UNIVERSITY of GUELPH

UGFSEA (UNIT 2)
GROUP BENEFITS

Table of Contents

About This Booklet 3
Privacy Statements 3
University of Guelph's Commitment to Protecting your Privacy 3
Introduction 4
A Quick Look at the Program 6
Things You Should Know 7
Extended Health Care 9
Dental Care 18
Long Term Disability 22
Life Insurance 26
Other University Benefits 28

Last Revised: October 2026

About This Booklet

This booklet summarizes your coverage under the University of Guelph group insurance benefit plans insured by Sun Life Assurance Company of Canada (Sun Life) as of June 2023. Its contents can also be viewed on the Human Resources Benefits webpage. This booklet does not contain all of the plan provisions. Other conditions or limitations may apply which may affect eligibility for benefits. Additional details are in the insurance contracts, which will govern if there is a question of interpretation of information. The insurer, Sun Life, determines what is considered to be a reasonable and customary expense in accordance with the insurance policy and common practices.

Privacy Statements

Sun Life's Commitment to Protecting your Privacy

Collecting personal information about you is essential to Sun Life's ability to offer you high quality insurance products and to provide you with ongoing service. Sun Life takes great care to keep your personal information confidential and secure.

Sun Life's Policy sets high standards for collecting, using, disclosing, and storing personal information. Sun Life's Canadian Privacy Policy is complemented by Sun Life's Privacy Code and by procedures to manage your personal information.

If you have any questions about Sun Life's Canadian Privacy Policy and Privacy Code, please contact Sun Life's Canadian Privacy Officer at (416) 408-8850 or by email.

Sun Life requires their external partners to abide by the legislation of their jurisdiction, as well as with Sun Life's Privacy Policy and Canada's federal privacy legislation.

University of Guelph's Commitment to Protecting your Privacy

The University has instituted measures to protect the personal privacy of those who work, study and have studied here. The regulation of the collection, storage, utilization, and dissemination of personal information concerning its members is part of the University's ongoing effort to ensure that decisions concerning individuals are based on accurate information, that information gathered for one purpose is not used inappropriately for another, and that the privacy of individuals is not invaded through disclosure of sensitive information to third parties without the necessary approvals.

For more information, please refer to the complete University Statement on Protection of Privacy and Access to Information webpage.

Introduction

Your benefits represent an important part of your overall compensation at the University of Guelph.

Your University of Guelph Benefits

- provide day-to-day protection against health and dental costs;
- protect your income if an illness or injury prevents you from working; and
- offer your survivors a degree of financial protection in the event of your death.

Developing a sound understanding of your benefit plans will help ensure that you receive maximum value. Be sure to share the information with your family and keep this booklet for future reference.

This booklet summarizes the coverage available to eligible employees. Log into your Gryphons At Work account to update your Benefits information. Instructions and support are available at the Gryphons At Work Knowledge site.

Extended Health Care and Dental Care claim forms are available online at the Sun Life's Plan Member Services webpage. Sign in with your Access ID and password. Then click on **Print Claim Form.**

How to Contact Sun Life

If you have any questions concerning an Extended Health Care or Dental Care claim, please contact Sun Life at **1-800-361-6212**, or by email.

If calling from outside of Canada for non-emergency issues, you may call the International Toll Free number: 800-9876-5470 (prefaced by the appropriate international access code).

Representatives are available to assist you Monday to Friday between the hours of 8a.m. and 8 p.m. Eastern Standard Time. You will be required to provide the policy number, 82010, your name, and member ID (employee number), as shown on your Sun Life pay direct drug card. For information about other benefits please contact Human Resources.

Access to Your Extended Health Care and Dental Care Benefits is Easy on the Internet

Sun Life's Plan Member Services webpage makes it easy to access the benefits information you need. Here are some of the things you can do:

- Check when you are eligible for your next pair of eyeglasses or next dental exam.
- Sign up for direct deposit of your claims' payment to your bank account.
- To help you track your claims, you can view and print details of your medical and dental claims information.
- Sign up for e-mail notification to let you know when a claim has been processed.
- View informative "Benefit Bulletin online" – both current and past issues.
- Determine if a specific drug is eligible for coverage (query using Drug Identification Number (DIN), the drug name, or keywords associated with the drug).
- Print a wallet card so you have the emergency travel assistance contact numbers when you are away.
- Print a personalized pay direct drug card.
- Download personalized medical and dental claim forms leaving less information for you to complete.
- Use the Health & Medication Library in the Wellness Centre to find out accurate, up-to-date information about medical conditions and medications.

Register online for your Access ID and password. Have your policy number (82010) and employee number ready.

Your Personal Data

To administer your benefits as accurately as possible, Human Resources needs to have your most current information on file. It is your responsibility to ensure that your Gryphons At Work profile accurately reflects your own and your dependents' information. For example, updates would be required whenever you have a:

- change in coverage for you or your dependents under your spouse's insurance policy;
- change of dependents;
- change of address;
- change of name;
- need to change your life insurance beneficiary;
- dependent child who needs coverage extended beyond age 21 due to disability or full-time student status; and
- dependent over the age of 21 complete their full-time studies.

A Quick Look at the Program

The table below summarizes the group benefits available to eligible employees of the University of Guelph. Refer to the following pages for a more complete description of each benefit.

Benefit	Description
Extended Health Care	▪ prescription drugs ▪ semi-private hospital ▪ vision care expenses ▪ medical services and equipment ▪ paramedical services ▪ out-of-province emergency medical coverage and travel assistance
Dental Care	Based on prior year's dental association fee guide in the province where the expense is incurred ▪ 100% of costs for preventive dental services (e.g., routine examinations, X-rays, basic dental procedures) up to $2,500 per person, per calendar year ▪ 67% of costs for restorative services (e.g., crowns, bridgework, dentures) up to $2,500 per person, per calendar year ▪ 67% of costs for orthodontic services up to $2,500 per person, per lifetime (Orthodontics are not covered under the retiree Dental Plan)
Long Term Disability	▪ 90 day elimination period ▪ $66^{2/3}$% of basic monthly earnings, to a maximum of $6,000 per month ▪ during the first four months, an additional benefit of $13^{1}/3$% of basic monthly earnings ▪ LTD benefits end at age 65 ▪ Ltd benefits for Temporary full-time and part-time employees are also limited to a maximum benefit period of 5 years
Life Insurance *	**Regular full-time employees:** ▪ Your choice of 2 or 3 times basic annual earnings (rounded to next higher $1,000) to a maximum benefit of $1,300,000 **Temporary full-time and part-time employees:** ▪ 1 times basic annual earnings (rounded to the next higher $1,000) to a maximum benefit of $25,000 Group Life Insurance coverage ceases at the end of the semester following the date you reach age 65.

*Coverage for employees who have elected Life insurance of 1 times basic annual earnings including a Survivor Income Benefit or other previously available life insurance coverage, will continue until the end of the employee's appointment (subject to Life Insurance policy provisions).

