

Section VII

Part 2

Benefit Plans

We are pleased to be able to offer permanent full time CLS employees an extensive Group Insurance Benefits package. In addition, CLS is an employer member of the Municipal Pension Plan which is available to all CLS (permanent full-time, permanent part-time and relief) employees, should they meet eligibility requirements. Finally, a Group RRSP program and a Canada Savings Bond program is available, if you are permanent full time or permanent part time and have successfully completed your probationary period.

The following describes in general terms our Group Insurance Benefits, the Municipal Pension Plan, Group RRSP program, Canada Savings Bond program, and how you become eligible for each. For more detailed information about these benefits, please refer to your Group Benefits Booklet, MPP Plan Member's Guide or Group RRSP & Canada Savings Bond reference materials which are available to you from Employee Services or Financial Services.

The following information (and what is contained in the written materials) is only a summary of what is contained in the Group Benefits and the Municipal Pension Plan master contracts with the CLS. As such, this information may be subject to change and/or inaccuracies. Only the master contracts are binding documents.

CLS Group Benefits

What Your Benefits Are

The CLS pays 100% of the premium costs of the following Group Insurance Benefits:

- Basic Life Insurance
- Accidental Death and Dismemberment Insurance
- Dependent Life Insurance
- Extended Health Insurance *[To be eligible for this benefit, you and your insured dependent(s) must have provincial health coverage (MSP).]*
- Dental Insurance



**All benefit forms
are available
on-line at
www.cls-bc.org
or at the office**

For those employees who continue to work full-time beyond age 65, the above benefits are terminated at age 69.

The employee pays 100% of the premium costs for the following Insurance Benefit:

- Long Term Disability Insurance (LTD)

Benefits for employees on Long Term Disability are terminated at age 65, when their LTD expires.

Several insurance carriers provide your LTD benefits, Group Insurance Benefits, Pension Plan and Group RRSP.

Some General Information about Your Benefits


Prior to being enrolled in CLS Group Benefits, you must submit proof to the CLS that you and your dependents have provincial health coverage (MSP). Enrollment in MSP is your own personal responsibility.

Our agreement with our benefits carriers is that benefits are mandatory for all permanent full time employees. However, you may opt out of the Extended Health and Dental portion of the plan if you provide documents that show you are covered under another plan. Life and LTD coverage is mandatory.

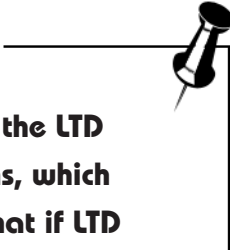
The term spouse is used to denote wife, husband, or common-law partner (same or opposite sex).

You pay 100% of the premium costs for Long Term Disability, the advantage being that any LTD benefits you may receive are non-taxable. The premium will be deducted once a month from your paycheque. Premiums are charged on the basis of a 40 hour workweek. Any LTD benefits approved by the carrier will be a percentage calculated on the basis of your regularly scheduled shifts to a maximum 40 hour workweek. If you qualify for LTD, CLS will pay your CLS Group Benefits until the end of the own occupation period. After this time, you have the option to continue on CLS Group Benefits by paying the premiums yourself. This would be arranged by direct debit to your banking account. You must keep your payments up to date or your CLS Group Benefits will be terminated.

Dependents include your spouse or dependent children of you or your spouse. Common-law spouses and same sex partners are eligible as dependents provided they have been living with you for 12 consecutive months and are publicly represented as your spouse. Check your benefits booklet for complete details.



Benefits are mandatory for full time employees



You pay the LTD premiums, which means that if LTD benefits are paid to you they are not taxable

If you are absent from work for any reason other than illness, injury, maternity leave, parental leave or paid vacation you are considered to be on an unpaid leave and your benefits coverage is affected. Please check your benefits booklet for details. If you have any questions contact Employee Services or Financial Services. (*See Section II, Part 6.*)

If you are travelling out of province as an active employee (that is, you are receiving vacation pay) and are covered under our Group benefits, the Out-of-Province Emergency and Travel Assistance Benefit has a 6 month limit. Your 6 months coverage starts on the day you and/or your insured dependent departs from BC. To be insured for this benefit you and your insured dependent must have provincial health care coverage (MSP). It is your responsibility to arrange for any additional coverage you and your dependents may require.

