

Policy 29880

July 1, 2025

Canadian Union of Public Employees, Air Canada Component

Wage Indemnity Plan



Group Insurance Plan



beneva

This document contains important information. Please keep it for future reference.

TABLE OF CONTENTS

THINGS YOU SHOULD KNOW	1
Conformity with Law	1
Cost.....	1
Legal Actions.....	1
Access to Documents.....	2
Plan Administrator	2
SUMMARY OF COVERAGES	3
Membership	3
Weekly Indemnity Coverage	3
Long-Term Disability Coverage	5
DEFINITIONS	6
BENEFIT PLAN PROVISIONS	8
Who is Eligible to Become Covered	8
Effective Date of Coverage.....	8
Change in Coverage	8
Termination of Coverage	8
Continuation of Coverage During Absence From Work.....	9
HOW TO FILE A WAGE INDEMNITY CLAIM	11
Employer’s Statement.....	11
Claimant’s Statement	11
Medical Practitioner’s Questionnaire	11
Return-to-Work.....	13
Applying for Benefits - Time Limits	14
Claim Review.....	14
CLAIM RULES	15
Vacation	15
Application for Canada/Quebec Pension Plan Disability (CPPD/QPPD) Benefits	15
Physical Examination.....	16
Overpayment of Benefits.....	16

WEEKLY INDEMNITY COVERAGE.....	17
Disability Benefits.....	17
Definitions.....	17
Benefit Period.....	18
Elimination period	18
Amount of Weekly Benefits.....	18
Taxability.....	19
Reduction of Weekly Benefit (Direct and indirect offsets).....	19
Maximum Benefit Period	21
Recurrent Disabilities	21
Vocational Rehabilitation Benefits	21
Limitations and Exclusions.....	23
Entitlement to Benefits Should Coverage Terminate	25
Waiver of Premiums.....	25
Third-Party Claim	25
To Whom Payable	26
Assignment.....	26
LONG-TERM DISABILITY COVERAGE.....	27
Disability Benefits.....	27
Definitions	27
Elimination Period.....	28
Benefit Period.....	28
Amount of Monthly Benefit.....	28
Taxability.....	28
Reduction of Monthly Benefit (Direct and indirect offsets)	28
Maximum Benefit Period	30
Recurrent Disabilities	31
Vocational Rehabilitation Benefits	31
Limitations and Exclusions.....	33
Entitlement to Benefits Should Coverage Terminate	35

Waiver of Premiums..... 35
Third-Party Claim 35
To Whom Payable 35
Assignment..... 35
REDUCED BLOCK PROGRAM..... 36
DEFERRED SALARY PROGRAM 37
MATERNITY LEAVE TOP-UP OF EMPLOYMENT INSURANCE BENEFITS 38
CANADA PENSION PLAN RETIREMENT BENEFITS AND EI DISABILITY BENEFITS..... 39
ROLES AND RESPONSIBILITIES OF THE BOARD OF TRUSTEES AND PLAN GOVERNANCE . 40
 How are the Wage Indemnity Plan (WIP) and Trust Fund Governed? 40
 What is the Governance Policy? 40
 What is the Board’s Oversight Role? 41
 How Does the Board Communicate with Members? 42

NOTICE REGARDING THE PROTECTION OF YOUR PERSONAL INFORMATION

File and Personal Information

In order to maintain the confidentiality of information concerning the persons it insures, Beneva Inc. opens an insurance file to hold personal information about the application for insurance and any insurance claims made.

With the exception of certain cases provided for under applicable legislation, access to insured persons' files is restricted to those employees, legal agents and service providers who must consult these files for the purpose of contract management, inquiries or underwriting, in addition to reinsurers and any other person you may authorize. Beneva keeps these insurance files in its offices.

You may access your personal information or request the correction of incomplete or inaccurate information by sending Beneva a request at the following address:

Chief Privacy Officer

Beneva
625 rue Jacques-Parizeau Quebec QC G1R 2G5
cpo@beneva.ca

Legal Agents and Service Providers

Beneva may exchange information of a personal and confidential nature with its reinsurers, legal agents and service providers only for the purpose of allowing them to carry out the tasks they are assigned. Beneva's legal agents and service providers must comply with Beneva's personal information protection practices.

When you enrol in a group insurance plan, and also when you make a claim, you are actually giving your consent that the insurer and its legal agents and service providers may use your personal information for the above-mentioned purposes. It is understood that not giving this consent would compromise the management of your insurance coverage and the quality of the services Beneva can offer you.

For more information about Beneva's personal information protection practices, the complete version of Beneva's Personal Information Protection Statement is available at the following address:

<https://www.beneva.ca/en/legal-notes-confidentiality/personal-information-protection>.

THINGS YOU SHOULD KNOW

Initial effective date of the plan: March 1, 2001.

This booklet reflects the modifications in effect as of July 1, 2025.

Covered Classes: All flight attendants employed under the jurisdiction of the Canadian Union of Public Employees, Air Canada Component by an airline participating in the Wage Indemnity Plan.

IMPORTANT:

The coverages described in this wage indemnity plan are insured under Group Policy No. 29880 issued to the Policyholder by SSQ, Life Insurance Company Inc., now operating as Beneva Inc. (Beneva). They are available to you if you are included in the covered classes shown above. Only those coverages for which you become covered will apply to you.

This booklet is a description of the group benefits at the date shown on the front cover and is provided for information purposes only. It does not constitute the group insurance policy nor does it affect the terms and conditions of the group insurance policy. In the event of a discrepancy between this booklet and the group insurance policy, the policy shall prevail.

