

**ALBERTA
REFRIGERATION
INDUSTRY
BENEFIT PLAN
AND
PENSION PLAN**

as of July 1, 2015

**For information about your eligibility, benefits or claims,
phone or write:**

Administrator:
Alberta Refrigeration Industry
16214 - 118 Avenue
Edmonton, Alberta
T5V 1M6
Telephone: (780) 483-1591 or
1-800-227-6139
Fax No.: (780) 487-4063
www.albertarefrigeration.com

Mailing Instructions:

When writing to the Administrator, be sure to include the following information:

- (a) Your full name, printed clearly.
- (b) Your Social Insurance Number (used for identification only).
- (c) Your home address and postal code.
- (d) Your telephone number.

**ALBERTA
REFRIGERATION
INDUSTRY
BENEFIT PLAN**

Expenses incurred on/after July 1, 2015

INTRODUCTION

This part of the booklet provides you with:

- (a) a description of the benefits to which you, your eligible dependents and your designated beneficiary may be entitled from the Alberta Refrigeration Industry Benefit Plan,
- (b) the rules covering eligibility for benefits, and
- (c) the procedure which should be followed to make a claim.

Any questions you may have should be referred to the Administration office.

The explanations contained in this booklet do not create or confer any contractual or other rights. All rights and benefits are determined in accordance with the Benefit Plan Text, and the Group Policies issued by Manulife Financial and SSQ Assurance whichever apply. The Trustees have full authority to resolve all matters related to the provisions of the Plan. The Trustees reserve the right to reduce/increase or terminate benefits at any time including after an individual has retired and begun to receive benefits, and the Trustees have the sole power to determine the amount of self-payment required to maintain coverage under the Plan and to set the eligibility rules for such coverage.

Your continued co-operation in protecting the Plan against all forms of abuse and over-utilisation will help to ensure that there are sufficient financial resources available to pay benefits in future.

BOARD OF TRUSTEES

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INSURANCE COMPANIES

Manulife Financial
IA Pacific Life Assurance Company
SSQ Insurance Company Inc.

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PART I

GENERAL INFORMATION

1. Who is eligible to participate in the Plan?

Union Members:

Each person who is a member in good standing with Local Union 488.

Associate Members:

Each person who is employed by an employer who remits contributions to the Fund pursuant to a Letter of Understanding with the Local Union 488.

Retired Members:

Retired Members may participate in the Plan provided they meet the eligibility rules for their category of Retired Member:

Early Retiree: at least age 55 but not yet 65, in receipt of a pension from the Pension Plan, member in good standing with Local Union 488 and making any necessary self payments.

Associate Early Retiree: at least age 60 but not yet 65, in receipt of a pension from the Plan or 15 years of service in the Benefit Plan, member in good standing with Local Union 488 and making any necessary self payments.

Normal Retiree: at least age 65, in receipt of a pension from the Pension Plan with 15 years of service at retirement, member in good standing with Local Union 488 and making any necessary self payments.

Associate Normal Retiree: at least age 65, in receipt of a pension from the Pension Plan or has 15 years of service in Benefit Plan, making any necessary self payments and member in good standing with Local Union 488.

2. When do I become eligible for benefits?

Union Members:

You will become eligible for benefits on the first day of the month following the month in which you accumulate 400 hours of employment which have been received and credited to your Hour Bank provided that you are initiated into Local Union 488. This requirement may be modified under special conditions, with the approval of the Trustees.

PLEASE NOTE: NOTIFICATION WILL BE SENT BY THE ADMINISTRATION OFFICE WHEN COVERAGE COMMENCES.

Associate Members:

You will become eligible the first day of the month following the RECEIPT of 3 months contributions from your employer. The Associate must have 90 days of employment with the contributing employer.

PLEASE NOTE: NOTIFICATION WILL BE SENT BY THE ADMINISTRATION OFFICE WHEN COVERAGE COMMENCES.

3. How does my Hour Bank work?

All hours of employment for a participating employer which have been reported and paid to the Plan will be added to your Hour Bank.

Each month 140 hours will be withdrawn from your HourBank to maintain your eligibility.

4. How many hours must be reported by a participating employer for Associate Members?

The employer must contribute 140 hours per month in order to be eligible for benefits.

5. How many hours of employment may a Union Member accumulate in their Hour Bank?

Union Members may accumulate up to 1,680 hours (12 months' eligibility) to maintain your eligibility during periods of reduced employment, or vacation, or technical training.

6. Will I be notified when my eligibility commences?

Yes. A notice is mailed to last known address.

7. Can I make self-payments to maintain my eligibility? How?

Union Members:

Yes. You can make self-payments for a maximum of 12 consecutive months at the applicable rate as notified by the Administration office.

Associate Members:

If you have become a member of the Union you can make self payments, but otherwise this option is not available.

Retired Members

Yes. You can make self-payments at the applicable rate as notified by the Administration Office.

8. When does my eligibility for benefits cease?**Union Members:**

Your eligibility for benefits ceases if:

- (a) your Hour Bank falls below 140 hours, or
 - (b) you cease to be a member in good standing in the Union, or
 - (c) the Plan is terminated,
- whichever event occurs first.

Associate Members:

- (a) you cease to be employed by a participating employer,
 - (b) your employer hasn't remitted the required contributions,
 - (c) the employer terminates the Participation Agreement, or
 - (d) the Plan is terminated,
- whichever event occurs first.

Retired Members:

- (a) if you are an Early Retiree or an Associate Early Retiree when you reach the age limit for that category, unless you become a Normal Retiree or an Associate Normal Retiree (as is appropriate),
 - (b) you cease to satisfy the eligibility criteria for your category of membership, or
 - (c) the Plan is terminated,
- whichever event occurs first.

9. Will I be notified when my eligibility for benefits ceases?

Yes. A notice is mailed to your last known address.

10. Who are my eligible dependents?

Your eligible dependents are:

- (a) your spouse*, and

(b) your unmarried natural, adopted or step child who is financially dependent upon you, or one whom you support as a result of a common-law relationship provided the child is:

- (i) under age 21,
- (ii) age 21 or over but has not yet reached his/her 25th birthday, and is in full-time attendance at a recognized school or university, or
- (iii) age 21 or over and has a severe mental or physical handicap.

*A spouse is a person who:

- (i) is married to you and has not been living separate and apart from you for one or more consecutive years, or
- (ii) if there is no person to whom (i) applies, a person who has lived with you in a conjugal relationship for a continuous period of one (1) year, or of some permanence if there is a child of the relationship by birth or adoption.