Things You Should Know

Eligibility

Regular full-time employees are eligible for the full group benefit program upon becoming actively employed.

Temporary full-time and part-time employees with appointments of more than six months, and with a workload of 35% or more, are eligible for Life Insurance and Extended Heath Care.

Temporary full-time and part-time employees with appointments of more than six months, who have a current workload of 51% or more, are eligible to participate in the Dental and Long Term Disability plans upon completion of two years of service in appointments with a 35% or greater workload.

Life Insurance benefits are available to employees until the end of the semester following the date you reach age 65. Long Term Disability benefits are available to employees under the age of 65.

Eligibility for part-time employees is also subject to the provisions of employee group agreements or collective agreements. Log into your Gryphons At Work account to update any eligible Benefits information. Instructions and support are available at the Gryphons At Work Knowledge site.

Your Extended Health Care insurance through the University depends on you maintaining your Provincial Health coverage If you plan to leave the country for more than 212 days, you must apply to the Ministry of Health and request that your Provincial Health Insurance be continued throughout your leave.

Continuation of Group Benefits into Retirement

If you retire from the University with a minimum of 10 years of service and elect to receive all pension entitlements (UPP and Pre-Conversion) in the form of an immediate monthly pension, you will be provided with the option to continue Extended Health and Dental coverage into retirement, on a premium sharing basis. Your eligibility for post-retirement benefits is also subject to the provisions of your employee group agreement and/or your collective agreement. If you were hired by the University on April 1, 1997, as a result of the Ontario Ministry of Agriculture Food and Rural Affairs divestment and have 10 or more years of service with the Government of Ontario, you will receive retirement health and/or dental benefits from the Government of Ontario plan, instead of the University.

Enrolment in the Retiree Extended Health and Dental plans must be confirmed a minimum of 20 days prior to your retirement to ensure no gap in coverage, but no later than 31 days after retirement. Failure to present your retiree benefit elections within 31 days of retirement makes you ineligible for retiree benefits in any form.

Coverage for Dependents

You must enroll new dependents within 31 days of their date of eligibility. After that date, the dependent is considered a late entrant and enrolment is subject to Sun Life's approval. Late entrants must submit evidence of insurability for Extended Health Insurance and be subject to limitations on Dental Insurance.

Your eligible dependents for the Extended Health Care and the Dental Care plans include:

- the person who is married to you, or who cohabits with you in a continuing conjugal opposite or same-sex relationship;
- your unmarried dependent children under age 21, or age 25, if a full-time student; or
- your unmarried dependent children, who are physically or mentally incapable of self-support and dependent on you for financial support, provided they became or were disabled while eligible as dependent children AND adjudicated and approved as disabled by the insurance carrier while still eligible as a dependent child.

It is your responsibility to ensure that you input any changes to the Gryphons At Work site, and

your profile remains updated. For continuation of dependent coverage due to disability, the appropriate forms will be sent to you for completion once you have made the required changes in Gryphons At Work. Please note that support for continued coverage is contingent upon approval from the underwriters at Insurer once the completed forms have been received within the expected timelines.

See pages 14 and 18 to find out how to coordinate coverage if you or your dependents are covered under more than one benefit plan.

Is Participation Mandatory?

If you are a regular full-time or temporary full-time employee, participation in the Life and Long Term Disability benefits is mandatory. Employee participation is also mandatory in the Extended Health Care and Dental Care benefits, unless you provide proof of comparable coverage through a spouse's plan or other plan.

If you are a part-time employee, your participation in the benefit plans is voluntary.

For non-mandatory benefit participation, enrolment must occur within 31 days of member's date of eligibility. After that date, members are considered a late entrant and enrolment is subject to Sun Life's approval. Late entrants must submit evidence of insurability for Extended Health Insurance and be subject to limitations on Dental Insurance.

Special Conditions When Adding or Changing Level of Coverage

Life Insurance

If you are a regular full-time employee, you may change your level of Life Insurance within 31 days of acquiring a dependent, (e.g. marriage, birth of child) without providing any medical evidence.

Regular full-time employees may increase their level of Life Insurance from 2 times salary to 3 times salary at any time if they provide Sun Life with the required medical information and if Sun Life approves the request. The increase takes effect on the date of Sun Life's approval.

Dental Care

If you or your eligible dependents enroll in the plan after more than 31 days of the date of becoming eligible or of losing comparable coverage for Dental Care, the maximum amount payable for eligible expenses incurred during the first 12-months of coverage will be limited to $250 for each insured person.

Part-Time Employees

If you are part-time employee eligible for participation in the University's insurance plans, and you wish to enroll after your initial date of eligibility, you will have an opportunity to do so once every two years on the anniversary of your initial date of eligibility. For Life Insurance, Long Term Disability or Extended Health Care, your coverage will be subject to Sun Life's approval and takes effect on the date of approval. You will be required to provide Sun Life with medical evidence of your insurability. For Dental Care the maximum amount payable for eligible expenses incurred during the first 12-months of coverage will be limited to $250 each insured person.

Who Pays for the Plans?

The University pays the full premium for Extended Health Care, unless you work less than 75% of a normal full-time workload, in which case you will share premiums with the University.

You and the University share the premium of Dental, Long Term Disability and Life Insurance benefits.

Keeping Track of Expenses

Your coverage under some of the group insurance plans is limited to specific dollar maximums. You are responsible for paying any expenses that exceed the maximums covered by the plans.

Termination of Benefits

Your coverage for benefits ends when you no longer satisfy eligibility requirements, or if the University or the insurer terminates the policy.

Extended Health Care

Sun Life Policy# 82010

The University of Guelph's Extended Health Care Plan builds on the protection provided by Provincial Health Insurance.

What is Covered?

The University plan covers 100% of the **reasonable and customary** cost of many services and supplies that are not covered under Provincial Health Insurance. In most cases, eligible expenses are covered anywhere in the world, and must be medically necessary and prescribed by a licensed physician or dentist. Certain drugs prescribed by other qualified health professionals as permitted by provincial legislation, will be reimbursed in the same way as if the drugs were prescribed by a physician or a dentist.

For claims originating in Canada, coverage is limited to the general level of charges in the area where the expense is incurred. You must be covered by Provincial Health Insurance before you can participate in the University's Extended Health Care Plan.

Contact Sun Life directly if you require clarification about your Extended Health coverage.

Covered services and supplies include:

Prescription Drug Benefit

The plan pays for the reasonable and customary cost of drugs, except for any portion of the pharmacy's dispensing fee that exceeds $6.50 per prescription, provided the drugs are dispensed by a licensed and registered pharmacist. Reimbursement is limited to the cost of the lowest-priced generic drug unless the physician or dentist specifies no substitution on the prescription.

Covered expenses include:

- drugs that legally require a prescription;
- life-sustaining drugs;
- prescribed injectable drugs; compounded prescriptions (where at least one of their active ingredients is an eligible expense); needles, syringes, and chemical diagnostic aids for the treatment of diabetes.

