



Michaels of Canada ULC **BENEFITS PLAN**

Benefits Summary and Enrolment Guide

Michael's

Michael's of Canada ULC

BENEFITS PLAN

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MICHAELS BENEFITS PLAN

BENEFITS are an important part of your total rewards at Michaels. Michaels offers a cost-effective and competitive benefits package that helps protect you and your family. Whether you need life insurance, medical treatments, dental services, or financial security when you are unable to work due to illness or injury, your Michaels Benefits Plan has you covered.

Make your Michaels Benefits Plan work for you. To make the most out of the program, it is important to fully understand what each benefit has to offer. Please take the time to read this Enrolment Package carefully.

HOW TO CONTACT SUN LIFE FINANCIAL

Please contact your Sun Life Financial Benefits Administrator at 1-866-881-0583 with any questions. Sign in to the Sun Life Financial website www.mysunlife.ca to view your coverage.

YOUR GROUP CONTRACT NUMBER

Please reference the following **Group Contract Number** when you contact Sun Life Financial:

- All Benefits 087015

This summary of the Michaels Group Benefits Plan has been written in as clear and non-technical language as possible. It does not create any contractual rights. It is intended as a summary only and is by no means comprehensive. Please consult your Sun Life Financial benefits booklet or contact Sun Life Financial for more details on the benefits offered by Michaels and your eligibility for those benefits.

If there is a conflict between the information in this summary or the Sun Life Financial benefits booklet and the Group Contract with Sun Life Financial, the Group Contract governs.

MANDATORY DEFAULT COVERAGE FOR NEW TEAM MEMBERS

If you do not complete your on-line enrolment by the enrolment deadline, you will automatically be enrolled in the mandatory default coverage for new team members, which consists of:

- **Employee Basic Life** of one times your eligible Annual Earnings. Paid by Michaels.
- **Basic Employee AD&D** of one times your eligible Annual Earnings. Paid by Michaels.
- **Short-Term Disability**, which pays a taxable benefit of 66.67% of your Weekly Earnings. Paid by Michaels.
- **Long-Term Disability**, which pays a non-taxable benefit of 60% of your monthly Earnings should you become totally disabled. Paid by team members.

ENROLMENT

If you do not complete your enrolment as a New Hire by the deadline, you will be required to complete a medical questionnaire, called a **Statement of Health**, in order to select Extended Health and Dental benefits coverage for you and your eligible dependents. Coverage will not be effective until your Statement of Health is approved by Sun Life Financial.

Default Coverage: Should you not complete your enrolment selections within 31 days of your employment, your coverage will be automatically set to reflect your locations default coverage.

Late Entrant Maximum: If you and/or your eligible dependant became insured more than 31 days after the date you became eligible for Dental coverage, the maximum amount payable for all eligible expenses combined during the first 12 months of insurance will be limited to \$250 for you and for each insured dependant.

Special note for Quebec residents

Default coverage for Quebec residents includes Extended Health coverage in compliance with the guidelines of the Régie de l'assurance-maladie du Québec (RAMQ).

LIFE COVERAGE AND TAXES

It is important to note that the premium cost of your Employee Basic Life and AD&D coverage paid by Michaels is taxable income as defined by Canada Revenue Agency rules. So the cost of this coverage will be included as income on your annual tax slips.

Special note for Quebec residents

If you live in Quebec, the premium cost of your Health and Dental coverage paid by Michaels is taxable income. So the cost of this coverage will be included as income on your annual tax slips.

ELIGIBILITY

WHO IS ELIGIBLE TO JOIN THE PLAN?

Michaels team members who:

- Regularly work for Michaels at least 32 hours each week;
- Have not reached the termination age;
- Have satisfied the required waiting period (30 days)*

* Coverage is not effective until the 1st of the month following the waiting period.

WHO QUALIFIES AS AN ELIGIBLE DEPENDENT?

An eligible dependent is your spouse or your child who is a resident of Canada.

- Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least 12 consecutive months. You can only cover one spouse at a time.

Special note for Quebec residents

For team members residing in Quebec, there is no minimum cohabitation period for common-law spouses if a child is born out of their relationship.

- Your dependent child and your spouse's children (other than foster children) are eligible dependents if they are not married or in any other formal union recognized by law and are under 21 years of age. A child who is a full-time student attending a recognized educational institution is also considered an eligible dependent until the age of 25 (26 in Quebec for Extended Health only) as long as the child is entirely dependent on you for financial support.

