

This Booklet describes the benefits available to certain employees of Maple Leaf Foods Inc. in Manitoba, who are members of UFCW Local No. 832. 本手册中所叙述的福利适用于在曼省枫叶食品公司的UFCW832 工会的会员有效。

This Booklet can be seen at www.ufcw832.com 登陆 www.ufcw832.com 可浏览本手册。

The Benefit Plan is operated by a Board of Trustees with an equal number of Trustees appointed by Maple Leaf and Local No. 832. The Trustees have full authority to resolve all questions related to the provisions of the Benefit Plan. 此福利计划是由理事会运营，理事会的成员一半是由枫叶公司委派，另一半是由 832 工会分部委派组成的。理事会拥有本手册的最终解释权。

Provisions of the Benefit Plan may be changed depending upon the financial experience, or at the discretion of the Trustees, if the change is in the best interests of the Benefit Plan. This can include an increase or decrease in the amount of coverage. 财政状况会影响福利计划。理事会会在保证福利计划最大利益的前提下，根据财政状况对保额进行调整。

Payment of a claim will be made only if you or your dependant(s) are eligible for benefits. 只有你和你的家属可以享受本福利计划，申请才予以支付。

The Benefit Plan is governed by the Plan Text, and by the Policy issued by Great-West Life. If there is any discrepancy or dispute in the wording of this Booklet and the Plan Text or Policy, the Plan Text and the Policy will prevail. 福利计划是由本计划文本和 Great-West Life 发行的保险政策所管理。如本手册中文字和福利计划文本或保险政策有任何不一致或争议，将以计划文本和保险政策为准。

FOR INFORMATION ABOUT YOUR ELIGIBILITY, COVERAGE OR CLAIMS, CALL OR WRITE THE ADMINISTRATOR. 有关你是否符合条件的信息，保额或申请，可致电或写信给计划审核员。

Administrator's Address: 审核员地址

UFCW Union/Maple Leaf Foods Inc. Benefit Plan

3rd Floor, 880 Portage Avenue

Winnipeg, Manitoba

R3G 0P1

电话 Phone: 204-982-4170 (In Winnipeg) (温尼伯市内)

1-877-982-4170 (Outside Winnipeg) (温尼伯外)

The Board Of Trustees 理事会成员

Beatrice Bruske

Ian Henry

Jeff Traeger

Robert D. Ziegler

Participation 加入方式

You can participate in the Benefit Plan if you have completed a Registration Form and you have met the following requirements. 在你填写好登记表并达到以下条件后，你才可加入福利计划。

Full-Time Employees (全职员工)

Short-Term Disability, Major Medical and Life insurance Benefits: coverage starts on the first day of the month after you have worked for 2 complete consecutive calendar months. 短期无能力工作保险，重大医疗和人寿保险: 在你连续工作 2 个自然月后，下个月 1 号保险生效。

Long-Term Disability Benefits: coverage starts on the first day of the month after you have worked for 12 complete consecutive calendar months. 长期无能力工作保险: 在你连续工作 12 个自然月后，下个月 1 号保险生效。

Part-Time Employees 兼职员工

Short-Term Disability, Major Medical and Life insurance Benefits: coverage starts on the first day of the second month after you have worked for 2 complete consecutive calendar months and you have worked an average of at least 24 hours a week for the last 8 weeks. Coverage terminates on the last day of the month, following the month in which an 8-week period ends, where your average hours dropped below 24 hours per week. 短期无能力工作保险，重大医疗和人寿保险: 在你满足连续工作 2 个自然月且期间

每周不少于 24 小时的情况下，福利计划于 1 个自然月后的 1 号生效。如在任何 8 周内每周平均工作低于 24 小时，保险则终止于此后一个自然月的最后 1 天。

Long-Term Disability Benefits: coverage starts on the first day of the month after you have worked for 12 complete consecutive calendar months, and you have worked an average of at least 24 hours a week for the last 8 weeks. Coverage terminates on the last day of the month following the month in which an 8-week period ends, where your average hours dropped below 24 hours per week. 长期无能力工作保险: 在你满足连续工作 12 个自然月且最后 8 周内每周平均工作不少于 24 小时的情况下，福利计划于下个月的 1 号生效。如在任何 8 周内每周平均工作低于 24 小时，保险则终止于此后一个自然月的最后 1 天。

You must be actively at work on the day you become eligible; otherwise the start of your coverage will be delayed. 在你福利计划生效之日，你必须处在具有完全能力的工作状态中；否则，你福利计划的生效日期将被延后。

All Employees 所有员工

Coverage ceases on the earlier of: 以下任一状况发生在先，则保险终止于：

- **The date your employment terminates.** 你被解雇当日。
- **The last day of the month in which you retire.** 你退休当月的最后一天。
- **The date the Policy, if applicable, is cancelled or the Benefit Plan ceases to exist.** 如有适用，本政策被取消之日或福利计划停止之日。
- **The date the bargaining unit is no longer represented by the Union.** 工会不再代表枫叶公司之日。
- **The date your employment is suspended by Maple Leaf, or a strike or lockout starts. Coverage will recommence when you return to work.** 你被枫叶公司停职，或罢工或工厂停工之日。当你复工后，保险项目将重新开启。

- The date Maple Leaf ceases operations at the plant at which you report for work. 你所工作的枫叶公司停止生产之日。
- The date you are laid-off or take a leave of absence for longer than 4 weeks. 你被解雇或休假超过 4 周以后。

Coverage will start again when you return to work. You can continue your coverage while you are off (except Short-Term and Long-Term Disability) by making self-payments (currently \$17.50 per week or \$70 per month). You must make the self-payments for the whole time you are off. The Trustees may increase this amount from time to time. 当你复工后，保险项目将重新开始。在你不上班期间(除短期无能力和长期无能力工作外)可通过自己付款的方式(现在是\$17.50 一周或\$70 一个月)延续你的保险。但你必须付清整个缺勤期间的费用。理事们可能不时的增加此数额。

If you take a leave of absence for 4 weeks or less, coverage for all benefits will continue during this period and you do not have to make self-payments. 如果你休假不超过 4 周，在此期间你的各项保险将持续有效并且你无须自己支付保险。

Your Spouse: a person legally married to you and living with you, or a common-law spouse who has lived with you for at least one year if neither of you is married, or for 3 years if one of you is legally married, or a person of the same gender with whom you have lived in a marriage-like relationship for at least one year. 你的配偶定义为: 与你合法结婚并居住在一起，或定义为如果你们双方都未婚并且与你居住在一起至少一年的同居者，又或定义为如果你们其中一方已合法结婚，但与你居住在一起三年的同居者，又或定义为一位与你同性别在一起生活像婚姻关系超过一年的同居者。

Your Dependant Child(ren): an unmarried, natural or legally adopted child or step child, or the child of a common-law or same gender Spouse, who if employed, works less than full-time hours, and who is: 你要抚养的孩子(们)定义为: 一个未婚，亲生或合法收养的子女或异父母子女，或同居者或同性配偶的子女，此子女如工作，少于全职工作小时，并且此人

- a) under age 22, or under age 25 and attending an educational institution full-time, or 不到 22 周岁，或者是 25 周岁以下的在校全日制学生或者
- b) age 22 or over and incapable of self-sustaining employment because of a mental or physical handicap which commenced prior to the child's 22nd birthday. 22 周岁之前患病并导致精神和身体残疾，不能自立工作的超过 22 周岁的子女

The child(ren) of your common-law or same gender Spouse will be considered a Dependant if the child(ren) has resided with you for at least 12 consecutive months.

