

PERSONAL AND CONFIDENTIAL

February 14, 2013

Blain Lawson

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Dear Blain:

Subject to an Order in Council being signed by the Lieutenant Governor in Council, I am offering you appointment to the role of Assistant Deputy Minister, with the title of General Manager, Liquor Distribution Branch.

The effective date of the appointment will be March 4, 2013. Your salary will be \$195,000 per annum and, consistent with our Executive Compensation Plan, a 10% performance holdback will be applied. Shortly after your arrival I will provide you with the criteria for the performance holdback, these criteria forming part of your annual performance plan. The performance holdback is paid at the end of each annual performance review cycle.

The terms and conditions of employment for Assistant Deputy Ministers are those established for Category A Order in Council appointments.

As a public service employee you must conduct yourself in a manner that maintains and enhances the public's trust and confidence in the public service. Please ensure you are familiar with the Standards of Conduct for Public Service Employees. Also, you are subject to the Post Employment Restrictions, a copy of which is attached.

Once you have signed this letter indicating your acceptance, please return the original letter to Mark McLeod, BC Public Service Agency.

Ministry of Justice

Office of the Deputy Solicitor General Mailing Address: PO Box 9290 Stn Prov Govt Victoria BC V8W 9]7

Location: 11th Floor, 1001 Douglas Street Victoria BC V8V 1X4 Telephone: 250 356-0149 Facsimile: 250 997/46224 EGM-2013-00114 Page 2

Best wishes to you in your new role - I look forward to working with you.

Yours truly,

Lori Wanamaker, FCA

Deputy Solicitor General

Attachment

I have read and accept the terms and conditions of this appointment.

Blain Lawson

FEB. 27/13 Date



Post Employment Restrictions for Senior Management in the BC Public Service

Definitions

"confidential information" means information that is unavailable to the public;

"outside entity" means a person or entity other than a public sector employer as defined in section I of the Public Sector Employers Act;

BEFORE LEAVING PUBLIC SERVICE

- 1 (1) the following are conditions of your employment with the government:
 - (a) you must not allow yourself to be influenced in carrying out your employment responsibilities by prospects for or an offer of
 - (i) employment as an employee of an outside entity; or
 - (ii) remuneration or other reward from an outside entity for doing anything for it in a capacity other than as an employee of the outside entity;
 - (b) you must immediately disclose to the Deputy Minister to the Premier and Head of the BC Public Service Agency
 - (i) any offer described in paragraph (a), if the offer does or could place you in a conflict of interest situation; or
 - (ii) your acceptance of any offer described in paragraph (a).

AFTER LEAVING PUBLIC SERVICE

2 (1) The following are conditions of your employment with the government:

(a)after your employment ends, you must not disclose confidential information that you obtained through your employment;

(b) if you had a substantial involvement in dealings with an outside entity at any time during the year immediately preceding the end of your employment then, for a year after the end of your employment, you must not

- (i) accept an offer of employment, an appointment to the board of directors or a contract to provide services to that outside entity;
- (ii) lobby or otherwise make representations for that outside entity to the government; or
- (iii)give counsel to that outside entity, for its commercial purposes, concerning the programs or policies of any organization or ministry of the government in which you were employed at any time during the year immediately preceding the termination of your employment; or
- (c) until one year after your employment ends, you

(i) must not lobby or otherwise make representations for any outside entity to any ministry or organization of the government in which you were employed at any time during the year immediately preceding the termination of your employment; or

(ii) act for an outside entity in connection with any ongoing proceedings, transaction, negotiation or case in which the outside entity and the government are involved

- (A) if you, during your former employment with the government, acted for or advised the government concerning the proceedings, transaction, negotiation or case; and
- (B)acting for the outside entity in that connection would result in the receipt by the outside entity of a private or commercial benefit or of any benefit not for general application.

REDUCTION OF ONE-YEAR LIMITATION

The Head of the BC Public Service Agency in consultation with the Deputy Minister to the Premier may reduce the one-year restriction, upon your application, after considering the following:

- (a) the circumstances under which your employment ended;
- (b) your general employment prospects;
- (c) the significance to the government of information you possessed by virtue of your position with the government;
- (d) the desirability of a rapid transfer of your skills to an employer other than the government;
- (e) the degree to which the new employer might gain unfair commercial advantage by hiring you;
- (f) the authority and influence you possessed while employed by the government;
- (g) the disposition of other cases.

Effective October 30, 2009

PROVINCE OF BRITISH COLUMBIA

ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL

Order in Council No.

132 .

, Approved and Ordered

MAR - 4 2013 Administrator

Executive Council Chambers, Victoria

Administrator On the recommendation of the undersigned, the Lieutenant Gevenner, by and with the advice and consent of the Executive Council, orders that Blain Lawson is appointed Assistant Deputy Minister, Liquor Distribution Branch, Ministry of Energy, Mines and Natural Gas.

Presiding Member of the Executive Council

(This part is for administrative purposes only and is not part of the Order.)

Authority under which Order is made:

Act and section:	Public Servic	ce Act, R.S.B.C.	1996, c. 385, s. 12

Other:

February 20, 2013

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Page 4 EGM-2013-00114 Flexible Benefits Program Guide for Excluded Employees in the BC Public Service

(BCLDB Flexible Benefits Plan)

For Plan Year 2013

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Welcome to your flexible benefits program

Welcome to the flexible benefits program for excluded employees in the BC Public Service (LDB Flexible Benefits Plan). You can tailor your benefits package to meet your unique needs.

This document provides you with all of the information you need about your flexible benefits program.

While all efforts have been made to make the document comprehensive, it does not contain all the details in the official documents that legally govern the operation of each of the benefit plans within the flexible benefits program. These plans are subject to change from time to time. In the event of any discrepancy or misunderstanding, benefits will be paid according to the applicable contracts, policies, plan documents and legislation. The BC Public Service reserves the right to suspend, amend or terminate any of the benefits, flex credits or costs at any time.

Eligible employees

The flexible benefits program is offered to regular¹ excluded employees and eligible excluded auxiliary² employees in the following categories:

- Order In Councils: Categories A, B and C;
- Managers in the three bands of Applied, Business and Strategic;
- Others: Schedule A, Legal Counsel, Executive Administrative Assistants and Senior Executive Assistants;
- Salaried Physicians; and
- Deputy Ministers, Associate Deputy Ministers and Assistant Deputy Ministers

¹Regular means excluded employees whose work is of a continuous full-time or part-time nature.

²Eligible auxiliary means excluded employees who are hired for a set term and have completed 1,827 hours of work in 33 pay periods.

At your initial enrolment and each annual re-enrolment, you receive flex credits to spend. You may also generate additional flex Your credits or have payroll deductions, depending on your chosen level of coverage. The flex credits, combined with your payroll flex credits deductions, where applicable, will be used to buy your benefits coverage for the upcoming benefits plan year. The BC Public Service funds a competitive package of benefits. However, every employee's benefit needs vary. So, the flexible Your benefits program offers you different levels of coverage, called options, in each benefit plan: choices **Optional benefits:** Funding provided for options in: BC Medical Services Plan (MSP) Health Spending Account (HSA) **Optional Family Funeral Benefit** Extended Health **Employee Optional Life Insurance** Dental Spouse Optional Life Insurance Employee Basic Life Insurance Child Optional Life Insurance Employee Accidental Death and Dismemberment (AD&D) Insurance Spouse AD&D Insurance Child AD&D Insurance 1. If you choose a funded level, you do not have to contribute toward that benefit coverage. If you choose a level with less coverage than the funded level, you will receive additional flex credits that you can use for another benefit or take in cash. If you choose a level with more coverage than in the funded level, you will need to contribute for the additional or optional coverage. If you have flex credits remaining after selecting your options you will have two choices for using them. You may allocate a portion or all credits to your Health Spending Account or you may allocate a portion or all credits to be paid to you as taxable cash in equal monthly payments throughout the plan year. You may also choose a coverage level for your MSP, extended health and dental options from among these three: The cost Employee only; or credit Employee plus one dependent (spouse or child); or Employee plus two or more dependents. Each option (except the funded levels) has an annual cost or additional credit, which is either the cost of buying that coverage or the additional flex credits you receive for taking less coverage than provided in the funded level. The more comprehensive the coverage, the higher the cost.

Covering your dependents

You may cover **eligible dependents** under some benefits. However, only those dependents you enroll will have BC Medical Services Plan, extended health and dental coverage.

Eligibility requirements for Dependents

Throughout this guide, the term 'dependent' includes spouse and children who meet the following criteria:

Spouse

- Your legal spouse or common-law* spouse (same or opposite sex), who is living with you, is eligible for coverage.
 - * By enrolling your common-law spouse in the flexible benefits program, you are declaring that person as your common-law spouse. A separate form is not required.
 - * Once a common-law spouse has been enrolled in your benefits plan, a different common-law spouse and any eligible dependents may be enrolled in the plan 12 months after you have cancelled coverage for the previous common-law spouse and applicable dependents.
- You are responsible for cancelling your spouse's coverage when s/he is no longer eligible for coverage.

Children

Your children (natural, adopted, step children or legal wards) are eligible for coverage if they are unmarried/not in a common-law relationship, mainly supported by you, who are dependents for income tax purposes and who are:

- under the age of 19, or
- under the age of 25 and in full-time attendance at a school, university or vocational institution which provides a recognized diploma, certificate or degree, or
- any age who, because of mental of physical infirmity or disability, are accepted as a dependent for income tax purposes.
- If your dependent children reside with a former spouse who is not eligible for coverage under an extended health plan, dental plan or Medical Services Plan of BC, then you may continue coverage under your plans.
- A grandchild is not an eligible dependent unless adopted by or a legal ward of the employee or the employee's spouse.

Certification of dependents over the age of 19

When a dependent child reaches age 19, unless you certify that the child is in full-time attendance in school, coverage for that child will terminate at the end of the month in which they reach age 19.

You must certify that dependent's status as a student and re-certify that status each year. Recertification notices for each plan (MSP, extended health and dental) are sent to you by the appropriate benefit carrier. It is your responsibility to ensure that the requested recertification forms (for each benefit) are completed and forwarded to the LDB Payroll Department. Please note that each form must be completed and returned to ensure continued coverage. For example, returning the recertification form for extended health only will not ensure coverage under MSP or dental.

You are responsible for cancelling coverage for dependent children who are no longer eligible for coverage. Coverage will automatically terminate at age 19 if you do not certify student status. Coverage will automatically cancel at age 25 unless they have disabled status.

Coordination of benefits

If your spouse has benefits from an employer (including the BC Public Service), you may be able to coordinate the two benefit plans.

Check the wording of your spouse's plan. You may be able to submit your receipts to both plans and get up to 100% of your eligible expenses reimbursed.

Please note that the co-ordination of benefits rules apply if both you and your spouse work for the BC Public Service and either of you are eligible for the flexible benefits program.

Tip! Keep photocopies of all claim forms and receipts.

Insurance industry guidelines determine where to send claims **first**—to your own Flexible Benefits Program <u>or</u> to your spouse's plan. The order is important!

Here's why -

After submitting your receipts to the **first** plan, you will receive a reimbursement and Statement of Claim (or Explanation of Benefits). Next, submit the Statement of Claim along with a new claim form and photocopies of receipts to the **second** plan to claim the balance of your expense.

Please follow the insurance industry guidelines below:

- Your claims: Submit your claims to your flexible benefits program first. NOTE: If your pharmacy participates in the Pay Direct program, your pharmacist will reimburse you for prescriptions according to the option <u>you</u> chose (e.g., if you chose Option 1, the pharmacy will reimburse you for 20%). Your spouse must then submit an extended health claim form to his/her plan to be reimbursed for the balance of your claim.
- Your spouse's claims: Submit claims to your spouse's plan first. NOTE: If your spouse's plan includes Pay Direct for prescriptions, only your spouse's claims will be reimbursed through Pay Direct according to his/her plan provisions. You will then submit an extended health claim form (to your plan) for the balance of your spouse's claims.
- Children's claims: If your birthday is earlier in the calendar year than that of your spouse's, you will submit your children's claims to your plan first. If your spouse's birthday is first in the calendar year, he/she will submit claims to his/her plan first.

For example, if your spouse's birthday is July 18 and your birthday is November 18, then any expenses incurred by your children should be submitted to your spouse's plan first.

Pay Direct will reimburse according to the plan provisions for the first parent's claim submission. An extended health claim form must be submitted to the second parent's plan to be reimbursed for the remainder of the claim.

Enrolling for the first time and open enrollment changes

The flexible benefits program is designed to let you make changes as your needs and those of your family change. The choices you make are effective until the end of the calendar year in which you are hired or become eligible for the Flexible Benefits program.

Complete and return your enrolment form as soon as you can. Your enrolment deadline is 30 days from your date of regular hire or the date you reached your required hours as an auxiliary employee.

Steps to enroll and open enrollment changes

- 1. Read this document
- 2. Gather all the information and forms you need
 - This LDB Flexible Benefits Program Guide
 - Your LDB Enrolment/Change Form
 - Medical Services Plan of BC Application for Group Enrolment Form (new enrollment)
 - MSP Change Form (change of dependent information)
 - Extended Health and Dental Application/Change Form (new enrollment or dependent changes)
 - Group Life Beneficiary Designation Form (if you have not designated previously)
 - <u>Group Life Evidence of Insurability Form</u> (if you increase your current coverage to more than \$50K of optional insurance for you or your spouse). The amount of coverage over \$50K will not be in effect until the life insurance company has approved the additional coverage.
- 3. Do your homework check records of your medical and dental expenses over the past year and review your spouse's benefit coverage (if applicable).
- 4. Go to CARESnet to access your Extended Health and Dental benefit plan information. Sign in using your <u>Pacific Blue Cross</u> Extended Health Care Number and your ID Number.
- 5. If you have questions about covered expenses or limitations and exclusions, refer to this guide.

6. Complete the LDB Enrolment/Change Form. Complete other forms (Evidence of Insurability, Beneficiary Designation, and Medical Services Plan of BC Application for Group Enrolment forms) if required. Be sure your enrolment is received by the LDB Payroll Dept. by the open enrollment deadline or within 30 days of your date of eligibility if you are a new employee.

What you need to know about first enrolment

Evidence of good health may be required

In your first enrolment in the flexible benefits program you may enroll for any option in the employee basic life insurance without providing evidence of good health.

You also have the opportunity to purchase optional life insurance for yourself and your family. If you elect more than \$50,000 of optional life insurance for yourself or your spouse in your first enrolment, you will have to provide evidence of good health. You must complete an Evidence of Insurability form and send it to the address noted on the form for yourself and for your spouse if applicable.

Check yourself

Review this checklist to see if you are ready to send in your flexible benefits enrolment:

□ Read all the material in the Flexible Benefits Program Guide

Complete the LDB Enrolment / Change Form including listing my dependents and selecting one option in each plan

Sign the LDB Flexible Benefits Enrolment / Change Form

Complete and sign the Pacific Blue Cross Enrolment / Change Form, if applicable

Complete and sign Medical Services Plan of BC Application for Group Enrolment Form, if applicable

Complete and sign the Beneficiary Designation Form, if applicable

Complete and sign the Evidence of Insurability Forms, if applicable

□ Make copies of all the forms for my own records

You're ready. Be sure to submit your package to the LDB Payroll Dept. The form needs to be received by November 07, 2012 or within 30 days of your hire/eligibility date.

If this is your first time enrolling and you do not enroll on time, you'll receive a default package of benefits

Don't miss out on the opportunity to tailor your benefits package. Take the time to review your benefits and actively enroll. The following default package may not meet your needs and you will not be able to change your benefits until the next annual enrolment (in the fall of each year for choices effective the subsequent January 1st) unless you have an eligible life event.

Benefit	Default
MSP	Waive
Extended health	Option 3 coverage for yourself only
Dental	Option 4 coverage for yourself only
Employee basic life insurance	Option 3 (3 x annual salary, \$80,000 minimum)

Note: Any excess flex credits will be paid out as taxable cash (pro-rated per month).

You may need to complete an Evidence of Insurability form if you elect more than \$50,000 of optional life insurance for you and your spouse. The amount of coverage over \$50,000 will not be in effect until the life insurance company has approved the additional coverage.

There is no evidence required for the family funeral benefit, child life insurance or any optional AD&D insurance.

Please note that evidence of good health will be required if you:

- Select Option 1 or 2 in employee basic life insurance in this enrolment and apply to increase it in the future; and/or
- Apply for any increase in optional life for yourself or your spouse in the future.

Remember to list your dependents and select them for the benefit on the enrolment form

In order to have dependents covered under MSP, extended health and dental, you must ensure that your dependents are listed on the enrolment form and that you select the dependents you wish to cover under each benefit plan (MSP, extended health and dental). So, take the time to ensure that your dependent information is correct and that you have selected the right dependents for coverage in each plan.

Be sure to designate beneficiaries for your employee basic and optional life insurance

During enrolment, complete and sign a beneficiary designation form. If you do not designate your beneficiary by submitting the signed form, benefits will be paid to your estate. Beneficiary designations are not effective until the completed and signed original form has been received by the LDB Payroll Dept.

