



GROUP INSURANCE PLANS

**A guide to the important aspects
of the various group plans.**

July 2008

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Great-West Life Policy Number: 139046

This booklet describes the principal features of the group benefit plan sponsored by Queen's University, but Group Policy No. 139046 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. Contact Queen's University Human Resources department if you require any additional information.

DISCLAIMER

This booklet describes the principal features of the group benefit plan sponsored by Queen's University. However, the governing document is Group Policy No. 139046 issued by Great-West Life Assurance Company. If there are variations between the information in the booklet and the provisions of the policy, the policy will prevail.

INTRODUCTION

This booklet provides information on the Queen's University benefits plans with Great-West Life Assurance. Employment status at Queen's determines benefit entitlement; some benefits are a condition of employment while others are optional. Organizations affiliated with Queen's and their employees may have access to some insured benefits through Queen's University, however, related administrative policies, such as sick leave, may only apply to Queen's employees.

To ensure that your benefit entitlements are appropriately recorded, it is important that you notify the Human Resources Department immediately (**within 31 days**) if there is any change in your personal or family status, including:

- change of address or name,
- marriage, marriage breakdown or divorce,
- coverage for a common-law spouse/partner,
- birth, adoption or change in custody of a child,
- death of your spouse/partner or any other insured dependent.

The Human Resources office will be pleased to provide further information regarding benefit eligibility or to assist you in better understanding the benefit programs. General questions can be directed to the main reception desk (533-2070) and specific questions, comments or concerns about the benefit plans can be directed to the Benefits Administrator at 533-6000 Ext. 74186. Specific claims-related questions should be directed to Great-West Life at 1-800-957-9777. You will be required to provide the policy #139046, your certificate number (employee ID#), and type of claim.

ELIGIBILITY FOR INSURED BENEFIT PLANS

Enrolment in the group insurance plans is available to most full-time, part-time, term and contract employees at the time employment with Queen's commences. Eligibility is based upon appointment type and will be confirmed on or before the commencement of employment. If you do not enrol for those benefits for which you are eligible **within 31 days** of your starting date of employment, you will be required to make a late application and you may have to provide medical evidence of good health at your own expense. In order to apply for any benefits, you must be actively at work. Coverage is voided if there is any material misrepresentation or non-disclosure of the facts.

DEPENDENTS

Covered dependents of an insured member include:

- a legal spouse or former spouse (as mandated by a court order or separation agreement);
- a common law spouse or partner;
- unmarried children, step-children and common-law children under 21 provided they rely fully upon you for support and maintenance;
- unmarried children under 25 years of age and continuing to attend an accredited educational institution, college or university on a full-time basis provided they rely fully upon the staff member for support and maintenance; and/or
- any mentally or physically disabled child past the maximum ages stated above (age 21 or age 25 if in school) provided they became disabled prior to the maximum ages and the disability has been continuous. The child, upon reaching the maximum age, must still be incapable of self-sustaining employment and be completely dependent on the employee for support and maintenance.

Dependent's coverage begins on the same date your coverage begins or as of the date a dependent is acquired, unless the dependent (other than a newborn infant) is confirmed in a hospital on that date; in this case, coverage begins as of the date of discharge from hospital.

If you later acquire dependents, the Human Resources Department must be notified **within 31 days** in order to arrange coverage.

Definitions:

'Common law spouse/partner' means a person with whom you have been in a conjugal relationship and with whom you have cohabited for 12 months. This relationship is characterized by financial dependence and/or public representation of the relationship.

"Common law child" means a child of your common law spouse or partner from another relationship who resides with you and is in your care and custody.

'Change of status' **After your enrolment date, if your status changes whereupon you require additional family coverage, the Human Resources Department must be notified within 31 days in order to arrange for this additional coverage. *Otherwise, employees will be considered a late applicant and required to submit medical evidence of insurability in respect to their own good health or their dependent's health.***

HOW TO OBTAIN REIMBURSEMENT FOR SUPPLEMENTARY MEDICAL AND DENTAL

Claim forms are available from the Human Resources Department, the Human Resources Department website (www.hr.queensu.ca), your departmental office or employee group office (if applicable). Prompt payment can be made for all eligible expenses if claims are submitted in the manner described below.

Since this is primarily a reimbursement plan, you must first pay the bills, and then submit original receipts to Great-West Life periodically throughout the year, or at the end of each calendar year. **Claims should not be accumulated** for periods beyond one year, and it is important to note that claims that are not received before July 1st of the year following the calendar year in which charges are incurred will be declined by the carrier.