The benefits provided to CLS employees will be subject to the terms of the insurance contracts between the CLS and the Insurance Carrier(s). Only the master insurance contract(s) is the binding document and those may also be subject to change. The CLS is not responsible for payment or nonpayment of claims by the insuring carrier.

Eligibility Requirements if You are Hired to the CLS as a Permanent Full Time Employee

- If you are hired to the CLS as a permanent full time employee, you and your dependents are eligible for group benefits on the first day of the month following the successful completion of your 6 month probationary period. (*See Section II, Part 1.*) For example, if you were hired on September 3rd, you and your dependents would be eligible for benefits on April 1st of the following year, assuming you have successfully completed the probationary period. Prior to being enrolled in CLS Group Benefits, you must submit proof to the CLS that you and your dependents have provincial health coverage (MSP). Enrollment in MSP is your own personal responsibility.
- If your probationary period is extended your benefits eligibility date will be adjusted accordingly. As each case is different, Financial Services and Employee Services will advise you of any extension to your wait period for benefits.

Eligibility Requirements if Your Status changes to Permanent Full Time

- If you are a permanent part time, relief or temporary employee, and your status changes to permanent full time, you and your dependents are eligible for benefits when the following conditions are met:

- you have successfully completed your 6 month probationary period (we recognize your total length of service), **and**
- you have served a 3 month wait period of continuous service beginning the effective date of your status change to PFT. (In some cases, the 3 month wait period would have been completed within the probationary period.)

Prior to being enrolled in CLS Group Benefits, you must submit proof to the CLS that you and your dependents have provincial health coverage (MSP). Enrollment in MSP is your own personal responsibility.

- Financial Services and Employee Services will confirm your benefits eligibility date with you as each case is different depending on the circumstances. The following are two examples of benefits eligibility:
 - If you had already completed your 6 month probationary period, you and your dependents would be eligible for benefits following the completion of the 3 month wait period. For example, if your status changed to PFT on September 3rd, your benefits eligibility date would be December 1st, assuming continuous service effective the date of your status change.
 - If you are a Relief employee hired on August 1st and your status changed to PFT on September 3rd, you and your dependents would be eligible for benefits on the 1st day of the month following the remainder of the month when you have successfully completed your 6 month probationary period with the CLS. (The 3 month wait period would have been completed within the probationary period in this case.) Continuous service is required during the entire wait period.

Whether you are hired to the CLS PFT or your status changes to PFT

- In all cases, any absence from work in excess of 2 weeks is a break in continuous service which will result in an extension to the wait period for benefits eligibility. Depending on the nature and length of your absence, Financial Services and Employee Services will advise you of the extension to your wait period.

What You Need to Do

If you are hired as a full time employee you will be given information about our Group Insurance and the Municipal Pension Plan at your New Employee Orientation meeting. It is essential you complete the Enrolment for Group Insurance and return it to Financial Services

immediately. Be sure to name your designated beneficiaries and sign the form.

If your status changes to permanent full time your Coordinator will initiate the Employee Acceptance Form and Employee Services will mail you the enrolment forms for benefits coverage. Please complete the enrolment forms immediately so your benefits coverage can start as soon as you become eligible.

For Extended Health claims and The Out-of-Province Emergency and Travel Assistance benefit you and your insured dependents must have provincial health care coverage (MSP). Enrolment in MSP is your own responsibility. (See MSP below).

Whether you start as a full time employee or your status changes to full time, check with Financial Services before using any services to ensure your coverage has commenced and contact Employee Services if you have any questions at all about your eligibility.

Please remember to notify Financial Services when there is any change in dependent insurance. (e.g., birth of child, marriage, divorce). Forms are available from the Finance Department or on-line at www.cls-bc.org.

Read your CLS Group Benefits booklet carefully to ensure you understand your coverage thoroughly and use your benefits to your best advantage.

When Coverage Stops

If you leave the CLS, or your status with us changes from permanent full time to 29 hours or less per week (permanent part time), or you resign and are re-hired to relief, your benefits coverage will cease effective the actual date of the status change. With regard to Life and Dependent Life insurance, you will have 31 days following the date of termination of benefits for conversion of the foregoing policies. If you elect to continue a policy it is your responsibility to contact the benefits carrier and inform them of your decision within the specified period. It may be to your advantage to continue your insurance so we encourage you to get full details from the carrier to make the most informed decision.