11. When do my eligible dependents become eligible for benefits?

A dependent becomes eligible for benefits on the same date you do, or the date he/she becomes a dependent, provided the Plan is notified.

12. Will my eligibility for benefits continue if I am receiving weekly disability benefits under the Plan, or sickness benefits from the Employment Insurance Act, or payments under the Workers Compensation Act, or long-term disability benefits under the Plan?

Yes. However the Fund must be notified within 60 days of Commencement of Disability

13. What happens if I or my eligible dependents are also members of another benefit plan?

An arrangement is worked out whereby the charges are shared by the 2 Plans.

14. If I retire, can I maintain my eligibility for benefits?

Early Retirees (Retired Union Members Under age 65)

To be eligible for benefits you must have been a Union Member, must be at least 55 but not yet 65, must be a member of the Union in good standing and must be in receipt of a pension from the Pension Plan. You must make the required self payments in the time established by the Trustees (currently within 31 days of notification by the Plan Administration Office). If you reach age 65 your benefits will be terminated unless you qualify as a “Normal Retiree” (see below).

Normal Retirees (Retired Union Members at least age 65)

To be eligible for benefits you must have been a Union Member, must be at least age 65, must be a member of the Union in good standing and must be in receipt of a pension from the Pension Plan with 15 years of credited service at the date of retirement. You must make the required self payments in the time established by the Trustees (currently within 31 days of notification by the Plan Administration Office).

Associate Early Retirees (Retired Associate Member Between 60 and 65)

To be eligible for benefits you must have been an Associate Member, must be at least age 60 but not yet 65, must be a member of the Union in good standing and must be in receipt of a pension from the Pension Plan or you must have had 15 years in the Benefit Plan during which contributions were made to the Plan on your behalf by an employer.

Associate Normal Retirees (Retired Associate Member age 65)

To be eligible for benefits you must have been an Associate Member, must be at least age 65, must be a member in good standing with the Union and you must be receiving a pension from the Pension Plan or you must have had 15 years in the Benefit Plan during which contributions were made to the Plan on your behalf by an employer.

Limitations

You must satisfy any other eligibility criteria imposed by the Trustees including completion of any application or enrollment card.

Retired Members are not eligible for disability benefits.

Retired Members are not eligible for AD&D benefits.

Associate Normal Retirees and Normal Retirees are not eligible for out of country coverage.

* Retirement means in receipt of a pension from the Alberta Refrigeration Industry Pension Plan or, for Associate Members (no pension) means a minimum of 60 years of age with 15 years of credited service in the Alberta Refrigeration Industry Benefit Plan with contributions paid by the employer .

15. If I retire, which benefits will my self-payment entitle me to?

You and your eligible dependents will be entitled to dental care and supplementary health care benefits.

You will be entitled to \$5,000 life insurance protection. Your spouse and each eligible dependent child will be entitled to \$2,500 life insurance protection.

You will always be subject to any age based restrictions or limits in any insurance policy maintained by the Trustees even if you are a Retired Member.

PART II

WEEKLY DISABILITY BENEFITS FOR ELIGIBLE MEMBERS

1. What requirements must be fulfilled before I receive this benefit?

- (a) You must be eligible for benefits at the time your disability occurs,
- (b) You must be prevented by the disability from working as a result of a non-occupational accident, illness, or pregnancy related conditions,
- (c) You must be under the full-time care of a legally qualified physician, AND
- (d) Your claim must be submitted within 60 days of the commencement of the disability.
- (e) No coverage if in receipt of a pension from Alberta Refrigeration Industry Pension Plan.

2. What benefit is paid under this part of the Plan?

You will receive \$500 per week while you are disabled. However, no benefit will be paid:

- (a) for any day you do any kind of work for pay or profit,
- (b) for any period that you are entitled to pregnancy leave of absence by statute, contract or agreement, or
- (c) if you refuse to disclose the nature of your illness or injury.

3. When will this benefit commence?

The benefit will commence on:

- (a) the eighth day of disability if disability is due to illness or pregnancy.
- (b) the first day of disability if disability is due to bodily injury, or
- (c) the first day of disability if you are hospitalized for at least 18 hours,

Whichever event occurs first.

4. Are weekly disability benefits co-ordinated with Employment Insurance? How does this affect any payments?

Yes. During the period that you are disabled:

- (a) the Plan will pay benefits for up to the first 2 weeks of your disability, if you are eligible for sickness benefits from Employment Insurance,
- (b) sickness benefits will then be paid by Employment Insurance for the next 15 weeks of your disability, and
- (c) benefits will be paid by the Plan commencing on the date on which benefits from Employment Insurance cease.

Weekly disability benefits can be paid from the Plan for a total of 26 weeks for any accident or illness, as long as you continue to be disabled. This 26 weeks does not include any period paid by Employment Insurance.

5. What happens if I am not entitled to benefits from Employment Insurance?

The Plan will pay short term disability benefits, while you continue to be disabled, for a maximum of 26 consecutive weeks.

6. What happens if I subsequently become disabled?

The subsequent disability will be considered to be a new disability if the subsequent disability has no connection with your previous disability and you have returned to work for at least one full day.

The subsequent disability (if the same disability) will be considered to be a new disability if you return to work at your customary occupation for at least 2 consecutive weeks.

PART III

LONG-TERM DISABILITY BENEFITS FOR ELIGIBLE MEMBERS

1. What requirements must be fulfilled before I receive this benefit?

- (a) You must be eligible for benefits at the time of your disability.
- (b) No coverage if in receipt of a pension from Alberta Refrigeration Industry Pension Plan.
- (c) During the first 24 months of your disability, you must be prevented from working at your regular occupation as a result of injury or illness.
- (d) After the first 24 months of your disability, you must be prevented from working at any occupation for which you are or may reasonably become fitted by education, training or experience as a result of injury or illness.

2. What benefit is paid under this Part of the Plan?

The Plan will pay the amount necessary to ensure that your income from **ALL SOURCES** is equal to 70% of your monthly rate of basic earnings to a maximum of \$2,750 per month.

“All Sources” includes other income that you are receiving or are entitled to receive from:

- (a) Employment Insurance,
- (b) Workers Compensation,
- (c) Canada Pension Plan or Quebec Pension Plan,
- (d) Wages received from employment,
- (e) 50% of income received from employment under an approved rehabilitation program,
- (f) Disability, retirement or unemployment benefits provided under any other insurance or pension plan.