Flex credits are allocated to pay for non-taxable benefits

Non-taxable benefits are:

- Health spending account (HSA)
- Extended health
- Dental

Accidental death and dismemberment (AD&D) insurance for you and any dependents

You use after-tax payroll deduction to pay for Medical Services Plan (MSP) of BC (if you elect coverage) and all life insurance. This is to ensure the most tax effective use of benefit dollars. If flex credits were to be used for MSP or for any life insurance, those flex credits would create a taxable benefit. In the flexible benefits program, you have the ability to use flex credits that would otherwise be taxable for the non-taxable benefits above.

Changing your choices

Your choices will apply for one plan year (January 1 to December 31). Each fall you will have an opportunity to change your options and coverage for yourself and your dependents for the next benefit plan year (effective January 1).

You may also make changes during the year if you have an eligible life event such as adding or removing a dependent as well as if your spouse has a change to their benefit program.

Changing your choices during annual enrolment

Your choices will apply for one plan year (January 1 to December 31). Each fall you will have an opportunity to re-enroll and change the options and coverage for yourself and your dependents for the next benefit plan year (effective January 1).

No changes can be made to the top option in extended health (Option 5) and/or dental (Option 6). There is a two-year lock-in rule under both of these options. Once you have been in those options for two plan years, you may select a different option.

What if I Don't Make Choices during Open Enrollment?

Your current coverage remains in effect until the next plan year (unless you change it later due to an eligible life event such as a marriage, birth or adoption, or your spouse loses his or her benefits coverage). You will receive the \$200 general flex credits even if you do not enroll.

Important: If you chose the Health Spending Account last year and you do nothing this year, your default will be taxable cash – NOT the Health Spending Account. In order to continue with the Health Spending Account from year to year, you must select this option during the open enrolment period by allocating some or all of your credits to your Health Spending Account.

Remember you must make your selections and then submit your signed enrollment form to LDB Payroll Dept by Nov.07,2012. If you do not submit a completed form, your current elections will remain in effect with the exception of any previous election for HSA. The current default for not electing will be taxable cash for excess credits.

Enrolment deadline is November 07, 2012.

Changing your choices as a result of an eligible life event

During the year, you may enroll and/or change your options if one of the following events occurs:

Marriage or entering a common-law relationship;

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- Divorce, separation or end of a common-law relationship;
- Birth or adoption of a child;
- Loss of a child's status as a dependent (marriage, age limit, leaves school, etc.);
- Your spouse gains or loses benefit coverage; or
- Death of a spouse or child.

Important! You are responsible for notifying the LDB Payroll Dept. to update your dependents and coverage within 60 days of the eligible life event. Otherwise, you must wait until the next annual enrolment period or for another eligible life event to occur.

Increasing life insurance coverage

There are some limitations on increasing life insurance. You or your spouse will be asked to complete an evidence of insurability form (a medical questionnaire) if you:

- increase your employee basic or optional life insurance from the previous year, or
- increase your spouse optional life insurance

The insurance company must review your information and approve your request before increased coverage can take effect.

Timing is important!

- Changes will be effective on the appropriate* date based on the timing of annual enrolment, an eligible life event or the approval of evidence of good health for life insurance.
 - * Changes made during annual enrolment will be effective at the start of the subsequent plan year.
 - * Changes made as a result of an eligible life event will be effective on the date of the event. If a life event is reported more than 60 days after the event, changes will not be permitted.
 - * Exceptions, back-dating and retroactive adjustments will NOT be made. Be sure to review your coverage and make changes during the annual enrolment period or if you have a life event.

Work status changes

d you must re-quality for benefits. Any
forfeited.
argaining unit benefit plans. Your our Health Spending Account or are forfeited
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I am actively working and I reach the age of 65	When you reach the age of 65, you are no longer eligible for the basic employee life insurance and therefore not eligible for any of the optional life insurance products. Please see "Converting to an Individual Policy" on the BC Public Service website:
	Link to information on BCPS website
I retire from the BC Public Service	Your flexible benefits coverage terminates at the end of the month in which you retire. Retirement benefits are administered through the BC Public Service Pension Plan. Any balances remaining in your Health Spending account or taxable cash are forfeited. Your choices under flexible benefits will not be available once you retire. Please review retirement benefits criteria at the <u>BC Pension Plan</u> website.
I terminate from the BC Public Service	Your extended health and dental coverage terminate on your last day of work. All other flexible benefits terminate on the last day of the month of your date of termination. Any balances remaining in your Health Spending Account or taxable cash are forfeited.
1 am on Short Term Illness and Injury Plan (STIIP)	You are eligible to continue in the flexible benefit options you have at the time you commence STIIP. You can participate in annual enrolments and make changes if you have an eligible life event.
I am away during open enrolment period	If you will be on a short-term leave with pay or on vacation during the annual open enrolment period you must contact the LDB Payroll Dept. before that time and request enrolment forms to be sent to you.
I commence a rehab trial	If you return to work on a rehab trial after being on LTD, your LTD claim continues to be active and there are no changes to your benefits coverage.
I return to work from Long Term Disability	If you return to work during the same plan year (calendar year), you are reinstated in the options you selected within the flexible benefits program and are eligible to make changes at the next open enrolment or eligible life event windows. If you return to work in a different plan year (calendar year), you will make your new selections in the flexible benefits program at that time.
I commenced a leave without pay prior to the implementation of the flexible benefits program effective February 1, 2009	You may have continued the benefit plans that you had at the time you commenced your leave by paying the benefit premiums, otherwise coverage terminated until you return from leave. When you return from your leave, you will be able to enroll in the flexible benefits program.
I am on a leave without pay	You may continue in the benefit plan options that you have at the time you commence your leave by paying the benefit premiums, otherwise coverage will terminate until you return from leave. If you return to work during the same plan year (calendar year), you will be reinstated in the options you selected within the flexible benefits program and would be eligible to make changes at the next open enrolment or eligible life event windows. If you return to work in a different

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	plan year (calendar year), you will be able to make your new selections in the flexible benefit program at that time. If you choose not to continue your employee or spouse optional life insurance during your leave, and your leave extends beyond 90 days, you will be required to provide evidence of insurability if you wish to reinstate these benefits.
I am on Maternity/Parental/Pre-placement Adoption Leave	During these leaves, you may participate in annual enrolment and make changes for eligible life events. For annual enrolment, we will forward forms to your home address for you to complete to make your selections. If you have an eligible life event such as the birth of a child, you will have up to 60 days after a life event to notify the LDB Payroll Dept. by phone, email or submitting a manual enrolment form to register the life event.
If I am on a leave with pay If I die	During these leaves, you may participate in annual enrolment and make changes for eligible life events. We will forward forms to your home address for you to complete to make your selections. Your flexible benefits coverage will terminate at the end of the month in which your death occurs. Your Health Spending Account or taxable cash will terminate at the end of the month. Any balances in your Health Spending Account or taxable cash will be forfeited

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Your choices at a glance

Everyone is unique and has different needs for benefits. There are plenty of choices in the flexible benefits program to enable you to create the benefits package to meet your needs and your family's needs. You select one option in each benefit.

Benefit		Waive	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
MSP	-	lf you waive	If you elect to					
Provincial health care		coverage you	cover yourself					
•		receive	and your family,					
		additional flex	you receive flex					
		credits	credits equal to					
			the premium					
			cost					
Extended Health		,					L	1
Supplements provincial	Annual		\$80	\$200	\$80	none	none	
health care. Pays for a	deductible	You may						
variety of medical expenses.	Reimbursement	waive	20%	80% of the first	st \$1,000 per yea	r, then 100%	100%	
Lifetime maximum of		coverage if		for th	e balance of the	year		
\$250,000.	Vision	you have	\$250/	none	\$250/	\$500/	\$500/	
		coverage	2 years		2 years	2 years	2years	
` <u>.</u>	Paramedical	elsewhere	\$300 combined	\$800	\$200	\$500 per	\$500 per	
Option 5 is locked-in: If you	services		maximum for all	combined	maximum per	year per	year per	
elect Option 5, you must stay in			types of	maximum for	type of	type of	type of	
it for two plan years.			paramedical	all types of	paramedical	paramedical	paramedical	
			services per	paramedical	services per	services per	services per	
Options 1 through 5 include			person per year	services per	person per	person	person	
coverage for out-of-Canada				person per	year;			
emergency medical coverage.				year	\$500 per			
					family per			
					year.			
					Massage			
					therapy			
					capped at			
					\$750 per			
					person			
								<u> </u>

Benefit		Waive	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
			Hearing aids:\$70	D per each ear	² Hearing aids: \$ ⁻	1,500 per each	ear	
			48 months adult /	24 months	48 months adult	ts / 24 months	children	
	-		children					
					·			
Dental	1				.			
Pays for a variety of services	Basic services		20%	80%	100%	100%	100%	100%
that help you maintain and		You may	9-month recali*	9-month	6-month ·	9-month	9-month	6-month
restore teeth		waive		recall*	recall	recall*	recall*	recall
	Major services	coverage	50%	65%	No coverage	65%	/5%	85%
Option 6 is locked-in. If you	Orthodontic		50%			55%		55%
that option 6, you must stay in	Lifetime mox		\$2,000	No coverage	No coverage	\$3 500	No coverage	\$5,000
Inal option for two plan years.			φ2,000			<i>43,000</i>		φ0,000
*6-month recall for dependent		· ·			1 A			
children								
HSA The health s	pending account (H	ISA) is optional. Y	ou may deposit exc	ess flex credits a	and be reimbursed	l tax-free for a	ny eligible medica	al and
dental expen	se not paid elsewh	ere						
Employee Basic Life Insurat	nce			•	, ,			
Pays a death benefit to your b	eneficiary if you	You must take			 3 x annual 			
die from illness or injury		at least	\$25,000	\$80,000	earnings			
		Option 1			(\$80,000			
					min)			
Fundame Ontional Life Inc.								
Beve a death banafit to your b	vonoficiany if you	You may	Linite of					
die from illness or injury. You	must have Ontion	waive	\$25.000		·			
3 in employee basic life insura	ance to elect	coverage.	\$1 million max					
employee optional life insuran	ce	J						
	<i>,</i>							
Optional Family Funeral Ber	nefit.							
Minimum amount of life insura	ince for spouse	You may	\$10,000 spouse					
and children. Designed to cov	er funeral	waive	\$5,000 child					
expenses.	·····	coverage						
Spouse Optional Life Insura	ince	·						
Pays a benefit to you if your s	pouse dies from	You may	Units of				ζ.	
illness or injury		waive	\$25, <u>000</u>					

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Benefit	Waive	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
	coverage	\$500,000 max		-			
Child Optional Life Insurance							
Pays a benefit to you if your child dies from	You may	Units of \$5,000					
illness or injury	waive	\$20,000 max					
	coverage						
Employee Optional AD&D		•					
Pays a benefit to your beneficiary if you die	You may	Units of					-
from an accident. Pays a benefit to you if you	waive	\$25,000					
suffer a serious injury from an accident.	coverage	\$500,000 max					
Spouse Optional AD&D		-					
Pays a benefit to you if your spouse dies or	You may	Units of					
suffers a serious injury from an accident	waive	\$25,000					
	coverage	\$500,000 max					
Child Optional AD&D	· ·						*
Pays a benefit to you if your child dies or	You may	Units of	`	•			
suffers a serious injury from an accident	waive ·	\$10,000 to					
	coverage	\$250,000 max					

Premium Rates

Premium Rates Effective January 1, 2013

Medical Services Plan (MSP) of BC

- If you waive coverage through the flexible benefits program, you generate \$117 in additional flex credits.
- If you elect MSP coverage through the flexible benefits program, you receive flex credits equal to the cost of your family level.

Coverage Level	Waive (No coverage)	Option 1 (2013 MSP rates)	
Single		\$798	
Family of 2	-\$117	\$1446	
Family of 2+		\$1596	

When looking at the costs and credits—the negative numbers represent money you get and the positive numbers represent a cost that has to be paid.

Extended health cost or additional credit

Option 3 is the funded level. If you waive coverage or elect Option 1 or 2, you will generate additional flex credits. If you elect Options 4 or 5 you will have to pay for the additional coverage through payroll deduction.

Coverage Level	Waive (No coverage)	Option 1	Option 2	Option 3 (funded level)	Option 4	Option 5 (2-year lock-in)
Employee only	· ·		_		\$108	\$309
Employee plus 1 dependent	-\$300	-\$198	-\$135	\$0	\$216	\$417
Employee plus 2 or more dependents					\$324	\$525

Dental cost or additional credit

Option 4 is equal to the current dental plan and is the funded level. If you waive coverage or elect Option 1, 2 or 3, you will generate additional flex credits. If you elect Options 5 or 6 you will have to pay for the additional coverage through payroll deduction.

Coverage Level	Waive (No coverage)	Option 1	Option 2	Option 3	Option 4 (funded level)	Option 5	Option 6 (2-year lock-in)
Employee only						\$42	\$213
Employee plus 1 dependent	-\$300	-\$195	-\$96	-\$75	\$0	\$84	\$426
Employee plus 2 or more dependents]	• .				\$120	\$633

Employee basic life insurance cost

The BC Public Service funds the cost of the first \$80,000 of employee basic life insurance. Flex credits of \$163 are provided to offset the cost.

Option 1	Option 2	Option 3
\$51	\$163	Greater of 0.612% of earnings and \$163
		· ,

Employee and spouse optional life insurance cost

Rates per unit of \$25,000	M	ale	Female		
Age	Non-Smoker	Smoker	Non–Smoker	Smoker	
Under 35	\$15	\$30	\$9	\$12	
Age 35–39	\$15	\$33	\$12	\$18	
Age 40–44	\$21	\$54	\$18	\$30	
Age 45–49	\$45	\$99	\$30	\$54	

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Age 50–54	\$84	\$168	\$48	· \$87
Age 55–59	\$138	\$285	\$78	\$132
Age 60–64	\$183	\$381	\$105	\$183

Family funeral benefit cost

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(No coverage)	
\$0	\$24

Child optional life insurance cost

Waive (No coverage)	Option 1
\$0	\$11.28 per unit of \$5,000
	(one cost for all children)

Optional accidental death and dismemberment (AD&D) insurance cost

	Waive (No coverage)	Option 1
Employee and spouse		\$9.60 per unit of \$25,000
Child	\$0	\$3.30 per unit of \$10,000
		(one cost for all children)

Flexible benefits coverage begins

On the first of the month following your date of regular hire or appointment, or upon reaching the required auxiliary hours. Basic life coverage starts immediately upon becoming eligible.

Flexible benefits coverage ends

- If your employment is terminated, coverage ends on your last day of employment. You will have the opportunity to convert some of your life insurance to individual policies. (See <u>Converting to an individual</u> policy on page 46.)
- If you retire from the BC Public Service, coverage ends the end of the month of your last day on pay. Note that if you retire before age 65, you may be eligible to continue your employee basic life insurance. (See <u>Employee Basic Life Insurance for Pensioners under Age 65</u> on page 45.) Please refer to the <u>BC Pension Corporation</u> web site concerning benefits after you retire.
- If you transfer out of a position that is eligible for flex benefits, coverage ends at the end of the month of transfer.
- If you work past the age of 65, life insurance, accidental death and dismemberment (AD&D) and long term disability (LTD) coverage end at the end of the month of your 65th birthday. You may convert some of your life insurance to individual policies. (See <u>Converting to an individual policy</u> on page 46.)
- In the event of your death while employed in the BC Public Service, your spouse/dependents will maintain coverage under the flexible benefits program up to the last day of the month in which your death occurs.

See page 12 for information on other employment status changes.

As a resident of B.C., you must be covered under the provincial health care plan-the Medical Services Plan of BC (MSP).

The BC provincial government determines what expenses are covered under MSP and sets premium rates. For information on the benefits provided under MSP, please check the <u>Ministry of Health</u> site.

You may choose to cover yourself and your family under the flexible benefits program or you may be covered elsewhere. If you choose to cover yourself through the flexible benefits program, you receive flex credits equal to the cost of your MSP premiums.

If you have an individual account with MSP, you are responsible for paying your premium directly to MSP and are responsible for any collection activity due to non-payment.

Your MSP Options

Your enrolment period is the time to choose whether or not you need MSP coverage through the flexible benefits program. If you waive MSP coverage during the enrolment period you are not able to make a change until the next annual enrolment period or if you have an eligible life event.

Things to consider:

Do you have a spouse and/or dependents?

If so, does your spouse have MSP coverage for the family through his/her employer? Only one of you needs to be enrolled through their employer for MSP coverage for the entire family.

MSP Options						
Waive	Option 1					
 If you choose to waive MSP coverage, you will receive additional flex credits to be used elsewhere in the flexible benefits program. Do not choose this option if you do not have coverage through a spouse's plan or an individual account with MSP. 	 MSP coverage for yourself and your family. You will receive flex credits equal to the cost of the MSP premiums for you and your family. 					
 Note: Evidence of other coverage is not required, but it is your responsibility to ensure you have coverage. You will be billed directly by MSP for an individual account. 						

You must select the dependents you wish to cover for MSP and choose coverage category on your enrolment application. See below.

Coverage categories	 Employee only Employee + one dependent Employee + two or more dependents
Age of eligibility for	 Children up to the age of 19 or up to the age of 25 if they are full-
children	time students

Extended health

The extended health plan offers a range of options to supplement coverage provided by your provincial health plan.