If a child becomes handicapped before the limiting age, we will continue coverage as long as:

- The child is incapable of financial self-support because of a physical or mental disability, and
- The child depends on you for financial support, and is not married nor in any other formal union recognized by law.

RATE AND CLAIM YEAR

- Claim Year: January 1st to December 31st.
- Rate Year: April 1st to March 31st.

WHEN DOES COVERAGE START?

Your coverage as a new team member will begin the first of the month after you have completed / served a 30-day waiting period from your initial date of hire as a full-time team member and work a minimum of 32 hours per week.

WHEN DOES COVERAGE END?

Coverage ends when:

- You are no longer eligible (eg. you are no longer actively working).
- You reach the termination age.
- The provision of the policy terminates.

REPORTING CHANGES, INCLUDING QUALIFIED LIFE EVENTS

QUALIFIED LIFE EVENTS

A qualified Life Event is a change in your personal situation that:

- Requires a change in your coverage status; or,
- Results from a change in your spouse's benefits.

Qualified Life Events provide you with an opportunity to reconsider your benefit selections, to ensure the plan continues to meet your and your family's needs.

If you have a qualifying Life Event during the year, you will have **31 days from the date of the event to access the Sun Life website and open a Life Event from the listing of qualified Life Events.**

Sign in to the Sun Life Financial website at mysunlife.ca and click on Enrolment and coverage summary in the Benefits section. From the Welcome page, select Employment or life event change under the **Manage tile**. Chose the option that matches your Life event and open your own event!

If you miss the 31 day window, you must contact your Sun Life Group Benefits Administrator, **and you may be required to complete a Statement of Health.** If permitted, the change will only be effective the date of your call or the date your Statement of Health is approved if applicable.

The following items qualify for a Qualified Life Event:

- Marriage;
- Divorce or legal separation;
- Birth, adoption or death of a child (if this causes a change in coverage status);
- Eligibility of a common-law spouse when the 12-month cohabitation requirement has been satisfied;
- Your spouse's loss or gain of Extended Health and/or Dental benefit coverage; and
- Adding or removing eligible dependents for Extended Health and Dental benefits.

OTHER CHANGES

You should contact your Sun Life Group Benefits Administrator to:

- Change your beneficiary nomination(s);
- Change your name or that of one of your covered dependents;
- Change the student status of a dependent between the ages of 21 and 25 (26 in Quebec for Extended Health Only)
- Apply for handicap status for your dependent child.

BEFORE YOU CHOOSE

Do you also have coverage under another plan?

Consider how much Life coverage you need. Is Employee Basic Life sufficient? If you need more coverage, the Michaels Benefits Plan offers Employee and Spousal Optional Life, Optional Critical Illness and Optional AD&D.

You should also consider:

- How much money would your dependents need if you died?
- Do you have dependent children? If so, how old are they? Are they self-reliant?
- What expenses would you have to cover if your spouse died?
- How much debt do you have, including mortgage and outstanding loans? Do you have any mortgage insurance?
- What other life insurance or investments do you have?

ACCESSING THE SUN LIFE ENROLMENT TOOL

You will receive a communication advising you of your opportunity to enrol; you will have a period of 4 weeks. If you are interrupted or cannot finish your enrolment, you can save your changes and come back later.

Once you have submitted your enrolment your New Hire event will close and your choices will be registered. You can print or save a copy of your Coverage Summary as confirmation of your coverage.

Remember you can access your Coverage Summary at any time. Sign in to the Sun Life Financial website at mysunlife.ca and click on **Enrolment and coverage summary** in the Benefits section. From the Welcome page, select **Coverage Summary** under the **View** tile.

MAKING YOUR BENEFIT CHOICES

Extended Health Benefits

To qualify for this coverage you must be covered for benefits under a provincial health care or federal government plan that provides similar benefits. If you are not eligible for this medical coverage, you must contact your Sun Life Group Benefits Administrator toll free at 1 866-881-0583 before completing your online enrolment.

Your provincial health care plan provides basic medical benefits, such as hospital ward, fees for doctors and any drugs you may need during a hospital stay. Your Extended Health benefit is designed to cover your additional medical expenses over and above those covered by your provincial plan, provided they are medically necessary for the treatment of an illness.

COVERAGE STATUS

Status refers to the coverage level you select under the Extended Health benefit. When choosing your Extended Health Benefit, you must decide whom you are going to cover:

- **Single** – you alone;
- **Family** – you and one or more eligible dependents.