If you or a dependent incurs $450 or more in out-of-pocket expenses for the dispensing fees of eligible drugs during a calendar year, all future dispensing fees for eligible drugs for the remainder of the calendar year, will be fully reimbursed.

Other Drugs

The plan also pays the reasonable and customary cost, less the dispensing fee, for:

- certain drugs not legally requiring a prescription but deemed by Sun Life to have a known therapeutic value, provided the drugs are prescribed by a licensed physician, dentist, or other qualified health professionals as permitted by provincial legislation, and are dispensed by a licensed and registered pharmacist.

What is Not Covered by the Prescription Drug Benefit?

No benefits are payable for:

- the portion of expenses covered under Provincial Health Insurance;
- expenses for drugs which, in Sun Life's opinion, are experimental;
- expenses for dietary supplements, vitamins and infant foods; or
- expenses for drugs used for cosmetic purposes.

Hospital

- The difference in cost between standard ward and semi-private hospital accommodation, including accommodation in a convalescent

hospital. Coverage is limited to 180 days per injury or illness under the Retiree plan.

Vision Care

- Contact lenses or eyeglasses, necessary for correction of vision, prescribed by an optometrist or ophthalmologist, up to $350 per adult every 24 months, and every 12 months for dependents under age 12, based on the date your product is paid in full.
- Eye examinations conducted by an optometrist, once every 24 consecutive months.
- Eyeglasses or contact lenses, necessary as a result of a surgical procedure or treatment of keratoconus, provided they are prescribed by an ophthalmologist, $200 lifetime maximum for non-surgical treatment of keratoconus, and $200 lifetime maximum for each surgical procedure.

Nursing Services

- In-home services, covered up to the overall maximum of $25,000 per insured person per calendar year:
  - of a registered nurse (RN) or licensed practical nurse (LPN). To confirm the type and level of expertise that is needed, Sun Life will require your physician to complete a Referral Form and will assign a registered nurse to complete an in-home assessment. To obtain a Referral Form, please contact Sun Life; and
  - of a personal support worker (PSW), certified by a post-secondary educational institution with a personal support worker designation, only for the care of an insured dependent of an employee. The maximum eligible provincial, municipal, and other subsidized home care coverage must be applied for and completely utilized prior to obtaining coverage from a PSW under this plan. The dependents of an inactive member, such as a retiree, an employee on Long Term Disability or an employee on a leave of absence, and the surviving dependents of employees or retirees, are not eligible for coverage. Sun Life will evaluate your completed Referral Form, (form available from Sun Life), to determine the amount and level of coverage to be provided.
- Room and board and normal nursing care provided by a licensed nursing home or clinic, under the supervision of a physician, up to $20 a day. Your physician must complete a Referral Form, obtainable from Sun Life, to confirm your requirements. Sun Life will evaluate the completed Referral Form to determine the amount and level of coverage to be provided.

Paramedical Services

Services of the following licensed, registered paramedical practitioners. A physician's prescription, referral or letter is not required.

- **Chiropractors, osteopaths, and naturopaths**, limited to $20 a visit to a maximum of $300 per practitioner per calendar year, as long as no portion of the service is covered under Provincial Health Insurance; also, up to $15 per calendar year for one X-ray by a chiropractor or osteopath. For expenses to be covered, the osteopath must be a Doctor of Osteopathy, a physician with additional qualifications in osteopathy. An osteopath with only a Diploma in Osteopathic Manual Practice (DOMP) is not covered.
- **Podiatrists or chiropodists**, limited to $20 a visit for non-surgical services to a maximum of $300 per calendar year, as long as no portion of the service is covered under Provincial Health Insurance; also, up to $15 per calendar year for one X-ray.
- **Acupuncturists,** up to $300 per calendar year.
- Charges of a **dental surgeon**, including dental prosthesis, required for treatment of a fractured jaw or accidental injuries to natural teeth, caused by external, violent, and accidental means, provided the services are performed

within 12-months of the accident (excludes pre-existing conditions).

- **Massage therapists**, to a maximum of $30 per visit, up to 15 treatments per calendar year.
- **Psychologists**, up to $1,500 per calendar year. Counselling services provided by psychologists, psychotherapists, psychoanalysts, counsellors with a Master of Social Work, marriage and family therapists, or clinical counselors are covered provided they are licensed and registered by a recognized provincial governing body as defined by the benefits provider.

Services of the following licensed, registered paramedical practitioners. Prior to incurring a claim obtain a physician's prescription, referral, or letter.

- **Physiotherapists**.
- **Speech language pathologists**, up to $300 per calendar year. This benefit is not payable if the service is available for you or your family through a program offered by the Ministry of Health or other organization with government funding. Contact Sun Life in advance of incurring an expense, to determine if coverage is available.

Ambulance/Emergency Transportation

- Professional ambulance service to the nearest hospital equipped to provide required treatment.
- Emergency transportation, by regularly scheduled airline, rail or air ambulance, from the location of the disability, to and from the nearest hospital qualified to provide required treatment, if the patient's condition prevents use of other transportation. Coverage is limited to one return trip per calendar year. This includes the cost of licensed ground ambulance travel to and from the point of departure and, if the patient requires the services of a registered nurse during flight, the services and return air fare for a registered nurse.

Gender Affirmation Care

- Effective January 1, 2024 all University of Guelph Extended Health Coverage Plans now include SunLife's Gender Affirmation Care + Enhanced coverage. Additional information on annual and lifetime maximums can be attained by contacting SunLife directly at 1-800-361-6212.

Out-of-Province Referral Treatment

The following hospital and medical services are insured when not available in your province of residence, upon written referral from the attending physician in your province, and after deducting amounts payable under Provincial Health Insurance:

- public ward accommodation and auxiliary hospital services in a general hospital, up to $75 a day, for up to 60 days in a calendar year; and
- services of a physician, up to the level of physicians' charges in your province of residence.

Expenses incurred outside Canada for referral treatment are eligible only if the treatment is not available in any province in Canada.

Equipment and Other Medical Items

A physician's prescription is required for the following covered expenses. Sun Life may also request that a questionnaire be completed by your attending physician:

- **Orthotics** for the correction of deformity of bones and muscles, provided they are not solely for athletic use, and are prescribed by a physician, podiatrist, chiropodist, or chiropractor. The current reasonable and customary coverage allows for one pair of orthotics every 24 months (subject to a maximum); based on the date on which your orthotics are paid in full.
- **Orthopaedic shoes**, which are part of a brace or are specially constructed for the patient, including modifications to these. Coverage is limited to the reasonable and customary cost of one pair per calendar year for a patient 16 years of age or older. For a patient under age 16, coverage is limited to the total charges, less

the average cost of footwear as determined by the insurer, up to $75 per calendar year.

