

PART V

TRAVEL MEDICAL EMERGENCY

*Underwritten by R.S.A.
(Members Only)*

This coverage is extended to Insured Employees/Members (dependants excluded) requiring emergency medical care while traveling outside of Canada for up to thirty (30) days because of an accident or illness. Your Emergency Travel Medical coverage provided through ETFS Financial Group and Global Medical Excel Management will cover your eligible medical expenses, as well as help you find your proper medical care.

1. Eligibility

Refer to General Information, Part VI.

2. Global Excel Management

Global Excel provides professional assistance personnel who are available twenty-four (24) hours daily, worldwide to Participants while traveling outside of Canada.

Please contact Global Excel when you:

- are injured on the job while working outside of Canada;
- are hospitalized or about to be hospitalized;
- need assistance in locating proper medical care nearest you;
- are required to provide insurance verification (may be confirmed by physician or hospital through Global Excel directly);
- are in an accident requiring medical treatment;
- have a medical problem and require a translation service; or
- encounter any serious medical problem.

3. Claims Submission

ETFS has an agreement with Global Excel to pay claims and coordinate the payment of claims with the Provincial Health Insurance Plan. Therefore, Participants must submit a single travel claim along with other pertinent information to Global Excel and sign an authorization form allowing Global Excel to recover payment from the Provincial Health Insurance Plan. In the event of an emergency while traveling outside of Canada, please call:

- Canada and USA – 1-866-870-1898
 - Mexico – 001-800-514-1518
 - Collect – (819) 566-1898
- Your policy number is 1059342.

4. Coverage Ceases

Your Emergency Travel Medical coverage terminates at the earlier of age 70, following the depletion of your Hour Bank Account and/or self-pay period, or if you are no longer an active Employee or Member in good standing with Westfair Foods Ltd./UFCW Local 1400 Benefit Plan. Refer to section below.

In order to be considered as Eligible Expenses, there are many benefits that require *prior* approval of Global Excel. **Please refer to ETFS' Travel Medical Brochure for more detailed information.**

PART VI

GENERAL INFORMATION

1. Eligibility

For Sick Pay

A Member/Dependent shall be eligible for benefits on the first day of the month immediately following a **six (6) month waiting period** during which the Member/Employee has accumulated at least 300 hours in his/her Hour Bank.

For Prescription Drug, Visioncare, Ambulance, Paramedical, and Travel Medical Emergency Coverage

A Member/Employee shall be eligible for benefits on the first day of the month following a two (2) month waiting period after you have attained an average of ten (10) hours of work per week in a processing period (A processing period normally consists of twelve (12) weeks). **ELIGIBILITY OF BENEFITS WILL NOT COMMENCE UNTIL YOU HAVE BEEN EMPLOYED FOR AT LEAST 5 MONTHS.**

2. Termination of Coverage

Coverage shall terminate on the earliest day on which one or more of the following events occur:

- insufficient hours or time worked to meet the benefit eligibility requirements;
- the Member terminates employment with the Participating Employer;
- the Member ceases to be a Member in Good Standing with the Union;
- the bargaining unit is decertified;
- the Participating Employer ceases operations;
- termination of the Benefit Plan;
- after 12 months, if the Member does not return from a temporary absence from employment including leave of absence, vacation, or maternity leave.

3. How To Make A Claim

A supply of benefit forms should be available at your store. If additional benefit forms are required, please contact UFCW Local 1400 at (306) 384-5787 or the Administrator (refer below).

For more information and for claims submission purposes, the Administrator is as follows:

**Coughlin & Associates Ltd.
PO Box 764
Winnipeg, MB
R3C 2L4**

**Toll Free: 1-800-665-0122
E-mail: webmaster@coughlin.ca**

PART VII

IMPORTANT NOTICE

This brochure is for your general information only; however, it is not the Plan Document and does not grant or confer any contractual rights. In these pages, you will find a brief description of the benefits that you are entitled to, the rules covering eligibility for these benefits and the procedures that should be followed in the event that it is necessary for you to make a claim. The final determination of any claim, questions or problems that may arise will be governed by the Trustees and the Plan Document.

In the event of any variation or discrepancy between the information in this brochure and the provision of the Plan Document, the latter will prevail.

