

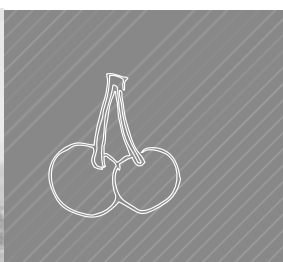


# BENEFITS SUMMARY PLAN DESCRIPTION



**Effective 1 January 2012  
For Canadian Employees**

**benefits**



## The Values That Define Us And Drive Us

Our brand is the most valuable thing we own



Personal honesty and integrity are the  
foundation of our success



Customer service is our way of life



Our company is a fun and friendly place  
where teamwork rules



We work hard ... and we reward hard work



Great things happen when we listen ...  
to our customers and to each other



We strengthen our communities,  
one neighbourhood at a time



Our doors are open

ENTERPRISEHOLDINGS<sup>SM</sup>

Although every effort has been made to ensure that information in the 2012 *Enterprise Holdings Benefits Summary Plan Description* is accurate, the provisions of the legal documents that describe the plans should be reviewed and will govern in the case of any discrepancy. Enterprise Holdings reserves the right to change the program in any manner and at any time that it determines appropriate, with or without prior notice. Your coverage may be terminated, amended or modified at any time without notice by your employer. Participation in this plan is not a guarantee or contract of continued employment.

# ENTERPRISE HOLDINGS

## Benefits Summary Plan Description

The Enterprise Holdings Groups throughout Canada realize the importance of providing their employees with quality benefits. Through Group efforts, including input from ongoing Employee Opinion Surveys, certain benefits are provided on a coordinated basis. The *Enterprise Holdings Benefits Summary Plan Description* describes certain of these coordinated benefits. At their own discretion, each Group may elect to provide other benefits specific to their employees and unique to its operations and employees.



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# About This Book

## The Enterprise Holdings Benefits Summary Plan Description

Full-time employees are covered by a comprehensive package of benefits designed to protect your health, help you balance the needs of your work and family life and provide you with financial security today and in the future.

If you are a part-time employee, you are eligible to participate in the Retirement Savings Program (RRSP and DPSP).

While your direct pay is the most obvious part of your compensation, your benefits are a vital part of your total compensation package and it is important that you understand how they work. Read this book from cover to cover and use it as a reference tool to answer your benefit questions. If something is unclear, please contact your group Human Resources department.

The descriptions of each benefit plan in the *Benefits Summary Plan Description* are based on legal requirements, documents and insurance contracts. This book offers you a summary of the plans in everyday language. However, if there is a discrepancy between this book and the actual contracts, the plan document or applicable policies of insurance or provider agreements, the plan documents and insurance policies or provider agreements always govern.

**NOTE:** Information contained in the *Enterprise Holdings Benefits Summary Plan Description* refer to employees located in Canada of Enterprise Holdings, Inc. and its various operating subsidiaries (“Groups”).

**This document constitutes the benefits summary, as may be required by law, for the following plans:**

- Enterprise Holdings Extended Health Plan
- Enterprise Holdings Life and Accidental Death & Dismemberment Plan
- Enterprise Holdings Long-Term Disability Plan
- Employee Assistance Program for Employees of Enterprise Holdings

Description for the Retirement Savings Program. Separate documents will be provided to you when you become eligible to participate in the RRSP and DPSP. The information contained in this book for those plans merely describes the plans' operation and does not provide all information as may be legally required in an actual Summary Plan Description.

# Our employee web site



Your one-stop source for benefits, rewards  
and wellness information.

Health and Wellness

Time Off

Life and Disability Insurance

Retirement Savings Program

Company News

Discounts and Rewards

Spotlight on Wellness

Life-Changing Events

Forms

Employee/Family Relocation Resources

Employee Crisis Response

Enterprise Holdings Foundation

Business Ethics Hotline

**[YouDrive.EnterpriseHoldings.com](http://YouDrive.EnterpriseHoldings.com)**

## Important Numbers

<p><b>Extended Health</b> (medical/dental/prescription drug) Plan # 80047</p>	<p>Manulife Financial Client Services Center: 1-800-268-6195 <a href="http://www.manulife.ca">www.manulife.ca</a> (English) <a href="http://www.manuvie.ca">www.manuvie.ca</a> (French)</p>
<p><b>Employee Assistance Program (EAP)</b></p>	<p>Shepell.fgi Client Service Number: 1-800-387-4765 (English) 1-800-361-5676 (French) Online counselling: <a href="http://www.shepellfgi.com/ecounselling">www.shepellfgi.com/ecounselling</a> Online resources: <a href="http://www.workhealthlife.com">www.workhealthlife.com</a></p>
<p><b>Life Insurance (Basic &amp; Supplemental) and AD&amp;D</b> Policy Number and Division : Life: 373147-004 Division: 101 AD&amp;D: 373147-005</p>	<p>RBC Insurance Customer Care Centre: 1-877-519-9501</p>
<p><b>Long-Term Disability</b> Policy Number: 373147</p>	<p>RBC Insurance Customer Care Centre: 1-877-519-9501</p>
<p><b>Registered Retirement Savings Plan (RRSP)</b></p>	<p>Manulife Financial Client Services Center: 888-727-7766 <a href="http://www.manulife.ca/GRO">www.manulife.ca/GRO</a></p>



# **Benefits Summary Plan Description**

# Benefits Eligibility, Enrolment & Cost

## In this section:

Who Is Eligible For Benefits

Enrolling In Benefits

Cost Of Coverage

Coverage Effective Dates And Premium Deductions

Employment at Enterprise Holdings can mean eligibility for a wide array of benefit programs—from health to retirement. This section explains who is eligible for benefits, the enrolment process, costs, coverage effective dates, and when premium payroll deductions begin. Also discussed is the benefits eligibility for reinstated and rehired employees and those excluded from receiving any benefits under any of the plans described in this book.

This section of the Benefits Summary Plan Description discusses the eligibility rules for the following plans: Extended Health, life insurance (basic and supplemental), accidental death and dismemberment insurance, long-term disability insurance, Employee Assistance Program/WorkLife Services, and the Retirement Savings Program.

## Who Is Eligible For Benefits

### Full-Time Employee Eligibility

Full-time Enterprise Holdings employees are eligible to participate in the following plans: Extended Health, life insurance (basic and supplemental), accidental death and dismemberment insurance, long-

**A** person will not be considered “full-time” or “part-time” merely because his or her actual hours worked periodically fluctuates above or below 40 hours in a week. Before an individual becomes a full-time employee, he or she must be designated as such and as benefit-eligible. The company will use its discretion in this matter to designate, as it determines appropriate, employees to be eligible or ineligible for benefits acting in accordance with rules precluding individual selection.

term disability insurance (for employees under 65 years of age), Employee Assistance Program/WorkLife Services, and the Retirement Savings Program. Coverage under these plans will become effective on the first day of the third consecutive month following the employee’s first day of work as a full-time employee, and premium deductions will begin with the first full paycheque after the coverage effective date.

### Full-Time Employee

A full-time employee is an individual who is hired for an indefinite period of time, is scheduled (on a continuous basis) to work a minimum of 40 hours per week, and has been designated as eligible for benefit coverages. Please see the other information in this section about full- and part-time employment.

### Part-Time Employee Eligibility

Part-time Enterprise Holdings employees are eligible to participate in the Retirement Savings Program if they satisfy the specific requirements for participation in the plan, such as minimum hours and periods of service.

### Part-Time Employee

A part-time employee is an individual who is hired for an indefinite period of time, averages fewer than 40 hours per week, or has not been designated as eligible for benefits.

### Eligible Dependants

You may also elect to cover your eligible dependants under certain benefit plans. Your dependants become eligible for coverage when you become eligible or, if acquired later, upon becoming your dependants and you must be covered in order for your dependants to be covered. To be eligible

**NOTE: Parents, grandparents, and grandchildren of an employee are not considered eligible dependants for coverage under the Enterprise Holdings health plan even if the employee is the primary caregiver or guardian or provides over half of their support and residence.**

for Extended Health coverage your dependants must be insured under a Provincial Health Insurance Plan.

Your eligible dependants are those who meet the following criteria:

#### 1. Your spouse

A person married to an employee by virtue of a religious, civil marriage ceremony, or civil union. A partner (including same-sex) living in a conjugal relationship with the employee for at least 12 consecutive months will be deemed eligible if the employee has submitted the necessary documentation; and with respect to RAMQ drugs for province of Quebec residents, an individual has to have been living with the employee for a period of at least 12 consecutive months or has a child from the relationship if earlier than 12 consecutive months.

#### 2. Your dependant child

An unmarried dependant child age 23 years of age and under (26 years of age and under if regularly attending school with respect to RAMQ drugs for Quebec residents) and those of your spouse or properly established common law (or de facto) spouse/partner which may include any of the following:

- a natural child,
- a stepchild,
- a legally adopted child, a child placed for adoption,
- a natural child or adopted child of an eligible common law (or de facto) spouse/partner, or a child for whom legal guardianship has been awarded to you or your spouse or common law (or de facto) spouse/partner and about whom either of the following applies:
  - You can claim the child as a dependant on your income tax return.
  - You are required to provide Extended Health coverage for the child through a court or administrative order.

#### 3. Your incapacitated child

An incapacitated child over age 23, if the child became incapacitated prior to age 23, remains incapacitated, and:

- Has not been married;
- Cannot support himself or herself due to mental or physical handicap;
- Depends on you for support and care; and
- Can be claimed as dependant on your federal income tax return.

If your child is incapacitated, you must notify your group/region Human Resources department and provide documentation within 31 days of the end of the calendar year in which your child reaches 23 years of age to apply for continued coverage. Enterprise Holdings retains the ability to have an incapacitated child examined at any time and at reasonable intervals to validate the child's continuing incapacity.

#### 4. Children of divorced or separated parents

If you are legally divorced or separated (under a decree or written separation agreement), you may cover your natural or adoptive child as a dependant until the child reaches age 23.

#### Termination of Participation of Eligible Children In The Plans

Your eligible children may participate in the Extended Health plan until the first of the following:

- The end of the calendar year in which they reach 23 years of age (unless they are incapacitated and depend on your support and care as described above.)
- Their marriage or they have a spouse

#### Other Eligibility Rules

1. When you and a dependant are both employed by Enterprise Holdings, the following eligibility rules also apply:
  - No one can be enrolled as both a dependant and an Enterprise Holdings employee.
  - No one can be a dependant of more than one Enterprise Holdings employee.
  - An unmarried child who is also a full-time Enterprise Holdings employee must apply for his

#### Dependant Eligibility Audits And Verification

Enterprise Holdings reserves the right to conduct dependant eligibility audits, as it deems appropriate, up to and including requiring employees to provide proof (e.g., marriage licenses, birth certificates, tax returns, etc.) that spouses, children and other covered dependants are eligible for company benefits as defined in this Summary Plan Description (SPD) and reserves the right to request such documentation as it determines appropriate to confirm dependant status.

or her own coverage and may not be covered as a dependant.

2. Parents, grandparents, and grandchildren of an employee are not considered eligible dependants for coverage under the Enterprise Holdings Extended Health plan even if the employee is the primary caregiver or guardian or provides over half of their support and residence.
3. The employee must reimburse the plan for any benefits that are paid for a dependant at a time when the dependant did not satisfy the conditions listed above.

**NOTE:** RAMQ means the Régie de l'assurance-maladie du Québec

### Reinstated And Rehired Employees

During your employment with Enterprise Holdings, life events may arise that require you to temporarily end your employment. In the event you return to employment with Enterprise Holdings in a position and status that are eligible for benefit coverages, you will either be reinstated or rehired, depending on the length of time you were away, and benefits eligibility will be affected as follows:

#### **Reinstated Employee (returns within 30 days of termination date)**

If an employee has met his or her 90-day introductory period, leaves the company, and returns within 30 days, the employee will be considered a Reinstated with no loss of service or tenure. All benefits in which the employee was previously enrolled will become effective on the date of reinstatement, and premium deductions will begin with the first full paycheque after the coverage effective date.

#### **Rehired Employee (returns after 30 days and up to one year from termination date)**

If an employee ends employment and returns more than 30 days after but within a year of termination, the employee must complete a new 90-day introductory period and must again satisfy the eligibility process for the following benefits: Extended Health, life insurance (basic and supplemental), accidental death and dismemberment insurance, long-term disability insurance, and Employee Assistance Program/WorkLife Services. Coverage under these plans will become effective on the first day of the third consecutive month following the employee's first day of work as a rehired full-time employee, and premium deductions will begin with the first full paycheque after the coverage effective date.

Rehired employees may begin making contributions immediately if they participated or were eligible to participate in the Registered Retirement Savings Plan (RRSP) prior to termination.

For employees who are rehired within one year of termination, the period of absence has no additional impact on the eligibility requirements for receiving a company matching contribution or Profit Sharing contribution.

#### **Rehired Employee (returns after one year from termination date)**

If an employee ends employment and returns more than one year after termination, the rehired employee must satisfy the 90-day introductory period for Extended Health, life insurance (basic and supplemental), accidental death and dismemberment insurance, long-term disability insurance, and Employee Assistance Program/WorkLife Services. Coverage under these plans will become effective on the first day of the third consecutive month following the employee's first day of work as a rehired full-time employee, and premium deductions will begin with the first full paycheque after the coverage effective date.

Rehired employees who return to work after more than a year break in service must again meet the eligibility requirements of the Retirement Savings Program.

#### **Rehired Employee (90-day introductory period not met)**

Any employee who has NOT met the 90-day introductory period, leaves the company and returns at any time, including within 30 days, will be considered a Rehire. The employee must complete the 90-day introductory period without adjustment for prior introductory periods in order to satisfy the eligibility process for all benefits — currently Extended Health, life insurance (basic and supplemental), accidental death and dismemberment insurance, long-term disability insurance, and Employee Assistance Program/WorkLife Services. Coverage will become effective on the first day of the third consecutive month following the employee's first day of work as a rehired full-time employee, and premium deductions will begin with the first full paycheque after the coverage effective date.

### When You And Your Spouse Are Both Employed By Enterprise Holdings

If both you and your spouse are employed full-time by Enterprise Holdings, you may not be covered as both an employee and a dependant. Each of you should complete a Benefits Enrolment Form if you choose to be covered separately as an employee. Otherwise, family health care coverage must be elected, with one of you enrolled as the eligible dependant of the other. If you have eligible dependant children and both you and your spouse have elected coverage as employees, family coverage may be elected by either you or your spouse, but not both.

Likewise, when electing supplemental life insurance, if you and your spouse are both employed full-time by

Enterprise Holdings, you may not cover your spouse as a dependant and only one parent may cover the dependant children.

### Excluded From Eligibility

Independant contractors, consultants, and leased employees, including employees of a temporary agency, (as determined under their agreement or by the company) are not considered employees of Enterprise Holdings and are, therefore, ineligible for and excluded from receiving any benefits under any of the plans described in this book. Likewise, temporary employees of Enterprise Holdings are not eligible for any benefits contained in this book.

Even if a person who is a contractor, consultant, or leased employee is later found by an administrative agency or court of law to be an employee of Enterprise Holdings or a member of a Group, the person will still not be eligible for plan coverage.

Employees who are covered by a collective bargaining agreement are excluded from enrolment unless their bargaining agreement, by specific reference, provides for participation in the plan.

## Enrolling In Benefits

### New Hire Enrolment

A Benefits Enrolment Form that indicates your benefit options and the associated cost per paycheque is mailed to your home address shortly after you are hired. This form allows you to enrol in Extended Health and purchase supplemental life insurance. To enrol, you must complete, sign, and return this Benefits Enrolment Form to your group Human Resources department by the due date on your form. Extended Health bundles medical, dental, and prescription drug as a packaged benefit.

Enrolment choices remain in effect for the entire plan year or until coverage ends.

Should you choose not to make benefit elections and enrol when you become eligible, all benefits will be waived except for Extended Health, which will automatically default to single (employee only) coverage through Manulife Financial. Your health

care coverage will remain in effect the entire plan year or until coverage ends, and you will be required to pay the premium per biweekly paycheque until the end of the plan year.

To decline medical coverage, you must check the “Waive” box on your Benefits Enrolment Form and sign and return the form to your group Human Resources department by the due date printed on your form. Because medical, dental, and prescription drug plans are bundled into one benefits package, you need only waive medical coverage which will result in dental and prescription drug coverages being waived as well. Once your medical election is made, either by you or by default, it cannot be changed until the next annual Annual Enrolment unless you have a qualifying life-changing event, as described in the *Impact Of Life-Changing Events On Coverage* section on page 18.

### Annual Enrolment

Annual Enrolment takes place annually and allows employees to make changes to their Extended Health and supplemental life insurance coverage. This includes first-time employee enrolment (if it was not done in conjunction with eligibility), employee reenrolment, and employees dropping coverage for themselves and adding or dropping coverage for a dependant. The annual Annual Enrolment will be the only time throughout the year when changes in coverage can be made that do not reflect a qualifying life-changing event. Changes made during Annual Enrolment are effective January 1.

### Making Midyear Benefit Changes

Enterprise Holdings requires that once you have committed to specific elections for Extended Health you cannot change or revoke your elections during the course of the plan year unless you experience a life-changing event that qualifies for a midyear change in coverage. If you experience a qualifying life-changing event and you wish to modify your benefit elections, you must follow the notification and enrolment processes described below. The change in coverage must coincide with the date of the life-changing event and is not limited to the annual Annual Enrolment.

#### Notification Process

- Contact your group Human Resources department in writing by e-mail, letter, or fax within 31 days of your life-changing event to complete the notification process. Notification must include the type of life-changing event (e.g., birth, marriage, divorce) and date of the event.

Once your group Human Resources department has documented your notification, a Benefits Enrolment Form will be sent to your home address.

### Coverage Levels

**W**hen you enrol for Extended Health, you will need to choose from one of three coverage levels:

- Employee only
- Employee plus one dependant
- Employee plus two or more dependants

### Enrolment Process

- Complete the Benefits Enrolment Form that is sent to your home address, sign and return it to your group Human Resources department by the due date printed on the form.
- Keep a copy of your written notification and Benefits Enrolment Form for your records.

If you do not notify your group Human Resources department of the life-changing event and return the completed Benefits Enrolment Form within the specified time period, you will have to wait until the next Annual Enrolment to make changes to your benefits and coverage will not go into effect until January 1 of the following year.

### Your Special Enrolment Rights

If you decline enrolment for yourself or your dependants (including your spouse) because of other health insurance coverage, you may in the future be able to enrol yourself or your dependants in this plan if you or your dependants lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependants' other coverage), provided, however, that you request enrolment in this plan within 31 days after your other coverage ends.

In addition, if you have a new dependant as a result of marriage, birth, adoption, or placement for adoption, you may be able to enrol yourself and your dependants, provided that you request enrolment within 31 days after the marriage, birth, adoption, or placement for adoption.

Here is a list of other situations that permit special enrolment:

- Legal separation
- Divorce
- Death of a dependant
- Termination or reduction in the number of hours of employment – voluntary or involuntary
- Aging out under other parent's coverage
- Moving out of the health care plan's service area
- Meeting or exceeding a lifetime limit of all benefits

If you or your eligible dependants lose eligibility for health care coverage for any of reasons listed above, you may request enrolment in this plan within 31 days after your other coverage ends.

To request enrolment, follow the notification and enrolment processes as described on page 15. Contact your group Human Resources department for more information.

### Address/Personal Information

**Y**ou are responsible for keeping your group Human Resources department advised of your current address and your dependants' status.

Enterprise Holdings' ability to provide you with a proper Annual Enrolment opportunity and permit you to enrol in the plan when you are first eligible depends on your providing accurate personal data, including spousal and dependant information and proper address. Failure to do so may result in your loss of enrolment or election rights. Enterprise Holdings is not responsible for your delayed enrolment or loss of benefits because you do not provide an up-to-date address and other necessary information.

**E**nterprise Holdings will, from time to time, adopt or alter policies and procedures regulating the plan's enrolment process and will communicate these new guidelines to all employees.

### Cost Of Coverage

You and Enterprise Holdings share the cost of your Extended Health coverage. Your portion of the cost is automatically payroll-deducted over the course of the plan year beginning with the first paycheque of the calendar year.

Enterprise Holdings will determine the annual cost for this coverage, the portion allocable to employees, and how and when the employees' portion is paid to Enterprise Holdings, including increasing the employees' share of the cost any time during the year if necessary. All other program costs are paid by Enterprise Holdings.

While Enterprise Holdings intends to maintain plan cost without change during each plan year, it does reserve the right to change employee contributions during the year or from year to year as it deems appropriate. Changes made in premiums may be automatically implemented.

Employees opting to drop coverage for dependants or waive coverage for themselves, and not pay their share of plan cost, may do so only during annual Annual Enrolment or during the plan year if they experience a qualifying life-changing event.

New hires enrolling for the first time or those making changes any time during the year due to a life-changing event or updating benefit elections during Annual Enrolment are encouraged to check their pay stubs to be sure that the correct amounts are being deducted. Contact your Payroll department to report any discrepancies.

### What Is A Life-Changing Event?

**D**uring your employment at Enterprise Holdings, you may experience life-changing events that may affect your or your dependants' eligibility for benefits.