- **Hearing aids** and repairs, excluding batteries, up to $300 per person in any five-year period.
- Rental, or purchase, at the insurer's option, of a **wheelchair**, **hospital bed**, **iron lung**, **walker** and other durable equipment approved by the insurer; also, repair or replacement of a wheelchair, if deemed necessary by the insurer, no more than once every three years. Contact Sun Life prior to incurring an expense to confirm coverage.
- **Trusses, crutches, or braces**.
- **Artificial limbs** or other prosthetic appliances.
- Appliances for **temporomandibular joints**, up to $175 per calendar year.
- Blood **glucose monitors** for insulin-dependent diabetics, up to $150 for eligible expenses during a five-year period.
- **Elastic support stockings**, as prescribed by a physician or podiatrist, limited to two pairs and to a maximum of $250 in a calendar year.
- **Oxygen, plasma, or blood transfusions.**
- Diagnostic laboratory and X-ray examinations.
- **Deep X-ray** and **radium therapy**.
- 80% of the cost of **wigs** required as a result of alopecia universalis, chemotherapy or radiation therapy, up to $500 per 24 month period.
- Non-prescription supplies required as a result of a colostomy or for the treatment of cystic fibrosis, diabetes, or Parkinson's disease.

Out-of-Province Emergency Medical and Travel Assistance Benefits

You have emergency health care protection when travelling on vacation or business outside your province of residence, either within or outside Canada. However, some of the benefits listed below are only available while travelling outside Canada. While travelling please ensure you have with you, your Sun Life Travel Benefit and Medi-Passport emergency travel card as well as your Provincial Health card. The Travel Benefit and Medi-Passport emergency travel card is available on the Sun Life's Plan Member Services webpage or from the Human Resources Department at the University of Guelph.

Access to Travel Assistance Benefits

If assistance is needed due to a medical emergency, contact Global Excel Management immediately. Global Excel Management specializes in emergency medical assistance for travelers and can access a worldwide network of professionals who can offer assistance to you while you are travelling and can arrange for direct payment of eligible expenses.

When calling the 24-hour helpline, you will need to provide the Policy number (82010), and your employee (Certificate) number. The Policy number and employee (Certificate) number are contained on your Sun Life Travel Benefit and Medi-Passport card. You may also need to provide the Provincial Health Insurance Health Card number.

To contact the 24 hour helpline:

From Canada and USA: 1-800-511-4610

From elsewhere: 1-519-514-0351 (call collect through an international operator)

Global Excel Management will provide you and your insured dependents with the following emergency assistance services while travelling.

- Physician and hospital referrals.
- Ongoing monitoring of medical treatment, if a family member is hospitalized.
- Coordination of transportation arrangements, via ground or air ambulance, if it is medically necessary to return a family member to Canada, or to transfer this person to another hospital equipped to provide the required treatment.
- Payment assistance for hospital and medical expenses. See Travel Assistance Benefits section for more details.
- Legal referrals.
- Telephone interpretation service.
- A message service for you and your family, friends and business associates; messages will be held up to 15 days.

Benefits described in the following sections are available to you in the event of a medical emergency and they must be:

- incurred as a result of emergency treatment of a disease or injury which occurs while travelling on vacation or business outside your home province. Emergency means a sudden, unexpected occurrence (disease or injury) that requires immediate medical attention. This includes treatment (non-elective) for immediate relief of severe pain, suffering or disease which cannot be delayed until you or your insured dependent returns to your province of residence, and
- medically necessary.

Out-of-Province Emergency Medical Treatment

Eligible expenses while travelling outside your province of residence, within or outside Canada, include:

- semi-private room accommodation (when available) and auxiliary hospital services in a general hospital as described under the Hospital benefit section (page 6);
- services of a physician;
- economy air fare for the patient's return to his/her province of residence for medical treatment; and
- licensed ground or air ambulance service to the nearest hospital equipped to provide required treatment, or to Canada, when the patient's physical condition prevents the use of other transportation. If an emergency air ambulance is required, and the patient requires a registered nurse during the flight, the services and return air fare for the registered nurse are covered.

The maximum lifetime amount payable for eligible out-of-province Emergency Medical Treatment expenses is $1,000,000 for the member and for each insured dependent.

Medical expenses eligible under the Extended Health Care Plan are also insured while you are travelling outside of Canada, up to the same limits as in Ontario. For members who are on sabbatical leave or seconded to another University, coverage is limited to the general level of charges in the area where the expense is incurred.

Travel Assistance Benefits

Reasonable and customary charges for the following travel assistance benefits are insured if you have a medical emergency while travelling outside your province of residence.

Family assistance

- The combined maximum amount payable for these family assistance benefits is $5,000 for each travel emergency:
  - Return transportation for insured dependent children under age 16, or insured dependent children 16 or over who are handicapped, if they are left

unattended because you or your insured spouse are hospitalized outside your province of residence. If necessary, an escort will be provided. Coverage is limited to a one-way economy fare for each dependent child.

- Transportation for family members (you and your insured dependents), if the hospitalization of a family member prevents return on originally scheduled, prepaid transportation, and consequently requires them to purchase new return tickets. Coverage is limited to a one-way economy fare for each family member, less any amount reimbursed for unused tickets.
- Visit of one relative (spouse, parent, child, brother, or sister), if a family member is hospitalized for more than seven days while travelling without a relative. This includes meals and accommodation, up to $150 per day, and round-trip economy air transportation for one relative. These expenses are also covered when it is necessary for a relative to identify a deceased family member before the release of the body.
- Meals and accommodation, up to $150 per day per family if the member or insured dependents trip is extended because a family member is hospitalized.

Return of a deceased family member

- Under the plan, the necessary authorizations will be obtained, and arrangements made for the return of a deceased family member to his or her province of residence. Expenses for preparation and return of the deceased are limited to $5,000. This includes expenses for cremation at the place of death and/or a basic shipping container, but excludes expenses for burial, such as burial caskets and urns.

Return of a vehicle

- If a family member is unable to operate a vehicle (owned or rented) because he or she is being returned to Canada for medical treatment, the plan reimburses the cost (up to $1,000) of returning the vehicle to his or her province of residence, or the nearest appropriate rental agency. This benefit is also payable in the event of a family member's death.

Direct Payment of Expenses

- To ensure payment of eligible hospital and medical expenses:
  - Call the 24-hour helpline prior to incurring the medical expense. If you are physically unable to call the helpline yourself, have a family member, travelling companion or medical personnel call for you. Presenting your Sun Life pay-direct drug & emergency travel card to a doctor, nurse or hospital personnel will not ensure payment of these expenses.
  - Global Excel Management will verify your Extended Health coverage and Provincial Health Care coverage so payments can be arranged on behalf of you and your insured dependent.
  - You will be required to sign an authorization form allowing Global Excel Management to recover any amounts payable by the Provincial Health Care plan.
  - For expenses that require a percentage be paid by you, or that are not insured under this plan or the Provincial Health Care plan, you must reimburse Sun Life for the excess amount of the payment.