Through the flexible benefits program you will be able to waive coverage or choose from five levels of extended health coverage.

Your extended health options

The chart below **highlights** the various options. Review the terms and detailed provisions of the plan which follows the brief description of each of the options below.

Things to Consider:

- Do you have a spouse and/or dependents?
 - Can you co-ordinate benefits to maximize coverage? See page 5.
 - Ensure you select each dependent you wish covered under the extended health benefit.
 - You and the selected dependents are all covered under the option you choose.
 - You may select different dependents for extended health coverage than you select for dental coverage.
- Option 5 is locked in for two plan years.
- Review your medical expenses over the past year.

The extended health plan will reimburse your eligible expenses at the percentage shown below.

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	Extended Health Options					
Features	Waive	Option 1	Option 2	Option 3	Option 4	Option 5 2 year lock-in
Annual Deductible		\$80	\$200	\$80	none	none
(per person or per family)						
Reimbursement Percentage for Prescription Drugs, Paramedical Services, Medical Services & Supplies	N O C	20%		80% of first \$1,000 100% for balanc	Vyear, then e of year	100%
Paramedical Services Maximum Acupuncture Chiropractor Massage therapy Naturopathic physician Physiotherapy Podiatrist See details below.	O V E R A G E	\$300/year per person combined (all providers)	\$800/year per person combined (all providers)	\$200/year per person or \$500/year per family per type of paramedical services; -maximum for massage capped at \$750 per person per year	\$500/year per person per type of paramedical services	\$500/year per person per type of paramedical services
Vision Maximum (see details below		\$250/ 24 months for adults and 12 months for children	No coverage	\$250/ 24 months for adults and 12 months for children	\$500/ 24 months for adults and 12 months for children	\$500/ 24 months for adults and 12 months for children

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Hearing Aid Maximum (see details below	N O C O V	\$700 per ear per 48 months for adults and 24 months for children	\$700 per ear per 48 months for adults and 24 months for children	\$1,500 per ear per 48 months for adults and 24 months for children	\$1,500 per ear per 48 months for adults and 24 months for children	\$1,500 per ear per 48 months for adults and 24 months for children
Lifetime Maximum (per person)	E R A G E			·	\$250,000	•

Waive

If you waive coverage, you will have no extended health coverage through the flexible benefits program.

Option 1 is a low-cost option that may work well for co-ordination of benefits with a spouse. It has a \$80 deductible and pays 20% of eligible expenses. Vision benefit of \$250 per person every 24 months and 12 months for children. Combined paramedical benefit of \$300 per person per calendar year.

Option 2 has a \$200 deductible and pays 80% of the first \$1,000 of eligible expenses in a given plan year, and 100% of eligible expenses for the remainder of that plan year once \$1,000 in expenses has been reached. No coverage for vision expenses. Combined paramedical benefit of \$800 per person per calendar year.

Option 3 has a \$80 deductible and pays 80% of the first \$1,000 of eligible expenses in a given plan year, and 100% of eligible expenses for the remainder of that plan year once \$1,000 in expenses has been reached. Vision benefit of \$250 per person every 24 months and 12 months for children. Paramedical services are covered at \$200 per type of paramedical services per person per calendar year and \$500 per family per year. **Note** that under Option 3 has an annual maximum on massage therapy of \$750 per person per year.

Option 4 does not have a deductible and pays 80% of the first \$1,000 of eligible expenses in a given plan year, and 100% of eligible expenses for the remainder of that plan year once \$1,000 in expenses has been reached. Vision benefit of \$500 per person every 24 months and 12 months for children. Paramedical benefit of \$500,per type of paramedical services per person per calendar year.

Option 5 (locked in for two plan years) does not have a deductible and pays 100% of eligible expenses. Vision benefit of \$500 per person every 24 months and 12 months for children. Paramedical benefit of \$500 per type of paramedical services per person per calendar year.

All options (except Waive) include \$250,000 lifetime maximum per person, and contain limitations, restrictions and exceptions within the plan provisions. See details below.

Terms

- Deductible the amount you must pay each year before the plan will start to pay. Options 1, 2 and 3 have a deductible.
- Eligible expenses defined by the extended health benefit contract. This section outlines some of the most common eligible expenses. If you have questions about a particular expense, register and review your profile on CARESnet or contact Pacific Blue Cross. (See the Contacts and resources page 55) It is also advisable to obtain pre-approval from Pacific Blue Cross for any extended health expense over \$1,000.

What is covered in-province

Accidental injury to teeth

Benefit payments are subject to the deductible and reimbursement percentage in the option you select. Dental procedures required to repair natural teeth or prosthetics injured as a result of an accident are covered if the procedures are completed within 52 weeks of the accident. Expenses are limited to the applicable fee guide or schedule. Contact Pacific Blue Cross for further information about applicable fee guides/schedules.

Drugs and medicines

Benefit payments are subject to the deductible and reimbursement percentage in the option you select. Covered drugs and medicines must be prescribed by a duly-licensed medical or dental practitioner and purchased from a duly-licensed pharmacy. Pharmacare policies concerning reference-based pricing, low cost alternative, maximum dispensing fee and maximum retail markup apply. You should comparison shop and ensure you are getting the best value.

Covered drugs include:

- Injectable medications dispensed by a licensed pharmacist or physician and drugs used by a medical practitioner when providing services under circumstances in which the drug is not usually provided
- Insulin
- Vitamin B12 for the treatment of pernicious anemia
- Allergy serums when administered by a licensed physician
- Oral and injectable contraceptives

If you require an alternative drug that is not normally covered by Pharmacare, your doctor can submit a Special Authority Request to Pharmacare for approval to reimburse the alternative drug.

Use your extended health card at the pharmacy when purchasing prescription drugs!

If your pharmacy participates in the **Pay Direct** program and has the BlueNet® System (the prescription drug claim adjudication system) it will be able to electronically submit your extended health drug benefit claim. Present your Extended Health Card and pay only the portion of the cost of your prescription that is not covered by your benefit plan. The system will also advise if any drug requires prior authorization.

If your pharmacy **does not** participate in the BlueNet system, you must pay the entire cost and submit your receipt with a claim form for reimbursement.

If you have coordinated benefits, Pay Direct can only process your claim under your plan. Do not present both extended health cards to your pharmacist. An extended health claim form must be submitted to your spouse's plan to be reimbursed for the remainder of your claim.

Emergency ambulance service

The following expenses are covered:

- Charges for licensed ambulance service to and from the nearest Canadian hospital equipped to provide the type of care essential to the patient
- Air transport will be covered when time is critical and the patient's physical condition prevents the use of another means of transport
- Emergency transport from one hospital to another, only when the original hospital has inadequate facilities
- · Charges for an attendant when medically necessary

Eye Examinations

Eye examinations payable to a maximum of \$75 per 24 months per person between the ages of 19 and 64. (NOTE: Exams for persons under age 19 and over age 64 are covered under MSP. Check with the physician's office regarding total cost and amount reimbursed by MSP. Extended Health does not reimburse for a service covered under MSP.)

Hearing aids and repairs

This benefit is not subject to the deductible and is paid at 100% up to \$700 per ear per 48 months for adults and 24 months for children in Options 1 and 2 and up to \$1,500 per ear per 48 months for adults and 24 months for children in Options 3 through 5. Batteries, recharging devices or other such accessories are not covered.

Hospital expenses

Benefit payment is subject to the deductible and reimbursement percentage in the option you select. The plan will cover additional charges for semi-private or private accommodation over and above the amount paid by provincial health care for a normal daily public ward while you are confined in a hospital under active treatment.

Paramedical services

The extended health plan covers the following paramedical services (subject to the deductible reimbursement percentage and annual maximums in the option you select):

- Acupuncture—acupuncture treatments performed by a medical doctor or a registered acupuncturist
- Chiropractor—chiropractic treatments performed by a registered chiropractor; x-rays taken by a chiropractor are not covered
- Massage therapy—massage treatments performed by a registered massage therapist

- Naturopathic physician—naturopathic services (note x-rays taken by and drugs, medicines or supplies recommended and prescribed by a naturopathic physician are not covered)
- Physiotherapy—physiotherapy services performed by a registered physiotherapist
- Podiatrist—podiatrist treatment performed by a registered podiatrist; x-rays taken by a podiatrist or other special fees charged by a podiatrist are not covered

Managing your extended health benefit - Check your benefit's profile on CARESnet for information about:

- Claims and claim status
- Remaining limit on maximums
- Pre-approval of large extended health claims

Medical aids and supplies.

The plan covers a variety of medical aids and supplies (subject to the deductible and reimbursement percentage in the option you select) as follows:

For diabetes:

- Testing supplies, needles and syringes for diabetics, or
- Insulin injector for diabetes

If you switch from using testing supplies to an insulin injector, testing supplies are not covered for the next 60-month consecutive period.

- Light boxes including light visors used for the treatment of seasonal affective disorder
- Oxygen, blood and blood plasma
- Ostomy and ileostomy supplies
- Elastic support stockings
- Walkers, canes and cane tips, crutches, splints, casts, collars and trusses; elastic or foam supports are not covered
- Rigid support braces and permanent prostheses (artificial eyes, limbs and larynxes); myoelectrical limbs are not covered but the plan will pay an amount equal to the cost of a standard prostheses
- Mastectomy forms and bras to a maximum of \$1,000 in a 12 month period
- Stump socks to a maximum of \$200 per calendar year
- Wigs and hairpieces required as a result of an alopecia condition or chemotherapy treatment to a maximum of \$500 every 24 months
- Custom-fitted orthopedic shoes (including repairs), stock item footwear, modifications to stock item footwear and foot orthotics if prescribed by a physician or podiatrist for congenital or post-traumatic foot problems to a maximum of \$400 per calendar year (refer to CARESnet for eligibility and a claims checklist)
- Standard durable equipment as follows:
 - ---- Manual wheelchairs, scooters, manual type hospital beds and necessary accessories; if the patient is incapable of operating a manual wheelchair, an electric wheelchair will be covered---otherwise the plan will pay the equivalent of a manual wheelchair
 - Cardiac screeners and blood glucose monitors
 - Growth guidance systems
 - ---- Breathing machines and appliances including respirators, compressors, suction pumps, oxygen cylinders, masks and regulators
 - Insulin infusion pumps for diabetics if other methods are not suitable

--- Continuous positive airway pressure (CPAP) machine when prescribed for sleep apnea

Infant apnea monitor

Important: It is your responsibility to verify that an item or service is covered prior to purchase. It is advisable to get an expense pre-approved if the cost is over \$1,000. You are required to submit a request for pre-approval for any medical aid or supply expenses in excess of \$5,000.

Medical examinations

Subject to the deductible and reimbursement percentage in the option you select, the plan will cover fees for a medical examination by a physician or surgeon required by a statute or regulation of the provincial and/or federal government for employment purposes provided that such charges are not already covered.

Out of province emergency medical expenses

All options cover 100% of eligible expenses.

Registered clinical counselor/registered clinical psychologist

Subject to the deductible and reimbursement percentage in the option you select, the plan will cover fees up to a maximum of \$500 per person per year in Options 1 through 5.

To check to see if your service provider is covered under the plan, contact the following:

- For counsellors: <u>BC Association of Clinical Counsellors</u> in Victoria at 250-595-4448 or toll free at 1-800-909-6303 or visit website.
- For psychologists: <u>College of Psychologists</u> in Vancouver at 604-736-6164 or visit website.

Note: If you need to access counselling services, you may want to refer to the B.C. Employee and Family Assistance Program (BCEFAP). The program provides six counselling sessions per year at no cost to you.

Prostate serum antigen (PSA) test

Subject to the deductible and reimbursement percentage in the option you select, the plan will cover the cost of one PSA test per calendar year.

Vision

Options 1, 3, 4 and 5 have vision coverage. Option 2 does not. The vision benefit is not subject to the deductible and is paid at 100% to the maximum noted in the option you select (\$250 per person in Options 1 and 3 or \$500 per person in Options 4 and 5) every 24 months for adults and 12 months for children. The plan will cover charges (up to the maximum in the option you select) for:

- Corrective eyewear prescribed by an optometrist, ophthalmologist, physician and/or surgeon
- Laser eye surgery
- Also refer to Eye Examinations which is covered under all options.

Note: If you elect to waive coverage, you do not have any extended health coverage from your employment with the BC Public Service (BCLDB). The percentage of eligible expenses paid by the extended health plan depends on the option you select. All benefits are subject to the overall \$250,000 lifetime maximum per person, and other plan provisions (limitations and exceptions).

What's covered out of your province of residence

Should you or an eligible dependent have a medical emergency while traveling outside your province of residence or outside of Canada, the extended health plan will pay 100% of eligible expenses that would normally be covered by the Medical Services Plan of BC less any amount paid by MSP. Benefit payments are subject to the overall lifetime maximum of \$250,000 per person. Out-of-country expenses can exceed this amount. As a result, you should consider purchasing additional medical protection prior to leaving the province.

Please check your additional travel insurance plan carefully. Some carriers may require that you first exhaust the lifetime maximum under your extended health group plan before they will pay any portion of the claims.

Pacific Blue Cross, the current carrier for your extended health plan, offers travel insurance plans if you are traveling outside of the province. They offer a 20% discount for members of our group plan. When you are covered by a Pacific Blue Cross travel insurance plan and a claim is made, Pacific Blue Cross will pay any costs from the travel insurance coverage (less the MSP portion) before deducting any costs from your group extended health plan, thus protecting the remainder of your lifetime maximum.

You can purchase individual travel coverage through Pacific Blue Cross online from their web site or by calling directly. See the Contacts and resources page 55 for information.

Medi-Assist Travel Emergency Numbers

The extended health plan includes a worldwide medical assistance provision called Medi-Assist that provides communication services from anywhere in the world 24 hours a day 7 days a week. Trained *multilingual* assistance personnel are there to help you locate medical care, arrange emergency and routine medical transportation; assist travel companions; contact relatives, employers and personal physicians; and assist in facilitating claims payment. Please see the <u>Medi-Assist brochure</u> for more information.

Medi-Assist provides advice and coordinates services at no additional charge. However, it is not a means of paying for any of the services that you may require. The actual cost for any service(s) received is your responsibility. Some of these expenses may be claimable through MSP, travel insurance purchased by you or your extended health option.

What's not covered by the extended health plan

The following are not eligible expenses under the extended health plan:

- Except as specifically provided in this plan: dentures or dental treatments, hearing aids, eyeglasses, contact lenses, surgical lens implants, or examinations for the prescription or fitting of any of these, x-rays, hospital coinsurance, vitamin preparations, contraceptives, erectile dysfunction drugs, medications used to treat or replace an addiction or habituation, support stockings, arch supports, travel expenses incurred to obtain medical treatment.
- Charges for the rental of a telephone, television, or similar equipment in a hospital.
- General anesthetic, medications used to prevent baldness or promote hair growth, food and mineral replacements or supplements, HCG injections, drugs not approved for sale and distribution in Canada, and medications available without a prescription.
- Allergy testing unless rendered by a naturopath.
- Personal comfort items, items purchased for athletic use, air humidifiers and purifiers, services of Victorian Order of Nurses or graduate or licensed practical nurses, services of religious or spiritual healers, occupational therapy, services and supplies for cosmetic purposes, public ward accommodation, rest cures.
- Charges for completion of forms or written reports, communication costs, delivery and mailing or handling charges, interest or late payment charges, non-sharable or capital costs levied by local hospitals, or charges for translating documents into English.
- Professional services of physicians or any person who renders a professional health service in the patient's province of residence, except as expressly provided in this plan.
- That portion of a claim normally covered by a government plan which has been refused on the basis that the claim was not submitted within that plan's time limits.
- Out-of-province of residence expenses incurred due to elective treatment and/or diagnostic procedures, or complications related to such treatment.
- Out-of-province of residence expenses incurred due to therapeutic abortion, childbirth, or complications of pregnancy occurring within 2 months of the expected delivery date.
- Charges incurred outside the province/territory of residence for continuous or routine medical care normally covered by a government plan in the person's province/territory of residence.
- Transportation charges incurred for elective treatment and/or diagnostic procedures, or for health or health examinations of any kind.
- Expenses of a spouse or dependent hospitalized at the time of enrolment.
- Any drug, vaccine, item or service classified as preventive treatment or administered for preventive purposes, and which is not specifically required for the treatment of an existing illness or injury.
- Fees for ambulance services when an ambulance is called but not used.
- Ambulance charges for work related illness or injury assessed by Workers' Compensation Board to be the employer's responsibility.
- Retroactive coverage and payment of any expense, including expenses that receive special authorization from Pharmacare.
- Any item not specifically included under the "What's covered in-province" and "What's covered out of your province of residence" sections. See page 26.

How to claim expenses

Prescriptions

If your pharmacy participates in the **Pay Direct** program, and has the BlueNet® System (the prescription drug claim adjudication system) it will be able to electronically submit your extended health drug claim. Present your Extended Health Card and pay only the portion of the cost of your prescription that is not covered by your benefit plan. The system will also advise if any drug requires prior authorization.

