

As a plan member, you play a crucial role in ensuring the smooth operation of your employee benefits program.

ELIGIBILITY

Your benefits booklet, available on the Plan Member site or through your Plan Administrator, provides details on the eligibility requirements for both yourself and any dependents. Most contracts include the following criteria:

- * Employee must be on payroll, considered permanent and work at a minimum, a set number of hours per week
- * Employee must work and reside in Canada, dependents must reside in Canada
- * Employee and dependents must be covered for provincial/territorial health care plan, or equivalent

ENROLLMENT / LATE APPLICANT

Participation in most benefit programs is mandatory for benefits such as Life Insurance, AD&D, Critical Illness and Disability benefits, where offered. Health Care and Dental Care are also mandatory but can be waived for yourself and/or your dependents if covered under another program, such as through your spouse's plan with their employer.

If you (or your dependents) do not enroll in the benefit program within **31 days** of becoming eligible, you may be considered a late applicant. This process involves the completion of a medical questionnaire and coverage may be restricted or declined. Late applicants, if approved, are eligible for coverage on the date of approval and are often subject to a lower dental maximum in the first 12 months.

LIFESTYLE CHANGES

It is your responsibility to inform your Plan Administrator of any changes to your personal information that might affect your coverage within **31 days**. These may include: a change in marital status, common-law cohabitation, dependents, loss of spousal coverage or change in province of residence. Adhering to the 31-day window means avoiding any adverse consequences; please see "Late Applicant".

UNDERSTANDING YOUR COVERAGE

It is important to familiarize yourself with the benefits provided by your group plan. Review the information available to you on the plan member website, including your benefits booklet, to ensure you understand what is covered and any conditions that may impact coverage. If you have specific questions regarding coverage, it is recommended you contact the insurance company prior to receiving treatment (i.e. submit an estimate or predetermination) to avoid any surprises or out-of-pocket expenses at time of claim.

PRIVACY AND CONFIDENTIALITY

Respect the privacy and confidentiality of your fellow employees regarding their health and medical conditions. Do not disclose any sensitive information to unauthorized individuals.

FRAUD AND ABUSE

Please review your claims history regularly and notify the insurance company of any unrecognized claims or estimates submitted under your name. For further information, please refer to "Benefits Fraud".

The program offered by your employer is designed to provide you with valuable benefits, and your cooperation is essential for its success. By fulfilling your responsibilities, you contribute to the well-being of the entire organization.

** This is not a legal document, and is intended solely for informational purposes.*