

UFCW LOCAL 832

BUS DRIVER'S

SICK LEAVE/HEALTH

BENEFIT PLAN

PLAN HIGHLIGHTS January 1, 2014

The Plan is operated by a Board Of Trustees appointed by UFCW Local No. 832. The Board has full authority to resolve all questions related to the provisions of the Plan.

FOR INFORMATION ABOUT YOUR ELIGIBILITY, COVERAGE OR CLAIMS, CALL OR WRITE THE ADMINISTRATOR.

Please inform the Administrator of any change in your address.

Administrator's Address:

UFCW Local 832 Bus Drivers'
Sick Leave/Health Benefit Plan
3rd Floor, 880 Portage Avenue
Winnipeg, Manitoba R3G 0P1

Phone: 982-6087 (In Winnipeg)
1-877-982-6087 (Outside Winnipeg)

Fax: 982-6080

Board Of Trustees

Ron Allard
Bea Bruske
Jeff Traeger

The Plan provisions may be changed depending upon the financial experience, or at the discretion of the Board Of Trustees, if the change is in the best interests of the Plan. This can include an increase or decrease in the amount of coverage, or termination of the Plan.

PARTICIPATION

Casual Drivers are not eligible to participate in the Plan.

Participation terminates on the earlier of the following dates:

- (a) your employment terminates or you retire;
- (b) you cease to be a member of Local 832;
- (c) after 12 months of absence from employment;
- (d) the Plan terminates.

SICK LEAVE

Benefits are available to Eligible Employees only.

Coverage commences on the first day of the month, immediately following the month in which you complete at least 6 complete consecutive calendar months of employment.

A Sick Leave Bank will be established for you.

For every calendar month of employment after coverage commences (excluding July and August) in which you work at least 1.0 hour, one-half of a "sick leave" credit will be added to your Bank, up to a maximum of 7 "sick leave" credits.

One-half of a "sick leave" credit will be deducted from your Bank for each part of a day missed as a result of a non-occupational illness or bodily injury, to a maximum deduction of one credit for a full day missed.

75% of the gross earnings you would have received, had you worked, will be paid to you. Because your contributions cover the full cost of this benefit, **you do not have to pay income tax on the payments you receive.**

Unused credits in your Bank will be forfeited upon termination of employment.

Exclusions...

No payment will be made:

- if you are entitled to receive benefits from any other source;
- if your disability is the result of an intentionally self-inflicted injury, or while you are committing a criminal offense, or provoking an assault, or for cosmetic surgery that is not correcting a deformity.

HEALTH SPENDING ACCOUNT (HSA)

(for Eligible Employees and Dependents)

Coverage commences on the January 1, immediately following 12 complete consecutive calendar months of employment.

Who are my Eligible Dependents?

"Eligible Dependents" means your spouse, and your unemployed, unmarried, natural or legally adopted child, step-child or the child of a common-law spouse or same gender spouse who lives with you, or is in residence at a recognized educational institution, and who is:

- a) under age 18, or
- b) under age 25 and attending a recognized educational institution full-time, or
- c) age 18 or over and incapable of self-sustaining employment because of a mental or physical disability which commenced prior to the child's 18th birthday.

A "spouse" is a person who is:

- ◆ legally married to you and living with you, or
- ◆ a common-law/same gender spouse who has lived with you for at least one year.

Your common-law or same gender spouse and the children of your common-law or same gender spouse must be listed on your initial Registration form. If acquired later, they must be listed on the Plan Administrator's records for at least 12 months before coverage can commence.

What is the purpose of the HSA?

You can use the money in your HSA to pay for certain medical and dental expenses incurred by you or your Eligible Dependents, for which you have not been fully reimbursed by any other Plan, or through Manitoba Health Services.

HSA Coverage...

If you became eligible on:

January 1, 2013 or earlier - you will be entitled to reimbursement for eligible expenses up to a maximum of **\$750** per calendar year.

If you become eligible on:

January 1, 2014 or later - you will be entitled to reimbursement for eligible expenses up to a maximum of **\$250** to the end of the first calendar year of eligibility. Each calendar year thereafter, your entitlement will increase by **\$100** up to a maximum of **\$750** per calendar year.

