



Shared Services Branch

AMSC Benefits Services

Administration Manual



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Benefit	Provider	Service	Contact
Group Benefits	Sun Life Financial	Brochures/Booklets	Benefits Services Consultant
		Sun Life Telephone Services	1.800.361.6212
		Sun Life Internet Services	www.sunlife.ca/member
		Forms – Extended Health Care, Vision and Dental Care	www.amsc.ca Select “Benefits & Pensions Services”; then “Employee Extended Health Plan and Dental”, then “Group benefits claim forms”
		Forms – Disability	Benefits Services Consultant
		Claims Contacts	Sun Life Call Centre 1-800-361-6212
		Quotes/Rate & Coverage Evaluations /Renewals	Director, Benefits Services
Employee Assistance Program	Shepell.fgi	Brochures	www.shepellfgi.com/go/auma Your Benefits Services Consultant for hard copies
		Telephone Services	1.800.387.4765 (English) 1.800.361.5676 (French)
		Online Counseling	www.shepellfgi.com/ecounseling
		Supervisor/Manager Telephone Services	1.800.461.9722 (English) 1.800.667.8540 (French)
		Seminars & Workshops	Benefits Services Consultant
Critical Illness	Industrial Alliance Pacific	Brochures	Benefits Services Consultant
		Forms	Benefits Services Consultant
		Claims Contact	Benefits Services Consultant
Group Accident & Sickness	Industrial Alliance Pacific	Plan Summary	Benefits Services Consultant
		Quotes/Rate Evaluations	Director, Benefits Services



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Introduction

Alberta Municipal Services Corporation Insurance Services Ltd. (AMSC)

The AMSC is the policyholder for the multi-employer group benefits program and provides the overall administration responsibilities for the participating groups. Your organization is one group of employees within a larger pool of Municipal and Municipally Associated employees. This volume of participants provides for greater flexibility of coverage and financial advantages.

Purpose of the Guide

The AMSC Group Benefits Administration Guide outlines the policies and procedures to be followed when administering the AMSC Group Employee Benefits Program. This guide is intended as a reference for Employee Benefits Plan Administrators, the individual(s) in your organization who have the responsibility to administer your benefits plan. Employee Benefits Plan Administrators are the employees' first contact for information and questions on all aspects of the program.

Benefit Lines

- Basic Group Life Insurance
- Accidental Death and Dismemberment Insurance (AD&D)
- Dependent Life Insurance
- Optional Life Insurance (employee/spouse)
- Voluntary Accidental Death and Dismemberment Insurance (VAD&D)
- Critical Illness
- Short Term Disability (STD)
- Long Term Disability (LTD)
- Extended Health Care (EHC)
- Employee Assistance Program (EAP)
- Vision Care
- Dental Care
- Retiree Benefit Plan
- Health Spending Account (HSA)

Participation Requirements

Groups with less than ten eligible employees require 100% participation. (New groups of ten employees or less are required to participate in both Basic Group Life and Accidental Death and Dismemberment.) Groups with ten or more eligible employees require 75% participation.

It is recommended that, regardless of group size, a participation level of 100% be maintained. In order to avoid participation levels dropping below the minimum and the possibility of individuals being omitted in error from the Benefits Program, it is suggested that participation in group benefits be considered a condition of employment.



NOTE: AMSC strongly recommends that letters of employment include the statement that "participation in the benefits program is a condition of employment". The purpose of this is to protect your organization from misunderstanding and possible liability and to avoid anti-selection for the program.

Insurance Company

Benefit Line	Insurer	Policy Number
Group Benefits	Sun Life Financial	71180 or 50693
Critical Illness	Industrial Alliance Pacific	100003919
Retiree Benefit Plan	Sun Life Financial	0589
Employee Assistance Program	Shepell fgj	N/A

Schedule of Benefits and Rates

The Schedule of Benefits and Rates is a one page summary of the group insurance program sponsored by the employer. It provides the date your organization commenced each line of benefit, the level of benefit, the rate for each benefit, tax status for receipt of benefit for both Short and Long Term Disability, waiting period for new employees, and, where applicable, single and family rates. A new schedule is issued annually or when changes such as lines of benefits, design of benefit, change of plan administrator or waiting periods have been implemented.

Responsibility

It is the responsibility of the municipality or associate member to protect their interest in the following areas:

- Waiving waiting periods policy.
- No anti-selection; all benefits are offered to all employees.
- Sick leave policy; coordinating with short and long term disability.
- Leave of Absence policy; who pays for premiums?
- Human resources policy on length of time to cover disabled employees by benefit.
- Establish a compassionate payment policy for employees.

Protecting Members' Privacy

AMSC is committed to protecting personal information about your members. All AMSC staff members are required to sign and comply with AUMA's Confidentiality Agreement.



Employee Eligibility

Eligible Classes of Employees

For the purpose of the AMSC Group Benefits Program, eligible classes of employees are as follows:

- Municipal Employees
- Municipally Associated Employees (e.g. Library, Foundation, Commission employees who hold AUMA Associate Membership).
- Elected Officials
- Municipal Returning Seasonal Employees
- Contract Employees
- Volunteer Fire and Ambulance Persons
- Retirees

Municipal Employees and Municipally Associated Employees

Members in this class who are regularly scheduled to work at *least* 15 hours per week are eligible to participate in all benefits, with the exception of LTD which requires at least 20 hours a week.

Elected Officials

Members in this class are eligible to participate in all benefits enjoyed by Municipal Employees provided they are acting in the capacity of an elected official for the employer with the exception of STD and LTD. In order to be eligible for Short and Long Term Disability benefits, the Elected Official must be working for the employer full-time and have no other occupation.

Returning Seasonal Employees

Details of this plan are as follows:

- Eligible to participate in all benefits with the exception of STD, LTD, Optional Life, and Optional Critical Illness.
- Must be regularly scheduled to work a minimum of 25 hours a week for at least 7 consecutive months of each working season.
- Mandatory coverage for all eligible returning seasonal employees.
- Coverage may be continued during the off season.

Contract Employees

Details of this plan are as follows:

- Eligible to participate in all benefits with the exception of STD, LTD, Optional Life and Optional Critical Illness.
- Must be regularly scheduled to work a minimum of 15 hours a week for at least 7 consecutive months of each working season.



Volunteer Fire and Ambulance Personnel

Details of this plan are as follows:

- Eligible to participate in Basic Group Life coverage, AD&D, and Dependent Life.
- All members of the volunteer force must participate.

Retirees

Retirees have two plans to choose from:

1. Reduction Formula - Retiree Employee Life to Death

AMSC offers a reducing retiree life benefit which is available to all participating members of the AMSC group benefits plan. Upon the event of a retiree's death, Sun Life will pay a death benefit to the beneficiary.

This life insurance benefit is administered by the municipality with the premiums reflected on the monthly invoice.

The following reduction formula is for employees who retired before January 1, 2009.

Basic Life (Reduction Formula):

For employees who retire on or after reaching age 55 but before reaching age 70.

At retirement – 80% of the amount of life coverage prior to retirement

On the 1st anniversary of retirement – 60%

On the 2nd anniversary of retirement – 40%

On the 3rd anniversary of retirement – 20%

On the 4th anniversary of retirement – 10%

Age 70 – 10%

For employees who retire on or after reaching age 65 but before reaching age 70.

At retirement age 65 – 80%

On the 1st anniversary or at age 66 – 60%

On the 2nd anniversary or at age 67 – 40%

On the 3rd anniversary or at age 68 – 20%

On the 4th anniversary or at age 69 – 10%

At age 70 – 10%

The following reduction formula is for employees who retired after January 1, 2009.

For employees who retire on or after reaching age 55, coverage reduces to 50% and then to 10% of pre-reduction coverage at age 70%.

2. Retiree Benefits Plan to Age 70

The Retiree Benefit Plan is a fully insured plan and is on a stand-alone basis.

Eligibility:

Current Retirees - They must be age 55 or older (regular municipal employees and elected officials). Please note that the policy terminates at age 70.



New Retiree Choices:

Retiree Benefits Plan - New retirees must enroll within 60 days of retirement date to qualify. No medical evidence is required.

Choose between Option 1 or Option 2 (Terminates at age 70).

Administration of the Plan:

Municipalities' responsibilities are to provide New Retirees with Retiree Packages.



Dual Coverage within the Program

If an employee is eligible for two classes of coverage, please contact your Benefits Services Consultant. The employee has the option to a combination of the two plans or only one plan.