Examples of a life-changing event include:

- Marriage
- Divorce
- Birth or adoption
- Loss of employment of spouse

Contact your group Human Resources department for details on what qualifies as a life-changing event.

**NOTE:** Employer-paid health insurance premiums are taxable to Enterprise Holdings employees in Quebec, Alberta and British Columbia.

### Coverage Effective Dates & Premium Deductions

Employees are required to pay all or a portion of the cost of the following benefits: Extended Health and optional and dependant life insurance. Coverage effective dates and premium payroll deductions differ based on the type of event. The scenarios below describe coverage effective dates and premium payroll deductions for certain events.

Details on eligibility for the Retirement Savings Program begin on page 60.

#### New Hires And Position Changes To Full-Time

Benefits are effective the first day of the third consecutive month following your first day of work as a full-time employee. Premium deductions begin with the first full paycheque after the benefits coverage effective date. The first premium pays for coverage beginning with the coverage effective date through the end of the first full paycheque. See the following chart to find your coverage effective date and when premium payroll deductions begin.

### Coverage Effective Dates And Premium Deductions Chart For New Hires

New full-time employees can use this chart to determine coverage effective dates and when premium deductions will begin.

For 2012, if you are hired as a full-time employee and complete your first day of work between:	Your benefits become effective on:	If you are paid Biweekly, your first premium deduction will be on:
Jan 1 – 31	Apr 1	27 Apr 2012
Feb 1 – 28	May 1	25 May 2012
Mar 1 – 31	Jun 1	22 Jun 2012
Apr 1 – 30	Jul 1	20 Jul 2012
May 1 – 31	Aug 1	17 Aug 2012
Jun 1 – 30	Sep 1	14 Sep 2012
Jul 1 – 31	Oct 1	26 Oct 2012
Aug 1 – 31	Nov 1	23 Nov 2012
Sep 1 – 30	Dec 1	21 Dec 2012
Oct 1 – 31	Jan 1	18 Jan 2013
Nov 1 – 30	Feb 1	15 Feb 2013
Dec 1 – 31	Mar 1	15 Mar 2013

Remember, for new full-time employees, benefits are effective on the first day of the third consecutive month following the first day of work as a full-time employee and premium deductions begin with the first full paycheque after the coverage becomes effective.

#### Benefit Coverage Periods

Because of certain differences within the company's payroll periods, it is not possible to uniformly begin or end all employee coverages on payroll or pay period start and end dates.

To resolve this difference, benefits under Enterprise Holdings' Extended Health and optional and dependant life insurance plans will often begin or end at the start or end of benefit coverage periods. These are simply two-week periods that have been adopted to permit uniform benefit commencement and termination in certain cases. See the calendars at the back of the book for an illustration of benefit coverage periods for 2012.

#### Position Changes To Part-Time

Once enrolled in the benefit plans, an employee whose status changes from full-time to part-time is no longer eligible to participate in the benefit plans, and coverage will end as follows:

## Recently Divorced?

**Y**ou must drop coverage for your ex-spouse and you may drop coverage for your dependants if a court order requires your ex-spouse to provide coverage, or you may enrol in the Enterprise Holdings benefit plan if you were previously covered under your ex-spouse's plan. Coverage for your ex-spouse and dependants who are effected will be terminated on the date of the divorce, and you will be responsible for paying premiums between the divorce date and the last day of the benefit coverage period in which you notify your group Human Resources department of your divorce. Payroll-deducted premiums paid during this time will not be refunded.

- For Extended Health and optional and dependant life insurance, benefits will end at the end of the benefit coverage period in which employment status changes to part-time.
- For basic life insurance, AD&D, long-term disability, and Enterprise Holdings Employee Assistance Program/WorkLife Services, benefits end on the date on which the employee's status changes to part-time.

A person will not be considered "full-time" or "part-time" merely because his or her actual hours worked periodically fluctuates above or below 40 hours in a week. Before an individual becomes a full-time employee, he or she must be designated as such and as benefit-eligible. The company will use its discretion in this matter to designate, as it determines appropriate, employees to be eligible or ineligible for benefits.

## Impact Of Life-Changing Events On Coverage

Benefits coverage changes due to life-changing events have different effective dates based on the type of event and whether you are adding coverage or dropping coverage. Follow the rules below to determine effective dates for benefit coverage and premium payroll deductions due to life-changing events.

### Adding Coverage

For some life-changing events to **add** coverage, benefit changes become effective on the first day of the next full benefit coverage period after you contact your group Human Resources department and complete the notification process. Such events include:

- Marriage
- Divorce, legal separation, or annulment
- Spouse's or dependant child's employer's plan decreases coverage
- Annual Enrolment under a spouse's or dependant child's employer's plan

Changes to premium deductions become effective with the first full paycheque after the coverage effective date.

For other life-changing events to **add** coverage, benefit changes become effective on the date of the event. Such events include:

- Birth, adoption, or placement for adoption
- Spouse's or dependant child's change in employment status that results in a loss of coverage

Changes to premium deductions become effective with the first full paycheque following the date of the event. You are responsible for paying premiums retroactive to the date of the event.

For all life-changing events to add coverage, you must follow the notification and enrolment processes as described on page 15.

### Dropping Coverage

For some life-changing events to **drop** coverage, benefits will end on the last day of the benefit coverage period in which you contact your group Human Resources department and complete the notification process. Such events include:

- Marriage
- Legal separation
- Spouse's or dependant child's employer's plan increases coverage
- Annual Enrolment under a spouse's or dependant child's employer's plan

Changes to premium deductions become effective with the first full paycheque after the coverage effective date. The last premium is payroll-deducted from the paycheque for the benefit coverage period in which you contact your group Human Resources department and complete the notification process.

For other life-changing events to **drop** coverage, benefits will end the day after the event to ensure all medical claims for the deceased individual are eligible for coverage. Such events include:

- Death of a spouse or dependant child

For other life-changing events to **drop** coverage, benefit changes are effective on the date of the event. The employee is required to report these events to their

group Human Resources department immediately. However, cover changes on the date of the event regardless of when it is reported. Such events include:

- Divorce or annulment
- Spouse's or dependant child's change in employment status that results in eligibility for coverage under another plan
- Dependant loses coverage due to marriage

Employees are responsible for paying premiums between the date of the event and the last day of the benefit coverage period in which they contact their group Human Resources department and complete the notification process. Paid premiums will not be refunded for the days between the date of the event and the last day of the benefit coverage period.

If the employee does not report this change and the ex-spouse or dependant who is no longer eligible incurs a claim, the employee and ex-spouse or dependant will be responsible for paying any expense incurred during the period in which they were not eligible for coverage.

For all life-changing events relating to dropping coverage, you must follow the notification and enrolment processes as described on page 15.

### When Coverage Ends

Coverage for you and your dependants will terminate on the earliest of, the following:

- The date when you retire, unless otherwise indicated in the schedule
- The later of: 1) the day you give or receive notice of termination of employment; 2) the last day you attend at work after giving or receiving notice of termination of employment; or 3) the last day of the minimum period of continued benefits coverage, if any, required by applicable legislation.\*
- The date when you cease to be a member of an eligible class
- The date when premium payments cease
- The date when this plan is discontinued

\*For an approved leave of absence, coverage may continue up to 90 days (unless continued for a maximum of 12 months (365 days) due to an approved maternity or paternity leave of absence or 24 months (730 days) due to illness or LTD) subject to applicable provincial legislation.

Coverage for your dependants will also terminate on the date when such dependants cease to be eligible. Dependant children will be covered until the end of the year in which they attain age 23, provided you are still covered under the plan, as described above.

For information on converting your Extended Health coverage to an individual policy, contact Manulife Financial at 1-800-268-6195.

### How A Leave Of Absence Affects Your Benefits

For all approved leaves of absence, employees may choose to continue their employee paid benefits. These benefits will continue to be effective until the last day of the pay period in which the 90th day of leave occurs, (unless continued for 12 months (365 days) due to an approved leave of absence for maternity/parental or 24 months (730 days) due to illness or LTD, pursuant to legislation). Employees on an unpaid leave will be required to continue to pay their portion of premiums, if any, as if they had not taken leave. Failure to make such payments will result in termination of benefit coverage, unless prohibited by statute in the province where you work or live.

Company-paid benefits will terminate on the 90th day of leave (unless continued for 12 months (365 days) due to an approved leave of absence for maternity/parental or 24 months (730 days) due to illness or LTD, pursuant to legislation). Employees are eligible to convert their Extended Health, Basic Life, Accidental Death & Dismemberment,

Optional Life and Dependant Life Insurance to individual policies at their own expense.

### Benefits Reinstatement When Returning To Work From A Leave Of Absence

If you return to work after benefits have been terminated while on leave of absence, all benefits will be reinstated on the first day you return from the leave, including any benefit elections that were in place prior to the leave. Benefit premiums by payroll deduction will start with the first full paycheque after benefits are reinstated.



# **Health & Wellness**

# Employee Assistance Program

For Full-Time Employees

## Employee Assistance Program (EAP)

Most people face difficult issues in their professional and personal lives. Many of these issues can be handled privately or with the help of family and friends. Sometimes, though, an issue or combination of issues becomes too difficult to cope with. When a problem like this arises, it can affect life at home and at work. At times like these, you can call the Employee Assistance Program (EAP) at 1-800-387-4765 (English) or 1-800-361-5676 (French.) The EAP offers confidential, professional support to help you develop positive solutions to the challenges you are facing.

When you first call, you'll speak with a qualified Client Care Representative who will assess your situation, risk, needs and preferences and guide you to the assistance best suited to resolving your issue.

The Client Care Representative is there to direct you to the right assistance in the format you're most comfortable with, whether it's connecting you to a specialized program, linking you to a counselling appointment, or sending you a self-directed resource package.

## Deciding To Use The EAP

The decision to use the EAP is completely voluntary for benefit-eligible employees and dependants. There may be times when a supervisor suggests using the EAP as a helpful resource.

## Confidentiality

Your decision to use the EAP and any information you share with the EAP counsellor are strictly confidential, within the parameters of the law. Information is not shared with Enterprise Holdings unless you give Shepell-fgi permission to do so.

## Counselling Services

You can access the EAP for confidential, short-term counselling support to address a variety of personal or work-related problems — up to three sessions per problem episode per year. This may include:

- Emotional and personal conflicts
- Depression and anxiety

## Stressed Out?

**T**he EAP can help you with relationship challenges, financial concerns and feelings of stress. Everyone needs help dealing with challenges at some time in his or her life. The EAP is easy to use and confidential. Do not let a problem get out of hand before you talk to someone — call your EAP!

- Family and relationship concerns
- Substance abuse
- Addictions
- Managing stress and change
- Divorce or separation
- Grief
- Work-related issues
- Parenting issues
- Child or elder care concerns

## Contacting The EAP

Call the EAP Care Access Centre toll-free, 24 hours per day, 7 days per week so that you can access support for your problem or concern, when you need it.

**1-800-387-4765 (English) or 1-800-361-5676 (French)**

The EAP counsellors may help direct you to appropriate resources if you need longer-term assistance. Other services beyond the scope of the EAP are not covered.

The Enterprise Holdings Employee Assistance Program does not include:

- Evaluations required by any provincial or federal judicial officer or other governmental official or agency mandating that a participant undergo counselling

## Who Are The EAP Counsellors?

**S**hepell-fgi counsellors are experienced Masters level professionals who will understand your concern and guide you to resolution. They will assess your needs and together you can determine a goal to achieve through counselling.

- Court-mandated counselling, evaluations, or recommendations to be used in child custody proceedings, child abuse proceedings, criminal proceedings, workers' compensation proceedings, or any legal actions of any kind
- Evaluations for fitness for duty determinations or excuses for leaves of absence or time off
- Medical care, including services for a condition that requires psychiatric treatment (for example, a psychosis)
- Inpatient treatment
- Services by providers who are not part of Shepell-fgi's counsellor network
- EAP sessions that were not accessed through Shepell-fgi (through either the toll-free telephone access line or the online self-referral service)
- Psychological, psychiatric, neurological, educational, or IQ testing
- Remedial and social skills education services (such as evaluation or treatment of learning disabilities, learning disorders, academic skill disorders, language disorders, mental retardation, motor skill disorders, or communication disorders), behavioural training, or cognitive rehabilitation
- Medication or medication management
- Examinations and diagnostic services in connection with obtaining employment or a particular employment assignment, admission to or continuing in school, securing any kind of licence (including professional licences), or obtaining any kind of insurance coverage
- Testimony in legal proceedings or creation of records for legal proceedings or other preparation for legal proceedings
- Acupuncture
- Biofeedback or hypnotherapy

## Health Coaching

Through the Health Coaching program, your EAP can assist you with better understanding your health issues and concerns in order to help you make changes to improve your health and well-being. The program is a personalized and interactive process tailored to you and your issue. The telephonic coaching begins with an initial assessment and review of your health history, followed by objective setting and action planning.

Call the EAP to be connected to a health coach who can provide:

- Information and advice to help you better understand your health issue, including:
  - Diabetes
  - High blood pressure
  - High cholesterol
  - Migraines
  - Asthma, Allergies
  - PMS, Menopause, Andropause
  - Gastrointestinal concerns (Crohn's Disease, ulcers)
- Support to help you become a better educated user of the public health system
- Coaching and motivation to help you make healthy lifestyle changes that can prevent more serious health risks

Health Coaches can also work with you to create a risk reduction action plan targeting:

- Weight management
- Healthy eating
- Smoking cessation
- Responsible alcohol use
- Stress management
- Exercise as a component of a healthy lifestyle

## WorkLife Services

In an increasingly fast-paced world, you may be finding it more challenging to balance your responsibilities at work with the obligations you have at home. Your EAP can provide expert, professional support, at no cost to you. WorkLife Services provide timely, professional assistance and support for a wide array of day-to-day issues over the telephone. These services offer information and resource-based assistance so that you can spend less time searching and more time exploring solutions.

## Your EAP can connect you to the following WorkLife Services:

### Family Support Services

Your EAP provides help for issues faced throughout an individual's family and personal life (pre-pregnancy, pregnancy, parenting, aging and life transitions). A Family Support Specialist can provide one-on-one telephone consultation that offers relevant information, resource referrals and educational materials for day-to-day challenges or longer-term solutions.

### Financial Support Services

Your EAP provides information and options to help you take control of your financial lives. Professionals will help you address the personal and family-related concerns and where necessary, facilitate referrals to licensed professionals for more extensive services.

### Legal Support Services

You can connect to information and resources to clarify how the law applies to your specific situation through your EAP. Professionals will recommend options on possible courses of action and where necessary, refer you to qualified lawyers for ongoing legal advice.

### Nutrition Support Services

You can access help to make positive changes to your diet by addressing any underlying issues associated with your overall health. In addition, the service will offer support for a proactive, self-care approach to wellness. Professionals can also connect you to a Registered Dietitian who will assess your eating habits, identify dietary concerns and answer any questions you may have.

### Naturopathic Services

Access information about naturopathic medicine and how it works; the program will teach you practical lifestyle practises that you can use every day to maintain good health. The program takes a holistic approach to the maintenance of good health, taking into consideration physical, mental and emotional aspects of the individual and where symptoms of disease are seen as warning signs of the improper functioning of body and lifestyle habits.

### Health Information Services

EAP professionals will support you emotionally through any health concern that you or a family member may be experiencing. They can also put you in touch with a Registered Nurse (RN), who will provide personalized, telephone assistance to assess your symptoms, advise you on the action you should take and answer your health questions and concerns.

**To access any of these services, call your Employee Assistance Program (EAP) toll-free, 24 hours a day, seven days a week:**

**1-800-387-4765 (English) or 1-800-361-5676 (French)**

## When Coverage Ends

Coverage for you and your dependants will terminate on the earliest of the following:

- The date when you retire, unless otherwise indicated in the Schedule
- The later of: 1) the day you give or receive notice of termination of employment; 2) the last day you attend at work after giving or receiving notice of termination of employment; or 3) the last day of the minimum period of continued benefits coverage, if any, required by applicable legislation.\*
- The date when you cease to be a member of an eligible class
- The date when this plan is discontinued

\*For an approved leave of absence, coverage may continue up to 90 days (unless continued for a maximum of 12 months (365 days) due to an approved maternity or parental leave of absence or 24 months (730 days) due to illness or LTD), subject to applicable provincial legislation.

## Benefits Reinstatement When Returning To Work From A Leave Of Absence

If you return to work after benefits have been terminated while on leave of absence, all benefits will be reinstated on the first day you return from the leave, including any benefit elections that were in place prior to the leave. Benefit premiums by payroll deduction will start with the first full paycheque after benefits are reinstated.

## Definitions Of Terms Specific To Benefits Provided Under The Employee Assistance Program (EAP), Administered By Shepell.fgi:

**Case:** A continuous course of counselling for a specific problem or set of problems, up to the number of sessions allowed by your EAP.

**Crisis counselling:** The process of responding to a request for immediate services in order to determine whether an emergency exists and, based on that determination, of making a referral to Emergency Services, to community resources, or to an EAP counsellor. Crisis counselling includes communication with the person in crisis that is focused on defusing the person's severe emotional reaction to a situation in order to enable that person to accept the referral and deal with the immediate crisis without causing harm to self or others.

**EAP counsellor:** A psychologist, clinical social worker, marriage, family, and child counsellor, or other professional appropriately licensed or certified to deliver counselling services and who is employed by or under contract to Shepell.fgi to provide EAP services.

**Eligible dependant:** A person eligible for EAP coverage through his or her relationship with an eligible employee of the plan sponsor. Eligible dependants may include your spouse, your eligible domestic partner, your children, and those of your properly established domestic partner, or permanent members of your household. Ask the plan sponsor who qualifies as an eligible dependant under your EAP.

**Emergency:** A medical condition manifesting itself by acute symptoms of sufficient severity (including pain) that the absence of immediate medical attention could reasonably be expected to result in death or serious bodily (or psychological) harm to you and others.

**Plan sponsor:** The employer that contracts with Shepell.fgi to provide EAP services to its employees or members, respectively, and their eligible dependants.

**Problem:** A specific personal issue, concern, or type of matter or situation for which you obtain assistance from the EAP in attempting to resolve.

**Session:** A 50-minute visit by one or more participants, individually or with family members, with an EAP counsellor to discuss personal problems.

**Short term counselling:** Outpatient counselling that is problem-focused; that emphasizes skills and strengths and encourages practicing new behaviors; that involves setting goals achievable in a one- to five-month period; that involves interpretation, suggestions, and a framework provided by the counsellor; and that you may utilize alone or together with others who are important to the resolution of your problem.

**You, Your:** The person eligible for EAP services as an employee of a plan sponsor.

# Extended Health Medical, Prescription Drug & Dental

For Full-Time Employees

Nobody likes going to the doctor and with the rising cost of health care, getting the bill can be even more painful! But if you're covered under the Enterprise Holdings plan, you and your family have some financial protection in the event of illness or injury. The plan provides access to quality health care at reasonable costs through Manulife Financial's Extended Health plan.

## Coverage Options

Enterprise Holdings offers medical, prescription drug and dental coverage through the Extended Health plan administered by Manulife Financial. See page 27 for the Schedule of Health Care Benefits that details each benefit. If you and your spouse are both employed full-time by Enterprise Holdings, you may each enrol separately and elect different plan coverages; and if you have eligible dependant children, only one of you may elect family coverage.

The plan provides benefits and pays the expenses associated with actual procedures performed and materials or drugs supplied or consumed in the course of treatment of injury or illness. It does not necessarily provide unlimited coverage for entire courses of treatment for injuries or illnesses regardless of what may be entailed or how long such courses of treatment may last.

Details of the covered health services begin on page 28 for Prescription Drug, page 31 for Medical, and page 37 for Dental.

## Accessing Your Extended Health Benefits

Participants enrolled in the Extended Health plan will receive a Pay Direct drug card from Manulife Financial. You must show this card every time you go to the pharmacy. If you do not show your drug card, pharmacists have no way of knowing that you are enrolled in the Extended Health plan. As a result, they may bill you for the entire cost of the prescriptions you receive and you will need to complete a claim form to be reimbursed. Please note that the Pay Direct drug card includes the plan number and your certificate number, therefore you may use it to provide this information to your medical and dental providers as well.

### Manulife Financial Customer Service

1-800-268-6195, Plan: 80047

Call customer service to:

Order replacement ID cards

Predetermination of services

Claim status

Questions about coverage

Benefits are available only if all of the following are true:

- Covered health services are received while the plan is in effect.
- Covered health services are received prior to the date of any of the individual termination conditions listed in *When Coverage Ends* on page 19.
- The person who receives covered health services is a covered person and meets all eligibility requirements specified in the plan.

## Eligible Expenses

Eligible expenses for covered health services, incurred while the plan is in effect, are determined by Enterprise Holdings and Manulife Financial, our claims administrator, once you have met your annual deductible.

We have delegated to Manulife Financial the discretion and authority to determine on behalf of Enterprise Holdings whether a treatment or supply is a covered health service and how the eligible expense will be determined.

When you receive covered health services from providers, you are responsible for the deductible, coinsurance and amounts in excess of any plan maximum.