COVERAGE HIGHLIGHTS

- Prescription Drugs: There is no prescription deductible, your drug plan coverage is based on 3 tiers:

	COVERAGE
TIER 1	90%
TIER 2	60%
TIER 3	40%

- Semi-private hospital accommodation: 100% coverage
- Vision care expenses: 100% reimbursement up to a maximum of \$200 every 24 months
- Paramedical services: 80% subject to a combined maximum of \$750 per calendar year
- Eligible mental health specialists: 80% subject to a combined maximum of \$750 per calendar year
- **Termination Age/Date:** Age 70, date of termination/retirement date or you are no longer eligible.

Please refer to the Benefits at a Glance Document for more information on your Extended Health Coverage.

Additional Information

- You may choose a coverage status that covers your spouse and children.
- Coverage changes are not permitted throughout the year **unless** you have a Qualified Life Event.
- A copy of your pay-direct drug card can be printed from the Sun Life Financial website www.mysunlife.ca. Although the pay-direct drug card is printed with your name, your covered dependents may all use the same card.

Special note for Quebec residents

If you live in Quebec, you need to keep in mind that if you do not access the Sun Life Financial enrolment tool and actively enrol in the plan, you will be set up with the default Medical (single) coverage. You cannot refuse Medical coverage, unless you have similar coverage under your spouse's plan, as provincial law requires you have a minimum level of prescription drug coverage. This minimum also applies to your eligible dependents. You must choose a coverage status that covers your eligible dependents, unless they have coverage elsewhere that meets the minimum. You are responsible for ensuring that your medical coverage meets the minimum requirement for Régie de l'assurance-maladie du Québec.

Note: If you are newly hired by Michaels, and you have medical coverage under RAMQ, you must relinquish the provincial medical coverage and enrol in the Michaels Benefits Plan.

To refuse medical coverage, you are required to make an online declaration that you have coverage elsewhere. You must be able to provide proof of this coverage if requested by your employer, Sun Life or RAMQ, if a resident of Quebec.

QUEBEC DRUG INSURANCE PLAN RAMQ

Any conditions under this plan that do not meet the requirements under the Quebec drug insurance plan are automatically adjusted to meet those requirements.

OUT-OF-POCKET MAXIMUM

Expenses incurred for drugs listed in the RAMQ drug formulary and not reimbursed under this plan, as a result of the application of a deductible or the reimbursement level, are limited in each calendar year to the yearly maximum contribution set by the RAMQ plan. There is an out-of-pocket maximum for you, and another one for your spouse. Any drug expenses incurred for your children are part of the out-of-pocket maximum of the team member.

Special note for British Columbia residents

Remember to register for your B.C. Pharmacare number and to provide this information to your Sun Life Financial Claims Office toll free at 1 866-881-0583.

Dental Benefits

COVERAGE STATUS

Status refers to the coverage level you select under the Dental benefit. When choosing your Dental status, you must also decide who you are going to cover:

Single – you alone;

Family – you and one or more eligible dependents.

COVERAGE HIGHLIGHTS

- Pays 100% of the cost of diagnostic and preventative dental services
- Pays 80% of the cost of basic dental procedures
- Pays 50% of major dental services
- The calendar year maximum is \$1,500 for diagnostic, preventative, basic and major dental services combined
- Pays 50% of orthodontic services (dependent children to age 21 only) to a lifetime maximum of \$1,500
- **Termination Age/Date:** when you reach age 70 or you are no longer eligible.

Please refer to the **Benefits at a Glance Document** for more information on your Dental coverage.

Additional Information

- Changes are not permitted throughout the year **unless** you have a Qualified Life Event.
- The plan covers expenses up to the amount listed in the most current **Dental Association Fee Guide for general practitioners in the province where the expense is incurred**; not on the amount you actually paid. The Provincial Fee Guide lists suggested fees for all dental procedures and is updated each year.
- The plan will not pay more than the reasonable cost of the least expensive dental alternate procedure. When deciding what will be reimbursed for a procedure, the claim will be assessed for alternate procedures. These alternate procedures must be part of the usual and accepted dental work and must produce as adequate a result as the procedure that the dentist performed.

Note: We suggest that you submit an estimate, before the dental work is done, for any item or procedure that will cost \$500 or more.

Short-Term Disability

You are automatically enrolled for Short-Term Disability coverage provided by Michaels. For any absences due to sickness or injury, you receive 66.67% of weekly earnings to a maximum \$1,000 and benefits for up to 17 weeks under your Short-Term Disability benefit. For absences lasting beyond 17 weeks, you become eligible to apply for benefits under your Long-Term Disability coverage.