If your pharmacy **does not** participate in the BlueNet system, you must pay the entire cost and submit your receipt with a claim form for reimbursement.

If you have coordinated benefits, Pay Direct can only process your claim under your plan. Do not present both extended health cards to your pharmacist. An extended health claim form must be submitted to your spouse's plan to be reimbursed for the remainder of your claim.

Please visit <u>BlueNet</u> website for more information.

Other extended health expenses and the health spending account (H S A)

Use a Pacific Blue Cross claim form for other expenses such as ambulance, medical equipment, medical supplies vision and paramedical practitioners. You may use the same form to submit expenses to the H S A at the same time.

Need forms?

Claim forms are available online.

Important Reminder!

File your claims on time

Extended health plan claims must be submitted by June 30th following the end of the calendar year in which the expense was incurred.

Health Spending Account claims must be submitted by Feb 28th following the end of the calendar year in which the expense was incurred BUT first the claim must be submitted to the Extended Health or Dental Plan.

Dental

The dental plan has been designed to offer you the flexibility you require to meet your dental health needs and those of your family.

The flexible benefits program offers seven dental options, ranging from no coverage at all to a comprehensive level of coverage in option 6.

Your dental options

Things to Consider:

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- Do you have a spouse and/or dependents?
 - Can you co-ordinate benefits to maximize coverage? See page 5.
 - Ensure you select each dependent you wish covered under the dental benefit.
 - You and the selected dependents are all covered under the option you choose.
 - You may select different dependents for dental coverage than you select for extended health coverage.
 - Babies or younger children may not require dental coverage at this time you may be able to reduce your coverage and receive extra credits to apply elsewhere.
- Option 5 is locked in for two plan years.
- Review your regular dental expenses over the past year and any expense you anticipate for the coming year(s).

The dental plan will reimburse your eligible expenses at the percentage shown below. If you cover dependents, the **maximums are per covered person**.

		Dental Options							
Features	Waive	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6 (2 year lock-in)		
Plan A Basic Services		20%	80%	100%	100%	100%	100%		
Recall Exams	N O	Adults: 9 months Children: 6 months	Adults: 9 months Children: 6 months	Adults & Children: 6 months	Adults: 9 months Children: 6 months	Adults: 9 months Children: 6 months	Adults & Children: 6 months		
Plan BCMajor Services50%		65%	No coverage	65%	75%	85%			
Plan C Orthodontic Services	ER	50%	No coverage	No coverage	55%	No coverage	55%		
Lifetime Orthodontic Maximum (per person)	A G E	\$2,000	N/A	N/A	\$3,500	N/A	\$5,000		

Waive

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If you waive dental benefits you will have no dental coverage through the flexible benefits program. You do not need to have coverage elsewhere to waive dental coverage.

Option 1 is a low-cost option that may work well for co-ordination of benefits with a spouse. This option pays 20% of eligible basic dental expenses and 50% of eligible major expenses. This option also pays 50% of eligible orthodontic expenses to a lifetime maximum of \$2,000 per person.

Option 2 pays 80% of eligible basic dental expenses and 65% of eligible major expenses. It does not have coverage for orthodontia.

Option 3 pays 100% of eligible basic expenses and does not have coverage for major expenses or orthodontia.

Option 4 pays 100% of eligible basic dental expenses and 65% of eligible major expenses. This option also pays 55% of eligible orthodontic expenses to a lifetime maximum of \$3,500 per person.

Option 5 pays 100% of eligible basic dental expenses and 75% of eligible major expenses. It does not have coverage for orthodontia.

Option 6 pays 100% of eligible basic dental expenses and 85% of eligible major expenses. This option also pays 55% of eligible orthodontic expenses to a lifetime maximum of \$5,000 per person. **If you select Option 6, you must remain in this option for two years**.

TERMS

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Basic dental (preventive and basic) services—includes services for the care and maintenance of teeth, including procedures to restore teeth to natural or normal function (e.g., exams, x-rays, fillings, extractions, root canals, repairs to dentures). See What's Covered for more information.

Major dental expenses—includes eligible expenses for major restorative work (e.g., crowns, bridges and dentures/prosthetics). See What's Covered for more information.

Orthodontic expenses—includes services to maintain, restore or establish a functional alignment of upper and lower teeth (e.g., braces).

You must submit a treatment plan for orthodontic claims prior to commencing treatment. See What's Covered for more information.

Dental coverage is available for services in BC and for emergency dental services while traveling anywhere outside of BC. The plan will cover eligible expenses up to the amount it would have covered had the services been performed in BC.

You should ask for pre-authorization for any large dental expense.

What's covered

If you waive coverage, no dental expenses are covered. Otherwise, benefit payments are subject to the reimbursement percentage and, in the case of orthodontic services, to the lifetime maximum per person, in the option you select.

Eligible expenses are subject to the applicable dental fee guide (fee schedule). A dentist may charge more than the fee guide but the plan will not cover that portion of the expense. You are responsible for any fees over and above the applicable fee guides.

You should ensure you know how much the plan will cover **prior to service**. Contact Pacific Blue Cross (see the Contacts and resources page 55) with any questions about covered expenses.

Important! You should ask for pre-authorization for any large dental expense.

Dental coverage is available for services in BC and for emergency dental services while traveling anywhere outside of BC. The plan will cover eligible expenses up to the amount it would have covered had the services been performed in BC.

Plan A—Basic preventive and restorative services

Plan A covers a variety of services for the care and maintenance of teeth, including procedures to restore teeth to natural or normal function. Eligible expenses per person include the following basic services:

 Diagnostic services*: standard oral examinations specific oral examinations 	*Time limits for recall exams and cleanings
	For adults and dependent children aged 19 years and older, these services are covered once in a 6-month or 9-month period depending on the option you select. For dependent
 x-rays (including panoramic x-rays) Preventive services: 	children under age 19, these services are covered once in a 6- month period.

- Scaling*—limited to maximum of 4 units
- Root planing*—limited to 6 units
- Gingival curettage—limited to 6 services in a 5-year period for adults and dependent children over 19
- Polishing*
- Topical fluoride*
- Fixed space maintainers

Restorative services:

- Fillings amalgam fillings; composite fillings on all teeth
- Stainless steel crowns on primary and permanent teeth
- Inlays and onlays
- Only one inlay, onlay or another major restorative service involving the same tooth will be covered in a 5-year period

- Endodontics—treatment of diseases of the pulp chamber and pulp canal including but not limited to basic root canal
- Periodontics—treatment of diseases of the soft tissue (gum) and bones surrounding and supporting the teeth including occlusal adjustment, root planing, gingival curettage, and scaling, but excluding grafts.
- Prosthetic services:
 - Rebase and reline of removable appliances (relines limited to once in a 24-month period)
 - Tissue conditioning
- Surgical services
 - Extractions
 - Other routine oral surgical procedures

Plan B-Major restorative services

Plan B covers services for the replacement of missing teeth or for reconstruction of teeth where basic restorative methods cannot be used satisfactorily. Please note the following:

- · Option 3 does not have coverage for major restorative services.
- Reimbursement percentage depends on the dental option you select.
- Pacific Blue Cross may require mounted x-rays and/or diagnostic casts in order to approve major restorative services.
- Only one major restorative service involving the same tooth will be covered in a 5-year period.
- Charges for implants are **not** eligible expenses. However, some reimbursement may be made to the equivalent cost of other procedures. Please check with Pacific Blue Cross (see the Contacts and resources page 55) before proceeding with treatment.

Eligible expenses per person include, but are not limited to, the following:

Prosthodontic services:

- Removable dentures
- Complete upper and lower dentures
- Partial upper and lower dentures (must be provided by a Dentist only, not Denturist)
- No benefit is payable for the replacement of lost, broken, or stolen dentures. Broken dentures may be repaired under Plan A.
- Fixed bridges

Restorative services:

- Veneers
- Crowns and related services

Prosthetic repairs:

Removal, repairs, and recementation of fixed appliances

Plan C—Orthodontic services

Plan C is designed to cover orthodontic services provided to maintain, restore, or establish a functional alignment of the upper and lower teeth. Please note the following:

- Only Options 1, 4 and 6 have orthodontic coverage.
- The reimbursement percentage and the lifetime maximum per person depend on the option you select.
- No benefit is payable for the replacement of appliances which are lost or stolen.
- Treatment performed solely for splinting is not covered.
 - * To claim orthodontic benefits, Pacific Blue Cross must receive:
 - * Treatment plan (completed by the dentist) before treatment starts
 - * Photocopies of receipts monthly, as treatment progresses (do not hold receipts until completion of treatment).
- Pacific Blue Cross will pay benefits on a monthly basis. If you pay the full amount to the dentist in advance of completed treatment, Pacific Blue Cross will prorate benefit payment over the months of the treatment period.

What's not covered by the dental plan

The following are not covered by the dental plan:

- Fees which exceed the fee schedule or guide.
- Charges for broken appointments, oral hygiene or nutritional instruction, completion of forms, written reports, communication costs, or charges for translating documents into English.
- Procedures performed for congenital malformations or for purely cosmetic reasons.
- Charges for drugs, pantographic tracings, and grafts.
- Charges for implants, and/or services performed in conjunction with implants, except as indicated in the fee schedule.
- Charges for services related to the functioning or structure of the jaw, jaw muscles, or temporomandibular joint.
- Incomplete or temporary procedures.
- Recent duplication of services by the same or different dentist/dental specialist/denturist.
- Dental treatment that is not approved by the Canadian Dental Association or that is experimental in nature.
- Procedures involving the use of gold if such treatment could have been rendered at lower cost by means of a reasonable substitute consistent with generally accepted dental practice. If such treatment could have been rendered at lower cost by means of a reasonable substitute, only the expense that would have been incurred for treatment by means of the reasonable substitute will be covered.
- Any extra procedure that would normally be included in the basic service performed.
- Items not listed in the fee schedule and fees in excess of those listed in the fee schedule or fee guide.
- Services or items which would not normally be provided, or for which no charge would be made, in the absence of insurance.
- Any other item not specifically included under What's Covered.
- Travel expenses incurred to obtain dental treatment.

How to claim dental expenses

Most dental offices will bill Pacific Blue Cross directly (electronically). If not, you will need to pay the dentist directly for the total cost and submit a dental claim form with receipts to Pacific Blue Cross.

If you have dental expenses above what is covered on the option you selected, and if you selected a Health Spending Account, you can claim dental expenses through your Health Spending Account. Check details on page 40.

Need forms?

Dental Claim forms are available online.

Important Reminder!

File your claims on time!

Dental plan claims must be submitted within 12 months following the date of service.

Health spending account (HSA)

Your Health Spending Account (HSA) enables you to use tax-free flex credits to pay for many medical and dental expenses that are not paid elsewhere.

How the Health Spending Account works

During each annual enrolment period, you can allocate some or all of your flex credits to the Health Spending Account.

- Flex credits allocated to your HSA are deposited in a lump sum at the beginning of the plan year. You can use only flex credits—tax rules do not permit you to use your own money.
- You claim reimbursement from the account for eligible extended health and dental expenses that have not been paid by any other benefits plan. You must first submit your expenses to your extended health or dental plan. You then claim any remaining expenses from the HSA.
- Any reimbursements you receive from the HSA are tax free.
- In exchange for the tax-free status of your reimbursement, the Canada Revenue Agency imposes several rules on this account:
 - You have two plan years to use each year's flex credit contribution or you forfeit the unused balance at the end of the second plan year.
 - Your deadline to file HSA claims is 60 days after the end of each plan year.
 - Once flex credits are deposited into the account, they may not be withdrawn except to reimburse eligible extended health and dental expenses.

Some examples of eligible expenses include any portion of eligible medical or dental expenses not paid by your or your spouse's extended health and dental plans. Things like:

- Deductibles
- Co-payments
- Dental fees in excess of the dental fee guides
- Prescription eyewear in excess of plan limits
- Any other expense covered by the Income Tax Act including corrective eye surgery, adaptive devices (i.e., for a computer or a telephone) for hearing or sight impaired individuals, cosmetic surgery performed by a physician and cosmetic services performed by a dentist.
- Expenses for dependants as defined under CRA rules.

. There are, however, eligibility requirements that must be met.

Rules regarding eligible expenses, eligible dependents, and tax implications, along with a complete list of eligible expenses, as defined under the *Income Tax Act*, can be found on the <u>Canada Revenue Agency's</u> website.

CRA Rules – Some Highlights...

The Canada Revenue Agency (CRA) gives you a tax break on this account, but it does set some rules:

- You have two plan years to use any credits allocated to your HSA or they are forfeited. As a result, when you are deciding how to allocate your remaining credits each year during annual enrolment periods, take a moment to check any existing HSA balance you might have, and then determine if you should allocate more credits to the account. Please note that when you submit an HSA claim, your oldest credits are used first to pay your claim to help you avoid the CRA's two-year "use it or lose it" rule.
- It's important to note that you cannot transfer credits from the HSA to the taxable cash option. Once allocated to your HSA, your credits can only be used to reimburse eligible medical and dental expenses.

When can I start using my Health Spending Account?

New credits deposited in your HSA will be available at the beginning of each plan year. It's important to note that claims made against funds in your health spending account claims must be submitted within 60 days following the end of the calendar year in which the expense was incurred.

Things to Consider before selecting Health Spending Account

Please take the time to carefully consider whether or not to allocate any of your flex credits to a Health Spending Account (HSA):

- Review your previous year's claims and your coverage. Will you have claims to submit against your HSA to use up these funds?
- You should understand the tax rules limiting the timeframe that the funds remain in the HSA you may lose the funds if not used.
- For tax effectiveness, your flex credits are used to pay for your non-taxable benefits first (extended health, dental, AD&D and then if you choose to your HSA). Any after-tax benefits such as MSP and life insurance are taken by payroll deduction. If you choose a HSA, the credits used to offset MSP and Life Insurance may be directed to your Health Spending Account rather than offsetting these benefits costs.

The flexible benefits program provides a basic level of life insurance for you and the opportunity to buy additional life insurance for yourself and your dependents.

There is a minimum required basic life benefit for employee life insurance-the rest is optional.

This type of insurance is called term life insurance. It pays a benefit if you die of accidental or natural causes and has no cash value. You also may choose accidental death & dismemberment insurance, which pays a benefit if you die or suffer various severe injuries in an accident.

TERMS

Annual Earnings – For purposes of employee basic life insurance Option 3, annual earnings are defined as 12 X your current monthly base rate of pay for your current classification calculated as bi-weekly salary x 26.0893.

Beneficiaries - When you enroll, you must designate a beneficiary for your employee basic and optional life insurance and any employee optional AD&D insurance. – You are the beneficiary for spouse and child optional life insurance. To designate or change your beneficiary, you must complete a designation of beneficiary form, sign it, and submit the original to the LDB Payroll Dept. Designating an appropriate beneficiary – This is critical for ensuring that your assets are distributed according to your wishes upon your death. If you do no designate a beneficiary, your life insurance will be paid to your estate. There are also tax implications for not designating a beneficiary. If you wish to designate different beneficiaries for basic, optional and/or AD&D coverage, please contact the LDB Payroll Dept.

Evidence of good health – Some levels of optional employee and spouse life insurance will not be approved until the insurance company has reviewed and approved evidence of good health. When you enroll, you or your spouse may be asked to complete and return an evidence of insurability form if required. This form must be reviewed and approved by the insurance company before the higher levels of coverage will be effective.

Cost - How cost is calculated varies by type of insurance and option selected.

- o Options 1 and 2 Amounts of employee basic life insurance are a flat price.
- o Option 3 is based on annual earnings, as is the benefit.
- Family funeral benefit is a flat price.
- Employee and spouse optional life insurance is priced as a flat rate per unit of insurance based on age, gender and smoking status (yours and your spouse's, respectively).
- o Child optional life insurance has one flat rate per unit of insurance and all your eligible dependent children are insured for the same amount of insurance.

Your life insurance options

You may purchase coverage for yourself and/or your eligible dependents. You must select at least the minimum required Option 1 in basic employee life insurance.

Things to Consider:

Basic life insurance for you/ spouse optional insurance/ child optional insurance:

- Do you have a spouse and/or dependents?
- Do you or your spouse have other life insurance policies?
- Number and age of your dependents
- Your annual expenses
- The amount of debt to be paid from your estate
- Your desire to leave a bequest or gift
- If you choose to increase your insurance in a subsequent enrolment, Evidence of Insurability will be required.

Accidental Disability and Death insurance for yourself, spouse or children:

- Level of exposure to accident through sports or travel
- AD&D pays only in the event of **accidental** disability or death **not illness**.

Employee Basic Life Insurance						
	Option 1	Option 2	Option 3			
Benefit	\$25,000	\$80,000	3 x annual earnings (Coverage is rounded up to the next higher \$1,000 if not an even multiple of \$1,000. The minimum is \$80,000)			
Evidence of good health	At your first enrolment, you may select Option 3 without evidence of good health. If you elect Option 1 or 2 and subsequently apply to increase your employee basic life insurance, you must complete an Evidence of Insurability Form and the increase must be approved.					

