only in the presence of the Supervisor Line Operations. An employee shall have the right to make copies of any material contained in his/her personnel record.
- 22.03 Should any employee be required to register with the Ontario College of Trades, the employer shall meet with the Union to discuss the matter.

Article 23 - Lay-Off and Recall

- 23.01 It is understood that in the event of a reduction (lay-off) of Corporation employees, employees with the most seniority will be entitled to displace employees with less seniority in other positions, in lieu of being laid off, provided they are qualified to do the work.
- 23.02 Employees shall be recalled on a seniority basis provided they are qualified to do the work available.
- 23.03 The Corporation shall notify all employees, covered by the scope of this Agreement, who are to be laid off in accordance with the provisions of the *Employment Standards Act*. If the employee laid off has not had the opportunity to work the period of notice of layoff specified in the *Employment Standards Act*, he shall be paid in lieu of work for that part of the notice during which work was not made available to him.
- 23.04 No Regular Part-time or Temporary employee can be employed while a Full-time employee is on lay-off.

Article 24 - Pay Days

- 24.01 Pay day shall be every second Thursday, except that, should a paid holiday fall on that day, the previous day shall be deemed to be pay day and pay shall be deposited electronically in the employee's bank account.

Article 25 - Working Equipment

- 25.01 The Corporation will supply employees in the different classifications, without expense to the employee, essential equipment required to carry out their duties. Employees will be responsible for equipment issued to them and the same must be returned to the Corporation upon request. All reissued equipment will be on an exchange basis with exception of lost tools which is limited to \$25.00 per calendar year.
- 25.02 It is agreed that this equipment will not be loaned, sold or used for purposes other than the employment for which it was issued.

25.03 The Corporation shall pay the renewal fee for a DZ driver's licence. The Employer shall also pay the full cost of any medical examination required for the renewal of a DZ driver's license.

Article 26 - Wage Rates and Progression Schedules

26.01 The wage rates, progression schedules and classifications of employees covered by this agreement shall be those shown in Article 32 and 34 and form an integral part of the agreement for payroll purposes only.

26.02 Progressions through the schedule will be based upon the ability and performance of the employee as assessed by Management.

26.03 Rates of pay for a new job classification are subject to mutual agreement between the parties. Unresolved rates of pay issues will be discussed and resolved at the next round of contract negotiations or through a mid-term agreement. Agreed-upon changes to rates of pay shall be made retroactive, if required, to the implementation date of the new job classification.

Article 27 - Health and Safety

27.01 Where medical certification of an employee is required by either the Corporation or Health & Disability carrier, the Corporation agrees to pay one hundred percent (100%) of the cost of such certification.

27.02 Each employee may be examined by a doctor of the employee's choice and paid for by the Corporation at any time as the Corporation may determine to ascertain the fitness of the employee. The Corporation may, at the Corporation's expense, request a second opinion from a doctor who is mutually agreed upon by the employee and the Corporation.

27.03 The parties agree and support the requirements of the Occupational Health and Safety Legislation.

Trades Articles

Article 28 - Sick Leave

28.01 For all employees, sick leave shall accumulate for every month of regular attendance at a rate of one and one-half (1.5) days per month. Maximum accumulation is eighteen (18) days. To accumulate one and one-half (1.5) days, an employee must work a minimum of ten (10) days in a month. New employees can access sick days upon the completion of the probationary period.

28.02 Sick leave may be utilized for medical testing and medical/dental procedures but not for the purpose of attending medical or dental appointments.

Article 29 - Standby

- 29.01 Standby is defined as that duty performed by qualified employees who are required by the Corporation to be readily available for emergency service at other than normal working hours.
- 29.02 Employees designated for standby duty will be paid as per the following:

	March 31, 2019	April 1, 2019	April 1, 2020	April 1, 2021
Weekday	\$27.54	\$28.09	\$28.58	\$29.08
Saturday, Sunday or Recognized Holiday	\$49.93	\$50.93	\$51.82	\$52.73

- 29.03 Employees actually performing standby duties will be allowed to exchange days of standby.
- 29.04 An employee on standby duty shall carry a pager and cell phone and be readily available to respond, if called.
- 29.05 Employees designated for standby duty who are unable to perform such duties because of illness, shall notify Management immediately.
- 29.06 Employees required to be on standby as part of their normal duties, shall reside within a reasonable distance of the service centre (forty (40) km from 598 Second Street) and remain within this boundary when on stand-by to ensure timely response to calls / dispatch.
- 29.07 When there are two (2) employees or less on standby for four (4) weeks or longer, at the Union’s request, the Company will add a qualified non-union employee to the standby rotation for a mutually agreeable period.

Article 30 – Call Out

- 30.01 An employee called out to work outside of normal working hours shall receive the following pay:

- a) Minimum of two (2) hours at double time rate
 - b) Minimum of two (2) hours at double time for cable locates (Bell Canada, Cable T.V., Centra Gas, Town of Espanola and Township of Sables-Spanish Rivers).
 - c) One (1) hour of straight time pay for resolution by telephone to a page from dispatch.
- 30.02 Should any additional call-out(s) follow within two (2) hours of the start of the first call-out, only one minimum will apply and time will be considered continuous from the beginning of the first call-out.
- 30.03 Payment for call-out does not apply to a continuation of the normal work day. Such work shall be paid in increments of one-half hour at applicable overtime rates.
- 30.04 The parties agree, subject to any legislation amendments, an employee is considered to be in the course of his employment and therefore covered under the *Workplace Safety Insurance Act* while in transit to respond to call-out.

Article 31 - Payment for Temporary Supervision

- 31.01 Whenever an employee is asked by the Supervisor, Operations to provide temporary relief for the Union Trade Supervisor position, the employee will be paid at a rate of eight percent (8%) above the Powerline Maintainer rate. The relief period must be at least four (4) hours.

During the overtime call-out where on site response is required by a qualified Powerline Maintainer, this employee will assume the duties, responsibility and Union Trade Supervisor rate of pay.

- a) If the employee who is on standby is an apprentice; the first qualified Powerline Maintainer called to assist him will be designated acting Union Trade Supervisor.
- b) If the permanent Union Trade Supervisor is called out, he will take on all supervision responsibilities; however, acting pay will apply to the Powerline Maintainer who was on standby as stated above.
- c) If an employee is assigned the Union Trade Supervisor role and is off work due to sick leave or vacation, the employee will revert to their regular rate of pay for the period of the leave or vacation, unless the employee is assigned for a long term assignment for a period of forty (40) or more consecutive working days.

Article 32- Classification and Rate of Pay

Classification	Rates Effective March 31, 2019	Rates Effective April 1, 2019	Rates Effective April 1, 2020	Rates Effective April 1, 2021
Union Trade Supervisor	\$43.15	\$44.01	\$44.78	\$45.57
Lead Hand	\$41.96	\$42.80	\$43.55	\$44.31
Powerline Maintainer	\$39.97	\$40.77	\$41.48	\$42.21
Apprentice, 4th Year	\$36.31	\$37.05	\$37.69	\$38.35
Apprentice, 3rd Year	\$33.72	\$34.39	\$35.00	\$35.61
Apprentice, 2nd Year	\$30.01	\$30.61	\$31.15	\$31.69
Apprentice, 1st Year	\$26.35	\$26.88	\$27.35	\$27.83
Apprentice, 6 months	\$24.46	\$24.95	\$25.39	\$25.83
Apprentice	\$22.63	\$23.08	\$23.49	\$23.90

Inside Workers Articles

Article 33 - Sick Leave

33.01 For all employees, sick leave shall accumulate for every month of regular attendance at a rate of one day per month. Maximum accumulation is ten (10) days. To accumulate one (1) day, an employee must work a minimum of ten (10) days in a month. New employees can access sick days upon the completion of the probationary period.

Article 34 - Trades Clerk/Stockkeeper Wage/Progression Schedule

Classification	Rate as of March 31st 2019	Rate Effective April 1, 2019	Rate Effective April 1, 2020	Rate Effective April 1, 2021
Trades Clerk / Stockkeeper	\$25.40	\$25.91	\$26.36	\$26.82

Schedule A

DURATION AND SIGNATURES

This Agreement shall come into effect as of **April 1, 2019**, and shall remain in effect until **March 31, 2022**, and thereafter from year to year unless either party gives notice in writing, not more than ninety (90) days prior to the expiration date, of its desire to negotiate amendments to the Agreement.

Signed this 29 day of May, 2020.