If you become totally disabled because of an illness, you will be eligible for Short-Term Disability payments after 7 calendar days of uninterrupted total disability or the first day you consult a doctor, whichever is later.

If you become totally disabled because of an accident, you will be eligible for Short-Term Disability payments from day one.

For absences lasting longer than seven days or upon request by the Company, a doctor's note or certificate must be supplied to Michaels Leave of Absence Administrator.

In some instances, salary relating to absences caused by sickness or injury are recoverable by a team member; for example, under the terms of an insurance policy. To the extent of any such recovery, the team member will be required to repay the salary paid by Michaels under its Short-Term Disability Plan.

Long-Term Disability

You are automatically enrolled for Long-Term Disability coverage. Your Long-Term Disability coverage has been designed to provide you with income protection if you become "totally disabled" while covered and are not able to return to work for an extended period of time. See your **Sun Life Financial benefits booklet** for the definition of totally disabled.

You must be off work due to total disability for at least 17 consecutive weeks before you are eligible for Long-Term Disability benefits. (Your Michaels Short-Term Disability benefit will cover you during this "elimination period.")

To qualify for Long-Term Disability benefits you must be under the ongoing supervision/treatment of a doctor and following prescribed treatment; and you must be residing in Canada.

In some instances, salary relating to absences caused by sickness or injury are recoverable by a team member; for example, under the terms of an insurance policy. To the extent of any such recovery, the team member will be required to repay the salary paid by Michaels under its Long-Term Disability Plan.

COVERAGE DETAILS

- This is a non-taxable benefit
- Pays 60% of monthly earnings to a maximum benefit of \$10,000 per month
- Coverage ends when you reach age 65 or you are no longer eligible.
- Team member paid and is required by all team members eligible for Michaels full-time benefits.

How to estimate your bi-weekly payroll deduction:

Annual Earnings divided by 12 (max. \$16,667)
times 0.6 (rounded to the next highest \$1) times .01876
times 12 divided by 26.

or you can go online at mysunlife.ca to view your LTD monthly cost.

Employee Basic Life and Accidental Death & Dismemberment (AD&D)

You are automatically enrolled for Employee Basic Life and AD&D coverage provided by Michaels.

This benefit coverage will help provide financial security for your family or other beneficiaries if you die while covered. In such an event, your life coverage will be paid in a lump-sum benefit (not subject to tax) to your designated beneficiary or beneficiaries. If you die or suffer a loss specified in the Schedule (see your **Sun Life Financial benefits booklet** for details), Employee Accidental Death and Dismemberment (AD&D) coverage will pay a lump-sum amount to you (in the case of injury) or your beneficiary (in the case of your death). AD&D benefits are paid in addition to any life coverage benefits your beneficiary is entitled to receive.

COVERAGE DETAILS

Employee Basic Life and Accidental Death & Dismemberment coverage

- Pays one times your Annual Income up to a benefit maximum of \$150,000
- **Termination Age/Date:** Age 70, date of termination/retirement or you are no longer eligible
- Life benefits are paid in a lump sum. You should consider this when determining how much your family will need if you die
- AD&D benefits are paid only as the result of an accident, so proof of good health is not required.

Employee and Spousal Optional Life and Accidental Death & Dismemberment (AD&D)

OPTIONAL AD&D

In addition to Basic Life coverage for yourself, you may select Optional coverage for yourself and your spouse.

COVERAGE DETAILS

- In addition to the Basic Life coverage provided by Michaels, you may select coverage in units of \$10,000, to a benefit maximum of \$250,000.

Termination Age/Date:

- **Employee Optional Life:** Earlier of age 65, your date of termination/retirement or you are no longer eligible.
- **Spousal Optional Life:** Earlier of member/spouse's age 65, member's date of termination/retirement or no longer eligible.

NOTE: As a new hire you're pre-approved for up to \$30,000 of Optional Life during your enrolment period. Optional Life is also available to your spouse however medical evidence will be required for all amounts.

Choosing your option

- If you want more coverage than the Employee Basic Life amount, you may select Optional Life coverage at your own expense. The cost of Employee Optional Life is based on your age, gender and smoking status.
- Employee Optional Life amounts in excess of \$30,000 and all Spousal Optional Life amounts require proof of good health. You need to complete and return a Statement of Health form, or complete the online Statement of Health.
- Since Optional Life amounts requiring proof of good health will not take effect until your Statement of Health is approved, costs for this coverage are not shown on the Coverage Summary. Once the Statement of Health is approved, we will notify you, and your payroll deductions will be adjusted.