  If you receive any subsequent bills for eligible Out-of-Province Medical expenses, please forward them to Global Excel Management. They will coordinate payments with the Provincial Health Care plan and Sun Life.

Non-Direct Payment of Expenses

- If payment has not been arranged through Global Excel Management prior to incurring the medical expense, follow the steps below.
  - Pay for the expense.
  - Collect original and itemized receipts showing the services provided and the dates, the diagnosis and the names and addresses of the providers (e.g., hospital, doctor).
  - Get your medical records from your providers.
  - Complete a Sun Life Financial Extended Health Care claim form and submit the claim when you return home. Sun Life will forward to Global Excel Management.
  - If the expense is partly covered by a provincial health plan, Global Excel Management will send you an Authorization and Release form allowing them to submit your claim to your provincial health plan on your behalf. You cannot be reimbursed until the form is returned.

What is Not Covered by your Out-Of-Province Coverage

Under the Out-of-Province Emergency Medical and Travel Assistance provision, no benefits are payable for:

- expenses for the regular treatment of an injury or disease that existed before the patient left his or her province of residence;
- expenses incurred that are not a result of an emergency;
- any items excluded under the main Extended Health Care coverage; and
- expenses related to pregnancy, unless they are unexpected. (For example, the delivery of a full term infant would be considered anticipated and expected and therefore not the result of an emergency)

Conditions such as war, political unrest, epidemics, and inaccessible geography, may make emergency services unavailable in certain countries.

How are Claims Submitted?

To claim expenses for reimbursement under the plan, obtain and complete a Sun Life Extended Heath Care claim form. If you are registered, you can print the form from the SunLife web site and submit online or submit using the SunLife App. Prescribed drugs can be purchased by providing your SunLife coverage information to your pharmacist. You must submit your claim form, with all supporting documentation, no later than 18 months after incurring expenses. However, if your coverage terminates, all claims must be received by Sun Life no later than 90 days after termination of coverage.

What Isn't Covered Under This Plan?

No benefits are payable for:

- expenses for which benefits are payable under Workplace Safety & Insurance Board, government plans or similar programs;
- the portion of expenses covered under Provincial Health Insurance;
- expenses resulting from intentionally self-inflicted injuries;
- expenses arising from civil disorder or war, whether or not war was declared;
- dental expenses, except for those specifically provided for treatment of accidental injuries to natural teeth;
- expenses for the services of a person who is normally resident in your home, or to whom you are related by blood or marriage;

- any portion of expenses for which reimbursement is made because of another person's legal liability; and
- a disability for which you are not under the continuing care of a physician.

See also the prescription drug exclusions (page 6) and the out-of-country exclusions (page 10).

What if My Dependents and I Have Coverage Under Another Plan?

If you are insured for Extended Health Care under this plan and another plan (for example, a spouse's plan), benefits will be coordinated. When submitting claims, follow this process:

- if you are claiming expenses for yourself, you must submit these expenses to Sun Life for reimbursement under this plan first;
- if you are claiming expenses for your spouse and he/she is insured under another plan, you must submit these expenses to your spouse's plan first;
- if you are claiming expenses for your children, and if they are insured under both your plan through the University and your spouse's plan, then you must first claim under the plan of the parent whose birthday is earlier in the calendar year. In situations where parents are separated or divorced, the following order applies:
    - the plan of the parent with custody of the dependent child;
    - the plan of the spouse of the parent with custody of the dependent child;
    - the plan of the parent not having custody of the dependent child;
    - the plan of the spouse of the parent not having custody of the dependent child.

If a dental accident occurs, health plans with dental accident coverage will pay benefits before dental plans.

If you or your insured dependent or spouse are insured under another policy and the policy does not contain a coordination of benefits clause, payment under the other policy must be made first.

If priority cannot be established in the above manner, the benefits will be prorated in proportion to the amount that would have been paid under each policy had there been coverage by only that policy.

The maximum you can receive from all plans combined is 100% of the cost of a given expense.

What Happens During a Paid Leave of Absence?

Your coverage continues throughout the leave period and your premiums are based on the normal cost sharing arrangements. If you participate in the University's "Self-funded Leave" program, coverage under the Extended Health Care plan will continue with normal premium cost sharing during both the salary deferral and leave periods.

What Happens During an Unpaid Leave of Absence?

During an unpaid leave of absence, you have the option to continue your Extended Health coverage for a period of up to 2 years. Normal premium cost sharing will apply throughout Educational and Parental leaves. During all other unpaid leaves of absence of greater than one month, you are required to pay the entire premium cost after the initial month.

If you choose to discontinue benefits during an unpaid leave, they will only be reinstated upon your return to work in an eligible class of employment. Should you discontinue benefits and be unable to return to work, you will not have Extended Health insurance coverage from the University.

8, 9, and 10 Month Continuing Limited Term Appointments

Extended Health Care coverage is continued during the scheduled leave period for regular full-time employees in 8-9-10 month continuing limited term appointments, with normal premium cost sharing.

When Does My Coverage End?

If you are an employee, your coverage under the Extended Health Care Plan ends when:

- one year after you are seconded to another University or are on a Study/Research leave (extensions must be approved by Sun Life);
- your employment with the University is terminated (unless you retire and if eligible, choose to enroll in the post-retirement Extended Health Care plan benefit);
- your employment status changes at the University, resulting in you no longer being eligible for coverage;
- you fail to pay a required premium; or
- you die. Coverage for your spouse and eligible dependents will be continued for 24 months, without payment of premiums. After 24 months, your spouse and/or eligible dependents can continue coverage, by paying the required premium.

Extension of Coverage

If you are totally disabled or if one of your dependents is confined to a hospital when your insurance terminates, health benefits for the disabled person may continue for up to 90 days, while disabled. Please contact Sun Life for additional information.

If you plan on leaving Canada for a period exceeding 212 days (for example, a Study/ Research leave), you must notify the Ministry of Health in your province of residence and make a request for the continuation of your Provincial Health Insurance for yourself and each of your dependents. Sun Life will continue your Extended Health Care coverage only if Provincial Health insurance is continued throughout the period of leave. The closest Ministry of Health Branch to the University is in Kitchener and can be reached at (519) 893-3966.

Dental Care

Sun Life Policy# 82010

Maintaining good dental health is a lifetime commitment. The University's Dental Plan provides comprehensive coverage to help ease the financial cost of dental expenses.

What is Covered?

The Plan covers a wide range of dental expenses **based on the previous year's dental association fee guide** for general dental practitioners in the province where the expense is incurred or, for expenses incurred outside of Canada, the fee guide in your province of residence.

For larger claims you may wish to take advantage of Sun Life's pre-determination process. Prior to having the services provided, send the treatment plan to Sun Life and they will let you know how much is covered under your current Group Benefits plan.

Contact Sun Life directly if you require clarification about your Dental coverage.