Waiting Periods for New Employees

Municipal Employees and Municipally Associated Employees

The municipality's chosen waiting period applies to all new employees. You have the option to waive the waiting or honor it.

The waiting period for new employees does not necessarily coincide with probationary periods the employer has designated for new employees. The waiting period you choose as an organization overrides any probationary period. If your employer chooses to extend a new employee's probationary period, this will not affect the waiting period for benefits.

It is very important that the waiting period for benefit coverage be adhered to, as failure to enroll an eligible employee upon the expiration of the waiting period will subject the employee and his/her family to the Late Entrant rules of the program and coverage may be denied. For full details see Late Entrants.

If you are waiving the waiting, please provide the reason with the enrolment form.

Note: If the enrolment form is not in the AMSC office within 31 days of qualifying for benefits, Late Entrant rules may apply. Contact your Benefit Services Consultant for further details.

Elected Officials

Elected Officials, at the time of election, must enroll within 60 days or Late Entrant rules will apply. Once enrolled, they must maintain their coverage for the current term of office.

Returning Seasonal Employees

Returning Seasonal Employees coverage will be immediate, however, the "returning" status must be indicated on the Report of Employee Additions/Terminations/Changes and a new enrolment form must be completed.

The following are the conditions that apply:

- The minimum number of hours worked per week will be 25.
- All eligible returning seasonal employees must enroll.
- Coverage must be reinstated immediately upon return to employment each season. Failure to do so will subject the employee to the Late Entrant rules.



Volunteer Fire and Ambulance Personnel

There are two options for waiting periods for all Volunteer Fire and Ambulance personnel:

- within 31 days of commencement
- the waiting period that is in place for regular employees

Failure to enroll within the specified time frame will activate the Late Entrant rule and coverage may be denied.

Eligible Dependents

A dependent is:

- **A spouse**
 - a person legally married to the insured Employee
 - common law spouse
 - Cohabitation clause - The insured employee has resided continuously with the partner for twelve (12) consecutive months. See Qualification of Partner Form.
 - Only one spouse can be covered at any one time.
- **Dependent child**
 - Child, Step child, foster child, legally adopted child or legal ward who is not married or in any other formal union recognized by law
 - Under age 21
 - Aged 21 up to age 25 who is attending a recognized institution of education. Proof of registration must be provided. If a student resides outside of Canada, application for continuation of emergency medical coverage is required. Sun Life must approve the continuation of emergency medical coverage.
 - Handicapped child who becomes handicapped before the limiting age (21):
 - is incapable of financial self-support because of a physical or mental disability;
 - depends on the employee for financial support, and
 - is not married nor in any other formal union recognized by law.

The employee must provide AMSC proof of the above within 31 days of the date the child attains the limiting age.

Note that the spouse and child must reside in Canada and must not be employed by the armed forces.



Positive Enrolment

Positive enrolment is an insurance industry term meaning that in order for dependents (spouse and children) to be covered under the member's plan, dependent data must be set up in the Sun Life claims payment system prior to any claim being made. If the dependent data is not in the system, claims will be declined for that dependent. Initially, only those divisions who chose to have the direct pay drug card in their health care plan were set up at Sun Life with positive enrolment.

Effective January 1, 2009, all divisions with AMSC have been moved to the positive enrolment format. Plan Administrators must provide AMSC with a copy of the completed, signed enrolment form that includes dependent data, when adding new members or changing coverage status for health and/or dental. This procedure alleviates dependent claims being declined.

Late Entrants

The waiting period is identified on your Schedule of Benefits and Rates. A Statement of Health (medical evidence) is not required for new employees joining the Benefits Program immediately following the waiting period.

It is very important that the waiting period for benefit coverage be adhered to, as failure to enroll an eligible employee upon the expiration of the waiting period will subject the employee and his/her family to the Late Entrant rules of the program and coverage may be denied.

*Should an employee not provide the Plan Administrator with the appropriate, signed and dated enrollment forms within **31 days** (Elected officials - 60 days) of the completion of the specified waiting period, the new employee would be considered a late entrant.*

A Statement of Health must be sent directly to Sun Life for review and approval for all coverage except Dental. Sun Life will assign an effective date of coverage and advise our office. We, in turn, advise you with regard to status of the application. Restrictions may be applied to the coverage or coverage may be denied. A Statement of Health does not need to be sent to Sun Life if the member is only asking to pick up dental coverage simply indicate on the Report of Additions/Terminations/Changes sheet that the member is a late entrant for dental. The late entrant penalty for dental is that all insured members in the family would be restricted to \$100 reimbursement per insured person for the first twelve months. The entire dental premium must be paid during this period.

Please contact your Benefits Services Consultant for additional information.



Coordination of Benefits (COB)

Coordination of Benefits (COB) applies to a plan member who has similar Health and/or Dental coverage under more than one benefit plan (i.e. through your own plan and your spouse's plan). By claiming through both plans the actual cost of a product or service to which you are entitled may be paid, but the combined payment under the plans will not exceed 100% of the total allowable expense.

In the case where an expense is eligible for coverage under two or more plans the coordination of benefits provision, priority of payment is based on the following:

- **Employee**
 - The place of their employment plan would pay first, then their spouse
- **Spouse**
 - The place of their employment plan would pay first, then their spouse
- **Dependent Children**
 - The plan of the parent with the earlier birth date in the calendar year would pay first
 - In the event of separation or divorce, the plan of the parent with custody of the child would pay first.

Change in Marital Status/Addition of Dependents

- If a single employee marries, or whose common-law partner completes the 12 month cohabitation requirement, or acquires dependents (life events), he/she has 31 days from the event to submit a signed Enrollment/Change form to the Plan Administrator.
- If an individual loses spousal coverage, they must submit the change request to the Plan Administrator to enroll in health and/or dental within 31 days of the event. Failure to do so will subject the employee to late entrant rules.

Active Municipal Employees' Coverage Beyond Age 65

All regular employees age 65 and over and filling a permanent position are eligible for full coverage to age 70 with the exception of Long Term Disability, Optional Life and Voluntary AD&D.

The employee aged 65 and over also qualifies for the Alberta Health and Wellness Senior Benefits Program. Alberta Blue Cross is the administrator for the seniors program and is the first payor. The balance of the eligible claims should be submitted to the AMSC program.

If the employee continues working beyond age 70, Basic Group Life coverage will reduce to 10% of his eligible coverage.

If an elected official continues working beyond age 70, Basic Group Life coverage will reduce to \$15,000.00

Employee Enrolment

A new eligible employee *must* submit a completed Enrolment Form to the Plan Administrator subject to the waiting period indicated on the Schedule of Benefits. The forms must be received within 31 days of eligibility.



Ensure that the form is signed and dated by the employee. The original signed form must be kept in the employee's personnel file. Completion of the enrolment form at date of hire will decrease the possibility of administrative errors resulting in late entrant situations.

Effective Date

The effective date of coverage is the first day following the completion of the waiting period. Refer to your Schedule of Benefits and Rates for the effective date unique to your group. For example: An Employee who commences on the 8th of April and fulfills the three-month waiting period would be eligible for benefits coverage on the 8th of July.

Refusal of Benefits

If a new employee has spousal coverage for Extended Health Care and/or Dental Care they may refuse their coverage. In this situation the following procedure is required.

- Complete the "Refusal of Benefits" portion on the enrolment form.
- Refer to Change in marital status if an employee wants to enroll in the Extended Health and/or Dental Care benefits.

All other benefits are mandatory.

Waiver of Premium

Waiver of premium is when an employee's premiums are not payable while totally disabled subject to approval by the Insurance Company.

Benefit	Waiver of Premium
Life, Accidental Death & Dismemberment, Dependent Life Insurance and Optional Life	Waiver of premium applies upon approval of long term disability benefits based on the date of disability.
Short Term Disability & Long Term Disability	Disability premium is waived the date long term disability benefits begin.*
Extended Health Care and/or Dental Care	Waiver of premium does not apply.

*Premiums for Life and disability benefits will continue to be reflected on the invoice until approval has been received.

Dependent Life

Dependent Life coverage only applies to individuals with dependents (spouse and children).

Reinstatement of Benefits

The waiting period can be waived for returning or terminated employees, as long as reinstatement occurs within 6 months of termination.



Survivor Benefit

A dependent's coverage continues for Health and Dental, Dependent Life and Long Term Disability after the employee's death without further premiums, until the earlier of the following dates:

- 24 months after the date of the employee's death
- the date the person would no longer be considered the employee's dependent if the employee were still alive.
- the date the benefit provision under which the dependent is covered terminates.

