

COLLECTIVE AGREEMENT

BETWEEN

HASTINGS COMMUNITY ASSOCIATION

AND

**CANADIAN UNION OF PUBLIC EMPLOYEES,
LOCAL 1936**

**This Agreement shall be for the term of
September 1, 2015 to August 31, 2020**

ARTICLE 1 – PURPOSE OF AGREEMENT	1
1.01 Purpose	1
1.02 Term of Agreement.....	1
1.03 Employee Definitions	1
1.04 Plural or feminine terms may apply.....	1
ARTICLE 2 - MANAGEMENT RIGHTS	2
2.01 Management Rights	2
2.02 Certifications and Licensing – Preschool and Family Enrichment Program.....	2
ARTICLE 3 - RECOGNITION AND NEGOTIATION	2
3.01 Union Recognition.....	2
3.02 No Other Agreements	2
3.03 Right of Fair Representation.....	3
3.04 Time off Without Pay For Union Business	3
ARTICLE 4 - HUMAN RIGHTS	3
4.01 No Discrimination	3
4.02 Definition of Harassment.....	3
ARTICLE 5 - UNION MEMBERSHIP REQUIREMENT	7
5.01 All Employees to be Members	7
ARTICLE 6 - CHECK OFF OF UNION DUES.....	7
6.01 Check-off Payments.....	7
6.02 Deductions	7
6.03 Dues Receipts	7
6.04 Indemnification of Employer.....	7
ARTICLE 7 - EMPLOYER SHALL ACQUAINT NEW EMPLOYEES.....	7
7.01 New Employees	7
ARTICLE 8 - RESOLUTIONS AND REPORTS OF THE EMPLOYER.....	8
8.01 Employer Shall Notify Union.....	8
8.02 Correspondence	8
ARTICLE 9 - GRIEVANCE PROCEDURE	8
9.01 Names of Stewards	8
9.02 Definition of Grievance	8
9.03 Arbitration.....	9
9.04 Grievance on Safety.....	10
ARTICLE 10 - DISMISSAL, SUSPENSION AND DISCIPLINE	10
10.01 Dismissal and Suspension.....	10
ARTICLE 11 - EMPLOYEE RIGHTS.....	10
11.01 Right to Have Steward Present	10
11.02 Personnel Records	11
ARTICLE 12 - SENIORITY.....	11
12.01 Seniority Defined.....	11
12.02 Seniority List	12
12.03 Loss of Seniority.....	12
12.04 Probation and Seniority for Newly Hired Employees	12
ARTICLE 13 - PROMOTIONS AND STAFF CHANGES	12
13.01 Job Postings	12

13.03 Job Selections	13
13.04 Temporary Positions	13
ARTICLE 14 - LAYOFF AND RECALL	13
14.01 Definition of Layoff.....	13
14.02 Layoff	13
14.03 Recall	14
ARTICLE 15 - HOURS OF WORK.....	15
15.01 Hours of Work	15
ARTICLE 16 - OVERTIME	15
16.01 Overtime defined	15
16.02 Pre-Approved Overtime.....	15
16.03 Overtime Wages	15
16.04 Weekly Overtime.....	15
ARTICLE 17 - PAID HOLIDAYS.....	16
17.01 Statutory Holidays	16
17.02 Statutory Holiday Pay.....	16
ARTICLE 18 - VACATION PAY	16
18.01 Vacation Pay	16
18.02 Vacation Scheduling.....	17
18.03 Regular Full Time Employees - Who work less than twelve (12) months per vacation year	17
18.04 Regular Part Time Employees	18
ARTICLE 19 - EMPLOYEE BENEFITS	18
19.01 Employee Benefits	18
ARTICLE 20 - PAID AND UNPAID LEAVES.....	18
20.01 Sick/Compassionate Leave Bank	18
20.02 General Leave.....	19
ARTICLE 21 - COURT ATTENDANCE AND JURY DUTY.....	20
21.01 Jury Duty and Witness Fees	20
21.02 Leave of Absence for Full Time Union or Public Duties	20
21.03 Pay During Leave of Absence for Union Work or Convention	20
ARTICLE 22 - PAYMENT OF WAGES AND ALLOWANCES.....	21
22.01 How Wages are Paid.....	21
22.02 Statement of Wages	21
22.03 Pay on Temporary Transfer, Higher Rated Position	21
22.04 Pay on Transfer, Lower Rated Job	21
22.05 Education (Tuition) Reimbursement	21
22.06 Professional Development	21
22.07 Meetings/Conferences	22
22.08 Salary Protection.....	22
ARTICLE 23 - LABOUR MANAGEMENT COMMITTEE	22
23.01 Establishment of Committee.....	22
23.02 Purpose of the Committee	22
23.03 Jurisdiction of Committee.....	23
23.04 Meetings of Committee	23

ARTICLE 24 – CALL-IN PROCEDURE FOR THE FAMILY ENRICHMENT CENTRE.23
APPENDIX “A” HOURLY WAGE RATES.....25
LETTER OF UNDERSTANDING #127
LETTER OF UNDERSTANDING #228
LETTER OF AGREEMENT29

ARTICLE 1 – PURPOSE OF AGREEMENT

1.01 Purpose

The purpose of this Agreement is to establish and maintain terms and conditions of employment agreed to between the Employer, Early Childhood Educators and the Family Enrichment Centre as contained herein, to encourage cooperation in providing quality pre-school education, **out of school care** and family enrichment programs to enrolled children, to facilitate efficient operation of the pre-school, **out of school care** and family drop-in system, to promote harmonious relations between the parties and to provide expeditious procedures for the resolution of disputes which may arise as to the administration or interpretation of this Agreement.

1.02 Term of Agreement

- (a) This Agreement shall be for the term of **September 1, 2015 to August 31, 2020**. The operation of subsection (2) of Section 50 of Labour Relations Code of British Columbia shall be specifically excluded from and shall not be applicable to this Agreement.
- (b) If no agreement is reached at the expiration of this Agreement, this Agreement shall remain in force up to the time a strike or lockout commences, or until a new or renewed Agreement is entered into.

1.03 Employee Definitions

- (a) Regular Full Time
A regular full time employee is an employee who is employed for work, which is of a continuous nature on a full time basis for thirty-one (31) hours to thirty-five (35) hours per week.
- (b) Regular Part Time
A regular part time employee is an employee who is employed for work, which is of a continuous nature, consisting of at least 15½ hours per week, on a part time basis.
- (c) Auxiliary
Auxiliary employees are those who are employed to work less than 15½ hours per week. It is understood that these employees may work regularly scheduled hours, and/or may be employed for unspecified periods on a day-to-day basis, for either full or partial days.
- (d) Temporary Employees
Temporary employees are those who are employed on a temporary basis for a fixed term.

1.04 Plural or Feminine Terms May Apply

Whenever the singular, masculine or feminine is used in this Agreement, it shall be considered as if the plural, feminine or masculine has been used where the context of the party or parties hereto so require.

ARTICLE 2 - MANAGEMENT RIGHTS

2.01 Management Rights

Any rights of management, which are not specifically mentioned in this Agreement and are not contrary to the Agreement, shall continue in full force and effect for the duration of this contract, always provided that in the exercise of the aforementioned management rights there shall be no discrimination.

2.02 Certifications and Licensing – Preschool and Family Enrichment Program

(a) Preschool

The Association shall require, as a minimum condition of employment, that an employee working in the Preschool becomes and remains certified as an Early Childhood Educator, or an Early Childhood Assistant under the Regulation of the Community Care Facility Act and provides proof of said certification to the Employer on an annual basis.

It is understood by the parties that employees who work in the Preschool and who have their Early Childhood Assistant designation are required to be enrolled in courses leading to the Early Childhood Educator certificate. Further, these courses are required to be fully funded by the employee and are not eligible for reimbursement under the terms of Article 22.05.

(b) Future Licensing and Regulation

In the event that new legislation or regulations are introduced by the government of jurisdiction that require employees working in either the Preschool or the Family Enrichment Program to obtain certifications not mentioned in a) above, the Employer will consult with the Union in regard to the new legislation or regulations and its application to the workplace.

ARTICLE 3 - RECOGNITION AND NEGOTIATION

3.01 Union Recognition

The Employer recognizes the Canadian Union of Public Employees and its Local 1936 as the sole and exclusive collective bargaining agent for the bargaining unit as certified by the Labour Relations Board of British Columbia hereby agrees to negotiate with the Union and its Local 1936, or any of its authorized committees, concerning all matters affecting the relationship between parties, aiming towards a peaceful and amicable settlement of any differences that may arise between them.

3.02 No Other Agreements

No employee shall be required or permitted to make a written or verbal agreement with the Employer or his/her representative, which may conflict with the terms of the Collective Agreement.

3.03 Right of Fair Representation

The Union shall have the right to have the assistance of CUPE when processing grievances arising from this Agreement, or when engaged in collective bargaining with the Employer. Should CUPE require access to Employer premises in order to carry out its duties pursuant to this clause, it must obtain permission from the Employer in advance. It is understood that such permission will not be unreasonably withheld.

3.04 Time off Without Pay for Union Business

Time off without pay shall be granted to official representatives of the Union upon application to and by permission of the Employer when it becomes necessary to transact business in connection with matters affecting members of the Union. It is understood that the Employer retains the right to withhold the granting of such leaves if, in the opinion of the Employer, the efficiency and/or effectiveness of the operation would be negatively impacted by the granting of such a leave. Permission of such leave shall not be unreasonably withheld.

ARTICLE 4 - HUMAN RIGHTS

4.01 No Discrimination

The parties hereto subscribe to the principles of the Human Rights Code of British Columbia. The Employer and the Union agree that there shall be no discrimination with respect to an employee's employment by reason of race, colour, ancestry, place or origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction that is unrelated to the employment of that person, nor by reasons of his membership or activity in the Union.

The Union and the Employer recognise the right of employees to work in an environment free from harassment, and where employees treat each other with dignity and respect. The Employer shall take such actions as are necessary respecting an employee or an employer representative engaging in harassment.

The parties will work jointly to support and implement education and prevention efforts to address harassment.

4.02 Definition of Harassment

(a) Personal and psychological Harassment, Including Bullying

Personal and psychological harassment, including bullying, means objectionable conduct – either repeated or persistent, or a single serious incident – that an individual would reasonably conclude:

- (i) Creates a risk to a worker's psychological or physical well-being, causes a worker substantial distress, or results in an employee's humiliation or intimidation; or
- (ii) Is discriminatory behaviour that causes substantial distress and is based on a person's race, colour, ancestry, place of origin, political beliefs, religion, marital status, physical or mental disability, sex, age, sexual orientation or gender identity or expression; or
- (iii) Is seriously inappropriate and serves no legitimate work-related purpose.

Such behaviour could include, but is not limited to:

- Physical assault or abuse;
- Words, gesture, actions or practical jokes, the natural consequence of which is to humiliate, alarm, cause, awkwardness, embarrass, or abuse another person;
- Derogatory remarks;
- Innuendoes or taunts;
- Threats of intimidation;
- Retaliation for filing a workplace harassment complaint;
- Harmful initiation or hazing practices;
- Vandalizing personal belongings;
- Distribution or display of offensive pictures or materials;
- Bullying (including cyber bullying and harassment).

To constitute harassment, behaviour may be repeated or persistent or may be a single serious incident.

Personal and psychological harassment does not include:

- Actions occasioned through the exercising in good faith, of the Employer's supervisory rights and responsibilities; or
- Disagreements between employees (worker to worker) that do not fall in to the categories of bullying and harassment as noted above.

(b) Sexual Harassment

Sexual harassment includes sexually oriented verbal or physical behaviour which an individual would reasonably find to be unwanted or unwelcome, giving consideration to all surrounding circumstances and which may detrimentally affect the work environment.

Sexual harassment should not be confused with regular social and interpersonal relations between co-workers. Rather, it is behaviour that is coercive, forced, threatening, or unwanted. Such behaviour could include, but is not limited to:

- Conduct or comments of a sexual nature that are unwelcome and that create an intimidating, hostile, or poisoned work environment;
- Touching, pinching, patting or other physical contact;
- Leering, staring or the making of sexual gestures;

- Demands for sexual favours;
- Verbal abuse or threats;
- Unwanted sexual invitations, advances, propositions, or flirtations;
- Physical assault of a sexual nature;
- Distribution or display of sexual or offensive pictures or material;
- Unwanted questions, remarks, or comments of a an obscene, degrading, or sexually suggestive nature;
- Remarks about appearance or personal life; and/or
- Practical jokes of a sexual nature

Sexual harassment will often, but need not, be accompanied by an expressed or implied threat of reprisal or promise of reward.

All genders can be sexually harassed by members of any gender.

4.03 Harassment Complaint Procedures

(a) Informal Complaint Resolution Process

If an employee believes that she/he has been bullied and harassed on the basis of any of the grounds noted above, the employee should:

- (i) Tell the respondent(s) to stop, if possible;
- (ii) Document the event(s), complete with the time, date, location, names of witnesses and details of the event(s) if possible.

If the complainant does not feel able to approach the alleged harasser(s) directly, or if, after being told to stop, the alleged harasser continues, the complainant should contact the designated Union or Association representative to file a complaint.

The Association and the Union agree that in some cases, the Parties may try to resolve a harassment complaint informally without a full investigation, for example, when so requested by the complainant.

If the complainant disagrees with the attempted informal resolution, and if the complaint involves Discrimination, there will be a formal investigation of the complaint.

(b) Formal Complaint Resolution Process

- (i) A complainant who wishes to pursue a concern arising from an alleged harassment must submit the complaint in writing within six (6) months of the latest alleged occurrence directly to the appropriate supervisor or, if a supervisor is involved, to the Childcare and Association Manager. Upon receipt of the written complaint, the Employer shall notify in writing the designated Union representative. The deadline may be extended due to extenuating circumstances.
- (ii) If the respondent is the Childcare and Association Manager (or equivalent), the Union will notify the Association President, or designate, within fifteen (15) days of receiving the complaint. The Association President, or designate, will appoint an independent investigator. The independent investigator will investigate the complaint within thirty (30) days of receiving it and submit her report

to the Association President. The Union will be apprised of the outcome of the complaint.

