

GROUP BENEFIT PLAN



SHEET METAL WORKERS & ROOFERS LOCAL 409 BENEFITS BOOKLET

Roofers

Great-West Life is a leading Canadian life and health insurer. Great-West Life's financial security advisors work with our clients from coast to coast to help them secure their financial future. We provide a wide range of retirement savings and income plans; as well as life, disability and critical illness insurance for individuals and families. As a leading provider of employee benefits in Canada, we offer effective benefit solutions for large and small employee groups.

Great-West Life Online

Information and details on Great-West Life's corporate profile, our products and services, investor information, news releases and contact information can all be found at our website www.greatwestlife.com.

This booklet describes the principal features of the group benefit plan sponsored by your employer, but **Group Policy No. 22539** issued by Great-West Life is the governing document. If there are variations between the information in the booklet and the provisions of the policy, the policy will prevail.

This booklet contains important information and should be kept in a safe place known to you and your family.

The Plan is underwritten by



PROTECTING YOUR PERSONAL INFORMATION

At Great-West Life, we recognize and respect the importance of privacy. When you apply for coverage or benefits, we establish a confidential file of personal information. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

We use the personal information to administer the group benefit plan under which you are covered. This includes many tasks, such as:

- determining your eligibility for coverage under the plan
- enrolling you for coverage
- assessing your claims and providing you with payment
- managing your claims
- verifying and auditing eligibility and claims
- underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- preparing regulatory reports, such as tax slips

We may exchange personal information with your health care providers, your plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefit programs, other organizations, or service providers working with us when necessary to administer the plan.

All claims under this plan are submitted through you as plan member. We may exchange personal information about claims with you and a person acting on your behalf when necessary to confirm eligibility and to mutually manage the claims.

For more information about our privacy guidelines, please ask for Great-West Life's **Privacy Guidelines** brochure.

TABLE OF CONTENTS

	Page
Schedule of Benefits	
Changes in Insurance Benefits	
Eligibility	
Definition of Dependent	
Life Insurance for Employees	
Accidental Death, Dismemberment And Specific Loss Insurance	
Weekly Income Insurance	
Major Medical Insurance	
Out-of-Province Coverage	
Visioncare	
Co-ordination of Benefits	
General Limitations	
Termination of Insurance	
Continuation of Health Benefits for Dependents	
How to Make Your Claims	

**SCHEDULE OF BENEFITS FOR
GROUP POLICY NO. 22539**

MEMBERS

Life Insurance	\$30,000
AD&D Insurance (Principal Sum)	\$15,000
Weekly Income Insurance	66 2/3% of your weekly earnings up to the maximum allowable under the Employment Insurance Act to a maximum of \$318 per week integrated with EI Sick Benefits

MEMBERS AND DEPENDENTS

Major Medical

Deductible	Nil
Co-insurance Percentage	100%
Hospital Daily Room and Board Amount	Semi-private
Out-of-hospital Nursing Calendar Year Maximum	\$10,000
Physiotherapists Calendar Year Maximum	\$1,000
Paramedical Covered Expenses	
- for each practitioner in any calendar year	\$500
Extracare Covered Expenses	
Out-of-hospital Psychologists Maximum	
- for each visit	\$50
- calendar year maximum	\$500
Out-of-hospital Speech Therapist Calendar Year Maximum	\$500

Orthopedic Shoe/Foot Orthotic Maximum (in any 2-year period)	\$500
Hearing Aid Maximum (in any 5-year period)	\$1,000
Lifetime Maximum	Unlimited

Visioncare

Deductible	Nil
Co-insurance Percentage	100%
Eyeglass or Contact Lens Maximums	
- 12-month period for dependents age 18 and under	\$200
- 24-month period for any other person	\$200
Contact Lenses for Special Conditions Lifetime Maximum	\$200
Eye Examination Maximums	
- 12-month period for dependents age 18 and under	\$50
- 24-month period for any other person	\$50

CHANGES IN INSURANCE BENEFITS

If your insurance benefits change because of an amendment to the plan, or because of a change in your age, class, earnings, dependent status, etc., the new benefits become effective on the date the change affecting your benefits occurred.

When a change results in increased benefits you must be actively at work to be eligible for the new benefits. If you are not at work on the date the new benefits would otherwise become effective, the change will not become effective until you return to work. Increased benefits for a dependent confined in hospital on the date the new benefits would otherwise become effective do not become effective until he or she is released from hospital. In any case, payment for services and supplies received before the date of an increase in benefits will always be based on plan benefits in effect before the change.