Employee, Spousal and Child Optional Critical Illness

COVERAGE OPTIONS

Employee and Spousal Optional Critical Illness coverage

You and your spouse may each select coverage in units of \$10,000 (minimum 2 units or \$20,000) to a benefit maximum of 20 units, or \$200,000.

As a new hire, you and your spouse are pre-approved for up to \$30,000 of Optional Critical Illness during your enrolment period. Employee and spousal Critical Illness in excess of \$30,000 will require proof of good health. You need to complete and return a Statement of Health form, or complete the online Statement of Health.

See your [Benefits at a Glance](#) or the [Critical Illness brochure](#) for more information.

Child Optional Critical Illness coverage

You may select coverage in units of \$5,000, to a benefit maximum of 4 units, or \$20,000.

See your [Benefits at a Glance](#) or the [Critical Illness brochure](#) for more information.

Choosing your option

- The Critical Illness benefit provides coverage for 25 conditions listed below.
 - Alzheimer's disease
 - Aortic surgery
 - Aplastic Anemia
 - Bacterial Meningitis
 - Benign brain tumour
 - Blindness
 - Cancer
 - Coma
 - Coronary artery bypass surgery
 - Deafness
 - Heart attack
 - Heart Valve Replacement or Repair
 - Kidney failure
 - Loss of independent existence
 - Loss of Limbs
 - Loss of speech
 - Major organ failure on waiting list
 - Stroke
 - Major organ transplant
 - Motor Neuron Disease
 - Multiple sclerosis
 - Occupational HIV infection
 - Paralysis
 - Parkinson's disease
 - Severe burns

Your children are covered for the conditions above, plus these 6 child-specific conditions:

- Cerebral palsy
- Congenital heart disease
- Cystic fibrosis
- Down's syndrome
- Muscular dystrophy
- Type 1 diabetes

See your Sun Life Financial benefits booklet for the full definitions of the covered conditions and rules.

SUBMITTING A CLAIM

EXTENDED HEALTH AND DENTAL CLAIMS

You may print Extended Health and Dental claim forms from the Sun Life Financial password-protected website www.mysunlife.ca.

Your dentist may also submit your Dental claims electronically on your behalf.

PAY-DIRECT DRUG CARD CLAIMS

Your pay-direct drug card allows you to be reimbursed for your prescriptions right at the pharmacy counter. Just present your drug card to the pharmacist when you fill your prescription, and your, and/or your covered dependents' claim, will be submitted electronically. The pharmacist will be able to advise you whether the drug is covered under your plan or any amount you have to pay out-of-pocket. Out-of-pocket amounts depend on factors such as whether the drug is a brand or generic drug, and the dispensing fee charged by the pharmacy. The pharmacist may let you know if the drug you are purchasing has potential for dangerous interactions with other medications you have purchased.

You may print your own drug cards from the Sun Life Financial website www.mysunlife.ca. The card is valid for both yourself and your covered dependents.

Note: If you (or one of your dependents) fill a prescription at a non-participating pharmacy or outside Canada, or purchase a covered item not available through the drug card program, you cannot use your card. Instead, you will need to submit a Sun Life Financial claim form along with original receipts.

DISABILITY, LIFE OR AD&D CLAIMS

If you have a Disability, contact your Michaels Leave of Absence Administrator or your Human Resources Department for help with applying for these benefits.

In the event of a Life or Accidental Death and Dismemberment claim, please contact your Sun Life Group Benefits Administrator, toll-free, at 1 866-881-0583 for benefits.

TIME LIMITS FOR SUBMITTING CLAIMS

There are time limits for submitting claims under your Benefits Plan. For example:

- Extended Health and Dental claims must be submitted within 18 months of the date that the expense is incurred or within 90 days of the end of your coverage, whichever is earlier.
- Life claims should be submitted as soon as reasonably possible.
- Notice for AD&D claims for losses other than death must be given to Sun Life Financial within one year of the date of the loss. If the accident results in death, notice should be submitted as soon as possible after the date of death.
- Short-Term Disability claims must be received within 3 months of the date total disability begins.
- Long-Term Disability claims must be received within 3 months of the date total disability begins or within 30 days of the end of your coverage, whichever is earlier.