3. When will this benefit commence?

Your benefit will commence after all sickness benefits from Employment Insurance and all Short Term Disability Benefits have been exhausted.

4. How long is this benefit payable?

This benefit is payable until the earliest of the following dates

or days:

- (a) the date you cease to be “totally disabled”,
- (b) the last day of the month in which you attain age 65,
- (c) the date you commence work at a reasonable occupation,
- (d) the date you fail to furnish proof of continuing disability, after being requested to do so,
- (e) the date you cease to be under the continuing care of a legally qualified physician, or
- (f) the date of your death

5. Are there any limitations?

Yes. No benefit will be paid for:

- (a) any period that you are on pregnancy leave of absence by statute, contract or arrangement,
- (b) any illness or injury commencing during your first 12 consecutive months of eligibility under the Plan if you received treatment or services, or took prescribed drugs or medicines for such illness or injury during the 3 consecutive month period immediately prior to the date you become eligible for benefits, or
- (c) any disability that results from or is contributed to by:
 - (i) war, whether declared or not,
 - (ii) insurrection, rebellion or participation in a riot or civil commotion,
 - (iii) purposely self-inflicted injury,
 - (iv) your commission of, or attempt to commit, an assault or a criminal offence, or
 - (v) chronic alcoholism, or use of narcotics, barbiturates or hallucinogens, unless you are receiving ongoing active professional treatment deemed appropriate for the condition being treated.

6. What if I refuse to disclose the nature of my illness or injury?

No benefits will be paid.

PART IV

LIFE INSURANCE BENEFITS FOR ELIGIBLE MEMBERS

1. What benefits are paid under this Part of the Plan prior to Retirement?

If you die from any cause, at any time or place and you are eligible under the Plan, \$75,000 will be paid to your designated beneficiary.

If your spouse dies from any cause, \$5,000 will be paid to you. If your dependent child dies from any cause, \$2,500 will be paid to you.

2. How do I designate a beneficiary?

You designate a beneficiary when completing the Application for Membership card.

3. How can my beneficiary be changed?

You can change your beneficiary by completing an Application card. These cards can be obtained from the Administration office. It is essential that you update your designated beneficiary should a change in your life occur.

4. Does my life insurance benefit continue in force if I become totally and permanently disabled?

Yes, provided that you are in receipt of one of the following benefits and under age 65:

- EI Sick benefits
- Short term disability from Alberta Refrigeration Industry Benefits Plan's insurer
- Long term disability from Alberta Refrigeration Industry Benefits Plan's insurer
- Certain categories of WCB benefits
- CPP disability pension

You must provide the Administration Office with documentation to receive coverage.

5. Can I obtain life insurance benefits after my 65th birthday or when my eligibility for benefits terminates?

Yes. You may apply for an individual life insurance policy from the Insurance Company. You must apply and the first premium must be paid within 31 days of your 65th birthday or the date of eligibility for benefits terminates, whichever is earlier. Information may be obtained at the Administration office.

Life Insurance will be available for Retired Members but the terms of that life insurance differ from the insurance provided to Union Members and decrease with the increasing age of the Retired Member.

PART V

EXTENDED INSURANCE BENEFITS FOR RETIRED MEMBERS

1. If I am a Retired Member does my life insurance benefit continue? What benefits are paid?

Yes, if you are a Retired Member \$5,000 will be paid to your designated beneficiary upon your death.

If your spouse dies, \$2,500 will be paid to you.

If your dependent child dies, \$2,500 will be paid to you.

2. What requirements must be fulfilled before I am eligible for these benefits?

You will be eligible for these benefits if you:

- (a) retire on or after your 55th birthday,
- (b) were eligible for benefits under the Plan on the date you retired,
- (c) are receiving a retirement benefit from the Pension Plan (or if you are not in receipt of a pension from the Pension Plan you had, at retirement, 15 years of service in the Plan for which contributions were paid to the Plan), and
- (d) are making self-payments.

PART VI

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE BENEFITS FOR ELIGIBLE MEMBERS

1. What benefits are paid under this Part of the Plan?

Accidental death and dismemberment benefits are not available for Retired Members.

If you are eligible for these benefits and you die as a result of an accident prior to your 65th birthday \$50,000 will be paid to your designated beneficiary. If as a result of an accident prior to your 65th birthday, the following benefits will be paid:

\$50,000 will be paid to you if you lose:

- two hands,
- two feet,
- the sight of both eyes,
- one hand and one foot,
- one hand and sight of one eye, or
- speech and hearing.

\$37,500 will be paid to you if you lose:

- one arm or one leg.

\$33,333 will be paid to you if you lose:

- one hand
- one foot, or
- sight of one eye.

\$25,000 will be paid to you if you lose:

- speech or hearing.

\$16,667 will be paid to you if you lose:

- a thumb and index finger on the same hand.

“Loss”

- pertaining to loss of hands and feet mean dismemberment by severance through or above the wrist or ankle joint, but below the elbow or knee joint,
- pertaining to the leg or arm, means actual severance through or above the knee or elbow joint,

- pertaining to thumbs and index fingers, means severance at or above the knuckle joining the thumb and index finger to the hand,
- pertaining to the eyes, means the total and permanent loss of sight beyond remedy by surgical or other means,
- pertaining to speech and/or hearing, means total and permanent loss of speech and/or hearing.

IN NO CASE WILL MORE THAN \$50,000 BE PAID UNDER THIS PART FOR ALL LOSSES RESULTING FROM ONE ACCIDENT.

PART VII

DENTAL BENEFITS FOR ELIGIBLE MEMBERS AND THEIR ELIGIBLE DEPENDENTS

1. What benefits are paid under this Part of the Plan?

The Plan pays:

- 95% of Basic dental benefits
- 80% of Major dental benefits
- 50% of Orthodontic dental benefits

If a non-occupational accidental injury external to the mouth requires the prompt repair of natural unfilled non-diseased teeth, 100% of such charges are paid by the Plan. These charges fall under the \$40,000/person/lifetime limit for total supplementary benefits. Services must be incurred within 1 year of the accident.

The Plan pays the indicated percentage of charges up to those made by most dentists in the area for the services and supplies outlined below but not more than the amount established by Alberta Dental Association Suggested Guide for General Practitioners which came into effect on January 1st, 2012.

