

ALBERTA RETAIL MEAT INDUSTRY DENTAL PLAN

GROUP 13900

SUITE 101, 46 Hopewell Way NE CALGARY, ALBERTA T3J 5H7

TELEPHONE: (403) 250-3534 TOLL-FREE: 1-800-667-2816 FACSIMILE: (403) 250-9236

Notification Re: Absence from Work*

Please Print:

First Name

Last Name

S.I.N.

Complete Mailing Address

City

Province

Postal Code

Phone Number

To be completed by the Employer:

Date Absence Commenced _____ Expected Date of Return _____

This is to certify that the above named employee has been/will be absent from work for the following reason(s):

on the job illness or injury **

non-occupational injury/illness **

maternity/parental leave Expected Date of Birth of Child _____

other (please specify) _____

Name of Employer

Telephone Contact

Authorized Signature

Date

*See the Plan Eligibility Rules on the reverse.

**Include satisfactory proof of your illness or injury, dates you will be absent from work and a copy of proposed schedule or the previous week's schedule to verify your standard hours of work.

NOTE – Please provide documentation if your doctor allows you to work below 15 hours per week to qualify for the plan. This will ensure that your benefits will not lapse while on modified duties.

To be completed by the Member:

I hereby certify that I have not engaged in any occupation or employment since my absence commenced.

Date

Signature

ELIGIBILITY RULES

If an employee works 180 or more hours for a participating Employer during the first three months of any consecutive four-month period, the employee and their eligible dependants will be covered for dental services rendered at any time in the calendar month immediately following that four-month period (orthodontic services are subject to further eligibility requirements).

The following table illustrates the eligibility test:

If the employee works 180 hours in these three months			He/She is covered for service rendered in this month
Jan	Feb	Mar	May
Feb	Mar	April	June
Mar	April	May	July
Apr	May	June	Aug
May	June	July	Sept
June	July	Aug	Oct
July	Aug	Sept	Nov
Aug	Sept	Oct	Dec
Sept	Oct	Nov	Jan
Oct	Nov	Dec	Feb
Nov	Dec	Jan	Mar
Dec	Jan	Feb	April

Company contribution periods do not always coincide with the end of the month. Where employees work irregular hours or part-time, this could have the effect of showing fewer hours than were actually worked, in some cases. If you have been denied benefits under the Plan for that reason, you should contact the Dental Plan with your pay stubs for the period in question. The Plan provides that anyone actually entitled to benefits cannot be denied such benefits by virtue of some error or failure in forwarding or recording contributions. Thus, it is important that all recent pay stubs be retained.

The employee is expected to supply their social insurance number to the Plan Administrator, along with a list of their eligible dependants and dates of birth. While covered for dental services, the employee is deemed to be a Member of the Plan.

ELIGIBLE DEPENDANTS

Eligible dependants include:

- a) The spouse or common-law spouse of a covered Member. Common-law spouse shall be defined as a partner of the Member who has cohabited with the Member for a minimum of six consecutive months, and throughout this period has been publicly represented as the employee's spouse (Verification may be requested).
- b) Unmarried children under the age of 19 who reside in the home of the Member, and for whom the Member is entitled to claim a deduction for the purpose of calculating income tax under the *Income Tax Act* (Canada).
- c) Unmarried children under the age of 25, if dependent on the Member or Member's spouse and registered as a full-time student at an accredited school. The word "accredited" is construed to include any school recognized by an accrediting association, whether on a national or provincial level (Official confirmation from the institution is required each year).