Conformity with Law

If any provision of this wage indemnity plan conflicts with any law which applies to individuals shown in the covered classes, the plan will be amended to conform to that law.

Cost

You will be advised of the amount of your contribution when you enrol for the coverage. Premiums erroneously deducted by your employer do not constitute effective coverage as set forth in the contract.

The coverages are described in the Summary of Coverages and the coverage description pages. Be sure to read these pages carefully. They show when benefits are or are not payable, and outline the conditions, limitations and exclusions that apply to the coverages.

Legal Actions

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out to this end, if any, in the applicable provincial Insurance Act.

Access to Documents

In addition to the rights of insured persons outlined in the Notice of New File and subject to payment of the fees outlined therein, you also have the right to obtain a copy of the policy, application and any written statements or other records that you have provided to Beneva. However, in compliance with the Insurance Act that applies to you, the first request may be answered free of charge, including for transcribing, reproducing or sending this information. Any subsequent requests may be subject to fees as described in the Notice of New File.

Plan Administrator

Manion Wilkins & Associates Ltd. (MANION)
21 Four Seasons Place, Suite 500
Etobicoke, ON
M9B 0A5

For Claims Inquiries: 416-234-3513 Toll Free: 1-800-663-7849

For Prepayment of Premiums: 416-234-3511 Toll Free: 1-866-532-8999

FAX: 416-234-0127

EMAIL: acclaims@manionwilkins.com

For information on the role and responsibilities of the Plan Administrator, please refer to the Roles and Responsibilities of the Board of Trustees and Plan Governance section of this booklet.

SUMMARY OF COVERAGES

Membership

Flight attendants employed by Air Canada.

Weekly Indemnity Coverage

Weekly benefit:	60% of earnings payable weekly.
Elimination period:	<ul style="list-style-type: none"> • 7 days from first flight missed for regular blockholders • 7 days from first reserve day missed for reserve blockholders • 7 days from first scheduled day missed for those on special assignment or union officer duties
Benefit period:	<p>First 15 weeks of Weekly indemnity (paid by MANION on behalf of Beneva).</p> <p>Following 26 weeks of Employment insurance with a Supplementary Unemployment Benefit (SUB) top-up by the Trust Fund.</p> <p>You must apply for disability benefits under the Employment Insurance Act of Canada (EI) for the 26-week period during which weekly indemnity benefits are not payable under the contract. Disability benefits under EI are taxable benefits and will be assessed based on the benefit plan design under the EI Act.</p> <p>Following 35 weeks of Weekly Indemnity (paid by MANION on behalf of Beneva).</p> <p>If you are totally disabled but not eligible for EI benefits due to not having worked the required number of insurable employment hours, you may be eligible for disability benefits paid by the Trust Fund. Disability benefits may be payable for up to a maximum of 26 weeks at 55% of your weekly pre-disability earnings, subject to the current weekly maximum payable under EI. The benefits are taxable. You must submit proof that you are not eligible for EI benefits due to insufficient insurable employment hours and you must submit your EI denial letter with your claim for WIP benefits to MANION.</p>

Maximum benefit period:	For any one period of total disability, benefits will be payable for 77 weeks (including elimination period) but not beyond the end of the month in which you reach age 71 or the date you retire, whichever is earliest.
Taxability:	Since you pay the entire premium for this coverage, the weekly indemnity benefit payments are nontaxable.
Benefits from certain other sources:	Should you be entitled to periodic benefits from certain other sources during a disability, the amount of the weekly benefit payable may be reduced as explained later in the Weekly Indemnity Coverage description pages.
Termination of coverage:	The day you reach age 71 or the date you retire, whichever is earliest.

Long-Term Disability Coverage

Monthly benefit:	60% of your pre-disability earnings payable monthly.
Elimination period:	77 weeks or expiry of Weekly Indemnity, whichever is later.
Reduction:	The amount of the monthly benefit payable may be reduced so that your income from all sources will not exceed 85% of your gross monthly pre-disability earnings. This is explained later in the Long-Term Disability Coverage description pages.
Taxability:	Since you do not pay the entire premium for this coverage, the long-term disability benefit payments are taxable.
Maximum benefit period:	Benefit payments terminate on the earlier of: <ul style="list-style-type: none">• the end of the month in which you reach age 65;• the end of the month prior to the month in which you retire (early or normal retirement);• the end of the month in which you qualify for a Company pension without actuarial reduction and you have a minimum of 25 years of pensionable service and you are a minimum of 60 years of age; or• the end of the month in which you reach age 60 if you have failed to provide a copy of your pension statement to MANION or Beneva as required.
Termination of coverage:	Coverage terminates 18 months prior to the earlier of: <ul style="list-style-type: none">• the date you reach age 65;• the date you retire (early or normal retirement); or• the date you qualify for a Company pension without actuarial reduction and you have a minimum of 25 years of pensionable service and you are a minimum of 60 years of age.

For further information regarding your Company pension without actuarial reduction, please refer to your pension benefit statement

DEFINITIONS

The following definitions apply throughout this wage indemnity plan unless a term is defined differently within a specific coverage for the purpose of that coverage.

ACTIVE WORK, ACTIVELY AT WORK means the performance of the regular duties of your own occupation in accordance with the regular work schedule. Employees are not considered actively at work until they have performed their regular duties for one flight, or shift if on special assignment or union officer duties, or one day of reserve duty.

It does not include periods during which you are undergoing training mandated by the Ministry of Transport or the employer, or while on vacation, **IMMS, or any other non-pre-paid form of leave.**

BENEFITS means any amounts which become payable under a coverage.