When dependent coverage continues, it is subject to all other terms of this contract.



Beneficiaries

Designating a Beneficiary

All employees must complete the beneficiary section of the enrolment form. A separate form is required when naming an Optional Life beneficiary.

Consider the following to ensure your wishes are met:

- A beneficiary designation is extremely important for all involved – you, your beneficiary and the insurance company. A proper beneficiary designation will allow your insurer to carry out your intent and pay the life claim without unwarranted delay.
- Policy proceeds cannot be paid to a minor. If a minor is named as a beneficiary, the plan member must name a Trustee if the plan member does not have a current Will. If the plan member does not have a Trustee named, a court of law will do so.
- By designating a beneficiary costly and time consuming court action can be avoided in order to determine the proper payee, and you can avoid exposing the insurance proceeds to estate taxes, probate fees and creditors.

Additional information:

- The employee is automatically the beneficiary in the event of the death of an insured spouse or dependents if the employee has Dependent Life coverage.
- For dismemberment claims under the Group Accidental Death and Dismemberment benefit, the employee (claimant) is the beneficiary. In the event of the employee's accidental death, the beneficiary is the same as the beneficiary named for the Basic Life Insurance benefit.
- For dismemberment claims under the Voluntary AD&D benefit, the employee (claimant) is the beneficiary. In the event of the employee's accidental death, the beneficiary is named on the VAD&D application form.

Changing a Beneficiary

A Beneficiary Nomination form must be completed and kept with the original Enrolment form.

When an employee advises of a change of status for benefits, please remind the employee that he/she may wish to update their beneficiary information.



SIN Versus Certificate Number (Employee ID/Certificate Number)

Due to privacy concerns, AMSC has a mandate to change all SINs to Certificate numbers in 2009. Please contact your Benefits Services Consultant to arrange.

Benefit Confirmation Statement (BCS)

The AMSC sends out Benefit Confirmation Statements each spring once the majority of salary changes have been reported. AMSC will be sending out BCSs for each new employee as they are added or whenever there is a relevant change for an existing employee.

The AMSC now requires dependent and beneficiary information to be on file for *all* members. Therefore, AMSC asks that you fax a copy of the signed and dated Enrolment form:

- when enrolling a new employee and
- if there are any changes to an employee's beneficiary or dependent status during the year.

This will ensure that the BCSs are accurate and are up to date at all times.

The BCS is an excellent audit tool for the members and Plan Administrators to ensure the coverage required by the member and dependent, beneficiary and address information is correct.



Premium and Invoicing

Premium Rates

Premium rates for your group are reported to you on the Schedule of Benefit issued annually. The renewal rates are effective January 1st each year. The schedule identifies the type of benefits and the rates for all benefits that your group participates in. Updates will be provided during the year if there are any change in benefits.

Premium Due Date

Premiums are payable within 30 days of receipt of the invoice. Note that the invoice will not reflect the payment if it is received after the 10th of each month.

Last Balance	Payment	Outstanding Balance	Current plan charges	Adjustments	Total amount due:
\$800.16	\$0.00	\$800.16	\$954.82	\$115.60	\$1,870.58

Payments made after 30 days will be subject to an interest charge of 1.5% per month (19.56% per annum) on all overdue accounts.

Payments are to be made based on the invoice. The current month's amount due is the addition of the "Current plan charges" plus "Adjustments". If there are any discrepancies, please contact your Benefits Services Consultant.

Premium Charges

- **New enrollee or any change in coverage** - If the employee's benefits are effective anytime after the 1st of the month, premiums for the partial month will not be charged.
- **Terminating employees** - if the employee terminates anytime after the 1st of the month premiums will be charged for the full month. However, benefits are in place on the date of eligibility and coverage ceases at midnight on the termination date.

Invoicing

The current month's invoice will include all additions or changes received on or before the 10th of each month. Employee changes are completed for the current month's billing only. If you have a change that is effective in July but you sent it in the end of May, it will not be processed until after the June invoice has been finalized.

Contact your Benefits Services Consultant if you have not received your invoice by the 25th of the month.

Tax Information

For the purpose of T4 reporting, any premiums paid by the employer on behalf of the Employee for the Basic Group Life and Dependent Life benefits are taxable. Refer to your invoice to determine amount of taxable premium.



Retroactive Adjustments

Retroactive adjustments will apply for any changes with an effective date prior to the current invoice date.

For Example: A new employee is added effective May 1st and the enrollment form is sent to AMSC after the May invoice has been received by the plan administrator. The retroactive adjustments for May will be included on the June invoice.

Contractually with Sun Life, AMSC can make retroactive adjustments back 12 months but only to the most recent renewal date which is January 1st of each year. Contact your Benefit Services Consultant if you think an exception is warranted.

Payment of Group Benefit Invoices

Did you know that you could pay your group benefits invoices by transferring funds into the AUMA bank account?

For more information, please contact main@amsc.ca to arrange.



Salary Changes for more than 10 people:

- Contact your Benefits Services Consultant for a report with a list of employees.
- Template below:

Nine-digit member ID# no spaces or hyphens	Date of change Mm/dd/year	Last Name, First Name	New salary No commas, no '\$'	Division no. Four digits starting with '0'
640222111	01/01/2008	LEWIS, JERRY	44546.22	0999
674839373	02/01/2008	MARTIN, DEAN	47555.70	0999

Refer to Late Entrant Rules for timing of the above forms.

Enrolment Form:

- New employees
- Changes from single to family or family or single due to confirmation of beneficiary and dependents.
- Change of beneficiary
- Change of address
- Change in Extended Health Care and Dental Care coverage (e.g. Change in Refusal of Benefits or Coordination of Benefits)

A sample form is included for your reference.

Refer to Late Entrant rules for timing of the above forms.



Group benefits enrolment/change form



Instructions

- Section 1 is to be completed by the plan administrator.
- All remaining sections are to be completed by the plan member.
- Complete the form in ink, sign and date the form.
- Please PRINT clearly.

1 Information to be completed by plan administrator

- Enrolment Form**
(Complete all sections)
- Change Form**
(Only complete the information that is changing and include the effective date of change.)
- Beneficiary** **Dependent Status** **Termination** **Salary/Wages**
- Other** (please specify): _____

Contract Number 071180		Contractholder name Name of Municipality	
<input checked="" type="checkbox"/> New plan member <input type="checkbox"/> Re-hire	Date of hire/re-hire (yyy/mm/dd) 2008/02/28	Plan member ID 999000999	Class/Plan 01
Effective date of coverage/change (yyy/mm/dd) 2008/05/28	Location/billing group number 0898	Location/billing group name	
Occupation Journeyman	Salary \$45,674.45	Basis <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly (Hrs./Wk. _____) (please specify)

2 Plan member details

If Common Law status, the relationship must be established for at least one year. Complete 'Qualification of Partner' form.

Plan member's name (first, middle initial, last) Kane F. Lampowski			Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Address (street number and name, apartment or suite) #2091, 9002 - 102 Street			
City Any City	Province Alberta	Postal Code T0L 0M0	
Date of birth (yyy/mm/dd) 1979/09/25	Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French	Province of residence Alberta	Province of employment Alberta
Martial status <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Common Law <input type="checkbox"/> Widowed	Civil Union <input type="checkbox"/> Civil Union
			Coverage selection <input type="checkbox"/> Single <input checked="" type="checkbox"/> Family

3 Refusal of benefits

If coverage is provided under spouse's plan and not required under your plan this section should be completed.

If you or your dependents are presently covered for Extended Health Care and/or Dental Care benefits under another group contract you may refuse to be covered for such benefit(s) under this contract by selecting the applicable box for each benefit:

- I refuse coverage for myself and my dependents under: **Extended Health Care** **Dental Care**
- I refuse coverage for my dependents under: **Extended Health Care** **Dental Care**

4 Spouse details

Complete this section only if you are applying for coverage for your spouse.

*U (Update codes):

- A** = Addition
C = Change
T = Termination

*U A	Effective date (yyy/mm/dd) 2008/05/28	Spouse's name (first, last) Annalisa Betts-Lampowski	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of birth (yyy/mm/dd) 1980/12/05
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If your spouse is covered for Extended Health Care and/or Dental Care benefits by his/her employer's plan, please indicate spouse's coverage:

- Dental** None Single Family
- Extended Health Care** None Single Family Name of Benefits Carrier: **Great-West Life**



5 Children details

Complete this section only if you are applying for coverage for your children.

