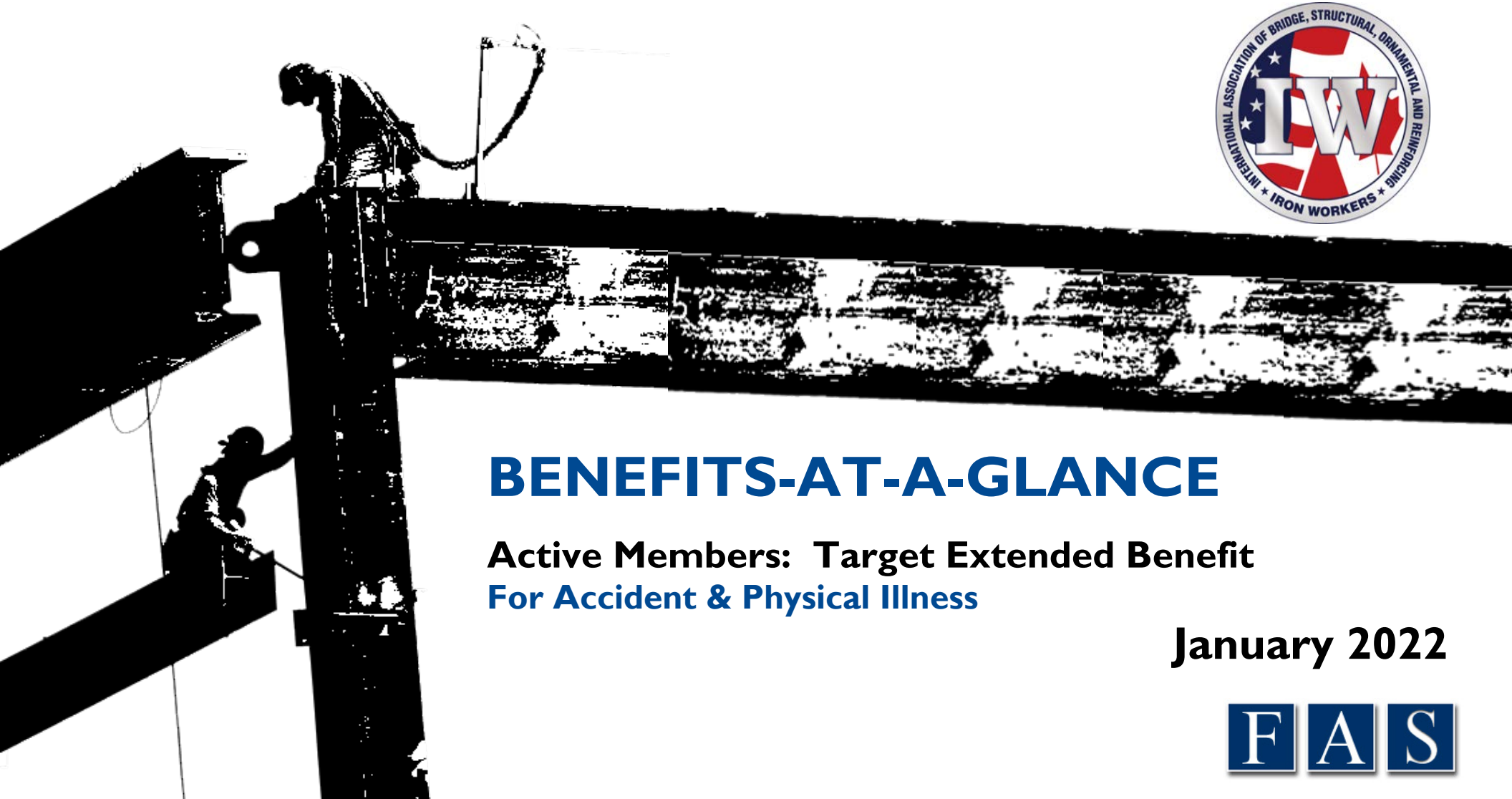
IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

LOCAL 720 & LOCAL 725



BENEFITS-AT-A-GLANCE

Active Members: Target Extended Benefit
For Accident & Physical Illness

January 2022

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IRONWORKERS HEALTH & WELFARE TRUST FUND OF WESTERN CANADA
LOCAL 720 & LOCAL 725

DESCRIPTION OF COVERAGE

The **Target Extended Benefit (TEB) for Accident & Physical Illness** is intended to provide the Member with an income supplement in the event of total physical disability, after the expiration of Weekly Disability Income Benefits. Benefits under this plan are not insured or guaranteed, and may, at the Trustees discretion, be amended, terminated or wound up at any time. This plan is not underwritten by an insurer but is self-insured by the Trust Fund. For a complete description of the plan, please request a copy of the Target Extended Benefit Plan Document from the Administrator.