It should be noted that the Trustees may amend the Benefit Plan at any time, in whole or in part, provided that such amendment does not contravene any provision of the Trust Agreement, or its purpose or objective including maintaining the financial stability of the Plan.

1. Notice Regarding Personal Information

When you apply for coverage under the Benefit Plan, the Administrator, Coughlin & Associates Ltd., will set up a file with personal information relevant to your benefit coverage under the Plan. The purpose of this file is to permit Coughlin & Associates Ltd. to administer all benefits provided to you, and to keep information specific to Coughlin's business relationship with you. This includes the following:

- underwriting and financial reporting;
- claims adjudication and management;
- internal and external audits;
- Preparation of regulatory and statutory reports.

The files are kept in the office of the Plan Administrator. The staff of Coughlin & Associates Ltd. have access to the file when required for benefit purposes.

You have certain rights of access and correction with respect to the information in your file. A request for access or correction must be in writing and may be sent to the Plan Administrator, Coughlin & Associates Ltd., PO Box 764, Winnipeg, Manitoba, R3C 2L4.

2. Privacy

Effective January 1, 2004, the Federal Personal Information Protection and Electronic Documents Act (PIPEDA) governs the collection, use and disclosure of all personal data by all Canadian commercial organizations. Thus, every transaction involving the handling of personal data (collection, use, transfer, disclosure, storage, accessing, processing, etc.) has to be conducted in accordance with the Act.

Coughlin & Associates Ltd. is committed to respecting your right to privacy and safeguarding

your personal information. For more information regarding Coughlin's Privacy Policy, please contact Coughlin & Associates Ltd. directly or via the website www.coughlin.ca

PART VIII

ELIGIBLE DEPENDENTS

Eligible Dependents means the spouse and the unmarried financially dependent children of an Employee. A spouse is a person who is legally married to the Employee, or who has cohabited with the Employee for at least one year in a common-law relationship if neither are married, or who has cohabited with the Employee for at least 3 years in a common-law relationship if either remains legally married to another person. Only one spouse can be considered a Dependent. If a Member has more than one spouse, the person designated by the Member as the spouse shall be considered to be the spouse. A dependent child is a natural child, legally adopted child, or stepchild who has not reached his 18th birthday, or if enrolled in a full-time course of education, has not reached his 25th birthday, or is over age 18 and is not capable of self-sustaining employment by reason of mental or physical handicap. A child of a common-law spouse is considered a Dependent if the child meets the foregoing age requirements.

WESTFAIR FOODS LTD./ UFCW LOCAL 1400 BENEFIT PLAN

SASKATCHEWAN



JANUARY 2014

This brochure contains only the highlights of the Benefit Plan as at July 1, 2012. All rights and benefits are determined in accordance with the Plan Text. If there are any discrepancies between this brochure and the Plan Text, the Plan Text will prevail.

THE BOARD OF TRUSTEES

Employer-Appointed Trustees	Union-Appointed Trustees
J. Weicht	N. Neault D. Piper

CONSULTANTS AND ADMINISTRATORS

Coughlin & Associates Ltd.

If you have any questions please write or call the:

**Plan Administrator,
Westfair Foods Ltd./UFCW Local 1400
Benefit Plan
Suite 100 – 175 Hargrave Street
Winnipeg, Manitoba
R3C 3R8**

Telephone Toll Free: 1-800-665-0122

Mailing Instructions:

When writing, please include the following information:

- Your full name printed clearly.
- Your home address.
- Your telephone number.

Note: Benefit revisions are applicable to new treatment (claims incurred) January 1, 2014, and beyond.

PART I

SICK PAY BENEFITS

(Members Only)

A Member who is absent from employment from an applicable store of the Participating Employer due to a Physical Condition shall be entitled to sick pay benefits as follows:

1. Eligibility

Refer to General Information, Part VI.

2. Hour Bank Operation

An Employee shall accumulate one “sick day” credit for every 300 hours accumulated in the Employee’s Hour Bank up to a maximum of 7 “sick day” credits or 2,100 hours.

A Member’s Hour Bank shall be reduced by 300 hours for each “sick day” credit paid in accordance with the Benefit Plan.

3. Benefit Period

Benefits shall commence on the first complete day of absence from employment due to a Physical Condition and shall be paid for each such day up to the number of sick day credits accumulated in the Member’s Hour Bank until recovery or death, whichever event occurs first.