IMPORTANT:

1. A spouse must first claim from his/her own employer's plan.
2. Claims for covered children must be sent first to the plan of the parent whose birth date falls earlier in the year.

	Effective date (yyyy/mm/dd)	Child's name (first, last)	Date of birth (yyyy/mm/dd)	Gender	Student*	Overage disabled child**
*U	A 2008/05/28	Deen Lampowski	1990/10/17	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*U				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*U				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*U				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

School information is required for an overage dependent attending school full-time. Complete 'Overage Student Form'

* A student is a child age 21 or over but under age 25, who is a full-time student attending an educational institution recognized by Canada Revenue Agency, as long as the child is not married or in any other formal union and is entirely dependent on you for financial support.

(For Quebec Plan members please check with your plan administrator for dependent student age limit.)

** To enrol an overage disabled child, complete a Handicapped Child Coverage Form, and send it to us within 31 days of the date the dependent reaches the age limit.

6 Beneficiary nomination

IMPORTANT:

Be sure to show the beneficiary's first and last name, as well as the relationship to you.

You must initial any changes or deletions. Correction fluid cannot be used.

A revocable nomination can be changed at any time without the beneficiary's consent. You cannot change an irrevocable beneficiary nomination unless certain requirements are met.

If you are nominating a beneficiary who is a minor, please see section 8.

By completing this section I revoke all previously nominated beneficiary nominations and make the following nomination where permitted by law.

Name (first, last)	Relationship to plan member	Percentage
Annalisa Betts-Lampowski	Spouse	75%
Deen Lampowski	Son	25%

Where Quebec law applies, a spouse beneficiary is irrevocable unless you make the designation revocable by checking here: Revocable

7 Appointing contingent beneficiaries

If you wish to appoint a contingent beneficiary, in the event that there are no surviving beneficiaries at the time of your death, please complete this section.

If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiaries shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Unless I specify otherwise, my contingent beneficiary will apply to all my benefits.

I revoke all previous contingent beneficiary appointments.

Name (first, last)	Relationship to plan member	Percentage
Estate		100%



8 Trustee nomination for minor beneficiary

If you wish to designate minor children as beneficiaries, a Trustee/Administrator must be designated. In Quebec, "Trustee" shall be understood as "Administrator", and the obligations of the Administrator shall be interpreted in accordance with the Quebec Civil Code.

Any payments becoming due while the beneficiary(s) are a minor*, are to be made to

Annalisa Betts-Lampowski

as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to the trustee will discharge the company.

* A minor is a child who has not reached the age of majority as defined by provincial legislation.

9 Authorization and signature

IMPORTANT:
You must sign and date the form.

I am authorized to disclose information about my spouse and dependents in order to enrol them in the Plan.

By enrolling in this Plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer and adjudicate claims.
- My plan sponsor, and its agents to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required,
- Sun Life Assurance Company of Canada, its agents and service providers, and my plan sponsor and its agents to use and exchange information about me, my spouse and dependents necessary for enrolment and for the purposes of continuing administration of the plan.

I declare that the information above is accurate and true.

A photocopy or electronic version of this authorization is as valid as the original.

Ensure employee sign's and dates the completed form.

Plan member signature X	Date (yyyy/mm/dd)
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Sun Life Assurance Company of Canada a member of the Sun Life Financial group of companies is committed to keeping your information confidential.



Employee Termination

An employee's insurance terminates on the earliest of any of the following circumstances:

- a) termination of the policy;
- b) termination of the municipality or associate member plan;
- c) the employee ceases to be in a class of employees for which insurance is provided;
- d) benefit termination age;
- e) the employee failing to make any required contribution to premium;
- f) at midnight on the employee's last day of employment (includes scheduled vacation time).

It is not appropriate to terminate disabled individuals from any of the benefits prior to receiving notice from the insurer regarding the application for waiver of premium. In addition it is also advisable to obtain legal counsel prior to terminating a disabled employee.

	Termination Date
Life Insurance	At retirement
Accidental Death & Dismemberment	Age 70
Dependent Life	Age 70
Short Term Disability	Age 70
Long Term Disability	Age 65
Extended Health Care	At retirement
Vision Care	At retirement
Dental Care	At retirement

Optional Benefits

	Termination Date
Optional Life Insurance (Employee and/or Spouse)	Age 65
Voluntary Accidental Death & Dismemberment	Age 65
Retiree Benefits Plan	Age 70
Reducing Formula Life Insurance	At death

Conversion Privilege

When an employee is terminating or when the employer terminates an employee, it is important to advise the individual of the conversion privilege. Terminating employees have the option of converting their group life, optional employee/spousal life and dependent life (to a combined maximum of \$200,000 per person) and health and dental policies to individual policies without proof of good health. Conversion of Life benefits must be applied for within 31 days of the termination date; conversion of Health and/or Dental must be applied for within 60 days of the termination date.

A conversion options form is available online at www.amsc.ca under Benefits Services.

Contact Sun Life by phone (1.800.786.5433) after completing the "Insurance Options for Plan Members on Termination of Group Benefits" for conversion quotations for Life, Health and Dental Insurance.



If you are terminating an employee and give advice/counsel regarding the conversion privilege, it would be appropriate to require the employee to sign a statement acknowledging that they have been informed of this option. The statement should be retained in the employee's file.

Continuation of Coverage/Leave of Absence

An employee can qualify for continuation of coverage under the following circumstances:

- during maternity/parental leave
- during the notice period of termination of employment
- during temporary lay-off, strike or lock out
- leave of absence, not more than 12 months
- seasonal employees during the off season

Although an extension to the leave is granted by the employer, continuation of benefits ceases after 12 months or on the previously agreed upon return to work date.

Please contact your Benefits Services Consultant for approval.

Employment Insurance Maternity Leave Top-Up

Maternity Leave Top-up allows the municipality to provide additional funds to an employee who is on maternity leave. Please contact the Director, Benefits Services for additional information.

Government Benefits

Canada Pension Plan provides additional benefits such as retirement pension, disability benefits, survivor benefits (death, survivor & children's benefits) and children's benefits for students aged 18 to 25. Contact your local Human Resource Service Canada office.

<http://www.hrsdc.gc.ca/en/isp/cpp/cpptoc.shtml>

The surviving spouse may also be eligible for the Alberta Widows' Benefit if between the ages of 55 and 65 years and did not have a taxable income, or had a low taxable income in the previous year.

As Government plans change from time to time, it may be advisable to contact the department prior to a claim being made. The local number for Edmonton area is (780) 422-4080 for toll free long distance the 1st number to call is 310-0000 and request a transfer to Alberta Widow's Benefit unit.



Life Insurance Benefits

Introduction

Life Insurance Benefits include Basic Group Life Insurance, Accidental Death & Dismemberment and Dependent Life.

The Basic Group Life Insurance, Accidental Death & Dismemberment and Dependent Life Insurance benefits are mandatory benefits. All eligible employees must be enrolled.

The Basic Group Life Insurance is "term" insurance, which means that the coverage is valid for a specific period of time, i.e. while an eligible employee with a participating employer group. Term insurance has no cash value, cannot be used as security for loans and provides no dividends.

Eligibility

All eligible employee classes are eligible to participate in the Life Insurance Benefits.

Evidence of Insurability

A Statement of Health (medical evidence) is not required for Life Insurance Benefits unless the employee is a Late Entrant.

Benefit

The benefit amount (coverage) is paid in the event of an insured employee's death. Coverage is in effect 24 hours a day. Detailed description of coverage is available in your municipality's Employee Booklet.

The Accidental Death & Dismemberment coverage includes loss of and loss of use. Refer to your benefits booklet for details.

Employee Termination

If an employee voluntarily terminates, or is terminated by the employer the coverage remains in effect for an additional 31 days from date of termination (without premium payment) under the terms of the conversion privilege. It is important that you advise the terminating employee of this privilege.

Advance Payment of Death Benefit

If a terminally ill employee would like to receive a portion of the death benefit, please complete the "Living Benefit Loan" form to apply.

Living Benefit

If an insured person is diagnosed with a terminal illness, an application can be made for a lump sum advance of 50% of the death benefit, to a maximum of \$100,000. The lump sum, plus interest, is deducted from the death benefit when it is paid.



This benefit will follow the rules of the living benefit program in effect when the insured person applies to receive the benefit.

This benefit is offered on all Sun Life Assurance Company life insurance products and is a non-contractual arrangement that may be approved by the company, at its discretion, on a case-by-case basis.