- (iii) A respondent shall be given notice of the substance of such a complaint.
- (iv) It is the intent of the parties that complaints be investigated in a timely manner. The Employer's designate shall investigate the complaint and shall submit a report to the Childcare and Association Manager (or equivalent) in writing within fifteen (15) days of receipt of the complaint. The Childcare and Association Manager (or equivalent) shall within ten (10) days of receipt of the report give such orders as may be necessary to resolve the issue. The Employer will advise the respondent, and the complainant in writing of the substance of the Childcare and Association Manager (or equivalent)'s report and the outcome of the complaint. A designated qualified representative of the Union will be permitted to view the full report upon request. Timelines may be extended by mutual consent based on the complexity of the complaint.
- (v) Both the complainant and the respondent, if members of the Union, will have the right to Union representation at any meeting held pursuant to the above investigation.
- (vi) Pending determination of the complaint, the Childcare and Association Manager (or equivalent) may take interim measures to separate the employees concerned if deemed necessary
- (vii) In cases where harassment may result in the transfer of an employee, every effort will be made to relocate the harasser, except that the harassee may be transferred with their written consent. The Union will be consulted throughout the process.
- (c) If as a result of the investigation or adjudication process, the complaint is determined to be of a frivolous, vindictive or vexatious nature, the Employer will take appropriate action, which may include discipline.
- (d) Complaints under this Article shall be treated in strict confidence by all parties involved.
- (e) Disputes resulting from actions taken under this Article may be grieved within thirty (30) days at Step 3 of the grievance procedure.
- (f) A grievance must be submitted through the Union to an arbitrator as per Article 9.03.
- (g) The complainant has the right to file a complaint under the Human Rights Code of British Columbia.

ARTICLE 5 - UNION MEMBERSHIP REQUIREMENT

5.01 All Employees to be Members

Within one week of the signing of this Agreement, all employees covered by this Agreement shall, as a condition of employment, become and remain members in good standing of the Union, according to the constitution and by-laws of the Union. As a condition of employment, all new employees working in classifications covered by the Union certification shall become and remain members in good standing of the Union within thirty (30) days of employment.

ARTICLE 6 - CHECK OFF OF UNION DUES

6.01 Check-off Payments

The Employer shall deduct from the salary of all employees any fees, levies, and/or dues specified by the Union on its members.

6.02 Deductions

Deductions shall be forwarded in one cheque to the Secretary-Treasurer of the Union not later than the 15th day of the following month for which the dues were levied. The cheque shall be accompanied by a list of the names of employees from whose wages the deductions have been made. The Union shall be notified of all promotions, demotions, hirings, lay-offs, transfers, recalls, resignations, retirements, deaths and other terminations of employment as they occur.

6.03 Dues Receipts

At the same time that Income Tax (T-4) slips are made available, the Employer shall type on the amount of Union dues paid by each Union member in the previous year.

6.04 Indemnification of Employer

In consideration of the deduction and forwarding of Union dues by the Employer the Union will indemnify and save the Employer harmless against any claim or liability arising out of or resulting from the operation of clauses 6.01 and 7.01.

ARTICLE 7 - EMPLOYER SHALL ACQUAINT NEW EMPLOYEES

7.01 New Employees

The Employer agrees to advise new employees that a Union agreement is in effect, and with the conditions of employment set out in the articles dealing with Union Security and Dues Check-off. The Employer also agrees to introduce new employees to the Unit Chair or designate of the Union, and the Union representative will provide a copy of the Collective Agreement and Union By Laws to all new employees.

ARTICLE 8 - RESOLUTIONS AND REPORTS OF THE EMPLOYER

8.01 Employer Shall Notify Union

Any reports or recommendations about to be made dealing with matters of policy and/or conditions of employment, and which affect employees within this bargaining unit, shall be communicated by the Employer to the Union in time to afford the Union a reasonable opportunity to consider and make submissions if necessary with respect to these issues.

8.02 Correspondence

A copy of any correspondence between the Employer, or his/her designate and any employee in the bargaining unit, pertaining to the interpretation, administration, or application of any part of this Agreement shall be forwarded to the Union or his/her designate.

ARTICLE 9 - GRIEVANCE PROCEDURE

9.01 Names of Stewards

The Union shall notify the Employer in writing of the name of each Union Representative before the Employer shall be required to recognize him/her.

9.02 Definition of Grievance

Should a dispute arise respecting the interpretation, application, operation or any alleged violation of a provision of this Agreement, including any question as to whether a matter is arbitrable, or the dismissal, discipline or suspension of any employee bound by this Agreement, an earnest effort shall be made to settle the dispute in the following manner:

(a) Meeting with Supervisor

The aggrieved employee(s) may first take up the matter with the immediate supervisor or other such supervisor who is directly responsible for the decision giving rise to the grievance within fifteen (15) working days of the date on which the incident giving rise to the grievance occurred or on the date when the employee(s) first became aware of the incident, whichever is later. The purpose of the meeting shall be to review the circumstances giving rise to the incident and to determine whether the matter can be satisfactorily resolved without recourse to the formal grievance procedure. At the option of the aggrieved employee, a shop steward or Union representative may be present at the meeting.

(b) Step 1

If the grievance is not settled in the aforementioned manner within ten (10) working days, the matter shall be referred to the President of the Association or her/his designate and the Union Representative or designate. A statement, in writing, of the alleged grievance by the Union and a statement, in writing, of the position relative to the alleged

grievance by the President of the Association or her/his designate will be exchanged at this meeting if agreement on the matter is not first reached.

(c) Step 2

If the grievance is not settled as prescribed in Step 1 above within fifteen (15) working days, the matter shall be referred to the Executive Committee or designate and the Union.

(d) Step 3 – Non-Binding Investigation

If a difference arises between the parties relating to the dismissal, discipline or suspension of an employee, or to the interpretation, application, operation or alleged violation of this Agreement, including any question as to whether a matter is arbitrable, during the term of the Collective Agreement, David McPhillips, Brian Foley, or Chris Sullivan, or a substitute agreed to by the parties, shall at the request of either party:

- (i) investigate the difference;
- (ii) define the issue in the difference; and
- (iii) make written recommendations to resolve the difference

Within thirty (30) working days of the date of receipt of the request and, for those thirty (30) days from that date, time does not run in respect of the grievance procedure.

(e) Arbitration

If not settled in Step 3 above within thirty (30) working days, the matter may be referred by either party to a Board of Arbitration for final and conclusive determination.

(f) Time Limits

Extensions to the time limits contained herein above, may be agreed upon between the parties only for the most serious of reasons.

9.03 Arbitration

A Board of Arbitration shall consist of one (1) person to be mutually appointed by the Employer and the Union, unless either party indicates that they want a three (3) person Board of Arbitration which shall consist of one (1) person appointed by each party and a chairperson to be selected by the two so appointed.

Where the parties are using a one (1) person Board of Arbitration, the Employer and the Union shall mutually agree on the person within fourteen (14) calendar days of the referral under Clause 9.02(d).

Where the parties are using a three (3) person Board of Arbitration, the Employer and the Union shall appoint their respective representative within seven (7) calendar days of the referral under Clause 9.02(f). The two representatives shall select a chairperson within a further seven (7) calendar days. Each party shall pay: its own expenses and costs of arbitration; the remuneration and disbursements of its appointee to the Arbitration Board; and one-half (½) of the compensation and expenses of its Chairperson.

Where the parties are unable to agree on a person to be a single Arbitrator or a chairperson, as the case may be, either party may apply to the Minister of Labour to make the appointment.

In all other respects, the provisions of the Labour Relations Code shall apply. The decision of the Board of Arbitration shall be final and binding on both parties. All costs and expenses incurred by the arbitrator shall be shared on an equal basis.

9.04 Grievance on Safety

An employee, or a group of employees, who is requested to work under unsafe or unhealthy conditions shall have the right to file a grievance in the second step 2 of the grievance procedure for preferred handling.

ARTICLE 10 - DISMISSAL, SUSPENSION AND DISCIPLINE

10.01 Dismissal and Suspension

An employee who alleges wrongful dismissal or suspension by the Employer shall be entitled to have such grievance settled in accordance with the grievance procedure set forth in Article 9. If the employee is found by a Board of Arbitration appointed under the provisions of Article 9 to be dismissed, suspended or otherwise disciplined for other than proper cause, the Board of Arbitration may:

- (a) direct the Employer to reinstate the employee and pay to the employee a sum equal to wage lost by reason of dismissal, suspension or other discipline, or such lesser sum as in the opinion of the Board of Arbitration is fair and reasonable; or
- (b) make such an order as it considers fair and reasonable, having regard to the terms of this Agreement.

An employee who is reinstated by a Board of Arbitration shall be entitled to reinstatement without loss of seniority.

ARTICLE 11 - EMPLOYEE RIGHTS

11.01 Right to Have Steward Present

An employee shall have the right to have his/her Steward or Union representative present during disciplinary meetings, provided that there is no undue delay caused by the unavailability of a Union representative or steward. Where a supervisor intends to interview an employee for disciplinary purposes, the supervisor shall so notify the employee in advance of the purpose of the interview in order that the employee may contact his/her Steward or Union Representative to be present at the interview. It is understood that this provision does not apply to discussions that are part of an investigation or operational in nature.

11.02 Personnel Records

An employee shall, upon giving reasonable notice, have the right to have access to and review his/her personnel record. Any disagreement as to the accuracy of information contained in the file may be subject to the Grievance Procedure and the eventual resolution thereof shall become part of the employee's record. No adverse report from the employee's record, of which the employee was not aware, may be introduced as evidence in any hearing. The Employee shall have the right to make copies of any material contained in his/her personnel record.

ARTICLE 12 - SENIORITY

12.01 Seniority Defined

- (a) Seniority is defined as the length of service in the bargaining unit and shall include service with the Employer prior to certification.
- (b) Seniority shall be used in determining preference or priority for call-in procedures in the Preschool, promotion, subject to Article 13.03, layoff, permanent reduction of the workforce, overtime and recall subject to the provisions of this Agreement. (Call-in procedures for the Family Enrichment Program are detailed in **Article 24 – Call-in procedures for the Family Enrichment Centre**).
- (c) Auxiliary employees who obtain regular status will be granted seniority based on all hours worked, excluding overtime, prior to the date on which they obtain regular status.
- (d) When two (2) or more Auxiliary employees are being considered for a vacancy posted pursuant to Article 13.01 of this Agreement, Article 13.03 will apply to these employees. In applying Article 13.03, these employees will be considered to have seniority based on the number of regular hours worked for the Employer as an auxiliary employee.
- (e) Temporary employees who obtain regular status shall have their seniority dated from their last date of hire as temporary employee. **It is understood that in the case of employees working less than full time hours, their seniority shall be calculated on the same basis as part time regular employees, from their last date of hire as a temporary employee.**
- (f) Regular part time employees shall accumulate seniority on the basis of regularly scheduled time excluding overtime hours worked. Regularly scheduled time shall include time absent from work as a result of a compensable absence covered by WCB.
- (g) **In the event that an auxiliary Employee fills a temporary position, and then obtains regular status, the accumulated hours in both positions will be used to calculate seniority (the combination of calculations from (c) and (e) above).**

12.02 Seniority List

The Employer shall maintain a seniority list showing the current classification and the date upon which each employee's service commenced including the number of regular hours worked by Regular, Part time and auxiliary employees.

This list shall be updated annually and made available to the employees and the Union by the end of each September. A copy shall be sent to the Local Union.

12.03 Loss of Seniority

An employee shall not lose seniority if he/she is absent from work because of sickness, disability, accident, layoff or leave approved by the Employer.

An employee shall only lose his/her seniority in the event:

- (a) He/she is discharged for just cause and is not reinstated;
- (b) He/she voluntarily resigns;
- (c) He/she fails to return to work within fifteen (15) working days following a layoff and after receiving notice by registered mail to do so, unless through sickness or other just cause;
- (d) He/she is absent without proper authorization for three (3) or more consecutive workdays;
- (e) He/she has not worked for the Employer during the last **twelve (12) months**;
- (f) He/she is **permanently promoted to an excluded position and does not return to the bargaining unit within six (6) months.**

12.04 Probation and Seniority for Newly Hired Employees

A newly hired employee shall be on probation for six (6) months or 780 hours whichever occurs first, excluding overtime. During this probationary period, employees shall have no rights based on seniority, but on completion of the probationary period, seniority shall be based on the total hours worked for the Employer as calculated in accordance with Article 12.01. After successful completion of the probationary period, the employee shall be eligible for benefits and seniority shall be effective from the original date of hire.

ARTICLE 13 - PROMOTIONS AND STAFF CHANGES

13.01 Job Postings

- (a) When a new position is created, or when a vacancy of a temporary or permanent nature occurs, the Employer shall post the position internally and shall provide the Union with a copy of the posting.

- (b) Exceptions to the above are:
1. Temporary vacancies of three (3) months or less;
 2. Auxiliary positions.

These posting provisions may be waived by mutual agreement between the Employer and the Union.

- (c) It is the intent of the parties that vacancies which do not require posting pursuant to (a) above be filled, subject to operational requirements, in accordance with Article 13.03, from current qualified employees who are available and capable of performing the work.

13.02 Information in Postings

Such notice shall contain the following information:

Nature of position, location, qualifications, required knowledge and education, skills, shift, hours of work, wage or salary rate or range. Such qualifications and requirements shall be those necessary to perform the job function(s).

13.03 Job Selections

In making appointments, promotions, transfers and demotions, the skill, knowledge and ability of the applicant concerned shall be the primary consideration, but where such qualifications are equal, length of service shall be the determining factor.

13.04 Temporary Positions

Temporary positions shall not exceed twelve (12) consecutive calendar months without the agreement of both parties, or as specifically permitted in this Agreement.

ARTICLE 14 - LAYOFF AND RECALL

14.01 Definition of Layoff

A layoff shall be defined as a reduction in the work force as defined in this Agreement.

14.02 Layoff

- (a) When laying off an employee or employees within each classification, the last hired shall be the first laid off, based on length of service with the Employer, it being understood that:
- i) employees in a higher classification may be demoted to a lower classification, and
 - ii) probationers have no seniority, and

- iii) an employee who has been promoted from one classification to another, and subsequently demoted to the lower classification shall, within that lower classification, have seniority according to length of service with the Employer.
- (b) Employees who have completed their probationary period and who are laid off and subsequently recalled to work within one (1) year of the layoff, shall be credited with previous service for the purpose of determining length of service in connection with vacations and other benefits based on length of service.
- (c) Except in cases of inclement weather, strikes, lockouts or other circumstances beyond the control of the Employer, the Employer shall give to the employees concerned who have completed the probationary period not less than two (2) calendar weeks or ten (10) working days prior written notice of any layoff under this clause. Such notices shall be given in writing either by delivering or mailing the same to the employee for whom it is intended. If an employee to whom notice of layoff is given under this clause 14.02 (c) has not been given, the opportunity to work for at least ten (10) days of the period of such notice the employee shall be paid for those days for which work was not made available. The Employer shall be required to give notice of layoff under this clause 14.02 (c) only to those regular full time, regular part time, temporary full time and auxiliary employees who have acquired seniority rights in either a regular seniority pool or an auxiliary seniority pool and have completed the probationary period as aforesaid.