COORDINATION OF BENEFITS

The insurance industry has set guidelines as to how you may coordinate your benefits with another insurance program such as your spouse's plan. Coordination of benefits allows you to claim under both plans for up to a combined maximum of 100% of the covered expense.

CLAIMS FOR YOU

- If the expense is for you, claim first under your own plan and then send along a copy of the claim statement you receive from Sun Life Financial to your spouse's insurance company.

CLAIMS FOR YOUR SPOUSE

- If the expenses are for your spouse and your spouse is covered for those expenses under another plan, you must send the claim to that plan first.

CLAIMS FOR YOUR CHILDREN

- Claims for children should first be submitted to the plan that covers the spouse whose birthday falls earlier in the calendar year (for example, if your birthday falls in January and your spouse's falls in May, submit your children's claims to your plan first).
- Any part of the claim not covered under the "first" plan can then be submitted to the other spouse's plan.

If you and your spouse both have a drug card under your respective Benefit Plans, you can have your pharmacy automatically coordinate your benefits under the two cards when the pharmacist submits your claim electronically. To do so, you must advise your pharmacist that a second plan is in place. In most cases, this will eliminate the need for you to submit paper claims to coordinate your drug benefits.

Note: If you are filing a claim for your spouse who is also covered with Sun Life Financial under a different contract number, you will need to complete the "Co-ordination of benefits" section of the Extended Health Care and Dental claim forms, providing your spouse's contract and member ID numbers and your spouse must sign this portion of the claim form.

SUN LIFE FINANCIAL WEB SERVICES FOR PLAN MEMBERS

The Sun Life Financial password-protected website offers a number of helpful features and information that will make it easier for you to manage your benefits.

You will have access to a wide range of claims information and forms, and you will be able to:

- View your Michaels Benefits Summary and Enrolment Guide online
- Use the Benefits Explorer feature to get detailed easy-to-read information about your Extended Health and Dental coverage;
- Open your open qualifying Life events;
- Submit certain types of claims via the Internet;
- Print Extended Health and Dental claim forms with your personal information already filled in;
- Update your personal information, such as address, telephone number and your spouse's benefit information;
- Print your paper pay-direct drug cards and emergency Extended Health and travel assistance cards;
- Use the secure, password-protected message centre to send and receive e-mails with the customer service centre instead of sending sensitive information by unsecured Internet e-mail; and
- Get a wide range of useful health-related information through the Sun Life Financial online Health and Work Resource Centre.

You may use your Access ID and password, which you used to enrol, to visit the website at www.mysunlife.ca to explore the Sun Life Financial Group Benefits and Group Retirement Services convenient services.

KEY TERMS

Beneficiary:

The person(s) you name to receive the benefit payment upon your death.

Rate and Claim Year:

Claim Year: January 1st to December 31st

Rate Year: April 1st to March 31st

Coverage status:

Under the Extended Health and Dental benefits you choose how many people you wish to cover under the plan.

If you choose:

Single – you alone;

Family – you and one or more eligible dependents.

Dependent child:

Your children and your spouse's children (other than foster children) are eligible dependents if they are not married or in any other formal union recognized by law, and are under age 21. A newborn child is eligible from the moment of birth. A child who is a full-time student attending a recognized educational institution is also considered an eligible dependent until the age of 25 (26 in Quebec for Extended Health only) as long as the child is entirely dependent on you for financial support. A handicapped child over age 21 is also considered an eligible dependent, if the child is incapable of financial self-support because of a physical or mental disability and depends on you for financial support.

Elimination period:

If you become totally disabled because of an illness, you will be eligible for Short-term Disability payments after 7 calendar days of uninterrupted total disability or the first day you consult a doctor, whichever is later.

The period of time between the date of your total disability and the date your Long-Term Disability benefits begin.

Qualified Life Event:

This refers to a change that affects your benefit and/or coverage status, such as marriage, divorce, birth or adoption of a child, death of a covered family member, or the gain or loss of a spouse's coverage. If you have a Qualified Life Event during the year, you may re-select your benefits as outlined in the Guide (some restrictions apply).

Spouse:

Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex with whom you have been cohabiting in a conjugal relationship for at least the last 12 consecutive months or in a conjugal relationship if you and your partner are the natural or adoptive parents of a child. You may only cover one spouse at a time under your plan.

Questions? Please contact your Sun Life Financial Benefits Administrator at 1-866-881-0583.

Life's brighter under the sun

Group Benefits are offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies. PDF-5945 E 06-21 vd-rn