How to Claim – Life Insurance

In the event of an insured employee's death, please include the following when submitting your claim:

- The original “Notification of Death” form is required for all Death claims. Complete Sections 1 and 3.
- An original Proof of Death or a certified copy of the Funeral Director’s Statement of Death if the claim is under \$100,000. The Physician’s Statement must be completed if the claim exceeds \$100,000.
- Submit the original enrolment form that includes beneficiary nomination.
- The beneficiary must complete the “Election of Method of Settlement” form.

How to Claim – Accidental Death & Dismemberment Insurance

In the event of an insured employee's **accidental death**, please include the following when submitting your claim:

- The original “Notification of Death” form is required for all Death claims. Complete Sections 1 and 3 indicating that the cause of death was accidental. Proof of accident must be provided – police report or newspaper clippings.
- An original Proof of Death or a certified copy of the Funeral Director’s Statement of Death if the claim is under \$100,000. The Physician’s Statement must be completed if the claim exceeds \$100,000.
- Submit the original enrolment form that includes beneficiary nomination.
- The beneficiary must complete the “Election of Method of Settlement” form.

How to Claim – Dependent Life Insurance

In the event of the death of an insured employee’s dependent spouse or child, please include the following when submitting your claim:

- The original “Notification of Death” form is required for all Death claims. Complete Sections 2 and 3.
- An original Proof of Death or a certified copy of the Funeral Director’s Statement of Death.
- Submit a copy of the employee’s enrollment card/form.
- The employee must complete Page 1 of the Election of Method of Settlement form and Section 3 on Page 2.

All forms are available online at www.amsc.ca under Benefits Services.

Notification of death must be submitted to Sun Life within **90** days of death. Any outstanding information must be received by Sun Life within **180** days following the date of death.



If you have any questions regarding the above, please contact your Benefits Services Consultant.

All the above information must be submitted to:

AMSC Insurance Services
10507 Saskatchewan Drive NW
Edmonton, AB T6E 4S1
Attention: Benefits Services

If an insured employee dies while dependent coverage is in force, extended health and dental care shall be continued without payment of premium for 24 months. For additional information, contact your Benefits Services Consultant.



Optional Group Life

Eligibility

An employee may apply for Optional Group Life Insurance *providing* the employee is covered for Basic Group Life.

The spouse of the insured employee may also apply for coverage under this line of benefit.

This coverage is not available to Volunteer Fire/Ambulance Persons and Municipal Returning Seasonal Employees.

Benefit

Detailed description of coverage is available in your division's Employee Booklet.

Monthly rates are based on the age, sex and smoking status of the employee or his/her spouse as of January 1st of each year. Age band recalculations are run on January 1st of each year and new premium applied for any participants who have advanced an age band during the previous year. Non-smoking status is based on 12 months of continuous non-smoking. Rates are available through the AMSC office.

Medical Evidence

Applicants will be required to complete an Employee's or Spouse's Application for Group Optional Life Insurance for AMSC Services for all amounts of Optional and Spousal Optional Life. The applicant may subsequently be asked to provide further evidence of good health before the Optional and/or Spousal Optional Life is approved by the insurer.

A Statement of Health forms is available on line at <http://www.auma.ca/live/AMSC/Benefits+Services>.

The completed Statement of Health is to be mailed to Sun Life directly as indicated.

Once the applications have been processed, a letter either denying or approving the coverage will be sent to the administrator. The administrator is responsible for providing a copy of the letter to the employee if indicated in the approval letter from Sun Life. The Sun Life letter advises if they have contacted the employee directly or if is the plan administrator's responsibility to do so. If the employee is approved, the administrator should make sure that the current invoice reflects this change to the employee's coverage.



Suicide Limitation

No amount of Optional Life Insurance is payable when death results from suicide or self-destruction while sane or insane and occurs before the insurance has been in effect continuously for 24 months.

If Optional Life is subject to more than one effective date due to additional amounts having been applied for by the employee, the two year period will run separately from each effective date. Accordingly, this suicide exclusion will not apply to any amount of Optional Life which has been continuously in force for two years or more.

Conversion Privilege

Employee Optional Life and Spousal Optional Life may be converted to an individual policy should eligibility under the group program cease. The maximum Employee Optional and Spousal Optional Life amount that may be converted is \$200,000. (Note that the combined maximum conversion per person is \$200,000). Both amounts are reduced by the amount of any other Life Insurance for which conversion has been requested under the policy.

Beneficiary

For Optional Life, the employee or spouse can name any beneficiary of his/her choice. The beneficiary can be different from the Basic Group Life designation.

Termination

Employee Optional Life will terminate at the earliest of:

- the employee's 65th birthday;
- termination of the employee's Basic Group Life Insurance; or
- termination of the employee's eligibility for Optional Life for any other reason.

Spousal Optional Life will terminate at the earliest of:

- the spouse's 65th birthday;
- termination of the employee's eligibility for Basic Group Life Insurance for any reason; or
- the spouse no longer satisfies the definition of Dependent Spouse.

How to Claim

Refer to Life Insurance Benefits, How to Claim for claiming procedures.



Short Term Disability (STD)

Introduction

Short Term Disability is designed to provide a weekly income benefit in the event a non-occupational injury or illness prevents an insured employee from performing the substantial duties of their *own occupation*. Employees age 70 or over are not eligible for this benefit. Refer to Eligible Class of Employees for additional information.

The Short-Term Disability benefit is for non-occupational illness or injury. Occupational injury/illnesses should be directed to WCB.

Evidence of Insurability

Evidence of insurability (medical evidence) is not required for STD coverage for new employees. Refer to Late Entrant Section for additional information.

Employment Insurance Premium Reduction Program

Short Term Disability or cumulative in-house sick leave plans may qualify for the EIC premium Reduction. Applications are available through AMSC.

Depending on the size of the employee population, savings can be significant. If your organization provides an in-house sick leave plan for employees, AMSC recommends that an application for the reduction be made.

How to Claim

Insured employees who may be eligible to claim for Short-Term Disability benefits should submit a completed claim form at the onset of the disability. *Claims submitted after 90 days of commencement of disability will not be considered.*

Sun Life does not mandate the use of in-house sick leave. The employee would be eligible for short term disability on the day the elimination period ends. It is the employee/employer's decision if they wish to use the in-house sick leave.

The short term disability claim forms are available online at www.amsc.ca under Benefits Services.

Please complete the following:

- **Employee** - Plan Member's Statement for Short-Term Disability Benefits
- **Physician** - Attending Physician's Statement
- **Plan Administrator** - Plan Sponsor's Statement for Short-Term Disability Benefits
- **Supervisor** - Short Term Disability Questionnaire

Fax the completed forms to the nearest Sun Life Assurance office as noted on the forms.

All forms are available online at www.amsc.ca under Benefits Services.

When an employee returns to work, notify Sun Life immediately using the Return to Work Notice form. We recommend that you review the existing enrollment form with the returning employee to confirm that all information is still accurate.



Long Term Disability (LTD)

Introduction

Long Term Disability is designed to provide a monthly income benefit in the event a non-occupational injury or illness continuously prevents an insured employee from performing the substantial duties of their *own occupation* during the elimination period and the following *own occupation* period as outlined in the Benefits Plan Summary and, thereafter, *any occupation*.

Employees age 65 or over are not eligible for this benefit. Premium payments cease and coverage is terminated at the beginning of the elimination period prior to the employee's date of birth.

Elimination Period

The elimination period is the time during which insured employees must be totally disabled before commencement of benefits. Unless otherwise specified in the Schedule of Benefits and Rates, your group's elimination period is 120 calendar days. It is important that during the elimination period, the insured employee receives ongoing adequate treatment by a qualified physician/specialist.

Evidence of Insurability

Evidence of insurability (medical evidence) is not required for LTD coverage for new employees. Refer to Late Entrant Section for additional information.

Total Disability and Totally Disabled

These terms are defined as:

- a) during the elimination period and the 24 month Own Occupation period, the inability of an insured Employee, as a result of illness or injury, to perform substantially the essential duties of the insured Employee's regular occupation, and
- b) thereafter, the inability of an insured Employee, as a result of illness or injury, to engage in any occupation for which the insured Employee is qualified or may reasonably become qualified by reason of training, education or experience.