14.03 Recall

- (a) Recall List

Laid off regular employees will be retained on a recall list for a duration of twelve (12) months during which time they shall be considered to be on-call employees and subject to the provisions of this Collective Agreement. Laid off employees who desire to return to service when work is available to them must keep their supervisor informed of their current address in order that they be readily accessible. If a regular employee is recalled for a period of in excess of thirty (30) consecutive days, he shall be returned to regular status.
- (b) Recall Procedure

When work becomes available, laid off regular employees shall be recalled by the Employer for return to service in order of seniority, provided an employee so recalled is fully qualified and capable of performing all required work.

ARTICLE 15 - HOURS OF WORK

15.01 Hours of Work

- (a) Regular Weekly Hours
The regular weekly hours shall consist of five (5) days, Monday to Friday, and hours of work for full time employees shall be between thirty (30) and thirty-five (35) hours per week.
- (b) Regular Daily Hours
The regular daily hours for full time employees shall consist of between six (6) and seven (7) hours per day between 8:30 am to 4:30 pm.
- (c) Unpaid Meal Breaks
Employees shall be entitled to one unpaid meal break per day.
- (d) Rest Periods
Two (2) ten minutes rest periods will be allowed each shift.

ARTICLE 16 - OVERTIME

16.01 Overtime defined

The Employer agrees to pay overtime wages if an employee works more than seven (7) hours a day or thirty-five (35) hours a week.

16.02 Pre-Approved Overtime

All overtime must be pre-approved by the Supervisor except in cases of emergency.

16.03 Overtime Wages

Overtime worked will be compensated in accordance with the following:

- (a) The first two (2) hours worked in excess of seven (7) hours in a day will be compensated at one and one half (1 ½) times the employees regular wage and
- (b) All hours worked in excess of nine (9) hours in a day will be compensated at two (2) times the employees' regular wage.

16.04 Weekly Overtime

All hours worked in excess of thirty-five (35) hours in a week will be compensated at a rate of one and one-half (1½) the employee's regular wage for the first seven (7) hours and two (2) times the employee's regular wage for all hours worked thereafter.

ARTICLE 17 - PAID HOLIDAYS

17.01 Statutory Holidays

The Employer recognizes the following statutory holidays:

New Year's Day	Good Friday
Easter Monday	Victoria Day
Canada Day	B.C. Day
Labour Day	Thanksgiving Day
Remembrance Day	Christmas Day
Boxing Day	

and any other day declared or proclaimed as a holiday by the Government of Canada or the Government of the Province of British Columbia.

17.02 Statutory Holiday Pay

- (a) Once an employee has worked for the Employer for thirty (30) calendar days, the employee is entitled to statutory holidays with pay.
- (b) An employee who has worked irregular hours on at least fifteen (15) of the thirty (30) days prior to a statutory holiday is entitled to an average day's pay for the holiday. This amount is calculated by dividing the employee's total wages, excluding overtime, earned in the thirty (30) day period by the number of days worked.
- (c) An employee who has worked fewer than fifteen (15) of the thirty (30) days prior to a statutory holiday is entitled to pro-rated statutory holiday pay. This amount is calculated by dividing the employee's total wages, excluding overtime, earned in the thirty (30) day period by fifteen (15).
- (d) Employees who do not work between the end of one school year and the start of a new school year are not entitled to statutory holiday pay for any statutory holidays that may fall within that period of time.

ARTICLE 18 - VACATION PAY

18.01 Vacation Pay

Paid annual vacation for all persons covered by this Agreement shall be allowed as follows:

- (a) Employees leaving the service in less than twelve (12) months from the date of appointment shall be granted vacation pay in accordance with Part 7 of the Employment Standards Act.
- (b) In the first part vacation year of service, vacation will be granted on the basis of one-twelfth (1/12) of ten (10) working days for each month or portion of a month greater than one-half (½) worked by August 31st.

- (c) During the second up to and including the **seventh (7th)** vacation year of service – fifteen (15) working days.
- (d) During the **eighth (8th)** up to and including the **eighteenth (18th)** vacation year of service – twenty (20) working days.
- (e) During the **nineteenth (19th)** vacation year of service and during each year thereafter – twenty-five (25) working days.
- (f) Vacation year shall mean the twelve-month period from September 1st to August 31st inclusive.

18.02 Vacation Scheduling

- (a) Regular employees with greater than one (1) year of service shall take vacation time off during Christmas and Spring Break as defined by the Vancouver School Board calendar. Such vacation time shall be equal to the number of days that would have been worked had Christmas and Spring breaks not occurred minus any statutory holidays that occur during these breaks. Employees that do not have full vacation entitlement shall take whatever vacation time they are entitled to and take the balance as a leave of absence without pay.
- (b) The remaining vacation entitlement shall be taken at a mutually agreed time.
- (c) Employees leaving upon reaching maximum retirement age are entitled to the following:
 - Retiring prior to April 1st, they receive half of the usual annual vacation pay;
 - If retiring on or after April 1st, they receive the full annual vacation pay.
- (d) An employee who has been granted a leave of absence in excess of thirty (30) days shall have vacation entitlement pro-rated accordingly.
- (e) Employees with remaining vacation entitlement pursuant to (a) and (b) above may elect to bank that remaining entitlement to be used within the following three (3) years. This vacation so banked will be paid at the time it is taken at the rate at which it was earned. In addition, this vacation must be taken in full week increments and at a time agreed by the designated Community Recreation Supervisor. It is understood that the Preschool Supervisor will develop a process to record and track this banked vacation in conjunction with the Hastings Community Association Bookkeeper.

18.03 Regular Full Time Employees - Who work less than twelve (12) months per vacation year

Full time employees who work less than twelve (12) months per vacation year shall be allowed paid annual vacation on a pro-rated basis. For example, employees who work ten (10) months will have their entitlement based on 18.01 above multiplied by ten-twelfths (10/12). An employee with four (4) vacation

years of service would be entitled to fifteen (15) days times ten-twelfths (10/12), or twelve and one-half (12½) days.

18.04 Regular Part Time Employees

Regular part time employees will be paid annual vacation on a pro-rated basis, according to service. (Service is based on the accumulated regular hours worked, i.e. 1 year=1827 hours worked).

ARTICLE 19 - EMPLOYEE BENEFITS

19.01 Employee Benefits

(a) Regular Full Time Employees

Upon completion of three (3) calendar months' continuous employment, regular full-time employees shall be entitled to benefits. Prior to completion of the three-month period, Regular Full Time Employees shall receive twelve percent (12%) in lieu of benefits.

Benefits consist of a Dental Plan, Extended Health, Group Life and LTD. The cost of these plans shall be one-hundred percent (100%) borne by the Employer, except that the Employer's cost shall be limited to twelve percent (12%) of the employees' straight time earnings.

(b) Regular Part Time Employees

Regular part time employees shall be paid twelve percent (12%) in lieu of benefits.

(c) Auxiliary Employees

Auxiliary employees shall not be entitled to annual vacation, but shall be paid an amount equal to four percent (4%) of their regular earnings, which premium payment shall be considered to be in lieu of all employee benefits, including those providing for time off pay.

Auxiliary employees who have worked for the Employer on a consistent basis for a period of five (5) years shall have such pay in lieu of benefits increased to six percent (6%) of their regular earnings.

Payments in lieu of benefits above shall be paid to employees in each pay period.

ARTICLE 20 - PAID AND UNPAID LEAVES

20.01 Sick/Compassionate Leave Bank

Regular full-time employees shall be entitled to one point three (1.3) days per month worked paid leave in a calendar year to be used at the employee's discretion to cover sickness, family emergency, bereavement, and similar circumstances requiring the employee to be absent from work. Documentation for absence will be provided if requested by the Employer.

At the end of the school year, the unused balance will be carried over to the next year for 12 calendar months. At the expiry of the 12 month carry-over, any unused leave will expire and be eliminated from the bank. The date used for the carry over calculation shall be June 30 of each year. For example, an employee who has one day left unused at June 30 in year 1 will be permitted to carry over that one day to be used during year 2. In the event the employee is sick during year 2, the day carried over will be the first day used. In the event the employee does not use any of her bank in year 2, the day from year one will expire and the employee will be permitted to carry over all of the leave from year 2 to year 3.

In the year of the employee's retirement, they will be allowed to cash out any unused sick bank hours at the current Substitute rate of pay.

Regular part time employees will be entitled to the above provisions on a pro-rated basis according to regular hours worked.

20.02 General Leave

The Employer may grant leave of absence without pay to employees who have completed their probationary period in accordance with the provisions below:

- (a) The request must be in writing and must be submitted a minimum of four (4) weeks in advance of the date of commencement. Under extenuating circumstances, the Employer may waive the minimum four (4) weeks advance notice request. Reasons for denial of a request for a leave of absence will be provided in writing.
- (b) The reasons for the leave must be good and sufficient and the application must be approved in writing by the Childcare Association Manager.
- (c) For the purpose of service related benefits, the employee shall accrue seniority during leaves of absence under this article to a maximum of thirty-one (31) consecutive days for each leave.
- (d) The granting of such leaves shall not be unreasonably withheld.
- (e) **Authorization for Exact Period**
When obtaining authorization for a leave of Absence without pay, the exact period of absence must be requested. Unless mutually agreed otherwise, the employee will then be expected to take the full authorization period. This provision is required to eliminate unnecessary payroll adjustments and to avoid terminating the service of temporary replacements prior to the period for which they were employed.

ARTICLE 21 - COURT ATTENDANCE AND JURY DUTY

21.01 Jury Duty and Witness Fees

- (a) Any employee called for jury duty or as a witness will be allowed time off during the period of such duty. The employee's regular pay will be continued provided that all remuneration received for such duty is remitted to the Employer.
- (b) Expenses Incurred
The Employer does not make allowance for payment of additional transportation costs, parking fees, lunches, etc. incurred while on such duty.
- (c) Method of Reporting
All absences, even if less than two (2) hours, are to be reported in advance to the Supervisor.

21.02 Leave of Absence for Full Time Union or Public Duties

- (a) The Employer recognizes the right of an employee to participate in public affairs. Therefore, upon written request, the Employer shall allow a leave of absence without loss of benefits so that the employee may be a candidate in federal, provincial, or municipal elections.
- (b) An employee who is elected or selected for a full time position with the Union shall be granted leave of absence without loss of seniority and without pay for the term of office.
- (c) An employee who is elected or selected for a full time position with the Union, or any body with which the Union is affiliated, shall be granted leave of absence without loss of seniority for a period of one year. Such leave shall be renewed each year, on request during his/her term of office.
- (d) An Employee who is elected to public office shall be allowed leave of absence without loss of seniority during his/her terms of office.

21.03 Pay During Leave of Absence for Union Work or Convention

An employee shall receive the pay and benefits provided for in the Agreement when on unpaid leave of absence for Union work or conventions. However, the Union shall reimburse the Employer for pay and benefits during the period of absence.

ARTICLE 22 - PAYMENT OF WAGES AND ALLOWANCES

22.01 How Wages are Paid

Pay periods will coincide with regular Hastings Community Association payroll dates, in Canadian currency, by direct deposit, payable on demand, drawn on a savings institution.

22.02 Statement of Wages

The Employer shall, on every payday, give to each employee a written statement of wages of his/her pay period according to the Employment Standards Act.

22.03 Pay on Temporary Transfer, Higher Rated Position

When an employee temporarily relieves in, or performs the principal duties of, a higher rated position for a continuous period of one (1) full day or more, she/he will receive the appropriate rate of pay on the salary scale according to the time she/he has previously worked in the higher level job.

22.04 Pay on Transfer, Lower Rated Job

When an employee is assigned in accordance with the terms of this Collective Agreement to a position paying a lower hourly rate, his/her rate shall not be reduced for the first six (6) months. Thereafter, the employee shall be paid the corresponding rate of pay for the lower rated position.

22.05 Education (Tuition) Reimbursement

- (a) Employees may apply to be reimbursed by the Employer for tuition costs. If approved by the Employer, employees may be reimbursed for 50% of the tuition cost of a course, up to a maximum of two hundred and fifty dollars (\$250), upon successful completion of a course.
- (b) Notwithstanding (a) above, regular employees working in the Preschool who have five (5) or more years of service will have preapproved courses required for their Early Childhood Educator certification reimbursed at 100%, up to a maximum of \$200 per employee per year.

22.06 Professional Development

Full time regular employees are entitled to three (3) professional development days per year. These may be allocated to either team or individual development.

(Part time regular employees who, as at the date of ratification of this Agreement, had previously been entitled to professional development days, will continue to be entitled to professional development days on the same basis, except that they will not be entitled to more than three (3) days per year).

22.07 Meetings/Conferences

Employees will receive a payment over and above their regular salary, as detailed below, when required by the Employer to attend any of the following, outside normal working hours:

- Association Board Meetings
- Centre Staff Meetings
- Program Committee Meetings
- Evening Parent Meetings and Conferences
- Any other meeting, conference or event at which the Employer requires the employee to be present.

The employee will be expected to attend such meetings as directed. When possible, the employee will flex time on a biweekly schedule to attend meetings. Otherwise, the employee may take either compensation in the form of time off in lieu or payment at the appropriate rate of pay in accordance with the provisions of articles 15 and 16.

22.08 Salary Protection

After six (6) months' continuous employment, employees will receive a minimum of two (2) weeks' severance in case of layoff, including when on approved leave of absence for:

- Long-term disability
- E.I. Maternity or Parental benefit

ARTICLE 23 - LABOUR MANAGEMENT COMMITTEE

23.01 Establishment of Committee

A Labour Management Committee shall be established consisting of two (2) representatives of the Union and two (2) representatives of the Employer.

Notwithstanding the above, it is understood that from time to time either party may bring an additional representative, for training purposes. This additional representative shall have observer status only and shall not be permitted to vote or to participate in discussions without the mutual agreement of the parties. Further, this additional representative shall not be paid by the Employer, whether the meeting is held during working hours or not.

23.02 Purpose of the Committee

The purpose of the committee is to promote the cooperative resolution of workplace issues, to respond and adapt to changes in the economy, to improve the quality and delivery of preschool and drop-in programs, and to promote workplace productivity.

