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USW-COASTAL FOREST INDUSTRY HEALTH & WELFARE PLAN

INTRODUCTION

The USW–Coastal Forest Industry Health & Welfare Plan arises out of and is subject to the terms of the Coast Master Logging Agreement. Four Trustees have been appointed by USW and four by Forest Industrial Relations Limited. The eight Trustees are responsible for the placement and administration of the Plan. The Plan includes Weekly Indemnity benefits, Group Life and Accidental Death and Dismemberment insurance.

Each covered employee may study a copy of the formal text of the Plan which governs and controls all aspects of the Plan’s operation, at any reasonable time by contacting his Employer or Local Union Office.

You may also be covered for Dental and Extended Health benefits through your collective agreement. These benefits (which are not jointly trusteeed, but are covered by agreements arranged for independently by your employer) are described in a separate booklet provided by Pacific Blue Cross through your employer. If your employer has arranged for Dental or Extended Health Plans with a firm other than Pacific Blue Cross, the other carrier will provide you with a booklet through your employer.

Throughout this booklet reference is made to other plans you may be protected by; for example, Long Term Disability Insurance and Government benefits – none of which form part of the USW–Coastal Forest Industry Health and Welfare Plan

BOARD OF TRUSTEES

Appointed by USW

J. BROMLEY
P. KINNEY

G. CHEETHAM
S. McRITCHIE

Appointed by FOREST INDUSTRIAL RELATIONS LIMITED

T. GETZIE
D. GILL

D. REGIER
D. ELLIOTT

“The full cost of the benefits provided by the USW-Coastal Forest Industry Health and Welfare Plan and your extended health and dental plans is paid by your employer.”

SUMMARY OF BENEFITS

USW-Coastal Forest Industry Health & Welfare Plan	
Effective January 1, 2020	
Life Insurance	\$120,000
Insured by Blue Cross Life	
Accidental Death & Dismemberment Insurance “Principal Sum”	\$120,000
Insured by Blue Cross Life	
Weekly Indemnity	The EI Maximum Weekly Benefit in effect at the time of disability, plus \$100
.....January 1, 2020\$573 EI + \$100 = \$673
Self-insured by Trust*, paid by Blue Cross Life.	
OR	
Amounts specified in the collective agreement between your employer and USW, which may include a 52 week Weekly Indemnity maximum.	
Note – Designated Permanent Part-Time employees receive 50% WI benefit.	
*“Benefits self-insured by the Trust are not insured by an insurance company regulated under the Financial Institutions Act (British Columbia). The Trust is exempt from the requirements of the Financial Institutions Act (British Columbia).”	

OTHER BENEFITS not part of Coastal H&W Plan	
For information, see the brochures given to you by your employer, or see the contact information in the “FURTHER INFORMATION” section of this booklet.	
Long Term Disability	The Long Term Disability Plan may provide you with monthly income if you are still disabled beyond the short term period.
Dental Plan	The Dental Plan assists you in paying for many dental costs for you and your dependents.
Extended Health Care	The Extended Health Plan assists you in paying for many medical costs for you and your dependents that are not covered by Basic Medical.
Basic Medical	The Medical Services Plan of British Columbia (MSP-BC) covers medical, surgical and hospital care.

Eligibility

You must be

- (a) in a bargaining unit of a USW Local, and
- (b) covered by the Coast Master Logging Agreement or by a Collective Agreement acceptable to the Trustees and containing benefits compatible with the USW-Coastal Forest Industry Health & Welfare Plan, and
- (c) regularly paid for thirty-two (32) or more hours per week by an employer who participates in the plan.

NOTE: The Trustees have clarified the meaning of “regular full-time” employee as follows:

“The employee has made himself available for full time work and is in a job which would be 32 or more hours per week if work was available.”

The first condition would exclude, for instance, employees who hold other jobs or attend school and as a result are not available full-time.

The second condition would exclude, for instance, employees hired only for week-end maintenance, unless it was one of the special weekend schedules which pay 32 hours per week or more.

When Does Coverage Start?

Provided you are in eligible employment as defined above, your coverage starts:

- (i) on the first day of the month following completion of thirty (30) working days in a ninety (90) day period, except for Basic Medical and Extended Health Care (which are not part of this Plan), for which coverage starts on the first day of the month following the date you were hired.