Preventive Services

The following eligible preventive dental services are reimbursed at 100%, up to $2,500 per person per calendar year:

- **examination and diagnosis:** oral examinations, limited examinations, recall oral examinations (once every nine months), special oral examinations, treatment planning, emergency and unusual services, consultations, house calls, institutional calls and office visits;
- **tests and laboratory examinations:** biopsy of oral tissue, pulp vitality tests;
- **radiographs:** periapical (one complete series every two years), occlusal, bitewing (once every nine months), extra oral, sialography, radiopaque dyes to demonstrate lesions, temporomandibular joint X-rays, panoramic (once every two years), interpretation of radiographs received from another source, tomography;
- **preventive services:** cleaning and polishing (once every nine months), topical application of fluoride phosphate (once every nine months), oral hygiene instruction (once every nine months), pit and fissure sealant (under 19 years of age), caries control, interproximal discing, recontouring of teeth for functional reasons, trauma control;
- **appliances for the control of oral habits**;
- **space maintainers**;
- **restorations**: amalgam, acrylic or composite resin;
- **endodontics**: pulpotomy, root canal therapy, periapical services, chemical bleaching, emergency procedures, other endodontic procedures;
- **periodontics**: non-surgical services, occlusal equilibration (up to eight time units per year), scaling and root planning (up to 16 time units per year), surgical services, post-surgical treatment, adjunctive procedures, post-treatment evaluation;
- **relining and rebasing of dentures**;
- **repairs and adjustments:** porcelain repairs, re-cementing crowns, adjusting dentures, repairing/adding to dentures, remaking partial dentures, repairing bridges;
- **surgical services:** uncomplicated removals, surgical removals and repositioning, surgical excision, surgical incision, fractures, lacerations, frenectomy, alveoplasty, dislocations, miscellaneous surgical services;

- **anaesthesia in connection with oral surgery**; drug injections; and
- **laboratory charges** are limited to a maximum of 2/3 of the cost of the preventive dental service.

Restorative Services

The following eligible restorative dental services are reimbursed at 67%, up to $2,500 per person per calendar year, upon full completion of the required dental work:

- **crowns**, **inlays**, **onlays**: inlay restorations, hemisection, other restorative services;
- **fixed bridgework**: bridge pontics, retainers, other prosthetic services;
- **partial and complete dentures**;
- **examinations**: oral examinations, diagnostic casts;
- the amount payable for an **implant** is limited to the amount payable for the appropriate eligible prosthesis which would have been placed had an implant not been selected; and
- **laboratory charges** are limited to a maximum of 2/3 of the cost of the restorative dental service and are applied towards the applicable annual or lifetime maximum.

Replacement of an existing denture, bridgework, crown, inlay, onlay or periodontal splinting is an eligible expense only if the existing item was installed at least five years before the replacement. Reimbursement is limited to the value and quality of the original appliance.

Orthodontic Services

The following eligible orthodontic dental services are reimbursed at 67%, up to $2,500 per person per lifetime (coverage is not available to retirees and their family members):

- observation, adjustment: oral examinations, skull and facial bone survey, cephalometric radiographs, hand, and wrist radiographs, diagnostic casts, surgical services, observations and adjustments, repairs and alterations, active appliances for tooth guidance or uncomplicated tooth movement, retention appliances;
- comprehensive treatment; and
- **laboratory charges** are limited to a maximum of 2/3 of the cost of the orthodontic dental service.

How are Claims Submitted?

You can submit your dental expense claims through the mail by completing a paper claim form or your dentist can submit it for you electronically if he/she is equipped with the appropriate electronic exchange system.

If you are registered on the Sun Life website you can print a dental claim form directly from the Sun Life webpage, submit online or submit using the SunLife App.

You must submit your claim, with all supporting documentation, no later than 18 months after incurring expenses. However, if your dental coverage terminates, all claims must be received by Sun Life no later than 90 days after termination of coverage.

Claim payments cannot be assigned to your dentist.

What Isn't Covered Under This Plan?

The Plan does not pay the following benefits or expenses:

- cosmetic services;
- crowns and onlays, placed on a tooth not functionally impaired by incisal or cuspal damage;
- replacement of periodontal appliances, space maintainers, orthodontic appliances or dentures which have been lost, stolen or mislaid;

- prosthetic devices, such as crowns, bridgework and dentures, ordered while you or an insured dependent are insured under this benefit but installed after termination of this benefit;
- replacement of dentures, bridgework, crowns, inlays, onlays or periodontal splinting, and addition of teeth to existing dentures or bridgework, except as provided under the eligible expenses described in this section;
- expenses for which benefits are payable under a Workers' Compensation Act, Workplace Safety and Insurance Act or a similar statute;
- expenses incurred due to intentionally self-inflicted injuries;
- expenses incurred due to civil disorder or war, whether or not war was declared;
- expenses for services performed by a person who is ordinarily resident in the patient's home or who is closely related to the patient by blood or marriage; and
- expenses for which benefits are payable under a government plan.

What If My Dependents and I Have Coverage Under Another Plan?

If you are insured for Dental Care under this plan and another plan (for example, a spouse's plan), benefits will be coordinated. When submitting claims, follow this process:

- if you are claiming expenses for yourself, you must submit these expenses to Sun Life for reimbursement under this plan first;
- if you are claiming expenses for your spouse and he/she is covered under another plan, you must submit these expenses to your spouse's plan first;
- if you are claiming expenses for your children, and if they are covered under both your plan through the University and your spouse's plan, then you must first claim under the plan of the parent whose birthday is earlier in the calendar year. In situations where parents are separated or divorced, the following order applies:
- the plan of the parent with custody of the dependent child;
- the plan of the spouse of the parent with custody of the dependent child;
- the plan of the parent not having custody of the dependent child;
- the plan of the spouse of the parent not having custody of the dependent child.

If a dental accident occurs, health plans with dental accident coverage will pay benefits before dental plans.

If you or your insured dependent or spouse are insured under another policy and the policy does not contain a coordination of benefits clause, payment under the other policy must be made first.

If priority cannot be established in the above manner, the benefits will be prorated in proportion to the amount that would have been paid under each policy had there been coverage by only that policy.

The maximum you can receive from all plans combined is 100% of the cost of a given expense.

What Happens During a Paid Leave of Absence?

Your coverage continues throughout the leave period and your premiums are based on the normal cost sharing arrangements. If you participate in the University's "Self-funded Leave" program, coverage under the Dental plan will continue with normal premium cost sharing during both the salary deferral and leave periods.

What Happens During an Unpaid Leave of Absence?

During an unpaid leave of absence, you have the option to continue your Dental coverage for a period of up to 2 years. Normal premium cost sharing will apply throughout Educational and Parental leaves. During all other unpaid leaves of absence of greater than one month, you are required to pay the entire premium cost after the initial month.

If you choose to discontinue benefits during an unpaid leave, they will only be reinstated upon your return to work in an eligible class of employment. Should you discontinue benefits and be unable to return to work, you will not have Dental insurance coverage from the University.