**NOTE:** The plan does not make treatment decisions. Treatment choices and decisions are exclusively between patients and their physicians and medical service providers. The plan only determines which covered expenses and treatments will be paid for under the plan, not which should or may be rendered.

## Schedule Of Health Care Benefits

<b>Overall Lifetime Benefit Maximum*</b>	\$1,000,000
<b>Calendar Year Deductible*</b>	\$25 per person/family for prescription drugs
<b>Percentage Payable</b>	Hospital and Vision 100%
	Prescription Drugs** Dynamic Therapeutic Formulary (DTF) 80% to Out of Pocket Maximum; then 100% Manuscript Generic Drug Plan 2 60% to Out of Pocket Maximum; then 100%
	All Other Covered Expenses 80%
<b>Prescription Drug Dispensing Fee</b>	The maximum amount that will be allowed as an eligible drug expense for dispensing fees will be \$7.00 per prescription.
<b>Annual Out-Of-Pocket Maximum**</b>	\$2,000 Out-Of-Pocket Maximum for Prescription Drugs
<b>Hospital (Within Home Province) Room &amp; Board Limit</b>	Semi-private
<b>Nursing Home (Within Home Province) Maximum Stay</b>	70 days per calendar year
<b>Private Duty Nursing Benefit Maximum</b>	\$10,000 per calendar year
<b>Health Practitioners' Benefit Maximum</b> • Chiropractor • Osteopath • Podiatrist/Chiropodist • Massage therapist (A written referral of a physician is required annually for massage therapists.) • Naturopath • Speech Therapist • Physiotherapist • Psychologist	\$300 per calendar year for each type of practitioner
<b>Vision Care</b>	Eye exams, once per calendar year and paid at the reasonable and customary limit  Purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$200 during any two calendar years  If contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be \$200 during any two calendar years
<b>Custom-made Orthotics Maximum</b>	\$300 per 3 calendar years; subject to guidelines
<b>Out-of-Province Emergency Care</b> Hospital Maximum Stay Hospital Room & Board Limit In Canada Out Of Canada	14 days***  Semi-private Average semi-private

**\*Drug Benefit for Quebec Residents**

Group benefit plans that provide prescription drug coverage to Quebec residents must meet certain requirements under Quebec's prescription drug insurance legislation (An Act Respecting Prescription Drug Insurance And Amending Various Legislative Provisions). If you and your dependants reside in Quebec, the provisions specified by the RAMQ legislation will apply to your drug benefit.

RAMQ means the Regie de l'assurance-maladie du Quebec.

\*\*After out-of-pocket expenses in a calendar year exceed the maximum, the percentage payable will increase to 100% for the remainder of that calendar year.

\*\*\* Does not apply if licensed doctor (M.D.) certifies that the covered person should not be moved back to his home Province.

## Plan Year

The plan year is a calendar year beginning January 1 and ending December 31.

## Calendar Year Deductible

This is the amount of covered charges that a covered person must pay before any amount is paid to you by the plan. A new deductible will begin each January 1.

## Percentage Payable

This is the part of covered charges that the plan pays after the calendar year deductible is satisfied. Covered charges are reasonable and customary charges which are needed for medical care, service, or supplies for a covered person who is ill, injured (non-occupational related), or for pregnancy, as specified in the plan.

## Annual Deductible And Out-Of-Pocket Maximum

Participation in the Extended Health plan requires that you share a portion of the cost when visiting providers. For example, you will pay an annual deductible and an annual out-of-pocket expense. Costs and expenses incurred for treatments or procedures which are determined to be in excess of reasonable and customary amounts or which are determined to be not medically necessary treatments or procedures which are not otherwise eligible expenses are not counted toward satisfaction of your plan deductible or out-of-pocket maximum.

## Prescription Drug

With the cost of prescription drugs on the rise, Enterprise Holdings is pleased to provide you with an innovative drug benefit plan that maintains a high quality of service and benefits without compromising quality of care and treatment.

Your drug coverage is based on a list of drugs that are reimbursed at a higher level than other drugs available under your plan. This drug list is sometimes called a formulary. For years, formularies have been used by provincial government drug programs and in most Canadian hospitals to help manage costs. The drugs covered by a formulary will vary based on the intended users and the coverage it is designed to provide.

The Enterprise Holdings drug plan is designed with two tiers of eligible drugs, the Dynamic Therapeutic Formulary (DTF) and the Manuscript Generic Drug Plan 2.

The Dynamic Therapeutic Formulary (DTF), used by Manulife Financial, includes a list of clinically

effective and affordable drugs used to treat most medical conditions. Drugs are selected using the most up to date medical guidelines used by physicians and hospitals across North America. As new drugs are introduced to the market, they are reviewed and added to the formulary only if they are more clinically effective and are a less expensive alternative to existing drugs on this list. Existing drugs may be removed from the list if there is evidence to support that the drug is no longer the most clinically sound or cost-effective alternative.

When a drug is prescribed from the DTF list, you will be reimbursed at a higher level than you would for other medications available under your plan. Your doctor has the option to prescribe drugs from the DTF list to help reimburse you at a higher amount, or your doctor may prescribe other medications from the base plan for which you will be reimbursed at a lower amount.

In some cases, before you are eligible for payments related to a specific drug, your physician will be required to complete a form for review by Manulife. This process, called prior authorization, will help determine whether you meet the criteria for coverage.

## Coverage Levels

The Enterprise Holdings drug plan offers the following coverage levels:

- 80 percent until the out-of-pocket maximum has been reached; and 100 percent after the out-of-pocket maximum has been reached for a drug or medicine that is included as a benefit in the current Dynamic Therapeutic Formulary
- 60 percent until the out-of-pocket maximum has been reached; and 100 percent after the out-of-pocket maximum has been reached for a drug that is included as a benefit in the Manuscript Generic Drug Plan 2 under your Extended Health benefit

## Dynamic Therapeutic Formulary (DTF)

Charges incurred for any drug or diabetic supply, which is included as a benefit in the current Dynamic Therapeutic Formulary, are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

The following expenses are not covered under the Dynamic Therapeutic Formulary drug plan:

- Charges made by a practitioner or physician to administer injectable medications
- Charges for drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home

## ManuScript Generic Drug Plan 2 — Prescription Drugs

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- Drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist
- Oral contraceptives, intrauterine devices and diaphragms
- Injectable medications
- Life-sustaining drugs
- Standard syringes, needles and diagnostic aids, required for the treatment of diabetes

The following expenses are not covered under the ManuScript Generic Drug Plan 2:

- Charges for fertility drugs
- Charges made by a practitioner or physician to administer injectable medications
- Charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment
- Charges for preventive vaccines (oral or injected)
- Charges for drugs, biologicals and related preparations which are intended to be administered in hospital on an in-patient or out-patient basis and are not intended for a patient's use at home
- Charges for drugs used in the treatment of a sexual dysfunction

## Drug Maximums

Under the drug plan, certain medications have preset coverage maximums, including those listed below:

- Anti-smoking drugs - \$300 per lifetime

## Drug Expenses

The maximum quantity of drugs that will be payable for each prescription will be limited to the lesser of:

- The quantity prescribed by your physician or dentist, or
- 34-day supply.

Quantities up to a 100-day supply may be payable in long term therapy cases, where the larger quantity is recommended as appropriate by your physician and pharmacist.

## Payment Of Covered Expenses

Payment of your covered drug expenses will be subject to the drug deductible, drug dispensing fee maximum, and the following:

**DTF:** The maximum amount for any covered expense is the price of the lowest cost generic equivalent product that can legally be used to fill the prescription, as listed in the Dynamic Therapeutic Formulary.

**ManuScript Generic Drug Plan 2:** The maximum amount for any covered expense is the price of the lowest cost generic equivalent product that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary.

If there is no generic equivalent product for the prescribed drug, the amount covered is the cost of the prescribed product.

## No Substitution Prescriptions

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered if it is a covered expense under this benefit.

## Payment Of Drug Claims

Your Pay Direct drug card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct drug card to your pharmacist at the time of purchase, you and your eligible dependants will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct drug card is honored by participating pharmacists displaying the appropriate Pay Direct drug decal.

Follow these steps to fill a prescription for covered drug expenses:

- Present your Pay Direct drug card to the pharmacist at the time of purchase
- Pay any amounts that are not covered under this benefit

You will be required to pay the full cost of the prescription at time of purchase if:

- You cannot locate a participating Pay Direct drug pharmacy
- You do not have your Pay Direct drug card with you at that time
- The prescription is not payable through the Pay Direct drug card system

For details on how to receive reimbursement after paying the full cost of the prescription, please contact Manulife Financial.

## Drug Benefit For Persons Who Reside In Quebec

If you and your dependants reside in Quebec, the following provisions apply to your drug benefit coverage.

Employees age 65 and over must submit drug claims to RAMQ first, thereafter, any prescription drugs that are not paid by RAMQ should be submitted to Manulife Financial.

### Covered Drug Expenses

The following expenses are covered:

- Drugs that are on the list of insured drugs that is published by the Régie de l'assurance-maladie du Québec (RAMQ List), provided such drugs are on the list at the time the expense is incurred
- Drugs that are listed as a covered expense in this benefit booklet, but are not on the RAMQ List

### Coverage For Drugs On The List Of Insured Drugs That Is Published By The Régie de l'assurance-maladie du Québec (RAMQ List)

The following provisions apply only to the coverage of drugs that are on the RAMQ List, as legislated by An Act Respecting Prescription Drug Insurance (R.S.Q. c., A-29-01). Coverage for all other drugs will be subject to the regular provisions included in this benefit booklet.

### Benefit Percentage

Prior to the annual out-of-pocket maximum being reached, the percentage of covered drug expenses payable under this benefit will be as follows:

- For any drug on the RAMQ List which is not otherwise covered under the terms of this benefit, the percentage payable is the percentage as set out by the then applicable legislation.
- For any drug on the RAMQ List which is covered under the terms of this benefit, the percentage payable is the greater of:
  - The benefit percentage stated under the benefit; and
  - The percentage as set out by the then applicable legislation.

After the annual out-of-pocket maximum has been reached, the percentage of covered drug expenses payable under this benefit will be 100 percent.

## Annual Out-Of-Pocket Maximum

The annual out-of-pocket maximum is the portion of covered drug expenses which must be paid by you and your spouse in a calendar year, before the percentage payable under this benefit will be 100 percent. Amounts that will be applied to the annual out-of-pocket maximum are:

- Deductible amounts, and
- The portion of covered drug expenses that is paid by an insured person, when the percentage of covered expenses payable under this benefit is less than 100 percent.

The annual out-of-pocket maximum for you and your spouse is as stipulated in the legislation and includes those portions of covered drug expenses paid for your dependant children.

For the purposes of calculating the out-of-pocket maximum for you and your spouse, those portions of covered drug expenses paid for your dependant children will be applied to the person who is closest to reaching the annual out-of-pocket maximum.

### Deductible

Deductible amounts (if any) for the drug benefit will apply, until the annual out-of-pocket maximum is reached. Thereafter, the deductible will not apply.

### Lifetime Maximums

Lifetime maximums (if any) for the drug benefit will not apply. Drug coverage provided after the lifetime maximum stated under the benefit is reached is subject to the following conditions:

- Only drugs that are on the RAMQ List are covered, and
- The percentage payable by Manulife Financial for covered expenses is the percentage as set out by the then applicable legislation.

### Eligible Dependant Children

Your eligible dependant children who are in full-time attendance at an accredited educational institution will be covered until the later of:

- The age specified in this benefit booklet (please refer to definition of child in the *Benefits Eligibility, Enrolment And Cost* section of this guide (page 11), and
- Age 26.

Drug coverage provided for dependant children after the age stated in this benefit booklet is subject to the following conditions:

- Only drugs that are on the RAMQ List are covered, and

- The percentage payable by Manulife Financial for covered expenses is the percentage as set out by the then applicable legislation.

### Termination Age

Provided you are otherwise eligible for the drug benefit, the termination age (if any) for the drug benefit will not apply. Drug coverage provided after the termination age specified under the benefit is subject to the following conditions:

- Only drugs that are on the RAMQ List are covered,
- The percentage payable by Manulife Financial for covered expenses is the percentage as stipulated in the then applicable legislation
- The annual out-of-pocket maximum is as stipulated in the then applicable Legislation
- The cost required for the drug coverage is the cost of the Extended Health benefit

### Coverage for drugs that are listed as a covered expense in this benefit booklet but are not on the RAMQ List

Coverage for drugs that are listed as a covered expense under this benefit but not on the RAMQ List will be subject to all the standard provisions included in this benefit booklet.

## Medical

### Covered Expenses

The expenses specified are covered to the extent that they are reasonable and customary, as determined by Manulife Financial or Enterprise Holdings, provided they are:

- Medically necessary for the treatment of sickness or injury and recommended by a physician
- Incurred for the care of a person while insured under this group benefit program
- Reasonable taking all factors into account
- Not covered under the provincial plan or any other government-sponsored program
- Legally insurable

### Advance Supply Limitation

Payment of any covered expenses under this benefit which may be purchased in large quantities will be limited to the purchase of up to a three months' supply at any one time, except for covered drug expenses.

## Percentage Payable

This is the part of covered charges that the plan pays. For hospital care and vision benefits, the plan pays 100 percent of eligible expenses. For medical services and supplies and professional services, the plan pays 80 percent of eligible expenses and the participant pays 20 percent.

## What's Covered

Manulife Financial administers the claim payment of the Extended Health plan. Following is a description of benefits covered under the Extended Health plan for medical.

### Ambulance

Licensed ambulance service provided in the patient's province of residence, including air ambulance, to transfer the patient to the nearest hospital where adequate treatment is available.

### Hospital Care

Charges, in excess of the hospital's public ward charge, for semi-private accommodation, provided:

- The person was confined to hospital on an in-patient basis, and
- The accommodation was specifically elected in writing by the patient
- Confinement in a convalescent care facility which starts within 14 days of discharge from a hospital, up to a maximum of 180 days per disability
- Charges for any portion of the cost of ward accommodation, utilization or co-payment fees (or similar charges) are not covered

### Medical Equipment

Rental or, when approved by Manulife Financial or your employer, purchase of:

- Mobility equipment: crutches, canes, walkers, and wheelchairs
- Durable medical equipment, such as, manual hospital beds, respiratory and oxygen equipment, and other durable equipment usually found only in hospitals

### Medical Services And Supplies

For all medical equipment and supplies covered under this provision, covered expenses will be limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

### Other Supplies And Services

Listed below are other supplies and services that are covered under the plan:

- Charges for circumcision
- Ileostomy, colostomy and incontinence supplies
- Medicated dressings and burn garments
- Oxygen
- Microscopic and other similar diagnostic tests and services rendered in a licensed laboratory in the province of Quebec
- Charges for the treatment of accidental injuries to natural teeth or jaw, provided the treatment is rendered within 12 months of the accident, excluding injuries due to biting or chewing

### Private Duty Nursing

Services which are deemed to be within the practice of nursing and which are provided in the patient's home by:

- A registered nurse, or
- A registered nursing assistant (or equivalent designation) who has completed an approved medications training program covered expenses are subject to a maximum of \$10,000 per calendar year

Charges for the following services are not covered:

- Service provided primarily for custodial care, homemaking duties, or supervision
- Service performed by a nursing practitioner who is an immediate family member or who lives with the patient
- Service performed while the patient is confined in a hospital, nursing home, or similar institution
- Service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household

**Predetermination of Benefits** — Before the services begin, it is advisable that you submit a detailed treatment plan with cost estimates. You will then be advised of any benefit that will be provided.

### Professional Services

Services provided by the following licensed practitioners at the calendar year limits stated are covered under the plan.

- Chiropractor - \$300 per calendar year
- Osteopath - \$300 per calendar year
- Podiatrist/Chiropodist - \$300 per calendar year
- Massage therapist - \$300 per calendar year (A written referral of a physician is required annually for massage therapists.)
- Naturopath - \$300 per calendar year

- Speech therapist - \$300 per calendar year
- Physiotherapist - \$300 per calendar year
- Psychologist - \$300 per calendar year

Expenses for some of these professional services may be payable in part by provincial plans. Coverage for the balance of such expenses prior to reaching the provincial plan maximum may be prohibited by provincial legislation. In those provinces, expenses under this benefit program are payable after the provincial plan's maximum for the benefit year has been paid.

**Limitation** — Expenses for the services of a chiropractor or podiatrist in Ontario are only payable under this benefit program after the Ontario health insurance plan's annual maximum has been paid.

### Prostheses

Benefits are available for non-dental prostheses, supports, and hearing aids as described below:

- External prostheses
- Surgical stockings, up to a maximum of four pairs per calendar year
- Surgical brassieres, up to a maximum of four per calendar year
- Braces (other than foot braces), trusses, collars, leg orthosis, casts and splints
- Casted, custom-made orthotics, up to a maximum of \$300 per three calendar years (recommendation of either a physician or a podiatrist is required)
- Cost, installation, repair and maintenance of hearing aids (including charges for batteries), to a maximum of \$500 every five calendar years

**Limitation** — Orthopaedic shoes are not covered.

### Vision Care

Vision benefits are covered under the plan and include:

- Eye exams, once per calendar year and paid at the reasonable and customary limit
- Purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$200 during any two calendar years
- If contact lenses are required to treat a severe condition, or if vision in the better eye can be improved to a 20/40 level with contact lenses but not with glasses, the maximum payable will be \$200 during any two calendar years
- Visual training, to a maximum of \$200 per lifetime

## Out-Of-Province/Out-Of-Canada

Treatment required as a result of a medical emergency which occurs while temporarily outside the province of residence, provided the covered person who receives the treatment is also covered by the provincial plan during the absence from the province of residence.

A medical emergency is a sudden, unexpected injury which occurs or an unforeseen illness which begins while a covered person is travelling outside his province of residence and requires immediate medical attention. Such emergency no longer exists when, in the opinion of the attending physician and supporting medical evidence, the covered person is stable enough to return to his province of residence. Medical emergency expenses are payable up to a maximum of \$1,000,000 per lifetime.

For referrals outside Canada, when treatment is available in Canada, benefits are limited to a maximum of \$3,000 every three calendar years.

If, while outside Canada on referral for medical treatment, the covered person requires treatment for a medical condition which is related directly or indirectly to the referral treatment, the total expenses payable for all treatment are subject to the maximum of \$3,000 every three calendar years.

For all non-emergency medical treatment outside of Canada, Manulife Financial requires that it be recommended by a physician practicing in Canada, and suggests that you submit a detailed treatment plan with cost estimates before treatment begins. You will then be advised of any benefit that will be provided.

Charges for the following are payable under this expense:

- Physician's services
- Hospital room and board at standard ward rates. Charges in excess of ward rates are payable, if hospital coverage is provided under this benefit program.
- Special hospital services
- Hospital charges for out-patient treatment
- Licensed ambulance services, including air ambulance, to transfer the patient to the nearest medical facility or hospital where adequate treatment is available
- Medical evacuation for admission to a hospital or medical facility in the province where the patient normally resides

The amount payable for these expenses will be the reasonable and customary charges less the amount payable by the provincial plan.

Charges incurred outside the province of residence for all other covered Extended Health expenses are

payable on the same basis as if they were incurred in the province of residence.

## Subrogation (Third Party Liability)

If your medical expenses result from an injury caused by another person and you have the legal right to recover damages, the company may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgment of your legal action, you will be required to reimburse the company those amounts you recover which, when added to the payments you received from the company, exceed 100 percent of your incurred expenses.

## Exclusions

No Extended Health benefits are payable for expenses related to:

- Self-inflicted injuries
- War, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- Committing or attempting to commit an assault or criminal offence
- Injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant or if the covered person's blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury
- An illness or injury for which benefits are payable under any government plan or workers' compensation (public or private)
- Charges for periodic check-ups, broken appointments, third party examinations, travel for health purposes, or completion of claim forms
- Services or supplies provided by an employer's medical or dental department
- Services or supplies for which no charge would normally be made in the absence of group benefit coverage
- Services and supplies where reimbursement would have been made under a government-sponsored or other public plan, in the absence of coverage under this plan
- Services or supplies which are not permitted by law to be paid
- Services or supplies which are required for recreation or sports
- Services or supplies which would have been payable by the Provincial plan if proper application had been made

- Medical treatment which is not usual or customary, or is experimental or investigational in nature
- Medical or surgical care which is cosmetic
- Orthopaedic shoes
- Services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person
- Services or supplies which are provided while confined in a hospital on an in-patient basis
- Services or supplies which are not specified as a covered expense under this benefit

## Filing A Claim For Benefits

When you receive covered health services from a medical provider, you may be required to pay your bill in full when you receive treatment. To request payment from Manulife Financial, you must file a claim in a format that contains all of the information required, as described below. It is your responsibility to complete and return the claim form to Manulife Financial at the address on the claim form. Claim forms are located on the Employee Benefits Intranet and via YouDrive. EnterpriseHoldings.com.

### Submitting A Claim

To submit an Extended Health claim, you must complete a Manulife Financial Health Care Expense form, except when claiming for physician or hospital expenses incurred outside your province of residence. For these expenses, you must complete an Out-of-Province/Out-of-Canada claim form. Claim forms are available from your group Human Resources department.