与你一起居住超过一年的你同居配偶或同性配偶的子女(们)家属。

Your common-law or same gender Spouse and the child(ren) of your common-law or same gender Spouse must be listed on your initial Registration Form. If not, they must be listed on the Administrator's records for at least 12 months before they will be covered. 你同居配偶或同性配偶并与其子女(们)必须登记在初始登记表中。如果没有，他(她)们须被登记在审核员的记录上超过一年后保险方可生效。

A Notification Of Change Form must be completed and sent to the Administrator when there are changes or additions to your marital status and/or Dependents. 当你的婚姻状况或家属情况有改变或增加时，你要及时填写一份变更声明表并寄送给行政管。

To apply, you must be: 申请，你必须符合以下条件：

- a) unable to perform the duties of your regular occupation because of a non-occupational disease or sickness or accidental injury; and 因为非工伤疾病或意外受伤而不能履行你正常的工作职责；并且
- b) under the continuing care of a licensed medical doctor, or, if your disability is the result of a mental health condition, you must be under the continuing care of a psychiatrist, licensed to practice in Manitoba. 在持照医师对你病情的观察和治疗过程中，如果你是因心理健康问题而导致无法上班，那么给你治疗的医生必须是一位有曼省行医执照的精神病医生。

Your application will be considered only if it is made within 90 days after: 只有在以下情况发生后的 90 天之内申请，你的申请才会予以受理

- the first day you are unable to work because of your disability; or 在因为伤病，第一天不能上班之日起；
- your claim through Workers' Compensation or MPI is denied/terminated. A copy of the denial letter must be sent to the Administrator. Note: If your initial application to Workers' Compensation or MPI is denied you must first appeal their decision before you can apply to the Benefit Plan. 向 WCB(工人工伤赔偿)或 MPI (曼省公共车辆保险)申报的索赔申请被拒/终止后。需向审核员递交一份被拒信的复印件。注意：如果是首次递交

WCB(工人工伤赔偿)或 MPI 申请被拒，在申请福利计划之前，你必须要先向这些机构对此决定申请上诉。

THE BENEFIT PLAN PAYS 60% OF YOUR BASIC WEEKLY EARNINGS - TO A MAXIMUM OF \$546.92 PER WEEK (THIS AMOUNT MAY CHANGE EVERY YEAR). BECAUSE THESE PAYMENTS ARE TAXABLE INCOME, YOU WILL BE SENT A T4A SLIP AT THE END OF THE YEAR TO FILE WITH YOUR INCOME TAX RETURN. 福利计划支付你每周基本收入的 60% - 每周最高不超过\$546.92 (此额度可能每年都要改变)。因为此收入是须纳税的，在年末你会收到一张 T4 单用于报税。

SHORT-TERM DISABILITY continued 短期伤病 (或者短期无能力工作) (说明继续)

Co-ordination with Employment Insurance 与就业保险(EI)配合

YOU MUST APPLY FOR SICK BENEFITS FROM E.I. EACH TIME YOU ARE ABSENT FROM WORK, EVEN IF YOU ARE ONLY ABSENT FOR ONE DAY. 每一次缺勤，你都要申请就业保险(E.I)中的病假福利，即使你只缺勤一天。

Here's how the co-ordination with E.I. works: 以下解释了怎样与就业保险(E.I)配合:

First...the Benefit Plan will pay you up to the date E.I. benefits start 首先...福利计划将支付到就业保险(E.I)开始之日止。

Second...E.I. will pay you for up to the next 15 weeks. Written proof of the date your E.I. started and ended must be sent to the Administrator. 其次...就业保险(E.I)将支付你福利计划之后的 15 周。你要把就业保险(E.I)起止日期的书面证明寄送给审核员。

Then...if you are still disabled, the Benefit Plan will pay you for the balance of the “Benefit Period.” 然后...如果你还不能上班，福利计划将支付“以下福利周期”的剩余部分。

The “Benefit Period” (including E.I.) depends on your years of seniority service at Maple Leaf.”福利周期” (包括就业保险(E.I))依据你在枫叶公司服务的年限来决定。

Years of Service 服务年限	Benefit Period 福利周期
Less than 5 years 少于 5 年	up to 26 weeks 最多可达 26 周
5 years but less than 10 years 多于 5 年但少于 10 年	up to 39 weeks 最多可达 39 周
10 years and longer 10 年或 10 年以上	up to 52 weeks 最多可达 52 周

If you are ill, you must be unable to work for at least 5 complete consecutive working days. Maintenance Employees: you must be unable to work for at least 4 consecutive 10-hour shifts. Powerhouse Employees: you must be unable to work for at least 3 consecutive 12-hour shifts. Benefits are paid from the first full day you are absent from work, provided you saw a doctor or psychiatrist on that day. Otherwise, benefits are paid from the date you first see a doctor or psychiatrist. 如果你生病了，你必须至少一连 5 个工作日不能上班。维护员工：你必须一连 4 个 10 小时的连班不能上班。发电站员工：你必须一连 3 个 12 个小时的连班不能上班。福利将从第一个全日工作日开始，前提是你在那一天去看了医生或者精神病医生。否则，福利将从你看医生或者精神病医生的第一日开始。

If you are injured, benefits are paid from the first full day you are absent from work, provided you saw a doctor on that day. Otherwise, benefits are paid from the date you first see a doctor. 如果你受伤了，福利将从第一个你缺勤的全日工作日开始支付，前提是你在那一天去看了医生。否则，福利将从你看医生的第一日开始支付。

If you are issued a bed and assigned a room in a Hospital or a rehabilitation centre, or you undergo day surgery or an oral surgical procedure, benefits are paid from the day you are admitted. 如果你在医院或康复中心被分配了病床和病房，或者你做了门诊手术或口腔手术，福利将从你入院那一日开始支付。

If you were injured in a motor vehicle accident, you must make an injury claim through Manitoba Public Insurance. MPI has a 7-day waiting period before benefits start; the Benefit Plan will pay you from the day you see a doctor to the day that MPI benefits start. 如果你出车祸了，你必须首先向 MPI (曼省公共车辆保险) 申请索赔。MPI 在保险生效前有一个 7 天的审理等待期，福利计划将支付你从看医生那天到 MPI 保险开始生效那段时间的保险。

If you are injured because of an assault that you provoked, your disability will not be covered. 如果是因你挑衅斗殴导致受伤，那么你申请的短期无能力工作福利将不予以支付。

If you recover and return to work at your regular job, at your regular hours, each day for at least 1 complete calendar month...then again become disabled from the same or a related cause, it will be considered to be a new disability. Otherwise it will be considered a continuation of your previous disability. 如果你康复后回到原来的工作岗位正常连续工作至少一整月...然后又开始出现类似或者相关的症状而无法上班，这将被视为新的伤病申请。不足一个月将被视为先前伤病申请的延续。

If you recover and return to work at your regular job, at your regular hours, each day for at least 10 consecutive working days...then become disabled from an unrelated cause, it will be considered to be a new disability. Otherwise it will be considered a continuation of your previous disability. 如果你康复后回到原来的工作岗位正常连续工作至少十个工作日...然后又开始出现与此病不相关的症状而无法上班，这将被视为新的伤病申请。不足十个工作日将被视为先前伤病申请的延续。