CONTRACT means **Group Insurance Policy No. 29880.**

CONTRACTHOLDER means Board of Trustees of the Canadian Union of Public Employees, Air Canada Component Wage Indemnity Plan Trust Fund in its capacity as the **Policyholder** of Group Insurance Policy No. 29880.

EARNINGS means the average of the member's last 3 completed block months at the time of book-off. For example, the book off date from first flight missed (FFM) is March 30, 2018. As the FFM was still in the March Block Month, the 3 months used will be December (Dec 2-31) January (Jan 1-31) February (Feb 1-Mar 1).

Excluded from earnings are bonuses, fees, lodging and meal allowances, amounts paid by the employer as fringe benefits, isolation allowances and any lump sum payments.

EMPLOYER means Air Canada.

FULL-TIME BASIS, FULL-TIME EMPLOYMENT includes regular part-time basis and regular part-time employment, as defined in the collective agreement between an employer and the Canadian Union of Public Employees, Air Canada Component. **Temporary employees are not eligible for coverage.**

ILLNESS means any disorder of the body or mind, including complications resulting from pregnancy.

PHYSICIAN means a duly licensed doctor of medicine (M.D.) as directed or authorized by Beneva.

REGULAR BLOCKHOLDER means anyone who is employed by an employer under the terms of a collective agreement with the Canadian Union of Public Employees, Air Canada Component.

RESERVE BLOCKHOLDER means anyone who is employed by an employer under the terms of a collective agreement with the Canadian Union of Public Employees, Air Canada Component.

Beneva means Beneva Inc.

YOU means a member who is employed as a flight attendant by Air Canada under the jurisdiction of the Canadian Union of Public Employees, Air Canada Component.

BENEFIT PLAN PROVISIONS

Who is Eligible to Become Covered

You are eligible for coverage if you:

- (1) are within the covered classes shown on the Things You Should Know page;
- (2) are actively at work; and
- (3) are working on a full-time basis.

Temporary employees are not eligible for coverage.

Effective Date of Coverage

Provided you meet the eligibility requirements specified in Who is Eligible to Become Covered above, your coverage becomes effective on:

- The first of the month coinciding with or next following the date you become eligible if you are new employee;
- The date of transfer if you are an employee transferring in from another division of Air Canada to the jurisdiction of the Canadian Union of Public Employees, Air Canada Component.

If due to illness or injury, you are not actively at work on the date your coverage is to be effective, it will become effective when you return to full-time active work.

If you are absent from work due to illness, injury, leave of absence, lay-off, suspension, or any other reason and are not in receipt of benefits under this wage indemnity plan or under any workers' compensation law, your wage indemnity plan benefits will not be reinstated until you return to full-time active work (as defined on the Definitions page) as a flight attendant.

Change in Coverage

If your coverage would change due to a change in earnings or classification or as a result of a plan change, the coverage will not be adjusted until the first day on or after the date of the change on which you are actively at work and the required contribution is being made.

Termination of Coverage

Your coverage will terminate on the earliest of the following dates:

- (1) the date you cease to be a member of any eligible class because of termination of employment (described below) with the employer or for any other reason;

- (2) the date you are no longer included in the covered classes;
- (3) the date the policyholder or the employer ceases to make contributions for you;
- (4) the date you enter full-time active service in the armed forces of any country;
- (5) the date you attain the termination age as shown in the Summary of Coverages;
- (6) the date the contract terminates.

Termination of Employment

For the purposes of the contract, your employment will be considered to terminate when you are no longer actively at work for the employer. However, if you are absent from work for any of the reasons described in the Continuation of Coverage During Absence From Work section below, the employer may, without discrimination among persons in like circumstance, consider you as not having terminated employment for the purposes of the contract and as continuing to be a member of any eligible class, and coverage will then be continued as outlined in the section below.

Continuation of Coverage During Absence From Work

Prepayment of premiums is not required for an absence from the payroll of 15 calendar days or less. Prepayment of premiums is required for an absence from the payroll of 16 or more calendar days for one of the following reasons. **You must prepay the required premium in full within 30 days in order to be eligible for benefit consideration following the end of any of these periods:**

- (1) **Leave of absence granted** (such as personal, educational, maternity, child care, bereavement, or jury duty) other than inability to meet medical standards (IMMS): your coverage may be continued for a maximum duration of up to 24 months.

If you have elected to keep your coverage in force and you become totally disabled during the 24-month period, the elimination period will commence on the date you are scheduled to return to work.

- (2) **Lay-off:** your coverage may be continued for a maximum duration of up to 6 months. Should you become disabled during the 6-month period, you will not be eligible for benefit consideration unless you are recalled from lay-off status.

If you have elected to keep your coverage in force and should you be eligible for benefit consideration, the elimination period will begin on the date you are recalled to work.

- (3) **Suspension:** your coverage may be continued for the duration of your suspension.

If you have elected to keep your coverage in force and should you become totally disabled during a suspension, the elimination period will commence on the date you are scheduled to return to work.

- (4) **Strike or lockout:** your coverage may be continued for the duration of the strike or lockout.

If you are in receipt of disability benefits under the contract before the strike or lock-out, benefits shall continue during the strike or lock-out.

If you have elected to keep your coverage in force and should you become totally disabled during the strike or lockout, the elimination period will commence on the date you are scheduled to return to work.

Should you not prepay the required premium, your coverage will lapse and will not become effective until you return to full-time active work as a flight attendant.

To ensure continued coverage for up to 24 months (6 months during a lay-off), you must make the first required premium payment within 30 days from the commencement of the leave of absence. The date payment is received by MANION will determine your on time payment.