For the Union

Pat Wraytown
DL
M. Belluso
M. Buedy

For the Corporation

John Sullivan
Edg
Alan Curran

Schedule B

SENIORITY LIST

Name	Job Classification	Date of Latest Entry in Bargaining Unit
Pat Waytowich	Union Trade Supervisor	August 26, 1985
Dan Whalen	Powerline Maintainer	July 27, 2009
Graham Yorke	Powerline Maintainer	July 11, 2016
Dan Reid	Powerline Maintainer	June 11, 2018

Schedule C

**LETTER OF UNDERSTANDING
REGARDING OWNERSHIP CHANGE**

The parties agree that in the event of a sale, merger or amalgamation of the business or contracting out of any part of the Corporation's operations, every reasonable effort will be made to maintain the continuity of employment of Regular Full-time employees.

Signed this 29 day of may, 2020.

For the Union

Pat Wantowick
[Signature]
M. Billerose
M. Brady

For the Corporation

[Signature]
[Signature]
Alan Connard

Schedule D

CO-OP STUDENTS

This Schedule is intended to permit and facilitate the temporary placement of Accredited Community College Lines Technician Co-op Students for a period of up to sixteen (16) weeks, subject to the terms contained herein.

The Espanola Regional Hydro Distribution Corporation supports the intrinsic benefits of the work experience component of the Accredited Community College Powerline Technician Program and accordingly, commits to providing a work experience placement for a co-op student who is enrolled in the Program. This is a two year program comprising of 2 eight (8) month sessions of classroom training at the College, E&USA training (Level 1 & 2), followed by a 2 four (4) month work placements. The students will be registered as Powerline Technician Apprentices with the Ministry of Training, Colleges and Universities.

The parties agree to allow one co-op student, at any given time, from an Accredited Community College who is enrolled in this program to be placed into Espanola Regional Hydro Distribution Corporation for up to two (2) four month terms. The first term will commence in September. The Parties agree to meet to see if the Co-op Student Program should be extended or expanded beyond one student. The following are the principles we agree to:

- 1) The student's wage rate will be set at the Apprentice Start Rate. The Employer will provide any required orange safety clothing for the duration of the Co-op Placement, with the understanding that the items will remain the property of Espanola Regional Hydro Distribution Corporation.
- 2) In the event this student is successful to a vacancy, they will receive regular status and will not have to serve a probationary period. The time spent during the two work terms will be credited toward the entry level rate (e.g. if the student spends 8 months total for the two work terms, he/she will spend four months at the entry level apprentice rate and then move to the next step in the band). The rationale for this is that the time spent on the work terms is recognized time to qualify for journeyman status.
- 3) The student will be in the bargaining unit and will pay union dues.
- 4) Safety is a priority with these students as with any employee and accordingly, the employee will be required to follow all safe work practices, procedures and regulations, including the use of proper personal protective equipment. Further, the student will not perform any job functions to which they have not been trained to ensure their safety.

Signed this 29 day of May, 2020.

For the Union

Pat Wrayton
[Signature]
M. Bellerose
M. Sundry

For the Corporation

[Signature]
[Signature]
Alan Tennant

Schedule E

**LETTER OF UNDERSTANDING
REGARDING OMERS CONTRIBUTIONS**

The parties agree that should an employee be off work on WSIB benefits, the employee may request to have their earned vacation or bank time paid out in a lump sum to cover OMERS contributions. The Letter of Understanding is made without prejudice or precedent to any other future matters between the parties.

Signed this 29 day of May, 2020.

For the Union

Pat Waytowich

DL J

M. Bellrose

M. Bury

For the Corporation

Am. Lellan

GM

Allen Curran

Schedule F

MEARIE GROUP BENEFIT PACKAGE

FOR

THE EMPLOYEES OF

Espanola Regional
Hydro Distribution
Corporation

Effective from April 1st, 2019

This handbook has been designed to help you understand and get the most out of your benefits. It gives you most of the information you will generally require regarding your benefits. Separate sections for each benefit plan allow you quick access to the benefit information you want when you want it.

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	PAGE NO.
General Information	-3-
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Extended Health Care	-13-
Long Term Disability	-26-
Life Insurance	-29-
Basic Life Insurance	-38-
Dependent Life Insurance	-40-
Basic Accident Insurance	-42-

Please keep this handbook in a safe place. If changes are made to your benefits, replacement pages will be provided to you for insertion in this handbook.

*Your health, dental, disability and life plans are insured through **Great-West Life Assurance Company**, while your accident plan is insured through **American Home Assurance Company**.*

Any questions you have about your benefit program should be referred to your Plan Administrator.

GENERAL INFORMATION

ENROLLING IN THE BENEFIT PROGRAM

Who Can Enroll

If you are an active permanent full-time employee under the age of 65 and working at least 20 hours per week, you are first eligible to enroll in the benefit program on the date you complete the required waiting period, as specified in the CUPE #4705 Collective Agreement.

Your dependents, as defined below, are also eligible for coverage under the dependent life, spouse optional life, extended health care and dental care plans. Eligible dependents include your:

Spouse

- the person who you are legally married to, or
- a person who continuously resides with you in a role like that of a marriage partner.

Dependent Children

Dependent children include your natural or legally adopted children, or step-children who:

- are unmarried,
- are not employed on a full-time basis,
- are not eligible for insurance as an employee under this plan or any other group plan, and
- are under 21 years of age, or, if in full-time attendance at an accredited school, college or university, are under 25 years of age.

A child insured under this plan, who is incapacitated due to a mental or physical handicap on the date he reaches the age when he would otherwise no longer be eligible for coverage, will continue to be an eligible dependent subject to written proof of the dependent's condition. A child is considered incapacitated if he is incapable of engaging in any substantially gainful activity and is dependent on you for support, maintenance and care, due to a mental or physical handicap.

A stepchild must be living with you to be an eligible dependent.

When Coverage Starts

Coverage for you and your eligible dependents commences on the date you first become eligible to enroll. If you are not actively at work on the date your coverage would normally begin, your coverage will not start until you return to active full-time work.

GENERAL INFORMATION

Changing Your Coverage

There are times when you may need to change your coverage under the dependent life, spouse optional life, extended health care and/or dental care plans, either reducing or adding coverage as appropriate. This may be necessary if:

- you acquire a new spouse or dependent child,
- you separate or divorce,
- your spouse or dependent child dies,
- your child no longer qualifies as an eligible dependent, or
- you acquire or lose similar benefits through your spouse's plan.

In all cases, contact your Plan Administrator who will help you make the necessary changes to your coverage.

GENERAL INFORMATION

WHEN COVERAGE TERMINATES

Coverage for you and your dependents will end on:

- the date your employment ends,
- the date you or your dependents cease to qualify for coverage based on the plan's eligibility requirements,
- the date you enter an armed service on full-time duty,
- the date your employer receives a written request from you to terminate the insurance, where permitted,
- the date you fail to make any required premium contribution,
- the date you attain age 70 (applies to basic life, accidental death and dismemberment and dependent life),
- the date you attain age 65 (applies to term life, employee optional life, spouse optional life and long term disability insurance),
- the date you retire (with the exception of Retirement Life Insurance coverage), or
- the date the group plan is cancelled.

If you are not actively at work due to **Maternity or Parental Leave of Absence**, coverage may be continued for the period of leave to which you are entitled by legislation provided premiums continue to be paid on your behalf. If you do not intend to continue your coverage during this period, where permitted by law, you must inform your employer in writing on or before the date your leave begins. In this case, coverage for you and your dependents will not be reinstated until you return to active full-time work.

Coverage for you and your dependents will cease on the date you are not actively at work due to **lay-off, leave of absence (other than maternity or parental leave), strike or lock-out**.

If you are not actively at work due to **illness or injury**:

- your life, accident and disability coverage will continue in accordance with the "Waiver of Premium" provisions described in the applicable sections of this handbook, and
- extended health care and dental care coverage for you and your dependents will continue until your employer terminates such coverage, provided premiums continue to be paid on your behalf and this plan remains in force.

Retiree Benefits:

- Retirees will be eligible for EHC and Dental Benefits at the employee's cost.

GENERAL INFORMATION

If You Retire Early (Applies to Management employees only)

Coverage for you and your dependents will stop on the date you retire. *However*, if you are a management employee and retire prior to your 65th birthday, but on or after your 55th birthday, and qualify to receive an early pension through OMERS, your dental and extended health coverage (subject to the exclusions indicated in the paragraph below) may be continued until you reach age 65, provided you apply for such continued coverage within 31 days preceding the date you retire.

Extended health coverage for early retirees **excludes** out-of-country and travel assistance benefits, as described herein.

Contact your Plan Administrator who will explain the premium cost to you, where applicable, to continue your coverage and help you enroll.

If you retire under an Early Retirement or Normal Retirement pension through OMERS, you may qualify for a reduced amount of life insurance. Coverage details are provided in the Life Insurance section of this handbook.

Espanola Regional Hydro reserves the right to amend, alter and discontinue all or any portion of the benefits provided to retirees at any time.

DENTAL CARE

Your dental care plan has been developed to help you and your family maintain good dental health.