If you are on an unpaid leave of absence when you become disabled, your benefits will start on the day that you were scheduled to return to work, or after your E.I. benefits end, which ever is later. 如果你在不带薪事假中造成伤病并不能上班，福利计划将从你申请回厂上班且你申请的就业保险(E.I.)用完后开始支付。

Long-Term DISABILITY (ONLY FOR EMPLOYEES UNDER AGE 65)

长期伤残无能力工作 (只面向 65 周岁以下的员工)

To qualify, you must (because of a non-occupational illness or accidental injury) be:

必须符合以下定义方能申请，你必须(因为非职业病或者意外伤害造成的):

a) unable to perform the duties of any occupation for which you are reasonably fitted by education, training or experience, or for which you may reasonably become qualified; and 不能胜任任何在你原有教育，培训和工作经验的情况下可以胜任或可能胜任的工作；

b) you must be under the care of a licensed medical doctor or a psychiatrist licensed to practice in Manitoba. 你必须在曼省有执照的医生或者精神病医生观察或治疗过程中。

THE BENEFIT PLAN PAYS 66 2/3% OF YOUR BASIC MONTHLY EARNINGS - TO A MAXIMUM OF \$1,500 PER MONTH. BECAUSE THESE PAYMENTS ARE TAXABLE INCOME, YOU WILL BE SENT A T4A SLIP AT THE END OF THE YEAR TO FILE WITH YOUR INCOME TAX RETURN. 福利计划支付你每月基本工资的 66 2/3% -每月支最多不超过\$1,500。因为此收入是须缴纳税收的，在年末你会收到一张 T4 单用于报税。

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Benefits start on the day immediately following the end of your short-term disability benefit period if you have qualified for long-term disability benefits as described on page 1 of this benefit summary. Payments are issued on the last working day of each month. 只要你符合本手册第一页描述的因伤残而长期无能力工作的情况，在你享受满短期无能力工作计划后立即开始长期计划的支付。长期无能力工作将在每月底支付。

If you recover and return to work at your regular job, at your regular hours each day, for at least 1 complete calendar month...then again become disabled from the same or a related cause, it will be considered to be a new disability and you must apply for Short-Term Disability Benefits. Otherwise, it will be considered a continuation of the previous LTD claim. 如果你康复后回到工作岗位连续正常工作一个月...后又开始出现类似或者相关的症状而无法上班，这将被视为新的申请，需重新申请短期无能力工作计划。不足一个月，这将被视为上一次长期无能力工作计划的延续。

If you recover and return to work at your regular job, at your regular hours each day, for at least 14 consecutive days...then become disabled from an unrelated cause, it will be considered to be a new disability and you must apply for Short-Term Disability Benefits. Otherwise, it will be considered a continuation of the previous LTD claim. 如果你康复后回到工作岗位正常工作连续 14 个天...然后又开始出现与此病不相关的症状而无法上班，

这将被视为新的申请，你必须重新申请短期无能力工作计划。不足 14 天，这将被视为上一次长期无能力工作计划的延续。

YOU WILL HAVE 45 DAYS TO APPLY TO THE CANADA PENSION PLAN (CPP) FOR A DISABILITY PENSION. IF YOU DO NOT, YOUR LTD PAYMENTS WILL BE SUSPENDED UNTIL YOU DO. 你有 45 天的时间去申请加拿大养老保险(CPP)。如你没有在限期内申请，那么你长期无能力工作的福利将被暂缓支付直到你申请好加拿大养老保险(CPP)为止。

As soon as you receive confirmation that CPP has received your application, you must send a copy of that confirmation to the Administrator. 一旦你收到了 CPP 的确认件，你必须提交确认件的复印件给审核员。

YOU MAY BE REQUIRED TO BE EXAMINED BY THE BENEFIT PLAN'S MEDICAL CONSULTANT WHO HAS BEEN HIRED TO PROVIDE AN INDEPENDENT ASSESSMENT OF YOUR CONDITION. 你有可能被要求由福利计划聘请的医疗顾问进行检查，此顾问将对你的情况进行独立评估。

Your doctor's fees to complete the initial Physician's Statement will be reimbursed up to \$50. Doctor's fees for completing follow-up medical forms sent by the Benefit Plan will be reimbursed at 100%. 医生填写报告产生的费用，首次最多报销\$50。之后医生填写福利计划要求地复诊表格的费用，将 100%全额报销。

You will be required to complete a Reimbursement Agreement. If you receive any money, for your disability, from "any other source" (other than a private wage loss policy), for the same period of time that you are receiving benefits from the Benefit Plan, no further payments will be made to you until you repay the Benefit Plan. 你将被要求填写一份偿付协议。如果你在享有“其他收入”(除了私有保险公司)的同时，享受福利计划，将被要求退回福利计划的款项。

“ANY OTHER SOURCE” INCLUDES, BUT IS NOT LIMITED TO, THE CANADA PENSION DISABILITY PLAN, MANITOBA PUBLIC INSURANCE OR ANY OTHER PUBLIC OR PRIVATE AUTOMOBILE INSURANCE POLICY, OR ANY GOVERNMENT AGENCY OR ORGANIZATION WHICH ACCEPTS LIABILITY FOR AN EVENT CAUSING THE DISABILITY. “其他收入” 包括但不限于，加拿大养老金伤残计划，曼省公共车辆保险(MPI)或者其他公共或私有车辆保险公司，或者其他政府机构或组织对致伤残事件承担责任的。

CONDITIONS THAT APPLY TO BOTH SHORT-TERM AND LONG-TERM DISABILITY BENEFITS continued 对于短期和长期伤残福利都适用的条件 继续

To assist you to return to active employment you will be required, where possible, to participate in approved rehabilitative employment or retraining for alternate employment. Payments from the Benefit Plan, although reduced by 50% of the amount you earn from rehabilitative employment, will continue: 为了帮助你回复到积极的工作当中，有可能得情况下，你要参加福利计划批准你的康复就业或者替代就业地再培训。当你参加康复就业后，福利计划将减少支付额，减少数额是康复就业收入的 50%，但是福利计划将继续支付到:

- if you are on Short-Term Disability – only until the end of your benefit period; or 如果你申请的是短期无能力工作 ----- 支付到你福利周期结束；或者
- if you are on Long-Term Disability – for up to 24 months from the start of the Rehabilitation Program. 如果你申请的是长期伤病无能力工作 ----- 从康复就业项目开始起最多 24 个月

No payment will be made for the following. 以下情况，将不支付福利。

- Any day you work anywhere and get paid. 你工作并有收入的日子。
- A disability, resulting from cosmetic or experimental surgery except when it is required to correct deformities or congenital defects which significantly interfere with function. 除了在极度影响基本生活的情况下需要矫正畸形或先天性缺陷的手术，化妆品或实验性的手术导致地伤残。

- Any period that you are not under the care of a licensed medical doctor or psychiatrist (if applicable). 你没有在持照医生或者持照精神医生观察或治疗下(如有适用)
- The period during which you are on vacation. 在你带薪休假期间。
- The period you are receiving or entitled to receive payments from Employment Insurance, Workers' Compensation or MPI, or are paid a pension from your company Pension Plan. 在你收到就业保险、工人工伤赔偿委员会的付款或者曼省公共车辆保险(MPI), 又或者你所在公司支付地养老保险期间。
- Any disability, in excess of 14 calendar days, resulting from dental treatment, unless you are under the care of a medical doctor. 除非在医生的观察或治疗下, 否则任何超过 14 天由于牙科治疗而导致地伤残。
- Alcoholism or drug abuse, unless you are receiving treatment in a rehabilitation centre, or provincially designated institution. You must provide the Administrator with written confirmation of your attendance during and upon completion of the program. 有酒瘾或者滥用麻醉品, 除非你在康复中心, 或者省指定的机构接受治疗。你必须提供给审核员一份你治疗期间出勤的书面记录还有一份返城治疗项目的证明。
- Absences due to intentionally self-inflicted injury while sane or insane; or, as a result of committing or attempting to commit a criminal offence, or provoking an assault. 无论神智清醒或精神错乱的情况下因自己原因造成伤害而导致地缺勤; 违反或试图违反法律, 或者主动挑起事端而造成的缺勤。