For more information regarding prepayment of premiums or to make arrangements for prepayment of premiums, please contact MANION by phone at 416-234-3511 or toll free at 1-866-532-8999.

VACATION

If you are on vacation and become disabled, the 7-day elimination period commences following the date first not available for work at the completion of your vacation.

If your leave of absence of 16 or more calendar days precedes your vacation and you have not prepaid the premium for that leave of absence, coverage will not be reinstated until you return to active work.

No prepayment of premiums is required when you are absent from work due to vacation or a personal leave of absence of 15 calendar days or less.

HOW TO FILE A WAGE INDEMNITY CLAIM

The Application for Wage Indemnity Plan Benefits, including the Claimant's Statement, Employer's Statement and Medical Practitioner's Questionnaire, should be completed as soon as you know you will off work for more than 7 days. Your 7-day elimination period commences from the date of your **first flight missed**, if a regular blockholder, your **first reserve day missed**, if on reserve, or from the date of your **first scheduled work day missed**, if on special assignment or union officer duties.

YOUR COMPLETED APPLICATION MUST BE RECEIVED WITHIN 30 DAYS OF YOUR FIRST FLIGHT MISSED, IF A REGULAR BLOCKHOLDER, YOUR FIRST RESERVE DAY MISSED, IF ON RESERVE, OR FROM THE DATE OF YOUR FIRST SCHEDULED WORK DAY MISSED, IF ON ASSIGNMENT OR UNION OFFICER DUTIES.

Employer's Statement

If not already completed when received, the Employer's Statement should be completed as soon as possible.

Claimant's Statement

- Mail the completed claimant's statement directly to **MANION** Do not use crew boxes or leave at the Airport Office.
- In case of an accident, be sure to explain the circumstances on a separate sheet. (WCB, Motor Vehicle, Home)
- Ensure you sign and date the Authorization at the bottom of the page.

Medical Practitioner's Questionnaire

You must see an authorized medical practitioner within 14 days of your first flight missed, if a regular blockholder, your first reserve day missed, if on reserve, or from the date of your first scheduled work day missed, if on special assignment or union officer duties, in order to qualify for benefits commencing on the 8th day of your disability.

The following medical practitioners used as a first point of contact for medical treatment are authorized to complete and sign the Medical Practitioner's Questionnaire during the first 14 days of total disability:

- Physician (medical doctor)
- Nurse Practitioner
- Dentist
- Midwives
- Chiropractor

Beyond the first 14 days of total disability, the Medical Practitioner's Questionnaire can only be completed by a:

- Physician (medical doctor)
- Nurse Practitioner

Furthermore, if additional medical evidence is required beyond the first 14 days of total disability, it can only be provided by a physician (medical doctor) or nurse practitioner.

Regardless of who completes the Medical Practitioner's Questionnaire, you must be under the care of a physician beyond 14 days following the date of disability in order for benefits to be payable.

- Have the authorized medical practitioner complete the Medical Practitioner's Questionnaire FULLY. Most claim delays are due to incomplete medical evidence. Please make sure that the medical practitioner's name is legible and that the address and telephone number are complete.
- Have the medical practitioner clearly indicate the diagnosis, complications (if any), treatment, medication and all dates of visits.
- If the medical practitioner does not know when you can return to work, an approximate date should be given. Indicating "indefinite" will delay your claim.
- If you are receiving treatment from a medical practitioner who is not a licensed physician (MD), you must ALSO be under the regular and ongoing care of a licensed physician (MD) if the disability lasts more than 14 days.
- Please sign the Authorization Request. If you do not sign this authorization statement your claim will be returned to you, resulting in a delay.

DO NOT ALTER OR ADD ANY INFORMATION TO THE MEDICAL PRACTITIONER'S QUESTIONNAIRE!

TO ENSURE CONFIDENTIALITY PLEASE SEND THE MEDICAL PRACTITIONER'S QUESTIONNAIRE DIRECTLY TO MANION.

THE EMPLOYER DOES NOT REQUIRE A COPY OF THE MEDICAL PRACTITIONER'S QUESTIONNAIRE!

If your disability arose out of, or in the course of your employment, you MUST apply for Workers' Compensation (C.S.S.T. in Quebec). However, you must also apply for Weekly Indemnity benefits in the interim. All Weekly Indemnity claims must be submitted within 30 days of your first flight missed, if a regular blockholder, your first reserve day missed, if on reserve, or from the date of your first scheduled work day missed, if on special assignment or union officer duties, regardless of whether you have also filed a Worker's Compensation claim. Failure to file a Weekly Indemnity claim will jeopardize your entitlement to these benefits in the event that your Workers' Compensation claim is refused or terminated. Weekly Indemnity

benefits will be payable only for a maximum of 120 days from the date of disability while a decision is pending from Workers' Compensation. Please contact your Local Office for more information if you are applying for Workers' Compensation benefits. Note: The complete Physician's Statement from your Workers' Compensation claim may be used in lieu of the Medical Practitioner's Questionnaire Manion sent to you with your WIP claim.

When you have returned to work, notify MANION immediately, so that your Weekly Indemnity claim can be finalized.

Your benefits will be deposited directly into your bank account, therefore please submit the Direct Deposit application along with a void cheque when you submit your application.

While you are receiving Weekly Indemnity benefits, supplementary reports will be forwarded to you periodically. Upon receipt, have this report completed and returned to MANION, as soon as possible so that payments will not be delayed. It is your responsibility to provide proof of disability. You must submit proof of disability WITHIN 30 DAYS of your first flight missed, if a regular blockholder, your first reserve day missed, if on reserve, or from the date of your first scheduled work day missed, if on special assignment or union officer duties.