If a Member becomes Totally Disabled (as defined by this plan) while actively working and participating in the Active Member benefits, and if such disability continues for at least the Elimination Period, and if the Board of Trustees or Assessor in their reasonable discretion determine that the Member satisfies the requirements as outlined in the Plan Document, the Trust Fund will pay the Member a benefit. The Elimination Period is 104 weeks of continuous total disability during which the Member is in receipt of Ironworkers Active Member Weekly Disability Income benefits.

WHAT IS "ACCIDENT OR PHYSICAL ILLNESS"?

Totally Disabled, for the purposes of this plan, is defined as a restriction or lack of ability due to a **Physical** illness or **Physical** injury which prevents the Member from performing any **gainful employment** during the Elimination Period and beyond. **Physical** means any bodily injury or illness that is not caused or contributed to, directly or indirectly, primarily by psychological or mental illness or disease, or treatment for such illness or disease. This means that you must provide continuing medical evidence of a physical disability to qualify. The intent of this plan is not to cover all types of disability. **Gainful employment** is defined as suitable work in any occupation for which the Member is medically capable of performing, for which the Member has the necessary education, skills, training and experience; and which could provide the Member with at least 60% of pre-disability monthly earnings (or pre-disability monthly salary for non-bargaining employees).

BENEFIT OFFSETS

The amount of TEB gross monthly benefit is directly reduced by income or benefits payable or received by or from any of the following sources:

- Disability benefits to which the Member is entitled under a public pension plan (CPP/QPP);
- Amounts payable or received under Workers' Compensation, or similar legislation;
- Amounts payable or received under any compulsory disability benefits legislation;
- Amounts payable or received under any automobile insurance policy for a disability resulting from any motor vehicle accident, whether the Member is riding as a passenger, driver or pedestrian;
- Amounts payable from any Section B benefit paid payable from an automobile insurer;
- Benefits received from any other sick leave or disability plan sponsored by Local Unions 720 and 725 of the International Association of Bridge, Structural, Ornamental and Reinforcing Ironworkers, or any other sick leave plan;
- Any remuneration received from an employer (except if received under Rehabilitation Employment or Accommodation Employment provisions); and,
- Any income from self-employment.

CLAIMS PROCESS

Should a Member be physically disabled and nearing the end of the Weekly Disability Income benefit period, a TEB application form must be filled out and provided to the Administrator. Applications must be made within six months from the expiration of the Elimination Period. The Member is encouraged to apply for Canada Pension Plan disability benefits as these benefits are an offset under this plan.

WHO IS COVERED BY THE PLAN?

This benefit is part of the Active Member Health & Welfare benefit program. To be eligible for coverage under this plan, the Member must be:

- An active Member in good standing with Local 720 and Local 725 and working for a contributing employer who is obligated to pay contributions to the Ironworkers Health & Welfare Trust Fund of Western Canada;
- A resident of Canada;

- Covered by a provincial government health care program;
- Under age 58.

Members become eligible for TEB coverage on the first day of the second month following a period of not more than three consecutive calendar months during which the Member has accumulated at least 250 hours in the hour bank account, provided the Member is actively at work or available for work on the day the Member would ordinarily become eligible for coverage. This is the same for all Active Member benefits. Members of another union local working in Alberta on a travel card are not eligible for coverage.

BENEFIT AMOUNT

The benefit amount is based on the pre-disability monthly earnings level prior to the first day of the Elimination Period. The Elimination Period is 104 consecutive weeks of continuous Total Disability during which the Member is in receipt of Ironworker Active Member Weekly Disability Income benefits.

For Members paid a base hourly wage rate as per the Collective Agreement based on pre-Apprentice, 1st Level, 2nd Level and 3rd Level hourly wage rates, a flat gross monthly benefit of $2,500 will be paid. For Members paid a base hourly wage rate as per the Collective Agreement based on 4th Level, Generalist 4th Level, Journeyman, Leadhand or Foreman hourly wage rates, a flat gross monthly benefit of $3,500 will be paid.

For eligible non-bargaining employees of contributing employers a benefit amount equal to 60% of pre-disability monthly salary, prior to the 1st day of the Elimination Period, up to a maximum of benefit amount of $3,500 will be paid.

Benefits are payable immediately following expiration of the Elimination Period. Benefits are payable until the day the Member attains age 60.

Any benefit received under this plan is taxable as income and receipt of the benefit may also require the Member to pay an amount to Employment Insurance and to Canada Pension Plan (collectively referred to as the "tax amounts"). The Fund is not required by law to deduct and withhold the Tax Amounts. The Member is the responsible party and will pay the Tax Amounts as required by Canada Revenue Agency.

Benefits continue to be payable if the Member continues to meet the criteria as specified in the TEB Plan Document. Once you are able to work and no longer meet the definition of Total Disability, benefit payments will stop. Should any information come to light that may affect the ability for a Member to continue to qualify for benefits, your claim will be reassessed. Members claiming benefits must remain in good standing with the union.

