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GVLRA / CUPE LONG TERM DISABILITY TRUST

Long Term Disability Benefit Plan

This brochure provides highlights about long term disability benefits. It is intended to summarize the features of the Plan. It is not a contract and rights to benefits are governed by the Plan Document. For additional information contact your Employer or Union.

Plan Sponsored by: GVLRA / CUPE Long Term Disability Trust



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The GVLRA/CUPE Long Term Disability Trust (the “Trust”) commenced operation on January 1, 1987. The purpose of the Trust was to establish a self-funded long term disability plan (the “Plan”) overseen by a joint employer/union Board of Trustees. The Trust contracts with The Manufacturers Life Insurance Company (“Manulife”) to provide administrative services to adjudicate and administer long term disability claims.

Eligibility for enrollment in the Plan

Regular full-time, regular part-time and regular seasonal employees as defined in your collective agreement or employment contract are eligible for long term disability coverage. If you are eligible for coverage you must enroll.

Effective date of coverage

Please consult your collective agreement to determine your effective date of coverage.

Termination of coverage

Coverage under the Plan, and your ability to make a claim under the Plan, will cease on the earliest of:

- the date you cease to be actively employed except for periods of maternity or parental leave vacation, paid sick leave, paid or unpaid leave of absence (including seasonal lay-off) of 6 months or less and self-funding leave programs of one year or less. Should disability begin while on any unpaid leave, benefits would commence at the expiration of the qualification period or the scheduled return to work.
- the end of the month you turn 64 and 35 weeks
- the date the Plan terminates
- death



NOTE: During periods of maternity or parental leave, vacation, paid sick leave, paid or unpaid leaves of absences (including seasonal lay-off) of 6 months or less duration, and self-funding leave programs of one year or less you remain eligible for coverage under the Plan and therefore you must continue to pay long term disability premiums during these absences. If you are on an unpaid leave of absence, other than maternity or parental leave, you will be responsible for 100% of the long term disability premium.

Definition of Disability

For the first 24 months of a disability period, “disabled” means your complete inability as a result of sickness or injury to engage in the duties of your normal occupation. After the first 24 months, “disabled” means the inability as a result of sickness or injury to engage in any occupation or employment for wages or compensation, for which you are reasonably qualified by education, training or experience or may reasonably become so qualified. Your total disability must be due to sickness or injury and must commence while you are enrolled under the Plan.

Exclusions

No payment will be made for claims resulting from:

- a disability for which you are not under the continuing care of a physician
- a disability caused by intentionally self-inflicted sickness or injury while sane or insane
- participation in a rebellion, riot, insurrection, unlawful assembly, war (declared or not), any service in any armed forces or your own disorderly conduct
- a disability caused by injury sustained while doing any act or thing pertaining to any other occupation, activity or employment for wage or profit
- participation in or in consequence of participating in the commission of any offence under the Criminal Code of Canada or a similar offence under the laws of any country
- any disability that begins in the first 12 months of your effective date, caused by, contributed to or resulting from a pre-existing condition. A pre-existing condition means a sickness or injury for which you received medical treatment, consultation, care or services including diagnosis measures or had taken prescribed drugs or medicines in the 3 months prior to your effective date.
- non-medical consumption of drugs, alcohol, hallucinogenics or any other substance unless you are under the care of a physician and are following a course of treatment required by such physician
- a disability for which you are not receiving or following a course of treatment recommended for your sickness or injury by a physician whose specialty encompasses such disability

Qualification period

Provided your application for disability benefits is approved, long term disability benefits will begin after you have been continuously disabled for 17 weeks.

If the disability is not continuous, the days you are disabled will be accumulated to satisfy the 17 week period as long as there is no interruption longer than 30 days and the disability is attributable to the same cause or causes.

When to submit a claim

If you have been off work due to sickness or injury for 2 months you should consult with your Employer regarding applying for long term disability benefits. If you are applying for long term disability benefits your Employer will provide you with a long term disability benefit application package.

Proof of evidence of loss must be submitted to Manulife within 10.25 months of your date of disability. If your application for benefits is not received within that time you will no longer be eligible to apply for long term disability benefits. If you are unable to apply for long term disability benefits within 10.25 months of your date of disability due to extreme extenuating circumstances, the Board of Trustees in its sole discretion may allow an extension of time to 12 months from the date of disability.

“Proof of evidence of loss” includes all of the documentation noted in the “How to submit a claim” section of this booklet and the Employer’s statement.

Claim evaluation

Manulife will evaluate your claim and may request supplementary medical information. You will be advised that your claim has either been:

1. Approved — you will receive a letter approving your claim and detailing the monthly benefit, or
2. Declined — you will receive a letter denying your claim and detailing why.