If you submit proof after 30 days, it will not be processed unless you can show sufficient reasons in writing for not applying earlier.

The claimant is responsible for having all forms completed and any charges incurred for completion of same. You may submit your claim to MANION by sending your documents in:

- by mail;
- by FAX; or
- by email to acclaims@manionwilkins.com.

IF YOU HAVE ANY QUESTIONS OR PROBLEMS REGARDING YOUR CLAIM, OR CLAIM SUBMISSION, PLEASE DO NOT HESITATE TO CONTACT MANION.

Please note: You must advise MANION before you travel at any time during your Weekly Indemnity claim and written medical clearance from your physician may be required. All out-of-country travel requires written medical clearance from your physician.

Return-to-Work

When you return to work, you must notify MANION immediately.

Applying for Benefits - Time Limits

Your claim will be processed when the claimant's statement, the employer's statement and the Medical Practitioner's Questionnaire have all been received. You should therefore follow up with your employer and your authorized medical practitioner to ensure the forms are completed in a timely manner and avoid delay of benefits due to late submission.

It is your responsibility to submit proof of disability within:

- (a) 30 days of your first flight missed, if a regular blockholder, your first reserve day missed, if on reserve, or from the date of your first scheduled work day missed, if on special assignment or union officer duties;
- (b) 30 days of the termination of your disability benefits under the Employment Insurance Act of Canada in order to reinstate your claim under this Wage Indemnity Plan; and
- (c) 30 days of the recurrence of a disability.

LATE CLAIMS WILL BE PROCESSED WHEN YOU CAN SHOW SUFFICIENT REASON IN WRITING FOR NOT APPLYING EARLIER.

YOU ARE RESPONSIBLE FOR HAVING THE CLAIM FORMS COMPLETED AND ANY CHARGES INCURRED FOR THEIR COMPLETION.

Claim Review

If your benefits are denied, you may apply for review of your claim in writing to MANION who will advise you of the claim review procedures.

All requests for review and supporting documents must be postmarked **no later than 90 days** from written notification of initial denial or subsequent appeal denial.

CLAIM RULES

Vacation

If you are on vacation and become disabled, the 7-day elimination period commences following the date first not available for work at the completion of your vacation.

If your leave of absence of 16 (sixteen) or more calendar days precedes your vacation and you have not prepaid the premium for that leave of absence, coverage will not be reinstated until you return to active work.

Application for Canada/Quebec Pension Plan Disability (CPPD/QPPD) Benefits

In the event that you are totally disabled and your disability is a physical or mental impairment that is both severe and prolonged, you are required to file an application with CPPD/QPPD. You must submit proof of claim to MANION.

The wage indemnity plan benefits payable to you for any period of total disability will be reduced by the amount of a disability benefit payable under the Canada/Quebec Pension Plan:

- (1) MANION will send to you a reimbursement agreement and assignment form to sign. This agreement and assignment form should be returned to MANION. Upon receipt of the signed reimbursement agreement and assignment form, benefits will continue at the rate of full wage indemnity plan payments due. This authorization will be updated annually. **You must keep MANION advised of your CPPD/QPPD status.**

A copy of the approval/denial notice should be forwarded to MANION so that they can adjust your wage indemnity plan benefits accordingly. **Overpaid wage indemnity plan benefits must be refunded.**

- (2) In the event that you have not completed and returned the reimbursement agreement, assignment form or approval notice upon the commencement of your disability, your long-term disability benefits will be reduced by an estimated CPPD/QPPD Benefit. **Therefore, it is essential that you apply for CPPD/QPPD in a timely manner as requested.**

Should CPPD/QPPD deny your application, the wage indemnity plan benefits will continue **without an offset** while you remain totally disabled. In addition, you will be **reimbursed** for any wage indemnity plan benefits which were previously reduced by an estimated CPPD/QPPD Benefit. You are responsible for providing MANION with a copy of the denial notice. MANION will send you a letter of explanation detailing the appeal process. Proof of appeal must be submitted within 90 days.

Physical Examination

Beneva, at its own expense, will have the right and opportunity to designate a physician and have you examined by this physician when and as often as Beneva may reasonably require during the period of a claim under the contract.

Overpayment of Benefits

If you have received an overpayment of disability benefits, you are responsible for repayment of the overpaid amount within 6 months of the date you are notified of the overpayment, or within a longer period if so agreed to by Beneva. If you fail to do so, further disability benefits payable to you from the current and any future claim will be reduced until the overpayment is recovered. If there are no further benefits to withhold, Beneva has the right to recover overpayments by any other available legal means, including the use of a collection agency.

WEEKLY INDEMNITY COVERAGE

Disability Benefits

A weekly benefit will be paid if you become totally disabled while insured under this coverage and are under the regular care of a physician.

Payments will start when the elimination period has been completed and will continue in accordance with the benefit plan provisions while you are totally disabled.

Payment will be made weekly, computed from the end of the elimination period, provided you submit satisfactory evidence of continuing total disability as requested by MANION.

Benefits for part of a week will be paid at the rate of one-seventh of the weekly benefit rate multiplied by the number of days you are totally disabled during that week.

You must be under the regular care of a physician or nurse practitioner beyond 14 days from the start date of your total disability in order to continue receiving benefits.

Definitions

For the purposes of this Weekly Indemnity Coverage:

- (1) **“Elimination period”** means the period of total disability that must elapse before you are entitled to benefits under this Weekly Indemnity Coverage.
- (2) **“Maternity leave of absence”** means:
 - (a) any period of maternity leave taken by you in accordance with a federal or provincial law or pursuant to mutual agreement between you and the employer; or
 - (b) any period of maternity leave which the employer requires you to take in accordance with a federal or provincial law.