23.03 Jurisdiction of Committee

The committee shall not have jurisdiction or the ability to discuss wages or any matter of collective bargaining, including the administration of this Agreement.

The committee shall not supersede the activities of any other committee of the Union or of the Employer, and does not have the power to bind either the Union or its members or the Employer to any decisions or conclusions reached in their discussions. The committee shall have the power to make recommendations to the Union and the Employer with respect to its discussions and conclusions.

23.04 Meetings of Committee

The committee shall meet at least once in each school term, or as required, at a mutually agreeable time and place. The committee shall meet at least two (2) times per year, or as required, at a mutually agreeable time and place. It is the intent of the parties that all meetings are held during normal work hours, as far as practical, with no loss of pay for regular committee members. In the event the meeting is held outside of working hours, the time of the regular committee members will be treated in accordance with Article 22.07. The chair of each labour management meeting shall alternate between the Employer and the Union. Committee members shall receive a notice and agenda of the meeting at least forty-eight (48) hours in advance of the meeting.

ARTICLE 24 – CALL-IN PROCEDURE FOR THE FAMILY ENRICHMENT CENTRE

- 1) The supervisor of the Family Enrichment Centre will maintain a substitute call-in-tracking record in order to ensure all part-time and auxiliary staff are provided equal opportunities to fill additional shifts within the Family Enrichment Centre.**
- 2) The part-time and auxiliary staff list will be updated each September to record current availability of staff for call-in and to record all hours worked by each employee in the previous twelve (12) months.**
- 3) At the beginning of September, staff on the on-call list are to be listed in the order of all hours worked in the previous twelve (12) months highest to lowest.**
- 4) When a shift becomes available, the first person on the on-call list will be called to cover the shift provided the available shift coincides with listed staff availability. If the first person on the list is unavailable or unable to work the shift being filled, the next person on the in-call list will be called.**
- 5) Staff will then be called on a rotating basis for subsequent available shifts as is consistent with staff availability. This means that the next time additional shift coverage is required, the next person on the on-call list will be called to fill that shift.**
- 6) Call-in practices within the Family Enrichment Centre do not preclude staff who are on the on-call list from having regularly scheduled shifts.**

7) Staff who are on the on-call list at the Family Enrichment Centre may also be on the on-call list for the Hastings Community Association Preschool or Out of School Care. When called to cover shifts in the Preschool or Out of School Care, these staff will be called in accordance with Article 12.01 (b) of the Collective Agreement.

8) This Article, will not in any way alter the call in procedures used in the Preschool, which are in accordance with Article 12.01 (b).

Agreed this 18th day of December, 2018

SIGNED
ON BEHALF OF THE UNION:

Mary Anderson
John
Kathy
Janice
Sheyl Buss
[Signature]

SIGNED
ON BEHALF OF THE EMPLOYER:

[Signature]
A. Besshears
[Signature]
[Signature]

APPENDIX "A" HOURLY WAGE RATES

Job Title	Sept. 1	Step 1	Step 2	Step 3
Preschool Supervisor				
	2015	23.88	24.98	25.98
	2016	24.24	25.34	26.34
	2017	24.60	25.70	26.70
	2018	24.98	26.08	27.08
	2019	25.36	26.46	27.46
Preschool Teacher				
	2015	19.91	20.80	21.68
	2016	20.27	21.16	22.04
	2017	20.63	21.52	22.40
	2018	21.01	21.90	22.78
	2019	21.39	22.28	23.16
Preschool Substitute				
	2015	16.85		
	2016	17.21		
	2017	17.57		
	2018	17.95		
	2019	18.33		
Drop In Supervisor				
	2015	19.73	20.19	20.61
	2016	20.09	20.55	20.97
	2017	20.45	20.91	21.33
	2018	20.83	21.29	21.71
	2019	21.21	21.67	22.09
Drop In Assistant				
	2015	16.85		
	2016	17.21		
	2017	17.57		
	2018	17.95		
	2019	18.33		
OSC Supervisor				
	2015	17.90		
	2016	18.26		
	2017	20.45	20.91	21.33
	2018	20.83	21.29	21.71
	2019	21.21	21.67	22.09
OSC LEADER PART-TIME/AUX				
	2015	16.85		
	2016	17.21		
	2017	17.57		
	2018	17.95		
	2019	18.33		

Wage Increases:

The wages in effect on September 1st, 2015 will be increased by \$0.36.

The wages in effect on September 1st, 2016 will be increased by \$0.36.

The wages in effect on September 1st, 2017 will be increased by \$0.36.

The wages in effect on September 1st, 2018 will be increased by \$0.38.

The wages in effect on September 1st, 2019 will be increased by \$0.38.

[The exception to the above wage increases is the OSC Supervisor wages, which increase to equal the Drop-In Supervisor rate of pay on September 1, 2017.]

LETTER OF UNDERSTANDING #1


The Union and the Employer will form a joint committee to explore the information that the Employer has obtained, and will continue to obtain, regarding extended health benefits. The parties will select an appropriate benefits option within 120 days of ratification of this agreement.


If the Parties are unable to find an appropriate benefits option, despite their efforts in the joint committee established above, the Parties will agree that the language of article 19.01(a) does not apply and that each employee that would have otherwise received benefits pursuant to 19.01(a) will continue to receive twelve percent (12%) in lieu of benefits.

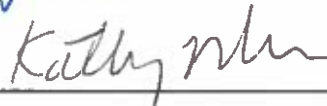
The Parties agree that this Letter of Understanding shall remain in force until August 31, 2020.

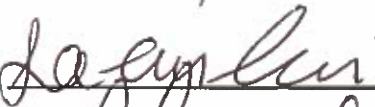
Agreed this 18th day of December, 2017


SIGNED
ON BEHALF OF THE UNION:


















SIGNED
ON BEHALF OF THE EMPLOYER:











LETTER OF UNDERSTANDING #2

The Union acknowledges that the Employer intends to close the Preschool program during the 2nd week of what is colloquially referred to as "the two week spring break" (referred to in the 2017/2018 Vancouver School Board Calendar as "School Not in Session") beginning in 2021, in accordance with the intent of article 18.02 (a).

Agreed this 18th day of December, 2017

SIGNED
ON BEHALF OF THE UNION:






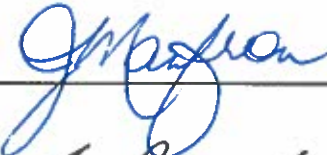
Kathy Min

de-Quelin


Keeley Bueck




SIGNED
ON BEHALF OF THE EMPLOYER:



A. Bushears





**Letter of Agreement
Between
HASTINGS COMMUNITY ASSOCIATION
And
CANADIAN UNION OF PUBLIC EMPLOYEES, Local 1936**

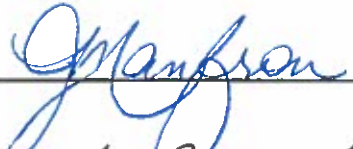
Re: Hours of work for employees working in the Out of School Care program


Notwithstanding Article 15.01 (b) Regular Daily Hours, employees working in the Out of School Care program will work hours that fall between 7:15am and 6:15pm.


Dated this 18th day of December, 2017


For Hastings Community Association:


For CUPE Local 1936:














Kathy M...

Dee Ann...

Sheelly Bull...

Great-West Life
your Benefits Solutions People



**HASTINGS COMMUNITY
ASSOCIATION**

ALL EMPLOYEES

Effective: September 15, 2018

Policy: 408232

ALL EMPLOYEES

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

GREAT-WEST LIFE ONLINE

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

GREAT-WEST LIFE ONLINE SERVICES FOR PLAN MEMBERS

As a Great-West Life plan member, you can also register for GroupNet for Plan Members at **www.greatwestlife.com**.

This service enables you to access the following and much more, within a user friendly environment twenty-four hours a day, seven days a week:

- Your benefit details and claims history
- Personalized claim forms and cards
- Online claim submission for certain claims
- Extensive Health and Wellness content

Using our GroupNet Mobile app, you can access certain features of GroupNet for Plan Members to:

- submit many of your claims online - part of our industry-leading GroupNet online services
- access personalized coverage information about benefits, claims and more - quickly and easily, any time
- view card information
- locate the nearest provider who has access to Provider eClaims, through a built-in GPS mapping tool

ALL EMPLOYEES

CLAIM SUBMISSION

Claim forms are available from your plan administrator. You may also obtain these forms on-line in the Group Benefits section of the Great-West Life web site located at: www.greatwestlife.com

Your claim form, and any other correspondence about your claim, may be submitted to your employer, or directly to the Benefit Payment Office that will be handling your claim.

Life Claims:

The Great-West Life Assurance Company
Attn: Group Life Claims
60 Osborne Street North
Winnipeg, Manitoba
R3C 3A5

Health and Dental Claims:

The Great-West Life Assurance Company
Select Benefit Services
P.O. Box 3050
Winnipeg, Manitoba
R3C 0E6
(800) 957-9777
or
(800) 990-6654
TTY line (for the hearing impaired)

HASTINGS COMMUNITY ASSOCIATION

Policy: 408232

ALL EMPLOYEES

Disability Claims:

The Great-West Life Assurance Company
Attn: Disability Management Services Office
255 Dufferin Avenue - 7th Floor
London, Ontario
N6A 4K1
(519) 435-7229
(866) 325-6413

ALL EMPLOYEES

Access to Documents

You have the right, upon request, to obtain a copy of the policy, your application and any written statements or other records you have provided to Great-West Life as evidence of insurability, subject to certain limitations.

Legal Actions

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.

Appeals

You have the right to appeal a denial of all or part of the insurance or benefits described in the contract as long as you do so within one year of the initial denial of the insurance or a benefit. An appeal must be in writing and must include your reasons for believing the denial to be incorrect.

Benefit Limitation for Overpayment

If benefits are paid that were not payable under the policy, you are responsible for repayment within 30 days after Great-West Life sends you a notice of the overpayment, or within a longer period if agreed to in writing by Great-West Life. If you fail to fulfill this responsibility, no further benefits are payable under the policy until the overpayment is recovered. This does not limit Great-West Life's right to use other legal means to recover the overpayment.

ALL EMPLOYEES

BENEFIT SUMMARY

This summary must be read together with the benefits described in this booklet.

Employee Life Insurance

\$ 50,000 Reducing by 50% at age 65.

Accidental Death, Dismemberment and Specific Loss (Principal Sum)

An amount equal to your Life Insurance

Employee Critical Illness Insurance \$ 15,000

Long Term Disability (LTD) Benefits

Waiting period 112 days

Amount 66.67% of your monthly earnings to a maximum of \$ 3,000 or 85% of your pre-disability take-home pay, whichever is less.

Benefit period to age 65

Tax Status: non-taxable

Healthcare

Per Prescription Deductible
(applicable to In-Canada drug expenses)

-for prescription drugs none

ALL EMPLOYEES

Calendar Year Deductible

-for global medical assistance	none
-for in-Canada ambulance and hospital	none
-for visioncare	none
-for all other healthcare expenses	
-individual	none
-family	none

Reimbursement Level

-for global medical assistance	100%
-for out-of-country care	100%
-for in-Canada ambulance and hospital	100%
-for visioncare	100%

In-Canada Prescription Drugs

- drugs purchased in Quebec	80%
- drugs purchased outside of Quebec	
- drugs purchased from Costco Wholesale Canada Ltd.using the prescription drug identification card	90 %

ALL EMPLOYEES

- drugs subject to Prior Authorization or Health Case Management and purchased from the provider designated by Great-West Life (whether or not the person used the prescription drug identification card)	90 %
- drugs purchased from any other source or drugs purchased without using the prescription drug identification card	80%
-for paramedical expenses	
-for chiropractors	80%
-for physiotherapists	80%
-for psychologists/social workers	80%
-for dieticians	80%
-for podiatrists	80%
-for speech therapists	80%
-for massage therapists	80%
-for acupuncturists	80%
-for naturopaths	80%
-for osteopaths	80%
-for all other healthcare expenses	80%

Basic Expense Maximums

-for in-Canada home nursing care	\$ 10,000 for a maximum of 12 months per condition
-for hospital care	semi-private room
-for in-Canada prescription drugs	unlimited
-for hearing aids	\$700 every 5 years
-for speech aids	\$1,000 lifetime
-for custom-fitted orthopedic shoes and custom-made foot orthotics	\$300 every 12 months

ALL EMPLOYEES

-for myoelectric arms	\$10,000 per prosthesis
-for external breast prosthesis	1 every 12 months
-for surgical brassieres	2 every 12 months
-for mechanical or hydraulic patient lifters (excluding electric stairlifts)	\$2,000 per lifter every 5 years
-for outdoor wheelchair ramps	\$2,000 lifetime
-for blood-glucose monitoring machines	1 every 4 years
-for continuous glucose monitoring machines including sensors and transmitters	\$4,000 each calendar year
-for transcutaneous nerve stimulators	\$700 lifetime
-for extremity pumps for lymphedema	\$1,500 lifetime
-for custom-made compression hose	\$250 each calendar year
-for wigs for cancer patients	\$200 lifetime
-diagnostic x-rays and lab tests	unlimited
-for paramedical expense maximums	
-for chiropractors	\$ 500 each calendar year
-for physiotherapists	\$ 500 each calendar year
-for psychologists/social workers	\$ 500 each calendar year
-for dieticians	\$ 500 each calendar year
-for podiatrists	\$ 500 each calendar year
-for speech therapists	\$ 500 each calendar year
-for massage therapists	\$ 500 each calendar year
-for acupuncturists	\$ 500 each calendar year
-for naturopaths	\$ 500 each calendar year
-for osteopaths	\$ 500 each calendar year

Unless prohibited by law, Great-West Life will pay for the portion of the cost that is not payable under a government plan. (Please refer to the Healthcare "Limitations" for Podiatric treatment.)

ALL EMPLOYEES

Out of Pocket Maximum for Quebec Residents

An out-of-pocket maximum is applied to in-province expenses for drugs listed in the Liste de Medicaments Publiee par la Regie de L'Assurance-Maladie du Quebec if you live in Quebec (provincial formulary drug expenses). If the sum of the non-reimbursable amounts you are required to pay for provincial formulary drug expenses incurred for you and your dependent children or for your spouse in a calendar year reaches the maximum out-of-pocket level established by law, the amount payable for provincial formulary drug expenses incurred for the same individuals for the rest of the calendar year will be adjusted as follows:

1. reimbursement will be made at 100%
2. no further out-of-pocket amounts will apply

The out-of-pocket maximum does not apply to drug expenses incurred outside Quebec.