ELIGIBILITY

If you are a new member, you will become eligible to join the group insurance plan on the first day of the second insurance month coinciding with or next following the date on which you complete 390 credited hours.

- Coverages which require a premium contribution on your part will require proof of insurability if they are not applied for within one month of the date you become eligible.
- Dependent coverages which require a premium contribution on your part will require proof of insurability if they are not applied for within one month of the date you become eligible to insure your dependents.
- If you wish to insure your dependents, you should apply for their coverage within one month of the date you become eligible to insure them, otherwise they will be required to submit proof of insurability.
- You must be actively at work for insurance to take effect. You are considered to be actively at work if you are not disabled and you are either at work or absent for vacation, weekends, statutory holidays, or shift differentials.
- If you are a
 - temporary or part-time employee, or
 - an employee other than a member of the Union, or
 - an employee other than a salaried employee of participating employers, or
 - a member of Local 409 who is not party to the Collective Agreement between the Nova Scotia Construction Labour Relations Association (NSCLRA) and Local 409

you are not eligible to join the plan.

DEFINITION OF DEPENDENT

Dependent means:

- Your spouse (legal or common-law)

A common-law spouse means a person who has been living with you in a conjugal relationship for at least one year.

- Your unmarried children or your spouse's unmarried children who are
 - under 21 years of age, or
 - 21 or over and in full-time attendance at a university or similar institution, or
 - 21 or over who are incapable of supporting themselves because of mental or physical handicap and who were insured under this plan on the day before they reached age 21.

Unmarried children of your spouse are considered dependents only if

- they are also your children, or
- your spouse is living with you and has custody of the children.

The plan does not cover:

- children who are working more than 30 hours a week, unless they are full-time students, or
- spouses or children who are not resident in Canada or the U.S.

You cannot be covered as a dependent if you are insured under the plan as an employee.

LIFE INSURANCE FOR EMPLOYEES

- If you die, your beneficiary will be paid the amount of your group life insurance. (See the **Schedule of Benefits** at the front of this booklet for the amount.)
- If you become disabled while insured and before reaching age 65, and your disability continues without interruption for at least six months, your life insurance will remain in force without further premium payment. After you have been totally disabled for six months, you should submit the appropriate claim forms to Great-West Life. Your premiums will be waived upon satisfactory proof of your disability but only until you reach age 65. Proof of continued disability may be required each year.

If you are not approved for waiver of premium your life insurance will be continued on a premium paying basis until the earlier of the following:

- (1) the date your insurance is terminated by your employer, or
 - (2) the date your insurance would normally terminate under the Termination of Insurance section.
- If any or all of your insurance terminates **at or before age 65**, you may be able to apply for an individual conversion policy.

Application for an individual conversion policy must be made within 31 days after termination of insurance. During this period your life insurance under this plan will remain in force free of charge.

See the administrator or union for complete details about the types of conversion policies available.

**ACCIDENTAL DEATH, DISMEMBERMENT AND
SPECIFIC LOSS INSURANCE**

If you suffer any loss shown below as the result of an accident occurring while you are insured, Great-West Life will pay up to two times the "Principal Sum". (See the **Schedule of Benefits** at the front of this booklet for the amount.)

TABLE OF LOSSES

For loss of:	The amount payable will be:
Life	The Principal Sum
Both hands or 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 or one leg	3/4 Principal Sum
One hand or one foot or sight of one eye	1/2 Principal Sum
Speech	1/2 Principal Sum
Hearing in both ears	1/2 Principal Sum
Thumb and index finger or at least 4 fingers of one hand	1/4 Principal Sum
All toes of one foot	1/8 Principal Sum
 For loss of use of:	
Both arms and both legs (quadriplegia)	2 X The Principal Sum
Both legs (paraplegia)	2 X The Principal Sum
One arm and one leg on the same side of the body (hemiplegia)	2 X The Principal Sum
Both arms or both hands	The Principal Sum
One leg or one arm	3/4 Principal Sum
One hand	1/2 Principal Sum

Educational Benefit for Dependent Children

If benefits are payable under this benefit provision for your death, Great-West Life will pay the tuition fees for enrolling your dependent children as full-time students at a post-secondary institution. To qualify for an educational benefit, a dependent child must have been enrolled as a full-time student at a post-secondary institution at the time of the accident causing your death, or he must have been enrolled as a full-time student at the secondary school level at the time of the accident causing your death and enrolls as a full-time student at a post-secondary institution within 365 days after the accident.