HOW THE PLAN WORKS

Reimbursement of eligible dental services and supplies is based on the fees recommended in the **current** Ontario Dental Association Fee Guide for General Practitioners and Specialists — updated automatically each year.

There is **no dental care deductible**.

WHAT IS COVERED

The plan provides 100% reimbursement for the following BASIC dental services:

- a) complete oral examinations (once in any 36-month period),
- b) full mouth x-rays (once in any 36-month period),
- c) recall examinations (once in any 6-month period),
- d) bitewing x-rays (once in any 6-month period),
- e) routine diagnostic and laboratory procedures,
- f) one unit of light scaling and one unit of polishing, once in any 6-month period, or prophylaxis (Light scaling and polishing), limited to once in any 6-month period,
- g) fluoride treatment (once in any 6-month period),
- h) oral hygiene instruction (once in any 6-month period),
- i) fillings (amalgam, silicate, acrylic, and composite), retentive pins, and pit and fissure sealants,
- j) surgical services (excluding implant surgery),
- k) consultation, anaesthesia, and conscious sedation,
- l) denture repairs, relines and rebases (minor adjustments are covered only after 3 months have elapsed from the date of insertion),
- m) injection of antibiotic drugs, when administered by a dentist in conjunction with dental surgery,

DENTAL CARE

- n) periodontal services for treatment of gum disease and other supporting tissues of the teeth, including:
 - i) scaling in excess of one unit, and root planing, up to a combined maximum of 16 units per calendar year;
 - ii) provisional splinting; and
 - iii) occlusal equilibration, up to a maximum of 8 units per calendar year, and
- o) endodontic services which include root canal therapy, root amputation, apexifications, and periapical services.

MAXIMUM BENEFIT

No overall maximum benefit applies for basic dental services.

PRE-TREATMENT ESTIMATE

Whenever the total cost of proposed dental treatment is expected to exceed \$400, a treatment plan should be submitted to the Insurance Company in advance to determine how much of your proposed treatment will be covered by the plan. A treatment plan provides a written description of your dental needs, including x-rays; the proposed treatment necessary in the professional judgement of the dentist; and, the cost of the proposed treatment.

Note: *If, for any given dental condition, there are two or more courses of treatment covered under this plan which will produce professionally adequate results, the Insurance Company will pay benefits as if the least expensive course of treatment was used. The Insurance Company retains a professional dental consultant to determine the adequacy of the various courses of treatment available.*

DENTAL CARE

COORDINATING BENEFITS

If both you and your spouse are covered by employer benefit plans, your coverage may overlap; dental services covered by your plan may also be covered by your spouse's plan. "Coordination of Benefits" lets you take advantage of this overlap to recover up to 100% of your expenses.

To coordinate benefits, the person who received the dental treatment makes the claim first — from their employer's plan. (If your child receives dental care, the parent whose birthday falls earliest in the year submits the claim first — to his or her plan). A cheque and explanation of what is being paid comes back from the Insurance Company, and then, if not all of the expense is covered, a second claim is filed with the spouse's plan.

By reviewing your and your spouse's plan to find out when you can receive reimbursement from both plans, you may be able to coordinate benefits and get back as much as 100% of your expense!

HOW TO CLAIM DENTAL BENEFITS

1. Pick up a claim form from your Plan Administrator before you go to the dentist.
2. Take the claim form with you to your appointment and ask the dentist to complete the dentist's portion of the claim form. If your dentist agrees to accept payment from the plan instead of directly from you, be sure the claim form shows that the refund should be made payable to the dentist.
3. Fill out the sections of the claim form that ask for information about you (the employee) and the patient (you or your eligible dependent). To ensure prompt processing of your claim, be sure to indicate the name of your employer, your policy account number, your class code and certificate or social insurance number, in the appropriate boxes provided on the claim form. (This information is provided on your wallet-sized certificate of insurance.)
4. Return your completed claim form for processing to The MEARIE Group, at the address shown on the claim form.

DENTAL CARE

5. The Insurance Company will review your claim and determine what portion is eligible for reimbursement. You should receive your refund cheque, along with an explanation of the benefits being paid, within 2-3 weeks. If you assign payment of the claim to your dentist, you will receive only a copy of the benefits being paid and the refund cheque will be sent directly to your dentist.

OR

Your dental office may file your claim electronically with Great-West Life. In order to process your claim, the information transmitted by the dental office must be complete, and include the same information required for a paper claim (i.e., your employer's name, your policy number, your class code and certificate or social insurance number).

Note: *Dental claims must be submitted no later than 12 months from the date the expense is incurred. If your insurance terminates, benefits are payable only if your claim is submitted within 90 days of the date your insurance terminates.*

DENTAL CARE

WHAT'S NOT COVERED

Your dental care plan does not cover:

- services or treatment that are covered under any other plan, government plan or legally mandated program,
- dental care resulting from self-inflicted injuries or illnesses, while sane or insane, war, insurrection, the hostile action of any armed forces, or participation in a riot or civil commotion,
- dental care required as a result of committing or attempting to commit an assault or criminal offense,
- charges for broken appointments, third party examinations, travel to and from appointments, or completion of claim forms,
- charges for services or supplies for which there would have been no charge at all in the absence of insurance, or which are received from a medical or dental department maintained by an employer, association or trade union,
- charges for services or supplies which are performed or provided by an Immediate Family Member or a person who lives with the insured person,
- treatment rendered for a full mouth reconstruction, for a vertical dimension, or for a correction of temporomandibular joint dysfunction,
- cosmetic treatment, unless required due to an accidental injury which occurs while you or your dependent is insured under this plan,
- implants, or any services rendered in conjunction with implants,
- anti-snoring or sleep apnea devices,
- treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition,
- replacement of removable appliances which are lost, mislaid or stolen, or
- laboratory fees which exceed the reasonable and customary charges, as determined by the Insurance Company.

DENTAL CARE

EXTENDED BENEFIT FOR SURVIVING DEPENDENTS

If you should die while insured under this plan, dental coverage will be continued, without payment of premiums, for your dependents who are insured under this plan at the time of your death for a period of up to 2 years, or earlier, if:

- a) your dependent would otherwise cease to qualify as an eligible dependent,
- b) your surviving spouse remarries,
- c) similar coverage is obtained elsewhere, or
- d) this plan terminates.

EXTENDED HEALTH CARE

Under the extended health care plan, you and your family receive financial protection against major medical expenses which are not covered under your provincial health plan.

HOW THE PLAN WORKS

Your extended health care plan reimburses **100%** of the cost of medical services and supplies that are covered under the plan.

There is **no extended health care deductible**.

WHAT IS COVERED

The following medical services and supplies are covered *provided they are:*

- *medically necessary in the treatment of an illness or injury,*
- *recommended by a physician,*
- *incurred for the care of a person while insured under this benefit,*
- *reasonable taking all factors into account,*
- *not covered under the provincial health plan or any other government-sponsored program, and*
- *they can legally be insured (Most expenses which are covered in part or in full by the provincial health plan cannot legally be insured)*

Payment for any covered expenses which may be purchased in large quantities will be limited to the purchase of up to a 3 months' supply at any one time, except for covered Drug expenses.

Hospital Care

Daily charges up to **semi-private** hospital confinement (incurred in Canada) in excess of the charges for standard Ward accommodation, provided:

- a) the insured person was confined to hospital on an in-patient basis; and
- b) the accommodation was specifically elected in writing by the insured person.

EXTENDED HEALTH CARE

Prescription Drugs and Medicines

- drugs or medicines that are dispensed by a licensed pharmacist, and which by law or convention require the written prescription of a physician or dentist,
- injectable medications,
- life-sustaining drugs,
- oral contraceptives, intrauterine devices and diaphragms, and
- standard syringes, needles and diagnostic aids, if required for treating diabetes (automatic jet injectors and similar equipment are not covered).

Note: *The plan does not cover expenses for preventive vaccines (oral or injected) and medicines; the administration of serums, vaccines, or other injectables.*

Professional Services

Services of a licensed chiropractor, osteopath, podiatrist, massage therapist, naturopath, speech therapist or psychologist, to a maximum of \$300 each per calendar year.

Services of a physiotherapist, to a maximum of \$5,000 per calendar year.

Note: *The maximum for each specialty includes no more than one x-ray per calendar year.*

Vision Care

The following vision care services are covered when prescribed by an ophthalmologist, optometrist, or oculist:

- a) eye examinations, including refractions, limited to once every 24 consecutive months,
- b) purchase and fitting of prescription glasses or elective contact lenses, or elective laser vision correction procedures, to a maximum of \$350 every 24 consecutive months (charges for repairs are also included under this maximum), and
- c) contact lenses if prescribed as medically necessary or required to improve vision to at least a 20/40 level in the better eye and this level cannot be attained with glasses, to a maximum of \$350 every 24 consecutive months.