NOTE: if you work an alternative shift schedule with shifts over eight (8) hours, instead of thirty (30) working days, you must work two hundred and forty (240) hours in the ninety (90) day period.

OR

- (ii) on the day you start work, if within the previous 18 months you were working and covered under this plan, or a plan arranged between USW and either the Interior Forest Labour Relations Association, the Council on Northern Interior Forest Employment Relations, Canfor Limited, or West Fraser Limited.

OR

- (iii) on the day you start work, if you return to your former employer more than 18 months after date of lay-off but with seniority remaining, and you complete 10 working days within a floating period of 30 consecutive days.

OR

(iv) on the day you start work, if in the immediately preceding 18 months you received benefits from the IWA-Forest Industry LTD Plan.

If you were disabled and not at work on the date your coverage is to start, you will be covered under the plan on the date you return to active employment.

You must complete an enrollment card. These cards are available from your employer.

LEGISLATIVE CHANGES

EFFECTIVE JULY 1, 2012

As a result of legislative changes to the Insurance Act in Alberta and British Columbia, amendments to your group plan benefits booklet came into effect on July 1, 2012. Until such time as new Benefit Booklets are printed for all members, we are including this notice in the online version of the booklet.

Limitation periods for legal actions

The new legislation requires the insurance carriers, Blue Cross Life, to include a limitation period provision in the group plan benefits booklet. The limitation period describes the time period in which a plan member may start a proceeding to recover benefits under the plan. To accommodate this change, the following statement of legal action will be added to your booklet:

Every action or proceeding against us for the recovery of benefits payable under the Contract is absolutely barred unless commenced within the time set out in the Insurance Act.

Rights to copies of documents

Effective July 1, 2012, if you live in British Columbia or Alberta, you have a right to request, with reasonable notice, copies of documents that relate to your plan from BC Life. The legislation allows you to obtain copies of the following documents:

- Your enrolment form or application for insurance
- Any written statement or other record, not otherwise part of the application, provided to the insurer as evidence of insurability; and
- A copy of the contract/policy

The first copy will be provided at no cost to you. A fee may be charged for subsequent copies. All requests for copies of documents should be directed in writing to the Plan Office.

DEATH BENEFITS

Your Beneficiary

When you enroll in the Plan you must indicate who you wish to receive your life insurance in the event of your death. If no beneficiary is designated, the benefit will be paid to your estate.

You may change your beneficiary at any time by completing a form that is available at your Local Union or personnel office.

Life Insurance

The amount shown in the Summary of Benefits will be paid on your death to your named beneficiary.

Terminal Illness

If your physician certifies that you are terminally ill, with a life expectancy of one year or less, you may apply to have up to half the amount of your group life insurance advanced to you during your lifetime. Interest will be calculated on the amount you withdraw, and deducted from the balance paid to your beneficiary on your death.

Accidental Death

If you die because of an accident, your beneficiary will also receive the Accidental Death & Dismemberment "Principal Sum" as shown in the Summary of Benefits.

Your accidental death must occur within 365 days from the date of the accident.

Your death will not be considered an accident if it is caused by or results from:

- (a) Suicide or intentional self-inflicted bodily injury or sickness, while sane or insane;
- (b) Participation in a rebellion, riot, insurrection, unlawful assembly, war (whether declared or not), or service in the armed forces of any country;
- (c) Flying or air travel, except when flying or travelling as a passenger in an aircraft for which a certificate of air worthiness has been issued by the appropriate government authority, and which is operated by a properly licensed pilot;
- (d) Participation in or as a consequence of participating in the commission of an offense under the Criminal Code of Canada, or a similar offense under the laws of any other country, except any such offense which is directly related to the driving or operation of a motor vehicle;
- (e) Voluntary or involuntary consumption of poison or poisonous substances of any kind; and

- (f) Disease, infection, medical or surgical treatment of disease or infection, hernia, ptomaine or bacterial infection, except for any septic infection caused through a visible wound sustained as a result of the accident;

CLAIMS

On your death your beneficiary or the administrator of your estate may obtain the necessary forms from your Local Union or employer. After completion, the forms should be returned to your employer who will send them to the Plan Administrator.

OTHER BENEFITS

Your survivors should also contact the Canada Pension Plan to claim the lump sum death benefit and, if applicable, monthly pension (payable to spouses) and dependent children benefits.