Visioncare Expense Maximums

Eye Examinations	1 every 24 months
Glasses, Contact Lenses and Laser Eye Surgery	\$ 250 every 24 months

Lifetime Healthcare Maximum unlimited

Dentalcare

Payment Basis

The dental fee guide in effect on the date treatment is rendered for the province in which treatment is rendered. (Specialist charges are limited to the General Practitioner Fees)

ALL EMPLOYEES

Calendar Year Deductible:

-for dental accident coverage	none
-for all other expenses:	
-individual	none
-family	none

Reimbursement Levels

Dental Accident Coverage	100%
Basic Coverage	80%

Plan Maximums

-for dental accident	unlimited
-for basic coverage	\$ 2,500 per calendar year

Other Information

Basic dental services exclude oral hygiene instruction.

Benefit Details

This booklet describes the principal features of the group benefit plan sponsored by your employer, but Group Policy No. 408232 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 your employer if you require any additional information.

ALL EMPLOYEES

COMMENCEMENT AND TERMINATION OF COVERAGE

You are eligible to participate in the plan immediately if you are covered on the effective date of this plan. Otherwise you are eligible after completion of the eligibility waiting period shown below. The waiting period can only be satisfied by continuous employment as an insurable employee, ending on or after the effective date of this plan. You are considered continuously employed only if you satisfy the actively at work requirement throughout the eligibility waiting period.

Basic Life Insurance	3 months
Long Term Disability	3 months
Healthcare	3 months
Dentalcare	3 months
Accidental Death and Dismemberment	3 months
Critical Illness	3 months

- You must apply for coverage no later than 31 days after you become eligible. If you apply within 31 days of when you are eligible, your coverage takes effect on the date you applied. After 31 days, you must provide evidence of insurability for you and your dependents before you can participate.
- If you do not apply for dentalcare coverage within 31 days of becoming eligible, your benefits may be subject to restrictions*. See the Late Applicant Restrictions section.
- You must be actively at work when coverage takes effect, otherwise the coverage will not be effective until you return to work.

Increases in your benefits while you are covered by this plan will not become effective unless you are actively at work.

ALL EMPLOYEES

- You must be employed on a permanent, and non-seasonal basis for at least 15.0 hours each week to join the plan.

Your coverage terminates when your employment ends, you are no longer eligible, you stop paying the required premiums, or the policy terminates, whichever is earliest.

- Your dependents' coverage terminates when your insurance terminates or your dependent no longer qualifies, whichever is earlier.
- When your coverage terminates, you may be entitled to an extension of benefits under the plan. Your employer will provide you with details.

Survivor Benefits

If you die while your coverage is still in force, the health and dental benefits for your dependents will be continued for a period of 24 months or until they no longer qualify, whichever happens first.

DEPENDENT COVERAGE

Dependent means:

- Your spouse, legal or common-law.

A common-law spouse means a person who is living with the employee in a conjugal relationship.

- Your unmarried children under age 21, or under age 25 if they are full-time students.

Children under age 21 are not covered if they are working more than 30 hours a week, unless they are full-time students.

Children who are incapable of supporting themselves because of physical or mental disorder are covered without age limit if the disorder begins before they turn 21, or while they are students under 25, and the disorder has been continuous since that time.

ALL EMPLOYEES

Note: If you are a Quebec resident, full-time students are covered for prescription drug benefits until age 26.

Beneficiary Designation

You may make, alter or revoke a designation of beneficiary as permitted by law. If this policy replaces coverage under a prior policy any designation of beneficiary you made under the previous policy does not apply under this policy. You should review any beneficiary designation made under this policy from time to time to ensure that it reflects your current intentions. You may change the designation by completing a form available from your employer.

ALL EMPLOYEES

EMPLOYEE LIFE INSURANCE

On your death Great-West Life will pay your life insurance benefits to your named beneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate. Your employer will explain the claim requirements to your beneficiary.

- Your life insurance terminates when you reach age 71.
- You are entitled to waiver of premium benefits after you have been continuously disabled for 112 days. You will be considered disabled during the period you are entitled to receive Long Term Disability benefits.
- If any or all of your insurance terminates on or before your 65th birthday, you may be eligible to apply for an individual conversion policy without providing proof of your insurability. You must apply and pay the first premium no later than 31 days after your group insurance terminates. See your employer for details.
- Your dependent life insurance terminates when you reach age 71 or when you no longer have eligible dependents, whichever comes first.
- If you are disabled and the premiums for your employee life insurance are waived, your dependent life insurance will also continue without premium payment until your own coverage terminates or your dependents no longer qualify.
- If you live in Quebec and your spouse's or child's insurance terminates before you reach age 71 he or she may be eligible for an individual conversion policy without providing proof of insurability.
- If you live elsewhere in Canada and your spouse's insurance terminates before he or she reaches age 71 he or she may be eligible for an individual conversion policy without providing proof of insurability.
- You or your spouse must apply for spouse or child insurance and pay the first premium no later than 31 days after the group insurance terminates. See your employer for details.

HASTINGS COMMUNITY ASSOCIATION

Policy: 408232

ALL EMPLOYEES

ALL EMPLOYEES

ACCIDENTAL DEATH, DISMEMBERMENT AND SPECIFIC LOSS (AD&D) INSURANCE

If you suffer one of the losses listed below as the result of an accident which occurs while you are insured, you will be paid the factor or portion of the Principal Sum. The loss must occur no later than 365 days after the accident. For loss of use, the loss must be continuous for 365 days. If you suffer multiple losses to the same limb as the result of the same accident, only the loss providing the highest amount payable will be paid.

If you die as a result of an accident, Great-West Life will pay the Principal Sum to your named beneficiary. If you have not named a beneficiary or there is no surviving beneficiary at the time of your death, payment will be made to your estate. Your employer will explain the claim requirements to your beneficiary.

The Principal Sum is the maximum amount that will be paid for all injuries resulting from the same accident. For paraplegia, hemiplegia, and quadriplegia, the maximum amount that will be paid for all injuries resulting from the same accident is two times the Principal Sum.

<i>Loss</i>	<i>Amount Payable</i>
Life	Principal Sum
Both hands or both feet	Principal Sum
Sight of both eyes	Principal Sum
One hand and one foot	Principal Sum
One hand and sight of one eye	Principal Sum
One foot and sight of one eye	Principal Sum
Speech and Hearing in both ears	Principal Sum
One arm or one leg	3/4 Principal Sum
One hand or one foot or sight of one eye	1/2 Principal Sum
Speech	1/2 Principal Sum
Hearing in both ears	1/2 Principal Sum
Thumb and index finger or at least 4 fingers of one hand	1/4 Principal Sum
All toes of one foot	1/8 Principal Sum

ALL EMPLOYEES

Loss of Use

Both arms and both legs (quadriplegia)	2X Principal Sum
Both legs (paraplegia)	2X Principal Sum
One arm and one leg on the same side of the body (hemiplegia)	2 X Principal Sum
One arm and one leg on different sides of the body	Principal Sum
Both arms or both hands	Principal Sum
One hand and one leg	Principal Sum
One leg or one arm	3/4 Principal Sum
One hand	1/2 Principal Sum

Surgical Reattachment

If you suffer the loss of a limb that is surgically reattached, Great-West Life will pay 50% of the amount that would have been payable if the loss had been permanent, regardless of the amount of use regained. The balance of the benefit will be payable if the reattachment fails and the reattached part is removed within one year after the reattachment was performed.

Repatriation

If you die as the result of an accident that is at least 150 kilometres away from your home, Great-West Life will pay up to \$2,500 for the preparation and transportation of your body to the place of burial or cremation less any amounts paid under this plan's global medical assistance benefit.

ALL EMPLOYEES

Educational Benefit for Dependent Children

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

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

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

Family Transportation Benefit

If you are hospitalized more than 150 kilometres from your home as a result of an injury for which benefits are payable under this benefit provision, Great-West Life will pay the actual expense incurred less any amount paid for the same expenses under this plan's global medical assistance benefit, up to \$ 2,000, for transportation and lodging expenses for one family member to join you.

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

Transportation expenses are limited to round trip economy class transportation. If a private vehicle is used, expenses are limited to \$.44 per kilometre travelled.

ALL EMPLOYEES

Occupational Training Benefit for Spouses

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

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

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

Educational Benefit

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

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

ALL EMPLOYEES

Wheelchair Benefit

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

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

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

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

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

Your AD&D insurance terminates when you reach age 71.

Limitations

No benefits are paid for injury or death resulting from:

- Intentionally self-inflicted injury or suicide
- Viral or bacterial infections, any form of illness or physical or mental infirmity, or medical or surgical treatment except surgical reattachment

ALL EMPLOYEES

- War, insurrection or voluntary participation in a riot
- Service in the armed forces of any country
- Air travel serving as a crew member, or in aircraft owned, leased or rented by your employer, or air travel where the aircraft is not licensed or the pilot is not certified to operate the aircraft

How to Make a Claim

- To claim benefits for yourself, ask your employer for a claim form. Complete it and return it to your employer.
- If you die accidentally, your employer will explain the claim requirements to your beneficiary.
- Claims should be submitted as soon as possible, but no later than 15 months after the loss.

ALL EMPLOYEES

CRITICAL ILLNESS INSURANCE

If you are diagnosed with one of the illnesses defined below while you are insured, Great-West Life will pay you the critical illness insurance benefit. Check the Benefit Summary for the amount. The benefit is payable after a waiting period of 30 days following the date of diagnosis or at the end of the waiting period, if any, specified for the condition below, whichever is longer. In addition to this benefit, provided it is \$10,000 or more, Great-West Life will make a \$500 donation in your name to a registered charitable organization of your choice. Only one critical illness benefit is payable in your lifetime. Once a benefit has been paid, no further critical illness insurance is available.

Evidence of insurability may be required, subject to approval by Great West Life. Check the Benefit Summary for this information.

Your critical illness insurance terminates when you reach age 65.

Covered Illnesses

Any of the following conditions is considered a critical illness if it meets the defined criteria and has been diagnosed by a physician practicing medicine in Canada or the United States who is recognized by the physician's medical licensing body as a specialist in the field of medicine relating to the applicable critical illness. The diagnosis must be supported by objective medical evidence.

- **"heart attack"** - means the death of heart muscle due to obstruction of blood flow, that results in the rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:
 - heart attack symptoms;
 - new electrocardiogram (ECG) changes consistent with a heart attack; or
 - development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

ALL EMPLOYEES

No benefits will be paid under this condition for:

- elevated biochemical cardiac markers after an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or
- ECG changes suggesting a prior myocardial infarction, which do not meet the Heart Attack definition as described above.

· **"stroke"** - means an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

- acute onset of new neurological symptoms, and
- new objective neurological deficits on clinical examination,

persisting for more than 30 days following the date of the condition. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

No benefits will be paid under this condition for:

- transient ischaemic attacks; or
- intracerebral vascular events due to trauma.

For greater certainty, lacunar infarcts which do not have the neurological symptoms and deficits set out above, persisting for more than 30 days, do not satisfy the definition of stroke.

· **"coronary artery bypass surgery"** - means the undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). The surgery must be determined to be medically necessary by a specialist.

No benefits will be paid under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

ALL EMPLOYEES

- "**cancer (life-threatening)**" - means a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

Types of cancer include carcinoma, melanoma, leukemia, lymphoma, and sarcoma.

No benefits will be paid under this condition for the following:

- lesions described as benign, pre-malignant, uncertain, borderline, non-invasive, carcinoma in-situ (Tis), or tumors classified as Ta;
- malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- any non-melanoma skin cancer, without lymph node or distant metastasis;
- prostate cancer classified as T1a or T1b, without lymph node or distant metastasis;
- papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0 cm in greatest diameter and classified as T1, without lymph node or distant metastasis;
- chronic lymphocytic leukemia classified less than Rai stage 1; or
- malignant gastrointestinal stromal tumours (GIST) and malignant carcinoid tumours, classified less than AJCC Stage 2.

For purposes of the policy, the terms Tis, Ta, T1a, T1b, T1 and AJCC Stage 2 are to be applied as defined in the American Joint Committee on Cancer (AJCC) cancer staging manual, 7th Edition, 2010.

For purposes of the policy, the term Rai staging is to be applied as explained in KR Rai, A Sawitsky, EP Cronkite, AD Chanana, RN Levy and BS Pasternack: Clinical staging of chronic lymphocytic leukemia. Blood 46:219, 1975.

Cancer exclusion period

No benefits will be paid under this condition if, within the first 90 days following the later of the person's effective date of insurance or, for an

ALL EMPLOYEES

increase, the effective date of the increase, the person has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of cancer (covered or excluded under the policy), regardless of when the diagnosis is made; or
- a diagnosis of cancer (covered or excluded under the policy).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Great-West Life within six months of the date of the diagnosis. If this information is not provided within this period, Great-West Life has the right to deny any claim for cancer or any critical illness caused by any cancer or its treatment.

- **"kidney failure"** - means chronic irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is initiated.

- **"blindness"** - means the total and irreversible loss of vision in both eyes, evidenced by:
 - the corrected visual acuity being 20/200 or less in both eyes; or
 - the field of vision being less than 20 degrees in both eyes.

- **"major organ transplant"** - means irreversible failure of the heart, both lungs, liver, both kidneys, or bone marrow, and transplantation must be medically necessary. To qualify under major organ transplant, the person must undergo a transplantation procedure as the recipient of a heart, lung, liver, kidney or bone marrow, and limited to these entities.

- **"dementia, including Alzheimer's disease"** - means dementia, which must be characterized by a progressive deterioration of memory and at least one of the following areas of cognitive function:
 - aphasia (a disorder of speech);
 - apraxia (difficulty performing familiar tasks);

ALL EMPLOYEES

- agnosia (difficulty recognizing objects); or
- disturbance in executive functioning (e.g. inability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behaviour), which is affecting daily life.

The person must exhibit:

- dementia of at least moderate severity, which must be evidenced by a Mini Mental State Exam of 20/30 or less, or equivalent score on another generally medically accepted test or tests of cognitive function; and
- evidence of progressive deterioration in cognitive and daily functioning either by serial cognitive tests or by history over at least a six-month period.

No benefits will be paid under this condition for affective or schizophrenic disorders, or delirium.

For purposes of the policy, reference to the Mini Mental State Exam is to Folstein MF, Folstein SE, McHugh PR, J Psychiatr Res. 1975;12(3):189.

- **"Parkinson's Disease and Specified Atypical Parkinsonian Disorders"** - Parkinson's Disease means primary Parkinson's Disease, a permanent neurologic condition which must be characterized by bradykinesia (slowness of movement) and at least one of:

- muscular rigidity; or
- rest tremor.