Benefit payments cease on the earliest of the following dates. 以下任一状况发生在先时, 福利计划终止。

- The end of the month in which you retire. 你退休当月的月底。
- You cease to be covered under the Benefit Plan. 你不再在福利计划保险下。
- You recover. 你康复了。
- You refuse to participate in rehabilitation, follow a prescribed treatment plan, or refuse an offer of employment. 你拒绝参加康复计划, 拒绝接受规定的治疗方案, 又或者拒绝给你提供的就业机会。
- You fail to provide required medical or other information requested by the Administrator. 你未能提供医保管理者要求地医疗或其他信息。

- You move to a residence where the distance to Winnipeg or Brandon, which ever is applicable, would prevent your participation in a treatment plan or rehabilitation program, or the ongoing evaluation of your condition. 你搬去了另一个居住地，新的居住地到温尼伯或者布兰顿的距离，妨碍你参加治疗或者康复计划，又或者不能为你进行评估。
- You are absent from your home address for more than 14 days, and you have not provided the Administrator, before you leave, with a statement from your doctor and from your Case Manager that your absence will not impede your recovery, delay rehabilitation or a return to work, or prevent ongoing evaluation of your disability. 你离开你所报的居住地超过 14 天，并且在你离开之前没能提供给审核员一份你医生和你个案经理的证明，证明你离开居住地将不会阻碍你恢复，延长康复或返回工作及阻碍正在为你进行地伤残评估。
- The end of the month in which you turn age 65 (for Long-Term disabilities). (对于长期伤残) 在你满 65 周岁当月的月底。
- You die. 当事人死亡。

Benefit payments will cease if the Benefit Plan is terminated or operations cease at the plant where you report for work. 如果福利计划被终止或者你所在工厂停产后，福利计划的支付将停止。

The Benefit Plan will reimburse Full-Time Employees at 100% (Part-Time Employees at 50%) for Prescription Drugs required to treat illness or injury, provided the charge is not eligible for reimbursement under any government plan. 福利计划将为全职员工百分之百 (兼职员工百分之五十) 报销治病所需的处方药，若此费用在其他政府计划下都不能报销。

YOU, AND EACH OF YOUR DEPENDENTS 18 YEARS OF AGE OR OVER, ARE REQUIRED TO REGISTER WITH MANITOBA PHARMACARE EACH YEAR. YOU MUST PROVIDE THE ADMINISTRATOR WITH A COPY OF THE LETTER RECEIVED FROM MANITOBA PHARMACARE STATING THE AMOUNT OF YOUR DEDUCTIBLE FOR THAT YEAR. 你，和每一位 18 周岁以上的家属，被要求每年在曼省 PHARMACARE 注册。你必须提供给审核员一份由曼省 PHARMACARE 寄给你当年有可抵扣药品数额信的复印件。

“Prescription Drugs” means... 处方药解释为

- eligible drugs prescribed by a licensed medical doctor or a licensed dentist and dispensed by a licensed pharmacist, provided the drugs are eligible under the Manitoba Pharmacare Program; and 可报销的药物是由有执照的医生或者持照牙医开给你的并且由持照的药剂师给你配药，且该药物符合曼省 Pharmacare 标准。
- vaccinations and immunization for preventative treatment of communicable disease, and flu shots when offered to all Employees, and administered at the plant at which you report for work. 疫苗接种是对传染性疾病的预防，当提供流感疫苗接种时，你可在你所工作的工厂接种。

A Drug Card will be mailed to you, as soon as you have sent the Administrator, both your Registration Form and your Pharmacare Deductible letter. If you use your Drug Card at the time you fill your prescription, your Pharmacist will bill the Benefit Plan directly for the amount covered by the Benefit Plan. You are responsible for any portion of the charge not paid by the Benefit Plan. 一旦在你寄给医保管理者注册表和你的 Pharmacare 药品抵扣单后，药卡将寄送给你。如果你在买药时使用了药卡，你的药剂师将直接向福利计划提交你买药所能报销的费用。你要对任何福利计划不报销的部分付费。

Each drug purchased is subject to a maximum dispensing fee of \$7.00. If the dispensing fee exceeds \$7.00, you must pay the difference. 每一种药都有最多 7 块钱的配药费。如果配药费超过 7 块钱，你必须支付剩余的部分。

No reimbursement will be made for: 以下情况将不予以报销:

- A single purchase of drugs, which would not be consumed within 100 days. 不能在 100 天内服用完单次购买的药物。

- Vitamins, vitamin supplements, dietary supplements, and diet foods. 维生素，维生素补充物，膳食补充物，还有减肥食物。
- Food products including infant formula, infant foods, salt and sugar substitutes. 包括婴幼儿配方奶粉，婴幼儿食物，盐和糖的替代品。
- Contraceptive preparations and devices. 避孕产品。
- Drugs and/or products prescribed for sexual performance, obesity or infertility. 为性生活，肥胖症或者不孕症开的处方药物和/或产品。
- Drugs and/or products that are available “over the counter”. 那些不用处方的药物和/或产品。
- Amounts that can be paid by Pharmacare. 可以由 Pharmacare 报销的部分。

Charges for the following services and supplies will be reimbursed if purchased because of illness or injury, provided the charge is not eligible for reimbursement under any government plan or other employer plan 对于以下服务和医疗器械的费用，如果因生病或受伤而需购买将可以报销，假设此费用在其他政府计划下不能报销。

The Benefit Plan will reimburse Full-Time Employees at 85% (Part-Time Employees at 50%) for the following: 福利计划对全职员工可以报销以下项目的 85%(兼职员工报销 50%)

Chiropractor: 脊椎诊疗医师

Up to a maximum of \$500 per calendar year. 每年最多\$500

Naturopath /Osteopath/Massage Therapist: 理疗家/正骨医师/按摩理疗师

If you have a referral from a licensed medical doctor, up to a combined maximum of \$500 per calendar year. 如果你有持照医生的转诊信，以上三项服务共计每年可报销 \$500。

MAJOR MEDICAL BENEFITS continued 主要医疗福利 继续

Physiotherapist/Acupuncturist: 物理治疗师/针灸师

If you have a referral from a licensed medical doctor for physiotherapy (no referral required for acupuncture), up to a combined maximum of \$500 per calendar year. 如果你有持照医师的转诊信去做物理治疗(针灸不要求转诊信)，以上两项服务共计每年可报销\$500。

Podiatrist/Chiropodist/Orthopedic Supplies; Appliances: 足病医生/手足病医生/矫形器材 :

Up to a combined maximum of \$500 per calendar year including the purchase of orthopedic supplies or appliances when prescribed by either of these medical practitioners or a licensed medical doctor. 当以上所述的服务医师或持照医生开处方时，包括购买矫形器材以上四项服务共计每年可报销\$500

