

UNITE HERE Local 40 Camp, Culinary and Non-aligned Employees Health Care Fund

Belmont Hotel, Coast Prince Rupert, Moby Dick Inn, Highliner Inn, Raffles Inn
Effective February 1, 2010

Group One Benefits

To Qualify - 240 hours or more over each three (3) consecutive month period to qualify the first day of the fourth (4) month and 240 hours to continue Health Care Plan eligibility.

(A) MEDICAL SERVICES PLAN OF B.C.

This coverage is available to all who qualify but as this is a **taxable benefit** members already covered under the Medical Services Plan of B.C. through their spouse or family, need not take out duplicate Medical Services Plan of B.C. coverage. The medical coverage is not required for Dental and/or other Health Care Plan Benefits.

Eligibility for MSP coverage is determined by the Medical Services Plan of B.C. You will be required to provide proof of Canadian citizenship or up-to-date immigration documents for yourself and each of your family members. You will be required to provide on-going proof of an overage dependent's attendance at school.

If your total family income is less than \$30,000 in a year, you may be eligible for a premium reduction. [Applications for this premium reduction](#) are available from the Office of the Administrator or our website www.armmanagement.ca

The Medical Services Plan of B.C. is mandatory for all residents of British Columbia so please be certain to [complete an application](#) and apply for this coverage should you not be eligible for the coverage as a dependent with your spouse or family.

(B) ACCIDENT AND SICKNESS (WAGE LOSS) BENEFIT

An eligible participant will receive 75% of earnings, based upon the earnings of the 3 consecutive month period immediately prior to the month their claim commenced to a **weekly maximum of \$448.00**.

Duration/Claims Procedure:

1. All eligible persons who apply for the Accident & Sickness Benefits must [complete a claim form](#) for both the UNITE HERE Local 40 Camp, Culinary & Non-aligned Employees Health Care Plan as well as from Human Resources Development (EI) Canada as soon as possible,
2. During the initial two (2) week Human Resources Development (EI) Canada waiting period, all eligible persons will receive accident & sickness benefits from the Health Care Plan for the period of time they qualify (maximum initial payment = 14 days less any applicable waiting period),
3. All insured and eligible persons who continue to be disabled for a period greater than 14 days will apply to Human Resources Development (EI) Canada for accident & sickness benefit payable for their entire EI benefit entitlement period or a maximum period of fifteen (15) weeks, which ever is less, and
4. Those eligible persons who continue to be disabled, who have qualified for Human Resources Development (EI) Canada sickness benefits and who provide documentation satisfactory to the Board of Trustees and/or the Plan Administrator's office, may apply for additional accident & sickness benefits from the Health Care Plan, payable for a maximum period of 28 weeks.

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Under the terms of this Health Care Plan payment for any one ailment is limited to a maximum of 30 weeks. Claims will not commence until the claimant has been seen by a physician.

In order to avoid any delays in processing your claim or commencement of your claim, **see your physician immediately, and promptly return the completed claim form to the Office of the Administrator.**

- If you are disabled because of an accident, benefits begin on the **first day** you are absent from work.
- If you are disabled because of illness, benefit payments begin on the **fourth day** you are absent from work.
- If you are admitted to hospital, benefits begin immediately.
- In all cases, benefits are not paid on days that would have been your day off.

(C) DENTAL CARE BENEFIT

Plan A (Basic) 80%, Plan B (Major) 50%, Plan C (Orthodontics) Nil%

Coverage is based upon the Association of Dental Surgeons of BC 2010 Fee Guide for General Practitioners.

Benefit Year Maximum - \$2,000 per eligible plan member and each dependent for Basic (Plan A) and/or Major (Plan B) Dental services.

- Routine exams, cleaning and fluoride twice per year per insured member or dependent.
- A treatment plan & supporting x-rays should be submitted to the Administrator to determine benefit eligibility prior to the treatment being performed when the treatment is expected to exceed \$400.00.

(F) DEATH BENEFIT - \$10,000 - No benefit will be payable upon the death of a participant after age seventy (70).

(G) ACCIDENTAL DEATH AND DISMEMBERMENT - Principal Sum \$10,000 - No benefit will be payable upon the death of a participant after age seventy (70).

IMPORTANT ITEMS TO REMEMBER

(A) Should you have any questions regarding your Health Care Plan eligibility or the eligibility of a specific claim, please contact the Administrator **PRIOR TO** receiving the treatment or purchase of the item.

(B) Should you be injured on the job and be receiving Workers' Compensation Board of B.C. benefits, you must forward your W.C.B. cheque stubs to the Administrator, so that the Health Care Plan Board of Trustees may credit your file with the hours necessary to maintain your Health Care Plan eligibility (maximum 30 weeks). Please be certain to include your name, social insurance number and address on the cheque stubs, so the Administrator may return the cheque stubs to you.

(C) **It is your responsibility to see that the Administrator receives completed applications to effect your coverage.** Therefore, in order to avoid any unnecessary delays with the commencement of your Health Care Plan coverage you should contact the Office of the Administrator to determine that all the applications necessary to commence your coverage have been fully completed and received by the Administrator (Immigration Documents may be necessary). You should also contact Union Local 40 by phoning (604) 291-8211 or 1-800-663-1728 to verify that all your union fees (ie. initiation, dues etc.) have been paid, and you are a member in good standing of Union Local 40.

(D) If you wish to include a Common-Law Spouse (Including same sex spouse), on your coverage, the coverage is **NOT** automatic. You must provide the Administrator with a **NOTARIZED STATEMENT** outlining your full names, birth dates, social insurance numbers, and length of time you have resided together, and this statement must be signed by at least two independent parties known to both you and your common-law spouse. Upon receipt of this notarized statement the Health Care Plan Board of Trustees will give your request its full consideration.

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(E) Notify the Administrator **in writing** as to any change in your mailing address, marital status, addition to or deletion from your family, so that we may keep your records current to ensure you will receive all correspondence from this office.

(F) Notify the Administrator **in writing** as to the dates of your **annual paid vacation** in order that the Health Care Plan Board of Trustees may credit your files with the necessary hours to maintain your Health Care Plan eligibility during your vacation.

(G) Your Identification number under this plan is your Social Insurance Number.

Contact the Administrator:

Mail: #201 – 4853 Hastings Street, Burnaby, BC, V5C 2L1
Telephone: 1-800-661-2766 (Toll Free)
Fax: 604-294-0476
Website: www.armmanagement.ca

E-mail:

Medical Services Plan of BC	linda_benka@armmanagement.ca
Accident & Sickness Wage Loss Benefit	leanne_colley@armmanagement.ca
Dental Care Benefit	suzanne_khoie@armmanagement.ca
Death Benefit	pensions@armmanagement.ca

Contact your Union:

Mail: #100 – 4843 Hastings Street, Burnaby, BC, V5C 2L1
Telephone: 1-800-663-1728 (toll free)
Fax: 604-291-1187
Website: www.uniteherelocal40.org

Email:

General Inquiry: duesadmin@local40union.com

Should there be a disagreement as between the wording in this summary and the Plan Document and Group Insurance Contracts, the Plan Document and Group Insurance Contracts will prevail.