The period of maternity leave will commence on the earlier of the elected date of the leave and the date of delivery, and will end on the day you are scheduled to return to work.

- (3) **“Period of total disability”** means the period during which you are totally disabled, be it an uninterrupted period or successive periods of total disability as provided for under the Recurrent Disabilities provision of this Weekly Indemnity Coverage.

Only one waiting period and only one maximum duration for the payment of benefits apply to the same Period of Total Disability.

- (4) **“Pre-existing income”** means any amount of income earned from another source that was in place prior to your date of total disability under this contract.
- (5) **“Total disability” or “totally disabled”** means that, because of a medically determinable mental or physical impairment due to illness or accidental injury, you are unable to perform the regular duties of a flight attendant.

The availability of work does not affect the determination of total disability or totally disabled.

Benefit Period

If your disability prevents you from working as a flight attendant, in other words, if you are totally disabled, you may be eligible for weekly indemnity benefits, as follows:

After a 7-day elimination period, weekly indemnity benefits are payable for 15 weeks, the next 26 weeks of disability benefits are payable under the Employment Insurance Act of Canada, followed by payment of an additional 35 weeks of weekly indemnity benefits.

Elimination period

Benefits will be payable from the 8th consecutive day you are totally disabled, provided you are still considered to be totally disabled on that date.

The first day of the elimination period for a regular blockholder begins on the day the first flight is missed due to total disability, and for a reserve blockholder it begins on the first reserve day missed due to total disability. For flight attendants on special assignment or union officer duties, the elimination period begins on the first scheduled work day missed due to total disability. If you are not actively at work for more than half of any day because you are totally disabled, the absence is considered one day of total disability.

Elimination periods with respect to total disability that begins during a period of interruption of work are outlined in the Continuation of Coverage During Absence From Work provisions.

Amount of Weekly Benefits

An amount equal to 60% of your weekly pre-disability earnings, rounded to the next higher multiple of \$1.00 if not already a multiple thereof.

Taxability

Since you pay the entire cost of the coverage, the weekly indemnity benefits are non-taxable. (Disability benefits payable under the Employment Insurance Act of Canada are taxable.)

Reduction of Weekly Benefit (Direct and indirect offsets)

- (1) **The weekly benefit payable** is equal to the weekly benefit **reduced** by the total of the following amounts payable to you for the same period of total disability:
 - (a) The amount of any disability pension payable under the Canada/Quebec Pension Plan, excluding disability income payable on account of dependent children and excluding any cost-of-living adjustments under CPPD/QPPD that become effective after weekly indemnity benefits become payable.
 - (b) Retirement pension from the Quebec Pension Plan that you receive or are entitled to receive due to your disability.
 - (c) The amount of any income replacement benefits payable (or which would have been payable upon proper application) under any workers' compensation act or similar law. However, in the event a member has a form of pre-existing income, any income replacement benefit paid under any workers' compensation act or similar law related to that pre-existing income will not be offset, unless the pre-existing income is through Air Canada as a flight attendant. Any week for which the payable weekly benefit is zero will count towards the maximum benefit period.
 - (d) The amount of any income replacement benefits payable (or which would have been payable upon proper application) under any government plan of automobile insurance which has been approved as an acceptable limitation under the Employment Insurance Act of Canada.
 - (e) The amount of any salary continuance, remuneration, or sick leave paid by an employer, excluding vacation pay and severance pay. However, in the event a member has a form of pre-existing income, any salary continuance, remuneration or sick leave related to a source of pre-existing income will not be offset, unless the pre-existing income is through Air Canada as a flight attendant.
 - (f) The amount of any income received from any occupation or business for remuneration or profit, excluding vacation pay, severance pay and earnings from an approved rehabilitation plan or program. However, in the event a member has a form of pre-existing income, this pre-existing income amount will not be an offset, unless the pre-existing income is through Air Canada as a flight attendant.

Any cost-of-living increase in the amounts payable under a government plan as described above that becomes effective after weekly indemnity benefits become payable will not further reduce your weekly benefit.

If you do not receive income and benefits from the various sources mentioned above, it is your responsibility to provide proof that an initial application and all levels of appeals or a later re-application were declined. Otherwise, Beneva will reduce your Weekly Indemnity benefit amount by any income or indemnities to which it deems you are entitled. This provision applies to CPPD/QPPD pension benefits and any disability payments payable under any worker's compensation act or similar law, but does not apply to retirement income payable under the Quebec Pension Plan (except if you are receiving or are eligible to receive a disability benefit under the Quebec Pension), the Canada Pension Plan, or the employer's pension plan. The indexation of sources of income is not included in the calculation of benefits.

- (2) The **weekly benefit payable** may be **further reduced** so that the amount payable together with payments receivable from **all sources** (including retirement income from the Canada/Quebec Pension Plan) will not exceed 100% of your weekly pre-disability earnings. Payments receivable from the following sources are excluded:
- (a) a policy which is solely an individual disability income policy;
 - (b) a disability attachment to an individual life insurance policy;
 - (c) a disability attachment to a mortgage life insurance policy;
 - (d) Old age security (OAS) pension;
 - (e) any amount of income, salary continuance, remuneration or sick leave related to a source of pre-existing income.

Rehabilitation Incentive Provision

Your weekly benefit payable will be the lesser of:

- (1) your weekly benefit reduced by 50% of the weekly earnings you receive from an approved rehabilitation plan or program, or
- (2) the difference between your pre-disability earnings and earnings you receive from an approved rehabilitation plan or program.