Benefits payable under provisions (a), (b) and (c) above are limited to an overall maximum of \$350 during any 24 month period.

EXTENDED HEALTH CARE

MEDICAL SERVICES AND SUPPLIES

For all medical equipment and supplies covered under this plan under the following provisions, eligible covered expenses will be limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

Private Duty Nursing

Private duty nursing services (other than for custodial care, homemaking services and supervision — deemed to be within the practice of nursing) provided in the patient's home by a Registered Nurse (R.N.), Registered Nursing Assistant (R.N.A.), Certified Nursing Assistant (C.N.A.) or Licensed Practical Nurse (L.P.N.) who is not a relative, friend or member of the patient's household, to a maximum of \$10,000 per calendar year.

Note: *A detailed treatment plan must be submitted before private duty nursing services begin. The Insurance Company will then advise you of any benefits that are payable under the plan.*

Rental of Major Medical Equipment

Rental of (or, at the Insurance Company's option, purchase of):

- a) *Mobility Equipment:* crutches, canes, walkers and standard wheelchairs; and
- b) *Durable Medical Equipment:* manual hospital beds, respiratory and oxygen equipment, and other durable medical equipment usually found only in hospitals.

EXTENDED HEALTH CARE

Non-Dental Prostheses, Supports and Hearing Aids

- external prostheses (note: limited to 80% reimbursement for myoelectric prostheses),
- braces (other than foot braces), trusses, collars, leg orthosis, casts and splints,
- stock-item orthopaedic shoes and modifications or adjustments to stock-item orthopaedic shoes or regular footwear when recommended by a physician or podiatrist, limited to 4 pairs per calendar year for persons under age 2; 3 pairs per calendar year for persons between the ages of 2 to 17; and, 1 pair per calendar year for persons 18 years of age or older,
- custom-made orthopaedic shoes which are constructed by a Certified Orthopaedic Footwear Specialist (C.F.S.O.) and are required because of a medical abnormality that, based on medical evidence, cannot be accommodated in a stock-item orthopaedic shoe or a modified stock-item orthopaedic shoe, limited to 1 pair per calendar year,
- casted, custom-made orthotics which are recommended by a physician or podiatrist, to a maximum of \$300 per calendar year,
- hearing aids (including charges for installation, repair, maintenance and batteries), to a maximum of \$500 every 5 calendar years,

Other Supplies

- ileostomy, colostomy and incontinence supplies,
- oxygen, and
- medicated dressings and burn garments.

Diagnostic Procedures

Microscopic and other similar diagnostic tests and services.

Ambulance

Licensed ambulance service including air ambulance, to and from the nearest hospital where adequate treatment is available.

EXTENDED HEALTH CARE

Accidental Dental Treatment

Services of a dentist for the treatment of damage to natural teeth or the jaw resulting from an external, accidental blow to the mouth which occurs while insured under this plan. The treatment must be received and approved for payment within 12 months of the accident. Injuries due to biting or chewing are *not* covered.

EXTENDED HEALTH CARE

Out-of-Province or Out-of-Country

REFERRALS FOR TREATMENT OUTSIDE YOUR HOME PROVINCE

If a physician in the insured person's home province gives a written referral for treatment that is not performed in that home province, the insurer will cover the cost of the treatment as specified below, if it is provided in Canada or the United States.

The physician must give the insurer full details of the treatment and the insurer must approve it in advance. The insured person must apply and provide the insurance company with a statement from the provincial health plan that describes what it will cover.

The insurer will pay up to \$10,000 in the insured person's lifetime for the following:

- Hospital room and board at the ward rate
- Hospital services and supplies, and
- Diagnosis and treatment by physicians

EMERGENCY OUT-OF-PROVINCE / COUNTRY COVERAGE

The insured person must be eligible for benefits under a government health plan in Canada to qualify for emergency out-of-province/country coverage or Travel Assistance coverage.

The insurer will cover the first 60 days of a trip.

Eligible medical services and supplies are covered under this plan for treatment given outside the patient's province of residence if required to provide treatment as a result of a **medical emergency** arising while temporarily outside the home province (including outside Canada), on business or vacation.

A **medical emergency** is a sudden, unexpected injury which occurs, or an unforeseen illness which begins, during the absence from the patient's home province and which requires immediate medical attention. The plan will not cover emergency treatment while travelling for health reasons.

Travelling outside Canada while pregnant: This plan will not cover any pregnancy related costs which are incurred outside of Canada within nine weeks of the expected delivery date. Costs associated with a child born outside Canada within nine weeks of the expected delivery date, or after the expected delivery date, are not covered.

EXTENDED HEALTH CARE

The plan will pay up to \$1,000,000 for each insured person for all the covered costs related to any one medical emergency. When emergency treatment for a condition is completed, any ongoing treatment related to that condition is not covered.

(When used under this emergency out-of-province/country section, hospital means a facility licensed to provide emergency treatment for sick or injured patients. It must have facilities for diagnosis and treatment. Physicians and registered nurses must be in attendance 24 hours a day. It does not include nursing homes, homes for the aged, rest homes, convalescent care facilities or any facility that provides similar care.

The plan will cover the charges for emergency treatment that are over the amount covered by the provincial health plan of the insured person's home province. This coverage includes the cost of:

- Hospital room and board at the ward rate
- Hospital services and supplies, and
- Diagnosis and treatment by physicians

In emergency out-of-province/country situations, other charges included under the Extended Health Care coverage section of this plan are covered to the same extent that they would be in Canada. This includes coverage such as wheelchair rental, crutches and prescription drugs.

In the event of a medical emergency, you or someone acting on your behalf must contact the Travel Assistance Centre prior to seeking medical treatment. If it is not reasonably possible for you to contact the Travel Assistance Centre prior to seeking medical treatment due to the nature of the medical emergency, you must contact the Travel Assistance Centre as soon as possible. Failure to contact the Travel Assistance Centre as described will result in a reduction of benefits in the case of hospitalization of 40% of eligible costs. All costs for such emergency will be limited to your emergency out-of-province/country coverage and Travel Assistance coverage maximum or \$25,000, whichever is less.

If a physician or the Travel Assistance provider recommends you or your dependent be moved to a different facility at the destination, and you choose not to go, eligible costs for emergency coverage and Travel Assistance coverage will in the case of hospitalization be reduced by 40% of eligible costs. All costs for such emergency will be limited to your emergency out-of-province/country coverage and Travel Assistance coverage maximum or \$25,000, whichever is less.

If a physician or the Travel Assistance provider recommends you or your dependent return to your home province, and you choose not to go, emergency coverage and Travel Assistance coverage will end.

EXTENDED HEALTH CARE

Travel Assistance Coverage

This plan provides travel assistance for you and your eligible dependents, while you are temporarily outside your province of residence (including outside of Canada) because of business or vacation, and not for health reasons. The assistance services are delivered through an international organization, specializing in travel assistance.

The insurer will cover the first 60 days of a trip.

Travelling outside Canada while pregnant: This plan will not cover any pregnancy related costs which are incurred outside of Canada within nine weeks of the expected delivery date. Costs associated with a child born outside Canada within nine weeks of the expected delivery date, or after the expected delivery date, are not covered.

The services under the Travel Assistance coverage include:

- multilingual assistance by telephone, 24 hours a day, 365 days a year, for the insured person or medical providers to obtain aid, assistance, and exchange information, in matters relating to the covered services.
- referrals to physicians or medical facilities, if necessary.
- arrangements for direct payment, wherever possible, for physicians' services, hospitalization and other insured services.
- communication with the physician who is treating the insured person to get an understanding of the situation and monitor the condition.
- telephone interpretation services in most major languages.
- the sending and receiving of urgent messages.
- medical evacuation home or transportation to another medical facility. For transportation home, payment will be made based on an economy fare ticket.
- arrangements for (including all necessary documents) and the cost of transporting the insured person's remains to their home, up to a maximum of \$3,500.
- help to locate Embassy or Consulate services.
- help to locate lost documents or luggage.

The Travel Assistance benefit includes the following services, subject to prior approval of the charges:

EXTENDED HEALTH CARE

- the cost of additional commercial accommodation required beyond the original return date, for a companion travelling with the insured person. This includes charges for accommodation, meals, telephone and taxi or rental cars, up to a maximum of \$150 per day, not to exceed a total of \$1,500.
- the cost of an economy fare ticket home, for a companion who is travelling with the insured person, and who has forfeited their ticket because of a delay caused by the insured person's illness, injury, or death.
- the cost of an economy fare ticket home for each child left alone because of the insured person's illness, injury, or death. The Travel Assistance provider will also arrange for a qualified attendant to accompany the children, if necessary.
- the cost of a round-trip economy fare ticket for a family member to visit an insured person who is travelling alone and must be hospitalized for more than 10 days.
- the cost of returning a vehicle to the insured person's home or the nearest rental agency, up to a maximum of \$1,000.