If your death is as a result of an on-the-job accident or illness, benefits may also be payable to your survivors from the Workers' Compensation Board.

If the deceased member participated in the IWA-Forest Industry Pension Plan, the surviving spouse or the administrator of the estate should contact the Pension Plan office to determine if any death benefit is payable. (604-433-6310 in Vancouver, or toll-free 1-800-663-4384).

DISABILITY BENEFITS

Weekly Indemnity (WI)

For absences from work as a result of a non-occupational accident or illness the **weekly indemnity benefit** provides payments for a maximum of 26 weeks, in the amount shown in the Summary of Benefits.

Claim Deadline

- (i) You must notify your employer of your absence due to injury or illness. Failure to do so may disqualify you from eligibility to have your claim processed as you may be classified as absent without leave.
- (ii) Notice of claim must be given to the Plan Administrator within twenty (20) days of your injury or illness and proof of disability submitted within ninety (90) days.

If you fail to submit your claim on time, YOUR CLAIM MAY BE DENIED!!

This is required for ALL CLAIMS, including claims for WI benefits while your WCB claim is held up (see following pages).

CLAIMS

Claim forms for weekly indemnity benefits are available at your local union or personnel office.

You must complete the "Employee's Statement", have your doctor complete the "Attending Physician's Statement", and return the claim form to your employer who will send it to the Plan Administrator. Alternatively, you may have your employer complete the "Employer's Statement", then send

the claim form directly to the Plan Administrator after your doctor has completed the “Attending Physician’s Statement”.

SOME CONDITIONS OF THE WEEKLY INDEMNITY BENEFIT

- You must remain under the care of a doctor of medicine, nurse practitioner, chiropractor or dentist throughout your period of disability and the attending physician must support your inability to work.
 - A physiotherapist’s certification of your disability is not acceptable unless you have been referred for treatment by your doctor and your doctor continues to support your absence from work.
 - If you are treated only by a podiatrist, the maximum payment period is 4 weeks.
 - If you are treated only by a chiropractor, the maximum payment period is 6 weeks.
 - If you are treated only by a dentist or a dental surgeon, the maximum payment period is 2 weeks.
- British Columbia Life & Casualty Company (BC Life), which adjudicates weekly indemnity claims, may request that you have an Independent Medical Examination. BC Life arranges for the appointment and the Plan pays for any charges made by the physician (examination fees, etc.).
- If you are hospitalized as a bed patient or you have surgery, benefit payments start from the first day of disability.
 - “Surgery” is interpreted to include chemotherapy, cobalt therapy, and laser surgery for non-cosmetic purposes.
- If your disability is a result of a non-occupational accident, benefit payments start from the first day of your disability, provided you are seen by a doctor within six days, otherwise from the date of first visit. Disabilities caused by over-exertion are subject to the waiting period.
- If you are not hospitalized as a bed patient, or surgery is not performed, or your disability is not as a result of an accident, benefit payments start on your sixth day of disability, provided you are seen by a doctor within six days, otherwise from the date of first visit.
- Once your claim is accepted for payment, weekly indemnity benefits are paid every two weeks. Your cheques will be mailed directly to your home address.
- Payments are made for a maximum of 26 weeks for any one non-occupational injury or illness absence. If you are on WCB wage loss (or WCB rehab or income continuity payments) for less than 26 weeks, and are terminated from these benefits (but remain disabled), you may apply for Weekly Indemnity. In such cases, the WI benefit period will terminate when a combined total of 26 weeks of payment have been made from the Plan and the WCB, unless a separate and subsequent non-occupational disability has occurred which, considered on its own, prevents you from performing your regular occupation. In this case, the 26 week combined maximum benefit period does not apply.