Psychologist: 心理治疗师

If you have a referral from a licensed medical doctor, up to a maximum of \$300 per calendar year. 如果你有持照医师的转诊信，每年最多可报销\$300。

Speech Therapist: 语言治疗师

If you have a referral from a licensed medical doctor, up to a maximum of \$300 per calendar year. 如果你有持照医师的转诊信，每年最多可报销\$300。

Private Duty Nurse: 私人护士:

Up to a maximum of \$3,500 per calendar year, for services of a registered nurse, licensed practical nurse, or a certified nursing assistant when certified essential by a licensed medical doctor and while you, or your Dependant, are not confined to a hospital, nursing home, home for the aged, rest home or similar facility. Charges must be for care, which requires the skills of a nurse, and not for custodial care. 每年最多\$3,500，此费用是给持照医生确认需要雇佣注册护士，持照实习护士，或者认证的护士助理服务的，并且你或你的家属没在医院，养老院，老人员，疗养院或类似机构。此费用必须是需要护士技术的护理而不是监护。

Hospital Expenses: 医院费用:

- Charges for Hospital room and board, in Manitoba, up to the charge for a semi-private room. 在曼省医院病房和膳食，最多可报销至双人病房。

- Services and supplies furnished by a Hospital in Manitoba while you or your Dependant is confined in Hospital. 在你或你的家属住院时，曼省医院提供的服务和器械。
- Services and supplies obtained while you or your Dependant is treated as an outpatient at a Hospital or surgical company, excluding the cost of x-rays or laboratory tests, if such x-rays and tests are the reason for the hospitalization as an outpatient. 当你或者你的家属在门诊治疗时得到地服务及使用地器械，不包括门诊病人入院时所作地 x 光和验血的费用。

Medical Equipment: 医疗器械:

Reimbursement for the rental or purchase of a wheelchair, hospital-type bed, iron lung or other durable equipment for temporary therapeutic use, when recommended by a licensed medical doctor. 当持照医生建议时，租赁或者购买轮椅，医院的病床，人工呼吸器或者其他用于临时治疗用途地耐用设备费用可以报销。

The purchase or rental of medical equipment must be pre-authorized by the Administrator. 购买或者租赁医疗设备必须由医保管理者预先批准。

Prosthesis: 假肢

On the written order of a licensed medical doctor, charges incurred for the purchase or replacement of artificial limbs or eyes, provided the loss of such limb or eye occurs while you or your Dependent is eligible for benefits. 由持照医师开具处方，购买或者替换假肢及人造眼睛的费用可报销，前提是在你或你家属都有资格享受福利的情况下。

Breast Prosthesis: 人工乳房

On the written order of a licensed medical doctor, when required as the result of a mastectomy, charges for the purchase of a single prosthesis, up to a maximum of \$210 per 2-year period; or in the event of a bi-lateral mastectomy, two prostheses, up to a maximum of \$420 per 2-year period. 乳房切除手术后，持照医师开具处方，购买单个人造乳房的费用可以报销，但限额是每两年\$210；或者在双侧乳腺切除的情况下，每两年的限额是\$420。

Surgical Brassieres: 手术胸罩

On the written order of a licensed medical doctor, when required as the result of a mastectomy, charges for the purchase of a surgical brassiere, up to a maximum of \$33

per brassiere, limited to 2 brassieres per year. 乳房切除手术后，持照医师开具处方，购买手术胸罩的费用可以报销，限额是每年 2 个，每个不能超过\$33。

Wigs: 假发

On the written order of a licensed medical doctor, when required, as the result of a medical condition, charges for the purchase of a wig, up to a maximum of \$300 per wig, with a lifetime maximum of \$1,000. 因医疗状况，持照医师开具处方，购买得假发可以报销，每个假发不超过\$300，但是终身不超过\$1,000。

Braces: 支架

On the written order of a licensed medical doctor, reasonable and customary charges incurred for braces. 持照医师开具处方，购买支架的合理费用可以报销。

Oxygen: 氧气

On the written order of a licensed medical doctor, reasonable and customary charges incurred for oxygen and the equipment required for its administration. 持照医师开具处方，购买氧气和所需设备的合理费用可以报销。

MAJOR MEDICAL BENEFITS continued 主要医疗福利 继续

Accidental Dental Care: 意外牙齿治疗

Up to a lifetime maximum of \$2,000 for the replacement or repair of natural teeth that were damaged as a result of an accident. Such repair or replacement must be done within 12 months of the accident. 由于意外事故导致更换或者修复牙齿所发生的费用，终身不超过\$2,000。但必须在事故发生的 12 个月内完成修复和更换。

MEDICAL ALERT BRACELETS (EMPLOYEE AND DEPENDANTS) 医用识别腕带 (员工及其家眷)

The Benefit Plan will reimburse at 100% up to a maximum of \$100 in the first year and \$50 in each subsequent year for medical alert bracelets and their registration. 福利计划第一年报销 100%但不超过\$100，其后的每一年报销\$50 其中包括医用识别腕带及其注册费。

AMBULANCE (EMPLOYEE AND DEPENDANTS) 救护车(员工及其家属)

The Benefit Plan will reimburse at 100% of the charges made by a professional local ambulance service when medically required for ground transportation in Manitoba to the nearest Hospital where adequate treatment can be received; or from a Hospital in Manitoba to your residence, and, for air ambulance if required in an emergency. 当病人需要由专业救护队从曼省运送到临近有适当医疗条件的地方；或者从曼省医院到病人的居住地，以及情况需要时使用直升机所发生地费用将全额报销。

HEARING AIDS (EMPLOYEE AND DEPENDANTS) 助听器 (员工及其家属)

The Benefit Plan will reimburse at 100% up to a maximum of \$500 every 5 years, (including batteries and repairs), when prescribed by a licensed otolaryngologist or licensed medical doctor. 由持照的耳鼻喉科医生或者持照的医生开具处方，购买助听器福利计划每 5 年报销一次最高不超过\$500 (包括电池以及维修)， 报销比例 100%。

VISION CARE (EMPLOYEE AND DEPENDANTS) 视力检查 (员工及其家属)

Glasses: The Benefit Plan will reimburse at 100% up to a maximum of \$250 in any 24-month period, for lenses and frames, or contact lenses, when prescribed by a licensed ophthalmologist or optometrist. 镜片: 由持照眼科医生或验光师开具处方，福利计划将在 24 个月内报销镜片和镜框，或者隐形眼睛的费用最高不超过\$250，报销比例 100%。

Eye Examinations: The Benefit Plan will reimburse at 100% up to a maximum of \$75 in any 24-month period, when performed by an ophthalmologist or optometrist, provided the eye examinations are not eligible for reimbursement by Manitoba Health. 眼部检查: 福利计划每 24 个月报销检查费最多不超过\$75，报销比例 100%，前提是眼科检查费用不能在曼省卫生部报销。

NO AMOUNT WILL BE PAID FOR SAFETY GLASSES OR SUNGLASSES, OR ANY FORM OF EYEGASSES PROVIDED FOR COSMETIC OR AESTHETIC PURPOSES OR REQUIRED AS A CONDITION OF EMPLOYMENT. 安全眼镜和太阳镜不能报销，或者任何形式的化妆或以美化为目的的眼镜及工作所需要的眼镜将不予以报销。

SMOKING CESSATION PRODUCTS (EMPLOYEE AND DEPENDANTS) 戒烟产品(员工及其家属)

The Benefit Plan will reimburse at 100% up to a lifetime maximum of \$500. 福利计划将终身报销\$500，报销比例 100%.