2. What are Basic (95%) dental benefits?

- (a) Oral examinations, including scaling, cleaning of teeth and dental x-rays as part of the routine check-up examination.
- (b) Topical application of sodium or stannous fluoride.

The treatments shown above are not eligible if provided more than once in any period of:

- (i) 6 consecutive months to a member or to an eligible dependent.

This sub clause applies to (a) and (b) above.

- (c) Extractions, fillings, space maintainers.
- (d) Oral surgery, including excision of impacted teeth.
- (e) Anaesthetics administered in connection with oral surgery or other covered dental services.
- (f) Treatment of periodontal and other diseases of the gums and tissues of the mouth.
- (g) Endodontic treatment, including root canal therapy.

- (h) Antibiotic medication and its administration when provided in the dentist's office or prescribed by the dentist.
- (i) The placement of a stainless steel crown on a deciduous tooth (baby tooth) but only if:
 - (i) The crown is placed on a tooth which has or is likely to have several cavities which would otherwise require fillings.
 - (ii) Certain circumstances warrant such a crown in place of the normal filling procedure.

3. What are major (80%) dental benefits?

- (a) Initial installation (including adjustments during the 3 consecutive months following installation) of partial or full removable dentures, providing the denture is replacing one or more natural teeth extracted while the person affected was eligible under the Plan.
- (b) Replacement of an existing partial or full removable denture or the addition of teeth to an existing partial removable denture to replace extracted natural teeth, but only if satisfactory evidence is presented that:
 - (i) the existing denture was installed at least 5 years prior to its replacement and the existing denture cannot be made serviceable, or
- (c) Repair or recementing of crowns, inlays, onlays, implants, bridgework or dentures, or relining dentures.
- (d) Inlays, onlays, gold fillings, crowns (including precision attachments for dentures) and initial installations of fixed bridgework or implants (including inlays, onlays, and crowns to form abutments) to replace one or more natural teeth extracted while the person affected was eligible under the Plan.
- (e) Replacement of fixed bridgework, or implants, or the addition of teeth to bridgework to replace extracted natural teeth, but only if satisfactory evidence is presented that:
 - (i) the replacement or addition of teeth is required to replace one or more natural teeth extracted while eligible under the Plan, or
 - (ii) the existing bridgework or implant was installed at least 5 years prior to its replacement and that

the existing bridgework or implant cannot be made serviceable.

4. What are Orthodontic (50%) dental benefits?

Orthodontic treatment including correction of malocclusion.

5. Is there any limit in the amount of dental benefits which will be paid? What is the limit?

Yes. \$2,500 per family member in each calendar year for Basic and Major dental benefits plus a lifetime maximum of \$2,000 per family member for Orthodontic benefits.

6. What dental services and supplies are not paid for by the Plan?

- (a) Cosmetic treatment.
- (b) Services for which no charge would be made if there were no Plan. For example, a charge for completing the dental claim form.
- (c) Any charge made for a missed or broken appointment.
- (d) Any services and supplies paid or payable under any other plan for which the employer contributed or made payroll deductions.
- (e) Any services and supplies paid or payable under a Government Plan.
- (f) Stainless steel crowns on permanent teeth.
- (g) Training in and supplies used for personal oral hygiene or dietary or nutritional counselling.
- (h) Protective athletic appliances.
- (i) Diagnosis or correction of a temporomandibular joint dysfunction.
- (j) Full mouth reconstruction for a vertical dimension correction.
- (k) Dentures which have been lost, mislaid or stolen.
- (l) Treatment started or incurred while the person affected is not eligible for benefits.
- (m) Facility Fees.
- (n) Sealants or preventive resins.

7. What happens if I elect a more expensive procedure?

The Plan will pay on the basis of the least expensive procedure which is consistent with good dental care. You are responsible for the balance of the charge.

8. Can I find out in advance how much of my expected dental charges the Plan will pay?

Yes. You can find out how much will be paid by the Plan (and, hence, how much will be left for you to pay) before you have extensive work done. If the estimated cost of any service is \$300 or more, or if Orthodontic (or any other extensive course of treatment) is required, it is strongly recommended that you follow the procedure outlined below:

- (a) Have your dentist or orthodontist complete the Dentist's portion of the claim form indicating the proposed services and his charge for each.
- (b) Ask your dentist to include pre-treatment periapical x-rays with the form if the proposed services include crowns or bridgework.
- (c) Mail the claim form to the Administration office.
- (d) Have your dental office electronically submit to Green Shield if no x-rays are necessary.

PART VIII

SUPPLEMENTARY MEDICAL BENEFITS FOR ELIGIBLE MEMBERS AND THEIR ELIGIBLE DEPENDENTS

1. What benefits are paid under this Part of the Plan?

- (a) Drugs and medicines which require the written prescription of a physician or dentist and eligible under the Plan are paid at 95% to a maximum of \$6,000 per person per calendar year.
- (b) Services of a physiotherapist will be paid at \$40.00 per visit to a maximum of \$500.00 per calendar year.
- (c) Services of an acupuncturist will be paid at \$40.00 per visit to a maximum of \$500.00 per calendar year.
- (d) Services of a chiropractor will be paid at \$40.00 per visit to a maximum of \$500.00 per calendar year.
- (e) Massage Therapy at \$40.00 per visit to a maximum of \$500.00 per calendar year.
- (f) Custom made Orthotics when recommended by a Physician or Podiatrist to a maximum of \$400.00/ person once every 2 years.
- (g) Vaccines will be paid at 100% up to a maximum of \$200.00 per family per 5 years.
- (h) Custom fitted ear plugs for members only (no dependents) to a maximum of \$200.00 once every 2 years.
- (i) Services of an osteopath, naturopath, podiatrist or Christian Science practitioner up to \$40 per visit and up to \$25 per disability for x-rays but not more than \$500 per calendar year for all such services, except where the payment for such services is made under a Government Plan.
- (j) Convalescent hospital board and room and other necessary services and supplies up to \$10 per day for up to 120 days during any one period of disability.
- (k) Hearing aids or repair of existing hearing aids to a maximum of \$1,000/person/calendar year.