The person must exhibit objective signs of progressive deterioration in function for at least one year, for which the treating neurologist has recommended dopaminergic medication or other generally medically accepted equivalent treatment for Parkinson's Disease.

Specified Atypical Parkinsonian Disorders mean progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy.

No benefits will be paid under this condition for any other type of parkinsonism.

ALL EMPLOYEES

Parkinson's Disease and Specified Atypical Parkinsonian Disorders exclusion period

No benefits will be paid under this condition if, within the first year following the later of the person's effective date of insurance or, for an increase, the effective date of the increase, the person has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of Parkinson's Disease, a Specified Atypical Parkinsonian Disorder or any other type of parkinsonism, regardless of when the diagnosis is made; or
- a diagnosis of Parkinson's Disease, a Specified Atypical Parkinsonian Disorder or any other type of parkinsonism.

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Great-West Life within six months of the date of the diagnosis. If this information is not provided within this period, Great-West Life has the right to deny any claim for Parkinson's Disease or Specified Atypical Parkinsonian Disorders or, any critical illness caused by Parkinson's Disease or Specified Atypical Parkinsonian Disorders or its treatment.

- **"paralysis"** - means total loss of muscle function of two or more limbs as a result of injury or disease to the nerve supply of those limbs, for a period of at least 90 days following the precipitating event.
- **"multiple sclerosis"** - means at least one of the following:
 - two or more separate clinical attacks, confirmed by magnetic resonance imaging (MRI) of the nervous system, showing multiple lesions of demyelination;
 - well-defined neurological abnormalities lasting more than six months, confirmed by MRI imaging of the nervous system, showing multiple lesions of demyelination; or
 - a single attack, confirmed by repeated MRI imaging of the nervous system, which shows multiple lesions of demyelination which have developed at intervals at least one month apart.

ALL EMPLOYEES

· **"deafness"** - means the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater within the speech threshold of 500 to 3000 hertz.

· **"loss of speech"** - means the total and irreversible loss of the ability to speak as a result of physical injury or disease for a period of at least 180 days.

No benefits will be paid under this condition for all psychiatric related causes.

· **"coma"** - means a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be four or less.

No benefits will be paid under this condition for a medically induced coma.

· **"severe burns"** - means third degree burns over at least 20% of the body surface.

· **"aortic surgery"** - means the undergoing of surgery for disease of the aorta requiring excision and surgical replacement of any part of the diseased aorta with a graft. Aorta means the thoracic and abdominal aorta but not its branches. The surgery must be determined to be medically necessary by a specialist.

No benefits will be paid under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures.

· **"benign brain tumour"** - means a non-malignant tumour located in the cranial vault and limited to the brain, meninges, cranial nerves or pituitary gland. The tumour must require surgery or radiation treatment or cause irreversible objective neurological deficits.

ALL EMPLOYEES

No benefits will be paid under this condition for pituitary adenomas less than 10 mm.

Benign brain tumour exclusion period

No benefits will be paid under this condition if, within the first 90 days following the later of the person's effective date of insurance or, for an increase, the effective date of the increase, the person has any of the following:

- signs, symptoms or investigations that lead to a diagnosis of benign brain tumour (covered or excluded under the policy), regardless of when the diagnosis is made; or
- a diagnosis of benign brain tumour (covered or excluded under the policy).

Medical information about the diagnosis and any signs, symptoms or investigations leading to the diagnosis must be reported to Great-West Life within six months of the date of the diagnosis. If this information is not provided within this period, Great-West Life has the right to deny any claim for benign brain tumour or any critical illness caused by any benign brain tumour or its treatment.

- **"heart valve replacement or repair"** - means the undergoing of surgery to replace any heart valve with either a natural or mechanical valve or to repair heart valve defects or abnormalities. The surgery must be determined to be medically necessary by a specialist.

No benefits will be paid under this condition for angioplasty, intra-arterial procedures, percutaneous trans-catheter procedures or non-surgical procedures

- **"loss of independent existence"** - means the total inability to perform, by oneself, at least two of the following six activities of daily living for a continuous period of at least 90 days with no reasonable chance of recovery.

ALL EMPLOYEES

Activities of daily living are:

- bathing - the ability to wash oneself in a bathtub, shower or by sponge bath, with or without the aid of assistive devices;
 - dressing - the ability to put on and remove necessary clothing, braces, artificial limbs, or other surgical appliances with or without the aid of assistive devices;
 - toileting - the ability to get on and off the toilet and maintain personal hygiene with or without the aid of assistive devices;
 - bladder and bowel continence - the ability to manage bowel and bladder function with or without protective undergarments or surgical appliances so that a reasonable level of hygiene is maintained;
 - transferring - the ability to move in and out of a bed, chair or wheelchair, with or without the aid of assistive devices; and
 - feeding - the ability to consume food or drink that already has been prepared and made available, with or without the use of assistive devices.
- **"loss of limbs"** - means the complete severance of two or more limbs at or above the wrist or ankle joint as the result of an accident or medically required amputation.
- **"motor neuron disease"** - means one of the following: amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy, and limited to these conditions.
- **"occupational HIV infection"** - means infection with Human Immunodeficiency Virus (HIV) resulting from accidental injury during the course of the person's normal occupation, which exposed the person to HIV contaminated body fluids. The accidental injury leading to the infection must have occurred following the later of the person's effective date of insurance or, for an increase, the effective date of the increase.

Payment under this condition requires satisfaction of all the following:

ALL EMPLOYEES

- the accidental injury must be reported to Great-West within 14 days of the accidental injury;
- a serum HIV test must be taken within 14 days of the accidental injury and the result must be negative;
- a serum HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive;
- all HIV tests must be performed by a duly licensed laboratory in Canada or the United States; and
- the accidental injury must have been reported, investigated and documented in accordance with current Canadian or United States workplace guidelines.

No benefits will be paid under this condition if:

- the person has elected not to take any available licensed vaccine offering protection against HIV; or
- a licensed cure for HIV infection has become available prior to the accidental injury.

For greater certainty, non-accidental injury including, but not limited to, sexual transmission or intravenous (IV) drug use does not satisfy the definition of Occupational HIV Infection.

· "**bacterial meningitis**" - means meningitis, confirmed by cerebrospinal fluid showing growth of pathogenic bacteria in culture, resulting in neurological deficit documented for at least 90 days from the date of diagnosis.

No benefits will be paid under this condition for viral meningitis.

· "**aplastic anaemia**" - means chronic persistent bone marrow failure, confirmed by biopsy, which results in anaemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following:

- marrow stimulating agents;
- immunosuppressive agents; or
- bone marrow transplantation.

ALL EMPLOYEES

Limitations

No benefits are paid for:

- a critical illness that is directly or indirectly related to a condition for which you received medical care within 24 months before your insurance started. This limitation does not apply:
 - if your illness is diagnosed after you have been continuously insured for 24 months, or
 - to any amounts of insurance for which evidence of insurability is required.
- a critical illness resulting directly or indirectly from or associated with any of the following:
 - intentionally self-inflicted injury, or attempt at suicide, while sane or insane
 - war, insurrection or voluntary participation in a riot
 - participation in a criminal offence or provoking an assault
 - use of any drug, poisonous substance, intoxicant, or narcotic, unless prescribed for the person by a licensed physician and taken in accordance with directions given by the licensed physician
 - operating a motorized vehicle while the blood alcohol level is higher than 80 milligrams of alcohol per 100 millilitres of blood.

No benefits are paid if death or irreversible cessation of all functions of the brain occurs during the benefit payment waiting period.

How to Make a Claim

- To claim benefits, ask your employer for a claim form. Complete it and return it to the address shown on the form.
- Claims should be submitted as soon as possible, but no later than 3 months after the end of the benefit payment waiting period or 3 months after the plan terminates, whichever is earlier.

ALL EMPLOYEES

LONG TERM DISABILITY (LTD) INCOME BENEFITS

The plan provides you with regular income to replace income lost because of a lengthy disability due to disease or injury. Benefits begin after the waiting period is over and continue until you are no longer disabled as defined by the policy or you reach age 65, whichever comes first. Check the Benefit Summary for the benefit amount and waiting period.

- If disability is not continuous, the days you are disabled can be accumulated to satisfy the waiting period as long as no interruption is longer than 2 weeks and the disabilities arise from the same disease or injury.
- LTD benefits are payable for the first 24 months following the waiting period if disease or injury prevents you from performing the essential duties of your regular occupation, and, except for any employment under an approved rehabilitation plan, you are not employed in any occupation that is providing you with income equal to or greater than your amount of LTD insurance under this plan, as shown in the Benefit Summary.
- After 24 months, LTD benefits will continue only if your disability prevents you from being gainfully employed in any job. Gainful employment is work you are medically able to perform, for which you have at least the minimum qualifications, and which provides you with an income of at least 50% of your indexed monthly earnings before you became disabled.
- Loss of any license required for work will not be considered in assessing disability.
- After the waiting period, separate periods of disability arising from the same disease or injury are considered to be one period of disability unless they are separated by at least 6 months.
- Because you pay the entire cost of LTD coverage, benefits are not taxable.
- Your LTD insurance terminates when you reach age 65.

ALL EMPLOYEES

Other Income

Your LTD benefit is reduced by other income you are entitled to receive while you are disabled. Your benefit is first reduced by:

- disability or retirement benefits you are entitled to on your own behalf under the Canada Pension Plan or Quebec Pension Plan
- benefits under any Workers' Compensation Act or similar law
- employer sponsored short term disability or sick leave benefits
- loss of income benefits under an automobile insurance plan, to the extent permitted by law
- 50% of earnings received from an approved rehabilitation plan

There is a further reduction of your LTD benefit if the total of the income listed below exceeds 85 % of your monthly take-home pay before you became disabled. If it does, your benefit is reduced by the excess amount.

- your income under this plan
- loss of income benefits available through legislation, except for Employment Insurance benefits and automobile insurance benefits, which you or another member of your family is entitled to on the basis of your disability
- the wage loss portion of any criminal injury award
- disability benefits under a plan of insurance available through an association

ALL EMPLOYEES

- employment income, disability benefits, or retirement benefits related to any employment except for income from an approved rehabilitation plan, or employer sponsored short term disability or sick leave benefits (termination pay, severance benefits, and any similar termination of employment benefits, including any salary paid in lieu of notice, are included as employment income under this provision)
- dividend income

The balance of any earnings received from an approved rehabilitation plan is not used to further reduce your LTD benefit unless that balance, together with your income from this plan and the other income listed above, would exceed your indexed monthly take-home pay before you became disabled. If it does, your benefit is reduced by the excess amount.

Cost-of-living increases in the other income listed above, that take effect after the benefit period starts, except for income from an approved rehabilitation plan, are not included.

Vocational Rehabilitation

Vocational rehabilitation involves a work related activity or training strategy that is designed to help you return to your own job or other gainful employment, and is recommended or approved by Great-West Life. In considering whether to recommend or approve a rehabilitation plan, Great-West Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to work.

Medical Coordination

Medical coordination is a program, recommended or approved by Great-West Life, that is designed to facilitate medical stability and provide you with cost effective, quality care. In considering whether to recommend or approve a medical coordination program, Great-West Life will assess such factors as the expected duration of disability, and the level of activity required to facilitate medical stability.

ALL EMPLOYEES

Limitations

No benefits are paid for:

- Disability that begins before your insurance starts or after it ends.
- Disability arising from a disease or injury for which you received medical care before your insurance started. This limitation does not apply if your disability starts after you have been continuously insured for 1 year, or you have not had medical care for the disease or injury for a continuous period of 90 days ending on or after the date your insurance took effect.
- Any period after you fail to participate or cooperate in a prescribed plan of medical treatment appropriate for your condition.

Depending on the severity of the condition, you may be required to be under the care of a specialist.

If substance abuse contributes to your disability, the treatment program must include participation in a recognized substance withdrawal program.

- Any period after you fail to cooperate in applying for other disability benefits, reapplying for such benefits, or appealing decisions regarding such benefits, where considered appropriate by Great-West Life.
- Any period after you fail to participate or cooperate in an approved rehabilitation plan.
- Any period after you fail to participate or cooperate in a recommended medical coordination program.
- Any period after you fail to participate or cooperate in a required medical or vocational assessment.
- The scheduled duration of a leave of absence.

ALL EMPLOYEES

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

Any period in which you are outside Canada. This exclusion does not apply during the first 30 days of an absence, or if Great-West Life pre-authorized the absence prior to your departure.

Any period of incarceration, confinement, or imprisonment by authority of law

Disability arising from war, insurrection, or voluntary participation in a riot.

Conversion Privilege

If you change jobs, you may apply for an individual LTD conversion policy without medical evidence. You must apply and pay the first premium no later than 31 days after you start your new job, and you must start your new job no later than 6 months after you leave your present one. Your application must be acceptable according to Great-West Life's underwriting rules in effect for individual disability insurance conversion policies at the time of application. See your employer for details.

How to Make a Claim

Obtain an Employee Claim Submission Guide (form M4307) from your employer and follow the guide's instructions. Return the completed form to your employer as soon as possible, but no later than 3 months after proof of your claim has been requested.

ALL EMPLOYEES

HEALTHCARE

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers customary charges for the following services and supplies. All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is accepted by the Canadian medical profession, it is proven to be effective, and it is of a form, intensity, frequency and duration essential to diagnosis or management of the disease or injury.

Covered Expenses

- Ambulance transportation to the nearest centre where adequate treatment is available
- Semi-private room and board in a hospital in Canada hospital or the government authorized co-payment for accommodation in a nursing home is covered when provided in Canada and the treatment received is acute, convalescent or palliative care.
- Acute care is active intervention required to diagnose or manage a condition that would otherwise deteriorate.
- Convalescent care is active treatment or rehabilitation for a condition that will significantly improve as a result of the care and follows a 3 day confinement for acute care.
- Palliative care is treatment for the relief of pain in the final stages of a terminal condition.

Semi-private room and board in an out-of-province hospital is covered when the treatment received is acute, convalescent or palliative care. For out-of-province accommodation, any difference between the hospital's standard ward rate and the government authorized allowance in your home province is also covered.

ALL EMPLOYEES

The plan also covers the hospital facility fee related to dental surgery and any out-of-province hospital out-patient charges not covered by the government health plan in your home province.