Changing your life insurance option in the future

As your needs change, you can modify your life insurance option as follows:

- During annual enrolment or after an eligible life event (see page 10), you may increase or decrease your life insurance.
- You must maintain at least option 1 in employee basic life insurance.
- If you choose to increase employee basic life, or employee or spouse optional life insurance, you must complete an evidence of
 insurability form. The insurance company must approve the increased coverage before it takes effect.

Other benefits included in the employee basic life insurance plan only –

Accidental dismemberment and loss of sight

If you suffer one of the following losses as a result of an accident, you will receive 100% of the principal sum (which is the amount of insurance in the option you elect, \$25,000, \$80,000 or 3 x your annual earnings):

- Loss of both hands or feet; or
- Loss of sight of both eyes; or
- Loss of one hand and one foot; or
- Loss of one hand or one foot and sight of one eye.

If you suffer one of the following losses, you will receive one-half of the principal sum for:

- loss of one hand or one foot; or
- loss of sight of one eye.

If benefits are paid to you because of an accidental dismemberment or loss of sight benefit claim, and you die as a result of that injury, the payment to your beneficiary will be reduced by the benefit payment you had received before your death.

A claim for accidental dismemberment or loss of sight should be made in writing to LDB Payroll Department. Please see the Contacts and resources page for the phone number and address. Forms and instructions will be forwarded for you and your physician to complete.

Advance payment for terminally ill employees

If you are suffering from a terminal illness with a life expectancy of 24 months or less, you may be eligible to receive an advance payment of up to \$50,000 or 50% of your employee basic life insurance, whichever is less. This payment is non-taxable.

Advance payment claim forms are available from the LDB Payroll Dept. (See the Contacts and resources page 55).

The remaining portion of your basic life insurance will be paid to your designated beneficiary upon your death. Interest payments will be charged against the advance payment.

Funeral advance

An advance of \$8,000 may be expedited to the named beneficiary in the event of your death. This does not apply if the estate or a minor beneficiary has been named. The balance of the employee basic life insurance benefit is payable by following claim procedures.

To apply for the funeral advance, your beneficiary should contact the LDB Payroll Dept. and provide the following information:

- Name of deceased person;
- Date of birth of deceased person;
- Date of death of deceased person; and
- Full name, address and phone number of beneficiary

After confirming the advance is payable, the LDB Payroll Dept. will contact the carrier (currently the Great-West Life Assurance Company) and a cheque will be mailed directly to the beneficiary, usually within a few days of the request.

Limitations

There are no limitations or restrictions on claims for eligible employees under age 65 or eligible retired employees under age 65.

Employee Basic Life Insurance for pensioners under age 65

To be eligible to continue basic life insurance as a pensioner until you reach age 65, you must, while you are still an employee, be covered under the Group Life Insurance Plan (contract 6878GL(4) carried by the Great West Life Assurance Company) administered by the BC Public Service Agency.

- To be eligible you must begin receiving pension the month following termination of your employment PLUS elect to continue group life coverage on your Pension Application Form. Pensioners under 65 will be provided with this option in their pension package.
- If you elect to continue coverage, the amount of coverage will continue the same as prior to your retirement and continue until age 65.
- Required premiums will be deducted from your pension payments. Premiums are subject to change.
- You should also complete a Retired Member Group Life Designation Form to ensure all your information is up to date. This beneficiary designation is for Retired Member Group Life Insurance purposes only.
- You are **not** eligible for coverage if:
 - * there has been a break in service from termination of employment to the commencement of your pension payment
 - * you are age 65 or over. Please see Converting to an individual policy below.

Converting to an individual policy

If your employment terminates or you reach age 65, you and your spouse may apply for conversion to an individual policy with the Great West Life Assurance Company. A conversion policy may benefit you if you do not qualify for other insurance due to an existing medical condition. Of course you may apply for insurance with any other insurance carrier you choose at any time.

If you decide to convert to an individual policy with Great West Life your application must be completed within 60 days of the end of the month in which your life insurance coverage ends. You will be covered under the BC Public Service life insurance plan for the 60 day conversion period.

This conversion cannot be made retroactive if you do not apply within the 60 day period after your group coverage ends.

Amount you may convert

The amount of the conversion policy may be up to the amount of coverage at the time your coverage under the BC Public Service life insurance plan ends to a maximum of \$200,000 for you and \$200,000 for your spouse. You decide what amount of coverage you want to purchase under an individual policy.

Cost

The premium for the individual policy will be greater than the premium you pay for the BC Public Service basic and optional life insurance plans. Your cost will be based on several factors including age, gender, smoker/non-smoker status, and the amount of insurance selected. Upon application, Great West Life will advise you of the options available and the applicable cost.

Family funeral benefit

If you have the family funeral benefit, your spouse will be eligible to convert up to \$10,000. Your spouse is eligible to convert to an individual life insurance policy ONLY up to the age of 65.

To apply, contact:

Benefits Service Centre TSS Sourcing Solutions BC Phone: 1-877-277-0772

Important!

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The LDB Payroll Dept., the Public Service Pension Plan at BC Pension Corporation, and your Employer are NOT responsible for the lapse of the 60 day conversion period if you do not apply in a timely manner.

Employee Optional Life Insurance								
Benefit	Must have Option 3 of Basic Employee Life Insurance to add Optional Employee Life Insurance	Units of \$25,000 to \$1 million maximum						
Evidence of good health	Completion of an Evidence of Insurability Form is required during initial enrolment for coverage over \$50,000 and for any subsequent increases in coverage							
Optional Family Funeral Benefit								
Benefit	Spouse \$10,000 and Child \$5,000							
Evidence of good health	- Not required							

	Spouse Optional Life Insurance
Benefit	Units of \$25,000 to \$500,000 maximum
Evidence of good health	Completion of an Evidence of Insurability Form is required during initial enrolment for coverage over \$50,000 and for any subsequent increases in coverage

	Child Optional Life Insurance
Benefit	Units of \$5,000 to \$20,000 maximum
Evidence of good health	Not required

Limitations:

Employee and spouse optional life insurance benefits are not paid if the insured person (you or your spouse) commits suicide within two years after optional life insurance takes effect or increases. The beneficiary will receive a refund of the premiums paid for that insurance.

Accidental death and dismemberment (AD&D) insurance is completely optional.

If you elect coverage the plan pays a benefit if you, your spouse or child dies as a result of an accident or suffers a qualifying injury in an accident. Coverage is provided 24 hours a day, 7 days a week.

TERMS

- Beneficiaries—If your spouse or child dies in an accident, benefits are paid to you (i.e., you are the beneficiary for spouse and child optional AD&D insurance). If you die in an accident, benefits are paid to your beneficiary. To designate or change your beneficiary, you must complete a designation of beneficiary form, sign it, and submit it to the LDB Payroll Dept. If you wish to designate different beneficiaries for basic, optional and/or AD&D coverage, please contact the LDB Payroll Dept.
- **Evidence of good health**—Not required for accident insurance.
- **Payments for qualifying injuries** If you, your spouse or child suffer a qualifying injury in an accident, benefits are paid to you.
- Cost The cost is a flat amount per unit of insurance. In the child optional AD&D all your eligible dependent children are insured for the same amount of insurance.
- Eligible injuries AD&D insurance will pay a percentage of your option if you sustain certain injuries in an accident. These usually involve dismemberment (loss of a limb, toe or finger) or permanent loss of use, such as paralysis or vision loss.

Your AD&D insurance options

You may purchase coverage for yourself and/or your eligible dependents.

Employee Optional AD&D Insurance					
	Units of \$25,000 to \$500,000 maximum (no minimum)				

Spouse Optional AD&D Insurance					
	Units of \$25,000 to \$500,000 maximum (no minimum)				

Child Optional AD&D Insurance					
	Units of \$10,000 to \$250,000 maximum (no minimum)				

Changing your AD&D insurance option in the future.

You can modify your accident insurance option during annual enrolment or after an eligible life event (see page 10).

Benefits

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The amount of AD&D insurance you purchase is called the principal sum. For example, if you purchase two units of \$25,000 for yourself, your principal sum is \$50,000. If you purchase three units of \$25,000 for your spouse, your spouse's principal sum is \$75,000. Depending on the loss you, your spouse or your child suffers as a result of an accident, a percentage of the applicable principal sum is paid as per the table of losses on page 36:

For loss of	Amount payable
Life	The principal sum
Both hands	The principal sum
Both feet	The principal sum
Sight of both eyes	The principal sum
One hand and one foot	The principal sum
One hand and sight of one eye	The principal sum
One foot and sight of one eye	The principal sum
Speech and hearing in both ears	The principal sum
One arm	¾ of the principal sum
One leg	% of the principal sum
One hand	1/2 of the principal sum
One foot	½ of the principal sum
Sight of one eye	½ of the principal sum
Speech	½ of the principal sum
Hearing in both ears	½ of the principal sum
Thumb and index finger	½ of the principal sum
Four fingers of one hand	¼ of the principal sum
All toes of one foot	1/8 of the principal sum
For loss of use of	
Both arms and legs (quadriplegia)	2 x the principle sum
Both legs (paraplegia)	2 x the principle sum
One arm and one leg on same side of body	2 x the principle sum
(hemiplegia)	
One arm and one leg on different sides of body	. <u>The principal sum</u>
Both arms	The principal sum
Both hands	The principal sum
One hand and one leg	The principal sum
One arm	34 of the principal sum
One leg	% of the principal sum
One hand	1/2 of the principal sum

Important definitions regarding losses

Loss by dismemberment means:

- For hands and feet, complete severance through or above the wrist or ankle joints;
- For arms and legs, complete severance through or above the elbow or knee joints;
- For thumb and big toe, complete severance of one entire phalange;
- For fingers and other toes, complete severance of two entire phalanges.
- Surgical reattachment—An amount equal to 50% of the dismemberment benefit is payable if a dismembered part is surgically reattached regardless if use is regained. The balance of the dismemberment benefit is paid if the reattachment fails and the reattached part is removed within one year after the reattachment is performed.
- **Loss of sight, speech and hearing** means total and irrecoverable loss beyond correction by surgical or other means.
- Loss of use means total and irrecoverable loss of the ability to perform every action the arm, leg or hand was able to perform before the accident occurred, beyond correction by surgical or other means. Benefits will not be paid for loss of use of the same arm, leg or hand for which loss by dismemberment is paid.

Other benefits

If benefits are payable under this plan for a covered accident, there may be other benefits paid in addition to loss of life, dismemberment or loss of use benefits. The other benefits are:

Repatriation benefit

If a covered person (you, your spouse or your child) dies as a result of an accident that occurred at least 150 kilometers from the covered person's place of residence, the plan will pay a benefit for preparation of the body and its transportation to the place of burial or cremation. The maximum payable is \$2,500.

Educational benefit for dependent children

If a covered adult person (your or your spouse) dies as a result of an accident and a benefit for loss of life is payable, the plan will pay the tuition fees for enrolling your dependent children as full-time students at a post-secondary institution. The maximum payable is the lesser of 5% of the principal sum and \$5,000.

Family transportation benefit

If a covered person (you, your spouse or child) is hospitalized more than 150 kilometers from his or her home as a result of a covered loss, the plan will pay for eligible transportation and lodging expenses for one family member to join the injured covered person. The maximum amount payable under this provision is \$2,000.

Occupational benefit for spouses

If a covered adult person (you or your spouse) dies as a result of an accident, the plan will pay a benefit toward the surviving spouse's expenses for enrolment in an accredited occupational training program. The program must be approved by Great-West Life. The maximum payable is the lesser of 10% of the principal sum and \$10,000.

Educational benefit for employees and spouses

If benefits are paid under this plan for a covered adult person (you or your spouse) for a loss that requires the insured person to change occupations, the plan will pay the enrolment fees for training in a new occupation. The insured person must enroll at a post-secondary institution within 365 days after the accident. The maximum payable is \$10,000.

Wheelchair benefit

If benefits are paid under this plan for a loss due to injury that requires a wheelchair, the plan will pay for expenses associated with:

- Alterations to your principal residence to make it wheelchair accessible and habitable; and
- Modifications to a motor vehicle used by the injured person to make it accessible to and drivable by the person.

The entities making the alterations and modifications must be approved. Benefits will not be paid for: 5

- Expenses incurred more than 365 days after the accident;
- Subsequent alterations to your home or vehicle after an initial claim for these benefits had been made.

The maximum amount payable for both alterations for the home and modifications to a motor vehicle combined is \$10,000.

Limitations

No benefits will be paid for loss resulting from or associated with the following:

- Suicide while sane or insane;
- Intentionally self-inflicted injury while sane or insane;
- Viral or bacterial infections, except pyogenic infections occurring through the injury for which loss is being claimed;
- Disease or infirmity;
- Medical or surgical treatment except for surgical reattachment;
- Service (including part-time or temporary service) in the armed forces of any country;
- War, insurrection or voluntary participation in a riot;
- Air travel except as a passenger in a licensed aircraft flown by a pilot certified to fly the aircraft. No benefits will be paid where the aircraft is
- owned, leased or rented by the Province of BC or where the person who suffers the loss is acting as a crew member.

- You may elect to allocate all or a portion of flex credits to your Health Spending Account. Flex credits allocated to your HSA can be used tax free to reimburse dental and extended health expenses not covered by any other benefit plan.
- You may choose to take all or a portion of your excess flex credits as cash, which will be distributed in equal payments per month
- throughout the plan year. These flex credits are treated as regular income for the purposes of income tax and statutory deductions. (See page 40 for more information)

Contacts and resources

Frequently Asked Questions About Flexible Benefits

LDB Payroll Dept.

For information about:

- Enrolling
- Changing your coverage or adding/removing dependents
- Beneficiary designations
- Payroll deductions
- Your coverage

Pacific Blue Cross

For information about:

- Claims and claim status
- Health spending account balance and eligible dental and extended health expenses
- Remaining limit on maximums
- Pre-approval of large dental or extended health claims

Please visit

http://www.bcpublicservice.ca/benefits/flexible_benefits/faqs.htm

- Telephone 604-252-3297 or 604-252-3078
- Email: flexiblebenefits@bcldb.com

Monday to Friday, 8:00 a.m. to 4:30 p.m. Pacific time

In the Lower Mainland, call:

- General Enquiries: 604-419-2000
- Dental Services: 604-419-2300
- Extended Health Services: 604-419-2600
- Travel and Individual Plans: 604-419-2200

All other areas call toll-free:

- General Enquiries: 1-888-275-4672
- Travel and Individual Plans: 1-800-873-2583

Online—check CARESnet® www.pac.bluecross.ca

NEED FORMS?

Please visit http://www.bcpublicservice.ca/benefits/.

PLEASE DO NOT SEND THE FORMS TO ADDRESSES POSTED ON THE PSA WEBSITE. ALL COMPLETED FORMS SHOULD BE FORWARDED TO: LDB PAYROLL DEPARTMENT



LDB Flexible Benefits Enrollment Form

Employee Information:	
Name	
Birth Date	
Gender	
Smoker	
Employee ID	
Date of Employment OR	
Date of Life Event Change	
Salary Rate per Hour	\$0.0000
Salary per Year	\$0

	Dependent information.										
								Exte	nded	Optional	Optional
#	Name	Birth Date	Relation G	ender S	Smoker	MSP	Dental	Hea	alth	AD&D	Life
	NO DEPENDENTS ENTERED										
	Summary of Benefit Selections:										
Code	Benefit Title	Option	C	overage			Tax	Price	Elex Credit	Flex Credit	Your
Coue	Benefit Hite	Choice	Ŭ	overage			Effect	THEE	Thex ofecat	Allocated	Cost
	Initial Credit								200.00		
11-D80	Dental	Option 4	E	Employee	e only		Before Tax	0.00	0.00	0.00	0.00
13-E74	Extended Health	Option 3	E	Employee	e only		Before Tax	0.00	0.00	0.00	0.00
-	Employee Optional AD&D	Waive		N/A	L.		Before Tax	0.00	0.00	0.00	0.00
10	MSP	Elect	Employee only		After Tax	798.00	798.00	0.00	798.00		
20-2	Employee Basic Life Insurance	Option 2	Employee only		After Tax	163.00	163.00	0.00	163.00		
-	Employee Opt. Life Approved Portion	Waive	N/A		After Tax	0.00	0.00	0.00	0.00		
-	Employee Opt. Life Pending Approval	Waive	N/A		After Tax	0.00	0.00	0.00	0.00		
-	Family Funeral Benefit	Waive		N/A		After Tax	0.00	0.00	0.00	0.00	
-	Spouse Optional AD&D	Waive	N/A		Before Tax	0.00	0.00	0.00	0.00		
-	Child Optional AD&D	Waive	N/A		Before Tax	0.00	0.00	0.00	0.00		
-	Spouse Opt. Life Approved Portion	Waive	N/A		After Tax	0.00	0.00	0.00	0.00		
-	Spouse Opt. Life Pending Approval	Waive	N/A		After Tax	0.00	0.00	0.00	0.00		
-	Child Opt. Life	Waive	N/A			After Tax	0.00	0.00	0.00	0.00	
	TOTAL							961.00	1,161.00	0.00	961.00

I certify that the information given on this form is true, correct and complete to the best of my knowledge. I understand that I may be required to provide proof or evidence of this information. I understand that premium rates for optional term life insurance are based on the individual's age, sex, and smoker/non-smoker status. If I have selected non-smoker rates, I understand to qualify that the insured Individual must have not smoked cigarettes for the last 12 months. I confirm that, if applying for coverage for my spouse or dependants, I am authorized to act on their behalf. I am also authorizing the employer to send necessary personal information to the benefit providers to initiate and maintain my coverage. By submitting my benefit choices I am authorizing the employer to take deductions, if applicable, from my paycheque to pay for my benefit costs.