Municipal Pension Plan

The Municipal Pension Plan (MPP) is a defined benefit plan, where your pension is based on your age, your years of pensionable service



**Check with
Financial Services
before you initiate
any services**



**If you leave the
CLS, or if your
status changes
from permanent
full time to part
time or relief, your
benefits will cease
but you have 31
days to convert
your Life and
Dependent Life
policies**

and the average of your highest five years of salary (not necessarily your last five years). It is not based on your contributions to the plan or on the investment performance of the plan's assets. The advantage of this kind of pension plan is that your pension is paid for your lifetime, and may continue for the lifetime of your spouse or other designated beneficiary (depending on the option you choose at retirement). The Community Living Society became an employer member of the MPP on July 8, 2010.

How do I become a member of the MPP?

Full-time, permanent employees are eligible after being employed on a continuous basis for one year.

Part-time, relief and temporary full-time employees are eligible to enroll if they complete one year of continuous employment and, in the previous calendar year (in this case, 2009), earned at least 35% of the year's maximum pensionable earnings (YMPE). For 2009 the YMPE was \$43,600 and 35% of that is \$16,205.

Remember, once a contributor to the MPP with CLS, always a contributor regardless of any status change within the CLS.

CLS employees (hired before July 8, 2010) who become eligible to join the MPP after July 8, 2010

If you were hired before July 8, 2010 and become eligible for enrollment in the MPP, you have the right to opt out of enrolling in the MPP. Upon eligibility, Finance will send you an enrollment package. If you decide to opt out of the MPP, you must sign the waiver form included in your enrollment package in order to opt out of the plan. If you do not sign a waiver you will be automatically enrolled in the MPP and deductions from your paycheque will begin. You will have 90 days to sign the waiver after your date of eligibility.

What if I am currently a member of the MPP with another employer?

Under MPP rules, whether or not you meet the eligibility rules for CLS employees, you are mandatorily and automatically enrolled with the MPP.

One very important thing to note is that once you are eligible to join if you choose not to enroll at that time, while you may choose to enroll at a later date, you forfeit your right to be able to purchase past service you have had with CLS.

Each application to purchase past service is reviewed by the MPP to ensure it meets all of the purchase requirements found in the Plan Rules as sometimes members don't meet some of the other purchase requirements.

For employees hired on or after July 8, 2010.

Enrolment in the MPP is mandatory for all CLS employees when they become eligible as per CLS eligibility rules (full-time, part-time, temporary and relief) to join the MPP.

What if I am a member of the MPP with another employer?

Under MPP rules, you are mandatorily and automatically enrolled upon hire with CLS.

How much does it cost me? How much does it cost my employer?

As a member of the Municipal Pension Plan, you contribute to this plan through automatic deductions from your salary. How much these contributions are depends on the Year's Maximum Pensionable Earnings (YMPE) as established each year by Canada Pension.

The CLS also contributes to the Municipal Pension Plan on your behalf. Employers contribute at a rate based on the number of employees, their salaries, ages and occupations. The rate is updated annually.

MPP Benefits**What does a pension plan give me?**

If you become "vested," the plan will give you a lifetime pension, starting when you retire. After your death, depending on what kind of pension option you choose at retirement, the plan may continue to pay pension benefits to your spouse (if you have one) for his or her lifetime, or to another beneficiary for a set period, or it may pay a lump-sum payment to your estate.

When do I become eligible to receive a pension?

You are "vested" in the Municipal Pension Plan (which means you are entitled to a pension commencing at earliest retirement age 55 or later) after you have accumulated two years of contributory service. You are also vested if you accumulate any contributory service after age 60.

When can I retire?

Earliest retirement age for most Municipal employees is 55.

How can I find out what my pension might be when I retire?

You can use the online pension estimator found on the Municipal Pension Plan website at www.pensionsbc.ca to estimate what your pension might be, based on your current personal information.

How do I combine service and earnings with more than one MPP employer to qualify for membership in the plan?