All applicable receipts must be attached to the completed claim form when submitting it to Manulife Financial.

All claims must be submitted within 12 months after the date the expense was incurred.

Claims for out-of-Canada expenses must first be submitted to the provincial plan for payment. Any outstanding balance should be submitted to Manulife Financial, along with the explanation of payment from the provincial plan.

### Deadline To Submit Claims

It is the responsibility of employees and dependants participating in the Extended Health plan, to file claims for medical benefits received within the timeframe set forth by the plan. Specifically, you must submit a request for payment of benefits within 12 months of the date you received treatment or services

or you will not be entitled to payment under the plan. You must include itemized bills supplied by the provider along with your completed claim form. Medical claim forms can be printed directly from YouDrive.EnterpriseHoldings.com, or your group Human Resources department.

It is important to follow your care by reviewing all Explanation of Benefits (EOB's) or Explanation of Payments (EOP's). In the event your provider fails to file a claim for you and you do not receive an Explanation of Benefits (EOB) from Manulife Financial within a reasonable period of time, it will be your responsibility to follow up with this provider so you can obtain the proper documentation in order to file your claim for payment. This time limit does not apply if you are legally incapacitated. If your claim relates to an inpatient stay, the date of treatment is the date your inpatient stay ends. If your medical coverage ends (benefits terminate), you must follow the steps outlined below.

If an employee provides written authorization to allow direct payment to a provider, all or a portion of any eligible expenses due to a provider may be paid directly to the provider instead of being paid to the employee. The plan will not reimburse third parties who have purchased or been assigned benefits by physicians or other providers.

### Deadline To Submit Claims Upon Termination Of Benefits

Upon termination of employee or dependant coverage under this Plan, all claims for medical expenses incurred prior to coverage termination date must be submitted within the earlier of:

- 12 months from the date the expense was incurred; or
- 90 days from the date of termination of coverage.

### Information Required To File A Claim

When you file a medical claim to request payment of benefits, you must provide Manulife Financial with all of the information listed below:

- Employee's name and address.
- The patient's name, age and relationship to the employee.
- The member's certificate number stated on your Pay Direct Drug card.
- An itemized bill from your provider that includes the following:
  - Patient diagnosis
  - Date(s) of service

- Procedure code(s) and descriptions of service(s) rendered
- Charge for each service rendered
- Provider of service name, address and tax identification number
- The date the injury or sickness began.
- A statement indicating either that you are, or you are not, enrolled for coverage under any other health insurance plan or program. If you are enrolled for other coverage you must include the name of the other carrier(s).

### If A Claim Is Denied

You have certain rights if your claim for medical benefits is denied. (See *Claim Review Process*, page 66 for information about appeal procedures.)

## Emergency Travel Assistance (ETA)

ETA provides travel assistance for you and your dependants while you are temporarily outside your province of residence. The assistance services are delivered through an international organization, specializing in travel assistance.

Assistance is provided for both medical and non-medical travel emergencies. Services are available during the period that you are covered for out-of-province/out-of-Canada emergency medical treatment, provided under this benefit.

In addition, ETA also provides you and your dependants with health advice and assistance, whenever and wherever such services are needed - whether at home or while travelling.

Details on your ETA benefit are provided below, as well as in your ETA brochure.

### Medical Emergency Assistance

A medical emergency is a sudden, unexpected injury which occurs or an unforeseen illness which begins while a covered person is travelling outside his province of residence and requires immediate medical attention. Such emergency no longer exists when, in the opinion of the attending physician and supporting medical evidence, the covered person is able to return to his or her province of residence. Services provided by ETA include:

#### 24-Hour Access

Multilingual assistance is available 24 hours a day, seven days a week, through telephone (toll-free or call collect), telex or fax.

### Medical Referral

Referral to the nearest physician, dentist, pharmacist or appropriate medical facility, and verification of coverage, is provided.

### Claims Payment Service

If a hospital or other provider of medical services requires a deposit or payment in full for services rendered, and the expenses exceed \$200 (Canadian), payment of such expenses will be arranged and claims coordinated on behalf of the covered person.

Payment and coordination of expenses will take into account the coverage that the covered person is eligible for under a provincial plan and this benefit. If such payments are subsequently determined to be in excess of the amount of benefits to which the covered person is entitled, the administrator shall have the right to recover the excess amount by assignment of provincial plan benefits or refund from you.

### Medical Care Monitoring

Medical care and services rendered to the covered person will be monitored by medical staff who will maintain contact, as frequently as necessary, with the covered person, the attending physician, the covered person's personal physician and family.

### Medical Transportation

If medically necessary, arrangements will be made to transfer a covered person to and from the nearest medical facility or to a medical facility in the covered person's province of residence. Expenses incurred for the medical transportation will be paid, as described under medical services and supplies - out-of-province/out-of-Canada.

If medically necessary for a qualified medical attendant to accompany the covered person, expenses incurred for round-trip transportation will be paid.

## Manulife Financial

**Mondial Assistance No. 9081**

**Emergency Travel Assistance**

Open 24 hours a day, 365 days a year.

**World Access Canada Inc.**

In Canada and U.S. call toll-free ..... 800-265-9977

Elsewhere call collect..... 519-741-8450\*

Valid while member's benefits are in force. Provided through World Access Canada Inc.

\*Some countries may not accept collect calls. You may be required to pay up front and submit for reimbursement.

## Return Of Dependant Children

If dependant children are left unattended due to the hospitalization of a covered person, arrangements will be made to return the children to their home. The extra costs over and above any allowance available under pre-paid travel arrangements will be paid.

If necessary for a qualified escort to accompany the dependant children, expenses incurred for round-trip transportation will be paid.

## Trip Interruption/Delay

If a trip is interrupted or delayed due to an illness or injury of an covered person, one-way economy transportation will be arranged to enable each covered person and a travelling companion (if applicable) to rejoin the trip or return home.

Expenses incurred, over and above any allowance available under pre-paid travel arrangements will be paid.

A travelling companion is any one person travelling with the covered person, and whose fare for transportation and accommodation was pre-paid at the same time as the covered person's fare.

If the covered person chooses to rejoin the trip, further expenses incurred which are related directly or indirectly to the same illness or injury, will not be paid.

If a covered person must return home due to the hospitalization or death of an immediate family member, one-way economy transportation will be arranged and expenses incurred, over and above any allowance available under pre-paid travel arrangements, will be paid.

## After Hospital Convalescence

If a covered person is unable to travel due to medical reasons following discharge from a hospital, expenses incurred for meals and accommodation after the originally scheduled departure date will be paid, subject to the maximum allowed.

## Visit Of Family Member

Expenses incurred for round-trip economy transportation will be paid for an immediate family member to visit a covered person who, while travelling alone, becomes hospitalized and is expected to be hospitalized for longer than 7 days. The visit must be approved in advance by the administrator.

## Vehicle Return

If a covered person is unable to operate his owned or rented vehicle due to illness, injury or death, expenses incurred for a commercial agency to return the vehicle to the covered person's home or nearest appropriate rental agency will be paid, up to a maximum of \$1,000 (Canadian).

## Identification Of Deceased

If a covered person dies while travelling alone, expenses incurred for round-trip economy transportation will be paid for an immediate family member to travel, if necessary, to identify the deceased prior to release of the body.

## Meals And Accommodation

Expenses incurred for meals and accommodations, as described under certain circumstances above, benefits will be paid subject to a combined maximum of \$2,000 (Canadian) per medical emergency.

## Non-Medical Assistance

### Return of Deceased to Province of Residence

In the event of the death of a covered person, the necessary authorizations will be obtained and arrangements made for the return of the deceased to his province of residence. Expenses incurred for the preparation and transportation of the body will be paid, up to a maximum of \$5,000 (Canadian). Expenses related to the burial, such as a casket or an urn, will not be paid.

### Lost Document And Ticket Replacement

Assistance in contacting the local authorities is provided, to help a covered person in replacing lost or stolen passports, visas, tickets or other travel documents.

### Legal Referral

Referral to a local legal advisor, and if necessary, arrangement for cash advances from the covered person's credit cards, family or friends, is provided.

### Interpretation Service

Telephone interpretation service in most major languages is provided.

### Message Service

Telephone message service is provided for messages to or from family, friends or business associates. Messages will be held for up to 15 days.

### Pre-trip Assistance Service

Up-to-date information is provided on passport and visa, vaccination and inoculation requirements for the country where the covered person plans to travel.

## Health Advice And Assistance

The following services are available for a covered person when required as a result of an illness or injury:

### After Hours Access To A Registered Nurse

Toll free telephone access to a registered nurse is available seven days a week, during the hours that a family physician is not readily accessible.

### Medical Advice

Medical advice will be provided on:

- Whether the illness or injury can be safely treated at home or will require a visit to a physician or hospital emergency room;
- The type of side effect to expect from a prescribed drug or medicine; and
- Other health related services that may be requested or required by the covered person.

### Link To 911

If necessary, a covered person will be immediately linked to their local 911 emergency service for medical assistance.

### Follow-Up Call

Where appropriate, to monitor the care of the covered person, the registered nurse will follow-up with the covered person within 24 hours after the medical advice is provided.

### Exceptions

The administrator, and the company contracted by the administrator to provide the travel assistance services described in this benefit, will not be responsible for the availability, quality, or results of any medical treatment, or the failure of a covered person to obtain medical treatment or emergency assistance services for any reason. Emergency assistance services may not be available in all countries due to conditions such as war, political unrest or other circumstances which interfere with or prevent the provision of any services.

### How To Access Your Emergency Travel Assistance Benefit — Your ETA Card

Your ETA card lists the toll free numbers to call in case of an emergency, while travelling outside your province. The toll free number will put you in touch with the international travel assistance organization.

Your ETA card also lists your I.D. number and plan document number, which the travel assistance organization needs to confirm that you are covered by ETA.

If you do not have an ETA Card, please contact your group Human Resources department.

## Dental

### Dental Benefits

Your dental care benefits are administered through Manulife Financial's nationwide program. To use your Manulife Financial dental benefits simply present your ID card to the participating dental office when you or a covered family member receive dental care.

### Percentage Payable

This is the part of covered charges that the plan pays. Covered charges are charges up to the amount shown in the fee guide for needed dental care, services or supplies, as described below, and received while the person is covered, for either a disease or injury that is non-occupational:

### Fee Guide

Payments under this plan will be based on the current Dental Association Fee Guide for General Dental Practitioners of the covered person's home province whether the expenses are incurred in Canada or outside Canada.

### Predetermination Of Benefits

If the cost of any proposed dental treatment is expected to exceed \$300, it is suggested that you submit a detailed treatment plan, available from your dentist, before the treatment begins. You can then be advised of the amount you are entitled to receive under this benefit.

### Alternate Treatment

Where any two or more courses of treatment covered under this benefit would produce professionally adequate results for a given condition, benefits will be paid as if the least expensive course of treatment were used. Manulife Financial will determine the adequacy of the various courses of treatment available, through a professional dental consultant.

### Covered Expenses

The following expenses are covered if they:

- Are incurred for the necessary dental care of an insured person while insured under this benefit
- Are incurred for services provided by a dentist, a dental hygienist working under the supervision of a dentist, or a denturist working within the scope of his license
- Are reasonable as determined by your employer or Manulife Financial, taking all factors into account, and

- Do not exceed the fees recommended in the Dental Fee Guide, or reasonable and customary charges as determined by your employer or Manulife Financial, if the expenses are not listed in the Dental Fee Guide.

## Coverage Levels And Maximum Benefit

The Enterprise Holdings dental plan is designed to help pay for reasonable and customary professional dental care for you and your family. There are five coverage levels of expenses under your dental plan:

Level	Description	Coverage
Level I	Basic Services (e.g.: exams, cleanings, xrays)	100%
Level II	Supplementary Basic Services (e.g.: fillings, root canals)	50%
Level III	Dentures	
Level IV	Major Restorative Services (e.g.: crowns, bridges)	
Level V	Orthodontics For dependant children through age 18 only to \$1,500 lifetime maximum	

The plan will pay benefits for the diagnostic treatment of dental defects, injuries, or a disease. Your dental benefits require no deductible and will pay a maximum benefit of \$1,500 per covered participant, per calendar year benefit period. There is an additional Orthodontic benefit maximum of \$1,500 per lifetime per covered dependant child through age 18. A new benefit period begins each year on January 1. Eligible dental services and treatments for each coverage level are listed below.

### Level I — Basic Services

- Complete exams, one per two calendar years
  - A complete exam is an examination of the primary/permanent teeth, gums, underlying bone, charting, treatment planning and recording of the medical and dental history of a patient
- Recall exams and bitewing x-rays, twice per calendar year
  - A recall exam a limited exam of the teeth, gums, underlying bone and consulting with a patient
- Full-mouth x-rays, one per 60 months
- Specific and emergency exams
- Diagnostic x-rays as required

- Scaling and root planing, up to a combined maximum of 10 units per calendar year
- Fluoride treatments, twice per calendar year for dependant children under age 16
- Space maintainers and prefabricated full coverage restoration that replace prematurely lost teeth for dependant children under age 16, but not more than once every 60 months
- Emergency palliative treatment as needed (minor procedures to temporarily reduce pain)

### Level II — Supplementary Basic Services

- Routine diagnostic and laboratory procedures
- Fillings, including bonded fillings
- For dependant children under 16, pit and fissure sealant, limited to first and second permanent molars only, once per 60 months
- Space maintainers (excluding appliances placed for orthodontic purposes), once every 60 months for dependant children under the age of 16
- Minor surgical procedures and post surgical care
- Extractions (including impacted and residual roots)
- Consultations, anesthesia, and conscious sedation
- Relines and rebases of dentures, once in any 2 calendar years
- Denture adjustments that occur more than 3 months after installation
- Injection of antibiotic drugs when administered by a Dentist in conjunction with dental surgery
- Retentive pins
- Surgical procedures not included in Level I (excluding implant surgery)
- Periodontal services for treatment of diseases of the gums and other supporting tissue of the teeth, including:
  - Provisional splinting; and
  - Occlusal equilibration, up to a maximum of 8 units per calendar year(s)
- Endodontic services which include root canals and therapy, root amputation, apexifications and periapical services
  - Root canals and therapy are limited to one initial treatment plus one re-treatment per tooth per lifetime

- Re-treatment is covered only if the expense is incurred more than 12 months after the initial treatment

### Level III — Dentures

- Initial provision of full or partial removable dentures
- Replacement of removable dentures, provided the dentures are required because:
  - A natural tooth is extracted and the existing appliance cannot be made serviceable;
  - The existing appliance is at least 60 months old and cannot be made serviceable; or
  - The existing appliance is temporary and is replaced with the permanent dentures within 12 months of its installation
- Dentures required solely to replace a natural tooth which was missing prior to becoming insured for this covered expense are not covered

### Level IV — Major Restorative Services

- Crowns and onlays when the function of a tooth is impaired due to cuspal or incisal angle damage caused by trauma or decay
- Inlays, covering at least 3 surfaces, provided the tooth cusp is missing
- Initial provision of fixed bridgework
- Replacement of bridgework, provided the new bridgework is required because:
  - A natural tooth is extracted and the existing appliance cannot be made serviceable;
  - The existing appliance is at least 60 months old and cannot be made serviceable; or
  - The existing appliance is temporary and is replaced with the permanent bridge within 12 months of its installation
- Bridgework required solely to replace a natural tooth which was missing prior to becoming insured for this covered expense is not covered

### Level V — Orthodontics

Orthodontic services for dependant children only, provided treatment commences prior to reaching age 19 to a maximum of \$1,500 per lifetime.

### Exclusions

No dental care benefits will be payable for expenses resulting from:

- Self-inflicted injuries

- War, insurrection, the hostile actions of any armed forces or participation in a riot or civil commotion
- Committing or attempting to commit an assault or criminal offence
- Injuries sustained while operating a motor vehicle, either while under the influence of any intoxicant or if the covered person's blood contained more than 80 milligrams of alcohol per 100 millilitres of blood at the time of injury
- Dental care which is cosmetic, unless required because of an accidental injury which occurred while the patient was insured under this benefit
- Anti-snoring or sleep apnea devices
- Broken dental appointments, third party examinations, travel to and from appointments, or completion of claim forms
- Services which are payable by any government plan
- Services or supplies provided by an employer's medical or dental department
- Services or supplies for which no charge would normally be made in the absence of group benefit coverage
- Treatment rendered for a full mouth reconstruction, for a vertical dimension or for a correction of temporomandibular joint dysfunction
- Replacement of removable dental appliances which have been lost, mislaid or stolen
- Laboratory fees which exceed reasonable and customary charges
- Services or supplies which are performed or provided by the covered person, an immediate family member or a person who lives with the covered person
- Implants, or any services rendered in conjunction with implants
- Treatment which is not generally recognized by the dental profession as an effective, appropriate and essential form of treatment for the dental condition
- Services or supplies which are not specified as a covered expense under this benefit
- Temporary crowns, bridges or dentures
- Oral hygiene instruction or nutritional counselling

## Work In Progress When Coverage Terminates

Covered expenses related to dental treatment that was in progress at the time your dental coverage terminate (for reasons other than termination of the plan document or the dental care coverage) are payable, provided the expense is incurred within 31 days after your coverage terminates.

## Submitting A Claim

To submit a claim, you and your dentist must complete a dental claim form which is available from your employer.

All claims must be submitted within 12 months after the date the expense was incurred.

## Subrogation (Third Party Liability)

If your dental expenses result from an injury caused by another person and you have the legal right to recover damages, Enterprise Holdings may request that you complete a subrogation reimbursement agreement when you submit a claim for such expenses.

On settlement or judgment of your legal action, you will be required to reimburse Enterprise Holdings those amounts you recover which, when added to the payments you received from Enterprise Holdings, exceed 100 percent of your incurred expenses.

## Coordination Of Extended Health Care And Dental Care Benefits

The Extended Health plan (medical/prescription drug/dental) coordinates benefits with other benefit plans under which you or your dependants are covered. If you or your dependants are insured for similar benefits under another plan, Manulife Financial will take this into account when determining the amount of expenses payable under this program. This process is known as coordination of benefits. It allows for reimbursement of insured medical, prescription drug and dental expenses from all plans, up to a total of 100 percent of the actual expense incurred.

Extended Health (medical/prescription drug/dental) coordinates with other benefit plans. For this purpose, benefit plans are:

- Other group benefit programs.
- Any other arrangement of coverage for individuals in a group.
- Individual travel insurance plans.

Extended Health (medical/prescription drug/dental) does not coordinate with school insurance plans or provincial plans.

## If A Claim Is Denied

You have certain rights if your claim for dental benefits is denied. (See *Claim Review Process*, page 66 for information about appeal procedures.)

## When Coverage Ends

Coverage for you and your dependants will terminate on the earliest of, the following:

- The date when you retire, unless otherwise indicated in the schedule
- The later of: 1) the day you give or receive notice of termination of employment; 2) the last day you attend at work after giving or receiving notice of termination of employment; or 3) the last day of the minimum period of continued benefits coverage, if any, required by applicable legislation.\*
- The date when you cease to be a member of an eligible class
- The date when premium payments cease
- The date when this plan is discontinued

\*For an approved leave of absence, coverage may continue up to 90 days (unless continued for a maximum of 12 months (365 days) due to an approved maternity or paternity leave of absence or 24 months (730 days) due to illness or LTD) subject to applicable provincial legislation.

Coverage for your dependants will also terminate on the date when such dependants cease to be eligible. Dependant children will be covered until the end of the year in which they attain age 23, provided you are still covered under the plan, as described above.

For information on converting your Extended Health coverage to an individual policy, contact Manulife Financial at 1-800-268-6195.

## Benefits Reinstatement When Returning To Work From A Leave Of Absence

If you return to work after benefits have been terminated while on leave of absence, all benefits will be reinstated on the first day you return from the leave, including any benefit elections that were in place prior to the leave. Benefit premiums by payroll deduction will start with the first full paycheque after benefits are reinstated.

## Confidentiality And Consent

To properly process claims under Enterprise Holdings' medical, dental, and prescription drug plan, the plan will require access to your and your covered dependant's personal health care records and medical histories. You should understand that by

participating in Enterprise Holdings' medical, dental, and prescription drug plan and submitting claims for benefits, you automatically consent to the plan and claims administrators reviewing and having access to your medical records and personal health histories. The plan and claims administrators will only have access to personal health and medical histories for purposes of plan administration and claims payment. To the extent that additional information is needed from you or physical examinations are required to properly consider and evaluate any claim for benefits, you must provide such information or risk having your claim denied. In the event that a physical evaluation or examination is determined to be necessary to resolve a claim, the covered person must also agree to submit to that examination.



# **Financial Future**

# Life Insurance

## For Full-Time Employees

No one likes to think about it, but will your family be financially secure when you die? Life insurance coverage from Enterprise Holdings will help provide financial security to your family or other beneficiaries if you should die while working for the company. You should review the life insurance coverage and make sure your beneficiaries know about it.