Any amount remaining in your HSA at December 31 of each year will be forfeited.

Eligible HSA Expenses...

The money in your HSA can be used for reimbursement of any expense that is eligible under Section 118.2(2) of the Income Tax Act. **The list of eligible expenses is quite extensive and is subject to change by the Canada Revenue Agency.**

Some expenses are subject to a number of rules that must be met before the expense is considered eligible. These rules are defined in the Income Tax Act and are too numerous to list. **You may wish to phone or write the Plan Administrator before you incur an expense to confirm its eligibility.**

Eligible Expenses include but are not limited to:

- ◆ eyeglasses and contact lenses
- ◆ dental treatment
- ◆ laser eye surgery
- ◆ services of:
 - acupuncturist
 - audiologist
 - chiropractor
 - chiropractor
 - dietician
 - massage therapist
 - naturopath
 - occupational therapist
 - optometrist
 - osteopath
 - physiotherapist
 - podiatrist
 - psychoanalyst
 - psychologist
 - speech pathologist
- ◆ drugs, or other preparations or substances prescribed by a medical doctor or dentist and dispensed by a pharmacist
- ◆ ambulance
- ◆ treatment in an alcohol/drug addiction facility
- ◆ dwelling alterations for individuals who are mobility impaired

The purchase price, or the rental charge or other expenses such as maintenance costs, repairs and supplies (such as batteries) for the following devices/ equipment:

- ◆ artificial limbs/eyes
- ◆ wheelchair, scooter or wheel mounted geriatric chairs
- ◆ crutches
- ◆ spinal brace or support; truss for a hernia
- ◆ custom made orthopedic shoe or boot
- ◆ brace for a limb, including woven or elasticized stockings that have been made to measure. (If brace for a limb is built into

- a boot or shoe, the brace will be considered to include the boot or shoe)
- ◆ any machine that supplies air to the lungs under pressure for therapeutic use
- ◆ heart monitors
- ◆ equipment to assist a person to enter or leave a bathtub or to get on or off a toilet
- ◆ semi private or private hospital bed
- ◆ laryngeal speaking aids
- ◆ wigs
- ◆ external breast prosthesis
- ◆ artificial kidney machine including home alterations necessary for the installation of the machine/water and electricity to operate the machine
- ◆ diapers, disposable briefs, catheters, catheter trays, tubing or other products required due to incontinence caused by illness, injury or affliction
- ◆ equipment necessary to administer oxygen
- ◆ hearing aid devices

CLAIMS PROCEDURE

This Plan is second payor.

You must first submit a claim for reimbursement of expenses to all other benefit plans under which you have coverage as a member or a dependant.

Claim Forms can be obtained from your Employer, the Union Office, by calling the Plan Administrator, or you can download the forms from the Union's website: www.ufcw832.com.

Instructions on how to submit a claim are printed at the top or on the back of the claim forms.

Health Spending Account Claims: Be sure to attach:

- a) all original receipts, and
- b) proof of payment from any other plan.

Then mail the Claim Form to the Administrator.

Claims must be submitted **no later than January 31** of the year following the year in which the expense or charge was incurred.

Sick Leave Claims: Claims must be submitted **within 45 days** following the first day of absence.

PRIVACY LEGISLATION

Participation in the UFCW Local 832 Bus Drivers' Sick Leave/Health Benefit Plan ("Plan") depends on the collection, storage, use and, sometimes, the destruction of personal information about the Eligible Employees and their eligible Dependents.

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 Plan, estimate future operating costs, assess Plan 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.

Registration to participate in the Plan, involves an authorization to allow the Board Of Trustees and the Plan administrator to gather and apply personal information in specific ways. An Eligible Employee may revoke that authorization, subject to certain legal constraints; however, doing so precipitates the destruction of the Employee's personal information and may therefore, render ongoing participation impossible.

A complaint by an Eligible Employee, related to Personal Information, may be addressed to the Administrator's Privacy Officer. If further satisfaction is required, the Employee may contact the Office of the Privacy Commissioner of Canada or, if applicable, the Provincial Commissioner.