The Plan pays 85% of the reasonable and customary charge made for the following services and supplies received by you or your eligible dependents:

- (k) Hospital room and board up to the normal private (but not a suite) room rate in Alberta, and other necessary services and supplies.
- (l) Professional ambulance services (must be transported to a medical facility).
- (m) Out-patient hospital services and supplies.
- (n) Services of a registered graduate nurse (R.N.), while the patient is not confined to a hospital and who is not related to the member or ordinarily a resident in the member's home. The maximum amount of charges for nursing services that will be paid during the lifetime of any family member is \$20,000.
On January 1st of each year, up to \$2,000 of protection will be automatically restored, if such charges have been paid.
- (o) Rental of an iron lung or other durable medical or surgical equipment.
- (p) Artificial limbs and eyes, crutches, splints, casts, trusses and braces for back, neck, arm or leg if prescribed by a physician.
- (q) Anaesthesia, oxygen, blood and blood products.
- (r) Diagnosis, assessment and testing by a clinical psychologist if recommended by a physician will be paid up to a maximum of \$450 per person per calendar year.
- (s) Vax-D therapy by a physiotherapist to a maximum of \$1,000 per lifetime.

Vision Care

The Plan will pay for:

- (a) Single vision, bifocal or trifocal lenses and frames or contact lenses to a maximum of :
 - \$300.00 after 2 years
 - \$375.00 after 3 years
 - \$450.00 after 4 years

Note: Children under age 18 are eligible for \$300.00 once a year.

- (b) Laser Eye Surgery to a maximum of \$1,000.00 per person per lifetime and no vision care coverage for 5 years after date of surgery.

- (c) Safety Eye Wear for Members only (no dependents) to a maximum of \$100.00 per year.

2. What charges for Supplementary Medical services and supplies are not paid by the Plan?

- (a) Charges that would not have been made if no coverage existed or charges that neither the member nor any of his dependents is required to pay.
- (b) Charges for services or supplies which are furnished, paid for or otherwise provided for by reason of the past or present service of any person in the armed forces of a government.
- (c) Charges for services or supplies which are paid for or otherwise provided for under any law of a government except where the payments or the benefits are provided under a plan specifically established by a government for its own civilian employees and their dependents.
- (d) Charges for services or supplies which are not necessary for treatment of the injury or disease or are not recommended and approved by the attending physician or charges which are unreasonable.
- (e) Charges of a physician or other person or agency in excess of the amount payable under the Provincial Health Plan, except in the case of emergency treatment while travelling outside your normal Province of residence.
- (f) Charges that exceed the \$40,000/person/lifetime on total supplementary benefits.

PART IX

EMERGENCY OUT-OF-PROVINCE BENEFITS FOR ELIGIBLE MEMBERS AND THEIR ELIGIBLE DEPENDENTS

1. Who is eligible for benefits under this Part of the Plan?

Union Members, Associate Members, Early Retirees and Associate Early Retirees are eligible for this coverage.

Normal Retirees and Associate Normal Retirees are not eligible for the benefit, nor is anyone over the age of 69.

2. Is there a time limit after which protection ceases to be in effect?

The maximum duration of any one trip for business or pleasure is limited to 45 days.

3. What benefits are paid under this Part of the Plan?

Reimbursement is provided for the reasonable and customary expense incurred as a result of accident or illness while travelling outside the province of residence.

Reimbursement is provided for the following services and supplies.

- (a) Professional ambulance service to or from the nearest hospital, subject to a maximum of \$1,000 per illness or injury.
- (b) Hospital room and board up to semi-private accommodation subject to a maximum duration of 12 months.
- (c) Outpatient hospital services and supplies.
- (d) Services of a legally qualified Physician or Surgeon for medical care, treatment or surgery.
- (e) Services of a Physiotherapist only when prescribed by a physician.
- (f) Services of an Anaesthetist upon recommendation by a physician.
- (g) Services of a licensed graduate nurse. Must not be a relative nor ordinarily reside in your home. The maximum reimbursement is \$5,000 per accident or sickness.
- (h) Drugs or medicines which require the written prescription

of a physician or dentist up to a maximum of 45 days' supply.

- (i) Services of a Licensed Practitioner including chiropractors, psychologists, osteopaths, chiropodists, podiatrists and masseurs up to a maximum of \$300 per specialty per calendar year. (Masseurs only on the recommendation of a physician)
- (j) Dental treatment as a result of accidental injury to natural teeth, not to exceed \$2,000 as a result of any one accident.
- (k) X-rays and laboratory examination; artificial limbs, eyes, or other prosthetic appliances, casts, splints, rental of iron lung or other durable medical equipment.
- (l) Family Transportation Benefit - If you or an eligible dependent are confined to a hospital outside of the province of residence which is at least 150 kilometres from your home, reimbursement of reasonable travel and accommodation expenses for immediate family members will be up to a maximum of \$2,000. If travel is by private automobile, travel expenses will be limited to \$0.20 per kilometre. If travel is by airplane, travel expenses will be limited to 75% of the economy airfare.
- (m) If you or an eligible dependent dies while travelling, reimbursement will be provided up to a maximum of \$3,000 to transport the deceased to the first resting place.
- (n) If you become injured or ill, you will be returned to your place of residence. Reimbursement will be provided up to a maximum of \$5,000.
- (o) Overall Maximum Limit - \$250,000 per Insured Person per year.

4. Are there any circumstances under which benefits will not be paid?

Yes. Reimbursement will not be provided for services and supplies required as a result of accident or illness due to:

- (i) pregnancy, childbirth or complications thereof when travelling within 2 months of the expected termination date of such pregnancy,
- (ii) any condition for which you have received treatment within 6 months of commencement of a trip except a chronic condition which is under

treatment and stabilized by the regular use of prescribed medication,

- (iii) participation in any professional athletics,
- (iv) participation in acrobatic or stunt flying, mountaineering, hang gliding, underwater activities, or any racing or speed contests.

5. Is there any limit on the amount of benefits which will be paid? What is the limit?

Yes. The maximum amount of charges that will be paid per insured person is \$250,000 for any one accident or illness.

6. When does my eligibility for benefits cease?

Even if you are otherwise eligible for the benefit your eligibility will cease when you become a Normal Retiree, an Associate Normal Retiree or you reach age 70 (whichever event occurs first).

Your dependent's benefits will cease on the same day as your benefits cease.

PART X

HOW TO REPORT CLAIMS

1. How do I submit a claim for benefits?

- (a) present your Green Shield Benefit Card to the provider for electronic direct bill.
- (b) register online with Green Shield and submit claims online.
- (c) complete a claim form, mail it together with all your receipts, documentation to:

Alberta Refrigeration Industry Benefit Fund

16214 - 118 Avenue

Edmonton, Alberta.