### Basic Life Insurance

Enterprise Holdings provides eligible employees with life insurance in the amount of two times your annual pay, rounded up to the next \$1,000. If you are out of work due to an illness or injury on the effective date, you must return to work for one full day for your coverage to be effective. Your annual pay is your actual gross earnings for the calendar year preceding the calendar year in which death occurs. A calendar year is the period from January 1 to December 31, both dates inclusive. Actual gross earnings include base pay, overtime pay, bonuses, and commissions. If your earnings are for a period of time less than a full calendar year, your amount will be annualized. The minimum benefit from the plan is \$30,000 and the maximum benefit is \$300,000. Here are two examples:

- Todd's calendar pay is \$24,000. If Todd dies while working for Enterprise Holdings, his beneficiary would receive \$48,000 based on his pay ( $\$24,000 \times 2 = \$48,000$ ).
- Lisa's calendar pay is \$29,750. If Lisa dies while working for Enterprise Holdings, her beneficiary would receive \$60,000 ( $\$29,750 \times 2 = \$59,500$ , rounded up to \$60,000). Remember, in order to find out what your basic life insurance benefit is, you have to round up to the next \$1,000.

Your basic life insurance coverage amount will change on January 1 to reflect any changes in pay that happened in the previous 12 months. For example, Lisa receives a raise on April 15 from \$29,750 to \$31,500. Her basic life insurance amount remains \$60,000 until the next January 1. On January 1, her basic life insurance amount changes to \$63,000 to reflect her new pay. (Remember, you round the life insurance amount up to the next \$1,000.)

### Reduction Of Basic Life Insurance Coverage Over Age 70

If you are over age 70 and working for Enterprise Holdings, your basic life insurance coverage will be reduced. Here is how it works:

Age Of Employee	Percentage Of Full Life Insurance You Will Receive:	Example Of Life Insurance Benefit (Based on pay: \$30,000)
Before age 70	100%	\$60,000
Age 70 and over	67%	\$40,200 ( $\$60,000 \times 67\%$ )

Reduced benefits are **not** rounded up to the next \$1,000. The minimum basic life insurance benefit for employees age 70 and over is \$20,100 (67 percent of \$30,000). The maximum benefit is \$300,000.

### Supplemental Life Insurance

Supplemental life insurance may offer protection against financial hardship should you or a covered family member die. The amount of supplemental life insurance you choose to buy depends on your family's needs and your financial situation.

#### Enrolment Requirements And Limitations

If you are a full-time active Enterprise Holdings employee, you may elect (via a voluntary program through payroll deduction) to purchase supplemental life insurance in two forms:

- Optional life insurance: additional life insurance coverage for yourself
- Dependant life insurance: life insurance coverage for your spouse and children

For questions about Life Insurance eligibility or benefits, call RBC Insurance at:  
**877-519-9501**  
 Refer to Policy No. 373147-004.

New employees, when first eligible have a one-time opportunity to purchase either optional or dependant life insurance coverage at any coverage level offered by the plan. For example, a newly eligible employee may purchase optional life insurance coverage at three times annual pay and dependant life insurance coverage at the highest level.

Employees waiving supplemental coverage when initially eligible will be limited to first-level plan entry for both optional and dependant life coverage during future Annual Enrolments. In subsequent future Annual Enrolments, coverage may be increased again by one level. Your Benefits Enrolment Form shows the supplemental life insurance options you are eligible for and the cost of each coverage option.

The annual Annual Enrolment period allows full-time employees the opportunity to re-evaluate past benefit elections and make changes for the coming year. With the exception of divorce or legal separation, this is the only time throughout the year when you can change coverage levels. Please review the Benefits Enrolment Form that is mailed to your home during Annual Enrolment for details on your current level of participation, the options available to you, and the associated costs. The purchase of additional employee life insurance or life insurance coverage for a spouse or child is voluntary and is funded through payroll deductions. If you purchased supplemental life insurance when initially eligible, the following options are available to you during Annual Enrolment:

- Increase optional life insurance coverage to the next level (e.g., increase from one or two times annual pay).
- Decrease optional life insurance coverage to a lower level.
- Waive (drop) optional life insurance.
- Increase spouse or child dependant life insurance coverage to the next level (e.g., increase spouse coverage from \$10,000 to \$25,000 or child coverage from \$5,000 to \$10,000).
- Decrease spouse or child dependant life insurance coverage to a lower level.
- Waive (drop) spouse or child dependant life insurance.

If you did not purchase supplemental life insurance when initially eligible, you may enrol during a subsequent Annual Enrolment but you are limited to the following coverage levels:

- Optional life insurance — plan entry limited to 1x annual pay
- Dependant life insurance — plan entry limited to first coverage level

Once you are enrolled in the plan, future Annual Enrolments will allow you to increase optional and dependant life coverage to the next level.

## Optional Life Insurance — For Full-Time Employees

Optional life insurance may be purchased at levels of one, two, or three times your annual pay (some enrolment limitations do apply). Annual pay is your actual gross earnings for the preceding calendar year and includes base pay, overtime pay, bonuses, and commissions. Premium rates for your selected level of optional life insurance are calculated using age, tobacco use and annual fiscal pay. (Refer to *Optional Life Insurance Premium Rates Table* on page 47.) Premiums are payroll-deducted and subject to provincial tax. Coverage cannot be changed or dropped during the plan year. Death benefit amounts

### Limitations/Exclusions For Supplemental Life Insurance

(Optional and Dependant)

#### Delayed Effective Date

**Employee:** Insurance will be delayed for employees not in active employment until the first full day they return to active employment.

**Dependants:** Coverage for totally disabled dependants will be delayed until the first day of the month following the date the individual is no longer totally disabled. This delay does not apply to newborn children. The definition for totally disabled for a dependant is as follows:

The dependant, as a result of an injury or sickness:

- Is confined to a hospital or similar institution
- Is cognitively impaired
- Has a life-threatening condition
- Is unable to perform two or more \*activities of daily living because of a physical or mental incapacity resulting from injury or sickness

\*Activities of daily living include the ability to eat, bathe and dress; toileting, transferring (movement); and continence.

#### Increased Or Additional Insurance

The effective date of any increased or additional insurance will be delayed for a dependant if the employee is not in active employment because of an injury, a sickness, a temporary layoff or leave of absence on the date the insurance would otherwise be effective.

## Eligibility Guidelines For Supplemental Life Insurance

- Eligible dependant children must be unmarried and under 23 years of age.
- Eligible spouse may include your spouse, including legally separated spouse. Spouse means a person married to any employee by virtue of a religious or civil ceremony; except that a partner (including same sex) living in a conjugal relationship with the employee for at least 12 consecutive months will be deemed eligible if the employee has submitted the necessary documentation.
- If you and your spouse are both employed by Enterprise Holdings, only one parent may cover the dependant children.

are calculated using your actual gross earnings for the preceding calendar year (rounded up to the next \$1,000) and include base pay, overtime pay, bonuses, and commissions. Simply check the appropriate box on your enrolment form, indicate your beneficiaries, sign the form, and return it to your group Human Resources department by the return date printed on the form. Beneficiary designation(s) for your optional life insurance coverage must be the same as your company-paid basic life insurance benefit.

Maximum total life insurance is \$500,000. This includes a combination of your company-paid basic life insurance of two times annual pay plus any optional life insurance (one, two, or three times annual pay) that you choose to purchase.

## Optional Life Insurance "Insurance" Age

Optional life insurance rates are based on your "insurance" age as of the first of the plan year. To determine your "insurance" age, subtract your birth year from the plan year, 2010. The result is your "insurance" age for the plan year 2010.

## Tobacco Rate

Optional life insurance rates are also based on whether or not you smoke or use tobacco. Use of any tobacco product within the last 12 months qualifies for the higher tobacco rate.

## Optional Life Insurance Calculation Example

Employee's age: 25  
 Annual earnings: \$25,300  
 Employee elects 2x option  
 (\$25,300 x 2 = \$50,600; if not a multiple of \$1,000, then round up to next \$1,000 = \$51,000).

For \$51,000 of coverage at age 25, multiply:

\$ .015 (From rate table, age 25 - non-tobacco usage)  
 x 51 (# of \$1,000 units)  
 \$ 0.76 Per Biweekly Paycheque (subject to provincial tax)

Note: Premiums shown here are approximate due to rounding. Actual deductions may vary slightly.

### OTHER EXAMPLES: Employee Optional Life Insurance Premium Rates Depending on Age, Coverage Level, Annual Pay & Your Tobacco Use

*Premiums are deducted per biweekly paycheque and subject to Provincial tax.*

Non-tobacco, age 25,  \$30,000 income Your rate per biweekly paycheque would be:	One x Salary \$0.45	Two x Salary \$0.90	Three x Salary \$1.35
Tobacco, age 25,  \$30,000 income Your rate per biweekly paycheque would be:	One x Salary \$0.75	Two x Salary \$1.50	Three x Salary \$2.25
Non-tobacco, age 36,  \$100,000 income Your rate per biweekly paycheque would be:	One x Salary \$2.00	Two x Salary \$4.00	Three x Salary \$6.00
Tobacco, age 36,  \$100,000 income Your rate per biweekly paycheque would be:	One x Salary \$4.50	Two x Salary \$9.00	Three x Salary \$13.50

Note: Premiums illustrated above are approximate due to rounding and do not include provincial tax. Actual deductions may vary slightly.

## Optional Life Insurance Premium Rates Table

By using the preceding calculation example and the premium rates table, you can figure the biweekly cost of your selected optional life insurance coverage.

<b>Optional Life Insurance Premium Rates Table</b> Employee rates per \$1,000 — quoted per biweekly paycheque and subject to provincial tax		
<b>Age Band *</b>	<b>Non-Tobacco Rate</b>	<b>Tobacco Rate**</b>
-24	0.015	0.025
25-29	0.015	0.025
30-34	0.016	0.034
35-39	0.020	0.045
40-44	0.027	0.065
45-49	0.045	0.113
50-54	0.076	0.182
55-59	0.115	0.253
60-64	0.190	0.380
65-69	0.377	0.679
70-74	0.709	1.130
75+	1.385	1.806

\*Your rate is based on your "insurance" age as of the first of the plan year. To determine your "insurance" age, subtract your birth year from the plan year (i.e., 2010). The result is your "insurance" age for that year.

\*\*Your use of any tobacco product within the last 12 months qualifies you for the tobacco rate.

## Dependant Life Insurance — For Spouse Or Child

Dependant life insurance may be purchased to cover your spouse and your unmarried children up to the end of the calendar year in which they reach age 23. Simply check the appropriate box on your Benefits Enrolment Form, sign the form, and return it to your group Human Resources department by the due date printed on the form. Since the employee is always the sole beneficiary for any dependant life insurance coverage that he or she decides to purchase, there is no

### Life Insurance — Maximum

**O**verall life insurance maximum is \$500,000. This includes a combination of your company-paid basic life insurance of two times annual pay plus any optional life insurance (one, two, or three times annual pay) that you choose to purchase.

need to complete the beneficiary designation section on your Benefits Enrolment Form for dependant life insurance. Employees may purchase dependant life insurance for a spouse or child even if employee optional life insurance is waived.

Premiums for dependant life insurance coverage are payroll-deducted each paycheque and subject to provincial tax. Life insurance coverage for your eligible dependants remains in effect for the entire plan year. Certain life-changing events may allow you to drop or add coverage for a dependant by following these steps:

### Notification Process

- Contact your group Human Resources department in writing by e-mail, letter, or fax within 31 days of your life-changing event to complete the notification process. Notification must include the type of life-changing event (e.g. birth, marriage, divorce) and the date of the event. Once your group Human Resources department has documented your notification, a Benefits Enrolment Form will be sent to your home address.

### Enrolment Process

- Complete and sign the Benefits Enrolment Form that is sent to your home address, and return it to your group Human Resources department by the due date printed on the form.
- Keep a copy of all forms for your records.

If you neglect to make election changes by following the steps outlined above, your current election will remain in effect until the end of the plan year or until coverage ends.

## Dependant Life Insurance Premiums

Premiums for dependant life insurance coverage are payroll-deducted each paycheque and subject to provincial tax for the following coverage levels:

<b>Spouse Coverage</b> \$10,000/\$0.33 per biweekly paycheque \$25,000/\$0.83 per biweekly paycheque
<b>Child Coverage*</b> \$5,000/\$0.36 per biweekly paycheque \$10,000/\$0.72 per biweekly paycheque

\*Your selected level of child coverage insures all of your eligible dependant children at that level for one price (i.e., one child costs the same as two or more children). Benefits paid for children at live birth through 6 months of age are capped at \$1,000.

**NOTE:** Biweekly premiums are subject to provincial tax. Actual deductions may vary slightly.

## Eligible Dependants

The following dependants are eligible for dependant life insurance coverage under the plan:

- Your spouse, including legally separated spouse.

Spouse means a person married to an employee by virtue of a religious, civil marriage ceremony, or civil union.

A partner (including same-sex) living in a conjugal relationship with the employee for at least 12 consecutive months will be deemed eligible if the employee has submitted the necessary documentation.

**NOTE:** If you and your spouse are both employed by Enterprise Holdings, you may not cover your spouse as a dependant and only one parent may cover the dependant children.

- Your unmarried dependant children who are supported by you from live birth until the end of the calendar year in which they reach age 23. Stillborn children are not eligible for coverage.
- Children include your own natural offspring, lawfully adopted children, and stepchildren. They also include foster children and other children who are dependant on you for main support and living with you in a regular parent-child relationship. A child will be considered adopted on the date of placement within your home.

**NOTE:** The term “stepchildren” as used above includes only children of a natural parent who is married to the employee when such children reside in the employee’s household.

- No dependant child may be covered by more than one employee in the plan (i.e., when you and your spouse are both employed by Enterprise Holdings)
- No dependant child can be covered as both an employee and a dependant employee (i.e., when you and your dependant child are both employed by Enterprise Holdings).

Enterprise Holdings reserves the right to conduct dependant eligibility audits, as it deems appropriate, up to and including requiring employees to provide proof (e.g., marriage licenses, birth certificates, tax returns, etc.) that spouses or common law spouse/partner, children and other covered dependants are eligible as defined in this Summary Plan Description and qualify for company benefits.

## Recently Divorced?

**Y**ou must drop dependant life insurance coverage for your ex-spouse. Remember, dropped coverage for an ex-spouse is always effective on the date of the divorce and you will be responsible for paying premiums between the divorce date and the last day of the benefit coverage period in which you notify your group Human Resources department of your divorce. Any payroll-deducted premiums paid during this time will not be refunded.

## Naming A Life Insurance Beneficiary — Basic Life & Supplemental Life

You must select a person (or persons) to receive your life insurance benefit if you should die while working for Enterprise Holdings by completing the beneficiary designation section of your Benefits Enrolment Form or submitting a completed Beneficiary Designation Form to your group Human Resources department. You can change your beneficiary(ies) at any time by completing a new form. Beneficiary Designation Forms are available on YouDrive.EnterpriseHoldings.com or from your group Human Resources department.

If you choose more than one beneficiary, your life insurance will be paid in equal amounts to each beneficiary unless you specify otherwise.

The beneficiaries you designate for your basic life insurance will also be the beneficiaries for any optional life insurance you choose to purchase for yourself. And the employee is always the sole beneficiary for any dependant life insurance that is purchased for a spouse or child. Be sure to update your beneficiary designations as needed, especially if you have recently married, divorced, or had a child.

If you do not name a beneficiary, or if your beneficiary is no longer living, the life insurance benefit will be paid to your estate.

It is important to name a beneficiary so that your life insurance benefit can be paid quickly and according to your wishes.

## Payment Of The Life Insurance Benefit — Basic Life & Supplemental Life

If you die while working for Enterprise Holdings, your benefit amount will be payable to your beneficiary in a lump sum by RBC Insurance, after written proof of death is received and approved by RBC Insurance.

## Filing A Claim For Life Insurance Benefits — Basic Life & Supplemental Life

It is up to you or your authorized representative to notify your group Human Resources department within 30 days of your or your dependant's death. Your group Human Resources department will provide the forms that you or your authorized representative will need to provide proof of claim. These forms, along with a copy of the death certificate, must be returned to your group Human Resources department within 90 days after the date of death.

### If A Claim Is Denied — Basic Life & Supplemental Life

You have certain rights if your claim for life insurance benefits is denied. See *Claim Review Process*, page 66, for information about appeal procedures.

### Accelerated Life Benefit — Basic Life & Supplemental Life

If you become terminally ill while insured by the plan, RBC Insurance will pay you a portion of the life insurance benefit one time. The payment will be based on 50 percent of the life insurance amount. However, the one-time benefit paid will not be greater than \$50,000. Upon your death, the remaining benefit will be paid to your designated beneficiaries.

The right to exercise this option and to receive payment is subject to all of the following:

- You request this election, in writing, on the RBC Insurance Accelerated Benefit Claim Form available from your group Human Resources department.
- You must be terminally ill at the time of payment of the accelerated benefit.

### What Is A Beneficiary?

**A** beneficiary is the person you choose to receive your life insurance benefit if you should die. You may select your beneficiaries on your Benefits Enrolment Form or by submitting a completed Beneficiary Designation Form to your group Human Resources department. You can name or change your beneficiary at any time by resubmitting a new Beneficiary Designation Form to your group Human Resources department. If you select more than one beneficiary, the plan will pay the benefit in equal shares unless you indicate otherwise. Beneficiary Designation Forms are available on [YouDrive.EnterpriseHoldings.com](http://YouDrive.EnterpriseHoldings.com) or from your group Human Resources department.

- Your doctor must certify, in writing, that the illness is terminal and that life expectancy has been reduced to less than 12 months.
- The doctor's certification must be deemed satisfactory to RBC Insurance.

The accelerated benefit is available on a voluntary basis. Therefore, you are not eligible for benefits if:

- You are required by law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise.
- You are required by a government agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

Premium payments must continue to be paid on the full amount of life insurance.

If you have made an irrevocable beneficiary assignment for your life insurance, RBC Insurance must receive consent, in writing, that the assignee or irrevocable beneficiary has agreed to the accelerated benefit payment on your behalf in a form acceptable to RBC Insurance before benefits are payable.

An election to receive an accelerated benefit will have the following effect on other benefits:

- The death benefit payable will be reduced by any amount of accelerated benefit that has been paid.
- Any amount of life insurance that would be continued under a disability continuation provision or that may be available under the conversion privilege will be reduced by the amount of the accelerated benefit paid. The remaining life insurance amount will be paid according to the terms of the summary of benefits subject to any reduction and termination provisions.

Benefits paid may be taxable. RBC Insurance is not responsible for any tax or other effects of any benefit paid. As with all tax matters, you or your dependant should consult your personal tax advisor to assess the impact of this benefit.

### When Life Insurance Coverage Ends — Basic Life & Supplemental Life

#### Basic Life Insurance

Your basic (company-paid) life insurance coverage will terminate on the earliest of the following:

- The date when you retire, unless otherwise indicated in the Schedule
- The later of: 1) the day you give or receive notice of termination of employment; 2) the last day you

attend at work after giving or receiving notice of termination of employment; or 3) the last day of the minimum period of continued benefits coverage, if any, required by applicable legislation.\*

- The date when you cease to be a member of an eligible class
- The date when this plan is discontinued

\*For an approved leave of absence, coverage may continue up to 90 days (unless continued for a maximum of 12 months (365 days) due to an approved maternity or parental leave of absence or 24 months (730 days) due to illness or LTD), pursuant to applicable provincial legislation.

If your employment ends with or you retire from Enterprise Holdings or if you are working less than the minimum number of hours, you may elect conversion to an individual policy — at your own expense — if you apply within 31 days of the date your coverage ends. For information on conversion, request a Life Insurance Conversion Form from your group Human Resources department.

### Supplemental Life Insurance

Supplemental (employee-paid optional and dependant) life insurance coverage for you and your dependants will terminate on the earliest of the following:

- The date when you retire, unless otherwise indicated in the Schedule
- Midnight on the last day of the pay period in which you cease active employment (unless continued due to an approved leave of absence\*) or the last day of the notice period (or pay in lieu of notice) as required by applicable provincial legislation
- The date when you cease to be a member of an eligible class
- The date when premium payments cease
- The date when this plan is discontinued

\*For an approved leave of absence, coverage may continue up to 90 days (unless continued for a maximum of 12 months (365 days) due to an approved maternity or parental leave of absence or 24 months (730 days) due to illness or LTD), pursuant to applicable provincial legislation.

Coverage for your dependants will terminate on the date when such dependants cease to be eligible. Dependant children will be covered until the end of the year in which they attain age 23, provided you are still covered under the plan.

If your employment ends with or you retire from Enterprise Holdings or if you are working less than the

minimum number of hours, you may elect conversion to an individual policy — at your own expense — if you apply within 31 days of the date your coverage ends. For information on conversion, request a Life Insurance Conversion Form from your group Human Resources department.

### Death During The 31-Day Conversion Application Period

If you or your dependants die within the 31-day conversion application period, RBC Insurance will pay the beneficiaries the amount of insurance that could have been converted. This coverage is available whether or not you have applied for an individual life insurance policy under the conversion privilege.

### Assignment Of Benefits — Basic Life & Supplemental Life

You may assign and transfer ownership of your life insurance, but only as a gift.

Enterprise Holdings will not be responsible for the validity of any assignment or for any action, payment, or other settlement made before receiving the assignment.