Canada Pension Plan

Insured individuals who are approved for LTD payments will be required to apply for the Canada Pension Plan Disability benefit. Any money received from CPP on behalf of the disabled employee (excluding dependent benefits) will be coordinated with the LTD benefit. Forms are available on the following website:

<http://www.hrsdc.gc.ca/en/isp/cpp/disaben.shtml>

The disabled employee will need to coordinate the CPP application with the abilities case manager at Sun Life.



Payment of Benefits

Benefit payments are paid monthly calculated from the end of the elimination period. Partial months will be pro-rated.

Benefit payments do not commence and will not be made:

- during any leave taken pursuant to provincial or federal law or pursuant to mutual agreement between you, the insured employee, and the employer;
- during any period of lay-off, strike or lock-out for any disability incurred after notice of any period of lay-off, strike or lock-out; or
- during any period of imprisonment.

Medical Examination

The insurance company has the right to have an individual examined, at their expense, by a physician of their choice, while a claim is pending or an LTD benefit is being provided.

Integration of Benefits (Subrogation)

Benefits will be reduced by:

- CPP or QPP payments;
- any salary continuation from the employer;
- any benefit received from any other group or association group plan;
- any retirement benefits from employer contributed sources;
- any benefits from Workers' Compensation - www.wcb.ab.ca ;
- any benefits from any insurance, pension or other arrangement sponsored or provided by any government or regulatory body; and
- any income replacement from a motor vehicle accident.

Recurrent Disability

In the event of a recurrence of the same or related illness or injury:

During the Elimination Period

Two successive periods of disability which are separated by less than 30 consecutive calendar days of full-time employment will be considered as one period of disability.

After the Elimination Period

All successive periods of disability which are separated by less than 180 consecutive calendar days of continuous full-time employment will be considered as being one period of disability.

Please coordinate the recurrent disability application with the abilities case manager at Sun Life.



Termination of Benefits

Benefits will terminate on the earliest of the following:

- when the employee ceases to be disabled;
- when the employee engages in any occupation for wage or profit (other than rehabilitative employment);
- the end of the benefit period;
- the last day of the month in which the employee turns 65
- when the employee fails to submit evidence that the disability is continuing or fails to submit to a requested medical examination;
- when the employee refuses an approved rehabilitation plan;
- when the employee is no longer receiving regular medical supervision; or
- the last day of the month in which the insured employee dies.

Limitations and Exclusions

No benefit will be paid for any disability resulting from:

- declared or undeclared war, insurrection, rebellion or participation in a riot, excluding police, fire or ambulance persons while in performance of their duties;
- intentionally self-inflicted injuries while sane or insane;
- the commission or attempt to commit a criminal offence (except .08); or substance abuse after the first 24 months following completion of the elimination period unless the Employee is confined in a hospital or there is also a disabling condition present that would otherwise qualify the individual for benefits.

Rehabilitation

When possible, disabled employees are encouraged to enter into rehabilitation programs under the supervision of their physician. So long as the insurance company gives its continuing approval, the disability will be deemed to continue and the benefit will be paid.

In those cases where additional income is received, the LTD benefit will be reduced by 50% of this income.

If during the rehabilitation period, the employee again becomes totally disabled, full benefits will resume.

It is important that rehabilitation be discussed with the employee, and any rehabilitative suggestions either from the employer or the disabled individual be identified in writing to the abilities case manager. Alternatively, the employer may contact AMSC for further assistance in regards to rehabilitation.

Employers should assess the feasibility of job modification or reassignment in order to assist the disabled employee to return to the workforce.

Appeal Procedure

In cases where the medical assessment varies between the employee's doctor and the insurer's medical consultant, the employee may request that the insurer appoint a specialist to assess his/her disability. The employee must pay for the specialist consultation. Contact the AMSC office for information regarding the initiation of an appeal.



How to Claim

Insured employees should submit a completed claim form if they have been absent from work due to disability for a period of six (6) to eight (8) weeks and it appears that the disability is likely to continue.

Written proof covering the occurrence, the character and the extent of claim must be furnished to the insurer within 90 days after completion of the elimination period.

The long term disability claim forms are available online at www.amsc.ca under Benefits Services. Please complete the following:

- **Employee** - Plan Member's Statement for Long-Term Disability Benefits
 - If you are over 60, please provide attach a copy of your birth certificate, passport or driver's license or baptismal record as proof of age.
- **Physician** - Attending Physician's Statement
- **Plan Administrator** - Plan Sponsor's Statement for Long-Term Disability Benefits

Fax the completed forms to the nearest Sun Life Assurance office as noted on the forms.

Sun Life provides a booklet on "Filing your Disability claim" and "Returning to Work". These are excellent sources for the procedures relating to disability.

All forms are available online at www.amsc.ca under Benefits Services.

When an employee returns to work, notify AMSC immediately. We recommend that you review the existing enrollment form with the returning employee to confirm that all information is still accurate.



Extended Health Care and Vision Care

Introduction

The Extended Health Care benefits provide assistance towards health care costs not covered by the Alberta Health Care Plan.

Refer to your Schedule of Benefits and Rates for your group's applicable reimbursement levels.

Benefit Payment

The insurance company will pay a benefit in an amount not to exceed the maximum specified in the plan, after the payment of any required deductible and co-insurance amounts.

Covered expenses will be included to the extent that:

- they are reasonable and customary, professionally recognized and were medically necessary;
- they are recommended or approved by a physician or surgeon;
- they exceed any amount which is payable under any provincial government plan, where not prohibited by law;
- they exceed the amount payable under any other source other than a policy issued to an individual by an insurance company; and
- the insurance company is not prohibited from paying the charges by any government hospitalization or medical care plan of the province or territory in which the individual is a resident.

Student Residency Provision

While a Dependent resides outside Alberta, the following additional limitations apply to the Dependent, as applicable in the circumstances:

- Expenses under Extended Health benefits will qualify as eligible expenses only to the same extent that such expenses would have qualified if incurred in the normal province of residence, based on the prevailing level of charges in such province.
- If the Dependent requires a course of treatment, the insurer may require that such treatment be obtained in the normal province of residence, if reasonable in the circumstances.
- Coverage for students with Athletic Scholarships are covered with limitations to non-athletic injury/illness, contact AMSC for guidelines.

For full-time students residing outside Canada contact your Benefits Services Consultant.



Covered Expenses

Refer to the employee benefit booklet for details.

Employees Age 65 or Over

Employees age 65 or over are eligible for the Alberta Seniors Benefit Program (administered by Alberta Blue Cross). Reimbursement of claims will be paid first by Alberta Blue Cross and secondly by the AMSC plan.

For additional information contact:

http://www.seniors.gov.ab.ca/financial_assistance/seniors_benefit/
or call 1-800-642-3853

How to Claim

The employee completes the Extended Health Care Claim Form or the Extended Health Care and Health Spending Account Claim Form (if applicable) and remits to the address indicated on the form.

If benefits are also to be claimed from another insurer, advise employees to write the other insurance company's name and policy number on the claim form. If participants require a return of receipts for coordination of benefit purposes, please advise the employee to indicate this on the claim form.

Ambulance claims can be assigned to the ambulance authority, however, the insured employee *must* indicate on the claim form that payment be directed to the ambulance authority and sign and date the claim form to this effect. The invoice should be attached to the claim form. For ambulance claims that are not assigned, attach the receipt, and the invoice, to the claim form.

Hospital accommodation claims can be assigned to the hospital from the insurer (Sun Life) using forms available from the hospital administration. Such forms may be requested when being admitted to the hospital for treatment from the hospital administrator.

For Accidental Dental claims, complete a dental claim form, identifying the accident and its cause, in addition to the Extended Health Care claim form.

When claiming for coordination of benefits (two or more plans), refer to the Coordination of Benefits Section.

All forms are available online at www.amsc.ca under Benefits Services.

Online submission of prescription drug and vision claims is available. Visit www.sunlife.ca/member and enter your Access ID and password. If you do not have your Access ID and password, call the Sun Life Customer Care Centre at 1 800 361-6212 for setup procedures. Follow the prompts on the website on how to submit a claim online. Please note that coordination of benefits must be submitted in paper form.



Timing of Claim Submissions

Claims must be submitted *within 180 days following the end of the calendar year in which the expenses were incurred* or within 90 days of the termination date of the Master Policy or the group's participation.

Claim Statement

A Claim Statement will be issued with each claim cheque, or if the cheque is payable directly to the provider, the statement will be issued to the insured. The statement can be used for tax purposes, if applicable.

If participants require a return of receipts for coordination of benefit purposes, advise the employee to indicate this on the claim form.