Each receipt must identify:

- the name of the patient,
- the actual date or dates when the medicines, supplies or services were received,
- the nature of the products purchased or services rendered.

If the receipt is for medicine or drugs, the prescription number and the date it was filled should also be shown.

A letter of recommendation may be required from your physician if claiming for services other than drugs.

When completing the Supplementary Medical and Dental claim forms:

- please complete the Employee's Statement in full,
- record the total amount of the receipts as requested,
- **complete your name and address section on the form,**
- attach original receipts to the form and mail to the Great-West Life Assurance Company, making sure you have affixed sufficient postage.

After the deductible amount for (Supplementary Medical only) has been satisfied, a cheque, payable to you, will be issued by the carrier and mailed to you. You should keep copies of completed claim forms and receipts as Great-West Life does not return them.

SUPPLEMENTARY MEDICAL (HEALTHCARE)

The Supplementary Medical Plan (Healthcare) is a non-taxable benefit designed to help cover the cost of necessary health care expenses, as described in the following pages, which are not covered by OHIP. This optional benefit provides for reimbursement of expenses which are incurred by you or your insured dependents and which, during any one calendar year, exceed the deductible amount of \$25. **‘Calendar year’ means the period from any January 1st to the following December 31st.**

Termination

Insurance ceases immediately upon termination of employment except where a disability exists at termination; benefits may continue in respect of that disability in certain cases.

Leave of Absence

Special provision can be made for benefits to be continued for you and your insured dependents during a temporary leave of absence of less than two years. Arrangements for premium payments must be made with Human Resources before departure.

Covered Expenses

Reimbursement will be made for the following expenses as long as they are reasonable, deemed medically necessary and authorized by a physician or surgeon legally licensed to practice medicine.

1. Charges for:
 - (a) drugs and serums that can only be obtained through a written prescription and certain life-supporting, non-prescription drugs, approved by Great-West Life,
 - (b) vaccines used to prevent disease.

Exceptions (under 1 (a) above):

Charges for the following items **are not covered** whether or not they have been prescribed for medical reasons:

- drugs not approved for legal sale to the general public in Canada,
- vitamins (except injectable), minerals, food substitutes, health foods and dietary supplements such as proteins, infant food,
- medical soaps and creams, cosmetics, shampoos, skin lotions, eye and contact-lens solutions, mouthwashes,
- cough & cold preparations, antihistamines,
- laxatives, anti-diarrhoeals (with approved exceptions),
- products commonly considered household remedies,
- anti-smoking treatments,
- anti-obesity treatments,
- fertility drugs, other than those dispensed for one period of 6 consecutive menstrual cycles,
- services of a registered psychologist.

2. Charges equal to **80%** of expenses for the services of a registered nurse or registered nursing assistant at your residence provided that such person does not normally live in your residence, up to a maximum of \$10,000 per insured person per calendar year. However, the lifetime maximum will be \$25,000 during the period from the first day of a calendar year coincident with or next following your 65th birthday until your death.

Exceptions (under 2 above)

The services **will not be** considered as eligible charges under this provision:

- while you (or your insured dependent) are residing in a nursing home, home for the aged, rest home or any other facility providing similar care,
 - if in Great-West Life's opinion they are for custodial care and do not require the skill of a registered nurse, or
 - while you (or your insured dependent) are confined in a licensed hospital.
3. Charges for services furnished by a licensed hospital and supplies prescribed by a physician or surgeon which are obtained from an out-patient department of a licensed hospital or a surgical supply company, while you (or your insured dependent) are not confined to a hospital.
 4. Charges for licensed ambulance service or other emergency service when used to transport you (or your insured dependent):
 - from the place where injury, disease or illness is suffered to the nearest hospital where adequate treatment can be rendered,
 - from one hospital to another hospital, and
 - from a hospital to your residence.
 5. Charges for the following aids, services and supplies:
 - purchase of braces, crutches, artificial limbs or eyes and prosthetic devices approved by Great-West Life, maximum amount payable for each prosthesis is \$10,000. Repair charges do not apply to this maximum,
 - an initial breast prosthesis following a mastectomy plus a replacement every 2 calendar years and 2 surgical brassieres per calendar year,
 - rental of a wheelchair, hospital bed or other approved durable equipment for temporary therapeutic use. (This equipment may be purchased subject to Great-West Life's approval prior to the purchase. If such approval is not obtained, Great-West Life will pay only the equivalent of the rental cost of the equipment.),
 - oxygen and blood serum,
 - reasonable and customary charges for **either** custom-made orthopaedic shoes **or** rigid inserts, as prescribed by a podiatrist or physician up to a maximum of one pair per calendar year,
 - 2 pairs of surgical stockings per calendar year,