### Benefits Reinstatement When Returning To Work From A Leave Of Absence

If you return to work after benefits have been terminated while on leave of absence, all benefits will be reinstated on the first day you return from the leave, including any benefit elections that were in place prior to the leave. Benefit premiums by payroll deduction will start with the first full paycheque after benefits are reinstated.

### Conversion Policy

(Whole Life Insurance)

**I**f you leave employment, retire, or become ineligible for life insurance coverage, a conversion policy may be available to you at a higher rate. Application for conversion must be made within 31 days of eligibility or you will lose any right to convert. Contact your group Human Resources department for the Life Insurance Conversion form.



# Accidental Death & Dismemberment

For Full-Time Employees

Accidental death and dismemberment (AD&D) insurance pays a benefit to your beneficiary if you die within 365 days from injuries sustained in an accident or a benefit to you if you lose a limb or sight in an accident. AD&D insurance is in addition to the basic life insurance provided by Enterprise Holdings. If you are out of work due to an illness or injury on the effective date, you must return to work for one full day for your coverage to be effective.

## Coverage For Accidental Death

Enterprise Holdings provides eligible employees with AD&D insurance equal to your basic life insurance amount. Remember, your basic life insurance is two times your annual pay, rounded up to the next \$1,000. Your annual pay is your actual gross earnings for the calendar year preceding the current calendar year. A calendar year is the period from January 1 to December 31, both dates inclusive. Actual gross earnings will include base pay, overtime pay, bonuses, and commissions. If your earnings are for a period of time less than a full calendar year, your amount will be annualized. Here is an example:

Remember Lisa? Her pay is \$29,750, so her basic life insurance amount is \$60,000. (See page 44 for basic life insurance calculations.) If Lisa dies in an accident

while working for Enterprise Holdings, her beneficiary would receive \$120,000. That includes the \$60,000 life insurance benefit and the \$60,000 AD&D benefit.

Just like life insurance, your AD&D coverage amount will change on January 1 to reflect any changes in pay that happened in the previous 12 months.

## Coverage For Dismemberment

If you lose a limb, your thumb and index finger of the same hand, your eyesight, your hearing, or your speech as a direct result of an accident, and the loss was incurred within 365 days of the accident, you will receive an AD&D benefit. The benefit you receive depends on the type of loss. Here is how it works:

If you lose:	You will receive:	Example Of AD&D Benefit (Based on pay: \$30,000)
One hand	50% of your full AD&D benefit	\$30,000
One foot	50% of your full AD&D benefit	\$30,000
Sight in one eye	50% of your full AD&D benefit	\$30,000
Speech	50% of your full AD&D benefit	\$30,000
Hearing in both ears	50% of your full AD&D benefit	\$30,000
Any two or more of the above	100% of your full AD&D benefit	\$60,000
Thumb and index finger of the same hand	25% of your full AD&D benefit	\$15,000

### Is My Beneficiary The Same For Basic Life Insurance And AD&D?

The beneficiary you elect for basic life insurance will be the beneficiary for your AD&D insurance as well. You cannot select different beneficiaries for each plan. You can name or change your beneficiary at any time by completing the beneficiary form available at [YouDrive.EnterpriseHoldings.com](http://YouDrive.EnterpriseHoldings.com) or from your group Human Resources department. If you select more than one beneficiary, the plan will pay the benefit in equal shares unless you indicate otherwise.

## Reduction Of Coverage Over Age 70

If you are over age 70 and working for Enterprise Holdings, your AD&D coverage will be reduced. Here is how it works:

Age Of Employee	Percentage Of AD&D Benefit You Will Receive:	Example Of AD&D Benefit (Based on pay: \$30,000)
Before age 70	100%	\$60,000
Age 70 and over	67%	\$40,200 (\$60,000 x 67%)

Reduced benefits are **not** rounded up to the next \$1,000. The minimum benefit for employees age 70 and over is \$20,100 (67 percent of \$30,000).

## Naming A Beneficiary

The beneficiary you elect for basic life insurance will be the beneficiary for your AD&D benefit. You select a beneficiary in writing by completing the beneficiary designation section of your Benefits Enrolment Form or submitting a completed beneficiary form available at [YouDrive.EnterpriseHoldings.com](http://YouDrive.EnterpriseHoldings.com) or from the group Human Resources department. You can change your beneficiary at any time by completing and submitting a new form.

If you choose more than one beneficiary, your AD&D benefit will be paid in equal amounts to each beneficiary unless you specify otherwise.

If you don't name a beneficiary, or if your beneficiary is no longer living, the AD&D benefit will be paid in this order to:

- Your estate
- Your legal spouse, if living
- Your children, in equal shares
- Your parents
- Your brothers and sisters.

It is important to name a beneficiary so that your AD&D benefit can be paid quickly according to your wishes.

## Payment Of The AD&D Benefit

If you die in an accident while covered under the Enterprise Holdings plan, your benefit amount will be payable to your beneficiary by RBC Insurance in a lump sum after written proof of death is received and approved by RBC Insurance.

If you become dismembered due to a loss of limb, thumb and index finger of same hand, eyesight,

hearing, or speech, your appropriate benefit will be paid to you as a lump sum after RBC Insurance receives written proof of your loss.

It is up to you or your beneficiary to notify the group Human Resources department within 30 days of the loss of life or dismemberment. Your Human Resources department will provide the forms needed to provide proof of death or proof of loss. These forms must be returned within 90 days after the end of the month in which your death or loss occurs.

## If A Claim Is Denied

You have certain rights if your claim for AD&D benefits is denied. See *Claim Review Process*, page 66, for information about appeal procedures.

## Exceptions

AD&D benefits will not be paid for losses caused by the following:

- The employee's intentionally self-inflicted injury or asphyxiation
- The employee's asphyxiation or self-inflicted injury, whether intentional or unintentional, sustained while the employee:
  - a. has a blood alcohol level of .08 or higher; or
  - b. is under the influence of any poison, fume or other chemical substance or any prescription or non-prescription drug, unless used according to the prescription or direction of the employee's physician
- The employee's attempted suicide, while sane or insane
- War, declared or undeclared, or any act of war
- The employee's active participation in a riot
- The employee's attempt to commit or commission of a crime, whether or not the employee has been charged
- Any injury sustained by the employee while the employee is driving, using or operating any motorized vehicle while the employee:
  - a. has blood alcohol level of .08 or higher; or
  - b. is under the influence of any poison, fume or other chemical substance or any prescription or non-prescription drug, unless used according to the prescription or direction of the employee's physician
- The employee's voluntary use, inhalation or ingestion of any poison, fume or other chemical substance or any prescription or non-prescription drug, unless used according to

the prescription or direction of the employee's physician

- Experimental or investigational procedures
- Plastic surgery and cosmetic procedures, such as but not limited to injections and laser treatments, unless performed by or under the supervision of a physician
- An infection (except a pyogenic infection arising from an accidental injury)
- Any sickness or treatment of sickness
- Any injury sustained by the employee while the employee is serving on full-time active duty in the armed forces of any country or international authority (any premium paid to be returned by the Insurance Company pro-rata for any such period of full-time active duty)
- Any injury sustained while the employee is flying or traveling in (included boarding and alighting from) any kind of aircraft, other than as a fare-paying passenger on a commercial aircraft
- RBC Insurance will not pay a benefit for a loss during any period which the employee is lawfully incarcerated, confined or imprisoned

**NOTE:** Other Exclusions or Limitations may be applicable as specified under each individual benefits provision. Refer to the terms of the plan.

## Seat Belt and Air Bag Benefit

### For Seat Belt:

If you die in an accident or become dismembered while covered under the Enterprise Holdings plan, an additional benefit payment will be made if such loss occurs while you are a passenger or driver in a private passenger car, station wagon, van, jeep-type automobile, or truck and:

- The seat belt is in actual use and properly fastened at the time of the accident
- Verification of the actual use of the seat belt is part of the official report of the accident or certified by the investigating officer

### For Air Bag:

If you die in an accident or become dismembered while covered under the Enterprise Holdings plan, an additional benefit payment will be made if such loss occurs while you are a passenger or driver in a private passenger car, station wagon, van, jeep-type automobile, or truck and:

- The vehicle is equipped with either a single air bag, air bags for both the driver and the front passenger seats, or air bags for the driver, front passenger, and rear passenger seats
- The seat belt is in actual use and properly fastened at the time of the accident
- Verification of the actual use of the seat belt is part of the official report of the accident or certified by the investigating officer

### For Seat Belts and Air Bag:

The driver of the vehicle must hold a current and valid driver's licence of a rating authorizing him or her to operate such vehicle and be neither intoxicated nor under the influence of drugs, unless such drugs are taken as prescribed by a physician, at the time of the accident. "Intoxicated" and "under the influence of drugs" are as defined by the local jurisdiction where the accident occurs.

## Exposure & Disappearance

RBC Insurance will cover a loss that is the result of unavoidable exposure to the elements to the extent the benefits are covered by the policy.

Subject to terms of this policy, RBC Insurance will presume accidental loss of life if the employee's body is not found within one year after having been involved in the disappearance, sinking, or wrecking of a vehicle in which the employee was an occupant at the time of the accident.

## When Accidental Death & Dismemberment (AD&D) Coverage Ends

Your coverage will terminate on the earliest of the following:

- The date when you retire, unless otherwise indicated in the Schedule
- The later of: 1) the day you give or receive notice of termination of employment; 2) the last day you attend at work after giving or receiving notice of termination of employment; or 3) the last day of the minimum period of continued benefits coverage, if any, required by applicable legislation.\*
- The date when you cease to be a member of an eligible class
- The date when this plan is discontinued

For questions on **AD&D** eligibility or benefits call RBC Insurance at:

**877-519-9501.**

Refer to Policy No. 373147-005.

\*For an approved leave of absence, coverage may continue up to 90 days (unless continued for a maximum of 12 months (365 days) due to an approved maternity or parental leave of absence or 24 months (730 days) due to illness or LTD (pursuant to applicable provincial legislation).

If your employment ends with or you retire from Enterprise Holdings or if you are working less than the minimum number of hours, you may convert this AD&D coverage to an individual policy — at your own expense — provided that you are not disabled, and apply within 31 days of the date your coverage ends. An amount up to \$100,000, but not exceeding the amount of insurance in effect on the date of termination, is eligible to convert. This includes converted AD&D policies from a prior employer. For information on conversion, request an AD&D Insurance Conversion Form from your group Human Resources department.

### **Benefits Reinstatement When Returning To Work From A Leave Of Absence**

If you return to work after benefits have been terminated while on leave of absence, all benefits will be reinstated on the first day you return from the leave, including any benefit elections that were in place prior to the leave. Benefit premiums by payroll deduction will start with the first full paycheque after benefits are reinstated.

# Long-Term Disability

## For Full-Time Employees

Long-term disability (LTD) coverage is designed to provide a portion of your income if you are disabled and cannot work. LTD benefits are important whether you are single or have a family. If you become disabled, you will still have living expenses that you will have to pay. Without a source of income, you could be in a risky financial position. LTD coverage can help provide security for you and your family — you can continue to receive a portion of your income.

If you are a full-time employee of Enterprise Holdings and under 65 years of age, you are eligible for LTD coverage beginning on the first day of the third consecutive calendar month following your first day of work as a full-time employee. For instance, if you start working for Enterprise Holdings full-time on October 15, your LTD coverage will start on January 1.

Once you become eligible, your coverage begins automatically — you do not have to enrol. (If you are out of work due to an illness or injury on the effective date, you must return to work for one full day for your coverage to be effective.)

### LTD Coverage

If approved, you may begin receiving long-term disability benefits after 90 days of disability. You will receive the lesser of the following:

- 66.7 percent of your pre-disability pay
- 85 percent of your pre-disability pay minus other income benefits

### Definition Of Disability

“Disabled” means that due to illness or injury, you are unable to perform your regular occupation. After benefits have been paid for 24 months, “disabled” means that you are unable to perform any occupation for which you are qualified because of education, training, or experience. However you may still be considered disabled if you can work, but make significantly less money due to your disability. For questions about **Long-Term Disability** eligibility or benefits, call RBC Insurance at **877-519-9501**.

Here is an example to see how this works. Assume that Mary becomes disabled. Mary’s pre-disability pay was \$24,000 per year, or \$2,000 per month. Mary’s benefit would be \$1,334 per month ( $\$2,000 \times 66.7\% = \$1,334$ ). Mary will start to receive LTD payments after the first 90 days of disability.

### Returning To Work Part-Time

Rehabilitation may enable your return to work in a part-time or light-duty capacity. If you are able to earn some income doing a limited amount of work while you are disabled, your LTD benefit may be reduced. For more information, please contact your group Human Resources department.

### Maximum LTD Benefit

The maximum benefit from the Enterprise Holdings LTD plan is \$12,500 per month.

### Your LTD May Be Adjusted Due To Other Income Benefits

Proof of your monthly earnings from other sources must be provided to RBC Insurance on a quarterly basis. Your LTD benefit payments will be determined based on other income benefits you are receiving or any income benefits your dependants are receiving due to your disability. Other income benefits include disability payments you may receive from workers’ compensation, employment insurance, other public or private or group insurance benefits, or the Canada/Quebec Pension Plan Act.

### What Do I Do For The First 90 Days Of Disability?

If you become disabled, the first 90 days of disability may be covered under the ChoiceTime and sick leave policies. Your ChoiceTime and sick leave depend on your job level and your years of service. Contact your group Human Resources department for details.

Let's look at another example. Joe becomes disabled. Joe's pre-disability pay was \$23,533.45 per year or \$1,961.12 per month. If Joe receives no other income while he is disabled, then his benefit, after 90 days, would be \$1,308.07 per month ( $\$1,961.12 \times 66.7\% = \$1,308.07$ ). The minimum would not apply.

If Joe receives other income while disabled, then his benefit might be different. Assume Joe receives \$1,550 per month in disability payments from other sources. Now Joe's benefit from the Enterprise Holdings plan, after 90 days, would be \$150 ( $\$2,000 \times 85\% = \$1,700$ ;  $\$1,700 - \$1,550 = \$150$ ).

## Filing An LTD Benefit Claim

It is up to you to notify your group Human Resources department within 30 days of your disability. Your group Human Resources department will provide the forms you will need to provide proof of disability. These forms must be returned to your group Human Resources department within 90 days after the end of the month in which you become disabled. All LTD benefit claims must contain proof of disability regarding the date your disability started, the cause of the disability, and the seriousness of the disability.

## How LTD Benefits Are Paid

LTD benefits are paid to you monthly after RBC Insurance, Enterprise Holdings' LTD insurance carrier has received proof of your disability and after you have been disabled for 90 consecutive calendar days.

Your LTD benefit will be taxable income when you receive it. That is because your LTD premium coverage is provided to you tax-free — you do not pay taxes on the value of the premium that Enterprise Holdings pays for you.

## Independant Medical Exams

In some circumstances, RBC Insurance may require that you have an independant medical exam by a physician chosen by RBC. The outcome of the independant medical exam will be discussed in detail with your treating physician. RBC will cover the cost of the independant medical exam.

## If A Claim Is Denied

You have certain rights if your claim for LTD benefits is denied. (See *Claim Review Process*, page 66, for information about appeal procedures.)

## Right To Recover Overpayment

RBC Insurance and Enterprise Holdings have the right to recover any overpayment of LTD benefits made to you in error or based on incorrect information.

## What Is Included In My Pay When RBC Insurance Calculates My LTD Benefit?

**L**TD benefits are determined based on your pre-disability pay or "basic monthly earnings." "Basic monthly earnings" means 1/12th of your actual gross earnings received from Enterprise Holdings for the calendar year preceding the current calendar year. The calendar year is January 1 to December 31, both days inclusive. Actual gross earnings will include base pay, overtime pay, bonuses, and commissions. If the gross earnings are for less than a full calendar year, the amount will be annualized earnings.

## When Payments Stop

Generally, you will continue to receive long-term disability benefits until the earliest of the following dates:

- You reach normal retirement age (65).  
(If you have reached age 64 and are less than 65 when your disability begins, benefits may be continued for a maximum of one year.)
- You recover.
- You are considered to be no longer disabled as defined by the plan.
- Your earnings while disabled exceed 80 percent of your indexed pre-disability earnings.
- You die or the plan is amended or terminated such that benefits would end.

You will be required to provide proof of your continuing disability from time to time. Enterprise Holdings and RBC Insurance are committed to monitoring disability absences and encouraging employees' return to work if medically appropriate.

## Survivor Benefit

If you die while receiving disability benefits after you have been disabled for 180 days, your spouse will receive a lump-sum payment equal to three times your gross monthly LTD benefit. If you have no spouse, the payment will be made to your children under age 25; otherwise, payment will be made to your estate.

## Accelerated Survivor Benefit

If you become terminally ill while receiving benefits payable by the plan, RBC Insurance will pay you or your survivor the survivor benefit early. (Refer to *Survivor Benefit* described above.) The right to exercise this option and receive payment is subject to the following:

**F**or purposes of this plan, “Retirement Plan” means a plan that provides retirement benefits to employees and that is not funded for purposes of the plan wholly by employee contributions. The term does not include a deferred profit-sharing plan, a registered retirement savings plan, a thrift plan, a stock ownership plan, or a non-qualified plan of deferred compensation. In other words, your LTD benefits would not be reduced by payouts from the company-sponsored Registered Retirement Savings Plan or Deferred Profit Sharing Plan.

- You request this election, in writing, or on a form acceptable to RBC Insurance.
- You must be terminally ill at the time of payment of the accelerated benefit.
- Your doctor must certify, in writing, that the illness is terminal and that life expectancy has been reduced to less than 12 months.
- The doctor’s certification must be deemed satisfactory to RBC Insurance.

The accelerated benefit is available on a voluntary basis and will take the place of the survivor benefit that would have been paid to your beneficiary upon your death.

## Exceptions

LTD benefits will not be paid for a disability caused by the following:

- Intentionally self-inflicted injuries (while sane or insane)
- Any armed conflict, war, or act of war (declared or undeclared)
- Taking part in a riot or civil unrest
- A condition for which you were treated or on medication during the three months prior to being covered by the Enterprise Holdings LTD plan if you become disabled within the first 12 months of coverage
- Attempt to commit or commission of a crime
- Loss of professional licence

No benefit will be payable for a period in which you are incarcerated.

During your first year of LTD coverage, LTD benefits will not be payable for any disability that commences during your first year of coverage if the disability is a result of a pre-existing condition. A pre-existing condition is a condition for which you received medical treatment, consultation, care or services

including diagnostic measures, or took prescription drugs or medicines in the three months just prior to your effective date of coverage; or you have symptoms for which an ordinarily prudent person would have consulted a health care provider in the three months just prior to your effective date of coverage. For example, assume you were in an auto accident one month before you joined Enterprise Holdings and you injured your back. If your back goes out six months later as a result of that accident and you cannot work, the LTD plan will not pay benefits because the back injury was a pre-existing condition. The pre-existing condition exclusion does not apply to a disability that commences after one year from your LTD coverage effective date.

## When Long-Term Disability Coverage Ends

Your coverage will terminate on the earliest of the following:

- The date when you retire, unless otherwise indicated in the Schedule
- The later of: 1) the day you give or receive notice of termination of employment; 2) the last day you attend at work after giving or receiving notice of termination of employment; or 3) the last day of the minimum period of continued benefits coverage, if any, required by applicable legislation.\*
- The date when you cease to be a member of an eligible class
- The date when this plan is discontinued

\*For an approved leave of absence, coverage may continue up to 90 days (unless continued for a maximum of 12 months (365 days) due to an approved maternity or parental leave of absence or 24 months (730 days) due to illness or LTD), pursuant to applicable provincial legislation).

**NOTE:** LTD is not eligible for conversion.

If your LTD date of disability begins prior to termination of employment, your LTD coverage may not end as of the day after your termination under the following circumstances:

- You may be able to continue satisfying the 90-day elimination period and begin collecting LTD benefits on the 91st day of disability provided you continue to be disabled subject to policy provisions.
- If you are currently receiving LTD benefits prior to termination, you may continue to receive LTD benefits beyond your termination date provided you continue to be disabled subject to policy provisions.

## Benefits Impact While on LTD

Employees on LTD will be placed on LTD status once LTD benefits begin. They are still considered employees of Enterprise Holdings while on LTD. And because they are still considered employees of Enterprise Holdings, they cannot remove their funds from the Enterprise Holdings Company Deferred Profit Sharing Plan as long as they remain on LTD unless they become **totally** and **permanently disabled**.

Employees on LTD will continue to be eligible for the following benefits up to 24 months (730 days) after they become disabled:

- Extended Health coverage
- Basic (company-paid) life insurance
- Supplemental life (optional employee, spouse life, child life)
- Accidental death & dismemberment
- EAP/WorkLife Services resource and referral

Company-paid benefits will end at midnight on the 730th day after they become disabled.

Employee-paid benefits (Extended Health, optional employee life, spouse life, and child life) will end at midnight on the last day of the pay period in which the 730th day occurs.

### Example

Employee Jane Thompson began a medical leave of absence on August 18, 2008. Her LTD claim was approved. Jane's benefits will end as follows:

- Company-paid: at midnight on August 17, 2010
- Employee-paid: at midnight on August 21, 2010

## Benefits Reinstatement When Returning To Work From A Medical Leave Of Absence

If you return to work after benefits have been terminated while on medical leave of absence, all benefits will be reinstated on the first day you return from the leave, including any benefit elections that were in place prior to the leave. Benefit premiums by payroll deduction will start with the first full paycheck after benefits are reinstated.