4. Benefit

Sick Pay Benefits are payable according to the following scale:

If your hourly rate of pay is:	Sick Pay Benefit
\$16.00/hour or less	\$50.00/day
\$16.01/hour or higher	\$60.00/day

5. Exclusions

The following list may be amended, from time to time, at the discretion of the Trustees. No reimbursement shall be made:

- for any partial day of absence;
- if a Member is entitled to receive disability or loss of time benefits from any other source, such as but not limited to, the Workers’ Compensation Board, the Employment Insurance Commission or a public or private automobile insurance agency, for the same day or days;
- for any sick day taken while a Member is on layoff, leave of absence, vacation or maternity leave which is not due to a Physical Condition;
- for any day that a Member is serving a prison sentence;
- if the Physical Condition results directly or indirectly from any of the following:
 - intentionally self-inflicted injury;
 - war, whether declared or not;
 - participating in a riot or insurrection;

- participating in the military, naval or air service of any country or international authority;
- committing or attempting to commit a criminal offence, or provoking an assault, other than when the sole offence is a charge related to the operation of a motor vehicle while impaired;
- for any day during which a Member does any work for pay or profit;
- if the Physical Condition is as a result of cosmetic surgery, except where the operation is required:
 - to correct deformities resulting from sickness or injury;
 - to correct congenital defects that significantly interfere with function.

6. Proof of Loss

Written proof, in the form prescribed by the Trustees, that a Member was absent from employment due to a Physical Condition must be submitted, to the Administrator, within 45 days following the date such absence occurred. Failure to furnish such proof, within the time required, shall not invalidate or reduce any claim, if it was not possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible thereafter, but in no event, except in the absence of legal capacity, later than one year from the date proof is otherwise required.

PART II

PRESCRIPTION DRUG COVERAGE

(Members and Dependents)

1. Eligibility

Refer to General Information, Part V.

2. Benefit

Charges incurred for Drugs and related supplies, which require the written prescription of a licensed medical doctor or dentist, or where legally permissible, by another licensed practitioner, and are dispensed by licensed pharmacists in Canada, **but cannot be purchased “over the counter”, are eligible for reimbursement. Coverage is provided up to a maximum of \$800 per Individual per calendar year inclusive of:**

- oral contraceptives;
- smoking cessation products (i.e. Nicoderm, the Patch, etc.) up to a lifetime maximum of \$800 per person;
- life-sustaining drugs;
- standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic injectors, and similar products are not covered).

3. Exclusions

Charges for the following services and supplies are **not** eligible for reimbursement:

- vitamins;
- contraceptives (other than oral);
- drugs which have no therapeutic value;
- dietary foods/supplements;
- drugs and/or products prescribed for sexual dysfunction, obesity, or infertility.

PART III

VISIONCARE COVERAGE

(Members and Dependents)

1. Eligibility

Refer to General Information, Part VI.

2. Benefit

Expenses incurred by an Eligible Individual for eye examinations, frames and lenses, or contact lenses, when prescribed by a licensed medical doctor, ophthalmologist or optometrist are eligible for payment.

[Eye Glasses, Contacts](#)

Benefit coverage is inclusive of prescribed eye glasses (frames and lenses) or contacts up to \$200 per Individual every 24 months.

[Examinations](#)

\$100 per Individual every 24 months

3. Exclusions

Charges incurred for the following service and supplies are not eligible for reimbursement. This list may be amended, from time to time, at the discretion of the Trustees:

- sun glasses;
- safety glasses;
- tinting;
- any form of eyeglasses required as a condition of employment.

PART IV

AMBULANCE & PARAMEDICAL SERVICES

(Members and Dependents)

1. Eligibility

Refer to General Information, Part VI.

2. Benefit

[Ambulance](#)

Up to \$300 for transportation to nearest emergency medical facility or hospital

[Paramedical Services](#)

Coverage has been implemented up to \$300 per Individual per Specialist per calendar year inclusive of the following: Licensed Podiatrists, Chiroprodists, Chiropractors, Massage Therapists, Physiotherapists, Psychologists, Speech Therapists, Naturopaths, Acupuncturists, and Osteopaths.

3. Exclusions

[Paramedical Services](#)

Services performed by an unlicensed specialist.