Great-West Life will pay up to 5% of the Principal Sum, or \$5,000, whichever is less, for each year of full-time post-secondary school enrolment. Great-West Life will pay the educational benefit each year for a maximum of 4 consecutive years upon receipt of proof of full-time enrolment.

No benefits will be paid for tuition expenses incurred before the accident, or room or board or other ordinary living, travelling, or clothing expenses.

Family Transportation Benefit

If you are hospitalized more than 150 kilometres from your home as a result of an injury for which benefits are payable under this benefit provision, Great-West Life will pay up to \$2,000 for transportation and lodging expenses for one family member to join you.

Benefits for lodging are limited to moderate quality accommodation for the area of hospitalization. Telephone expenses and taxicab and car rental charges are included. Meal expenses are not covered.

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to \$.20 per kilometre travelled.

Occupational Training Benefit for Spouses

If benefits are payable under this benefit provision for your death, Great-West Life will pay for expenses associated with your spouse's enrolment in an accredited occupational training program. The purpose of the training program must be to provide the spouse with at least the minimum qualifications required for employment in an occupation for which the spouse would not otherwise qualify.

Great-West Life will pay up to 10% of the Principal Sum, or \$10,000, whichever is less.

No benefits will be paid for expenses incurred more than 3 years after the accident causing your death, or room or board or other ordinary living, travelling, or clothing expenses.

Educational Benefit

If benefits are payable under this benefit provision for an injury that requires you to change occupations, Great-West Life will pay the tuition fees for enrolling you as a student at a post-secondary institution for training in a new occupation. To qualify for an educational benefit, you must enrol at a post-secondary institution within 365 days after the accident. Great-West Life will pay up to \$10,000.

No benefits will be paid for tuition expenses incurred before the accident, expenses incurred more than 2 years after the accident causing the injury, or room or board or other ordinary living, travelling, or clothing expenses.

Wheelchair Benefit

If benefits are payable under this benefit provision for an injury that requires the use of a wheelchair for you to be ambulatory, Great-West Life will pay for alterations to your principal residence to make it wheelchair accessible and habitable, and modifications to a motor vehicle you use to make it accessible to and driveable by you.

Benefits for home alterations are payable only if the person or persons making the changes are experienced in home alterations for wheelchairs, and recommended by an organization recognized for providing support and assistance to wheelchair users.

Benefits for vehicle modifications are payable only if the person or persons making the changes are experienced in vehicle modification for wheelchairs, and the modifications are approved by the provincial vehicle licensing authority.

Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's healthcare benefit, up to \$10,000 for all home and vehicle modifications combined.

No benefits will be paid for expenses incurred more than 365 days after the accident or for subsequent alterations to your home or vehicle after an initial claim for benefits has been made under this wheelchair benefit provision.

Points to Note About AD&D Insurance

- The Principal Sum is the **maximum amount** that would be paid for injuries to any one person resulting from any one accident. This means that if you were to lose both hands and both feet in an automobile accident, you would receive the Principal Sum only, not double the Principal Sum.
- No benefits will be paid for injury or death resulting from intentional self-mutilation, suicide, ptomaine poisoning, bacterial infection, any form of disease or illness or physical or mental infirmity, medical or surgical treatment, participation in a riot, war or any act of war.
- Benefits will be paid only if the loss occurs within 365 days after the accident and, in the case of loss of use, the loss is continuous for at least 365 days.
- Benefits will be paid only if the loss occurs within 90 days after the accident.
- "Loss of use" means total loss of ability to perform every action and service the arm, hand or leg was able to perform before the accident.
- "Loss" means complete loss by severance except that in the case of loss of sight it means loss beyond remedy by surgical or other means.

WEEKLY INCOME INSURANCE

If you are unable to earn your living because of an accident or illness, your Weekly Income Insurance would provide you with a weekly income. (See the Schedule of Benefits at the front of this booklet for the amount.)

- To receive Weekly Income benefits you need not be confined at home, but your disability must be severe enough to prevent you from performing your regular work, and you must be under the continuous care and personal attendance of a physician.
- Weekly Income benefits begin with the first day of disability due to injury or the eighth day of disability due to illness.