## Rehabilitation & Return-To-Work Assistance

Rehabilitation may enable your return to work in a part-time or light-duty capacity. To assist in your return to work, you may be eligible for additional benefits, such as approved vocational training, adaptive equipment, and retraining expenses. While you are participating in an approved rehabilitation program, you will receive a monthly payment of up to \$1,000 to assist you with the care of your children or a family member who requires assistance.

For the first 12 months after you return to work, you can receive your part-time earnings plus your LTD benefit up to your pre-disability pay. After 12 months, your partial earnings will reduce your LTD benefit. If you are participating in an approved rehabilitation program, you will receive an additional payment of 10 percent of your disability payment up to \$1,000 a month.

For more information, please contact your group Human Resources department or RBC Insurance at 417-643-4700 or 877-519-9501. Refer to policy number 373147-002.

### Time To Return To Work

**M**ost people cannot wait to return to work after recovering from a disability. However, a very few people are tempted to stay "disabled" even though they are capable of returning to work. These people increase the price of LTD insurance for everyone. A person who receives a disability payment when he or she is not disabled is committing fraud. Disability fraud can result in loss of disability payments, termination of employment, and civil prosecution. That's why Enterprise Holdings encourages recovery and return to work — a winning situation for everyone!

# Retirement Savings Program

For Full-Time & Part-Time Employees

This information is provided as a summary of the Retirement Savings Program. For specific terms and conditions, please refer to the Manulife Financial Member Booklet.

## Purpose

The Retirement Savings Program has been established with Manulife Financial to assist you in preparing for retirement. The program offers a variety of investment options that cover the risk/return spectrum, provides guidance and tools where available through third party providers and provides ongoing information and resources to help you take control of your retirement planning. All of this is meant to help you establish a personal savings strategy and stay on track to meet personal goals for your retirement years.

## Overview

The Retirement Savings Program consists of a Group Registered Retirement Savings Plan (RRSP) and a Deferred Profit Sharing Plan (DPSP). These two plans together provide a Retirement Savings Program which allows employee contributions and employer contributions.

- When you become eligible to join the RRSP on the first day of your third month of employment, you will be able to contribute up to 18% of your income to the Group RRSP, subject to the maximum contribution limit.
- After one year of employment, the company will match the first 3% of your contributions, dollar for dollar.
- Both your contributions and the company's contributions will be invested according to the direction provided by you to Manulife. If you do not choose an investment direction, your money will be directed to the plan default fund, the LifePath Index Fund most closely matching an assumed retirement age of 65.
- If the level of company profits permits, an additional Profit Sharing contribution will be made by the company annually to the DPSP account of all eligible employees.

- Persons covered by a Collective Bargaining Agreement are not eligible to participate in the Profit Sharing component of the Retirement Savings Program, unless such agreement, by specific reference to the appropriate plan, provides for coverage under the plan.

## Eligibility

Permanent full-time and part-time employees are eligible to participate in the Retirement Savings Program as follows:

- RRSP on the first day of the third consecutive month of employment following date of hire
- Company Matching contributions on the first pay period after one year of continuous employment
- Profit Sharing contribution in the plan year in which employee completes one year of continuous employment, 1,000 hours of service and has not ended employment. For these purposes your employment ends the later of: 1) the day you give or receive notice of termination of employment; or 2) the last day you attend at work after giving or receiving notice of termination of employment.

Employees are eligible to participate up to the end of the calendar year in which they reach age 71. When you become eligible to participate, Manulife Financial will provide you with a packet to guide you through the enrolment process.

If you are a temporary employee, an employee age 71 or above before the start of the plan year, or an employee working outside of Canada, you are not eligible to participate in the plan. Employees who are covered by a collective bargaining agreement are also excluded from enrolment unless their bargaining agreement, by specific reference to the appropriate plan, provides for participation.

## Employee Tools And Resources

You will have access to the following tools and resources to help you manage your Member account:

- The secure Member Internet site @ [www.manulife.ca/GRO](http://www.manulife.ca/GRO),

- The Interactive Voice Response (IVR) at 888-727-7766, operational 24 hours a day, seven days a week,
- Client Service Representatives are also available at the same number to answer your questions from 8AM to 8PM ET, Monday to Friday or by email at [gromail@manulife.com](mailto:gromail@manulife.com),
- Member investment and retirement newsletters, and
- Member statements.

At least once a year you will receive a Member statement. This statement will include your investment information and report any contributions and/or withdrawals. Reviewing your Member statement will help you track your retirement savings.

All of your Member account information is available on the secure Member Internet site at no additional cost to you. You may also request an interim Member statement through the Interactive Voice Response (IVR) or Client Service Representative at any time for an additional fee. Please refer to the “Fees Charged to Members” section for more information on fees.

## How Do I Enrol?

### Enrolling in the Program Online

You can easily enrol in RRSP and DPSP with Manulife electronically.

1. Go to [www.manulife.ca/GRO/enrol](http://www.manulife.ca/GRO/enrol)
2. Enter the policy number and access code (see table below) for the plan(s) you want to join.
3. Once you have completed your e-enrolment, print, sign and date your Beneficiary Designation form(s) and return them to Manulife at the address listed below. You may also want to print a confirmation for your records.

Group RRSP	Policy: 20001924	Access Code: ENT23
DPSP	Policy: 30001924	Access Code: ENT23

**Manulife Financial**  
 PO Box 396 STN Waterloo  
 Waterloo ON N2J 4A9

### Important numbers...

Take note of two important numbers you'll receive during enrolment: your 9-digit customer number

(provided when you've finished enrolling) and your Personal Identification Number (PIN), which you'll select. Use these numbers to access your account online.

**If you do not have access to enrol online, please contact your Human Resources representative for assistance.**

## Naming A Beneficiary

When enrolling in the RRSP and DPSP plans, you should complete the beneficiary designation forms. In the event of your death, your beneficiary will receive the full value of your account. You can change your beneficiary at any time, subject to any legal restrictions, by completing a new beneficiary form available online at [www.manulife.ca/GRO](http://www.manulife.ca/GRO) or by calling Manulife at 888-727-7766. Once you have completed your beneficiary designation form online, you should sign and date the forms and return them to Manulife. A copy should also be kept for your records.

If you do not name a beneficiary, any death benefit will be payable to your estate.

## Withdrawals From The Plans

RRSP: All Employee Basic Contributions must remain in the Plan while you are employed by your Plan Sponsor, with the exception of amounts withdrawn for the purpose of participating in the Homebuyer or Lifelong Learning Plan(s).

You may withdraw Employee Voluntary contributions you make to the Plan at any time provided they are not amounts transferred into the Plan originating from a registered plan that is subject to locking-in provisions. The amount withdrawn may be taken in cash, transferred to another registered plan or used to participate in the Homebuyer or Lifelong Learning Plan(s).

Amounts taken in cash are subject to immediate tax withholding. The amount of tax withheld will depend on the amount being withdrawn. Since cash withdrawal amounts will be included in your taxable income, you may end up paying additional tax. Keep in mind any cash withdrawals will reduce your potential retirement savings.

DPSP: Plan Sponsor contributions made to the Plan on your behalf must remain in the Plan while you are employed with your Plan Sponsor.

## Contributions

### RRSP Contributions

You decide how much to contribute to the Group RRSP. These contributions are known as Employee Basic contributions. Contributions up to 3% of your

base salary, overtime and commissions will be matched by your company each pay period after one year of continuous employment.

You also have the option of contributing up to an additional 15% of your pay into the RRSP. These contributions are known as Employee Voluntary contributions. You are responsible for knowing your registered savings contribution limit provided by Canada Revenue Agency (CRA) and ensuring your contributions do not exceed that limit.

You can also make direct lump sum contributions to the Group RRSP. Download the “RRSP Lump Sum Contribution Deposit” form from Manulife’s website or call 888-727-7766 for more information.

### Spousal Contributions To Your RRSP

You can make contributions on behalf of your spouse or common-law partner. These contributions are included in your maximum contribution limit the same as contributions made to your own RRSP. You receive the tax deduction for the contributions made to a spousal RRSP, but the assets belong to your spouse or common-law partner. Only they can make decisions regarding withdrawals, investments and designating a beneficiary.

### DPSP Contributions

You do not contribute to the DPSP. Only company contributions are made to your DPSP account. These include Company Matching contributions and Profit Sharing contributions. The maximum company matching contribution for the plan year is \$6,000.

Annually, based on the level of profits, the company determines if it will make a contribution in addition to the matching contributions provided to employees each pay period. Historically, your employer has set aside 5% of profits to be contributed to employee retirement savings accounts. After deducting the company matching contributions provided throughout the year to all employees, if there is money remaining, it is allocated as an annual Profit Sharing contribution. The Profit Sharing contribution is allocated to eligible employees based on relative levels of eligible pay.

### Lump-Sum Deposits

Transfers from other registered plans (e.g., profit sharing, pension plans) are allowed into the RRSP. If, before joining the company, you participated in a registered savings or another retirement plan, you can transfer the entire taxable distribution from your former employer’s plan into the RRSP. To transfer amounts into the plan, please contact your current financial institution to request the appropriate documentation. Transfers are not available to employees who cannot participate in the plan, such as:

- Temporary employees
- Employees working outside of Canada
- Employees who are covered by a collective bargaining agreement unless their bargaining agreement, by specific reference to the appropriate plan, provides for participation.

To transfer amounts, please fill out the appropriate sections of the Transfer Authorization for Registered Investments form available online at [www.manulife.ca/GRO](http://www.manulife.ca/GRO) or by calling Manulife at 888-727-7766, and forward to the institution that will transfer your funds to Manulife.

### Contribution Limits

Current laws impose a limit on contributions to your account. The Canada Revenue Agency allows the lesser of 18 percent of your previous year’s income or \$22,970 (for 2012), minus any pension adjustment, plus unused contribution RRSP room since 1991.

Your pension adjustment is reported in box 52 on your T4 slip. This is the amount the company contributes to the deferred profit sharing plan (DPSP) on your behalf and is subtracted dollar for dollar from your allowable RRSP room. The Notice of Assessment that you received with your income tax return last year tells you what your RRSP contribution room is.

There are certain legal limits to the contributions that can be made to your account, although they affect very few employees. The Canada Revenue Agency

DPSP limits are \$11,910 (for 2012).

The company may, at its discretion, choose a contribution limit lower than the Canada Revenue Agency DPSP limit.

### Over-Contributions

It is your responsibility to ensure you do not make RRSP contributions in excess of the maximum amounts.

If you do over-contribute, Canada Revenue Agency (CRA) will charge a penalty tax on the amount contributed in excess of your maximum RRSP contribution room for the year.

If you do over-contribute unintentionally, it is wise to remove the over-contribution. Failure to remove over-contributions will result in you paying tax on those amounts when paid out as a benefit, without having received a deduction for them when contributed. In effect, double taxation. You may contact your Plan Sponsor for the appropriate method of retrieving the over-contribution. Contributions that exceed your RRSP contribution room are not tax deductible in the year in which they are made.

## Your Responsibilities Under The Plan

When you enrol in the RRSP and/or DPSP, you are responsible for:

- Understanding how the Plan works
- Taking advantage of the information and tools available to help you make investment decisions
- Making your investment decisions and reviewing your choices
- Deciding whether or not to get investment advice from a professional
- Keeping your HR department up to date on your address and personal information changes so these can be passed on to Manulife
- Ensuring your beneficiary is aware of the Plan and knows where your estate related documents are kept

## Vesting

“Vesting” means earning ownership rights to the value of your individual account. You always have full ownership of your RRSP account. For your DPSP account, you are 100 percent vested in the value of your account after completing three years of continuous service with the company. For example, Joan begins her career with the company on Jan. 15, 2009. She is eligible to participate in the DPSP plan on Jan. 15, 2010, after completing one year of uninterrupted service. On January 15, 2012, Joan will be 100 percent vested in the DPSP.

If your employment ends before you are vested in your DPSP account, you will forfeit the balance in your account. For these purposes your employment ends the later of: 1) the day you give or receive notice of termination of employment; or 2) the last day you attend at work after giving or receiving notice of termination of employment.

## Your Investment Options

You decide how to invest your contributions from several investment options. Upon enrolling in the plan, you select your investment options. After enrolling, you will be able to make changes in one of two ways:

- The secure Member Internet site @ [www.manulife.ca/GRO](http://www.manulife.ca/GRO)
- The Interactive Voice Response (IVR) at 888-727-7766, operational 24 hours a day, seven days a week

If you do not select an investment option, your money will be directed to the plan default fund, the LifePath Index Fund most closely matching an assumed retirement age of 65.

Details about the investment options available under the program are included in the enrolment kit provided by Manulife Financial and are also available on the secure Member Internet site.

The mix of investment options provided under the program may be changed at any time as determined appropriate by the program fiduciaries with accumulated value redirected into other investment funds.

## You Decide Where To Invest

You decide how much you want to invest in each fund. Enterprise Holdings is not liable for any losses that are a result of investment instructions given by members and beneficiaries. In other words, you are responsible for the performance of your account based on your investment selections. However, if you need help in making your selection, you can contact a Manulife Client Service Representative at 888-727-7766.

They are trained to help you make well informed decisions depending on your comfort level with risk.

## Changing Your Investments

You can review and change your current investments and transfer existing funds between investments whenever and as often as you like by calling the automated telephone system or by using the plan member services web site. There is no charge to do this.

To change your investments, you can do either or both of the following:

- Change investment instructions for future contributions. This option will change the investment election mix for future contributions only. Your current account balance remains unchanged and maintains the current investment election mix. If you want these new investment elections to apply to your current account balance, you will need to perform a fund transfer.
- Initiate a fund transfer and move your existing balances from fund to fund.

**Frequent Trading Policy:** Subject to materiality, a 2% fee may be charged to your Member account if you initiate an inter-fund transfer into a fund followed by another transfer out of the same fund within a 15-day period. This fee does not apply to any automated asset re-balancing transactions. This fee will be credited back to the fund and does not benefit Manulife Financial or your employer in any way.

## Distributions

When you leave or retire, you will receive detailed instructions and the required form concerning your

distribution from Manulife Financial. You will have a 90-day period to choose what to do with your account. You may opt to transfer your money to another qualified plan, keep your money in a Manulife account or to take a cash distribution.

**NOTE:** If you reach age 71 and still have an active RRSP and/or DPSP account, you must begin receiving your retirement income before the end of the year in which you reach age 71. Manulife will notify you, in writing, of the retirement benefit options available to you.

## Home Buyer's Plan And LifeLong Learning Plan

A tax-free distribution may be made from the RRSP for purposes of the Home Buyer's Plan and LifeLong Learning Plan. The Home Buyer's Plan allows you to withdraw up to \$25,000 from your RRSP account to buy or build a qualifying home.

The LifeLong Learning Plan allows you to withdraw funds from your RRSP to finance your own, your spouse's or your common-law partner's education. These programs are subject to Canada Revenue Agency rules and will be taxable if not repaid. If you would like more information, please contact your Manulife Financial client service representative at 888-727-7766.

## Death Benefits

If you pass away before receiving an income from your RRSP and/or DPSP, Manulife Financial will pay death benefits to your designated beneficiaries.

You can name a beneficiary to receive any death benefit payable from the plan. You can also change your beneficiary at any time, subject to any legal restrictions. If you do not name one, any death benefit will be payable to your estate. It is important to ensure that your beneficiary is aware of this plan and knows where you keep your estate-related documents.

**NOTE:** Any locked-in funds that you may have transferred into the RRSP may require that your spouse be your beneficiary for all or part of these funds.

If the death benefit is payable to your spouse or common-law partner, he or she may choose to transfer the death benefit to another registered pension plan (RPP), registered retirement savings plan (RRSP), or registered retirement income fund (RRIF). Direct transfers allow the funds to continue to be tax-sheltered. Your spouse or common-law partner also has the option of taking the proceeds of your account as cash less applicable taxes.

If you have elected someone other than your spouse or common-law partner as the beneficiary of your account, he or she will receive a cash payment equal to the value of your RRSP and/or DPSP account. All cash payments are subject to withholding tax. The

Income Tax Act may provide other options to certain individuals. Once Manulife Financial is notified of your death, a package will be prepared for your beneficiary.

## Termination

Upon terminating employment with the company you have three options for your vested balance. You can:

- Transfer to the Manulife Financial Personal Plan RRSP
- Transfer the balance to another registered plan at a financial institution of your choice, or
- Receive a lump-sum cash payment (less tax).

## Termination/Rehire

All employees who terminate and are rehired after a 12-month break in service will be required to again meet the eligibility requirements to join the RRSP and/or DPSP.

## Fees Charged to Members

Type of Fee	Amount	How Collected?
Replacement Tax Forms*	\$10	Deducted from account
Interim Financial Statement	\$5	Deducted from account
In Service Withdrawal/ Transfer (1 free per year)	\$25	Deducted from withdrawal/ transfer
Investment Management	various	Deducted from investments
Frequent Trading Policy	2%	Deducted from account

\*Replacement tax forms are available free of charge online at [www.manulife.ca/GRO](http://www.manulife.ca/GRO)

## Contact Information

If you need more information regarding the Retirement Savings Program or individually, the RRSP or DPSP plans, please contact a Manulife Financial client service representative by telephone 888-727-7766 or by e-mail at [gromail@manulife.com](mailto:gromail@manulife.com). Alternatively, you can contact your local Human Resources department.

# **Important Information About Your Benefits**

# Claim Review Process

In the event that claims for Extended Health, life, AD&D or LTD benefits are denied, you will be notified in writing within 90 days after the claim administrator, or where applicable, the plan administrator, receives the claim. In some circumstances, the reviewer will be entitled to more time as needed. For medical and dental claims, a claim denial generally will be provided on an Explanation of Benefits (EOB) form prepared by the claim administrator. For all claims, you will be advised of the following:

- The reason for denial
- A reference to the specific plan provisions on which the denial is based
- Any additional material or information needed to perfect the claim or to permit further review of the claim
- An explanation of the plan's appeal and review procedure

In addition, if you have any other dispute or problem concerning operation of the plans described in this benefits summary (other than the registered retirement savings plan and deferred profit sharing plan, which have separate claim and appeal procedures), you should likewise submit your claim to the claim or plan administrator. Within 90 days following receipt of your claim, the claim or plan administrator will respond to your dispute, providing the same information outlined above regarding a denial of a claim for benefits. Similarly, your claim or dispute, if denied, may be appealed as outlined below.

If your claim is denied, you may appeal the denial by making a written request for review within 60 days of the date on which you received the notice of denial.

The appeal review bodies have been delegated the authority to interpret and construe the plans in all respects in order to resolve all appeals and disputes under the plans and, where applicable, to adjudicate all appeals of benefit denials or eligibility.

In connection with your review, you have the right to:

- See plan documents and any other documents and information affecting your claim.
- Present in writing any arguments that you may have against the denial.
- Have a representative act on your behalf.

The decision on review shall be in writing and shall be made within 60 days of the day the plans' appeal review bodies receive the request for review; however, the appropriate reviewing body may request up to 120 days to review the case and reach a decision. The decision shall include specific reasons for the denial, be written in a manner understandable to you, contain specific reference to the pertinent plan provisions on which the decision was based, and be considered as being issued with the approval of the plan administrator.

If a claimant does not file a written appeal in the manner and within the times set forth, the claimant will have waived all benefits under the plan except as may be set forth in the claim denial. This procedure is the exclusive means for settling disputes under the plans.

## Appeal Review Bodies

Plan	Where To Send Request:	Appeal Review Bodies
Extended Health	Manulife Financial 2 Queen St. East Toronto, ON M5W 4Z2	Plan Administrator
Life Insurance (Basic & Supplemental), AD&D	RBC Insurance Customer Care Centre 4438 Stn A Toronto, ON M5W 5Y8	RBC Insurance
Long-Term Disability	RBC Insurance Customer Care Centre 4438 Stn A Toronto, ON M5W 5Y8	RBC Insurance

Your appeal must state the grounds for your claim and include all arguments and documents on which you intend to rely in asserting your appeal.

# Definition Of Terms

Some terms used in this *Enterprise Benefits Summary Plan Description* may be unfamiliar to you or may have specific meaning when used to describe the Enterprise Holdings Benefits Plan. These definitions are provided to ensure a mutual understanding of key terms. For terms related to the Employee Assistance Program, see page 25.

**Active Employment** — Working for earnings that are paid regularly and performing the material and substantial duties of your regular occupation. You must be working at least the minimum number of hours as described under eligible groups in each plan.

Your work site must be one of the following:

- Your employer’s usual place of business
- An alternative work site at the direction of your employer, including your home
- A location to which your job requires you to travel

Normal vacation is considered active employment.

Temporary and seasonal workers are excluded from coverage.

**Annual Enrolment Period** — A period of time that follows the initial enrolment period during which eligible persons may enroll in the plan or make changes for themselves and dependants under the plan. Enterprise Holdings will determine the Annual Enrolment period.