Form Sample

All forms are available online at www.amsc.ca under Benefits Services.



Dental Care

Introduction

The available dental coverage is basic preventative, removable prosthodontics (dentures), major restorative and orthodontics. These benefits are explained independently and you should read each section for the maximum levels, exclusions and limitations. Your Schedule of Benefits and Rates indicates the terms of reimbursement for each option that is applicable to your group.

Dental Fee Guide

The last year that the Dental Association of Alberta published the dental fee guide was 1997. Insurance companies base their annual increases on the schedule of fees for General Practitioners based completed by the Canadian Life and Health Insurance Association (CLHIA) on an annual basis. Dentist's rates may vary from this standard.

Calendar Year and Benefit Maximum

The calendar year is January 1st to December 31st inclusive. Any Employees (and dependents) who join the plan after July 1st will be subject to a maximum benefit amount of 50% of the calendar year maximum per individual for that calendar year.

Student Residency Provision

Refer to Student Residency provision in Extended Health Care.

Predetermination

When dental treatment is expected to cost more than \$500, or where there are *alternative* methods of treatment, it is appropriate to submit a treatment plan *prior* to commencement of the service.

Please allow two (2) to three (3) weeks for predeterminations to be processed. It is not possible to provide this service by phone. A predetermination is valid for 90 days from the date of the insurance company's approval.



Accidental Dental

If an insured individual receives a blow to the mouth that damages natural teeth, and requires dental treatment, he/she should first claim the treatment under his/her Extended Health Care plan. This applies if you have Extended Health Care coverage through the AMSC Program or medical coverage with another insurance company.

The claim should be made on an Extended Health Care claim form, with a Dental claim form attached indicating the treatment required. Occasionally, additional information may be requested by the insurer.

Should the claim exceed the maximum payment available from Extended Health Care (Maximum is indicated in the employee booklet), the balance should be submitted for consideration as a dental claim. If an individual does not have medical insurance, the claim should be submitted on a dental claim form for consideration.

Covered Expenses

Refer to the employee benefit booklet for details.

How to Claim

The employee's dentist completes the Dental Claim Form and remits to the insurance company electronically or by paper. Some dentists may require full payment in advance or the difference between what the insurance company covers.

Forms must be fully completed indicating the insured's name, employer's name and employee's certificate number. If participants require a return of receipts for coordination of benefit purposes, please advise the employee to indicate this on the claim form.

Online submission of prescription drug and vision claims is available. Visit www.sunlife.ca/member and enter your Access ID and password. If you do not have your Access ID and password, call the Sun Life Customer Care Centre at 1 800 361-6212 for setup procedures. Follow the prompts on the website on how to submit a claim online. Please note that coordination of benefits must be submitted in paper form.

All forms are available online at www.amsc.ca under Benefits Services.

Timing of Claim Submissions

Claims must be submitted *within 180 days following the end of the calendar year in which the expenses were incurred* or within 90 days of the termination date of the Master Policy or the group's participation.

Claim Statement

A Claim Statement will be issued with each claim cheque, or if the cheque is payable directly to the provider, the statement will be issued to the insured. The statement can be used for tax purposes, if applicable.



Work started with a previous carrier rules

The deemed date of incurral for the eligible expenses will be:

- For removable prosthodontics or fixed bridgework – the date when the appliance is installed.
- For crowns, onlays – the date of placement.
- For root canal treatment – the date when the tooth is closed.
- For any other dental services – the date when the procedure is performed.

If an insured person is not continuously covered by the insurer during the entire duration of dental treatment by reason of:

- the termination of this policy with no replacing group plan providing dental benefits, or
- the termination of this policy with continuing dental coverage being provided by another insurance company or by the employer on a self-insured basis, or
- the takeover by the insurer of the group dental insurance risk from another insurance company or a self-insuring employer, or
- the termination of the insured person's insurance, or
- the addition or deletion of certain dental services by policy amendment the deemed date of incurral for the eligible expenses will be:
 - For single appointment procedures – the date when the dental procedure is performed.
 - For multiple appointment procedures – the completion date of the dental service requiring more than one appointment.

Form Sample

All forms are available online at www.amsc.ca under Benefits Services.



Optional Critical Illness

Eligibility

Employee

- Employees and Elected Officials (herein referred to as employees) of a participating municipality and/or organization in good standing with the AMSC Group Benefits Plan.
- Employees must be under age 65 and a resident of Canada.
- Employees working a minimum of 20 hours per week (permanent, part and full-time employees) are eligible to apply for coverage.
- New employees must first satisfy an eligibility waiting period as defined by participating municipality and/or organization (if any).

Note: Where a person is eligible to apply for Group Critical Illness Insurance, both as an Employee and as a Spouse, they will only be considered eligible as an Employee.

Spouse

- Spouses of eligible Employees may apply for coverage.
- The eligible Employee does not have to be insured for Group Critical Illness Insurance in order for the Spouse to be insured.
- Spouse must be under age 65 and a resident of Canada.
- Spouse means the legal or common law spouse of an Employee. Legal spouse is a person who is legally married and cohabiting with the Employee and with whom there is no formal or informal agreement of separation. Common-law spouse is a person who has been cohabiting in a conjugal relationship with the Employee for a period of not less than twelve (12) consecutive months.

Group Critical Illness Insurance coverage is not available to Volunteer Fire/Ambulance Persons, Municipal Returning Seasonal Employees or Retirees.

Benefit

Refer to www.amsc.ca under Benefits Services for details.

Applications for Group Critical Illness Insurance Coverage

An Employee or Spouse of an Employee requesting an increase in their Group Critical Illness Coverage are required to complete a Group Critical Illness Plan Application available online at www.amsc.ca under Benefits Services.

The Underwriting Decision from IAPacific Life will be communicated by letter to the Employee, Employer (municipality and/or associate member) and AMSC Member Services for administrative and invoicing purposes. If the next month's invoice does not reflect the critical illness coverage for the employee, contact your amsc Benefits Services Consultant.



Effective Date of Insurance

Insurance will take effect and premiums will be payable from the first day of the month following approval of the evidence of insurability by IA Pacific Life. Cancer diagnosed, any symptom or medical problems commenced or investigations leading to the diagnosis of any cancer initiated within 90 days following the effective date of an insured's coverage will result in a refund of all premiums paid and the coverage will be void.

Exclusions and Limitations

Refer to the brochure on the AMSC website for details.



Voluntary Accidental Death and Dismemberment

Eligibility

If you are a plan member residing in Canada and under age 65 you are eligible to apply for Voluntary Accidental Death and Dismemberment Insurance.

Employee Only (Single) Plan

Coverage available from a minimum of \$25,000 to a maximum of \$250,000 in units of \$25,000.

Employee Plus Dependents (Family) Plan

Employee amounts of coverage available from a minimum of \$25,000.00 to a maximum of \$250,000 in units of \$25,000 and the family will automatically be insured as follows:

Spouse Only

- For an employee that does not have any dependent children, the spouse will be insured for 50% of the benefit selected.

Spouse and Children

- For an employee with a spouse and dependent children, the spouse will be insured for 40% of the selected benefit and each dependent child will be insured for 5%.

Children Only

- If the employee does not have a spouse, each dependent child will be insured for 15% of the selected benefit.



Accidental Death and Dismemberment benefits will be paid according to the following schedule:

For Loss of:	Amount Payable (% of Principal Sum)
Loss of Life	100%
Loss of both arms or both legs	100%
Loss of both hands, both feet or the entire sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of one hand or one foot and the entire sight of one eye	100%
Loss of speech and loss of hearing in both ears	100%
Loss of one arm or one leg	75%
Loss of one hand, one foot or the entire sight of one eye	75%
Loss of speech or loss of hearing in both ears	75%
Loss of thumb and index finger of the same hand.	33.3%
Loss of four fingers of the same hand	33.3%
Loss of four toes on the same foot	25%
Loss of hearing in one ear	25%
Loss of use of one arm or one leg	75%
Loss of use of one hand or one foot	75%
Loss of use of both arms or both legs	100%
Loss of use of both hands or both feet	100%
<u>For Total Paralysis of:</u>	
Both Upper and Lower Limbs (Quadriplegia)	200%
Both Lower Limbs (Paraplegia)	200%
Upper and Lower Limbs of One Side of Body (Hemiplegia)	200%

The amount payable for all losses sustained by one insured as the result of one accident will not exceed the following:

- with the exception of quadriplegia, paraplegia and hemiplegia, the principal sum.
- with respect to quadriplegia, paraplegia and hemiplegia, 200% of the principal sum, or 100% if loss of life occurs within 90 days after the date of the accident.