The insurer is not legally responsible for the actions or advice of any physician or attorney that the insured person is referred to.

The Travel Assistance benefit does not cover medical emergencies in the home province.

How To Access The Travel Assistance Plan — Your Travel Assistance Card

Your travel assistance card lists the toll free numbers to call in case of an emergency while outside your province. The toll free number will put you in touch with the international travel assistance organization.

Your travel assistance card also lists your I.D. number (either your certificate or social insurance number) and your group policy number, which the travel assistance organization needs to confirm that you are covered under the plan.

How to make an out-of-province/country claim

There are special rules for claiming the costs of emergency treatment outside of your home province or Canada.

For all medical expenses, the Travel Assistance provider must be contacted at the time of the emergency. This will enable the Travel Assistance provider to co-ordinate payment directly with the hospital and/or medical provider involved, providing the insured person gives approval to the Travel Assistance provider to co-ordinate payment with the Provincial Health Care plan.

EXTENDED HEALTH CARE

If a medical provider or hospital bills you directly, send the bill along with your claim form to the Travel Assistance provider.

What is not covered for Emergency out-of-province/country treatment and travel assistance

The insurer will not pay for any costs resulting directly or indirectly:

- (a) from an accident occurring while you or your dependent was operating a vehicle, vessel or aircraft, if you or your dependent:
 - i) were impaired by drugs or alcohol, or
 - ii) had a blood alcohol level higher than 80 milligrams of alcohol per 100 millilitres of blood

- (b) from the abuse of illegal substances.

MAXIMUM BENEFIT

The maximum dollar amount that is reimbursed for covered medical services and supplies received in your home province is unlimited.

The maximum that is reimbursed for medical treatment received outside your home province or Canada is:

- \$1,000,000 for each covered person for all covered costs related to any one emergency under the emergency out-of-province/country and the Travel Assistance coverage; or
- \$10,000 during the covered person's lifetime for approved referral treatment.

COORDINATING BENEFITS

If both you and your spouse are covered by employer benefit plans, your coverage may overlap; medical services and supplies covered by your plan may also be covered by your spouse's plan. "Coordination of Benefits" lets you take advantage of this overlap to recover up to 100% of your expenses.

To coordinate benefits, the person who received the service or supply makes the claim first — from their employer's plan. (If your child receives medical care, the parent whose birthday falls earliest in the year submits the claim first — to his or her plan). A cheque and explanation of what is being paid comes back from the Insurance Company, and then, if not all of the expense is covered, a second claim is filed with the spouse's plan.

EXTENDED HEALTH CARE

By reviewing your and your spouse's plan to find out when you can receive reimbursement from both plans, you may be able to coordinate benefits and get back as much as 100% of your expense!

HOW TO CLAIM EXTENDED HEALTH CARE BENEFITS

1. Save all your receipts for medical services and supplies, including prescriptions, and any bills or receipts received for hospital care. Receipts and bills should show:
 - the patient's name,
 - the date the treatment or supply was provided,
 - the nature of the service or supply,
 - an item-by-item list of the charges, and
 - if applicable, the name and number of each prescription drug.
2. Pick up a claim form from your Plan Administrator.
3. Fill out the sections of the claim form that ask for information about you (the employee) and the patient (you or your eligible dependent). To ensure prompt processing of your claim, be sure to indicate the name of your employer, your policy number, your class code and certificate or social insurance number, in the appropriate boxes provided on the claim form. (This information is provided on your wallet-sized certificate of insurance.)
4. Return your completed claim form, with original receipts attached, for processing to The MEARIE Group at the address shown on the claim form.
5. The Insurance Company will review your claim and determine what portion is eligible for reimbursement. You should receive your refund cheque, along with an explanation of the benefits being paid, within 2-3 weeks.

Note: *Extended health care claims must be submitted no later than 12 months from the date the expense is incurred. If your insurance under this plan terminates, benefits are payable only if your claim is submitted within 90 days of the date your insurance terminates.*

EXTENDED HEALTH CARE

WHAT'S NOT COVERED

Your extended health care plan does not cover any expense which is directly or indirectly related to:

- any illness or injury arising out of or in the course of employment when the person is covered by or is eligible for coverage by Workers' Compensation,
- any illness or injury for which benefits are payable under any government plan or legally mandated program,
- self-inflicted injuries or illnesses, while sane or insane, war, insurrection, the hostile action of any armed forces, or participation in a riot or civil commotion,
- the committing of or the attempt to commit an assault or criminal offense,
- charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes or completion of claim forms,
- charges for services or supplies for which there would have been no charge at all or which would have been reimbursed under a government-sponsored plan in the absence of insurance, or which are received from a medical or dental department maintained by an employer, association or trade union,
- charges for services or supplies which are required for recreation or sports, but which are not medically necessary for regular activities,
- charges which would have been payable by the provincial health plan had proper application been made,
- charges for services or supplies which are performed or provided by an Immediate Family Member or a person who lives with the insured person, or which are provided while confined in a Hospital on an in-patient basis, or
- medical treatment which is not usual and customary, or which is experimental or investigational in nature.

EXTENDED HEALTH CARE

EXTENDED BENEFIT FOR SURVIVING DEPENDENTS

If you should die while insured under this plan, extended health care coverage will be continued, without payment of premiums, for your dependents who are insured under this plan at the time of your death for a period of up to 2 years, or earlier, if:

- a) your dependent would otherwise cease to qualify as an eligible dependent,
- b) your surviving spouse remarries,
- c) similar coverage is obtained elsewhere, or
- d) this plan terminates.

LONG TERM DISABILITY

Your long term disability plan has been developed to protect you against the financial impact of lost income, if a lengthy illness or injury keeps you from coming to work.

HOW THE PLAN WORKS

Benefits are payable under the long term disability plan after you have been totally and continuously disabled for a period of **17 weeks**.

BENEFITS PROVIDED

If you are totally disabled you will receive a monthly income benefit equal to **70% of your regular monthly earnings, to a maximum of \$6,000 per month**. *You must provide medical evidence - proof that you are insurable, satisfactory to the insurer, for all amounts of coverage in excess of \$2,000.

To qualify for long term disability benefits you must be "totally disabled". During the first 24 months that you receive long term disability, this means that you are unable to do the essential duties of your normal job and are not otherwise employed. After this 24-month period, you will continue to qualify for long term disability benefits only if you are unable to work at any job for which you are reasonably suited by virtue of your education, training and experience.

Any benefits you receive from the long term disability plan are taxable if your employer contributes, in whole or in part, towards the cost of providing the plan.

Benefits from the long term disability plan will stop if you:

- recover,
- attain age 65,
- are unable to provide written proof of your disability,
- are no longer under a physician's care,
- fail to undergo an examination by an independent doctor of the Insurance Company's choice, or
- in the event of your death.

LONG TERM DISABILITY

Coordination With Other Disability Benefits

Long term disability benefits are reduced by the amount of income you receive or are entitled to receive as a result of the same disability from:

- Workers' Compensation or similar legislation (excluding any future cost of living adjustments),
- the Canada or Quebec Pension Plan (excluding any future cost of living adjustments or dependent benefits payable to you),
- any other federal, provincial or municipal government plan, excluding any disability benefits available to you through the Ontario Municipal Employees' Retirement System, but not filed on your behalf, and
- any other group insurance plan, or any retirement or pension plan of the employer, excluding any disability benefits available to you through the Ontario Municipal Employees' Retirement System.

The benefit you receive will be further reduced, if necessary, so that the total disability income you receive from this plan and any other source (other than income from a private source) does not exceed 85% of your pre-disability net earnings (if benefits are non-taxable) or gross earnings (if benefits are taxable).

Rehabilitation Benefit

The rehabilitation benefit is designed to help you through an adjustment period of up to 24 months while working part-time, in a reduced capacity or involved in a retraining program approved by the Insurance Company.

While you are participating in an approved rehabilitation program, your long term disability benefit will not be discontinued. However, your monthly long term disability benefit will be reduced by 50% of the compensation you receive from rehabilitative employment.

When Disability Recurs

If you recover from total disability, only to become disabled again, the second period of disability will be treated as a continuation of the first unless the second disability is unrelated to the first, or is separated from the first by more than six months.

Waiver of Premium

Premium payments are waived during any period in which you receive benefits from this plan. Long term disability benefits will continue in accordance with the terms of the policy regardless of whether or not this plan remains in effect or your other benefit coverages

LONG TERM DISABILITY

are subsequently terminated, provided your disability begins while your coverage under this plan is in force.