- wigs and hairpieces, up to a lifetime maximum of \$100 if necessary as a result of chemotherapy, or up to a lifetime maximum of \$250 if necessary as a result of total hair loss from alopecia totalis
 - charges for ostomy supplies,
 - chronic care provided during confinement in a hospital or nursing home **in Canada** with a \$25.00 daily maximum.
6. Charges by a legally licensed dentist for dental treatment of injuries to natural teeth and the replacement of natural teeth for accidents suffered by you or your insured dependent while you are insured under this provision.

The Charge will be subject to all of the following conditions:

- the treatment is necessitated by a direct accidental blow to your (or your insured dependent's) mouth and not by an object or food placed knowingly or unknowingly in the mouth,
 - the accidental blow occurs while you are insured under this provision,
 - the treatment is the least expensive that will provide professionally adequate treatment,
 - treatment is received within 12 months after the accidental blow. If treatment is to be received more than 180 days after the accidental blow, a treatment plan must be submitted to Great-West Life within 180 days of the accident,
 - Workers' Compensation benefits.
7. Charges for the services of a qualified speech therapist, up to a maximum of \$1,000 per calendar year per person.
8. Charges for the purchase of hearing aids and for repairs, up to a maximum of \$500 in each period of four (4) consecutive years per insured person.
9. Charges for diabetic supplies including: insulin and insulin syringes; Novolin-Pens or similar insulin injection devices using a needle; test strips; blood letting devices including platforms and lancets; blood-glucose monitoring machines once every four years, insulin infusion sets (not including infusion pumps); external insulin infusion pumps when recommended by an endocrinologist or when required for pregnant diabetics, once every five (5) years (the maximum amount payable is \$6,000 for each pump); needle-less insulin jet injectors once in a person's lifetime (the maximum amount payable is \$1,000 payable in a person's lifetime).
10. Charges for the services of a qualified physiotherapist provided that such person does not normally reside in your home. Great-West Life will pay up to the following limits:

	<u>Private Clinics</u>	<u>OHIP Approved</u>
Initial visit	\$55.00	\$40.00
Subsequent visits	\$35.00	\$20.00 *

* *for assessment or re-assessment only, not for treatment*

11. Charges for treatment by a legally licensed chiropractor, chiropodist, osteopath, podiatrist or naturopath. Great-West Life will pay an amount equal to 50% of such medical expenses up to a maximum of \$300 per practitioner per year. Where applicable, no payment can be made until the provincial plans have paid their yearly maximum.
12. Out-of-province/country coverage: If you (or your insured dependent) are temporarily out of the province or out of the country on vacation or business, you are covered for **emergency** health care.

For travel within Canada there is a reciprocal agreement among provincial health care plans in all provinces except Quebec. In Quebec charges are higher than those in the other provinces, and Great-West Life will pay the amount not paid by OHIP, therefore should you require emergency medical treatment in Quebec, you need to access the MEDEX toll free line to ensure appropriate processing of claims.

When travelling outside of Canada, charges for emergency treatment will be paid at 100% if you are under age 65 and 80% if you are age 65 or over. Therefore, if your coverage level is 80% you may wish to purchase additional out-of-country insurance. The following services are included:

- room and board in a hospital up to the hospital's standard ward rate for each day that you (or your insured dependent) are confined in the hospital,
- hospital services and supplies furnished by a hospital,
- diagnosis and treatment by a physician or surgeon legally licensed to practice medicine.

MEDEX Assistance Corporation must be notified within 48 hours, or when reasonably possible, following an emergency. Claims may be denied or reduced if contact is not made with MEDEX Assistance Corporation within 48 hours of admission to hospital.

If in the opinion of a physician or MEDEX Assistance Corporation the patient can be returned home or to another medical facility for immediate or continuing treatment and the patient chooses not to for whatever reason, the claim will be denied for payment by MEDEX.

‘Emergency’ means any sudden critical, unforeseen or unexpected occurrence requiring immediate medical attention and which takes place outside your province of residence while the coverage is in force. Great-West Life does not consider complications during the last nine (9) weeks of pregnancy as an ‘emergency’ and does not cover out-of-province medical treatment in these cases. A medical emergency is generally considered to be one that arises as the result of:

- A sudden or unexpected injury;
- A new medical condition not identified or being treated prior to departure from Canada; or
- A previously identified condition that is stable or controlled for a period of three months prior to departure from Canada. In general, this means no hospitalizations, medication changes or doctors visits relating to this previously identified condition in the three months prior to departure.