The personal information requested on this form is obtained in accordance with the Freedom of Information and Protection of Privacy Act. It is required to administer the benefit coverage you select for yourself and your dependants. Questions about the use and collection of this information can be directed to the LDB Payroll Manager at 604-252-3292. Liquor Distribution Branch, 2625 Rupert Street, Vancouver BC V5M 3T5

Please sign and return this form by mail, marked "Confidential" to Payroll Benefits Office, 2625 Rupert Street, Vancouver BC V5M 3T5.

Estimated Summary of Benefit Choices:

		TOTAL	PER MONTH
Total Flex Credits		1,161.00	96.75
Flex Credits Used (EHB, Dental, AD&D)		0.00	0.00
Remainder of Flex Credits		1,161.00	96.75
Opt: Taxable Cash	100%	1,161.00	96.75
Opt: Health Spending Account	0%	0.00	

Total After Tax Deductions (MSP, Life Ins.)	961.00	80.08
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Signature: ____

Date:

Welcome to Your Enrollment of Flexible Benefits!

First Things First – Your Enrollment Tools

There are two parts to this enrollment kit – the electronic form that you use to enter your benefit selections, and this guide which will take you step-by-step through completing the enrollment process.

In addition to the enrollment kit, you will need to have **Benefits Program Guide** close at hand. This document explains the flexible benefit program and options in detail, and they will be key references as you work through the enrollment process.



Completing the Enrollment Form

Allow yourself **15-30 minutes** to complete the form. It may take you longer if you have not familiarized yourself with the plan details and given some prior thought to your options.

At first glance, the form (sample below) looks complex, but don't worry, the data input required is minimal. You will only be completing the **Employee Profile** (yellow) section of the form. All the other areas will automatically populate and calculate after you fill in the required information and make your selections.

EMPLOYEE PROFILE Section 1 STEP 1: Enter / Edit EMPLOYEE Information and Benetits Choices STEP 2: Enter / Edit EMPLOYEE Information and Benetits Choices STEP 2: Enter / Edit EMPLOYEE Information and Benetits Choices STEP 2: Enter / Edit EMPLOYEE Information and Benetits Choices STEP 2: Enter / Edit EMPLOYEE Information and Benetits Choices STEP 2: Enter / Edit EMPLOYEE Information and Benetits Choices STEP 2: Enter / Edit EMPLOYEE Information and Benetits Choices STEP 2: Enter / Edit EMPLOYEE Information and Benetits Choices STEP 2: Enter / Edit EMPLOYEE Information and Benetits Choices Structure Colspan="2">Structure Colspan= 2: Structure Colspan="2">Structure Colspan= 2: Structure Colspan="2">Structure Colspan=	Information									
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Signature:

Date: ____

Steps to completing the Enrolment Form

Excel 2007 and 2010 users must first click on 'enable editing'. Secondly – click on 'enable content' from the upper toolbar which is in yellow to open the file.							
Click on enable editing							
	enrollmentrollmay o (2) protected		USUIT EACCI				
Protected View This file originated as an e-mail attachment and might be unsafe. Click for more details. Enable Editing							
P	C	D	F	F	C I	и т	
Security Warning	Macros have been disabled.	Enable Co	ontent				
AB	С	D	Е	F	G	H	
	Click on enable content						



 You are immediately advised to enter a password with a minimum of 5 characters. This is a security precaution to minimize risk of exposure of your file to other users of a shared computer.



• **Remember your password** in the event that you do save the file and wish to update it at a later date. You will need it to access the saved file.

Enter new passw	ord	×	
New password:			Enter your 5 character password in both boxes &
Repeat password:			click OK
	ОК		

- Note: If you open the worksheet and do not wish to use it immediately, you can dick the X at the top right corner of the password entry box and close it without entering a password.
- Move your cursor to the Employee Profile (yellow) section of the form. Click on Step 1 – Enter/Edit EMPLOYEE Information and Benefits Choices.



 The screen below will open. Complete your personal information including First Name, Last Name, Employee ID and Salary Rate.



Be sure to **enter the correct hourly rate** (found on your pay statement) to ensure the appropriate costs (credits) are applied.

Employee Information	1		×	
First Name				
Last Name				
Date of birth	N/A	_		Some costs are based
Gender	Male 🔿 F	emale 🔿	?	on your salary rate. The
Smoker	No C Y	∕es ⊖		calculated costs will be
Employee ID				incorrect if the wrong
Salary Rate	PER HOUR \$0.0000	PER ANNUM \$0		Payroll will be verifying
Plan selection:	Enter Your Houri	y Salary Rate ((car	n be found on your pay stub)
MSP		Elect		
Dental		Option 4 💌		
Extended Health		Option 3 💌		
Basic Life Insuran	ce	Option 2 💌		
Optional Life Insur	ance	Waive	?	
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Excess Flex Credit Allocation	Taxable Cash : Health Spending Account	100% ▲ % ▼		
ок	Can	cel		

• For example: When you enter your hourly rate i.e.. \$40.00, you will see that the per annum salary field automatically calculates the annual amount of \$73,050



 Make your plan selections using the drop lists and by referencing Your Flexible Benefits Program Guide. (Also, see the next page in this guide for some important things to keep in mind when choosing your options). When you have finished making your benefit selections, click OK.

	Employee Information			\mathbf{X}	
	First Name 🛛 🔓 Last Name				2
	Date of birth	N/A			
	Gender	Male C	Female 🔿	?	
	Smoker	No C	Yes 🔿		
	Employee ID				
	Salary Rate	PER HOUR \$0.0000	PER ANNUM \$0		
	Plan selection:				
	MSP		Elect		
	Dental		Option 4 💌		
	Extended Health		Option 3 💌		Select your opti
	Basic Life Insurance	2	Option 2 💌		and HELP feature
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	Optional AD&D		Waive 💌		you. Refer to Ye
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k OK	OK	C:	ancel		

• A window will be displayed that asks **W ould you like to update current record?** If you are satisfied with your choices, select **Yes**. (If you select, **NO**, your entries will be cleared and you will have to make your selections again).

Dependent management 🛛 🗙							
Would you like to update current record?							
	Yes	No					
Click	Yes						

 When you select Yes, the Employee Information, Summary of Benefit Information, and Estimated Summary of Benefit Choices sections of the worksheet will reflect the additions/changes made, and the corresponding calculations will automatically be updated.

Here are a few important things to keep in mind:

 Medical Services Plan (MSP) Coverage – As a resident of BC, you must be covered under the Provincial Health Care Plan, either under the flexible benefits program, or you may be covered by your spouse or partner under this plan. If you are NOT currently covered under the LDB Group Medical Services Plan and are electing new coverage, you must complete the form provided in the link and return the completed form to LDB Payroll Office with this package.

https://www.health.gov.bc.ca/exforms/msp/167fil.pdf

II. If you elect Optional Group Life Coverage in excess of \$50,000 for yourself or your spouse - you are required to complete the Evidence of Insurance application. Send the completed form to Great W est Life Assurance Company as instructed on the form. The link for accessing the Evidence of Insurability form is available at:

https://www.bcpublicservice.ca/benefits/forms/down/evidence_insurability_form.pdf

III. Group Life Plan Beneficiaries - Designation of a beneficiary is critical for ensuring that your assets are distributed according to your wishes upon your death. Any changes of beneficiary to your current basic life insurance should be updated by the completion of a new beneficiary form. If you wish to designate different beneficiary(s) for basic and optional employee life insurance, you need to complete Part E – Additional Information of the Group Life Beneficiary Designation form available at:

https://www.bcpublicservice.ca/benefits/forms/down/bcpsa40.pdf

For any changes to your beneficiary(s) or their information, please complete a new form and re-submit.

If you do not complete this form to register your beneficiary(s) your group life insurance and any optional employee life insurance will be paid to your estate. **Benefits paid to your estate are subject to probate**.

Please Note: There is an **automatic sequential encoded number** generated when you access the **Group Life Beneficiary Designation** form so please ensure that if you make any changes to your beneficiary designation, you print the form, complete it and return the original form to LDB Payroll Office.

 Click on Step 2 – Enter/Edit DEPENDENT Information and Benefits Choices



 Enter/edit the information for your first dependent. (Only enter Dependent Information if you will be enrolling dependents for benefits. Personal data is not required if you waive all options for dependents).

Dependent Information			×
Add New Dependent	of 3	> 0)elete Surrent
Relationship	Spouse	-	
First Name	Daisy		
Last Name	Duck		
Birth Date	11/14/19	960	1
Gender Male	С	Female	۲
Smoker No	۲	Yes	0
Plan selection:			
MSP		Elect	-
Dental		Elect	•
Extended Health		Elect	•
Optional AD&D		50,000	•
Optional Life Insurance		50,000	•
ок	C	Cancel	
Continue completing the Dependent Information by clicking the Add New Dependent button, completing fields and selecting the benefits applicable for each dependent.

Dependent Information		×
Add New Copendent	2 of 3 > Delete Current	
Relationship	Child	
First Name	Huey	
Last Name	Duck	
Birth Date	1/2/1999	
Gender Male	C Female C	2
Smoker No	O Yes O	·
Plan selection:		Information
MSP	Elect	not required is areved out
Dental	Elect	groyou out
Extended Health	Elect	
ОК	Cancel	

 As you finish adding each dependent, you will notice that when you select Yes to update your record, ...

	Dependent management								
	Would you like to update current recor								
		Yes	No	1					
Select YES			·						

 The Dependent Information and Summary of Benefits Selections details will also get updated.

Relation Gender Smoker

F

N/A

N/A

No

N/A

N/A

MSP

Elect

Elect

Elect

Dental

Elect

Elect

Elect

Birth Date

2-Jan-99

14-Nov-60 Spouse

1-Mar-01 Child

Child

4

Dependent Information:

Name

Daisy Duck

Huey Duck

Dewey Duck

These areas are updated from data entered in Step 1 & 2 of the Employee Profile

	Summary of Benefit Selections:							
#	Benefit Title	Option Choice	Coverage level	Tax Effect	Price	Flex Credit	Flex Credit Allocated	Your Cost
0	Initial Credit					200.00		
1	Dental	Option 6	Employee + 2 or more dependents	Before Tax	633.00	0.00	633.00	0.00
2	Extended Health	Option 5	Employee + 2 or more dependents	Before Tax	524.00	0.00	524.00	0.00
3	Employee Optional AD&D	\$100,000	Employee only	Before Tax	38.40	0.00	38.40	0.00
4	MSP	Elect	Employee + 2 or more dependents	After Tax	1,296.00	1,296.00	0.00	1,296.00
5	Employee Basic Life Insurance	Option 3	Employee only	After Tax	446.96	163.00	0.00	446.96
6	Employee Opt. Life Approved Portion	\$50,000	Employee only	After Tax	336.00	0.00	0.00	336.00
	Employee Opt. Life Pending Approval	\$0	N/A	After Tax	0.00	0.00	0.00	0.00
7	Family Funeral Benefit	Elect	Employee only	After Tax	24.00	0.00	0.00	24.00
8	Spouse Optional AD&D	\$50,000	Spouse only	Before Tax	19.20	0.00	19.20	0.00
9	Child Optional AD&D	Waive	N/A	Before Tax	0.00	0.00	0.00	0.00
10	Spouse Opt. Life Approved Portion	\$50,000	Spouse only	After Tax	60.00	0.00	0.00	60.00
	Spouse Opt. Life Pending Approval	\$0	N/A	After Tax	0.00	0.00	0.00	0.00
11	Child Opt. Life	Waive	N/A	After Tax	0.00	0.00	0.00	0.00
	TOTAL				3,377.56	1,659.00	1,214.60	2,162.96

If you wish to Save the form during or after completing the data; please be aware that you should exercise caution in protecting your personal information and privacy. An automatic prompt for creation of a password will appear. This feature safeguards your information in the event that you save the file to a shared computer. Employees are advised NOT to save this data onto the computer you use at work.



Select Save As

Note: If you elect Optional Life over \$50,000 for yourself or your spouse, you will each have to complete the Evidence of Insurability form and submit the form(s) to the insurance company. Coverage must be approved before the increased coverage takes effect. The premiums are reflected on the worksheet for your planning purposes.

Optional

AD&D

\$50,000

Waive

Waive

Optional

Life

\$50,00

Waive

Waiv

Extended

Health

Elect

Elect

Elect

- After you have completed the enrollment for yourself and all your dependents, review the entire form carefully. The Benefit Choice Summary provides your estimates of additional cash or deductions per month. How these numbers impact your pay will be communicated in detail with your first pay advice in January 2013.
- Flex Credits may be applied to pay only for Before Tax Costs. If you have more flex credits than the value in your Total Before Tax Price box, then your balance is positive. You will receive the balance as a pro-rated monthly cash amount added to your first pay period of each month.
- If the amount in your Total Before Tax Price box exceeds your Total Flex Credit, then your balance is negative and you will have to pay for these costs in addition to any amount shown in your Total After Tax Cost box on the first pay period of each month.

If you elect 100% Taxable Cash:

• If you have remaining flex credits, you may elect to receive the balance (100% of the remainder of flex credits) as a pro-rated monthly cash amount added to your first pay of each month.

Estimated Summary of Benefit Choices:			_	Taxable cash
	TOTAL	PER MONTH		option
Total Flex Credits	1,161.00	96.75		option
Flex Credits Used (EHB, Dental, AD&D)	0.00	0.00		
Remainder of Flex Credits	1,161.00	96.75		
Opt: Taxable Cash 100%	1,161.00	96.75		
Opt: Health Spending Account 0%	0.00		-	
			_	
Total After Tax Deductions (MSP, Life Ins.)	961.00	80.08		

If you elect 100% Health Spending Account:

 If you elect Health Spending Account; you must have a credit or positive balance. The total balance of credits (100% of your credits) will be directed to your Health Spending Account.

TOTAL	PERMONTH
4 4 9 4 9 9	
1,161.00	96.75
0.00	0.00
1,161.00	96.75
0.00	0.00
1,161.00	
961.00	80.08
	0.00 1,161.00 0.00 1,161.00 961.00

HSA elected. Annual amount to be directed to Pacific Blue Cross in January

If you elect to split your credits between Taxable Cash and Health Spending Account:

 If you elect to split your credits between Taxable Cash and Health Spending Account; you must have a credit or positive balance. The total balance of credits will be directed to Taxable Cash and your Health Spending Account based on the percentage you choose.

Estimated Summary of Benefit Choices:										
ç		TOTAL	PER MONTH							
Total Flex Credits		1,161.00	96.75							
Flex Credits Used (EHB, Dental, AD&D)		0.00	0.00							
Remainder of Flex Credits		1,161.00	96.75							
Opt: Taxable Cash	30%	348.30	29.03							
Opt: Health Spending Account	70%	812.70								
· · · •										
Total After Tax Deductions (MSP, Life I	ns.)	961.00	80.08							

Balance of credits split between Taxable Cash and Health Spending account • When you are satisfied with your selections, dick the **PRINT Form** button.



Select Print Form

The form will automatically print out at the default printer setup for the computer you are using. Please ensure that you **retrieve your documents** quickly to avoid the risk of exposing your personal information to others.

Next Steps

- Sign and date the Enrollment form. Send the form in a sealed envelope marked Confidential to the LDB Payroll Office. Once submitted, your choices are irrevocable for a minimum of one year with the exception of Life Event Changes as identified in the program policy. Print a copy of the form and all attachments for your own records.
- Complete, sign and forward the Group Life Beneficiary Designation form to the LDB Payroll Office (as instructed on page 8 of this guide). Please ensure you have generated a new form for changes to your beneficiary information as these forms are uniquely numbered. There are two pages to the form and the same number must appear on both pages submitted to Payroll Benefits. Send in the originals and keep a photocopy for your records.
- Complete, sign and follow the instructions in forwarding the Evidence of Insurability form to the Insurance Company.
- The Payroll Office will send you a **confirmation** letter of your choices after your enrollment is completed.

If you have any questions about the LDB Flexible Benefits Enrollment Form, please email <u>flexiblebenefits@bcldb.com</u>

- Completed, signed Enrollment Form
- Completed, signed MSP group application form if you are not currently covered by LDB
- Completed, signed original Group Life Beneficiary Designation form if you are updating this information
- Completed, signed Group Life Evidence of Insurability Application must be sent to Great West Life Assurance Company as instructed on the form.



MEDICAL SERVICES PLAN (MSP) APPLICATION FOR GROUP ENROLMENT

PLEASE PRINT IN CAPITAL LETTERS ONLY

1,2,3,4,A,B,C,D

Before completing this application, please read IMPORTANT INFORMATION on page 2.

Residents of BC are required, by law, to enrol themselves and to enrol their spouse and children who are residents of BC.