T5V 1M6

Telephone: (780) 483-1591

Or

1-800-227-6139

Fax No.: (780) 487-4063

www.albertarefrigeration.com

Claim forms for Weekly Disability Benefits, Supplementary Medical, Dental and Vision Benefits are available from the Administrator or on the website. Detailed instructions are given in this section to assist you in making your claim for the various benefits. **Please read them carefully to avoid unnecessary correspondence and delay.**

- (d) Payment of a claim will be made only if you or your dependent are eligible for benefits. Payment will not be made for charges incurred while the person affected was not eligible for benefits.
- (e) Spouses and dependent children are not eligible for Disability benefits.

2. How do I complete a claim if I become disabled?

- (a) Complete the Short Term Weekly Disability claim form and deliver to the Administration office within 60 days of the commencement of your disability.
- (b) The claim form requires information from 2 sources:
- (c) Submit a claim form even when receiving disability for benefits will be continued. When you submit your benefits under Workers' Compensation or the claim

to the Administration office (within 60 days) attach Employment Insurance Act in order that your eligibility the information received from these Agencies which for benefits will be continued. When you submit your claim to the Administration office (within 60 days) attach the information received from these Agencies which shows when your benefits and if applicable, the letter you receive informing you that your benefits paid by these Agencies has ceased.

- (d) Forms will be sent to you as required during the course of your disability in order to confirm your continued disability. It is important that these forms be completed promptly by your attending physician and returned to the Administration office.

3. How do I complete a claim for drugs and medicines?

- (a) present your Benefit Card to the pharmacist for electronic direct bill; or
- (b) Enter your name, address and social insurance number where indicated on the Health Care Benefit claim form. Charges incurred for each eligible member of the family should be shown separately as provided on the claim form.
- (c) Be sure to attach all original receipts and sign the claim form. Be sure that each receipt shows:
 - (i) Prescription number, drug name and for whom prescribed.
 - (ii) Date purchased.
 - (iii) Where the drug or medicine was purchased.

4. How do I complete a claim for Supplementary Medical Benefits?

- (a) present your Benefit Card to the provider for electronic direct bill; or
- (b) Enter your name, address and social insurance number where indicated on the Health Care Benefit claim form. Charges incurred for each eligible member of the family should be shown separately as provided on the claim form.
- (c) Be sure to attach all original receipts and sign the claim form. Be sure that each receipt shows:
 - (i) Patient's name.

- (ii) Date service rendered.
- (iii) Name and address of physician, etc.
- (iv) Nature of service.
- (v) Complete itemization of charges.

5. How do I complete a claim for Dental Benefits?

- (a) present your Benefit Card to the dental office for electronic direct bill; or
- (b) Complete Part 2 & 3 of the Dental Benefit claim form before you go to the dentist. If you wish that the payment be made directly to your dentist, sign the applicable section on the claim form. Otherwise, payment will be made directly to you. A separate claim form must be submitted for each eligible member of the family who submitted for each eligible member of the family who has received dental services.
- (c) Take the form to your dentist who must complete the Dentist's portion of the claim form.
 - (i) If you are claiming the charge of crowns or bridgework ask you dentist to include pre-treatment periapical x-rays with the form.
 - (ii) If Orthodontic treatment is required, or, if you wish to know how much the Plan will pay for the recommended course of treatment, **FOLLOW THE PROCEDURE OUTLINED BELOW BEFORE THE TREATMENT COMMENCES:**

Have your dentist or orthodontist complete the Dentist's portion of the claim form.

Mail the claim form to the Administration office.

The form will be returned to you. It will show the amount that the Plan will pay. When the work is completed, the dentist or orthodontist will submit a completed Claim Form to the Administration. Payment will be made to you or your dentist in accordance with your election on the claim form.

6. How do I complete a claim for Hospital Benefits?

- (a) present your Benefit Card to the hospital for electronic direct bill; or

- (b) Enter your name, address and social insurance number on a Health Care Benefit Claim Form. List the expense with the date admitted and released, the hospital and its address, and the amount.
- (c) Be sure to attach all bills or receipts and sign the claim form before you mail it to the Administration office.

7. How do I complete a claim for Vision Care Benefits?

- (a) present your Benefit Card to the optical provider for electronic direct bill; or
- (b) Enter your name, address and social insurance number where indicated on the Health Care Benefit claim form.
- (c) Have the Supplier complete the appropriate section. Be sure to sign the claim form and attach the original receipts before you mail it to the Administration office.

8. Is there a time limit after which a Dental Care, Vision Care or Supplementary Medical Benefits claim will not be paid?

Yes. Claims for services must be made within 12 months of the date the services were received or the purchase made.

9. How is a claim made for Term Life Insurance, Accidental Death and Dismemberment Benefits, Long-Term Disability Benefits and Emergency Out-of-Province Benefits?

Special claim forms are available from the Administration office. To file a claim, phone or write to the Administration office and the forms will be sent to you together with all necessary instructions.

**ALBERTA
REFRIGERATION
INDUSTRY
PENSION PLAN**

as of May, 2015

INTRODUCTION

This part of the booklet provides you with a description of the benefits to which you, your spouse and your beneficiary or estate may be entitled from the Alberta Refrigeration Industry Pension Plan, as it existed on May 1st, 2015 and the rules determine eligibility for benefits.

The benefits that are provided are in addition to the benefits provided by the Canada Pension Plan and Old Age Security.

The purpose of this booklet is to provide a summary of the Plan. Should there be any conflict between the wording used in this booklet and the wording used in the Text of the Plan, the latter shall apply.

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PART I

GENERAL INFORMATION

1. What is the effective date of the Plan?

The effective date of the Plan is May 1st, 1980.

Alberta Registration #42899

Canada Customs and Revenue Agency #0422972

2. Who is eligible to participate in the Plan?

Union Members:

Each person:

- (a) who is a member in good standing with Local Union 488.

Associate Members:

Each person:

- (a) who is employed by an employer who remits contributions to the Fund pursuant to a Participation Agreement with the Trustees, or
- (b) who is a member of the Alberta Refrigeration Industry Benefit Plan, or
- (c) whose spouse is a member of the Alberta Refrigeration Industry Benefit Plan.

3. When does my membership in the Plan commence?

Union Members:

Membership in the Plan commences on the 1st day of the reporting period for which a participating employer remits a contribution to the Fund as a result of your hours of employment.

Associate Members:

Membership in the Plan commences on the 1st day of the reporting period for which a participating employer remits a contribution to the Fund as a result of your hours of employment.