‘Hospital’ means an institution having diagnostic facilities that provides active, chronic care or emergency treatment with physicians and registered nurses in attendance 24 hours a day and is so licensed by the appropriate governmental authority. It does not include an institution providing convalescent care, a nursing home, home for the aged, a rest home or any other facility providing similar care.

13. **Chronic care:** Chronic care is management of a condition where significant improvement or deterioration is unlikely within the next 12 months. Chronic care is covered if it starts while the person is insured under this benefit provision and it is provided in Canada. Great-West Life will pay a maximum of \$25 per day while being confined in a hospital or nursing home.
14. **Vision care:** Only active employees who participate in the Supplementary Medical benefit are eligible for vision care expenses.

Coverage:

- eye examinations, including refractions, when they are performed by a licensed ophthalmologist or optometrist;
- glasses and contact lenses required to correct vision when provided by a licensed ophthalmologist, optometrist or optician;
- laser eye surgery required to correct vision when performed by a licensed ophthalmologist.

The maximum amount payable is:

- up to \$65 every 24 months per active covered person for eye examinations performed by a licensed ophthalmologist, optometrist or medical doctor;
- up to \$250 every 24 months per active covered person for glasses, contact lenses, laser eye surgery;
- a lifetime maximum of \$150 in a person’s lifetime for visual training and remedial therapy performed by a licensed ophthalmologist or optometrist.

No benefits will be paid for vision care supplies required by an employer as a condition of employment.

Exclusions

No amount of benefit will be payable under this provision for any charge that resulted either directly or indirectly from, or was in any manner or degree associated with, or occasioned by, any one or more of:

- any cause for which you may apply and receive indemnity or compensation under any Workplace Safety and Insurance Act or any such Act,
- intentionally self-inflicted injury,

- war, insurrection or hostilities of any kind, whether or not you were a participant in such actions,
- participating in any riot or civil commotion,
- committing or attempting to commit a criminal offence or provoking an assault,
- an examination by, or the services of, a physician or surgeon if required solely for the use of a third party,
- any treatment that has as its purpose the correction of temporomandibular joint dysfunction,
- any service or treatment which you (or your insured dependent) would receive without being charged if you were not insured under this provision,
- cosmetic surgery.

SEMI-PRIVATE HOSPITALIZATION (HOSPITAL)

Whenever you (or your insured dependent) enter the hospital and are charged for room and board, Semi-Private Hospitalization benefits pay the full difference between semi-private hospital charges and standard ward rates. Standard ward rates are currently paid by your provincial healthcare plan.

If you (or your insured dependent) should be hospitalized due to emergency treatment outside Canada, the plan will reimburse you for semi-private hospitalization at the rate that would have been applied had the hospitalization occurred in Canada.

DENTAL INSURANCE

The Dental Insurance plan is a non-taxable benefit designed to help cover the cost of necessary dental care expenses. This benefit plan is mandatory for employees within CUPE Locals 229, 254 and 1302, the Faculty Association and individuals covered under the agreement between the University and the Staff Association unless there is proof of coverage under another plan.

Covered Expenses

The benefit plan maximum is \$3,000 per calendar year per covered individual. Coverage is reimbursed in accordance with the Ontario Dental Association Fee Guide for General Practitioners for the prior year at 100% for basic procedures and 75% for major dental procedures. (First year coverage for late applicant enrollment is limited to \$500 per individual)

Basic Coverage:

- oral examinations (one per 6 months),
- dental x-rays (bitewings 2 per year, full mouth one per 24 months),
- cleaning and polishing (two per year),
- fluoride treatment and oral hygiene instructions (one per 6 months),
- space maintainers for insured dependents under 13,
- pit and fissure sealants,

- regular (non-bonded) amalgam, silicate, acrylic or composite fillings (“bonded amalgam” fillings will only be reimbursed up to the non-bonded rate),
- retentive pins and amalgam restorations,
- stainless steel, plastic and polycarbonate restorations for insured dependents under 13,
- minor surgical extractions and miscellaneous surgical procedures,
- anaesthesia and sedative dressings,
- endodontic services (root canal therapy),
- periodontal services (treatment of gum disease), and
- denture adjustments, repairs, relining and rebasing

Major Coverage

Crowns and onlays are covered when a tooth has extensive structural loss that cannot be adequately restored using other procedures. The following crowns and related items are covered:

- metal, plastic, porcelain and ceramic crowns. Coverage for crowns on molars is limited to the cost of metal crowns. Coverage for complicated crowns is limited to the cost of standard crowns,
- coverage for tooth-coloured onlays on molars is limited to the cost of metal onlays,
- posts, cores and pins related to covered crowns,
- copings related to covered crowns,
- repairs to covered tooth-coloured materials,
- removal and re-cementation of crowns and onlays.