In no event will the weekly benefit payable be:

- (a) less than the amount that would otherwise be payable under the Employment Insurance Act of Canada;**
- (b) more than your weekly pre-disability earnings.**

Maximum Benefit Period

For any one period of total disability, benefits will be considered for 77 weeks (including elimination period) but not beyond the earliest of:

1. the date you book-on/return to active work; or
2. the end of the month in which you attain age 71; or
3. the end of the month prior to the month in which you start to receive early retirement or normal retirement benefits under any employee benefit plan; or
4. the date on which you elect to resign; or
5. the date you no longer meet the definition of totally disabled for the purposes of this Weekly Indemnity Coverage; or
6. the date of your death.

Recurrent Disabilities

If you return to active work on a full-time basis following a period of total disability for which benefits were payable and, within 31 days, again become totally disabled due to the same causes, you will be considered to have been continuously disabled for the purposes of the elimination period. If the subsequent disability is due to entirely different causes and separated by less than one full day during which you are actively at work, you will be considered to have been continuously disabled for the purposes of the elimination period.

Vocational Rehabilitation Benefits

Vocational rehabilitation involves a work-related activity or training strategy that:

- (1) is designed to facilitate your return to your job or other gainful employment; and
- (2) is recommended or approved by Beneva.

In considering whether or not a rehabilitation proposal is appropriate, Beneva will assess such factors as the expected duration of disability, and the level of activity required to facilitate the earliest possible return to employment.

Beneva recognizes the individual needs of persons with disabilities by making a distinction between a comprehensive rehabilitation program and a rehabilitation plan.

Comprehensive Rehabilitation Program

To be classified as a comprehensive rehabilitation program, the goal must be:

- (1) to return the person to work in a different job that requires extensive or prolonged training; or
- (2) to return the person to work in a self-employed capacity.

Training is considered extensive or prolonged if it lasts longer than 12 consecutive months.

Rehabilitation Plan

To be classified as a rehabilitation plan, the goal must be:

- (1) to return the person to work in the same job;
- (2) to return the person to work in a modified job with the same employer; or
- (3) to return the person to work in a different job that capitalizes on transferable skills.

Participation Commitment

If, for non-medical reasons, you do not participate or cooperate in a rehabilitation plan or program that has been recommended or approved by Beneva, you will no longer be entitled to weekly indemnity benefits.

Employment Income

Employment income earned during a rehabilitation period will be considered under the rehabilitation incentive provision.

Limitation

Vocational rehabilitation benefits are available only while you are entitled to weekly indemnity benefits.

Limitations and Exclusions

Benefits are subject to the following limitations:

(1) Leave of absence, layoff or suspension

You will not be eligible for benefit consideration for a total disability commencing during a leave of absence, layoff or suspension unless you have elected to keep your coverage in force during the leave of absence, layoff or suspension.

Please refer to the Continuation of Coverage During Absence From Work section for more information on total disability beginning during an absence from work and prepayment of premium guidelines.

(2) Strike or Lockout

You will not be eligible for benefit consideration for a total disability commencing during a strike or lockout unless you have elected to keep your coverage in force during the strike or lockout.

Please refer to the Continuation of Coverage During Absence From Work section for more information on total disability beginning during an absence from work and prepayment of premium guidelines.

(3) Vacation

If you are on vacation and become disabled, the 7-day elimination period commences following the date first not available for work at the completion of your vacation.

If your leave of absence of 16 or more calendar days precedes your vacation and you have not prepaid the premium for that leave of absence in accordance with the Continuation of Coverage During Absence From Work section, coverage will not be reinstated until you return to active work. No prepayment of premiums is required when you are absent from work due to vacation.

(4) Out of Canada

Benefits will be suspended during any period that you are out of Canada unless:

- (a) prior to departure, you requested an exception that was approved in writing by MANION; and

- (b) you are receiving regular and continuous treatment from a physician; and
 - (c) evidence satisfactory to MANION of such regular and continuous treatment is given to MANION within 30 days of your departure and thereafter as often as the Insurer reasonably requires; and
 - (d) you are available to submit to a medical examination by a physician provided and paid for by MANION if so required by MANION; and
 - (e) you submit a physician's note approving travel as well as the dates of departure which must be approved by MANION.
- (5) Refusal to undergo medical examination or receive medical treatment

To receive the benefits provided under the Weekly Indemnity Coverage, you must agree to undergo any examination or receive appropriate treatment that is likely to promote recovery and return to work.

If you fail to comply with the above stipulations, the payment of benefits shall be suspended until the date on which it is demonstrated that you are effectively undergoing the relevant examination or receiving the relevant treatment.

Benefits will not be payable under the following circumstances:

- (1) Any period of time during which you are not participating and cooperating in an appropriate treatment program for each disabling condition. Such a program must be recommended by the licensed physician treating you and be of a nature and frequency usually required for each disabling condition.
- (2) Any period of time that you are receiving treatment by a therapist, unless such treatment is recommended by a physician and deemed appropriate by MANION.
- (3) Any period after you fail to participate or cooperate, for non-medical reasons, in a rehabilitation plan or program that has been recommended or approved by MANION.
- (4) Any period of time during which you are on approved leave of absence, including maternity leave of absence.
- (5) If the disability commences while you are not actively at work (as defined on the Definitions page) due to strike or lockout, unless your disability commenced prior to strike or lockout.