Full-Time Employees 全职员工

\$30,000 will be paid to your designated beneficiary on your death. 当事人死亡，\$30,000 将支付给你指定的受益人

Part-Time Employees 兼职员工

\$15,000 will be paid to your designated beneficiary on your death. 当事人死亡，\$15,000 将支付给你指定的受益人

All Employees: 所有员工

If your designated beneficiary predeceases you, the benefit will be paid to your estate. 如果你指定的受益人早于你过世，那么你的保险金将由遗产管理机构进行分配。

If you become totally and permanently disabled, or qualify for Long-Term Disability, and remain so for at least 6 months, your life insurance may continue until age 65. 如果你完全丧失劳动力，或者符合长期无能力工作的条件，此情况持续 6 个月以上，你的人寿保险有可能持续到 65 周岁。

If your life insurance terminates before you turn age 65, you can convert your coverage to an individual life insurance policy without a medical examination or health questionnaire. You must apply to Great-West Life within 60 days of the date that your life insurance terminates. 在你年满 65 周岁前如果你的人寿保险停止，你可以转换你的保险到一个独立的人寿保险公司下，而且不需要健康检查或者回答健康问卷。你必须在终止你人寿保险的 60 天内申请 Great-West Life。

You may apply for additional Life Insurance coverage. This is in addition to the insurance already provided by the Benefit Plan. 你可以申请额外的人寿保险。此保险是附加在你福利计划外的。

Coverage is available in units of \$10,000, to a maximum of three units. You must complete a medical questionnaire for consideration by the insurance company. Premiums for this coverage will be deducted weekly from your pay. 额外保险以一份 \$10,000 起，最多可买 3 份。你必须完成一份健康调查报告，此报告是保险公司用于考虑是否让你参保的。额外险的保费将每周从你工资中扣取。

Information on the premium amounts, and full instructions on how to apply for this coverage will be sent to you during the enrolment period in October each year. 关于保费的信息，以及怎样申请此保险的详细说明将于每年十月入保期期间邮寄给你。

If you have a Spouse and/or Dependant Child (ren) you may purchase Optional Family Life Insurance, in the following amounts. 如果你有配偶或需要抚养的子女，你可以购买非强制性家庭人寿保险，按照以下数额

Spouse – \$5,000 and Each Dependent Child – \$2,000

配偶 - \$5,000 以及每一个需要抚养的子女 - \$2,000

Or 或者

Spouse – \$10,000 and Each Dependent Child – \$5,000

配偶 - \$10,000 以及每一个需要抚养的子女 - \$5,000

Premiums for this coverage will be deducted weekly from your pay. In the event of death, benefits will be paid to you or your estate. 此额外险的保费将每周从你工资中扣取。如果有死亡发生，保险将支付给你和你的遗产继承人。

Information on the premium amounts, and full instructions on how to apply for this coverage will be sent to you during the enrolment period in October each year. 关于保费的信息，以及怎样申请此保险的详细说明将于每年十月入保期期间邮寄给你。

The following schedule shows the percentage of the maximum benefit that will be paid in the event of accidental death or dismemberment. Dismemberment includes the loss of eyes and/or limbs, as well as their permanent and irrecoverable loss of use. 以下列出

了如有意外死亡或者是残疾的情况，人寿保险将以何种比例分配。残疾包括失去眼睛和或肢体，以及永久的不可恢复的丧失身体器官机能。

For Full-Time Employees, the maximum benefit is \$30,000.

全职员工，保险最高\$30,000

For Part-Time Employees, the maximum benefit is \$15,000.

兼职员工，保险最高\$15,000

Loss of life 100% 当事人死亡 100%

Loss of one hand or foot 50% 失去 1 只手或脚 50%

Loss of sight of both eyes 100% 双眼失明 100%

Loss of sight of one eye 50% 一只眼失明 50%

Loss of both hands or both feet 100% 失去双手或者双脚 100%

Loss of speech or hearing in both ears 50% 失去语言能力或者双耳失聪 50%

Loss of one hand and one foot 100% 失去一只手和一只脚 100%

Loss of thumb & index finger on the same hand 25%

同一只手上失去了大拇指和食指 25%

Loss of one hand or one foot & sight of one eye 100%

一只眼失明并且失去一只手或者一只脚 100%

Loss of all four fingers on same hand 25% 同一只手失去了四个手指 25%

Loss of speech & hearing in both ears 100%

双耳失聪并且失去了语言能力 100%

Loss of all of the toes on one foot 12.5% 一只脚失去了所有的脚趾 12.5%

Loss of one arm or one leg 75% 失去一只胳膊或者一条腿 75%

The death benefit is paid to your designated beneficiary. Dismemberment benefits are paid to you. 人寿保险将支付给你指定的受益人。残疾保险将支付给你。

ACCIDENTAL DEATH & DISMEMBERMENT continued 意外死亡和残疾 续

No payment will be made for losses that result directly or indirectly from: 由以下直接或间接造成的的伤害，保险是不支付赔偿的：

- illness, disease or medical and surgical treatment 疾病或医疗及手术治疗
- parachuting or skydiving 空降或跳伞
- intentionally self-inflicted injury 有意图的自我伤害
- suicide or attempted suicide 自杀或自杀未遂
- an accident occurring while operating a vehicle, vessel or aircraft, if you are impaired by drugs or alcohol or have a blood alcohol level higher than .08 如果是因为吸毒、酒驾或者体内酒精含量超过.08 驾驶机动车辆，船舶或者飞机时发生的意外
- use of any prohibited substance, including but not limited to any substances listed under the Controlled Drugs and Substances Act, its Schedules or other comparable criminal legislation, or 使用任何违禁材料，包括但不限于列在控制药品和材料宪法，或可与之同比较的刑法下的物质
- a plane crash when: 飞机失事时:
 - o you are the pilot or a crew member 当你是飞行员或是机组人员
 - o the aircraft did not have a certificate of airworthiness; or 当飞机没有适航的证书；或者
 - o a licensed pilot did not fly the aircraft. 当不是持照的飞行员驾驶的飞机

EXCLUSIONS APPLICABLE TO ALL BENEFITS 所有福利将不予支付

No payments will be made for the following: 以下情况将不予支付：

- **Charges incurred while you are not eligible for benefits.** 在你不能享受福利的情况下的花费。
- **Charges for the completion of claim forms (other than for doctor's charges when you are claiming disability benefits), writing prescriptions, duplication records or preparing reports.** 填写索赔表 (除申请伤残福利保险时医生填写表格的费用), 写处方药, 复制记录或者准备报告所产生的费用。
- **Any services and supplies paid, or payable, under any provincial medical, dental or hospital insurance plan, the Workers' Compensation Act, or by a public or tax-supported agency.** 在任何省医疗, 牙科或者医院保险计划, 工人工伤赔偿法案, 公共或者税收支持机构所提供的服务及已付、应付器械的费用。
- **Services for which no charge would be made in the absence of the Benefit Plan.** 在没有福利计划的情况下也无须付款的服务。
- **Any services and supplies paid, or payable under any other plan to which Maple Leaf contributed, or for which Maple Leaf made payroll deduction.** 在任何除了枫叶公司交纳地或者已从工资中扣除的任何服务及已付、应付器械的费用。
- **An illness or injury, or any services or supplies obtained resulting directly or indirectly from any of the following:** 由以下原因及接受服务或使用器械, 造成地直接或间接地伤害:
 - o **intentionally self-inflicted injury while sane or insane; or,** 在清醒或者神智不清的时候自残;
 - o **war, whether declared or not; or,** 战争, 无论是否宣战
 - o **participating in a riot, insurrection, civil commotion or hostilities of any kind whether or not you were a participant in such action; or,** 无论你是否是以下行动的一份子, 只要你参与暴动, 叛乱, 民众骚动或者任何形式的敌对行为
 - o **participation in the military, naval or air service of any country or international authority; or,** 参与到任何国家或者国际当局的军队, 海军或者空军
 - o **committing or attempting to commit a criminal offence, or provoking an assault; or,** 犯了或者企图进行刑事犯罪, 或者主动挑起事端;
 - o **an illness or injury, or any services or supplies obtained while you are serving a prison sentence.** 当你在监狱服刑期间, 如有生病、受伤、接受任何服务或者使用器械。