- Residences established primarily for senior citizens or which provide personal rather than medical care are not covered.
- Home nursing services of a registered nurse, a registered practical nurse if you are a resident of Ontario or a licensed practical nurse if you are a resident in any other province, when services are provided in Canada. No benefits are paid for services provided by a member of your family or for services which do not require the specific skills of a registered or practical nurse.

You should apply for a pre-care assessment before home nursing begins

- Drugs and drug supplies described below when prescribed by a person entitled by law to prescribe them, dispensed by a person entitled by law to dispense them, and provided in Canada. Benefits for drugs and drug supplies provided outside Canada are payable only as provided under the out-of-country emergency care provision.
 - Drugs which require a written prescription according to the Food and Drugs Act, Canada or provincial legislation in effect where the drug is dispensed, including contraceptive drugs and products containing a contraceptive drug
 - Injectable drugs including vitamins, insulins and allergy extracts. Syringes for self-administered injections are also covered
 - Disposable needles for use with non-disposable insulin injection devices, lancets, test strips and sensors for flash glucose monitoring machines
 - Extemporaneous preparations or compounds if one of the ingredients is a covered drug
 - Certain other drugs that do not require a prescription by law may be covered when they are prescribed. If you have any questions, contact your plan administrator before incurring the expense.

ALL EMPLOYEES

Unless medical evidence is provided to Great-West Life that indicates why a drug is not to be substituted, Great-West Life can limit the covered expense to the cost of the lowest priced interchangeable drug.

- Rental or, at Great-West Life's discretion, purchase of certain medical supplies, appliances and prosthetic devices prescribed by a physician
- Custom-made foot orthotics and custom fitted orthopedic shoes, including modifications to orthopedic footwear, when prescribed by a physician
- Hearing aids including batteries, tubing and ear molds provided at the time of purchase, when prescribed by a physician.
- Speech aids, including Bliss boards and laryngeal speaking aids, prescribed by a physician when no alternative method of communication is possible
- Diabetic supplies, including insulin, syringes, Novolin pens, testing supplies and insulin infusion sets, when prescribed by a physician
- Blood-glucose monitoring machines prescribed by a physician
- Flash glucose monitoring machines.
- Continuous glucose monitoring machines prescribed by a physician, including sensors and transmitters
- Insulin Infusion sets, not including infusion pumps
- Diagnostic x-rays and lab tests
- Out-of-hospital treatment of muscle and bone disorders, including diagnostic x-rays, by a licensed chiropractor
- Out-of-hospital treatment of movement disorders by a licensed physiotherapist
- Out-of-hospital treatment by a registered psychologist or qualified social worker

ALL EMPLOYEES

- Out-of-hospital treatment of nutritional disorders by a registered dietician
- Out-of-hospital treatment of foot disorders, including diagnostic x-rays by a licensed podiatrist
- Out-of-hospital services of a qualified massage therapist
- Out-of-hospital treatment of speech impairments by a qualified speech therapist
- Out-of-hospital services of a qualified naturopath
- Out-of-hospital services of a licensed osteopath, including diagnostic x-rays
- Out-of-hospital services of a qualified acupuncturist

Out-Of-Country Care

- **Emergency care** outside Canada is covered if it is required as a result of a medical emergency arising while you or your dependent is temporarily outside Canada for vacation, business or education purposes. To qualify for benefits, you must be covered by the government health plan in your home province.

A medical emergency is either a sudden, unexpected injury, or a sudden, unexpected illness or acute episode of disease that could not have been reasonably anticipated based on the patient's prior medical condition.

Emergency care is covered medical treatment that is provided as a result of and immediately following a medical emergency.

If the patient's condition permits a return to Canada, benefits are limited to the lesser of:

- the amount payable under this plan for continued treatment outside Canada, and

ALL EMPLOYEES

- the amount payable under this plan for comparable treatment in Canada plus the cost of return transportation.

No benefits are paid for:

- any further medical care related to a medical emergency after the initial acute phase of treatment. This includes non-emergency continued management of the condition originally treated as an emergency
- any subsequent and related episodes during the absence from Canada
- expenses related to pregnancy and delivery, including infant care:
 - after the 34th week of pregnancy, or
 - at any time during the pregnancy if the patient's medical history indicates a higher than normal risk of an early delivery or complications.
- expenses incurred more than 60 days after the date of departure from Canada. If you or your dependent is hospital confined at the end of the 60 day period, benefits will be extended to the end of the confinement.
- **Non-emergency** care outside Canada is covered for you and your dependents if:
 - it is required as a result of a referral from your usual Canadian physician
 - it is not available in any Canadian province and must be obtained elsewhere for reasons other than waiting lists or scheduling difficulties
 - you are covered by the government health plan in your home province for a portion of the cost, and
 - a pre-authorization of benefits is approved by Great-West Life before you leave Canada for treatment.

No benefits will be paid for:

- investigational or experimental treatment

ALL EMPLOYEES

- transportation or accommodation charges.

The plan covers the following services and supplies when related to out-of-country care:

- treatment by a physician
- diagnostic x-ray and laboratory services
- hospital accommodation in a standard or semi-private ward or intensive care unit, if the confinement begins while you or your dependent is covered
- medical supplies provided during a covered hospital confinement
- paramedical services provided during a covered hospital confinement
- hospital out-patient services and supplies
- medical supplies provided out-of-hospital if they would have been covered in Canada
- drugs
- out-of-hospital services of a professional nurse
- for emergency care only, ambulance services by a licensed ambulance company to the nearest centre where essential treatment is available

Other Services And Supplies

Great-West Life can, on such terms as it determines, cover services or supplies not otherwise covered under this policy where the service or supply represents reasonable treatment.

ALL EMPLOYEES

Global Medical Assistance Program

This program provides medical assistance through a worldwide communications network which operates 24 hours a day. The network locates medical services and obtains Great-West Life's approval of covered services, when required as a result of a medical emergency arising while you or your dependent is travelling for vacation, business or education. Coverage for travel within Canada is limited to emergencies arising more than 500 kilometres from home. You must be covered by the government health plan in your home province to be eligible for global medical assistance benefits. The following services are covered, subject to Great-West Life's prior approval:

- On-site hospital payment when required for admission, to a maximum of \$1,000
- If suitable local care is not available, medical evacuation to the nearest suitable hospital while travelling in Canada. If travel is outside Canada, transportation will be provided to a hospital in Canada or to the nearest hospital outside Canada equipped to provide treatment.
- Transportation and lodging for one family member joining a patient hospitalized for more than 7 days while travelling alone. Benefits will be paid for a round trip economy class ticket and for moderate quality lodgings up to \$1,500.
- If you or a dependent is hospitalized while travelling with a companion, extra costs for moderate quality lodgings for the companion when the return trip is delayed due to your or your dependent's medical condition, to a maximum of \$1,500.
- The cost of comparable return transportation home for you or a dependent and one travelling companion if prearranged, prepaid return transportation is missed because you or your dependent is hospitalized. Coverage is provided only when the return fare is not refundable. A rental vehicle is not considered prearranged, prepaid return transportation.
- In case of death, preparation and transportation of the deceased home

ALL EMPLOYEES

- Return transportation home for minor children travelling with you or a dependent who are left unaccompanied because of your or your dependent's hospitalization or death. Return or round trip transportation for an escort for the children is also covered when considered necessary
- Costs of returning your or your dependent's vehicle home or to the nearest rental agency when illness or injury prevents you or your dependent from driving, to a maximum of \$1,000. Benefits will not be paid for vehicle return if transportation reimbursement benefits are paid for the cost of comparable return transportation home

Benefits payable for moderate quality accommodation include telephone expenses as well as taxicab and car rental charges. Meal expenses are not covered.

Visioncare

- 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

ALL EMPLOYEES

Limitations

Great-West Life can decline a claim for services or supplies that were purchased from a provider that is not approved by Great-West Life.

Great-West Life can limit the covered expense for a service or supply to that of a lower cost alternative service or supply that represents reasonable treatment.

Except to the extent otherwise required by law, no benefits are paid for:

- Expenses private insurers are not permitted to cover by law
- Services or supplies for which a charge is made only because you have insurance coverage
- The portion of the expense for services or supplies that is payable by the government health plan in your home province, whether or not you are actually covered under the government health plan
- Any portion of services or supplies which you are entitled to receive, or for which you are entitled to a benefit or reimbursement, by law or under a plan that is legislated, funded, or administered in whole or in part by a government ("government plan") , without regard to whether coverage would have otherwise been available under this plan

In this limitation, government plan does not include a group plan for government employees

- Services or supplies that do not represent reasonable treatment
- Services or supplies associated with:
 - treatment performed only for cosmetic purposes
 - recreation or sports rather than with other daily living activities

ALL EMPLOYEES

- the diagnosis or treatment of infertility other than drugs
 - contraception, other than contraceptive drugs and products containing a contraceptive drug
 - Services or supplies associated with a covered service or supply, unless specifically listed as a covered service or supply or determined by Great-West Life to be a covered service or supply .
 - Extra medical supplies that are spares or alternates
 - Services or supplies received outside Canada except as listed under Out-of-Country Care and Global Medical Assistance
 - Services or supplies received out-of-province in Canada unless you are covered by the government health plan in your home province and benefits would have been paid for the same services or supplies if they had been received in your home province
- This limitation does not apply to Global Medical Assistance
- Expenses arising from war, insurrection, or voluntary participation in a riot
 - Services or supplies that Great-West Life has determined are not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury. In determining whether a service or supply is proportionate, Great-West Life may take any factor into consideration including, but not limited to, the following:
 - clinical practice guidelines;
 - assessments of the clinical effectiveness of the service or supply, including by professional advisory bodies or government agencies;
 - information provided by a manufacturer or provider of the service or supply; and
 - assessments of the cost effectiveness of the service or supply, including by professional advisory bodies or government agencies.

ALL EMPLOYEES

- Podiatric treatments for which a portion of the cost is payable under the Ontario Health Insurance Plan (OHIP). Benefits for these services are payable only after the maximum annual OHIP benefit has been paid
- Chronic care
- Visioncare services and supplies required by an employer as a condition of employment.

The following non-prescription items are not covered:

- Drugs or drug supplies that appear on an exclusion list maintained by Great-West Life. Great-West Life may exclude coverage for all expenses for a drug or drug supply, or only those expenses that relate to the treatment of specific diseases or injuries or the stages or progressions of specific diseases or injuries. Great-West Life may add or remove a drug or drug supply from an exclusion list at any time.

For greater certainty, a drug or drug supply may be added to an exclusion list for any reason including, but not limited to, the following:

- Great-West Life determining that further information from professional advisory bodies, government agencies or the manufacturer of the drug or drug supply is necessary to assess the drug or drug supply; or
- Great-West Life determining that the drug or drug supply is not proportionate to the disease or injury or, where applicable, the stage or progression of the disease or injury.
- Atomizers, appliances, prosthetic devices, or colostomy supplies
- First aid or diagnostic supplies or testing equipment
- Non-disposable insulin delivery devices or spring loaded devices used to hold blood letting devices
- Delivery or extension devices for inhaled medications

ALL EMPLOYEES

- Oral vitamins, minerals, dietary supplements, homeopathic preparations, infant formulas, or injectable total parenteral nutrition solutions
- Diaphragms, condoms, contraceptive jellies, foams, sponges, suppositories, contraceptive implants or appliances

In addition under the prescription drug coverage, no benefits are paid for:

- Any single purchase of drugs which would not reasonably be used within 34 days. In the case of certain maintenance drugs, a 100-day supply will be covered.
- Any drug which does not have a drug identification number as defined by the Food and Drugs Act, Canada
- Drugs administered during treatment in an emergency room of a hospital, or as an in-patient in a hospital
- Non-injectable allergy extracts
- Drugs that are considered cosmetic, such as topical minoxidil or sunscreens
- the following drugs when prescribed for a student over age 24 who is your dependent child and you are a resident in Quebec:
 - Drugs or drug supplies not listed in the Liste de Medicaments Publiee par la Regie de L'Assurance-Maladie du Quebec in effect on the date of purchase.
 - drugs or drug supplies received outside Quebec.
- Preventative immunization vaccines and toxoids
- Smoking cessation products
- Drugs used to treat erectile dysfunction

ALL EMPLOYEES

Note: If you are age 65 or older and reside in Quebec, you cease to be covered under this plan for basic prescription drug coverage and are covered under the basic plan provided by the *Régie de l'assurance-maladie du Québec*, unless you elect to be covered under this plan as set out below.

A one-time election may be made to be covered under this plan. You must make this election and communicate it to your employer by the end of the 60-day period immediately following:

- the date you reach age 65; or
- the date you become a resident of Quebec, within the meaning of the Health Insurance Act, Quebec, if you are age 65 or over.

While your election to be covered under this plan is in effect, you will be deemed not to be entitled to the basic plan provided by the *Régie de l'assurance-maladie du Québec*.

"Basic prescription drug coverage" means the portion of drug expenses that is reimbursed by the *Régie de l'assurance-maladie du Québec*.

Prior Authorization

In order to determine whether coverage is provided for certain services or supplies, Great-West Life maintains a limited list of services and supplies that require prior authorization.

Prior authorization is intended to help ensure that a service or supply represents reasonable treatment.

If the use of a lower cost alternative service or supply represents reasonable treatment, Great-West Life may require a person to provide medical evidence why the lower cost alternative service or supply cannot be used before coverage may be provided for the service or supply.

ALL EMPLOYEES

Health Case Management

Health case management is a program recommended or approved by Great-West Life that may include but is not limited to:

- . consultation with the person and his attending physician to gain understanding of the treatment plan recommended by the attending physician;
- . comparison with the person's attending physician of the recommended treatment plan with alternatives, if any, that represent reasonable treatment;
- . identification to the person's attending physician of opportunities for education and support; and
- . monitoring the person's adherence to the treatment plan recommended by the person's attending physician.

In determining whether to implement health case management, Great-West Life may assess such factors as the service or supply, the person's medical condition, and the existence of generally accepted medical guidelines for objectively measuring medical effectiveness of the treatment plan recommended by the attending physician.

Health Case Management Limitation

Great-West Life can, on such terms as it determines, limit the payment of benefits for a service or supply where:

- Great-West Life has implemented health case management and the person does not participate or cooperate; or
- the person has not adhered to the treatment plan recommended by his attending physician with respect to the use of the service or supply.

Health Case Management Expense Benefit

Expenses associated with health case management may be paid for by Great-West Life at its discretion. Expenses claimed under this provision must be pre-authorized by Great-West Life.