RESIDENT means a person who is a citizen of Canada or is lawfully admitted to Canada for permanent residence, who makes his or her home in British Columbia, and is physically present in British Columbia at least 6 months in a calendar year, and includes a person who is deemed under the regulations to be a resident but does not include a tourist or visitor to British Columbia.

Т	HIS SECTION FOR GROUP F	PLAN AUTHORIZATION ONLY -	TO BE	COMPLETED	BY YOUR PAY OR PENSION C	OFFICE OR UNION WI	ELFARE PLAN	
GRO	DUP NUMBER DEP	PARTMENT / PAYLIST NUMBER			AUTHORIZATION NAME OR	STAMP		
8	0 0 0 0 1 0							
	FIRST DAY OF (MM / YYYY) EMP	PLOYEE / PENSION NUMBER						
	, , , , ,							
1	APPLICANT INFORMATION							
APF	LICANT LEGAL LAST NAME		AF	PLICANT LEGA	L FIRST NAME	APPLICANT LEGA	L SECOND NAME	
			1					
	<u>+ </u>		[<u> </u>	
As a	a person must be a resident of BC [.]	to qualify for provincial health care be	nefits,	BIR		GENDER DAYTIME	E TELEPRONE NUMBER	
you	r current residential address is red	quired.						
RES	IDENTIAL ADDRESS			·	CITY		PROV POSTAL CODE	
	UNG ADDRESS #E DIFFERENT FROM			· · · · · · · · · · · · · · · · · · ·	· · ·			
WAI	LING ADDRESS (IF DIFFERENT FROM I	RESIDENTIAL ADDRESS)				····	PROV POSTAL CODE	
2	RESIDENCE AND CITIZENS	HIP / IMMIGRATION INFORM	ATION					
	STATUS IN CANADA - PROVIDE PHO	DTOCOPIES OF ALL APPLICABLE DOCU	MENTS (I	DO NOT SEND (DR/GINALS)			
A	CANADIAN CITIZEN - Canadian	Birth Certificate, HOLDER OF PE	RMANEN	TRESIDENT ST	ATUS - Record of Landing, Permanent	OTHER – Work or S	tudy Permit, etc.	
	Canadian Citizenship Card of Pa	Assport Resident Card In	ront & bac	k) or Confirmati	on of Permanent Residence			
R	HAVE YOU HAD MSP COVERAGE PF	REVIOUSLY?	PERSONA	AL HEALTH NUN				
1	□ YES □ NO (IF NO, GO TO "C")	IF YES, PROVIDE \rightarrow	Ι.		i			
			(MM / DD	j mm			(MM / DD / YYYY)	
		MOST RECENT MOVE TO BC			MOST RECENT MOV	E TO CANADA \rightarrow		
C	HAVE YOU LIVED IN BC SINCE BIRTH	H?			(IF DIFFERENT FROM	I DATE OF MOVE TO BC)		
	LIYES LINO (IF YES, GO TO "D") IS THIS A PERMANENT MOVE?	PROVINC	E OR COUNTR	Y MOVED FROM		PREVIOUS HEALTH NUMBER	
	HAVE YOU OR ANY FAMILY MEMB	ER BEEN OUTSIDE BC FOR MORE THA	N 30 DAY	S IN TOTAL DI	JBING THE PAST 12 MONTHS?		<u>.</u> היי דרו יידייו	
In	DEPARTURE DATE (MM / DD / YYYY)) RETURN DATE (MM / DD / YYYY)	F	AMILY MEMBER	R NAME, REASON FOR DEPARTURE	AND LOCATION	,	
		<u> </u>			<u>,</u>			
	WILL YOU OR ANY FAMILY MEMBE	ER BE AWAY FROM BC			IF ANYONE LISTED IS AN ACTIVE	MEMBER OF, OR HAS BE	EN RELEASED FROM, THE CANADIAN	
	FOR MORE THAN 30 DAYS IN TOT/ IF YES, SEE RESIDENCY, PAGE 2.	AL IN THE NEXT SIX MONTHS?	L] YES	LINO	IE DISCHARGE DATE:			
E	ARE YOU & FULL-TIME STUDENT?					(MM / DD / YYYY)	n	
—	IS VER WILL VOLLDERIDE IN DO ON							
L	IF TES, WILL YOU RESIDE IN BC ON	COMPLETION OF YOUR STUDIES?	LIYES			<u> </u>		

IS THIS APPLICATION ALSO FOR A SPOUSE OR CHILD? IF YES, PLEASE COMPLETE PAGE 2.

3 AUTHORIZATION - MUST BE SIGNED (DO NOT CHANGE TEXT OF AUTHORIZATION BELOW)

I have received information about MSP and agree to abide by the terms and conditions of MSP. I understand the information I have given is collected under the authority of the *Medicare Protection Act* and may be used to assess eligibility for other Ministry of Health programs, and that practitioners who provide service(s) under MSP are required under the *Medicare Protection Act* to release information relative to those services to MSP to support claims for benefits.

I declare that all information provided is true and I understand that the Ministry and/or Health Insurance BC may verify this information with immigration authorities, law enforcement authorities and other public authorities, agencies and persons as appropriate. I declare that all persons listed are residents of British Columbia.

SIGNATURE OF APPLICANT	DATE SIGNED (MM / DD / YYYY)	SIGNATURE OF SPOUSE	DATE SIGNED (MM / DD / YYYY)			

Mailing Address: Health Insurance BC, Medical Services Plan, PO Box 9679 Stn Prov Govt, Victoria BC V8W 9P7 Tel: (Lower Mainland) 604 683-7520, (Rest of BC) 1 877 955-5656 Web: www.hibc.gov.bc.ca



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4 SPOUSE AND CHILD INFORMATION

SPOUSE means a resident of BC who is either married to or living and cohabiting in a marriage-like relationship with the applicant and may be of the same gender as the applicant. CHILD means a resident of BC who is the legal ward or child of the applicant, is supported by the applicant, is neither married nor living and cohabiting in a marriage-like relationship, and is either age 18 or younger, or age 19 to 24 and attending school or university full time.

	on izenomennini	IGRATION DOCOMEN	13 1031 1	SE AT IACHED. USE	LEGAL NAMES V	VHEN COMPLETIN		1	
SPUUSE LEGAL LAST NAME		- ,	SPOUSE LE	GAL FIRST NAME		SPOUSE LEGAL SEC	OND NAME		GENDER
		1 1 2 1 1							
BIRTHDATE (MM / DD/ YYYY)	STATUS IN CANADA								
	CANADIAN CIT	IZEN – Canadian Birth Cer Inship Card or Passport	tificate, [HOLDER OF PERMAN Resident Card (front 8	VENT RESIDENT STA back) or Confirmatio	TUS – Record of Landi n of Permanent Reside	ng, Permanent nce	OTHER – Wo Study Permi	ork or it, etc.
PERSONAL HEALTH NUMBER (PHN)	HAS SPOUS	SE LIVED IN BC SINCE BIP	ITH? N	MM / DD / YYYY	FROM (PROVINCE	OR COUNTRY)	PREVIOUS HEAI	TH NUMBER	
		IF NO, MOST RECENT MOVE TO BC	· 1 1						
	· · ·		<u></u>						
CHILD LEGAL LAST NAME			CHILD LEGA	AL FIRST NAME		CHILD LEGAL SECON	ID NAME		
		l I 1			_h. 1t_1		<u> </u>		DF
		IZEN – Canadian Birth Cer	tificate, [VENT RESIDENT STA	TUS – Record of Landi	ig, Permanent	OTHER - W	ork or
		INFO IN BC SINCE BIET		Hesident Card (front 8	EROM (PROVINCE			Study Permi	t, etc.
CHOONAL GEALIS NOMBER (FIN)		IF NO. MOST RECENT				E OR COUNTRY)	PREVIOUS REAL	JH NUMBER	
<u> </u>	, , 🗆 NO	MOVE TO BC ->		<u>,) , , , , , , , , , , , , , , , , , ,</u>		•			
CHILD LEGAL LAST NAME			CHILD LEGA	L FIRST NAME		CHILD LEGAL SECON	ID NAME		GENDER
BIRTHDATE (MM / DD/ YYYY)	STATUS IN CANADA					<u><u> </u></u>			L⊔F
,,,,,	CANADIAN CIT	IZEN – Canadian Birth Cer	tificate, [HOLDER OF PERMAN	VENT RESIDENT STA	TUS - Record of Landi	ng, Permanent	OTHER - W	ork or
PERSONAL HEALTH NUMBER (PHN)	HAS CHILD	LIVED IN BC SINCE BIRTH		M / DD / YYYY	FROM (PROVINCE		PREVIOUS HEAL	TH NUMBER	IL, BIG.
, , , , , , , , , , , , , , , , ,	□ YES	IF NO, MOST RECENT MOVE TO BC							
······			<u></u>		· · · ·		i		
JHILD LEGAL LAST NAME			CHILD LEGA	L FIRST NAME		CHILD LEGAL SECO	ID NAME		GENDER
									□ F
BIRTHDATE (MM / DD/ YYYY)	STATUS IN CANADA								
	Canadian Citize	IZEN - Canadian Birth Cer Inship Card or Passport	tificate, L	HOLDER OF PERMAN Resident Card (front 8	NENT RESIDENT STA back) or Confirmatio	TUS – Record of Landi n of Permanent Reside	ng, Permanent nce	Study Permi	ork or it, etc.
PERSONAL HEALTH NUMBER (PHN)	HAS CHILD	LIVED IN BC SINCE BIRTH		MM / DD / YYYY	FROM (PROVINCE	E OR COUNTRY)	PREVIOUS HEAD	LTH NUMBER	
	, □YES □NO	IF NO, MOST RECENT MOVE TO BC \rightarrow	1						
					OPMATION				
	RE 19 TO 24 VEA				TIME DACIS D		E THE SECTI	ON PELOW	
STUDENT LEGAL LAST NAME	ne 13 10 24 1 E.	O O AGE AND AT	STUDE	NT LEGAL FIRST NAME	- TIME BASIS, P	STUDENT L	EGAL SECOND N	AME	
•							-		
	1 1 I I	<u> </u>		1,1_1_1			1 1 1 1		
SCHOOL NAME AND FULL ADDRESS	·				BE FINISH	ED (MM / DD / YYYY)	DEPARTU	REDATE (MM / D	D / YYYY)
IF YOU HAVE MORE CHILDRE	N 19 TO 24 YEARS O	E AGE THAT ARE FULL	TIME STUD						ц <u>і і </u> і
5 IMPORTANT INFORMAT	10N		111112 01 00			Difforme Sheer A	O PROVIDE AL	LINFORMATION	
						-		·	
 IDENTIFICATION: You must s Eligibility cannot be determined provide evidence of having estab 	end with your applic I without this docum lished residence in B	cation: photocopies of nentation. Canadian cit C and/or having abandor	documents f izens and ho ned their stat	that support the nam olders of permanent r tus in the USA	e and Canadian ci esident status (lan	tizenship or immigr ded immigrants) retu	ation status for a ming from the US	all persons liste SA may also be a	id. asked to
If any person is not enrolling une name change certificate) that in	ler the name showr idicates the name s	on his/her citizenship	or immigrati	ion document, please	e also submit a pho	otocopy of a legal d	ocument (for ex	ample, a marria	age or
RESIDENCY: If you expect to the reason for your absoracia	leave the province f	or more than 30 days in	n total during	g the next 6 months,	a letter outlining y	our planned dates o	f departure and	l return, destina	ation and
GEEGOTIVE DATE OF DENERS		pication. Failure to pri	uvide (fils lf)	ionnation may arrect		uits.			
arrival in BC, plus two months. on arrival in BC, not at the end c	If absences from C f the waiting period.	anada exceed a total o If you apply late, the e	f 30 days du ffective date	uring period before he uring the waiting perio e of benefits will be d	aim care benefits b od, eligibility may b etermined by MSP	begin. Generally, this be affected. Applica I and may result in p	s period is the b tions should be remiums being	alance of the m submitted imm charged retroa	ionth of lediately ctively.
OUT-OF-PROVINCE STUDEN	TS: If studying outs	ide BC, the absence m	ust be temp	orary and solely for th	e purpose of atten	dina full-time studie	s at an accredi	ted educational	facility in

a program which leads to a degree or certificate recognized in Canada.

• CANCELLATION OF BENEFITS: Failure to remit premiums does not constitute notification to cancel benefits. If you will no longer be a resident of BC, you must notify Health Insurance BC that this is the case, and provide your date of departure from the province and your new address; otherwise, premium invoicing may occur.

· CHANGE OF NAME OR ADDRESS: Health Insurance BC must be notified immediately of any change of name or address.

• LEGISLATION: All information is subject to change in accordance with the Medicare Protection Act and Regulations and the Hospital Insurance Act and Regulations. If a discrepancy exists between the information Health Insurance BC has provided on this application and the legislation, the legislation will prevail.

Personal information on this form is collected under the authority of the Medicare Protection Act. The information will be used to determine residency in BC and determine eligibility for provincial health care benefits. If you have any questions about the collection of this information, contact Health Insurance BC at the address or telephone numbers on page 1. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act and may be disclosed only as provided by that Act.

HLTH 167 PAGE 2

BCPSA 4:	DATE REI OR WOUL THAN TH		DENTAL BENEFIT	BENEF	05	04	03	02	(01)	NO.	DAT MAF	A	ADD /	Were y NAME O	FORMER	HOME A	NAME C	LAST N/	EMPLO	Pleas	M
2 Rev. 2006 / 6 / 29	QUIRED AUXILIARY F LD HAVE BEEN REAC E SIX MONTH WAITIN		/ EXTENDED HEALTH ' GROUP NO.	TITS SERVICE C		÷				FIRST NAME	lete only if you : E OF 3RIAGE/ HABITATION	DD DEPENDENT	CHANGE / TER	F INSURANCE COM	R NAME – Completi	DDRESS - Must be	DF MINISTRY / EMPLI	ame	P P	e type or prin	COL
	HOURS REACHED CHED IF EARLIER NG PERIOD			CENTRE USE ON		N.				INITIAL	are adding your s	СНА	MINATE DEPEN	PANY PANY	e if you have changeo	9 Completed	OYER	s	urposes only)	nt clearly in bl	ITISH UMBIA
Addition	×		FECTIVE DATE	VLY						d	/ DD	NGE TO DEP	DENTS	nths, or are	l your name si				D. (for id	ack ink	
al information and (YYY / MM / DD		OF COVERAGE				•			LAST NAME (Only if ifferent from employee's)	SOCIAL INSURANCE NO. OF SPOUSE	ENDENT INFORMATION		GROUP POLICY NO. I.D. N	ce your initial application				TYPE OF REQUEST		
opies of thi	DATE EMPLOYEE		DATE OF EMPLO							RELATIONSHIP G TO YOU M		TER		ider another Ex				FIRST NAME	Char	Do no	
is form	YYYY/MM		YMENT YYYY / MM							ENDER	-	MINATE D							nge to E	t write in	
are available	/ DD		00/							BIRTHDATE YYYY/MM/DD		DEPENDENT		Health and Dental EFITS COVERED UNDEF EHB DENTAL					xisting Coverage	this space	
on the Internet	EMPLOYEE SIGNA	I am living in a I have care and	and complete. By p to use it for identific: INDICATE (✓) IF AP	CERTIFICATION -			1			TERMINATION DATE	if you are terminating coverage for a dependent	Complete only		ANOTHER PLAN? IS P				MIDDLE INITIAL	Termina		
WWW.	TURE	marriage li custody o	roviding my ation purpo PLICABLE:	I certify th						· PERSC	2) If de Reve 3) If ad beca 4) If ch	1) If ad or ur	Adding	Aedical Su LAN ACTIVE	2			BIRTHDAT	ate Emplo	L,	
bcoublicservice		ke relationship.	y Social Insurance Num oses only.	hat all statements and a			24		÷	ONAL HEALTH NUMBER	pendent child is handic: enue Agency Form 220 ding adopted child or w ame the child's guardian anging dependent's nan	ding student age 19 or on niversity attending full til	g or Changing Dep	ervices Plan of BC)?	MEDICAL SERVICES PERS	POSTAL CODE		Е УҮҮҮ / MM / DD	oyee's Coverage	Pacific Blue Cross is the reg	ENROL TERMINAT HEALTH
calhanafite	DATE SIGNED YYYYY/MM/DD	My former spouse has care and custody of the above mentioned dependent(s) and is not elicible for extended health or	nber, I authorize the insurance carrier	inswers included on this form are true						COMMENTS / DETAIL *(Example: School name and term start date)	apped, please confirm that Canada 1E has been filed and accepted. rard, provide date you legally 1 and attach legal documents. me, indicate former name.	over, indicate name of school me and enrollment date.*	pendents .	TFYES, please provide:	SONAL HEALTH NO.	HOME PHONE NO.	WORK PHONE NO. ()	GENDER	TERMINATION DATE YYYY//MM//DD	c Blue Cross (PBC) gistered trade name of PBC Health Benefits Society	LLMENT/CHANGE/ TION FOR EXTENDED CARE AND DENTAL
'		<			1					. I				e t		1	с.		2000 81	Y	