If you have not seen a physician on or before the date benefits would otherwise start, they will not start until after your first visit to the physician.

If you are hospitalized for at least 24 hours or have day surgery before the eighth day of illness, benefits will begin on the first day of hospitalization or the date of surgery.

- Weekly Income benefits will be paid for a total of not more than 52 weeks for each period of disability reduced by the number of full or partial weeks for which you are entitled to benefits under the Employment Insurance Act of Canada.
- Great-West Life will not pay for
 - disability due to injury sustained while working for pay or profit other than with this employer.
 - disability due to or associated with treatment rendered for aesthetic purposes.
 - disability during a period you are serving a prison sentence.

- disability during the scheduled duration of a leave of absence including maternity leave. Maternity leave is considered to begin on the earlier of the date agreed upon by you and your employer or the date of birth.

This limitation does not apply to any portion of a period of maternity leave during which you are disabled due to pregnancy

- disability during the scheduled duration of any lay-off unless you become disabled
 - (a) before notice of lay-off is given, or
 - (b) more than 2 months before the date the lay-off is scheduled to begin, whether or not notice of lay-off has been given.
- disability resulting from self-inflicted injury, war, or engaging in a riot or insurrection.
- Successive absences from work are considered to be in the same period of disability unless separated by
 - two complete consecutive weeks of active, full-time work, or
 - one full day of work if the disability is due to completely different causes.
- Your Weekly Income benefits will be reduced by any amounts payable under an Automobile Insurance Plan where permitted by law.

MAJOR MEDICAL INSURANCE

Major Medical provides protection against the cost of those medically necessary services and supplies for which there is only partial or no reimbursement from the provincial health plans. Major Medical covers only those expenses which are considered reasonable and customary for the service provided in the area where the expenses are incurred.

Co-insurance Percentage

- Great-West Life pays 100% of all covered expenses.

Covered Expenses

The following services and supplies are covered by your Major Medical benefit **where permitted by law and to the extent they are not covered under your Provincial Medicare Plan:**

Hospital Charges

- Regular hospital room and board up to the usual daily charge of the hospital concerned for semi-private care
- Convalescent hospital care up to the usual daily charge of the hospital concerned for a semi-private room but only if the confinement
 - (1) is recommended by your doctor, and
 - (2) is **not** for custodial care, and
 - (3) follows a 3-day confinement in a hospital as a registered bed-patient and is for the same condition
- Other hospital services and supplies

Please Note: Routine hospital care of a newborn infant during the mother's confinement will be considered part of the mother's claim.

Medical Charges

- Doctors' services for treatment provided outside your province of residence
- Out-of-hospital services of a registered nurse, licensed practical nurse or registered nursing assistant. No benefits are paid for services provided by a member of your family **or** for services which do not require the specific skills of a registered nurse, licensed practical nurse or registered nursing assistant.
- Ambulance (including licensed air ambulance)
- Treatment by x-ray, radium and radio-active isotopes
- Oxygen
- Blood transfusions
- Injectable drugs when administered by a doctor
- Rental of wheelchair, hospital bed or iron lung
- Splints, trusses, braces, crutches, casts, artificial limbs and eyes and any other prosthetic device required after surgery
- Out-of-hospital services for the following:
 - treatment of a fractured jaw or of accidental injury to natural teeth within 6 months after the accident
 - dental surgery for specific procedures
- Lab tests if not covered by Medicare
- Out-of-hospital x-rays if not covered by Medicare
- Physiotherapists' services other than by members of your family if not covered by Medicare

- Drugs and medicines which, according to the Food and Drugs Act, Canada, require the written prescription of a doctor and which are dispensed by a licensed pharmacist (including oral contraceptives, injectable drugs and vaccines for meningitis when administered by your doctor).

Note: No benefits are paid for drugs used to treat erectile dysfunction and multiple sclerosis.

- Services of a Chiropractor, Massage Therapist, Osteopath, Chiropracist, Podiatrist or Naturopath. Benefits are limited to \$500 by any one type of practitioner in any calendar year.

Please Note: No benefits will be paid under this plan for treatment by a paramedical practitioner for which the provincial medical plan of your home province covers a portion of the charge until after the provincial health plan has paid out its maximum benefit.