- Absences due to the same or related causes will be considered one continuous absence unless you return to work on a regular full time basis for at least 4 continuous weeks between absences.
 - If you do return to work for at least 4 continuous weeks and you are again disabled, there will be another waiting period (if applicable) before benefit payments start.
 - if you are laid off after returning to work but before completing 4 continuous weeks, and you return to full time work immediately after the lay-off, then the time worked before and after the lay-off (but not the time laid off) will be considered continuous.
- If you are receiving a pension benefit from the IWA-Forest Industry Pension Plan, you are not eligible to receive weekly indemnity benefits.
- Benefits will be paid with respect to absences due to disabilities resulting from pregnancy-related illnesses or injuries. Such benefits will not be paid during a period when pregnancy benefits are payable under the Employment Insurance Act.
- No weekly indemnity benefits will be paid during your period of annual vacations which you take in accordance with your Collective Agreement. Vacation days while you are disabled may however count as your waiting period for weekly indemnity benefits.
- While you are on certain leaves of absence, weekly indemnity coverage is not provided. (See “Layoff/Leaves of absence”.)
- No weekly indemnity benefits will be paid while you are working for any employer and receiving remuneration, except if you are working in rehabilitative employment approved by your doctor and the IWA-Forest Industry LTD Plan.
- No weekly indemnity benefit will be paid while you are capable of performing light duties and in receipt of benefits from Employment & Immigration Canada.
- No weekly indemnity benefit is payable for a disability caused by any of the following:
 - intentional self-inflicted injury or illness while sane;
 - insurrection, war, or service in the armed forces of any country.
- If your injury or illness is job related, wage loss benefits must be claimed from the Workers’ Compensation Board. If you are having a problem with your WCB claim or there is a delay in the processing of your WCB claim, contact your local union or employer’s personnel office.
- Weekly indemnity benefits may be paid while your WCB claim is held up. In order for your claim for weekly indemnity benefits to be considered,
 - you must be under the regular care and treatment of a qualified doctor, AND
 - you must have filed a claim for WCB benefits, AND
 - a) at least four (4) weeks have elapsed with no decision reached by the WCB, OR

- b) your WCB claim has been disallowed, and you have filed an appeal,
OR
- c) your WCB claim has been disallowed and your physician agrees that your disability is not occupational,

AND

- you and your employer have completed and filed a reimbursement agreement. Reimbursement agreements are available from your local union or employer's personnel office. Reimbursement agreements commit you to pay back the weekly indemnity benefits if your WCB claim is settled in your favour, AND
- a claim form properly completed by you, your doctor, and your employer must be filed with the Plan Administrator within ninety (90) days from the date of disability if your WCB claim has been delayed or within 90 days from the suspension of your WCB claim.
- If you are receiving partial disability benefits from WCB for the same or related disability, your weekly indemnity benefit may be reduced.
- If a third party is responsible for your disability (e.g. in a motor vehicle accident), weekly indemnity benefits will not be paid unless you agree to seek recovery from that party and to reimburse the Plan to the extent that you are successful. Your employer and Local Union office have the necessary reimbursement agreement forms.

IF YOU HAVE A PROBLEM WITH YOUR CLAIM

In the event of a claim problem, you should call your employer or local union office.

Some problem claims are brought to the attention of the Trustees of the Plan for discussion.

Rehabilitation

The Plan has two programs to help disabled USW members return to employment that is in line with their abilities and perhaps permanent limitations.

- a graduated return to work program is available to assist you in returning to your usual job
- a vocational rehabilitation program is available to you should your disability prevent you from ever being able to return to your usual job.

Returning to Your Usual Job

You may suffer from a disability that prevents you from returning to your own job working 8 hour shifts right away. If your doctor agrees you will eventually be able to return to your own job on a full time basis within the next two months you may wish to become involved in the Plan's graduated return to work program.

Your graduated return to work program will be tailored to meet your particular needs. The program may involve the Plan referring you to an Occupational Therapist for what is called "work hardening" prior to any attempt being made to get you back working at your usual job. In some

cases, “work hardening” will occur on the job. The Plan’s Rehabilitation Counsellor will work with you, your employer and your Local Union to develop a plan that involves you working at your usual job for fewer than 8 hours each day, (either right away or after you have been through “work hardening”). Expenditures for workplace modifications or other aids may be paid by the Plan if it is determined such devices will enable you to return to your usual job.

Your doctor must provide notice to the Plan that you are no longer totally disabled and you are able to participate in a graduated return to work program. To qualify for the graduated return to work program it must be clear that you will eventually be capable of returning to your regular job on a full time basis.

While you are on an approved graduated return to work program you will continue to receive 100% of your weekly income benefit. Plus, you will receive an additional amount of money so that, in total, you will receive your regular straight time rate for each hour you work under the program.

Vocational Rehabilitation

Your disability may prevent you from ever being capable of returning to your regular job.