Replacement crowns and onlays are covered when the existing restoration is at least five years old and cannot be made serviceable.

No benefits will be paid for:

- veneers,
- re-contouring existing crowns,
- staining porcelain,
- inlays, except as provided under alternative benefits.

Alternative benefits: If a crown or onlay is provided when a tooth could have been adequately restored using other procedures, alternative benefits will be provided based on coverage for fillings.

The following appliances are covered when required to replace one or more teeth extracted.

- standard complete dentures,
- standard cast or acrylic partial dentures,
- complete overdentures or bridgework when standard complete or partial dentures are not viable treatment options. Coverage for tooth-coloured retainers and pontics on molars is limited to the cost of metal retainers and pontics.

Replacement appliances are also covered when:

- the existing appliance is a covered temporary appliance,
- the existing appliance is at least five years old and cannot be made serviceable. If the existing appliance is less than five years old, a replacement will still be covered if the existing appliance becomes unserviceable while the person is insured for major coverage as a result of:
 - the placement of an initial opposing appliance, or
 - the extraction of additional teeth. If additional teeth are extracted but the existing appliance can be made serviceable, coverage is limited to the replacement of the additional teeth.

If overdentures or initial bridgework is provided when standard complete or partial dentures would have been a viable treatment option, alternative benefits will be provided based on coverage for:

- in the case of overdentures, standard complete dentures,
- in the case of initial bridgework:
 - a standard cast partial denture; and
 - restoration of abutment teeth when required for purposes other than bridgework.

Alternative benefits will be provided for the following appliances based on coverage for standard dentures or bridgework:

- equilibrated and gnathological dentures,
- dentures with stress breaker, precision and semi-precision attachments,
- dentures with swing lock connectors,
- partial overdentures,
- dentures and bridgework related to implants.

The following denture related surgical services for remodelling and recontouring oral tissues are covered:

- remodeling, excision, removal, reduction or augmentation of the alveolar bone,
- remodeling of the floor of the mouth,
- vestibuloplasty,
- reconstruction of the alveolar ridge,
- extensions of mucous folds,
- related surgical grafts.

Related stents, although not listed with denture related surgery in the Canadian Dental Association Uniform System of Coding and List of Services, are also covered under this provision.

The following services are covered after the three month post-insertion care period has elapsed:

- denture remakes, once every three years,
- denture adjustments, once a year,
- denture repairs and additions, tissue conditioning and resetting of denture teeth,
- repairs to covered bridgework,
- removal and recementation of bridgework.

Treatment

Where there are two or more courses of treatment available to adequately correct a dental condition, reimbursement may be based on the cost of the least expensive treatment which provides adequate care to you (or your insured dependent). This Alternate Benefit Clause is in no way an attempt to change a treatment plan. The choice of treatment is a matter of agreement solely between you and your dentist.

If the dental expenses in connection with your (or your insured dependent's) treatment will exceed \$200, a proposed treatment plan completed by the attending dentist must be filed with and approved by Great-West Life prior to the date on which the treatment is to start.

Exclusions

No amount of benefit will be payable under this provision for any charge that resulted either directly or indirectly from, or was in any manner or degree associated with, or occasioned by, one or more of:

- any cause for which you may apply and receive indemnity or compensation under any Workers' Compensation Act,
- intentionally self-inflicted injury,
- war, insurrection or hostilities of any kind, whether or not you were a participant in such actions,
- participating in any riot or civil commotion,
- committing or attempting to commit a criminal offence or provoking an assault,
- any dental care or treatment for which you are not legally obliged to pay,
- any dental care or treatment which is principally for cosmetic purposes,
- any appointments not kept or for the completion of claims forms,
- any dental treatment that has as its purpose the correction of temporomandibular joint dysfunction,
- any endodontic therapy commencing prior to the date on which you became insured under this provision,
- replacement of mislaid, lost or stolen appliances,
- any crowns placed on teeth that are not functionally impaired by incisal or cuspal damage, or
- any crowns, bridges or dentures for which tooth preparations were made prior to the date on which you (or your insured dependent) became insured under the major dental plan that became effective July 1, 2000.