It is a condition under the plan that if a Member is receiving benefits, the Member must remain under the regular care of a licensed physician and follow recommended course of treatment. Continuing proof of disability is required. If approved for a benefit under this plan, the Member must provide proof of income on an annual basis by providing a copy of the Member's Income Tax Return and any Notice of Assessment by Revenue Canada.

Full details can be found in the TEB Plan Document.

APPEALS

In the event it is determined that a Member will not receive a benefit under the Plan (whether such determination is made in the first instance by the Assessor or by the Trustees), the Member may appeal that determination to the Board of Trustees by providing to the Board of Trustees a written Notice of Appeal. The Notice of Appeal should include the grounds for the appeal, any supplementary documents in support of the appeal and any other relevant information (not to exceed 5 pages in length). The decision of the Board of Trustees regarding the issue under appeal shall then be final and binding. The appeal should be provided to the Board of Trustees in a timely manner (preferably within 30 days of the Member receiving notice of the determination regarding whether the Member will receive benefits under the Plan.)

Once the application form is complete, the Administrator will forward it to the Claims Assessor, Homewood Health Inc., for their review. Homewood Health Inc. (HHI) is an objective third party whose focus is on the quality and timeliness of health care to individuals.

HHI's role is to assist the Trustees by assessing each claim based on objective medical evidence. They will provide a determination regarding eligibility for each claim and will inform the Trustees on the status of claims. HHI may also be involved with disability care management before a Member qualifies for TEB.

HHI employs a wide range of healthcare professionals and has been contracted to support Members during illness and to assist them return to full duties at work whenever possible. Once a Member is receiving Weekly Disability, they may be referred to HHI and a Care Manager will be in contact to assist the Member, their doctor or health care professional to ensure there is an effective treatment program in place. HHI works with the Member to facilitate a safe and medically appropriate recovery and return to work. The HHI Care Manager will be in regular contact with the Member throughout the care management

process. HHI is committed to holding all medical information in the strictest of confidence.

Once a claim is adjudicated, benefits payable will be processed and paid by the Administrator on behalf of the Trust Fund. In the event that an adjudication decision is appealed, the appeal will be dealt with in accordance to the TEB Plan Document. If, at any point, one of the Board of Trustees obtains information that may call into question continuing eligibility for this benefit, the Claims Assessor will review new information and make a decision as to continued eligibility.

CONTINUATION OF HEALTH & WELFARE BENEFITS WHILE ON TEB

Should a Member be approved for TEB, the Member's hour bank will be frozen and benefit coverage will continue until such time eligibility requirements are no longer satisfied.

PENSION CREDITS

Should a Member be approved for TEB, a pension credit may be provided. Please contact the Administrator for details.

REHABILITATION OR ACCOMMODATION EMPLOYMENT

The TEB plan has provisions for both Rehabilitation Employment and Accommodation Employment. Rehabilitation Employment is a program of work or modified work that a Member can engage in while totally disabled. HHI, as part of the disability management, will work with the Member to develop such a program depending on the Member's ability. The program must be approved by the Board of Trustees. During such Rehabilitation Employment, the Member's monthly disability benefit will be reduced by 50% of any approved compensation from the Rehabilitation Employment. Funding for retraining is not part of this rehabilitation program.

Accommodation Employment is a program as approved by the Board of Trustees of reduced work time or duties engaged in by the Member as a result of **anticipated** total disability. Application for an Accommodation Employment program must be made by the Member and approved prior to the commencement of the reduced work time or duties. The period of Accommodation Employment will be counted towards satisfaction of the Elimination Period. During such Accommodation Employment, the Member's monthly disability benefit will be reduced by 50% of any compensation that the Member received from such employment.

EXCLUSIONS

Payment is not made for any period of physical disability when the disability is due to, or results from:

- Active participation in war;
- Active duty in military;
- Terms of imprisonment from an offence under the Criminal Code;
- Abuse of drugs or alcohol.

TERMINATION OF COVERAGE

A Member's coverage terminates on the earliest of:

- When the Member ceases to be eligible; or
- The last day of the month in which the Member has less than 125 hours in the hour bank account; or
- If the Member ceases to be in good standing with the Union Local; or
- At attainment of age 60 less the Elimination Period (i.e. at age 58).

MISCELLANEOUS

Benefits under this plan are not insured or guaranteed, and may, at the Trustees discretion, be amended, terminated or wound up at any time. The Supplementary Health, Vision and Dental plans are not underwritten by an insurer but are self-insured by the Trust Fund.

CONTACT INFORMATION:

This document is a summary. For more information on the benefit plan, please refer to the Member Booklet or visit: www.abironworkers.ca.

Additional inquiries can be directed to the Plan Administrator:

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