As soon as your doctor indicates you are physically and mentally able to perform some job in the forest industry or in another industry using skills you now have or can obtain in the fairly near future, every effort will be made by the Plan to assist you in securing alternative employment. Once you indicate an interest in the vocational rehabilitation program, you will be contacted by the Plan’s Rehabilitation Counsellor.

You and the Counsellor will identify the vocational rehabilitation program that best meets your needs. Your successful rehabilitation back into gainful employment will require a team effort. In addition to your and your doctor’s involvement and the Plan’s Rehabilitation Counsellor, your last employer and your Local Union may participate with you in the rehabilitation process. The Rehabilitation Counsellor’s involvement is limited to facilitating and encouraging you in your effort to return to gainful employment. The Counsellor will make recommendations to the Plan as to what should be included in the rehabilitation plan so that it is effective for you. Your program may involve a short retraining program or a learning program that occurs on-the-job. The Plan may pay for some or all of the expenses. You will need to be actively involved throughout your rehabilitation period in order for the program to be successful for you.

Statutory Holidays

The Letter of Understanding of May 22, 2001 governs how statutory holidays during a WI claim are treated. The intent is to ensure you are paid for statutory holidays occurring during disability, either by payment of wages or payment of WI benefits, while avoiding duplication of payment.

WI Claim up to 90 days: If you return to work from an absence of 90 days or less, normally your employer will pay for any statutory holidays in that period. If BC Life knows of the return to work in advance, they will reduce the final disability cheque by the number of statutory holidays during the claim period. If BC Life is advised of the return to work date after the final disability cheque is issued, you must reimburse BC Life for those days.

NOTE: In some cases, even though the claim is under 90 days, you may not receive pay for statutory holidays in the claim period. If that happens, it does not affect the above rule; BCL Life still deducts the statutory holidays from the claim period. The Trustees may consider forgiving the deduction upon appeal, depending on the circumstances.

WI Claim over 90 days: If you do not return to work within 90 days, the employer does not pay for any statutory holidays in the disability period, so there is no overpayment for BC Life to recover.

Other Benefits that May be Available to You

Long Term Disability (LTD)

Your local union and employer have copies of the booklet that describes the benefits available under this program. The earliest date LTD benefits are payable is after you have been disabled for 26 weeks. If you qualify, coverage for you and your family under the Basic Medical, Extended Health and Dental Plans will be provided by the Long Term Disability Plan.

Canada Pension Plan (CPP)

For both occupational and non-occupational disabilities, pensions (and monthly payments on behalf of dependent children) may be available from the Canada Pension Plan, provided you satisfy its qualifications.

There is a three month waiting period before benefits begin and you must be suffering from a severe disability and one that is likely to last for a long period of time. You must apply for CPP prior to filing a claim for LTD benefits. It is to your advantage to file at the end of the 3 month waiting period if you think you will be off work for an extended period of time.

Accidental Dismemberment, Loss of Senses, or Paralysis

If you are injured and within 365 days of the accident you suffer any of the following losses, the principal sum shown in the Summary of Benefits, or the appropriate fraction of this sum as shown below, may be payable to you from the Plan's Accidental Death and Dismemberment Benefit.

For Loss of	% of Principal Sum
Life	100%
Both Hands or Both Feet	100%
Total Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand or One Foot and Total Sight of One Eye	100%
One Leg or One Arm (includes loss of use)	75%
One Hand or One Foot (includes loss of use)	50%
Total Sight of One Eye	50%
Speech	50%
Total Hearing in Both Ears	50%
Thumb and Index Finger of One Hand	25%
Four Fingers of One Hand	25%
Total Hearing in One Ear	15%

Other Losses

Paraplegia (total paralysis of both lower limbs)	100%
Quadriplegia (total paralysis of all four limbs)	100%

NOTE: Benefits are not payable for any loss which results from or is caused, directly or indirectly by any of the causes excluded under "Accidental Death".

How Your Benefits Continue While You Are Disabled

While you are disabled and receiving weekly indemnity or WCB wage loss benefits or WCB income continuity or rehabilitation allowance, you will continue to be covered for:

- weekly indemnity
- long term disability (if applicable)
- pension (if applicable)
- group life insurance
- accidental death & dismemberment insurance
- extended health
- dental
- basic medical (Medical Services Plan)

Once your weekly indemnity or WCB wage loss or WCB income continuity or rehabilitation allowance benefits stop and if you are still totally disabled,

your life insurance will be maintained to age 65 or until you recover (at no cost to you).