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	 he/sl you a you a 	d Dependents Cancelli e employee of the You are re • he/st • he/st rr opposite sex) who • he/st Id or legal ward, • he/st lent for income tax • you are re
JITIE LAX	al ward,	d Dependents e employee of the r opposite sex) who ld or legal ward,
purposes, and who is:	 an unmarried child, stepchild, adopted child or lega an unmarried child, stepchild, adopted child or lega 	 Benefit Coverage for Your Spouse an Employee benefits available to you as an eligibl province can be extended to: a married or common-law spouse (same c is living with you; an unmarried child, stepchild, adopted child, an unmarried child, stepchild, adopted child, stepchild, stepchild, adopted child, stepchild, stepchild, adopted child, stepchild, stepchild, adopted child, stepchild, s

Great-West Life ASSURANCE G ... COMPANY

EVIDENCE OF INSURABILITY COVERAGE DETAIL



Inis application	n consists of two parts	s: The Evide	ence of Insurabl	ility Coverage Detail form a	and Medical	& Lifestyle Question	nnaire.
INSTRUCTIONS Plan Ac	dministration: 1. Co 2. Re 3. Fo Life vee: 1. Re 2. Co boi	nplete, sign tain a copy of ward the ori estyle Questi view, sign ar mplete Medi h sections to	and date the C of the complete ginal copy, alor ionnaire, to the od date the Cov cal & Lifestyle o Great-West L	overage Detail section. d section for your files. ng with the Medical & employee. verage Detail Section. Questionnaire and send ife.	THE GREA GROUP M P.O. BOX WINNIPEG TELEPHON TTY LINE 1 (available fo	AT-WEST LIFE ASSUI EDICAL UNDERWRI 6000 A, MANITOBA R3C 3, IE (204) 946-8554 -800-990-6654 r the deaf or hard of hea	RANCE COMPANY FING A5 aring)
Name of Group Policyh	older (Employer)			Alterative extension (1)		Group Policy No.	Division No.
GOVERNMENT OF	THE PROVINCI		LISH COLU	MBIA		6878 / 161660	
□ Mr. □ Ms. □ Mrs. □ Dr. □ Miss □	Employee Last Name			First I	Name	· · ·	Middle Name
Home Mailing Address		•	Street	4	City		Province
Postal Code	Date of Birth	Hoi	me Phone No.		Busines	s Phone No.	
	Month Day	Year ())	ext.
Employee's Annual Earnii	ngs: \$	ID No.		Occupation			
PURPO	SE OF THIS APP		N (Make su	re you only complet	e the ap	plicable section	ns.)
BASIC LIFE INSURA S80,000 3x Annual Earnir OPTIONAL LIFE INSU providing application is m EMPLOYEE OPTIONAL	NCE ngs (Minimum \$80,000 URANCE (\$50,000 fo ade within 31 days of LL LIFE INSURANCE	0.00) r either Emp your origina	loyee or Spous I date of hire)	se, or both, is Evidence free SPOUSAL OPTIONAL	e when the _ LIFE INSU	employee initially er	nrolls in the plan
Existing Optional Life A	mount: \$	_ .		Existing Optional Life	Amoùnt: \$		
New Total Amount App	lied for: \$	<u> </u>		New Total Amount Ap	plied for: \$	·	
(Multiples of \$25,000, r	nax \$1,000,000)			(Multiples of \$25,000,	max \$500,0	, 100)	
CHILD OPTIONAL LIF Existing Optional Life A New Total Amount App (Multiples of \$5,000, m	E INSURANCE (EVIDE mount: \$ flied for: \$ ax \$20,000)	ENCE FREE)					
Are you currently wo	orking? 🗆 Yes 🗌 N	0	****				
If no, please provide	the date last worked	month	/ / day yea	ar			
Reason for not work	ing 🗌 Approved	leave of abs	ence				
	🗌 Iliness/Inju	ıry					

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EGM-2013-00114

Great-West Life ASSURANCE G

MEDICAL & LIFESTYLE QUESTIONNAIRE



This application consists of two forms:

The Evidence of Insurability Coverage Detail form and Medical & Lifestyle Questionnaire.

INSTRUCTIONS Employee: 1. Complete, sign and date the Medical & Lifestyle Questionnaire. THE GREAT-WEST LIFE ASSURANCE COMPANY 2. Spousal information is only required if you are applying for dependant coverage. GROUP MEDICAL UNDERWRITING 3. Submit originals of the Medical & Lifestyle Questionnaire and the Evidence of Insurability Coverage Detail section to Great-West Life. THE GREAT-WEST LIFE ASSURANCE COMPANY TTL LEPHONE (204) 946-8554 TTY LINE 1-800-990-6654 (available for the deaf or hard of hearing)									
Name of Group Policyholder (Employer)					G.	roup Policy No	5	Divisio	n No.
GOVERNMENT OF THE PROVINCE OF B	RITISH COLUME	SIA			68	378 / 16166	0		
Mr. Ms. Employee Last Name Mrs. Dr. Miss				First Nan	ne		Mi	ddle Na	ame
Date of Birth: Month DayYear	Employee Height?	C	m/cm] ft∕in	Employee	Weight?		🗆 kg	□lb
SPOUSE INFORMATION (if applicable).									
FIRST NAME LAST NAME Sex Date of Birth Month Day Year			н	Height		Weight			
Spouse	🗆 Maie 🗆 Female					n/cm □ ft/in		🗆 kg	l Ib
THE FOLLOWING QUESTIONS SHOULD BE ANSWERED FOR EACH INDIVIDUAL WHO IS APPLYING FOR COVERAGE. IF ANSWER IS YES TO ANY OF THE QUESTIONS, GIVE FULL DETAILS BELOW: (if more space is required, attach another sheet) Spouse's Occupation:									
Have you or your spouse:						Yes	No	Yes	No
 nad any aliment, injury or liness in the past five years school for 10 days or more? 	which caused the indiv	vidual to i	be away	trom wor	K OT	· □			п
 ever had high or low blood pressure, pain or tightness 	s in the chest, or any he	eart disor	ier inclu	dina diso	rders	لسا			
of the circulatory system?				ang abb					
 ever had cancer, disorders of the blood, diabetes, her disorders? 	oatitis, liver disorder, kid	iney, resį	piratory o	or intestin	al	П	П		[]
 ever had convulsions, loss of consciousness, fainting mental illness, anxiety, depression, chronic fatigue sy of the nervous system? 	spells, severe headach ndrome, cerebral palsy,	ies, nervo , stroke, o	ous breai or any di	kdown, sorder	·	· · ·			
muscles or bones, including joints, spine and skin?	inus, paralysis, libromy	aigia, or d	lisoraer	ot the					
6. had any disorder of eyes, ears, nose or throat?									Π.
7. had AIDS or other disorder of the immune system, or test results indicating exposure to the AIDS virus (HIV)?									
8. ever been in a hospital, sanitarium or other institution for treatment or observation?									
9. any reason to believe you will require medical or surg	ical treatment during th	e next 12	months	?					
10. ever taken drugs, other than for medical purposes, been advised to drink less alcohol or received treatment for drug addiction or alcoholism?									
11. ever had any serious illness or injury since childhood	not mentioned above?								
12. had X-rays, electrocardiograms, blood or other specia the last five years? (indicate the test results below)	l tests, for other than re	egular me	dical che	eckups in	I	· D			
13. ever made a claim or received a pension, payments	or compensation bene	fits for ar	accider	nt or		-	_		— . —
SUMIESS (anad ar medified in								
15 been involved in the operation of an aircraft, or partie	cinated in hazardous a	iy way? ctivitice c	uch ee r	notorized	, ·	LJ			
racing, hang gliding, parachuting, or scuba divino? (I	f "ves", circle the appr	opriate ac	uun as r tivitv)	nononzeŭ					П
16. smoked cigarettes in the past 12 months?	2								
17. had any change in weight in the past year?									
Amount gained: Amount lost: Reason:									

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NOMINATION OF BENEFICIARY

Do **not** complete this form if you have a spouse unless you want to nominate someone other than your spouse, as your spouse is automatically your beneficiary. Contact the pension plan to ensure we have your spouse's information.

Instructions for plan member					
 Read page 2 for the definition of spouse and other important information before completing this form. Complete this form if you: 	 You can only nominate one person (or your estate) as your beneficiary. Please ensure you complete the beneficiary section so we can locate your beneficiary in the event of your death. 				
 Have a spouse and want to nominate someone else or your estate as your beneficiary. You can only do so if your spouse agrees to waive their rights on Form 4: Spouse's Waiver of Preretirement Survivor Benefit. 	 If you are a member of more than one pension plan that the Pension Corporation administers, you <i>must</i> complete this form for each pension plan and also a <i>Form 4</i>: <i>Spouse's Waiver of Preretirement Survivor</i> <i>Benefit</i> (if applicable). 				
 Do not have a spouse and want to nominate one person; otherwise your estate is automatically your beneficiary. 	 If you make a change on the attached form, initial the change prior to submitting to the pension plan. 				
 Want to change your existing beneficiary. 	 Once we review your submitted form, we will acknowledge receipt of the completed form. 				
	 You can verify your personal information on the pension plan website using My Account. 				

Contact information							
Public Service Pension Plan PO Box 9460 Victoria BC V8W 9V8	Victoria 250 953-3033 Vancouver 604 660-5299 Toll-free in BC 1 800 665-3554						
Location 2995 Jutland Road, Victoria	Fax 250 953-0425 E-mail <u>PSPP@pensionsbc.ca</u> Web <u>pspp.pensionsbc.ca</u>						

Freedom of Information and Protection of Privacy Act-The personal information on this form is collected under the authority of the Public Sector Pension Plans Act and will be used by the Pension Corporation to administer a plan member's pension and other non-pension benefits. If you have any questions about the collection and use of this information, contact the Chief Executive Officer at 2995 Jutland Road, Victoria BC V8T 5JB or by telephone at 250 387-1002.

PC/PSPP 98-104 (Instruction) 2010.09.15

Pension provisions in the event of the death of a plan member prior to retirement

A. Definition of Spouse:

- Section 1 of the Pension Benefits Standards Act: "spouse" means, in relation to another person,
- 1(1)(a) a person who at the relevant time was married to that other person, and who, if living separate and apart from that other person at the relevant time, did not live separate and apart from that other person for longer than the 2 year period immediately preceding the relevant time, or
 - (b) if paragraph (a) does not apply, a person who was living and cohabiting with that other person in a marriage-like relationship, including a marriagelike relationship between persons of the same gender, and who had been living and cohabiting in that relationship for a period of at least 2 years immediately preceding the relevant time;
- (2) For the purposes of paragraph (a) of the definition of "spouse" in subsection (1), persons are living separate and apart
 - (a) if they are living apart and either of those persons has the intention to live separate and apart from the other, or
 - (b) if, before the relevant time,
 - (i) they had lived separate and apart for any period, and
 - (ii) that period was interrupted or terminated only because either person became incapable of continuing to live separate and apart or of forming or having the intention to continue to live separate and apart of that person's own volition,

and the separation would probably have continued if that person had not become incapable.

CLARIFICATION OF ABOVE DEFINITION OF SPOUSE: The "relevant time" in the death of a plan member is the date of death.

Subsection 2 describes situations in which you are living separate and apart and only applies to persons who were legally married to each other. However, there may be situations in which you and your spouse did not intend to live separately and apart. These types of situations could include where you are living apart for purposes of work or as a result of Illness/health reasons. In these circumstances you would not be considered living separate and apart for the purposes of the definition of spouse.

If you were a spouse under subsection 1 paragraph (b), but had ceased cohabiting with the plan member prior to the date of death, you no longer meet the definition of a spouse. You must have a separation agreement or court order stating that you have entitlement to pension benefits in order to claim any death benefit.

- B. The pension plan will not accept the following nominations:
 - designating an alternate beneficiary (for example, John and/or Mary Smith)

- naming a society or organization to receive your entitlement
- nominating a trustee for minor children (see item C below),
- nominating a beneficiary without your spouse waiving entitlement, or
- nominating multiple beneficiaries,

C. Other important information about nominating a beneficiary:

- Your spouse is automatically your beneficiary. If you have a spouse at the time of your death, your spouse will automatically be the beneficiary of your pension entitlement. However, you can nominate another beneficiary or your estate if your spouse agrees to waive their rights on Form 4: Spouse's
- Waiver of Preretirement Survivor Benefit, and submit the waiver to the pension plan along with this form.
- If you do not have a spouse: If you have no spouse at the time of your death, and you have not filed a Nomination of Beneficiary with the pension plan, your beneficiary will automatically be your estate.
- Nomination filed, marital status changes: If you have filed a Nomination of Beneficiary with the pension plan, and subsequently marry or establish a marriage-like relationship, (see item A), your new spouse will automatically be the beneficiary of your pension benefits unless your spouse agrees to waive their rights on Form 4: Spouse's Waiver of Preretirement Survivor Benefit,
- Separated or divorced: If you are legally married but you are separated and living apart, your legal spouse will be entitled to certain benefits until two years after your date of separation (see item A). If you are separated or divorced and have a formal agreement or court order which otherwise limits any elections you might have under the pension plan, it must be filed with the pension plan. Any survivor benefit paid after the terms of the formal agreement or court order have been applied will be provided in accordance with the pension plan rules. If you have not already provided a copy of your formal agreement or court order to the pension plan, it must be submitted with this form.
- Beneficiary under age 19: If you file a Nomination of Beneficiary with the pension plan, it is recommended that your beneficiary be at least 19 years of age. However, if at your death your beneficiary is a minor, the benefit entitlement will be paid to the Public Guardian and Trustee in trust for the minor beneficiary.

D. Disclaimer: The information on this form is based on the pension plan rules and provincial legislation. Plan rules and legislation are subject to change. In cases where the information on this form differs from the plan rules and legislation, the plan rules and legislation apply. See the <u>Publications</u> page on our website or contact the pension plan for information on pre-retirement death benefits or any other topic.

PC/FSPP 98-104 (Instruction) 2010.09.15

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Public Service Pension Plan		NOM	INATION	-				
					PERSON ID	FENSION PLAN USE UNLS		
		OF BE	NEFICIARY					
						/		
LAN MEM	BER LAST NAME (please print)	•	PLAN MEMBER F	IRST NAME		·••		
	•							
	BER ADDRESS (include street city	or town province and pr	Istal code)	-				
		or tom, province and pe						
					•			
LAN MEM	BER WORK PHONE (include 10 dig	its) PLAN MEMBER	HOME PHONE (include 10) digits)	PLAN M	EMBER SOCIAL INSURANCE NO.		
			· ·			•		
					~	· · · · · · · · · · · · · · · · · · ·		
MPLOYER	R (organization name)					-		
	· ·					•		
- M/	ARITAL STATUS	· · · · · · · · · · · · · · · · · · ·		-				
	where the polow by obooking ()	/ 1 the comparists how						
	e your status below by checking (/) the appropriate box	· .					
	have no spouse		•	•				
DR								
l have	a spouse:			NVVV I				
	m married OR	I am in a m	arriage-like		MM700	•		
	Cit.	relationship	o (at least 2 years)	(date of c	ohabitation)			
		•	•					
SPOUSE N	AME	· 1	SPOUSE DATE OF BIRTH	ιſ	Check	this box to indicate Form 4:		
			YYYY/MM/DD		Spous	e's Waiver of Preretirement		
					Surviv	or Benefit has been included		
2 - NC	OMINATION							
nominate	e one beneficiary or my estate na	med below to receive my	pension benefit in the eve	ent of my dea	th. Indicate	your beneficiary choice by		
checking t else if vou	the appropriate box below and con In spouse agrees to walve their rigi	npleting the beneficiary s its on a Form 4: Spouse!	ection, if applicable. If you s Waiver of Preretirement	i have a spot Survivor Ber	se, you ca ofit	n only nominate someone		
		ary (nominate only on	e beneficiary by compl	eting this se	ction)	,		
BENEFICIA	ARY LAST NAME		BENEFICIA	IRY FIRST AND	MIDDLE N	AME(S)		
	· ·							
BENEFICIA	ARY MAILING ADDRESS (INCLUGE ST	eet, city or town, province	e and postel code)					
-								
BENEFICIA	ARY DATE OF BIRTH	BENEFICIARY SOCIAL IN	SURANCE NO.		BELATIC			
	YYYY/MM/DD		-					
						,		
understa	und that if I marry, or establish a m	ı arriage-like relationship (see item A, page 2) after	filing this non	ination, m	y new spouse will become entitled		
ny pensio	on benefits unless I file a new Nom	ination of Beneficiary an	d a Form 4: Spouse's Wa	iver of Prereti	rement Sul	rvivor Benefit with the pension plar		
3 – Pl	LAN MEMBER SIGNATUR	E (must be comp	leted)		-	DATE SIGNED		
_		•				YYYY/MM/DD		
ł						, ,		
						<u> </u>		
C/PSPP 98	-104 2010.09.15 Plan M	ember: Make a copy of	this completed form for	your record	s before fo	erwarding to the pension plan		
		• •						
						-		

ACKNOWLEDGEMENT: TO BE CO	MPLETED BY THE PENSION PLAN	•	DATE AUTHORIZED
l hereby acknowledge that the	AUTHORIZED SIGNING OFFICER SIGNATURE		YYYY/MM/DD
Public Service Pension Plan has added			•
the above beneficiary to your account.	· · ·		