4. How is the Plan financed?

Your employer contributes to the Fund at the rate in effect under the Collective Agreement or under a Participation Agreement.

5. What is the definition of Spouse?

In relation to another person,

- (a) a person, who, at the relevant time, was married to that other person and had not been living separate and apart from that other person for three (3) or more consecutive years, or
- (b) if there is no person to whom subsection (a) applies, a person who immediately preceding the relevant time, had lived with that other person in a conjugal relationship
 - (i) for a continuous period of at least three (3) years, or
 - (ii) of some permanence, if there is a child of the relationship by birth or adoption.

6. Beneficiary

If a spouse exists then the beneficiary will be that spouse. If there is no spouse then a member can designate a person to receive the value of his/her Pension accrued after January 1, 2000.

7. How do I designate or change my beneficiary?

You designate or change your beneficiary by completing an Application Card which is available from the Administration office.

8. What happens if I do not designate a beneficiary?

If you do not have a spouse and you do not designate a beneficiary any benefit that becomes payable on your death will be paid to your estate.

9. What happens if my spouse or beneficiary dies before I do?

Any benefit that becomes payable on your death will be paid to your estate.

10. Should I notify the Administration office if I move?

Yes. All communications from the Plan is sent out to the address on record.

11. Should I keep my pay slips?

Yes. Errors may occur in the reporting of or the tabulation of your hours.

12. What information will I receive about the Plan?

- (a) A statement regarding your retirement benefits will be provided by July 31st each year.
- (b) If the Plan is changed, you will receive an explanation of the change.
- (c) On retirement or termination of Plan membership, you will receive a written statement showing the benefits to which you are entitled or to which you may become entitled.
- (d) On your death, your spouse, beneficiary or estate will receive a written statement showing the benefit payable as a result of your death.

13. How may I review the Plan Text?

The Text of the Plan is available upon written request.

PART II

RETIREMENT DATES

1. What is my Normal Retirement Date?

The first day of the month immediately following your 65th birthday.

2. What is the latest date I can retire and commence receiving my retirement benefit?

1st of December in the year you turn 71.

3. What is the earliest date I can retire and commence receiving a retirement benefit?

The first day of the month following your 55th birthday provided you have completed at least 2 years of Credited Service, at least one of which is Membership Service. Service must be after March 1, 2000; or

The first day of the month following your 55th birthday provided your accrued pension was terminated on/after September 1, 2015.

PART III

EARLY RETIREMENT BENEFIT

1. If I am a Union Member and I am in good standing with Local Union 488 on the date I retire, and have at least 5 years credited service, how will my retirement benefit be calculated?

If you are:

- (a) between age 60 and age 65 - you will receive the retirement benefit you have accrued.
- (b) between age 55 and age 60 - your retirement benefit will be reduced by $\frac{1}{2}\%$ for each complete month between your retirement date and age 60.

2. If I am an Associate Member and I am employed by a participating employer on the date I retire, and have at least 5 years credited service, how will my retirement benefit be calculated?

If you are:

- (a) between age 60 and age 65 - you will receive the retirement benefit you have accrued.
- (b) between age 55 and age 60 - your retirement benefit will be reduced by $\frac{1}{2}\%$ for each complete month between your retirement date and age 60.

3. If I am a Union Member with Local Union 488 or an Associate Member with less than 5 years credited service on the date I retire, how will my retirement benefit be calculated?

Your retirement benefit will be reduced for each complete month between the date your retirement benefit commences and age 65. The reduction is:

$\frac{1}{2}\%$ for each month prior to age 60.

PLUS

$\frac{1}{4}\%$ for each month between age 60 and 65.

4. If I am not a Union Member with Local Union 488 or if I am an Associate Member and I am not employed by a participating employer on the date I retire, how will my retirement benefit be calculated?

Your retirement benefit will be reduced for each complete month between the date your retirement benefit commences and age 65. The reduction is:

$\frac{1}{2}\%$ for each month prior to age 60.

PLUS

$\frac{1}{4}\%$ for each month between age 60 and 65.

PART IV

RETIREMENT BENEFIT

1. How is my retirement benefit determined?

Your retirement benefit is equal to the sum of your Past Service retirement benefit and your Membership Service retirement benefit.

2. How do I receive credit for Past Service?

Past Service credits were granted as a result of service before May 1st, 1980. If you fulfilled the necessary requirements, you were granted with Past Service credits.

3. How is my Past Service retirement benefit determined?

Your Past Service retirement benefit is equal to \$13.00 per month times your number of years credited Past Service to a maximum of 10 years.

Union Members:

If you were a member in good standing with Local Union 488 on May 1st, 1991 the amount of your Past Service retirement benefit was increased by 10%.

Associate Members:

If you were employed by a participating employer on May 1st, 1991 the amount of your Past Service retirement benefit was increased by 10%.

4. How do I receive credit for Membership Service?

Membership Service is credited as a result of service after May 1st, 1980. One year of Membership Service is credited if you have accumulated at least 1300 hours of employment during a Plan Year.

A Plan Year is the 12-month period from May 1st, to April 30th, in the next calendar year.

5. How is my Membership Service retirement benefit determined?

Union Members:

If you were a member in good standing with Local Union 488 on May 1st, 1991 the amount of your Membership Service retirement benefit for each Plan Year prior to that date was increased by 10%.

Associate Members:

If you were employed by a participating employer on May 1st, 1991 the amount of your Membership Service retirement benefit for each Plan Year prior to that date was increased by 10%.

All Members:

Current Benefit Schedule as at May 1, 2007

The amount of your Membership Service retirement benefit for each Plan Year on or after May 1st, 2007 - a monthly retirement benefit equal to \$0.075 for every Covered Hour of Employment (based on the Standard Contribution Rate) in any Plan Year that exceeds 100.

Previous Benefit Schedule May 1, 1992 - April 30, 2007

Covered Hours of Employment During the Plan Year	Amount of Monthly Retirement Benefit
3,500 but less than 3,700	167.28
3,300 but less than 3,500	157.44
3,100 but less than 3,300	147.60
2,900 but less than 3,100	137.76
2,700 but less than 2,900	127.92
2,500 but less than 2,700	118.08
2,300 but less than 2,500	108.24
2,100 but less than 2,300	98.40
1,900 but less than 2,100	88.56
1,700 but less than 1,900	78.72
1,500 but less than 1,700	68.88
1,300 but less than 1,500	59.04
1,100 but less than 1,300	49.20
900 but less than 1,100	39.36
700 but less than 900	29.52
500 but less than 700	19.68
300 but less than 500	9.84
less than 300	Nil

Effective April 30, 2001

For every additional completed block of

200 hours over 3,700 hours \$ 9.84 per block

If the rate of contribution made by your employer is at a rate which is other than the rate paid by the majority of the

employers, your hours will be adjusted.