- Out-of-hospital services of a psychologist up to a maximum of \$50 for each visit. Benefits are limited to \$500 each calendar year.
- Out-of-hospital services of a speech therapist for correction of speech impairments. Benefits are limited to \$500 for all visits in any calendar year.
- Orthopedic shoes and custom-made foot orthotics prescribed by a doctor. Benefits for these expenses are limited to \$500 in any 2-year period.
- Hearing aids prescribed by an Ear, Nose and Throat Specialist. Benefits for these expenses are limited to \$1,000 in any 5-year period.

Services Not Paid by Major Medical

In addition to the limitations outlined in the **General Limitations** section at the back of this booklet, no benefits are paid for the following:

- Dental services, except those listed as covered expenses
- Cosmetic surgery or hospital confinement for cosmetic surgery, except to correct deformities resulting from illness or injury or such congenital defects as interfere with function
- Routine medical examinations
- Pregnancy tests
- Eye tests and eyeglasses
- Hearing tests

OUT-OF-PROVINCE COVERAGE

The Major Medical part of this plan provides coverage for expenses incurred outside your home province when:

- (1) you or your dependent are temporarily out-of-province on business or vacation or for educational or training purposes and the expenses arise as a result of an emergency or unexpected sudden illness, or
- (2) the required medical treatment is not readily available in your home province.

If the medical treatment is readily available elsewhere in Canada but you seek treatment outside Canada, benefits will be limited to the reasonable and customary charges of the nearest Canadian medical centre equipped to provide the necessary treatment.

Before incurring **any** non-emergency expenses outside Canada it is strongly suggested that you submit a treatment plan so you know the amount payable before you incur the expense.

VISIONCARE

Visioncare Insurance provides protection against the cost of vision services and supplies rendered or prescribed by an ophthalmologist or an optometrist. Visioncare Insurance covers only those expenses which are considered reasonable and customary for the service provided in the area where the expenses are incurred.

Covered Expenses

Great-West Life pays 100% of the following covered expenses:

- Eye examinations (including refractions) **but only for residents of a province in which the Medical Care Insurance Plan does not cover these services in whole or in part.** Benefits for these expenses are limited to \$50 in any 12-month period for dependents age 18 and under, and \$50 in any 24-month period for any other person.
- Eyeglass frames and lenses (or contact lenses selected in place of lenses and frames) when required for an initial lens prescription or a change in a lens prescription. Benefits for these expenses are limited to \$200 in any 12-month period for dependents age 18 and under, and \$200 in any 24-month period for any other person.

Replacement of eyeglass frames and lenses which have been lost, stolen or broken, will only be covered if you have been continuously covered under this plan for at least 36 months and the family member requiring the replacement has not received benefits for these visioncare supplies for at least 36 months.

- Contact lenses which are prescribed because the regular surface of the lens of the eye (the cornea) is impaired in some way and visual acuity cannot be improved to at least the 20/40 level in the better eye with ordinary eyeglasses. Benefits for these expenses are limited to a lifetime maximum of \$200.

Services Not Paid for by Visioncare Insurance

In addition to the limitations outlined in the **General Limitations** section at the back of this booklet, no benefits are paid for the following:

- treatment furnished without charge or paid for directly or indirectly by any government or for which a government prohibits payment of benefits
- injury or illness which is a direct result of war (declared or undeclared), insurrection or engaging in a riot
- services and supplies received principally for cosmetic purposes
- eye tests or examinations required by an employer, school or government for screening purposes
- treatment received from a medical department maintained by an employer, a mutual benefit association, labour union, trustee or similar type of group
- artificial eyes, sunglasses or safety glasses

CO-ORDINATION OF BENEFITS

If you or one of your dependents is entitled to benefits for the same expenses

- (1) from this plan and some other group insurance plan, or
- (2) from this plan and any government insurance plan, or
- (3) from this plan and any automobile insurance plan, or
- (4) as a dependent of both parents under this plan

benefits will be co-ordinated so that the total benefits from all plans will not exceed the expenses actually incurred.

