UFCW Local 401 – Real Canadian Superstore Benefit Trust Fund

Prescription Drug, Vision Care & Life Insurance Program

MARCH 2013

FOR PART-TIME EMPLOYEES And Their Dependents
General Information
The UFCW Local 401 – Real Canadian Superstore Benefit Trust Fund sponsors a benefit program for part-time employees who work for the Real Canadian Superstores and Liquorstores in Alberta, and who are members of the UFCW Local 401.

The Benefit Trust Fund is managed by a joint Board of Union-appointed and Employer-appointed Trustees.

This pamphlet briefly summarizes the benefit program and its eligibility rules, but it does not confer any contractual or other rights. All rights and benefit provisions are managed by the Trustees. The Trustees have the full authority to resolve all questions about the administration of the benefit program and to increase or decrease coverage amounts from time to time.
Personal Information

Participation in the benefit program depends on the collection, storage and use of your personal information and that of your eligible dependant(s). It forms the foundation upon which individual entitlements are built and from which benefit payments are calculated and made. As well, parts of that personal information are needed to satisfy government requirements for information, to facilitate audits of the Benefit Trust Fund, to estimate future operating costs, and to inform Members about their coverage. In all cases, personal information is stored with the strictest attention to security and used only to fulfill the requirements of the Benefit Trust Fund and the law.

Registration to participate in the benefit program, involves an authorization to allow the Trustees to gather and apply personal information in specific ways. You may revoke that authorization, subject to certain legal constraints, however, doing so will result in the deletion of your personal information file, and may, therefore render your ongoing participation impossible.

Complaints regarding use of personal information may be directed to the Administrator’s Privacy Officer at the address noted below, or by contacting the Office of the Privacy Commissioner of Alberta.

Administrator’s Privacy Officer

Suite 101, 2635-37th Avenue N.E.
Calgary, Alberta T1Y 5Z6

Your I.D. number for identification and Union purposes is your social insurance number.
Registration Card

In order to be reimbursed for claims, you must complete and sign (in ink) a Registration Card and return it to the Administrator. In the event that the Administrator does not receive a Beneficiary Designation, the Life Insurance benefit must be paid to your estate and may be subject to an otherwise avoidable probate fee and other legal costs. Registration Cards are available from the Administrator, your Employer, or from the Union office.

Claim Form

Forms for claiming Prescription Drug and Vision Care expenses, and for filing Life Insurance claims, are available from the Administrator. Only those claims received by the Administrator within **12 months** of the date the expense was incurred are eligible for reimbursement. Original receipts must be submitted with your claim form for Prescription Drugs and Vision Care expenses. Proof of loss must be submitted when filing a Life Insurance claim.
Eligibility

To be eligible for participation in the benefit program you must be employed part-time by Real Canadian Superstores or Liquorstores, and be a Member of UFCW Local 401. To be eligible for claims reimbursement you must have worked 5 consecutive months and at least 120 hours in the last 12 consecutive week period reported to the Administrator. Your coverage starts the first of the month following the above-noted requirements. Entitlement continues, provided you have worked at least 120 hours during the most recent 12 consecutive week period reported to the Administrator.

If you are eligible for benefits, you may also apply for coverage for your eligible dependant(s).

Your eligible dependants include a spouse to whom you are married or have cohabitated with for at least one year, and any unmarried, fully dependent children under the age of 19, or to age 25 if attending school full time at an accredited institution, or any age if disabled. Proof of such dependant status will be required yearly. Your participation in the benefit program, and that of your eligible dependants, terminates on your employment termination date, or the date the Plan terminates, or as otherwise outlined in this booklet.
Prescription Drug Coverage

You are entitled to receive reimbursement for the Drug claims incurred by you and your eligible dependants to a maximum of $1,000 per person, per benefit year. The benefit year is September 1 to August 31.

If you or your eligible dependants purchase prescriptions at Real Canadian Superstores, you will be reimbursed for 100% of the cost. If you, or they, purchase prescriptions elsewhere, you will be reimbursed 70% of the cost.

Charges for the following services and supplies are eligible for reimbursement:

- Drugs, which require a written prescription of a physician or dentist, which are dispensed by a registered pharmacist in Canada, provided the drug is unable to be purchased over the counter.
- Vaccinations and immunizations, when prescribed, for preventative treatment of communicable diseases.
- Insulin and Diabetic supplies.

Charges for the following services and supplies are not eligible for reimbursement. This list may be amended, from time to time, at the discretion of the Trustees.

- Vitamins
- Contraceptives (other than oral, injected (Depo-Provera) and birth control patch)
- Smoking cessation aids
- Drugs and/or products prescribed for treatment of erectile dysfunction or infertility
- Drugs which have no therapeutic value
- Dietary food/supplements
Vision Care Coverage
Reimbursement of Vision Care claims for you and your eligible dependants, for lenses and frames combined, and for contact lenses are covered when prescribed by an ophthalmologist or optometrist, to a maximum of $200 in any 24-month period.

Eye examinations for you and your eligible dependants, when performed by an ophthalmologist or optometrist, are covered to a maximum of $60 in any 24-month period.

No amount will be paid for safety glasses or sunglasses, anti-reflective coatings, or for tints other than No.1 or No. 2.

Life Insurance
In the event of your death, a $20,000 Life Insurance benefit will be paid to your named beneficiary. If no beneficiary has been named, the payment will be made to your estate.

Absences Due To Illness Or Injury
If you, the Member, are absent from work due to illness or an injury you’ve experienced, your participation in the benefit program continues for up to 26 weeks. You will be required to provide the Administrator with the following.

1. Satisfactory proof of your illness or injury
2. Dates you will be absent from work
3. Copy of the proposed schedule or the previous week’s schedule to verify your standard hours of work.

You then will receive credit for the hours you would normally have worked.
Maternity, Parental or Adoption Leave

Effective March 1, 2013, if you are absent from work due to maternity, parental, or adoption leave, your participation in the benefit program will continue. However, your existing dependant’s coverage under the benefit program will be suspended during your leave and reinstated, retroactively, once you return to work and your Employer reports hours, on your behalf, to the Benefit Trust Fund. You will be required to provide a letter to the Administrator stating the expected birth or arrival date of your child and return to work date, which will be kept on file. A birth or adoption certificate is required to extend benefits to your new dependant.

Vacation

If you are absent from work due to taking vacation days, to which you are entitled to under the terms of your employment, obtain a letter/statement from your Employer indicating the number of hours/weeks of vacation you are entitled to, and forward that document to the Administrator in order to help avoid having your eligibility terminated.

Compassionate Leave

If you are absent from work due to severe personal or familial distress or other compassionate reason and your employer has approved your leave, obtain a letter/statement from your Employer approving the leave and stating the number of hours/weeks you are entitled to, and forward that document to the Administrator in order to help avoid having your eligibility terminated.

Employment Status Change

If your status changes from Part-time to Full-time and back to Part-time, your coverage under this benefit program will be reinstated – you do not have to re-qualify due to your employment status change.
Administrator’s Contact Information

ADMINISTRATOR
Suite 101, 2635-37th Avenue N.E.
Calgary, Alberta  T1Y 5Z6
Tel:  (403) 250-3534 or 1 (888) 811-7227
Fax: (403) 250-9236

IMPORTANT REMINDER
Please notify the Administrator of the following.

• Change in address

• Change in marital status or dependents

• Absences from work due to:
  - Illness or injury;
  - Maternity Parental or Adoption Leave;
  - Vacation; or,
  - Compassionate Leave

• Employment Status Change
  (Part-time/Full-time)