If your application or claim for benefits has been partially or totally denied or terminated, you may appeal the decision made by the Administrator. 如果你的福利申请或是索赔间接或直接被拒，你可以向审核员上诉。

The appeal procedure is as follows: 以下是上诉步骤:

- Send a letter to the Administrator describing why you feel that the claim should be paid and enclose new medical or other information in support of your claim. 向审核员寄封信描述你认为应该索赔的原因并且随信附上最新的医疗或者支持你索赔的信息。
- The Administrator may request additional information, if necessary, review your appeal, and report the results of the review to you in writing. 如有需要，审核员会要求额外信息从而审理你的上诉并且以书面方式给你审理的结果。
- If your first appeal is denied, you may submit a second appeal with new medical or new additional information. 如果你首次上诉被拒，你可以提交新的医疗信息或额外信息进行二次上诉。
- The Administrator will present your second appeal to the Board of Trustees for a decision. 审核员将把你第二次上诉递交给理事会来决定。
- You will be notified in writing of the final decision of the Board of Trustees. 由理事会决定地最终决定将会以书面的方式通知你。

Appeals for Major Medical Benefits, Life Insurance and/or AD&D must be submitted within 30 days of being denied. 对于重大医疗保险，人寿保险和/或 AD&D 的上诉必须在拒绝后的 30 天内提交。

Appeals for Short-Term Disability and/or Long-Term Disability must be submitted with 90 days of being denied. 对于短期伤残和/或长期伤残的上诉必须在被拒 90 天内进行。

HOW TO MAKE A CLAIM 怎样提出索赔

BE SURE THAT YOU HAVE COMPLETED A REGISTRATION FORM AND MAILED IT TO THE ADMINISTRATOR. 一定要确保你填写好了注册表并邮寄给审核员。

Claim forms are available at your plant, or at your Union Office or, you can call the Administrator at: 索赔表可以在你的工厂，或是工会领取，你也可以打电话给审核员索要表格：

204-982-4170 (Winnipeg)

1-877-982-4170 (Outside Winnipeg).

1. How Do I Claim for Prescription Drugs if I didn't use my Drug Card? 如果买药时没用药卡，我怎样报销处方药？

On the Major Medical Claim Form: 在重大医疗索赔表中：

- Fill in all of the information requested in the Member's Statement on the front of the Claim Form. If you do not answer all of the questions asked, the Form will be returned to you. 填写表中所有要求的会员信息。如果问题没有回答完全，表格将退还给你。
- Date and sign the back of the Claim Form. 在表的背面签上日期和姓名。

Attach all original receipts. Be sure that each receipt shows: 随表格附上所有原始收据。确保每张收据都有以下信息：

- prescription number, drug name and for whom prescribed, and 处方药号码，药名和谁的处方药
- date purchased, and 购买日期，和
- where the drug or medicine was purchased. 药是在什么地方购买的。

YOU MUST APPLY TO PHARMACARE TO OBTAIN YOUR PHARMACARE DEDUCTIBLE LETTER. ATTACH THE LETTER FROM PHARMACARE, SHOWING THE AMOUNT OF YOUR DEDUCTIBLE, TO YOUR FIRST CLAIM AFTER APRIL 1 EACH YEAR. 你必须向 PHARMACARE 申请一份 PHARMACARE 抵扣单。随表格附上显示你抵扣数额的抵扣单，在 4 月 1 日后开始寄出报销。

EACH DEPENDENT CHILD, AGE 18 AND OVER, WILL REQUIRE A SEPARATE DEDUCTIBLE LETTER FROM PHARMACARE. 每一个年龄在 18 周岁或以上的未独立子女需要他们自己的 PHARMACARE 抵扣单。

HOW TO MAKE A CLAIM continued 怎样提出索赔

2. How Do I Claim For Major Medical Benefits (Physiotherapist, Vision Care, Ambulance, etc.)? 怎样对重大医疗福利进行索赔 (物理治疗, 视力, 救护车, 等等)?

On the Major Medical Claim Form: 在重大医疗索赔表中:

- **Fill in all of the information requested in the Member's Statement on the front of the Claim Form. If you do not answer all of the questions asked, the Form will be returned to you.** 填写表中所要求的会员信息。如果问题没有回答完全, 表格将退还给你。
- **Attach a copy of the doctor's referral, if required, to claim the benefit.** 如有需要, 随报销表一并附上医生转诊信的复印件。
- **Date and sign the back of the Claim Form.** 在表的背面签上日期和姓名。

Attach all original receipts. Be sure that each receipt shows: 随表格附上所有原始收据。确保每张收据都有以下信息:

- **patient's name,** 病人的名字
- **date service rendered,** 提供服务的日期
- **name and address of physician, etc.,** 医生的名字和地址
- **nature/description of service provided,** 对所提供服务的描述
- **complete list of charges, including date the full amount was paid.** 完整的发票, 包括付清全款的日期。

3. What Happens If My Spouse Is A Member Of Another Plan? 如果我的配偶是另一个保险计划的会员, 那该怎么办?

The charges are shared by both plans. The procedure is outlined below: 费用由两个保险公司共同负担。步骤如下:

- **Claims for Prescription Drugs and Major Medical benefits provided to you should be submitted to this Benefit Plan first. This Benefit Plan will pay benefits as the first payer. The Administrator will provide documentation of the amount this Benefit Plan has paid to you, for submission to the other plan. 你的处方药和重大医疗保险的报销应先上交到你的福利计划下。你的福利计划将作为首要付款人。医保管理处会提供你报销数额, 从而方便你向另一个保险公司提交索赔。**
- **Claims for Prescription Drugs and Major Medical benefits provided to your Spouse should be submitted to the other plan first. When payment has been received from the other plan, submit the claim to this Benefit Plan. Enclose detailed documentation of the amount the other plan has paid. This Benefit Plan will pay benefits as second payer. 你配偶的处方药和重大医疗保险的报销应先上交到他(她)所在福利计划下。当你收到了报销款后, 再向此福利计划上交索赔申请。附上详细的另一个福利计划报销数额的材料。此福利计划将作为次要付款人为你的索赔付费。**
- **Claims for Prescription Drugs and Major Medical benefits provided to your Dependant Children should be submitted first to the plan in which the parent with the earlier birthday in the year is a member. If the parents have the same birth date, claims for your dependant children should be submitted first to the plan in which the parent whose first name begins with the earlier letter of the alphabet is a member. If parents are divorced or separated, claims for dependant children should be submitted as follows. 你们未独立的孩子的处方药和重大医疗保险的报销应先向生日月份靠前的一方父母的福利计划递交报销。如果父母双方生日是同一日, 那么申请应先向名字第一个字母靠前的一方申请。如果父母离婚或是分居, 应按以下顺序提交报销申请。**
 - **First...to the plan of the parent having custody of the child.**
首先...给有抚养权的一方申请
 - **Second...to the plan of that parent's spouse.**
第二...给有抚养权那方父母的配偶申请
 - **Third...to the plan of the parent not having custody.**
第三...给没有抚养权的那一方父母申请
 - **Fourth...to the plan of that parent's spouse.**
第四...给没有抚养权那方父母的配偶申请