HOW TO CLAIM LONG TERM DISABILITY BENEFITS

Claim forms are available from your Plan Administrator. Early filing of claims is recommended. Forms should be completed and returned to your Plan Administrator after you have been disabled at least 30 days and do not expect to return to work before the *Elimination Period* expires. Long term disability claims must be submitted no later than 90 days after the date you are eligible for benefits to begin.

WHAT'S NOT COVERED

Your long term disability plan does not cover:

- intentionally self-inflicted injury or illness,
- disability resulting from war, or act of war, or while engaged in the armed services,
- any period of disability during which you are not under the regular care and attendance of a legally qualified physician,
- any period of disability which commences while you are not insured under this plan,
- participation in a criminal act, or
- disability, loss or expense which commences or occurs during any period of statutory maternity or parental leave of absence except to the extent:
 - a) the continuance of insurance coverage during such period of statutory maternity or parental leave of absence is required by legislation or by written agreement between you and your employer; and
 - b) you do not receive or are not entitled to receive any payment, benefit, indemnity or other amount from any source, including any policy, plan or fund provided by any employer, insurer or government (including basic and supplementary unemployment insurance maternity/parental leave benefits).

LIFE INSURANCE

Your life insurance plan provides you with a basic benefit and allows you to purchase additional coverage for yourself and/or your spouse. In the event of your death, the plan pays a benefit to your beneficiary. The benefit is payable to you in the event of the death of your covered spouse.

HOW THE PLAN WORKS

If you should die while insured, your plan will pay the amount of your life insurance to the last nominated beneficiary as filed. In the absence of a beneficiary nomination, payment will be made to your estate.

You may name anyone you choose to receive benefits payable under the plan in the event of your death. However, if you name a minor, a trustee must also be appointed. You may change your beneficiary designation at any time, subject to the laws governing such changes, by contacting your Plan Administrator.

If your spouse is insured for life insurance coverage under the spouse's optional life plan, benefits are payable to *you* in the event of the death of your covered spouse.

BENEFITS PROVIDED

Employee Life Insurance

Your life insurance plan provides basic and optional coverage, depending on the Option you apply for. You may select coverage under one of the following four Options available under the plan.

OPTION	BASIC TERM INSURANCE (EMPLOYER PAID)	ADDITIONAL TERM INSURANCE (EMPLOYEE PAID)
1	150% of your annual earnings	Nil
2	175% of your annual earnings	25% of your annual earnings
3	175% of your annual earnings	75% of your annual earnings
4	175% of your annual earnings	125% of your annual earnings

Notes: *All amounts of basic term and additional term insurance are rounded upward to the nearest \$1,000.
Regardless of which Option you select, the total amount of coverage cannot exceed \$600,000.
Before selecting (or changing) an Option, it may be important to review the Retirement Life Insurance coverage applicable to you.*

LIFE INSURANCE

Your life insurance coverage begins on the date you complete the eligibility waiting period, provided you make written application for coverage within 31 days of becoming eligible.

If you do not apply within the 31-day deadline, you will automatically be enrolled in the Basic Term Insurance plan only, for a benefit equal to 150% of your annual earnings (Option 1). To enroll in any of the plan Options available which include Additional Term Insurance (Options 2, 3 and 4), you must provide medical evidence — proof that you are insurable — satisfactory to the insurer.

LIFE INSURANCE

Spouse's Optional Life Insurance

The purchase of life insurance coverage for your spouse is completely voluntary; you decide whether or not to participate. A **spouse** is the person you are legally married to, or a person who has continuously resided with you in a role like that of a marriage partner for at least one year.

Spouse's optional life insurance coverage is available in **multiples of \$10,000 to a maximum of \$250,000**. Provided you apply for this coverage within the first 31 days following your eligibility date, only coverage amounts in excess of \$10,000 are subject to medical evidence — proof that your spouse is insurable — satisfactory to the insurer. If you apply after the 31-day deadline, **ALL** coverage applied for will be subject to satisfactory medical evidence.

If you are not actively at work on the date coverage would normally begin, coverage will not begin until you return to active work. If your spouse is hospitalized, coverage will not begin before your spouse is discharged and resumes normal activities.

Changing Your Coverage

There are times when you may need to change your coverage under the employee's and/or spouse's life insurance plan, either reducing or increasing the coverage, as appropriate. (**NOTE:** For employee life insurance, it may be important to review the Retirement Life Insurance coverage applicable to you before deciding to change your coverage Option.)

You may re-select your Option under the employee's life insurance plan and/or change the amount of your spouse's life insurance benefit, at any time. Your Plan Administrator will provide you with the necessary forms to request a change.

Any request to increase the coverage amount, is subject to medical proof of insurability, satisfactory to the insurer, and will be effective on the date the insurer approves the application, provided you are actively at work (or in the case of your spouse, s/he is not hospitalized).

Any request to reduce or cancel optional life insurance for yourself and/or your spouse, will be effective on the later of the date you request or the first day of the month following the date your request is received. (**NOTE:** If you subsequently apply to add or increase coverage for yourself and/or your spouse that was previously cancelled or reduced, evidence of insurability, satisfactory to the insurer, will be required.)

LIFE INSURANCE

Cost Of The Life Insurance Plan

Your employer pays the entire cost of your Employee Basic Term Life Insurance coverage. All life insurance premiums paid by your employer are a taxable benefit to you.

If you elect Additional Term Life Insurance coverage for yourself and/or Optional Life Insurance coverage for your Spouse, the cost to you will be paid through payroll deduction.

For **EMPLOYEE ADDITIONAL TERM LIFE INSURANCE**, the rates vary by age, gender and smoking status, and are adjusted according to your age on the 1st of January each year, with any required adjustment taking effect at that time. Monthly costs are provided in the chart below.

Employee's Attained Age (as at January 1st)	MALE		FEMALE	
	Smoker Monthly Rate (per \$1,000)	Non-Smoker Monthly Rate (per \$1,000)	Smoker Monthly Rate (per \$1,000)	Non-Smoker Monthly Rate (per \$1,000)
Under 35	\$0.044	\$0.022	\$0.022	\$0.020
35 - 39	0.060	0.039	0.033	0.028
40 - 44	0.163	0.080	0.099	0.062
45 - 49	0.285	0.142	0.169	0.098
50 - 54	0.445	0.231	0.240	0.151
55 - 59	0.757	0.383	0.395	0.231
60 - 64	0.890	0.480	0.480	0.300

Note: Monthly costs shown above reflect those in effect as of January 1st, 2005. The monthly cost schedule is subject to change by the insurer; your employer will notify you prior to any changes taking effect.
Monthly costs shown above are subject to applicable taxes.

LIFE INSURANCE

For **SPOUSE'S OPTIONAL LIFE INSURANCE**, the rates vary based on your spouse's age, gender and smoking status, and are adjusted according to your spouse's age on the 1st of January each year, with any required adjustment taking effect at that time. Monthly costs are provided in the chart below.

Spouse's Attained Age (as at January 1st)	MALE		FEMALE	
	Smoker Monthly Rate (per \$1,000)	Non-Smoker Monthly Rate (per \$1,000)	Smoker Monthly Rate (per \$1,000)	Non-Smoker Monthly Rate (per \$1,000)
Under 30	\$0.042	\$0.032	\$0.042	\$0.026
30 - 39	0.069	0.035	0.054	0.032
40 - 49	0.187	0.094	0.113	0.069
50 - 59	0.615	0.307	0.312	0.187
60 - 64	1.200	0.599	0.653	0.390

Note: *Monthly costs shown above reflect those in effect as of January 1st, 2005. The monthly cost schedule is subject to change by the insurer; your employer will notify you prior to any changes taking effect.
Monthly costs shown above are subject to applicable taxes.*

When Coverage Ends

Employee Life Insurance (Basic Term and Additional Term) coverage ceases on the earliest of the following dates:

- the date your employment ends, other than by retirement on pension or cessation of active employment due to total disability;
- the last day of the month in which you reach age 65; or
- the date the group plan is cancelled.

(NOTE: If your employment ends due to retirement on pension, you will continue to be insured for a reduced Retirement Life Insurance benefit — refer to the sub-section, *Retirement Life Insurance*.)

Your Spouse's Optional Life Insurance coverage ends on the earliest of the following dates:

- the date your employment ends;
- the date of your death;
- the date you retire or reach age 65;
- the date your spouse no longer qualifies as an eligible spouse; or
- the date of your spouse's 65th birthday.

LIFE INSURANCE

Waiver Of Premium

If you become totally disabled while insured and before your 65th birthday or earlier retirement, your life insurance coverage under the Basic Term, Additional Term and Spouse's Optional Life plan will be continued without further payment of premiums. Your coverage will continue until you are no longer disabled, retire or reach age 65, whichever occurs first. (Your spouse's life insurance coverage will continue until you are no longer disabled, die, retire or reach age 65, or your spouse reaches age 65 — whichever occurs first.)