Your life insurance continues to be maintained automatically while you are in receipt of benefits from the IWA-Forest Industry LTD plan. If your LTD benefits end or you do not have LTD coverage, and you remain totally disabled, you will be asked to have your doctor complete a physician's statement so that a decision can be made as to whether or not coverage should continue to age 65. (Premiums for continuation of life insurance are funded by the Trust).

Satisfactory proof of disability must be provided to the Trustees when requested.

TERMINATION

When you terminate your employment your employer will issue you a Transfer Card. Keep this card and give it to your new employer. As long as you become regularly employed with a participating employer (or covered by any plan referred to under "When Does Coverage Start?") within 18 months of the date you last worked in employment that covered you with health and welfare Plan benefits, your coverage will be immediate and you will not have to wait until you complete your probationary period.

Your coverage under the Extended Health and Dental Plans and your group basic medical coverage stops at the end of the month in which you terminate employment. If you or a covered dependent are having orthodontic work done when you terminate, work approved prior to your termination **will not** continue to be paid for.

Weekly Indemnity, LTD and Accidental Death and Dismemberment coverage stops on your date of termination of employment. Your Group Life Insurance continues for 31 days following your date of termination (see "Conversion" below).

If you are disabled when your employment terminates, contact your employer, local union, or the Plan office to find out if you have continued rights to coverage under this Plan or other joint USW – Forest Industry plans.

Conversion of Group Life Insurance

If you should die within the 31-day period following termination of your group life insurance coverage, your life insurance will be paid. In that 31-day period you have the right to convert all or part of your group life insurance into an individual policy without medical evidence. The rate charged by the insurance company would depend on your age and on the type of individual policy you chose.

This can be a valuable option, especially if you are a smoker or not in good health at the time of termination. Your employer or the Plan office can assist you with the process of applying for an individual policy.

LAYOFF/LEAVES OF ABSENCE

1. Layoff:

If you are laid off, your coverage will continue as follows.

- (i) 4 months or less seniority — No Layoff Coverage

NOTE: for this purpose, you are considered laid-off if you have not worked for seven calendar days.

- (ii) more than 4 months but less than 1 year of seniority — 3 Months Layoff Coverage

- (iii) 1 year or more of seniority – 6 Months Layoff Coverage

Coverage stops at the end of the layoff extension period unless you re-establish your coverage by returning to active employment. However, your Group Life Insurance continues for 31 days following the end of the layoff extension period.

In the event of layoff your employer will issue you a Transfer Card which will indicate the date your coverage under the USW-Coastal Forest Industry Health and Welfare Plan will terminate. Keep this card to give to your employer when you return to work so that you are always properly covered under the Plan.

2. Reinstatement of Layoff Coverage:

Construction Employees:

- Layoff coverage will be reinstated if you return to regular full time employment for 30 working days within any period of 90 consecutive days.

Other Plan Members:

- Layoff coverage will be reinstated if you return to regular full time employment for 10 working days within any period of 30 consecutive days.
- If you return to work for at least 1 working day and less than 10 working days you will be covered for that month, in addition to any layoff coverage you are entitled to, if the recall occurred during the period of layoff coverage.

3. Leaves of Absence:

Your coverage under this Plan will continue during the whole period for which leave is granted under the following conditions:

- The period in respect of which you receive Workers' Compensation wage loss, income continuity or rehabilitation benefits.
- The period in respect of which you receive weekly indemnity benefits from this Plan.
- If you are suspended, coverage will continue during the period of such suspension. (Weekly indemnity benefits will not be paid during your period of suspension. The five day waiting period for disability caused by illness commences from the day following the end of your period of suspension.)

- If you are on leave of absence:
 - (a) because of pregnancy,
 - (b) for apprenticeship under a provincial apprenticeship program,
 - (c) because of bereavement,
 - (d) for jury duty,
 - (e) for Union business,
 - (f) to campaign as a candidate for Federal, Provincial or Municipal elective public office, or
 - (g) for part time, intermittent service in the capacity of an elected or appointed municipal officer.

If you remain disabled after your Weekly Indemnity or Workers Compensation temporary benefits end, your Life insurance may continue to age 65. Please refer to “How Your Benefits Continue While You Are Disabled”.