**Benefit Percentage (Co-insurance)** — The percentage of Covered Expenses which is payable by the Employer.

**Chronic Care Facility** — A legally licensed institution, including the chronic care beds of a Hospital, which is eligible to receive payments under a provincial hospital plan, and which:

- Operates primarily to provide care for the chronically ill
- Requires that every patient be under the care of a Physician
- Provides 24-hour nursing services by registered nurses
- Is not primarily operated as a maternity home, a nursing home or a place for rest, or for the care and treatment of the aged, the blind, the deaf, the mentally ill, Drug addicts, or alcoholics
- Is not primarily providing custodial care

**Covered Expenses** — The expenses specified are covered to the extent that they are reasonable and

customary, as determined by Manulife Financial, provided they are:

- Medically necessary for the treatment of illness or injury and recommended by a physician
- Incurred for the care of a person while insured under this Group Benefit Program
- Reasonable taking all factors into account
- Not covered under the Provincial Plan or any other government-sponsored program
- Legally insurable

**Note:** The term illness as used above does not include infertility.

These Expenses are covered to the extent that:

- They are Reasonable and Customary, as determined by the Administrator or the Employer
- They are not covered under the Provincial Plan or any other government-sponsored program
- They can legally be covered

All Extended Health Care Benefits are paid as if the person were covered under the Provincial Plan.

**Covered Person** — Either the employee or an enrolled dependant, but this term applies only while the person is enrolled under the plan. References to “you” and “your” throughout this SPD are references to a covered person.

**Deductible** — The amount of Covered Expenses that must be incurred and paid by you or your dependants before benefits are payable by Manulife Financial.

**Eligible Dependants** — Your eligible dependants are those who meet the following criteria:

1. Your spouse: A person married to an employee by virtue of a religious, civil marriage ceremony, or civil union. A partner (including same-sex) living in a conjugal relationship with the employee for at least 12 consecutive months will be deemed eligible if the employee has submitted the necessary documentation; and with respect to RAMQ drugs for province of Quebec residents, an individual has to have been living with the employee for a period of at least 12 consecutive months or has a child from the relationship if earlier than 12 consecutive months.
2. Your dependant child: An unmarried dependant child age 23 years of age and under (26 years of age and under if regularly attending school with respect to RAMQ drugs for Quebec residents) and those of your spouse or properly established

common law (or de facto) spouse/partner which may include any of the following:

- A natural child,
  - A stepchild,
  - A legally adopted child, a child placed for adoption,
  - A natural child or adopted child of an eligible common law (or de facto) spouse/partner, or a child for whom legal guardianship has been awarded to you or your spouse or common law (or de facto) spouse/partner and about whom either of the following applies:
    - You can claim the child as a dependant on your income tax return.
    - You are required to provide Extended Health coverage for the child through a court or administrative order.
3. Your incapacitated child: An incapacitated child over age 23, if the child became incapacitated prior to age 23, remains incapacitated, and:
- Has not been married;
  - Cannot support himself or herself due to mental or physical handicap;
  - Depends on you for support and care; and
  - Can be claimed as dependant on your federal income tax return.

If your child is incapacitated, you must notify your group/region Human Resources department and provide documentation within 31 days of the end of the calendar year in which your child reaches 23 years of age to apply for continued coverage. Enterprise Holdings retains the ability to have an incapacitated child examined at any time and at reasonable intervals to validate the child's continuing incapacity.

4. Children of divorced or separated parents: If you are legally divorced or separated (under a decree or written separation agreement), you may cover your natural or adoptive child as a dependant until the child reaches age 23.

**Dentist** — A doctor of dentistry, licensed to practice dentistry in the place where the services are provided.

**Drug** — A medication that has been approved for use by the Federal Government of Canada and has a Drug Identification Number.

**Drug Dispensing Fee** — Of the total prescription drug cost, that portion charged for the pharmacist's professional services for filling a prescription.

**Drug Dispensing Fee Maximum** — The maximum amount that is covered under this Plan Document for a Drug Dispensing Fee.

**Dynamic Therapeutic Formulary** — A listing of all drug products and diabetic supplies which qualify for payment under ESI Canada Inc.'s Dynamic Therapeutic Formulary (DTF).

The Formulary, compiled and maintained by ESI Canada Inc., includes all drug products and diabetic supplies eligible for reimbursement, available strengths and dosage forms, the drug identification numbers, and the cost for each product.

**Employee** — The employee is the person (who is not a dependant) on whose behalf the plan is established. Employees include only the common-law employees of Enterprise Holdings. Independent contractors, consultants, and leased employees are not considered employees of Enterprise Holdings. If such persons are ultimately found to be employees as a result of the actions of an administrative agency or court of law, they will still not be employees under these plans and will not be eligible for coverages or to participate.

**Experimental or Investigational** — Not approved or broadly accepted and recognized by the Canadian medical profession, as an effective, appropriate and essential treatment of a sickness or injury, in accordance with Canadian medical standards.

**Hospital** — A legally licensed institution which is operated for the care and treatment of sick and injured persons as in-patients, and which:

- Is eligible to receive payments under a provincial hospital plan;
- Provides organized facilities for diagnosis, major surgery, or rehabilitation;
- Provides 24-hour nursing service by registered nurses, and has a Physician in regular attendance;
- Is not primarily operated as a nursing home or a place for rest, or for the care and treatment of the aged, the blind or deaf; and
- Is not primarily operated as a place for the care and treatment of alcoholics, drug addicts, or the mentally ill, unless the institution is eligible to receive payments under a provincial hospital plan.

For the purpose of this Plan, the chronic beds of a Hospital are not considered to be part of that Hospital.

**Hospital Services in Canada** — Hospital charges in excess of the charges for standard Ward accommodation, up to the Hospital maximum shown in the Benefit Schedule, provided:

- The covered person was confined to Hospital on an in-patient basis; and
- The accommodation was specifically elected in writing by the covered person.

**Initial Enrolment Period** — The initial period of time, as determined by the plan administrator, during which

eligible persons may enroll themselves and their dependants under the plan.

**Injury** — Bodily damage other than sickness, including all related conditions and recurrent symptoms.

**Leave Of Absence** — A temporary absence from active employment for a period of time that has been agreed to in advance in writing by Enterprise Holdings. Your normal vacation time or any period of disability is not considered a temporary layoff or leave of absence.

**Licensed, Certified, Registered** — the status of a person who legally engages in practice by virtue of a license or certificate issued by the appropriate authority, in the place where the service is provided.

**Life Insurance Benefit** — The total benefit amount for which an individual is insured under this plan, subject to the maximum benefit.

**Life-Sustaining Drugs** — Drugs which are necessary for the survival of the patient.

**Medical Emergency** — A Medical Emergency is a sudden, unexpected injury which occurs or an unforeseen illness which begins while an insured person is travelling outside his province of residence and requires immediate medical attention. Such emergency no longer exists when, in the opinion of the attending physician and supporting medical evidence, the insured person is stable enough to return to his or her province of residence.

**Medically Necessary** — Broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury, in accordance with Canadian medical standards.

**Medical Services and Supplies** — For all medical equipment and supplies covered under this provision, Covered Expenses will be limited to the cost of the device or item that adequately meets the patient's fundamental medical needs.

**Out-of-Pocket Maximum** — The portion of eligible expenses, including the Employee's portion of the Benefit Percentage, which must be paid out by the Employee before the plan will pay 100%.

**Physician** — A doctor of medicine, licensed to practice medicine in the place where the services are provided.

**Private Duty Nursing** — Services which are deemed to be within the practice of nursing and which are provided in the patient's home by:

- a registered nurse; or
- a registered nursing assistant (or equivalent designation) who has completed an approved medications training program.

Charges for the following services are not covered:

- service provided primarily for custodial care, homemaking duties, or supervision;
- service performed by a nursing practitioner who is an Immediate Family Member or who lives with the patient
- service performed while the patient is confined in a hospital, a nursing home, or any similar institution; and
- service which can be performed by a person of lesser qualification, a relative, friend, or a member of the patient's household.

The Employer suggests that a detailed treatment plan be submitted with cost estimates before Private Duty Nursing services begin. The Administrator will then advise the Employee of any benefit that will be provided.

**Provincial Plan** — Any plan which provides hospital, medical, or dental benefits established by the government in the province where the covered person lives.

**Reasonable and Customary** — Within the usual range of charges being made by others of similar standing in the area in which the charge is incurred when providing the same or comparable services or supplies.

**Sickness** — Physical illness, disease, or pregnancy. The term sickness as used in this benefits summary does not include mental illness or substance use disorder, regardless of the cause or origin of the mental illness or substance use disorder.

**Spouse** — The Employee's legal spouse, or the person who has, for at least 12 months, been continuously living with the Employee in a role like that of a marriage partner. Only one Spouse will be eligible for benefits under this Plan, and will be as indicated by the Employee on his application for benefits under this Plan. Where this information is not contained on the Employee's application, the person who qualifies last under this Plan's definition of Spouse will be the eligible Spouse.

**Ward** — A hospital room with 3 or more beds which provides standard accommodation for patients.

# Plan Administration

This document constitutes the summary plan description, as may be required by law, for the following plans:

- Extended Health Plan (includes Medical, Dental, and Prescription Drug)
- Enterprise Holdings, Inc. Life and Accidental Death & Dismemberment Plan
- The Crawford Group and Enterprise Holdings, Inc. Long-Term Disability Plan
- Employee Assistance Program for Employees of Enterprise Holdings, Inc.

As this is a summary, these benefits are all subject to the terms of the full plans.

This document is not the summary plan description for the Registered Retirement Savings Plan or the Deferred Profit Sharing Plan. Separate documents that constitute the official summary plan descriptions will be provided to you when you become eligible to participate in those plans. The information contained in this book for those plans merely describes the plans' operation and does not provide all information as may be legally required in an actual summary plan description.

Following is important information about the administration of your Enterprise Holdings benefit plans.

## Employee Rights Not Implied

Your participation in the plans does not give you the right to be retained in employment with the company, nor does it interfere with the right of the company to discharge or terminate you without regard to the effect that the discharge or termination would have on your rights under these plans.

## Maximum Time Within Which To Bring An Action

The Extended Health, life insurance, AD&D, and long-term disability plan documents (i.e., insurance policies) contain provisions that describe and limit the right of participants and beneficiaries to, and the time within which they may, bring suit for recovery of benefits. Participants and beneficiaries must consult these policies and plan documents prior to bringing any action or lawsuit for recovery of benefits or other relief.

## Plan Administrator And Named Fiduciary

Enterprise Holdings is the named fiduciary for all of the plans. The plan administrators for all of the benefit plans described have been delegated the right and discretion to take all actions necessary to administer and operate the plans as well as to interpret them, as noted on page 66 for the appeal review bodies.

The administrators may make any rules and adopt any procedures they determine appropriate to operate the plans, and they may hire consultants as they determine may be necessary and they (as well as the appeal review bodies) may delegate their duties as they see fit.

## Plan Year

The plan year runs from January 1 through December 31.

## Plan Funding

Enterprise Holdings pays all insurance premiums under the life, AD&D and long-term disability plans as well as for the EAP/WorkLife Services plans.

With several exceptions, Enterprise Holdings pays all administrative costs for all plans.

## Right To Amend, Modify, Revoke Or Terminate The Plans

Enterprise Holdings intends that all the plans described in this book will continue indefinitely but reserves the right to amend, modify, revoke, or terminate the plans in whole or in part at any time. Except where stated in writing in this document, no rights exist under or with respect to any of the plans described, except as specifically provided in the plan documents themselves. No representation from any person may alter any plan unless properly incorporated into the documents or in a properly approved amendment.

No rights to any benefits under the company's Extended Health, life, accidental death and dismemberment, and long-term disability insurance programs are ever vested and may be changed or eliminated at any time.

## Disclosure, Use And Protection Of Personal Information

By their very nature, the administration of insurance plans and adjudication of claims for benefits can require that you disclose personal information (including but not limited to medical and financial information) relating to yourself, your spouse, your dependants, and your beneficiaries. It also can require that such information must be exchanged between your employer and the relevant insurance companies. The collection, disclosure or use of your personal information by Enterprise Holdings Groups shall only occur as necessary to perform their necessary roles in the administration of adjudication of the plans and your claims for benefits. Your benefits information will be retained in a secure location, and shall only be accessible as necessary by those with responsibility for administration or adjudication. You may ask to see the benefits information by making an appointment to do so with your group Human Resources department. Any necessary corrections to your information will be made upon you providing proof of the correct information.

# Situations Affecting Your Benefits

Enterprise Holdings Extended Health plan is designed to help pay the costs of your health care and your family's health care. However, there are some situations that could affect your benefits. These situations are summarized here.

- If you stop making any required contributions for you and your family, coverage will end.
- If you have a qualifying life-changing event, you can change your coverage elections by completing the notification and enrolment processes previously described.
- If your dependants are no longer eligible, their coverage will end.
- If you are no longer eligible for coverage, coverage terminates as described *When Coverage Ends* on page 19.

## Recovery Of Settlements, Reimbursement, And Subrogation

If you are, for example, injured by another person and obtain any recovery as a result, then you must reimburse the plan and Enterprise Holdings for medical expenses paid for such injury or illness.

If you or a covered dependant receives benefits for Extended Health, including medical, dental, or vision discount program or other expenses or disability benefit payments that were incurred (or made) because of any illness or injury for which another person or that person's insurer (or your insurer) is or may be responsible for causing or for payment and you or your dependant obtains any recovery as a result of or related to your injury or illness, then you or your covered dependants must reimburse the plan for benefits paid as a result of that injury or illness to the extent of your recovery. The intent here is to ensure that the plan is reimbursed for treatment paid because of illnesses or injuries for which others may be responsible and to prevent double recoveries.

It makes no difference whether a recovery is obtained by lawsuit, arbitration, settlement or otherwise. And the rule applies to the total recovery

obtained (regardless of how it is described and whether it includes payments for medical expenses, pain and suffering, lost wages, punitive damages, compensatory damages, lawyers' fees, etc.), unreduced by any expenses to the extent that the recovery in any way relates to the injury or illness suffered.

If a claim is brought for any recovery, it must include a demand for reimbursement of plan benefits. Also, the plan may bring its own claim and is "subrogated" to your and your dependants' rights if you do not bring a claim or the plan decides to make a claim. You must avoid doing anything to harm the plan's right of recovery and must execute any documents and take any actions necessary to preserve the plan's rights and assist in recovery.

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# 2012 Benefit Coverage Periods

(Biweekly Paycheques)

Each benefit coverage period is color-blocked.

Paycheque dates are in dark boxes.

January

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

March

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

# Basic Life/Optional Life/AD&D Beneficiary Designation Form

(Full-time employees only)

If you wish to remove any beneficiaries currently on file, please complete a new form. Any strike-throughs or similar alterations to the original form will deem it invalid.

In accordance with the conditions of the Enterprise Holdings Group Policy No. 373147-004, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following:

### Primary Beneficiary Designation

Beneficiary Name/Name of Trust(ee)*	Address (Street, Province, Postal)	Date of Birth (DD-MON-YYYY)	Gender (M or F)	SIN	% of Benefit

If you list multiple beneficiaries but fail to list the percent of benefit, payment will be made in equal shares or all to the survivor(s).

100%

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies):

### Contingent Beneficiary Designation

Beneficiary Name/Name of Trust(ee) *	Address (Street, Province, Postal)	Date of Birth (DD-MON-YYYY)	Gender (M or F)	SIN	% of Benefit

If you list multiple beneficiaries but fail to list the percent of benefit, payment will be made in equal shares or all to the survivor(s).

100%

\*Trust(ee) Designation - For designations to a Trust(ee), please provide the following information:

Name of Trust: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Trustee: \_\_\_\_\_ Date Trust Executed: \_\_\_\_\_

If no primary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as stated in the Group Policy.

Note: The primary beneficiary(ies) and contingent beneficiary(ies) (if any) designated on this form will be the same for Basic Life, Optional Life and AD&D. No beneficiary designation is required for dependent life since the employee is always the beneficiary.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD-MON-YYYY)

Print Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Return this completed form to your Human Resources department.  
Please keep a copy of this form for your records.

## GENERAL BENEFICIARY INFORMATION

### Basic Life/Optional Life/AD&D

Complete this Basic Life/Optional Life/AD&D Beneficiary Designation Form to designate your primary and contingent beneficiaries for Basic Life and AD&D and, if you are enrolled, your Optional Life. Return this completed form to your Human Resources department.

It is important that you review your beneficiary designation periodically to ensure that the beneficiary information you supplied is up to date. You may change or revoke your beneficiary designation at any time by completing a new Basic Life/Optional Life/AD&D Beneficiary Designation Form. The Basic Life/Optional Life/AD&D Beneficiary Designation Form is available at [YouDrive.EnterpriseHoldings.com](http://YouDrive.EnterpriseHoldings.com) or from your Human Resources department.

You may find the following definitions helpful in completing your Basic Life/Optional Life/AD&D Beneficiary Designation Form.

**Primary Beneficiary:** Your primary beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

**Contingent Beneficiary:** Your contingent beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds if your primary beneficiary(ies) (see definition above) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

**\*Trust(ee) Designation:** If you plan to have the insurance proceeds distributed through a Trust, you should complete this section with the appropriate information. Your Trust(ee) will be held fully responsible for the application for and disposition of the insurance proceeds.

**This section should only be used if you have a legally drawn inter vivos trust agreement or an appropriate Trust(ee) is designated under your Last Will and Testament. If you complete this section, do NOT complete the Primary or Contingent Beneficiary sections.**

### Retirement Savings Plan

To designate a beneficiary(ies) for your RRSP & DPSP accounts, you will need to log on to Manulife Financial at [www.manulife.ca/GRO](http://www.manulife.ca/GRO) and download a Change Form. Choose 'Plan Members', select 'Your forms and downloads' from the left menu, then print and complete Section 3 of the form and return in to Manulife. If in the future you have a life-changing event (marriage, divorce, birth of child, death of family member), you have the ability to update your beneficiary designations by completing and submitting a new Change Form at any time. If you have any questions concerning beneficiary designations, please contact Manulife Financial at 888-727-7766.

# MY IMPORTANT INFORMATION

Employee Numbers:

"E" ID: E _____	PeopleSoft ID: _____	Alternate ID: 570 _____	Other:
I use this number for: <ul style="list-style-type: none"> <li>• PC logon</li> <li>• Odyssey</li> <li>• Online discount page</li> <li>• Online employee magazine</li> <li>• Workbrain</li> </ul>	I use this number for: <ul style="list-style-type: none"> <li>• For internal HR use</li> </ul>	I use this number for: <ul style="list-style-type: none"> <li>• Extended Health/Dental</li> <li>• Pay Direct Drug Card</li> </ul>	I use this number for:
I can find this number:	I can find this number: Paycheque	I can find this number:	I can find this number:

Group:	Branch:	Area:
Branch address:		Branch phone number:
Phone ext:	E-mail address:	

## WHO TO CONTACT

Supervisor or manager (name and phone number) \_\_\_\_\_

Human Resources manager (name and phone number) \_\_\_\_\_

Payroll contact (name and phone number) \_\_\_\_\_



## Emergency Notification System (ENS)

The Emergency Notification System (ENS) tool allows us to get critical information to employees via mobile phone (voice or text) or email during a wide variety of emergencies. Examples of these emergencies are such things as natural disasters, environmental hazards, security breaches and other instances that could put employees' personal safety at risk. In the event of an emergency in your local area, your group management may activate the Emergency Notification System to provide employees with information about the incident and any specific instructions. Examples of this would be such things as: Building Closed, Delayed Start Time, Building Evacuation, or Call Your Manager.

Any messages sent through the Emergency Notification System will appear on caller ID on landlines as EH Urgent and on mobile devices as 615-312-8171. We suggest saving this number in your cell phone address book so you will quickly recognize it in the event of an emergency. Please listen to any communication you receive from these accounts in their entirety.

To insure that you can be contacted by your group during an emergency, you should verify that Human Resources has your most current personal information (such as phone numbers and email) in PeopleSoft HR.

## Enterprise Holdings Employee Crisis Response

Enterprise Holdings has always made taking care of its employees a top priority. This support exists not only through good times, but also when unforeseen challenges arise. To help employees during a natural or man-made disaster, the company has implemented three communication vehicles:

- The You Drive Web site that will give updated information regarding a crisis
- The Enterprise Holdings Employee Crisis Response phone lines
- The Crisis Response email address

Employees are encouraged to keep the phone numbers and email address below with them at all times in the event of a major disaster.

## Crisis Response Contact Information

**North American Employees should call:  
877-ERAC-911 (877-372-2911)**

**European Employees should call:  
0-0800 ERAC HELP (0-0800 3722 4357)**

**Email address: ERAC911@erac.com**

## Examples when employees should call

- If affected by a widespread natural disaster (hurricane, tornado, earthquake, flooding or other severe weather conditions)
- Terrorist threats or attacks
- Other significant disasters or emergencies (power outages, riots, wildfires)

## How Enterprise Holdings will help

- Provide 24/7 support to receive employee disaster-related calls
- Communicate employee well being or safety to groups in support of their efforts
- Provide access to and restore employee pay and benefits
- Provide housing/work arrangements as appropriate
- Provide hardship/financial assistance as appropriate