8, 9, and 10 Month Continuing Limited Term Appointments

Dental coverage is continued during the scheduled leave period for regular full-time employees in 8-9-10 month continuing limited term appointments, with normal premium cost sharing

When Does My Coverage End?

If you are an employee, your coverage under the Dental Care plan ends when:

- one year after you are seconded to another University, or are on Study/Research leave (extensions must be approved by Sun Life);
- your employment with the University is terminated (unless you retire and if eligible, choose to enroll in the post-retirement Dental benefit);
- your employment status changes at the University, resulting in you no longer being eligible for coverage;
- you fail to pay a required premium; or
- you die. Coverage for your spouse and eligible dependents will be continued for 24 months, without payment of premiums.

After 24 months, your spouse and/or eligible dependents can continue coverage, by paying the full premium cost.

Long Term Disability

Sun Life Policy# 70628

The University's Long Term Disability (LTD) Plan provides you with income protection in the event you are unable to work for an extended period of time, due to an illness or injury.

When Do Benefits Start?

Benefit payments commence after your claim has been approved by Sun Life and after completing the elimination period of 90 calendar days.

What is Covered?

After you have been totally disabled for 90 calendar days (the elimination period), the LTD Plan replaces $66^{2/3}$% of your basic monthly earnings up to $6,000 per month.

The LTD benefit is topped-up by the University during the first four months of LTD benefit payments. The top-up of 13 1/3% of your basic monthly earnings is administered by Sun Life on behalf of the University and is separate from the Sun Life LTD contract.

The monthly LTD benefit is paid at the end of the month and is taxable income.

What are Basic Monthly Earnings?

For regular full-time and temporary full-time employees with appointments of greater than 12-months, basic monthly earnings are defined as the monthly rate of earnings payable from the University just prior to the completion of the elimination period.

For temporary full-time employees with appointments greater than six months but less than or equal to 12-months, and for eligible part-time and seasonal employees, basic monthly earnings are the average monthly earnings, for the eligible appointment, over the 12-months prior to the end of the 90 day elimination period or last day of sick pay.

Basic monthly earnings do not include bonuses, overtime pay and all other extra compensation.

What happens if I Receive Income from Other Sources?

LTD benefits are reduced dollar for dollar for any primary benefits you receive from the Canada (CPP)/Quebec Pension plan(QPP), or from a plan from another country with a reciprocal agreement with CPP or QPP, or from benefits payable by the Workplace Safety & Insurance Board(WSIB). LTD benefits will not be reduced by any cost of living increases applied to the CPP/QPP or to WSIB benefits.

Also, if income from all sources including the LTD benefit exceeds 85% of your pre-disability earnings, your LTD benefit will be reduced. Other sources of income include retirement benefits provided by a retirement plan, all disability benefits from CPP/QPP, WSIB, other government plans, other group disability plans, auto insurance plans to the extent allowed by law, and employer payments excluding the 13 1/3% top-up benefit payable during the first four months of LTD.

What Qualifies as a Disability?

During the first 24 months, which includes the 90-day elimination period, you are considered totally disabled if you are unable to perform the essential duties of your **own occupation**.

After 24 months, you are considered totally disabled if you are unable to perform the duties of **any occupation** for which you are, or could become, qualified, by education, training, or experience.

While in receipt of LTD payments, you will be required to provide evidence of your continuing disability and evidence of

appropriate and regular care from qualified physicians.

When Do Benefit Payments End?

Benefit payments will continue until the earlier of the last day of the month following or coincident with your 65th birthday;

- the date you cease to be totally disabled; # the date you engage in any occupation for wage or profit, except under a rehabilitation program approved by the insurance carrier;
- the date you fail to submit medical proof of your disability, or stop receiving appropriate regular care from qualified physicians;
- the date you fail to participate in a Sun Life approved rehabilitation program. # the date you die; or
- five years, if you are a temporary full-time or part-time employee.

How are Claims Submitted?

To receive LTD benefits, you and your doctor must complete and submit the claim forms to Sun Life. From time to time, you may be required to provide evidence to the insurer of your continued disability.

To obtain claim forms, contact Occupational Health Services at extension 52647. Claim forms should be submitted to Sun Life as soon as possible to allow adequate time for Sun Life to adjudicate the claim and to prevent any unnecessary delay of benefit payments. We suggest, when possible, that forms be submitted within the first month of disability.

Once approved, LTD benefits commence after 90 days of total disability, with payments at the end of each month.

If you expect that you will be disabled for more than 90 days, please notify Occupational Health Services as soon as possible.

What Happens if I Return to Work and Again Become Disabled?

If you return to work within 180 days and the same disability recurs, it will be considered a continuation of the original disability. Benefits will be payable from the first day of the recurrence of your disability.

Can I Participate in Rehabilitation Programs?

While you are receiving LTD benefits, you may participate in a rehabilitation program. Your physician, Sun Life and the University must review and agree to the program.

If your rehabilitation program includes returning to work on a part-time basis, only 50% of the income you receive from your part-time employment will be offset against your LTD benefit. The total monthly income including LTD benefit will be limited so that total income does not exceed 100% of your pre-disability basic monthly earnings.

What Happens to My Other Benefits While I'm on LTD?

If you are a member of a **University Pension Plan**, you will continue to accrue pension credited service while you are on LTD, and your pension contributions will be waived.

You will continue to be covered for **Life insurance** at the level in place on the earlier of your last day of sick pay, or the level in place at the completion of the 90day elimination period. Your premiums will be waived after 6 months of disability, if approved by Sun Life.

If you are enrolled in the **Extended Health Care and Dental Care** plans, your coverage will continue, and the normal premiums will be deducted from your monthly LTD disability benefit payment.

Premiums paid by the employee may vary from what is outlined above as they are also subject to the provisions of employee group agreements or collective agreements.

Your **vacation credits** will continue to accrue during the first 26 weeks while you are receiving LTD benefits.

What Happens if I Become Disabled During Pregnancy?

The LTD Plan will provide benefit payments for disability due to pregnancy, except during the time you are eligible to collect the Maternity Benefit under Employment Insurance (EI).

Are There Situations Under Which LTD Benefits Will Not Be Paid?

Benefits are not paid for a disability resulting directly or indirectly from:

- war, insurrection, rebellion, participation in a riot or act of civil disobedience; or
- intentionally self-inflicted injury.

If your disability occurs or recurs during layoffs, strike, or lockout, or after announcement of layoff, strike or lockout, your benefits will not commence until the end of the layoff, strike or lockout and the completion of the elimination period of 90 calendar days. Coverage during layoff, strikes and lockouts is only available if premiums are paid and is only available during the first 6 months.

What Happens During a Paid Leave of Absence?

Your coverage continues throughout the leave period with normal premium cost sharing.

If you participate in the University's "Self-Funded Leave" program, your LTD coverage and cost sharing arrangements will continue during both the salary deferral and the leave period. Long Term Disability premiums and benefits will be based on your full (100%) salary.