Proof that you are totally disabled must be submitted to Great-West Life within 12 months from the onset of the disability, and periodically as requested by Great-West Life thereafter.

Totally Disabled means that you are prevented from performing any work for compensation or profit or from following any gainful occupation. (However, if you are insured for Long Term Disability benefits by Great-West Life under this same master policy, the definition of total disability used to determine your eligibility for disability benefits, as described in this booklet, shall also apply when assessing your life insurance waiver of premium benefit.)

LIFE INSURANCE

Conversion Privilege

If **your** life insurance coverage ceases or reduces as a result of termination of employment, retirement or attainment of age 65, you may apply to convert your cancelled or reduced insurance to an individual policy — *without* having to provide medical evidence. You must make written application for the individual policy to Great-West Life accompanied by payment of the first premium within 31 days of the date your life insurance terminates or reduces. If you should die during the 31-day conversion period, a death benefit equal to the amount of life insurance eligible for conversion will be paid, regardless of whether application for conversion has been made.

You may choose an individual policy plan which provides coverage comparable to the coverage for which you were insured under this Plan, but without disability benefits, or you may choose any other individual policy which Great-West Life is willing to offer, but without disability benefits. The amount of the individual policy will not exceed the lesser of \$200,000 or the excess of the amount of your life insurance in force under this Plan immediately prior to the termination or reduction over the amount of life insurance provided by any group policy of your employer or any other employer for which you are eligible on the effective date of the individual policy. The premium rate will be based on your age and gender, and the type of policy plan you select.

Your **spouse's** life insurance coverage ceases on the date your employment terminates. You may, however, apply to convert your spouse's insurance, on or before your spouse's 65th birthday, to an individual policy — *without* having to provide medical evidence. You must make written application for the individual policy to Great-West Life accompanied by payment of the first premium within 31 days of the date your employment ends. If your spouse should die during the 31-day conversion period, a death benefit equal to the amount of insurance eligible for conversion will be paid, regardless of whether application for conversion has been made.

RETIREMENT LIFE INSURANCE

On the last day of the month in which you reach age 65, or retire on pension under a Normal Retirement, Early Retirement or Total Disability Retirement — whichever occurs first — your life insurance coverage under the Option you selected will cease. However, you will continue to be insured for a reduced Retirement Life Insurance benefit based on your years of service in this plan and your Option selection(s) prior to retirement, as set out in the chart on the following page.

LIFE INSURANCE

CLASSIFICATION	AMOUNT OF RETIREMENT LIFE INSURANCE
A. If you retire with less than 10 Years of Service in this Plan	\$2,000
B. If you were not insured under the Superseded Plan* and retire with 10 or more Years of Service in this Plan OR if you were insured under the Superseded Plan* but at any time prior to retirement elected coverage under Options 2, 3 or 4	50% of your final annual earnings, reducing by 2-1/2% of final annual earnings on the anniversary of your retirement date each year following for ten years, to a minimum of 25% of your final annual earnings
C. If you were insured under the Superseded Plan*: 1. If at any time you elected coverage under Options 2, 3 or 4; 2. If you were hired on or after May 1, 1967 and never elected coverage under Options 2, 3 or 4 at any time prior to retirement; or 3. If you were hired prior to May 1, 1967 and never elected coverage under Options 2, 3 or 4 at any time prior to retirement	Amount will be determined in accordance with provision B above 50% of your final annual earnings 70% of the amount of coverage you were insured for immediately prior to your retirement date
<p>Notes: All amounts of retirement life insurance are rounded upward to the nearest \$1.00.</p> <p><i>Superseded Plan</i> means the prior life insurance plan which this Plan replaced effective March 1, 1980.</p> <p><i>Years of Service</i> means your service in this Plan or the Superseded Plan with your current employer you retire from, together with service credited to you in this Plan or the Superseded Plan by reason of your prior service with any other employer participating in this Plan, where the transfer occurs without intervening employment.</p>	

LIFE INSURANCE

HOW TO CLAIM DEATH BENEFITS

Your Plan Administrator will furnish all the required claim forms to your beneficiary in the event of your death. In the event of the death of your covered spouse, the required claim forms will be furnished to you. Claims for death benefits must be submitted no later than 12 months after the date of death.

WHAT'S NOT COVERED

No amount will be paid for that part of your spouse's optional life insurance benefit that has been in force for less than 2 years, if loss of life results from suicide, while sane or insane. However, Great-West Life will refund all applicable premiums paid.

BASIC LIFE INSURANCE

Your basic life insurance plan pays a benefit to your beneficiary in the event of your death.

HOW THE PLAN WORKS

If you should die, your basic life insurance plan will pay a benefit to your appointed beneficiary, regardless of the cause of death.

You may name anyone you choose to receive benefits payable under the plan in the event of your death. However, if you name a minor, a trustee must also be appointed. You may change your beneficiary designation at any time by contacting your Plan Administrator.

BENEFITS PROVIDED

Your basic life insurance coverage is equal to **three times your annual earnings to a maximum of \$100,000**. (Amounts that are not an event multiple of \$1,000 are rounded up to the nearest \$1,000.) Your coverage will reduce by 50% on your 65th birthday.

Waiver of Premium

If you become totally disabled while insured and before your 65th birthday or earlier retirement, your life insurance coverage under the Basic Life plan will be continued without further payment of premiums. Your coverage will continue until you are no longer disabled, retire or reach age 65, whichever occurs first.

Proof that you are totally disabled must be submitted to Great-West Life within 12 months from the onset of the disability, and periodically as requested by Great-West Life thereafter.

Totally Disabled means that you are prevented from performing any work for compensation or profit or from following any gainful occupation. (However, if you are insured for Long Term Disability benefits by Great-West Life under this same master policy, the definition of total disability used to determine your eligibility for disability benefits, as described in this booklet, shall also apply when assessing your life insurance waiver of premium benefit.)

BASIC LIFE INSURANCE

Conversion Privilege

Your basic life insurance coverage ceases on the date your employment terminates. However, if you are under age 65, you may apply to convert your insurance to an individual policy — *without* having to provide medical evidence. You must make written application for the individual policy to Great-West Life accompanied by payment of the first premium within 31 days of the date your basic life insurance terminates. The amount of the individual policy will not exceed the lesser of \$200,000 or the total amount of your life insurance in force under all life insurance plans provided under this policy immediately prior to the termination of your coverage. If you should die during the 31-day conversion period, a death benefit will be paid, regardless of whether or not application for conversion has been made.

HOW TO CLAIM DEATH BENEFITS

Your Plan Administrator will furnish all the required claim forms to your beneficiary in the event of your death. Claims for death benefits must be submitted no later than 12 months after the date of death.

DEPENDENT LIFE INSURANCE

The dependent life insurance plan provides life insurance coverage for your spouse and/or children.

HOW THE PLAN WORKS

Dependent life insurance benefits are payable to *you* in the event of the death of your covered spouse or dependent child.

BENEFITS PROVIDED

Under the dependent life insurance plan, your **spouse is covered for \$4,000**, while **each dependent child is covered for \$2,000**.

Benefits for a dependent child commence on the 15th day after birth.

Waiver of Premium

If you become totally disabled for at least 6 consecutive months before your 65th birthday, your dependent life insurance coverage will be continued without further payment of premiums. Your coverage will continue until you are no longer disabled, retire or reach age 65, whichever occurs first. Proof that you are totally disabled must be submitted to the Insurance Company within 12 months from the onset of the disability, and periodically as requested by the Insurance Company thereafter.

"Totally disabled" means that you are unable to work at any job for which you are reasonably suited by virtue of your education, training and experience.

The life waiver benefit will continue in accordance with the terms of the policy regardless of whether or not the plan remains in effect or your other benefit coverages are subsequently terminated, provided your disability begins while your coverage under this plan is in force.

Conversion Privilege

Your dependent life insurance coverage ceases on the date your employment terminates. Your spouse may, however, apply to convert his or her insurance to an individual policy — *without* having to provide medical evidence. Your spouse must apply to convert within 31 days of the date your employment ends. If your spouse should die during the 31-day conversion period, a death benefit will be paid, regardless of whether or not application for conversion has been made. A dependent child's insurance may *not* be converted.

DEPENDENT LIFE INSURANCE

HOW TO CLAIM DEATH BENEFITS

Your Plan Administrator will furnish all the required claim forms in the event of the death of your covered spouse or dependent child. Claims for death benefits must be submitted no later than 12 months after the date of death.

Your basic accidental death and dismemberment plan provides coverage in the event of accidental death or serious injury.

HOW THE PLAN WORKS

Your basic accidental death and dismemberment insurance covers you 24 hours a day, 7 days a week, anywhere in the world. Benefits from this plan are paid in addition to any life or disability insurance that you receive.