Employees may use service with one or more MPP plan employers to qualify for enrollment. CLS is not aware of your service with another MPP employer therefore the obligation is yours to inform us if you are in fact employed by another MPP employer. You will do this by signing the enclosed Declaration of Employment form. We will then help you in determining your eligibility.

For more information you may call the CLS Finance Department or CLS Employee Services. Also, please visit www.mpp.pensionsbc.ca

CLS Group RRSP

If you are permanent part-time or full-time and have successfully completed your probationary period, you are eligible to join our Group RRSP program. Call Financial Services or Employee Services if you are interested in finding out about the program. If you decide to participate, and once you have decided the percentage amount you wish to contribute, regular deductions are made from your pay-cheque each pay. The CLS does not contribute to your Group RRSP.

For setup and/or deduction inquiries call the CLS Finance Department 604.451.8699 Ext. 344 or email the Finance Department at finance-hotline@cls-bc.org.

For investment direction inquiries check out carrier information at www.cls-bc.org.

Canada Savings Bonds Program

If you are permanent full-time or permanent part-time and have completed your probationary period, you are eligible to join our Canada Savings Bond program. You may contribute to Canada Savings

Bonds for yourselves, spouses or dependants. This convenient way to save is done through bi-weekly deductions from your paycheques. Call the Finance Hotline at 604.451.8699 Ext 344 or email the Finance Department at finance-hotline@cls-bc.org to receive an application form.

For more information, or to calculate your potential savings, go to www.csb.gc.ca or call the CLS Finance department at 604.451.8699 Ext. 344.

MSP – Medical Services Plan of BC

If you are permanent full-time with the CLS, have qualified for Group Insurance Benefits and have completed the necessary paperwork for MSP enrolment through CLS Financial Services, 50% MSP premiums for you and your dependents are paid by the CLS. Your continued coverage is dependent upon your portion of the premiums being kept up-to-date.

If your employment with the CLS is terminated or your status changes to relief or permanent part-time, your MSP coverage terminates effective the last day of the month in which your termination or status change occurs. Subsequent enrolment in MSP then becomes your own responsibility.

Fair Pharmacare

The Government of BC introduced changes to the provincial PharmaCare program on May 1, 2003. The following information will help you avoid interruption in your Group Plan drug benefits payments.

Is registration mandatory?

Yes! To receive financial assistance under the Fair PharmaCare program, all BC residents must register for the program as soon as possible. When you register, you will be expected to complete and sign a consent form. This form is available to you at the CLS office or online at www.cls-bc.org. This form will allow BC PharmaCare to verify your individual or family net income with the Canada Revenue Agency. You will then receive a confirmation letter stating your deductible levels.

What if I don't register?

If you and your family do not register with Fair PharmaCare, you will not be eligible to receive PharmaCare financial assistance. Failure

to register may also interrupt your drug claim payments, as a group insurance plan is not expected to pay for drugs that would otherwise be covered under the PharmaCare program.

How will our benefits carrier process my claims?

Following receipt of a drug claim, our carrier will verify your registration status on the BC PharmaCare Web site using your Personal Health Number (PHN) indicated on your drug receipt.

If your registration and signed consent form have been received by PharmaCare, our carrier will continue to process your drug claims as submitted and eligible under the terms of the contract.

Otherwise, once you reach the threshold, payments will be interrupted until we receive proof of registration.

The established incurred expenses thresholds for BC residents are:

\$600 family maximum for participants under age 65.

\$0 family maximum for participants age 65 and over.

How do I register?

You can register online at www.healthservices.gov.bc.ca/pharme/ or call 1.800.387.4877 (toll free).

Online Forms and Carrier Information

For a summary of all benefit carriers and their contact numbers go to the employee section of the CLS website at www.cls-bc.org.

To request and print forms go to the employee section of the CLS website at www.cls-bc.org.

Important Notice

Your status (Relief, PPT, PFT) affects your eligibility for some or all benefits. Never assume your status is correct. Check with your Coordinator and/or Employee services for verification. Employee Services will check with your Coordinator(s) twice a year to confirm your status is correct as we understand it. Errors will be corrected at that time.

Benefits cannot be backdated so it is your responsibility to ensure you are covered and in your best interests to be diligent about your employment status.