If you become disabled during the leave period, the 90 calendar day elimination period will begin on the date you became disabled. Benefit payments will begin on the later of your scheduled return to work date or completion of the 90 day elimination period.

What Happens During an Unpaid Leave of Absence?

During an unpaid leave of absence, you have the option to continue your Long Term Disability coverage for a period of up to 2 years. Normal premium cost sharing will apply throughout Educational and Parental leaves. During all other unpaid leaves of absence of greater than one month, you are required to pay the entire premium cost after the initial month.

If you choose to continue LTD coverage and if you become disabled during the leave, the 90 day elimination period will begin on the date you became totally disabled. Benefit payments will begin on the later of your scheduled return-to-work date or completion of the 90 day elimination period. For example, if your 90 day elimination period is completed in January, and you are scheduled to return to work the following September, your benefits will be payable commencing in September.

If you choose to discontinue benefits during an unpaid leave, they will only be reinstated upon your return to work in an eligible class of employment. Should you discontinue benefits and be unable to return to work, you will not have Long Term Disability insurance coverage from the University.

8,9,10 Month Continuing Limited Term Appointments

For those regular full-time employees in an 8, 9 or 10 month continuing limited term appointment, Long Term Disability premiums cease during the unpaid leave and are reinstated immediately at the scheduled return to work date.

Long Term Disability benefits would be payable during the normal work period and would be discontinued during the normal period of leave.

If you become disabled during the leave period, the 90 calendar day elimination period will begin on the date you became disabled. Benefit payments will begin on the later of your scheduled return to work date or completion of the 90 day elimination period.

When Does My Coverage End?

Your coverage ends when:

- Your employment with the University is terminated, or if you retire;
- Your employment status changes resulting in you no longer being eligible for coverage;
- You fail to pay your required premium; or
- Three months before your 65th birthday.

Life Insurance

Sun Life Policy# 82010

The University offers you Life Insurance to help protect the financial security of those you care for.

What is the Level of Coverage?

If you are a **regular full-time** employee, in the event of your death, your designated beneficiary will receive a lump sum payment, based on the level of protection you have chosen. You can elect:

- 2 times basic annual earnings, rounded to next higher $1,000 up to a maximum of $1,300,000, or
- 3 times basic annual earnings, rounded to next higher $1,000 up to a maximum of $1,300,000s.

(If you elected the previously available coverage of 1 times basic annual earnings including the Survivor Income Benefit, coverage will continue under these arrangements until the end of your appointment, subject to contract provisions.)

If you are an eligible **temporary full-time or part-time** employee, your designated beneficiary will receive a lump sum payment equal to 1 times your basic earnings, rounded to the next higher $1,000, to a maximum of $25,000

You are encouraged to designate a beneficiary. If the beneficiary you choose is under age 18, you must appoint a trustee. If you have not named a beneficiary, the benefits will be paid to your estate. To change your beneficiary, log into your Gryphons At Work account to update your Beneficiary information. Instructions and support are available at the Gryphons At Work Knowledge site.

Can I Change My Coverage Level?

Regular Full-Time employees with coverage of 2 times salary can increase coverage to 3 times salary within 31 days of the date they marry, enter into a common-law relationship or have a child, without providing evidence of insurability. Increases in coverage at other times are subject to Sun Life's approval and must be supported by evidence of insurability. The increase takes effect on the date of Sun Life's approval.

What Happens to Coverage if I Become Disabled?

Coverage will continue while you are totally disabled, based on the amount of coverage in effect on the last day on which you receive salary continuance during sick leave from the University and no later than the 90th day after total disability. If you are a regular full-time employee and remain totally disabled, your coverage will continue until the end of the semester following the date you reach age 65. Coverage will continue for a maximum of five years if you are a temporary full-time or part-time employee or until the end of the semester following the date you reach age 65, if earlier.

During the first six months of disability, you will continue to share the cost of the Life Insurance premium with the University; however, after six months, premiums will be waived if approved by Sun Life.

What is the Living Benefits Program?

A terminally ill employee with a life expectancy of 12 months or less may apply for a loan of up to 50% of his or her Life insurance coverage to a maximum of $50,000. The eventual death claim will be reduced by the amount of the loan plus the interest to the date of death. Sun Life must approve the loan.

Can I Continue My Coverage After I Leave the University, or If My Employment Status Changes?

If you leave the University and are no longer entitled to Life coverage, or if your employment status changes and your coverage is reduced, your

Life Insurance coverage can be converted to an individual policy with Sun Life, without providing evidence of good health. The amount that can be converted to an individual Life Insurance policy cannot exceed the lesser of your current coverage, or $200,000. You must convert the coverage within 31 days following the date you terminate employment or retire. During this 31 day conversion period, your coverage (up to the $200,000 conversion maximum) will continue without payment of premiums. There are a number of other conditions in the Sun Life Policy that apply when converting your Life Insurance coverage. You must contact a Sun Life agent or call 1-800-786-5433 to obtain more details about converting to an individual Life Insurance policy.

What Happens During a Paid Leave of Absence?

Your coverage continues throughout the leave period, with normal premium cost sharing.

If you participate in the University's "Self-Funded Leave" program, the Life insurance coverage and premium cost-sharing arrangements will apply during both the salary deferral and the leave period. Life Insurance premiums and benefits will be based on your full (100%) salary.

What Happens During an Unpaid Leave of Absence?

During an unpaid leave of absence, you have the option to continue your Life Insurance coverage for a period of up to 2 years. Normal premium cost sharing will apply throughout Educational and Parental leaves. During all other unpaid leaves of absence of greater than one month, you are required to pay the entire premium cost after the initial month.

If you choose to discontinue benefits during an unpaid leave, they will only be reinstated upon your return to work in an eligible class of employment. Should you discontinue benefits and be unable to return to work, you will not have Life insurance coverage from the University.

8, 9, and 10 Month Continuing Limited Term Appointments

For those regular full-time employees in an 8, 9 or 10 month continuing limited term appointment, Life Insurance coverage will be continued during the scheduled unpaid leave portion of the calendar year. Premiums will be paid on a normal premium cost sharing basis.

How are Claims Submitted?

Once Human Resources has been informed of an employee's death, and has confirmed their beneficiary contact information, HR will provide your beneficiaries with the required claim forms and will provide assistance with completing these forms.

When Does My Coverage End?

Coverage for Life Insurance ends when:

- your employment with the University is terminated;
- your employment status changes at the University, resulting in you no longer being eligible for coverage;
- the end of the semester following the date you reach age 65;
- you retire; or
- you fail to pay a required premium.

Other University Benefits

Subject to meeting eligibility requirements

Salary Continuance during Sick Leave

University Pension Plan

Maternity Leave Top-up

Vacation Entitlement

Athletic Fee Subsidy

Employee and Family Assistance Program

Self-Funded Leave Program

Scholarship Plan for Dependents

Tuition Waiver Program

For information about the above benefit programs, contact Human Resources at hr@uoguelph.ca.