Orthodontic Coverage

The above coverage will include diagnostic services and treatment, such as orthodontic examinations, diagnostic casts and diagnostic photographs, and fixed and removable appliances for orthodontic treatment. It also includes related charges for observations, adjustments, repairs, alterations, removal and retention.

The benefit has a 50% reimbursement level for eligible expenses to a maximum of \$2,000 per person's lifetime. This maximum is separate from the annual plan maximum of \$3,000 per calendar year per insured, for the basic and major dental services.

Pre-existing conditions

Orthodontic treatment that commences prior to the effective date is eligible for consideration but only that portion of expenses that was incurred and attributed to a period on and after the effective date of orthodontic coverage that was added July 1, 2001. As an example, if treatment commenced in January and the claimant was in arrears with the payments to the dentist in July, no part of the expense associated with the claim that is attributed to June 30th or earlier would be considered.

Procedures for Submission of Expenses

Please be aware that Great-West Life will not pay for any expenses unless a treatment plan is submitted. A treatment plan outlines the course of treatment, as well as the total cost and length of time the orthodontist anticipates the treatment will continue for. This must be on file prior to Great-West Life paying for the initial down payment and monthly fees. At the time the treatment plan is reviewed a letter is sent to the employee approving the treatment and costing associated with the claim, along with outlining limitations of the plan (coinsurance and maximums).

If an employee/dependant is already receiving orthodontic treatment, an orthodontic treatment plan must still be submitted to Great-West Life and any receipts for expenses incurred after July 1, 2001 may be reimbursed to the employee.

Leave of Absence

Special provision can be made for benefits to be continued for you and your insured dependents during a temporary leave of absence of less than two years. Arrangements for premium payments must be made with Human Resources before departure.

Termination

Insurance ceases immediately upon termination of employment except where a disability exists at termination. Benefits may continue in respect of that disability in certain cases.

No payment will be made by Great-West Life for any part of the charge, which exceeds the amount shown for the treatment in the current Ontario Dental Association Suggested Fee Guide for General Practitioners in your province or territory of residence.

LONG TERM DISABILITY

Definition of Disability

Total disability under the plan is defined as a disability that prevents you from engaging in any and every duty of your **own** occupation for three years. Total disability is assessed and determined by Great-West Life based on appropriate medical documentation. After benefits have been paid for three years, total disability means that you must be unable to perform any and every duty of **any** gainful occupation (not necessarily at the University) for which you are reasonably fitted by training, education or experience. A person on disability claim must be under the continuing care of a physician who will submit periodic reports.

Long Term Disability (LTD) benefits are payable when absence from work due to an illness or injury, which is approved by the carrier as being totally disabling, and lasts longer than six continuous months. Total disability as defined in the Queen's benefit plan must be supported by medical documentation prior to the commencement of LTD. LTD benefits begin only after you have exhausted the University's six month sick leave plan. LTD provides you with a portion of your salary (non-taxable income described below) for the duration of your illness up to the maximum of age 65 provided medical documentation is supported for the duration of your claim.

This University sick leave plan is administered within each department. A complete description of the sick leave plan is provided in the applicable employee group policy document (e.g. collective agreement, staff handbook). Any questions regarding the sick leave plan should be referred to Human Resources.

Recurrent Illness

You may be on sick leave and return to work prior to the exhaustion of the entitled six months sick leave. If a return to work is feasible, a doctor's certificate should be supplied to the department concerned confirming you are in good health, or if your physician is allowing a return to work with restrictions, these should be clearly outlined and given to your department in order for them to ascertain whether you can be accommodated. If you become ill again **within 30 days** with the same or related illness, the sick leave taken prior to the return to work will be included in the calculation of the six month waiting period.

How to Claim Benefits

It is extremely important that the Benefits Administrator in Human Resources is notified of an absence of three months duration or longer, if a return to work is unlikely to occur before the expiry of the six months sick leave period. As it takes the carrier an average of 4 - 6 weeks to review and approve/decline a claim, if your documentation is not completed early you may find that your salary terminates prior to receiving a decision about your claim.

Claim forms are available in Human Resources. The Benefits Administrator will explain the application process to you and provide you with the documentation that requires you and your physician to complete. Additional medical evidence may also be required by Great-West Life. Once

completed, the claimant may forward the documentation to Human Resources, who will in turn forward the documentation to Great-West Life, or directly to Great-West Life. Requests for additional medical evidence will be made by Great-West Life directly to you. Great-West Life directly informs both the University and you of the decision (approve or decline). Human Resources in turn will inform the department of the decision.