The aggregate amount payable for the same accident will not exceed 200% of the principal sum.

How to Claim

Your Benefits Administrator or your Human Resources Department will provide the claim forms and any assistance required to prepare the claim.

Proof of Claim

In the event of a claim under this benefit, written notice of the claim must be submitted to the insurer within 30 days of the event and proof of loss satisfactory to the insurance company must be given in writing within 90 days following the date of the loss. Your Benefits Administrator has the required forms for submitting claim.



How to Order Forms

AMSC Order Form

The Employee Benefits Program Order Form is enclosed for your use. The completed Employee Benefits Order Form should be faxed or mailed at least two weeks prior to the date you anticipate your current supply will be exhausted. Your order will be delivered by regular mail.

The majority of forms are available online at www.amsc.ca under Benefits Services.

Sun Life Claim Forms

There is a link to the Sun Life website for some standard administration and claim forms. Go to www.amsc.ca under Benefits Services.



Retiree Plans

Retiree Benefits Plan

The Retiree Benefit Plan is a fully insured plan that covers retirees for life insurance, extended health care and dental care to age 70. The stand alone policy is separate from the existing group benefits plan. It is open to all municipalities that are members of the Alberta Urban Municipalities Association (AUMA).

Reduction Formula - Retiree Employee Group Life

AMSC offers a reducing retiree life benefit which is available to all participating members of the AMSC group benefits plan that covers the retiree to death. Unlike the plan above, coverage does not terminate.



Formulas for calculating premium for AMSC Employee Benefits:

Group Life

Annual Salary x 3 (per your schedule) = coverage amount (round this up to the nearest \$1,000)
Coverage Amount ÷ 1,000 x .26 (rate from Schedule) = premium
Employer premium contribution is taxable

AD&D

Annual Salary x 3 (per your schedule) = coverage amount (round this up to the nearest \$1,000)
Coverage Amount ÷ 1,000 x .0278 (rate from Schedule) = premium
Premium is not taxable

Dependent Life

Flat \$2.17 per family (per your schedule)
Employer premium contribution is taxable

STD

Annual Salary ÷ 52 x .75 (per your schedule) = coverage amount (round up to the nearest \$1.00)
Coverage amount ÷ 10 x .44 (rate from Schedule) = premium

Non-Taxable & Taxable Plan	Premium is not taxable
Taxable Plan	Benefit is taxable

LTD

Annual Salary ÷ 12 x .6667 (per your schedule) = coverage amount (round up to the nearest \$1.00)
Coverage amount ÷ 100 x 2.51 (rate from Schedule) = premium

Non-Taxable & Taxable Plan	Premium is not taxable
Taxable Plan	Benefit is taxable

Health and Dental

Health and Dental are based on single or family rates.
Premiums are not taxable.

Note: Rates may change annually and are indicated on the Schedule of Benefits and Rates.



Definitions

Actively at Work

Means the Insured Employee is not away due to sickness or injury and is able to perform all of the regular duties of his/her own job with the Employer. An insured employee absent due to vacation, weekend, statutory holidays, or shift requirements is considered Actively at Work. The insurer may require Evidence of Insurability to establish the date the insured member is mentally and physically able to be considered Actively at Work.

Auxiliary Hospital

Means an institution designated as such by law for the convalescent care and treatment, on an in-patient basis, of sick and injured persons primarily in the acute phase of illness. It provides 24 hour nursing services and regular medical supervision. It does not include a nursing home, rest home, home for custodial care of the aged or chronically ill, a sanitarium or a detoxification facility for the treatment of substance abuse.

Certificate Number

Number under which an employee is set up within the Sun Life claims payment system. Also referred to as Employee ID or Employee Number.

Co-insurance

Is the percentage of eligible expenses in excess of the deductible, if any, which will be reimbursed under the plan.

Conversion Privilege

Refers to the right of a terminated employee to convert the group life (Basic, Dependent, Employee Optional, and Spousal Optional) to an individual policy, at regular rates based on age and sex, but without submissions of medical evidence. This conversion must be applied for and premium paid within 31 days of termination of coverage.

Covered Dental Expenses

Means expenses incurred for eligible dental services which are reasonable, necessary and customary and are performed, recommended or approved by a dentist excluding any charges in excess of the amount recommended in the Annual Fee Survey completed by the Canadian Life and Health Insurance Association (CLHIA).

Covered Disability Expenses

Means the necessary charges incurred by an insured person as a result of illness, which are reasonable and customary for the locality where they are provided.



Current Retirees

All retirees who retire from a municipality or an associate member April 1, 2008 onward.

Date of Disability

Means the date on which the insured employee is first unable to perform the duties of his job due to illness or injury. (First day away from the workplace due to disability.)

Dependent

Means unmarried child of the insured employee who is:

- under the age of 21 and not employed on a full-time basis.
- under age 25 years but are wholly dependent upon the insured employee, by reason of being in full-time attendance at an accredited institute, college or university. A child is not considered a full-time student if he is being paid to attend an education institution.
- is 21 years of age or older and is dependent on the insured employee for support by reason of mental or physical handicap.

The child can be an adopted child, step-child, or a child of the insured employee's spouse who is in the care and custody of the insured employee, or legal ward of the insured employee.

Division Number

Each employee group is allocated a division number. This number is identified on your Schedule of Benefits and Rates and your monthly invoice.

Elected Official

Means an individual who is currently serving as a duly elected official in your Municipality.

Elimination Period

Short Term Disability (STD) and/or Long Term Disability (LTD). The elimination period chosen by your Municipality is identified on the Benefits Plan Summary. This period starts when the insured employee is first absent from the workplace due to illness or accident.

Employee

For the purposes of the Employee Group Benefits Plan, employee means:

- Full-time employee.
- Part-time* employee (with a minimum of 15 hours per week for all benefits with the exception of Long Term Disability(LTD). LTD minimum is now 20 hours per week.

The participation of part-time employees in your group benefits plan is a personnel policy decision. The insurance plan provides for minimum hours. You may chose to increase the minimum for your part-time employees, however, if offered to one part-time employee, benefits must be offered to all part-time employees in the same class of employment.



Employee Group

Eligible employees belonging to the participating employer of the program.

Employer Group

Means an employer who is a full or associated member of the Alberta Urban Municipalities Association in good standing who has received approval to participate in the Group Benefit Plans.

Evidence of Insurability

Means written proof submitted to the insurer to determine if an individual meets medical underwriting requirements. This will only be required if an individual does not enroll within the specified time frame your Employer Group has elected.

Hospital

Means an institution designated as such by law for the care and treatment of sick and injured persons, primarily in the acute phase of illness, which has organized facilities for diagnostic treatment and major surgery and which provides 24-hour nursing services. It does not include a nursing home, rest home, home for custodial care of the aged or chronically ill, a sanitarium or a detoxification facility for the treatment of alcohol/drug abuse.

Illness

Means an injury, disease or pregnancy.

Insurable Member

Means an Employee, Elected Official, Volunteer Firefighter/Ambulance person or Returning Seasonal Employee who has satisfied the eligibility conditions of the plan.

Insured Earnings

Insured earnings are defined as basic earnings exclusive of overtime, shift differential, or other "premium pay" items. The amount of Insured Earnings is calculated using the earnings in effect on the last day actively at work.

Life Event

An event which necessitates a change in Health and/or Dental coverage. i.e. marriage or gains a common-law partner, divorce or separation, birth/adoption, death of a dependent, spouse gains/loses benefits, overage dependent becomes a full-time student.

Policy Anniversary Date

The anniversary date is August 1st of each year, however, rate changes are usually effective January 1st of each year.



Premium Due Date

Means the first day of each calendar month, however, AMSC allows to the 10th of the month, i.e. May's premium is due by May 10th.

Semi-private

Means accommodation having two or more beds or as designated by the hospital.

SIN

Social Insurance Number. A number issued by Revenue Canada for income tax purposes.

Spouse

Means a legal spouse, or partner of the insured who is not a blood relative, with whom the insured employee has lived for a minimum of twelve (12) months and is publicly represented as the spouse.

Student

A dependent child of the insured who is enrolled in a recognized educational facility. Coverage extended to age 25 while in full-time attendance at an accredited institution, college or university.

Waiting Period

Means the period of time, elected by your Municipality for new employees to complete prior to becoming eligible for benefits participation.