4. What Happens If Both My Spouse And I Are Employed By Maple Leaf Foods?

如果我和我配偶都在枫叶公司上班会怎么样？

If both of you are members of the Benefit Plan and eligible for benefits, the Benefit Plan may pay up to 100% of the total applicable charge. 如果你们都是福利计划的会员并符合标准，福利计划可以支付 100% 的费用。

If your Dependant Children are also eligible for benefits because they are part-time employees of Maple Leaf, the Plan may pay up to 100% of the applicable charge. 如果你未独立的子女也符合接受福利的标准因为他们是枫叶公司的兼职员工，福利计划有可能支付 100% 的费用。

You must indicate on the Claim Form when both you and your Spouse, or any of your Dependent Children are employed by Maple Leaf. 你必须在报销表中注明你和你配偶，或是你其中的一个孩子都在枫叶公司上班。

HOW TO MAKE A CLAIM continued 怎样提出索赔

5. When Do Claims Have To Be Submitted? 什么时候应上交报销申请？

- Prescription Drugs/Major Medical – Claims must be submitted to the Administrator not later than 60 days following the date the expense was incurred. 处方药/重大医疗 – 申请必须在购买或付款的 60 天内上交报销。
- Short-Term Disability – Claims must be submitted to the Administrator within 90 days of the first day of absence from employment. 短期无能力工作 – 索赔申请必须在第一天停止上班开始地 90 天内递交审核员。
- Long-Term Disability – Claims must be submitted to the Administrator within the 30 days before the end of the Short-Term Disability benefit period. 长期无能力工作 – 索赔申请必须在短期伤残计划结束 30 天内递交审核员。

- **Life Insurance – Notice of death must be given to the Administrator as soon as possible after such death occurs. The Administrator will send the relevant Claim Forms to the beneficiary/executor for completion.** 人寿保险 – 死亡通知必须在死亡后尽快通知审核员。审核员会将有关索赔表格寄送给受益人/执行人填写完整。

- **Accidental Death and Dismemberment – Notice of accidental death or dismemberment must be given to the Administrator within 30 days of such death or dismemberment. The Forms can be obtained from the Administrator. Claims must be submitted and proof of loss provided within 90 days of such death or dismemberment.** 意外死亡与残疾保险 – 意外死亡的通知或者残疾通知必须在死亡后或者残疾后 30 天寄送给审核员。相关表格可以从审核员领取。索赔申请和证明必须在死亡后或者残疾后 90 天寄送给审核员。

6. How Do I Claim For Benefits If I Am Sick Or Injured? 如果我生病或者受伤应该怎么申请?

CONSULT YOUR MEDICAL DOCTOR OR PSYCHIATRIST IMMEDIATELY

立即向你的医生或精神病医生咨询

SUBMIT AN APPLICATION FOR SICK BENEFITS TO EMPLOYMENT INSURANCE

向就业保险提交一份生病福利的申请

Have your Medical Doctor or Psychiatrist complete a Physician's Statement (Form 3A) and send the form directly to the Administrator. 让你的医生或是精神病医生填写一份医生报告(3 A 表)并直接寄送审核员。

- **Complete a Claimant's Statement (Form 1). If you do not answer all of the questions asked, the Form will be returned to you. Mail the completed Form to the Administrator.** 完成申请人报告(表 1)。如果问题没有回答完全，表格将退还给你。把填写完整的表格寄送给审核员。

- **The Human Resources Manager at your plant will complete the Employer's Statement (Form 2) and send it to the Administrator.** 你所在工厂的人力资源经理会完成一份雇主报告(表 2)并寄送给审核员。

- **Upon receipt of these Forms, the Administrator will determine your eligibility for benefits.** 在收到所有表格后，审核员将决定你是否符合标准。

- If you are eligible, the information will be adjudicated to determine if your medical condition meets the definition of disability. If your claim is approved payments will commence. If your claim is denied, the Administrator will inform you in writing of why the claim was denied. 如果你符合标准，根据你提供地信息，你的情况将被裁决是否达到伤残的标准。如果你的申请被批准，你将被开始支付保险。如果你的申请被否决了，审核员会以书面方式告知你被否决的原因。

- If your disability is expected to continue beyond your Short-Term Disability maximum benefit period, call the Administrator for instructions on how to file a claim for Long-Term Disability benefits. 如果你的伤残情况被预计不能在短期无能力计划中康复，致电给审核员询问如何申请长期无能力工作计划。

7. Where Do I Send My Claim Forms? 我的申请表寄去哪里?

Mail all of the required information to: 把所有所需信息寄到

UFCW Union/Maple Leaf Foods Inc. Benefit Plan

3rd Floor, 880 Portage Avenue

Winnipeg, Manitoba R3G 0P1

Phone: 204-982-4170 (in Winnipeg)

1-877-982-4170 (outside Winnipeg)

Participation in the UFCW UNION/ MAPLE LEAF FOODS INC. BENEFIT PLAN (“the Benefit Plan”) depends on the collection, storage, use and, sometimes, the destruction of personal information about the Benefit Plan Members and their eligible Dependents. 参与到 UFCW 工会/枫叶公司福利计划(福利计划)必须收集，保管，使用且有时需要销毁福利计划成员以及其符合条件的家属的个人信息。

This information forms the foundation upon which individual entitlements are built, and from which benefit payments are calculated and made. As well, parts of the personal information are needed to satisfy government demands for facts, facilitate audits of the Benefit Plan, estimate future operating costs, assess the Benefit Plan’s performance, and to transfer data to any replacement program. The information could also be called into a court action. In all cases, however, personal information is stored with the utmost attention to security, and deployed, sparingly, to fulfill the requirements of the Plan and the law. 这些信息组成了个人可获保险数额的基础，并且从这些信息中支付数额被计算出来。同时，部分个人信息用来满足政府需要，辅助审计福利计划，估算未来运营成本，评

估福利计划的表现，并用来为任何替代项目转化数据。这些信息也会被法庭传唤。然而，所有个案都被最大限度的防护，并且有效利用，节约使用，满足福利计划和法律的要求。

Registration to participate in the Benefit Plan, involves an authorization to allow the Board of Trustees and the Administrator to gather and apply personal information in specific ways. A Member may revoke that authorization, subject to certain legal constraints; however, doing so precipitates the destruction of the Member's personal information and may result in the termination of your coverage. 注册加入福利计划，包括授权给理事会和审核员在个别方面收集和应用个人信息。任何会员可以取消此授权，受到一定的法律约束；然而，这样做会提前毁坏会员的个人信息并导致你保险的终止。

A complaint by a Benefit Plan Member, related to Personal Information, may be addressed to the Administrator's Privacy Officer. If further satisfaction is required, the Plan Member may contact the Office of the Privacy Commissioner of Canada or, if applicable, the Provincial Commissioner. 福利计划会员有关个人信息的投诉可能会被提交给审核机构的隐私官员。如果还不满意，此计划会员可以联系加拿大隐私专员的办公室，或者，如果适合，可联系到省专员。