Once Benefits Have Commenced

Benefit Payment

Benefits are payable when absence from work due to an illness or injury, which is approved by the carrier as being disabling, lasts longer than six continuous months. The tax free benefit is paid beginning on the 181st day of continuous and total disability. The amount is based on your normal basic earnings at the end of the elimination period (180 days).

Your LTD benefit is based on the following schedule:

- 68% of the first \$12,000 of normal basic earnings (annual)
- 60% of the next \$10,000 of normal basic earnings (annual)
- 50% of the balance of normal basic earnings (annual)

The maximum initial monthly benefit payable is \$8,500 for General Staff Employees and \$5,000 for all other Employees. After you have been disabled at least 12 months, the payments will be increased annually on January 1 up to a maximum of 5% for changes in the cost of living.

Benefits are payable so long as total disability continues through to your normal retirement date at which time pension under the Queen's Pension Plan begins. Benefits will be discontinued if you move permanently or temporarily outside of Canada or the United States. If you become disabled while outside Canada or the United States, the disability will not be deemed to commence until the date on which you return to Canada or the United States.

Waiver of Premium

Once you begin receiving benefits, all LTD premium payments are discontinued.

Pre-Existing Conditions

Pre-existing conditions are fully covered provided you are actively at work on the date coverage becomes effective - i.e. when first eligible.

Rehabilitation Provision

The primary purpose of this rehabilitation provision is to provide the opportunity for a return to work on a partial basis or to a less demanding job without cancelling the disability payments as long as you remain disabled according to the terms of the LTD policy. If you return to work in rehabilitative employment, the carrier will continue to provide the monthly benefit reduced by taking into consideration the amount paid by the employer. Such payments can continue for up to 24 months.

Rehabilitative employment means any occupation or employment for which you are reasonably suited by training, education, or experience.

This occupation need not necessarily be at the University. Benefit payments will not continue if you refuse to participate in a rehabilitative program offered by Great-West Life or refuse to accept a rehabilitative job for which you are reasonably suited.

Recurrent Disability

Once disability payments have started, if you are able to return to work but become disabled again for the same or related cause within six months, disability benefits will be continued by Great-West Life as soon as they confirm medically documented proof of a recurrence of the disability.

Coordination with Other Income

Your LTD benefits will be reduced by:

- Canada or Quebec Pension Plan benefits payable on your own behalf, and

If you receive payments from any of the following sources, your LTD benefit will be reduced, so that your total disability income does not exceed 85% of your pre-disability earnings:

- Canada or Quebec Pension Plan benefits payable to another member of your family in respect of your disability,
- any continuation of earnings from the University,
- any indemnity for loss of time provided under any group insurance plan or professional association plan,
- any amount of income provided under any retirement or pension plan of the University, or
- any amount of income provided under any insurance contract or pension plan or other arrangement which is either sponsored or provided by any governmental or regulatory body.

Exclusions

Disability benefits are not payable if they result from intentionally self-inflicted injuries, service in the armed forces of any country, committing or attempting to commit a criminal offence, war, insurrection, rebellion or participation in a riot.

Continuation Of Other Benefits While Receiving Ltd Benefits

If you are receiving disability payments, other benefit plans are protected in the following manner as long as you remain a Queen's employee:

Pension

The required contributions of both the employee and the University are maintained by Queen's throughout the period of the disability through to normal retirement date. The required contribution is based on your normal basic earnings at the end of the elimination

period.

Life Insurance

Continued by the University at no cost to the individual. The amount of the insurance will be based on your pre-disability coverage. (First day of sick leave).

Optional Life Insurance continues at no cost to the individual if the waiver of premium application is approved by Great-West Life.

Semi-Private Hospitalization, Supplementary Medical and Dental Insurance

These group insurance plans may be continued if you pay your share of the premiums by direct debit.

BASIC LIFE INSURANCE - In the event of your death, your family members or your Executor should contact the Department of Human Resources at Queen's University (613) 533-2070.

The Basic Life Insurance Plan is a taxable benefit designed to provide protection and security for you and your family in case of your death.

The amount of coverage provided under the plan is either 100%, 200% or 300% of your normal basic earnings rounded up to the next highest \$1,000. The maximum amount available for all eligible employees is \$200,000. The amount of coverage will be adjusted to include any salary changes. If coverage elected is 100% or 200% of salary and you subsequently decide to request an increase in coverage to 200% or 300% of salary (up to the overall maximum of \$200,000), this change must be approved by Great-West Life on submission of evidence of insurability (i.e. you may have to provide medical evidence of good health at your own expense).