If you are on leave of absence for **compassionate reasons**, educational, extended vacation or training purposes other than apprenticeship under a provincial training program, only Life and AD&D coverage **will continue**. Weekly indemnity benefits will not be paid during your period of leave. If you become disabled during your leave of absence, the waiting period for weekly indemnity (if applicable) commences on the later of:

- (a) the day following the expiry of your leave, OR
- (b) if you are outside the province of BC, the day you return to BC (unless you are confined to a hospital recognized by the BC Medical Plan.)

While on extended leave of absence, you must pay your own premiums for the Medical Services Plan, Extended Health Benefits and Dental Plan.

FRAUD WARNING

Health Care Benefit Fraud can and will be prosecuted by the Trustees and Carriers of the various USW-Forest Industry Benefit Plans. Claiming ineligible dependents or not disclosing employment income (or payment in kind) while on disability benefits are examples of benefit fraud.

There may be cases where some employment income during a period of benefit entitlement may be permitted under the terms of the Plans--this is often for a rehabilitative purpose. However, all such arrangements must be discussed with, and agreed to in advance by the Plan representative.

Any member who receives money or benefits from the Plans to which he/she is not entitled will be required to fully reimburse the Plan and may be subject to legal or disciplinary action.

MEDICAL & DENTAL EXPENSES

In addition to those benefits provided through the USW-Coastal Forest Industry Health & Welfare Plan, your employer covers you for:

- Basic Medical (MSP-BC)
- Extended Health Care (EHC)
- Dental Plan

Health & Welfare Plan benefits cover the employee only, but these medical and dental benefits cover both you and your dependents. EHC and Dental are NOT part of the USW– Coastal Forest Industry Health & Welfare Plan. Please see Pacific Blue Cross’s description of these benefits, included in a separate booklet.

For further information you should contact your employer, or see the contact information below.

FURTHER INFORMATION

USW-Coastal Forest Industry Health & Welfare Plan

This Summary is for information only and does not in itself create or confer any rights to benefits. The Summary and the formal text of the Plan (which your employer or Local Union Office can make available to you) should answer most of your questions about the Plan.

Your employer or local union will have a supply of change of beneficiary forms, change of name forms and claim forms. If difficulties arise in the use of these forms or if you require information which is not available to you from this Summary and the formal text of the Plan, address your inquiries to:

Board of Trustees, USW-Coastal Forest Industry Health & Welfare Plan
c/o Pacific Blue Cross

PO Box 24715, Stn. ‘F’
Vancouver, BC V5N 5T8

Telephone: 604 419-2476 Fax: 604 419-2884

Email: adm@pac.bluecross.ca

Web address: <http://USWfi1.planoffice.ca/>

For information about your WI claim, you may wish to contact BC Life directly:

Mail: PO Box 7000
Vancouver, BC V6B 4E1

Telephone: 604 419-2000
Outside the Lower Mainland: 1-877-722-2583

Basic Medical (MSP-BC)

Coverage for basic medical, surgical and hospital care is provided through the Medical Services Plan of British Columbia. For information you should contact your employer. To arrange individual coverage upon termination of your employment, ask your employer for an application form for individual coverage. For further information, please contact the Medical Services Plan of British Columbia:

PO Box 9035, Stn Prov Govt
Victoria, BC V8W 9E3

Dental / Extended Health

For information you should contact the personnel office of your employer. For specific information about your claims, you may wish to contact Pacific Blue Cross directly:

Web Page: www.pac.bluecross.ca

Email: select "Contact us" on the PBC web page

Phone:

- Dental or
- Extended Health Claims 604 419-2000
- Toll-free in BC 1-877-722-2583
- Fax 604 419-2990

Mail: PO Box 7000
 Vancouver, BC V6B 4E1

Pension / LTD

For information you should contact your local union office, your Employer, or:

The Plan Administrator

USW-Forest Industry Pension and LTD Plans

Email:

- For Pension Plan information: pension@iwafibp.ca
- For Long Term Disability Plan or Rehab information: ltdrehab@iwafibp.ca
- For company or contribution information: IWA_Contributions@iwafibp.ca

Phone:

- Main switchboard 604 433-6310
- Toll-free in BC 1-800-663-4384
- Pension information 604 433-5862
- Pension toll-free 1-800-913-0022
- Fax 604 433-0518

Mail: Suite 2100, 3777 Kingsway
 Burnaby BC V5H 3Z7

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