How to submit a claim

You are responsible for providing proof of disability (medical evidence supporting your sickness or injury). Your Employer will provide you with a long term disability benefit application package. Your Employer may assist you in initiating the claim process. That package includes:

- Group Benefits Plan Member Statement/Group Disability Claim Form
- Group Benefits Attending Physician's Statement

You must complete the **Group Benefits Plan Member Statement/Group Disability Claim Form**. You must also provide proof of age (a copy of your driver's license, passport or BCID). These documents can be submitted directly to Manulife:

By email: group_disability_claims@manulife.ca

By fax: 1-866-292-9050 or (514) 286-6738

By mail: Manulife Group Benefits
Attention: Disability Claims
PO Box 400 STN PLACE-D'ARMES
Montreal QC H2Y 3H1

You are responsible for asking your doctor to complete the Attending Physician's Statement. The regular and ongoing care of a licensed physician is a requirement. Your physician should send their statement directly to Manulife to maintain confidentiality.

Benefit amount

Effective March 1, 2023 you are eligible to receive a monthly benefit equal to 60% of your regular monthly earnings. Overtime pay and special allowances or premiums are excluded from earnings. Payments are made at the end of each month. Your Employer contributes a portion of your long term disability insurance premium, and therefore your benefits taxable.

If you are a regular part-time or regular seasonal employee you should consult with your Employer to determine how your monthly benefit will be calculated.

Benefit offsets

Your long term disability benefit will be directly offset by any income you are entitled to receive from:

- Primary disability benefits and income replacement benefits payable under the Canada Pension Plan
- Disability and income replacement benefits payable under the Municipal Pension Plan
- Workers' Compensation payments
- Any early retirement pension excluding pensions payable prior to date of disability
- Employment income while in receipt of long term disability benefits
- Disability benefits sponsored by another employer
- Any compensation arising from the same disability resulting from any compulsory Act or action at law

Benefits will be further reduced by a portion of any earnings you receive through rehabilitation employment prescribed by Manulife.

Change in definition of disability

For the first 2 years of disability benefit payments, you must be unable, due to sickness or injury, to perform the duties of your normal occupation. After 2 years, you must be unable to perform any occupation or employment for wages for which you are or may become reasonably qualified by education, training or experience.

Manulife will notify you in writing well in advance of the pending change in definition that your claim will be assessed to determine whether you continue to qualify for benefits. This assessment will be based on medical information provided by your physician or specialist and other treatment providers involved in your treatment.

Termination of benefits

Disability benefit payments will continue until:

- you reach age 65 provided you meet the provisions of the Plan
- you are no longer disabled under the definition of disability
- you fail to provide proof of your disability
- you cease to receive regular medical care acceptable to the Trust
- you refuse to follow treatment recommended for your condition by a qualified physician or specialist
- you fail to submit to a medical examination by a physician appointed by the claims administrator
- the date of termination of benefits as determined by the Plan Document,
- you are an inmate in a penitentiary or jail
- you do not reside in Canada
- you die

Rehabilitation

Manulife may require you to participate in a vocational rehabilitation program. The vocational rehabilitation program may include, but is not limited to, return to work on a part-time or full-time basis, vocational evaluation, or job preparation. If you refuse to enter into an approved rehabilitation program, your benefits will be terminated.

Denial or termination of a claim

There are four instances where a claim may be denied or terminated:

1. A claim may be declined at the application stage because you do not meet the Plan's definition of Disability or, you do not meet the Plan's eligibility requirements. You may appeal that decision.
2. An existing claim may be terminated because you are no longer disabled under the Plan's definition of Disability. You may appeal that decision.
3. An existing claim may be terminated because you have not complied with the Plan provisions. There is no appeal available under this circumstance.
4. You reach age 65 and are therefore no longer eligible for benefits under the Plan provisions. There is no appeal available under this circumstance.

Appealing the denial or termination of a claim

If you wish to appeal a medical decision made in respect of your entitlement to Benefits under this Plan, you may submit an appeal to Manulife. Manulife will provide you with information about the appeal process when your claim is declined or terminated. If your claim is terminated for non-compliance with Plan provisions or because you reach age 65, there is no appeal available.

Canada Pension Plan

You may be advised to apply for Canada Pension Plan ("CPP") disability benefits during the life of your long term disability claim. You should send this application directly to CPP. Manulife will continue to inquire about the status of your CPP application until you have been approved or denied CPP disability benefits. If denied CPP, you may be asked to re-apply at a later date.

Municipal Pension Plan

If you are entitled to long term disability benefits, you are not entitled to a Pension disability allowance, but the time you spend on claim will be considered pensionable service and contributions on your behalf are not required while you are approved for disability.

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