Disability

If you become totally disabled, the amount of life insurance in effect on the first day of sick leave will be continued in force in the normal manner on a premium paying basis paid by the University (for basic life only), commencing with the start of Long Term Disability payments. Upon return to active employment, the amount of life insurance will be based on earnings at that time.

Conversion Privileges on Termination and Retirement

Coverage under this group life insurance plan ceases 31 days after you terminate employment from Queen's. However, during this 31 day period, you are entitled to purchase personal life insurance up to the amount of the lost coverage regardless of personal health condition. Application and premium payment must be made to the Great-West Life Assurance Company during this 31 day period. The maximum amount that can be converted is \$200,000 for basic and optional life combined.

Coverage after Retirement

If you retire early you may continue to pay premiums and retain your basic life coverage equal to 100%

of your salary in effect at retirement (see “Conversion Privileges” to retain lost coverage).

After the Normal Retirement Date is attained, the full cost of life insurance is paid by Queen’s University except when an individual continues on a full-time post-retirement appointment (in which case premiums will continue to be deducted and the reductions, described below, will be calculated on the post-retirement salary).

On the July 1st following your 65th birthday, the amount of your insurance coverage is set at 100% of the salary in effect at retirement. This automatically reduces to 80% on the following July 1st and on subsequent July 1st’s to 60%, 40%, 20% and 10% respectively (minimum of \$3,000). In each case, it is rounded up to the next highest \$1,000. The 10% level of coverage reached five years after retirement (normally age 70) remains in effect for the rest of your life.

Beneficiary

Any beneficiary, including an estate, may be named and can be changed at any time subject to the laws governing such matters. If a child is named as beneficiary, you should also name a trustee, because if you die before the child is 18 and no trustee is named, the proceeds may have to be paid to the Province’s official guardian and held in trust. You are urged to check your beneficiary designation periodically to ensure that it reflects current estate requirements.

OPTIONAL LIFE INSURANCE

If you are enrolled in the basic life insurance plan, you may apply for additional Optional Life Insurance to increase your life insurance coverage. This coverage will cease upon termination of the basic coverage, at the time of early or actual retirement, or at age 70, whichever occurs first. If you have additional Optional Life Insurance you may convert some or all of it (as with basic life insurance).

Amount of Benefit

Units of \$25,000 of coverage are available up to a maximum of \$250,000.

Coverage

Applications for additional optional coverage may be made anytime and will become effective when approved by Great-West Life. You may have to provide medical evidence of good health at your own expense.

Beneficiary

Your beneficiary under the optional life insurance may or may not be the same as the one designated under the basic life insurance.

Limitations

Optional life insurance is not payable if you commit suicide while sane or insane within two years of the effective date of the coverage or on the effective date of increase in coverage (for increase only).

Coverage is also voided if you have provided any material misrepresentation or non-disclosure in answering the questions on the insurability questionnaire.

Disability

If you become totally disabled for a period in excess of six months and are subsequently on Long Term Disability, premiums will be waived subject to medical verification.

Conversion Privileges on Termination of Employment or Retirement

Within 31 days of terminating employment or retiring early from the University you may contact Great-West Life and convert the coverage to a standard individual policy without providing evidence of good health. The maximum amount that can be converted is \$200,000 for basic and optional life combined.

SURVIVOR BENEFITS

The family of a deceased member of the plan may be entitled to retain certain benefits. In addition, your survivors would normally be entitled to death benefits under the Queen's Pension Plan and the Canada Pension Plan. For information about these and any other benefits to which your survivors might be entitled, please contact the Department of Human Resources for details (613) 533-2070.

Queen's Pension Plan

If a member of the Queen's Pension Plan dies before retirement, the monies to his or her Money Purchase Account plus any voluntary or special lump sum contributions with interest will be paid to the designated beneficiary. The same would apply if the individual had left the University but had left monies in the Queen's Plan for a deferred pension.

If death should occur after retirement, pension payments stop if a "life only" option has been selected. Otherwise it is in accordance with the option selected.

Canada Pension Plan

When a contributor to the Canada Pension Plan dies and has made the necessary contributions to establish eligibility, certain survivor benefits may be available as follows:

- a lump sum death benefit payable to the estate of the deceased contributor,
- a monthly pension payable to the surviving spouse, or
- monthly benefits for the dependent children of the deceased contributor.

Application for any benefits must be made to a district or local office of the Canada Pension Plan.