ALL EMPLOYEES

Designated Provider Limitation

For a service or supply to which prior authorization applies or where Great-West Life has recommended or approved health case management, Great-West Life can require that the service or supply be purchased from or administered by a provider designated by Great-West Life, and;

- limit the covered expense for a service or supply that was not purchased from or administered by a provider designated by Great-West Life to the cost of the service or supply had it been purchased from the provider designated by Great-West Life; or
- decline a claim for a service or supply that was not purchased from or administered by a provider designated by Great-West Life

Patient's Assistance Program

A patient assistance program means a program that provides assistance to persons with respect to the purchase of services or supplies.

Great-West Life can require a person to apply to and participate in any patient assistance program to which the person may be entitled. Further, Great-West Life can reduce the amount of a covered expense for a service or supply by an amount up to the amount of financial assistance the person is entitled to receive for that service or supply under a patient assistance program.

How to Make a Claim

- Out-of-country claims (other than those for Global Medical Assistance expenses) should be submitted to Great-West Life as soon as possible after the expense is incurred. It is very important that you send your claims to the Great-West Life Out-of-Country Claims Department immediately as your Provincial Medical Plan has very strict time limitations.

ALL EMPLOYEES

Access GroupNet for Plan Members to obtain a personalized claim form or obtain form M5432 (Statement of Claim Out-of-Country Expenses form) from your employer. Unless you are a resident of the Territories you must also obtain the Government Assignment form, and residents of British Columbia, Quebec and Newfoundland & Labrador must also obtain the Special Government Claim form. The Great-West Life Out-of-Country Claims Department will forward the appropriate government forms to your attention when required.

If you are a resident of the Territories, you must submit your out-of-country claims to your territorial government for processing before submitting the claim to Great-West Life. When you receive your Explanation of Benefits back from the territory, please send the following to the Great-West Life Out-of-Country Claims Department (be sure to keep copies for your own records):

- a copy of the payment from your territory
- a completed Statement of Claim Out-of-Country Expenses form (form M5432)
- all required information
- copies of all original receipts

Residents of the provinces should complete all applicable forms, making sure all required information is included. Attach all original receipts and forward the claim to the Great-West Life Out-of-Country Claims Department. Be sure to keep a copy for your own records. The plan will pay all eligible claims including your Provincial Medical Plan portion. Your Provincial Medical Plan will then reimburse the plan for the government's share of the expenses.

Out-of-country claims must be submitted within a certain time period that varies by province. For the claims submission period applicable in your province or territory or for any other questions or for assistance in completing any of the forms, please contact Great-West Life's Out-of-Country Claims Department at 1-800-957-9777.

ALL EMPLOYEES

- Online claims submission is available for a variety of covered healthcare services such as prescription drugs, visioncare, and paramedical services, depending on the group benefit plan under which you are covered. To use this online service you will need to be registered for GroupNet for Plan Members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

Claims must be submitted to Great-West Life as soon as possible, but no later than 15 months after you incur the expense.

You must retain your receipt for 12 months from the date you submit your claim to Great-West Life as a record of the transaction, and you must submit it to Great-West Life on request.

- For Healthcare claims not submitted online, access GroupNet for Plan Members to obtain a personalized claim form or obtain form M635D from your employer. Complete this form making sure it shows all required information.

Attach your receipts to the claim form and return it to the Great-West Life Benefit Payment Office as soon as possible, but no later than 15 months after you incur the expense.

- **For drug claims**, your employer will provide you with a prescription drug identification card. Present your card when purchasing drugs at any of the **participating pharmacies**.

ALL EMPLOYEES

Before your prescription is filled, an Assure Claims check will be done. Assure Claims is a series of seven checks that are electronically done on your drug claim history for increased safety and compliance monitoring. This has been designed to improve the health and quality of life for you and your dependents. Checks done include drug interaction, therapeutic duplication and duration of therapy, allowing the pharmacist to react prior to the drug being dispensed. Depending on the outcome of the checks, the pharmacist may refuse to dispense the prescribed drug.

When purchasing drugs at a **non-participating pharmacy**, you will be required to pay the full price of the prescription and the Assure Claims check will not be available. For reimbursement, ask your employer for a prescription drug claim form. Attach your drug receipts to the completed claim form and mail it to the address on the claim form.

When your coverage ends, return your direct pay drug identification card to your employer.

ALL EMPLOYEES

**DIAGNOSTIC AND TREATMENT SUPPORT SERVICES
(BEST DOCTORS® SERVICE)**

This service is designed to allow access to the expertise of specialists, resources, information and clinical guidance.

You, your dependents and your and your dependent's physician can access this service if the physician has made a diagnosis of a serious physical illness or condition for which there is objective evidence, or if the covered person or his or her physician suspects that the person has this illness or condition. This service is made up of a unique step-by-step process that may help address questions or concerns about a serious physical illness or condition. This may include confirming the diagnosis and suggesting the most effective treatment plan by drawing on a global database of up to 50,000 peer-ranked specialists.

How it works

- Access diagnostic and treatment support services by calling 1-877-419-BEST (2378) toll free.
- The person accessing the service will be connected with a member advocate who will be dedicated to his or her case and will provide support through the process. The member advocate will take the necessary medical history and answer the person's questions. Any information provided is not shared with either your employer or the administrator of your health plan.
- Based on the information provided, the member advocate determines the optimal level of service required.
- The member advocate may provide information, resources, guidance and advice individually tailored to meet the covered person's health needs, and can help identify individual community supports and resources available.

ALL EMPLOYEES

- If it is appropriate, the member advocate may arrange for an in-depth review of the covered person's medical file to assist in confirming the diagnosis and help develop a treatment plan. This review may include collecting, deconstructing and reconstructing medical records, pathology retesting and analyzing test results. A written report outlining the conclusions and recommendations of the specialists will be forwarded to the person accessing the service. Generally, this process takes 6 to 8 weeks. Timeframes may vary depending on the complexity of the case and amount of medical records to collect.
- If the covered person decides to seek treatment by a different physician, the member advocate can help identify a specialist qualified to meet his or her specific medical needs. Expenses incurred for travel and treatment are not covered by this service.
- If the covered person decides to seek treatment outside Canada, the member advocate can arrange referrals and can help book accommodations. The member advocate can also assist in accessing hospital and physician discounts, arrange for the forwarding of medical information and monitor the treatment process. Expenses incurred for travel and treatment are not covered by this service.
- The member advocate may identify a Best Doctors specialist suited to answer basic questions about health concerns and treatment options. Answers will be provided in a written report sent by email to the person accessing the service.

These services are not insured services. Great-West Life is not responsible for the provision of the services, their results, or any treatment received or requested in connection with the services.

ALL EMPLOYEES

DENTALCARE

A deductible may be applied before you are reimbursed. All expenses will be reimbursed at the level shown in the **Benefit Summary**. Benefits may be subject to plan maximums and frequency limits. Check the **Benefit Summary** for this information.

The plan covers customary charges to the extent they do not exceed the dental fee guide level shown in the **Benefit Summary**. Denturist fee guides are applicable when services are provided by a denturist. Dental hygienist fee guides are applicable when services are provided by a dental hygienist practising independently.

All covered services and supplies must represent reasonable treatment. Treatment is considered reasonable if it is recognized by the Canadian Dental Association, it is proven to be effective, and it is of a form, frequency, and duration essential to the management of the person's dental health. To be considered reasonable, treatment must also be performed by a dentist or under a dentist's supervision, performed by a dental hygienist entitled by law to practise independently, or performed by a denturist.

Frequency limitations or maximums expressed in years refer to 12-month periods and not calendar years.

Treatment Plan

- Before incurring any large dental expenses, ask your dental service provider to complete a treatment plan and submit it to Great-West Life. It is recommended that a person submit a treatment plan to Great-West Life before having dental treatment that will cost \$200 or more. Great-West Life will calculate the benefits payable for the proposed treatment, so you will know in advance the approximate portion of the cost you will have to pay.

ALL EMPLOYEES

Basic Coverage

The following expenses will be covered:

- Diagnostic services including:
 - one complete oral examination every 36 months
 - limited oral examinations twice a year, except that only one limited oral examination is covered in any 12 month period that a complete oral examination is also performed
 - limited periodontal examinations twice every 12 months
 - complete series of x-rays every 36 months
 - intra-oral x-rays to a maximum of 15 films every 36 months and a panoramic x-ray every 36 months. Services provided in the same 12 months as a complete series are not covered
 - Preventive services including:
 - polishing and topical application of fluoride each twice a year
 - scaling, limited to a maximum combined with periodontal root planing of 10 time units every 12 months
- A time unit is considered to be a 15-minute interval or any portion of a 15-minute interval.
- pit and fissure sealants on bicuspid and permanent molars every 60 months
 - space maintainers including appliances for the control of harmful habits
 - finishing restorations

ALL EMPLOYEES

- interproximal diskling
- recontouring of teeth
- Minor restorative services including:
 - caries, trauma, and pain control
 - amalgam and tooth-coloured fillings. Replacement fillings are covered only if the existing filling is at least 2 years old or the existing filling was not covered under this plan
 - retentive pins and prefabricated posts for fillings
 - prefabricated crowns for primary teeth
- Endodontics. Root canal therapy for permanent teeth will be limited to one course of treatment per tooth. Repeat treatment is covered only if the original treatment fails after the first 18 months
- Periodontal services including:
 - root planing, limited to a maximum combined with preventive scaling of 10 time units every 12 months
 - occlusal adjustment and equilibration, limited to a combined maximum of 4 time units every 12 months
- Denture maintenance, after the 3-month post-insertion care period, including:
 - denture relines for dentures at least 6 months old, once every 36 months
 - denture rebases for dentures at least 2 years old, once every 36 months
 - resilient liner in relined or rebased dentures, once every 36 months
 - denture repairs and additions and resetting of denture teeth

ALL EMPLOYEES

- denture adjustments, once every 12 months
- Oral surgery
- Adjunctive services

Accidental Dental Injury Coverage

- Treatment of injury to sound natural teeth. The injury must result from an external blow to the mouth. Treatment must start within 60 days after the accident unless delayed by a medical condition

A sound tooth is any tooth that did not require restorative treatment immediately before the accident. A natural tooth is any tooth that has not been artificially replaced

Late Applicant Restrictions

If you do not apply for dentalcare coverage within one month after you become eligible, benefits are limited to \$100 during the first 12 months of your coverage, unless the expenses are incurred solely as a result of an accident occurring after the coverage takes effect.

Limitations

No benefits are paid for:

- Duplicate x-rays, custom fluoride appliances, any oral hygiene instruction and nutritional counselling
- The following endodontic services - root canal therapy for primary teeth, isolation of teeth, enlargement of pulp chambers and endosseous intra coronal implants

ALL EMPLOYEES

- The following periodontal services - desensitization, topical application of antimicrobial agents, subgingival periodontal irrigation, charges for post surgical treatment and periodontal re-evaluations
- The following oral surgery services - implantology, surgical movement of teeth, services performed to remodel or recontour oral tissues (other than minor alveoloplasty, gingivoplasty and stomatoplasty) and alveoplasty or gingivoplasty performed in conjunction with extractions
- Hypnosis or acupuncture
- Crowns, bridgework, dentures or repairs to bridgework
- Orthodontic coverage
- Accidental dental injury expenses for injury caused by an object wittingly or unwittingly placed in the mouth, treatment performed more than 12 months after the accident, denture repair or replacement, or any orthodontic services
- Expenses private plans are not permitted to cover by law
- Services and supplies the person is entitled to without charge by law or for which a charge is made only because the person has insurance coverage
- Services or supplies that do not represent reasonable treatment
- Treatment performed for cosmetic purposes only
- Congenital defects or developmental malformations in people 19 years of age or over
- Temporomandibular joint disorders, vertical dimension correction or myofacial pain
- Expenses arising from war, insurrection, or voluntary participation in a riot

ALL EMPLOYEES

How to Make a Claim

- For dentalcare claims submitted online, access GroupNet for Plan Members to obtain a personalized claim form or obtain a copy of form M445D from your employer and have your dental service provider complete the form. The completed claim form will contain the information necessary to enter the claim online. To use the online service you will need to be registered for GroupNet for Plan Members and signed up for direct deposit of claim payments with eDetails. For online claim submissions, your Explanation of Benefits will only be available online.

Claims must be submitted to Great-West Life as soon as possible, but no later than 15 months after the dental treatment.

You must retain your receipt for 12 months from the date you submit your claim to Great-West Life as a record of the transaction, and you must submit it to Great-West Life on request.

- For dentalcare claims not submitted online, access GroupNet for Plan Members to obtain a personalized claim form or obtain form M445D from your employer. Have your dental service provider complete the form and return it to the Great-West Life Benefit Payment Office as soon as possible, but no later than 15 months after the dental treatment.

ALL EMPLOYEES

COORDINATION OF BENEFITS

- Benefits for you or a dependent will be directly reduced by any amount payable under a government plan. If you or a dependent are entitled to benefits for the same expenses under another group plan or as both an employee and dependent under this plan or as a dependent of both parents under this plan, benefits will be co-ordinated so that the total benefits from all plans will not exceed expenses.
- You and your spouse should first submit your own claims through your own group plan. Claims for dependent children should be submitted to the plan of the parent who has the earlier birth date in the calendar year (the year of birth is not considered). If you are separated or divorced, the plan which will pay benefits for your children will be determined in the following order:
 1. the plan of the parent with custody of the child;
 2. the plan of the spouse of the parent with custody of the child;
 3. the plan of the parent without custody of the child;
 4. the plan of the spouse of the parent without custody of the child

You may submit a claim to the plan of the other spouse for any amount which is not paid by the first plan.

Protecting Your Personal Information

At Great-West Life, we recognize and respect the importance of privacy. Personal information about you is kept in a confidential file at the offices of Great-West Life or the offices of an organization authorized by Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

ALL EMPLOYEES

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

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

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

As plan member, you are responsible for the claims submitted. We may exchange personal information with you or a person acting on your behalf when relevant and necessary to confirm coverage and to manage the claims submitted.

You may request access or correction of the personal information in your file. A request for access or correction should be made in writing and may be sent to any of Great-West Life's offices or to our head office.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

· **Notice to Quebec Residents Regarding Prescription Drug Coverage**

The prescription drug plan described in this booklet complies with the minimum requirements of Quebec Bill 33 - An act respecting prescription drug coverage.

HASTINGS COMMUNITY ASSOCIATION

Policy: 408232

ALL EMPLOYEES

This Booklet Contains Important Information And Should Be Kept In A Safe Place Known To You And Your Family

This Plan is underwritten by

THE
GREAT-WEST LIFE
ASSURANCE COMPANY

and arranged by

RYAN STANIMIR

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