GENERAL LIMITATIONS

Your health insurance does not cover services and supplies in the following situations:

- services or portion thereof provided under Workers' Compensation or similar program
- services received for confinement which is primarily for chronic or custodial care
- services received in a government hospital unless you are required to pay for such services
- services to which the patient is entitled without charge, or for which there would be no charge if there were no insurance
- services or portion thereof provided under any government sponsored hospital or medical care program
- aesthetic surgery (cosmetic surgery for beautification purposes)
- services furnished without charge or paid for directly or indirectly by any government or for which a government prohibits payment of benefits
- services received from a dental or medical department maintained by the employer, a mutual benefit association, labour union, trustee or similar type of group
- service, including part-time or temporary service, in the armed forces of any country
- services required due to war (declared or undeclared), insurrection, or participation in a riot
- services required due to any intentional self-inflicted injury or disease, while sane or insane

TERMINATION OF INSURANCE

Your insurance will terminate:

- on the last day of the month in which your employment ends, or
- when the group policy terminates, or
- when you stop making required contributions, or
- when you are no longer in an eligible class.

Your dependent's insurance will terminate when:

- your insurance terminates, or
- your dependent is no longer an insurable dependent, or
- you stop making contributions for dependent coverage, or
- you are no longer in a class eligible for dependent insurance.

If your employment ends because of injury, sickness, leave of absence or temporary lay-off, you may be entitled to continued insurance under this plan. The administrator will provide you with the details on the types of insurance, if any, that may be continued and the length of the extensions available.

Extended Benefits After Termination

Weekly Income Insurance - If your insurance terminates while you are disabled you will continue to receive Weekly Income benefits during that period of disability, up to the maximum noted in the Weekly Income benefit description.

Major Medical - If your insurance terminates while you or one of your dependents is totally disabled, your benefit payments for that disability will be continued until the earliest of the following:

- the date the disability ends,
- 90 days from the date the group policy terminates,
- the date you or your dependents have received maximum benefits,
- the date you have received benefits for a period equal in length to the period for which you were insured,
- the end of the calendar year next following the calendar year in which your or your dependent's insurance terminates.

If your Major Medical Insurance terminates due to termination of the Major Medical benefit, any benefits payable under this plan for accidental injuries to natural teeth will continue after termination as long as the accident occurred while the Major Medical benefit was still in force.

CONTINUATION OF HEALTH BENEFITS FOR DEPENDENTS

If you die, the health benefits for your dependents will be continued for a period of 2 years.

- If your surviving children cease to qualify as eligible dependents (as defined earlier in this booklet), the health benefits being continued after your death will terminate on the date they no longer qualify.
- If a dependent is disabled on the date insurance under this continuation terminates, his insurance payments will be continued until the earliest of the following:
 - the date the disability ends,
 - the date your dependent has received maximum benefits,
 - 90 days from the date the insurance terminated.

Please Note: If your dependent is in the hospital on the last day of this 90-day period, insurance payments for that dependent will be continued until the hospital confinement ends or until maximum benefits have been paid.

HOW TO MAKE YOUR CLAIMS

Life Insurance

- If you die, the union or administrator will contact your beneficiary to explain what is required before payment of the insurance money can be made.
- For disability waiver of premium benefits, contact the administrator for claim forms and procedures.

AD&D Insurance

- For accidental dismemberment or other loss as defined, ask the administrator for the proper claim forms. Be sure these are completed correctly and return them to the administrator.
- If you die accidentally, the administrator will explain the claim requirements to your beneficiary.

Weekly Income Insurance

- Obtain the appropriate claim form from your administrator. Complete the employee portion of the form and have your doctor complete the portion titled "Attending Physician's Statement". Return the completed form to the administrator as soon as possible, but no later than 3 months after the end of the waiting period.
- From time to time other forms may be forwarded to you. Have your doctor complete these forms and return them to the administrator.

Major Medical Insurance

- Obtain the appropriate claim form from the union or administrator. Complete this form, making sure it shows all required information.
- Attach your receipts to the claim form and return it to the administrator.

Please Note

- No benefits are payable for health expenses submitted more than 15 months after the expense is incurred.
- **Out-of-country claims** should be submitted to your Provincial Medical Plan as soon as possible after the expense is incurred.

You must submit your out-of-country claims to your Provincial Medical Plan for processing before submitting the claim to your Plan Administrator. When you receive your Explanation of Benefits back from the Provincial Medical Plan, please submit the following to your Plan Administrator (be sure to keep copies for your own records):

- a copy of the payment from your Provincial Medical Plan;
- a completed Statement of Claim form ;
- all required information;
- copies of all original receipts.

All claims with necessary bills and statements should be submitted to your Plan Administrator;

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