6. In what form is a retirement benefit paid?

A retirement benefit is paid in either the Normal Form or an Optional Form.

The “Normal Form” of retirement benefit is paid for your lifetime or for 60 months, whichever period is longer.

An “Optional Form” is a reduced retirement benefit which you choose. This benefit has the dollar value as the Normal Form of benefits but provides different options.

7. What are the Optional Forms of retirement benefit?

Under these options the retirement benefit is payable for your lifetime, and

- (a) in any event for a minimum of 120 month,
- (b) in any event for a minimum of 180 months,
- (c) on your death the same amount of monthly retirement benefit is paid to your spouse for her/his remaining lifetime,
- (d) on your death 60% of your monthly retirement benefit is paid to your spouse for her/his remaining lifetime,
- (e) on your death 75% of your monthly retirement benefit is paid to your spouse for her/his remaining lifetime.

If you have a spouse on the date your retirement benefit commences, your right to choose an option is limited to those options which ensure that at least 60% of your retirement benefit is payable to your spouse, if she/he is alive when you die. As a result, you can choose Optional Forms (c), (d) and (e). You can choose the Normal Form of pension or options (a) and (b) only if your spouse completes a form to waive her/his right to an Optional Form.

8. Can I change the form of retirement benefit I have chosen? When?

Yes. You can change the form of retirement benefit you have chosen before receipt of your first retirement benefit payment.

9. When will my retirement benefit be paid?

The first payment will be due on the first day of the month following the month in which you retire. Subsequent payments are also due on the first day of each subsequent month.

10. What happens if I return to work after my retirement benefit commences?

Payment of your retirement benefit will continue, and you will not accrue any additional retirement benefits in respect of such employment.

PART V

SPOUSAL BENEFITS ON DEATH OF MEMBER PRIOR TO RETIREMENT

1. Under what circumstances will a death benefit be paid?

A benefit will be paid if on your date of death you:

- (a) have a spouse, and
- (b) have completed at least 2 years of Credited Service, at least one of which is Membership Service; or
- (c) have an accrued pension which terminated on/after September 1, 2015

2. What is the death benefit that will be paid to my spouse?

Your spouse may choose to:

- (a) receive a monthly benefit for her/his remaining lifetime, or
- (b) transfer the value of the monthly benefit to:
 - (i) another registered pension plan,
 - (ii) a locked-in retirement account, or
 - (iii) an insurance company, to purchase an immediate or deferred annuity.

3. What determines the amount of monthly benefit that will be paid to my spouse?

Union Members:

Your status in Local Union 488 on the date you die.

Associate Members:

Your employment status with a participating employer on the date you die.

4. If I am a Union Member and I am in good standing with Local Union 488 on the date I die, how will the monthly benefit be calculated?

The monthly benefit will be equal to the greater of:

- (a) \$120.00 or
- (b) 60% of the monthly retirement benefit you have accrued.

5. If I am an Associate Member and I am employed by a participating employer on the date I die, how will the monthly benefit be calculated?

The monthly benefit will be equal to the greater of:

- (a) \$120.00 or
- (b) 60% of the monthly retirement benefit you have accrued.

6. If I am not a Union Member and I am not in good standing with Local Union 488 or if I am not an Associate Member and I am not employed by a participating employer, on the date I die, how will the monthly benefit be calculated?

The monthly benefit will be equal to the greater of:

- (a) \$120.00, or
- (b) the amount of monthly benefit which can be provided by the value of the retirement benefit which you accrued.

PART VI

TERMINATION BENEFITS PRIOR TO RETIREMENT

1. Can my status under the Plan change? When?

Yes. You will be deemed to have incurred a “change in status” if on April 30th in any year you have less than a total of 350 hours of employment credited to you in the immediate preceding 2 Plan years.

2. What happens if I am deemed to have incurred a change in status?

You will be deemed to have become entitled to a termination benefit if you have:

- (i) completed at least 2 years of Credited Service at least one of which is Membership Service. Service must be after March 1, 2000; or
- (ii) an accrued pension that terminates on/after September 1, 2015.

3. What is my termination benefit?

You will be entitled to a paid-up deferred retirement benefit equal to the retirement benefit which you have accrued. This retirement benefit may commence on the first day of any month following the month in which you reach age 55. The amount you will receive will be determined in accordance with Part IV.

4. Can the value of my paid-up deferred retirement benefit be transferred out of the Plan? Where?

Yes, to:

- (a) another registered pension plan,
- (b) a locked-in retirement account, or
- (c) an insurance company, to purchase an immediate or deferred annuity.

PART VII

PORTABILITY

1. How do I arrange a transfer of my accrued benefits if I am eligible?

Information will be provided to you by the Administration office at the time a benefit becomes payable.

PART VIII

RECIPROACITY

1. What happens if I work outside Alberta or transfer my membership to another Local Union in the United Association?

The Trustees of the Plan have entered into reciprocal agreements with most pension plans for U.A. Members in Canada.

These agreements make it possible for:

Union Members:

- (a) to have your hours of employment transferred to this Plan when you are temporarily working under the jurisdiction of a another U.A. Local, and
- (b) for the transfer of pension credits should you transfer your membership to another Local in the United Association.

PART IX

TOTAL AND PERMANENT DISABILITY

1. How do I qualify for total and permanent disability credits?

You will qualify for if you are deemed to be totally and permanent disabled. You will be deemed to be totally and permanent disabled if:

- (a) you are in receipt of a disability pension under Canada Pension Plan, or
- (b) in receipt of Long term disability from the Plan's insurer and been disabled for at least 4 months, or
- (c) in receipt of an eligible category under WCB and been disabled for at least 4 months.

2. What happens if I qualify for total and permanent disability credits?

You will be credited with 134 hours of employment for each complete calendar month that your are deemed to be totally and permantley disabled.

3. When will I be deemed to have recovered from total and permanent disability?

You will be deemed to have recovered from total and permanent disability on the date you cease to be entitled to any of the plans listed in #1.

4. When will these credits cease?

On the 1st day you are eligible to receive an unreduced Pension benefit.



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