In the event of your accidental death, your accident insurance plan will pay a benefit to your appointed beneficiary. Benefits for all other covered accidental losses are payable to *you*.

You may name anyone you choose to receive benefits payable under the plan in the event of your accidental death. However, if you name a minor, a trustee must also be appointed. You may change your beneficiary designation at any time by contacting your Plan Administrator.

BENEFITS PROVIDED

Your basic accidental death and dismemberment insurance coverage is equal to **three times your annual earnings, to a maximum of \$100,000**. (Amounts that are not an even multiple of \$1,000 are rounded up to the nearest \$1,000.) Your coverage will reduce by 50% on your 65th birthday.

If you have an accident which results in a serious injury or death within 365 days of the accident, benefits will be paid according to the chart on the following page.

IF AN ACCIDENT RESULTS IN:	AMOUNT PAYABLE
Quadriplegia (total paralysis of both arms and legs)	2 X insured amount
Paraplegia (total paralysis of both legs)	2 X insured amount
Hemiplegia (total paralysis of the arm and leg on one side of the body)	2 X insured amount
Loss of life	whole amount
Loss of both hands, both feet or both eyes	whole amount
Loss of use of both arms or both hands	whole amount
Loss of one hand and one foot	whole amount
Loss of one hand and one eye or one foot and one eye	whole amount
Loss of speech and hearing in both ears	whole amount
Loss of use of both feet	whole amount
Loss of one arm or one leg	3/4 of insured amount
Loss of use of one arm or one leg	3/4 of insured amount
Loss of one hand, one foot or one eye	2/3 of insured amount
Loss of use of one hand or one foot	2/3 of insured amount
Loss of speech or hearing in both ears	2/3 of insured amount
Loss of thumb and index finger or at least 4 fingers of one hand	1/3 of insured amount
Loss of hearing in one ear	1/3 of insured amount
Loss of all toes of one foot	1/4 of insured amount

Only one of the amounts payable (the largest applicable) is paid for injuries to the same limb caused by any one accident.

The maximum payable for all losses suffered by one covered person in any one accident will not exceed the following:

- (i) with the exception of quadriplegia, paraplegia and hemiplegia, the whole amount for which he or she is insured.
- (ii) with respect to quadriplegia, paraplegia and hemiplegia, 200% of the amount for which he or she is insured, or 100% if Loss of Life occurs within 90 days after the date of the accident.

Exposure and Disappearance

Benefits will also be paid for:

- losses caused by exposure to the elements, resulting from an accident within 365 days of the accident, and
- disappearance due to travel accidents (If a covered person's body is not found within 365 days of an accident in which their vehicle sinks or disappears, and there is no evidence that they survived, the benefit for loss of life is payable).

Repatriation Benefit

The plan will pay for the preparation and transportation of the deceased for burial:

- up to \$10,000 if death occurs more than 50 km from the deceased's home, or
- up to \$10,000 if death occurs outside of Canada.

Rehabilitation Benefit

The plan provides reimbursement of up to \$10,000 for expenses incurred for special training received within 2 years of the accident required in order for you to engage in a new occupation, if you are unable to perform your normal occupation as a result of an accidental loss. Payment will not be made for ordinary living, travelling or clothing expenses.

Occupational Training Benefit

In the event of your accidental death, the plan provides reimbursement of up to \$10,000 for expenses incurred for training that qualifies your widowed spouse for a job for which he or she would not have otherwise engaged in, but for your death.

Family Transportation Benefit

In the event you are on a trip covered by this plan, and are confined as an inpatient in a hospital because of injuries which result in a loss payable under the Loss Schedule and require the personal attendance of a member of your immediate family as recommended by the attending physician, the plan will pay up to \$10,000 for the expense incurred by the member for transportation by the most direct route by a licensed common carrier to be in attendance with you.

"Member of the immediate family" means the spouse or common law spouse, parent, grandparent, children over age 18, brother or sister of the insured person.

Education Benefit

In the event of your accidental death, the plan provides a benefit of up to \$5,000 (or 5% of your insured amount, whichever is less) to your dependent child, provided the child was enrolled on a full-time basis in an institution of higher learning beyond the 12th grade level at the time of your death, or was enrolled in the 12th grade level and subsequently enrolls as a full-time student in an institution of higher learning within 365 days of your death.

The maximum benefit is in combination with the Education Benefit maximum provided under any other policy issued by the insurer, and is payable annually for a maximum of four (4) consecutive annual payments, provided the child continues to be enrolled in the institute of higher learning. Payment will not be made for expenses incurred prior to the date of your death, nor for room, board or other ordinary living, travelling or clothing expenses.

If, at the time of your accidental death, you have no dependent child(ren) eligible for either the Education Benefit or the Day Care Benefit, the insurer will pay \$1,500 to your designated beneficiary.

Day Care Benefit

In the event of your accidental death, the plan provides a benefit of up to \$5,000 (or 5% of your insured amount, whichever is less) for reasonable and necessary expenses actually incurred for day-care, provided the child is enrolled in a day-care centre at the time of your death, or will subsequently enroll in a day-care centre within 365 days of your death.

The maximum benefit is in combination with the Day Care Benefit maximum provided under any other policy issued by the insurer, for not more than four (4) consecutive years with respect to any one dependent child, provided the child continues to be enrolled in a day-care centre. Payment will not be made for expenses incurred prior to the date of your death, nor for room, board or other ordinary living, travelling or clothing expenses.

"Day-Care centre" means a facility which is operated according to law, including laws and regulations applicable to day-care facilities, and which provides care and supervision for children in a group setting on a regular basis. Day-Care centre shall neither include a hospital, the child's home, care provided during school hours while a child is attending grades one (1) through twelve (12) nor any other day-care facility which does not charge a fee for services rendered. **"Dependent child"** means a person who is either a natural child, step-child or legally adopted child of the insured employee, who is residing in his household, is under thirteen (13) years of age and dependent upon the insured employee for maintenance and support.

Private Automobile Seat Belt Coverage

In the event you sustain an injury which results in a loss payable under the Loss Schedule, an additional amount equal to 10% of the amount payable will be paid if, at the time of the accident, you were driving or riding in a vehicle and wearing a properly fastened seat belt.

The driver of the vehicle must hold a current and valid driver's license of a rating authorizing him to operate such vehicle, and neither be intoxicated nor under the influence of drugs, unless such drugs are taken as prescribed by a physician, at the time of the accident.

Home Alteration and Vehicle Modification Benefit

In the event you receive a payment under the Loss Schedule and subsequently require (due to the same cause for which payment was made under the Loss Schedule) the use of a wheelchair to be ambulatory, this benefit will pay up to \$10,000, upon presentation of proof of payment, for:

- the one-time cost of alterations to your residence to make it wheelchair accessible and habitable, and/or
- the one-time cost of modifications necessary to a motor vehicle, owned by you, to make the vehicle accessible or driveable for you.

Benefit payments will not be paid unless:

- a) home alterations are made by a person or persons experienced in such alterations and recommended by a recognized organization, providing support and assistance to wheelchair users; and
- b) vehicle modifications are carried out by a person or persons with experience in such matters and modifications are approved by the Provincial vehicle licensing authorities.

Waiver of Premium

Premium payments are waived during any period in which you are totally disabled and premiums are being waived for your group life insurance coverage. Premiums will be waived until age 65, recovery or death, whichever occurs first, provided this plan remains in force.

Conversion Privilege

Your basic accidental death and dismemberment insurance coverage ceases on the date your employment terminates. You may, however, apply to convert your insurance to an individual policy provided this plan is still in force — *without* having to provide medical evidence. You must apply to convert prior to age 70 and within 31 days of the date your employment ends. If you should die accidentally or suffer a covered accidental loss during the 31-day conversion period, a benefit will be paid in accordance with the Loss Schedule, regardless of whether or not application for conversion has been made.

HOW TO CLAIM ACCIDENT BENEFITS

Your Plan Administrator will furnish all the required claim forms to you or your beneficiary in the event of a covered accidental loss or death, respectively. Claims for accident benefits must be submitted no later than 12 months after the accident occurs.

WHAT'S NOT COVERED

Your basic accidental death and dismemberment insurance plan does not cover losses caused by or resulting from:

- suicide or attempted suicide,
- intentionally self-inflicted injury,
- any act of war, declared or undeclared,
- full-time active service in the armed forces of any country,
- injuries suffered while travelling in an aircraft owned or leased by your employer, or a subsidiary, affiliate or associate company of your employer,
- death or bodily injuries suffered while a pilot or crew member of an aircraft, or
- death or bodily injuries suffered while a passenger in an aircraft that is not properly licensed, or operated by a person not holding a current and valid pilot's license.