- (6) If the disability results from illness or injury while you are on full-time active duty in the armed forces of any country, state or international organization.
- (7) If the disability is due to war or act of war, whether declared or undeclared.
- (8) If the disability results from a criminal act that you commit or attempt to commit, including the act of driving a motor vehicle while impaired by alcohol or drugs, or having a blood alcohol level in excess of the prescribed limit.
- (9) If the disability results from intentionally self-inflicted injuries.
- (10) If the disability results from cosmetic surgery or elective surgery, unless the surgery is for accidental injuries, or unless the surgery is medically necessary for the purposes of continuing to perform your occupation.
- (11) Any period of time during which you are:
 - (a) confined in a penal institution or other house of correction; or
 - (b) confined in a hospital, or similar institution, as a result of criminal proceedings.
- (12) Any period of time during which, for non-medical reasons, you postpone treatment or medical intervention, surgical or otherwise, that had been previously scheduled.

Entitlement to Benefits Should Coverage Terminate

In accordance with the principles governing the industry of insurance, if the Weekly Indemnity Coverage under the policy terminates and you are totally disabled on that date, your entitlement to weekly indemnity benefits under the policy will continue during the same period of total disability as if the Coverage had not terminated.

Waiver of Premiums

The Weekly Indemnity Coverage will be continued without payment of premiums while you are receiving benefits under this coverage, the Long-Term Disability Coverage, or any Worker's Compensation Act or similar law provided you meet the definition of total disability under the policy.

Third-Party Claim

If you receive benefits under this coverage and seek compensation from a third party for causing you to become totally disabled, the claim for compensation will include reimbursement for loss of earnings. If you are awarded compensation, you will have to refund to Beneva any benefits received under this coverage for such total disability, up to the amount awarded under the third-party claim.

To Whom Payable

Benefits under this coverage will be payable to you.

Assignment

Benefits under this coverage are not assignable, meaning that ownership of benefits cannot be transferred to any person or organization.

LONG-TERM DISABILITY COVERAGE

Disability Benefits

A monthly benefit will be paid if you become totally disabled while insured under this coverage, are under the regular care of a physician, and you have completed the Long-Term Disability Coverage elimination period before you reach age 65.

Payments will start when the elimination period has been completed and will continue in accordance with the benefit plan provisions while you are totally disabled.

Payment will be made monthly, computed from the end of the elimination period, provided you submit satisfactory evidence of continuing total disability as requested by MANION.

Benefits for part of a month will be paid at the rate of one-thirtieth of the monthly benefit rate multiplied by the number of days you are totally disabled during that month.

Definitions

For the purposes of this Long-Term Disability Coverage:

- (1) **“Elimination period”** means the period of total disability that must elapse before you are entitled to benefits under this Long-Term Disability Coverage.
- (2) **“Maternity leave of absence”** means:
 - (a) any period of maternity leave taken by you in accordance with a federal or provincial law or pursuant to mutual agreement between you and the employer; or
 - (b) any period of maternity leave which the employer requires you to take in accordance with a federal or provincial law.

The period of maternity leave will commence on the earlier of the elected date of the leave and the date of delivery, and will end on the day you are scheduled to return to work.

- (3) **“Period of total disability”** means the period during which you are totally disabled, be it an uninterrupted period or successive periods of total disability as provided for under the Recurrent Disabilities provision of this Long-Term Disability Coverage.

Only one waiting period and only one maximum duration for the payment of benefits apply to the same Period of Total Disability.

- (4) **“Pre-existing income”** means any amount of income earned from another source that was in place prior to your date of total disability under this contract.
- (5) **“Total disability” or “totally disabled”** means that, because of a medically determinable mental or physical impairment due to illness or accidental injury, you are not able to engage in any gainful occupation for which you are reasonably fitted by education, training or experience.

The availability of work does not affect the determination of total disability or totally disabled.

Elimination Period

Benefits under the Long-Term Disability Coverage will be payable after 77 weeks of the same period of total disability or, if later, on the date that any weekly indemnity benefits paid under the contract, or salary continuance paid by an employer, should cease.

For a regular blockholder the elimination period begins on the day the first flight is missed due to total disability, and for a reserve blockholder on the first reserve day missed due to total disability. For flight attendants on special assignment or union officer duties, the elimination period begins on the first scheduled work day missed due to total disability.

Benefit Period

If your disability prevents you from working after using up your weekly indemnity benefits, you may be eligible for long-term disability benefits for up to the maximum benefit period.

Amount of Monthly Benefit

60% of your pre-disability earnings payable monthly.

Taxability

Since the employer contributes towards the cost of the coverage, the long-term disability benefits are taxable.

Reduction of Monthly Benefit (Direct and indirect offsets)

- (1) The **monthly benefit payable** is equal to the monthly benefit **reduced** by the total of the following amounts payable to you for the same period of total disability:
 - (a) The amount of any disability pension payable under the Canada/Quebec Pension Plan, excluding disability income payable on account of dependent children and

excluding any cost-of-living adjustments under CPPD/QPPD that become effective after long-term disability benefits become payable.

- (b) Retirement pension from the Quebec Pension Plan that you receive or are entitled to receive due to your disability.
- (c) The amount of any income replacement benefits payable (or which would have been payable upon proper application) under any workers' compensation act or similar law. However, in the event a member has a form of pre-existing income, any income replacement benefit paid under any workers' compensation act or similar law related to that pre-existing income will not be offset, unless the pre-existing income is through Air Canada as a flight attendant.
- (d) The amount of any income replacement benefits payable (or which would have been payable upon proper application) under any government plan of automobile insurance which has been approved as an acceptable limitation under the Employment Insurance Act of Canada.
- (e) The amount of any salary continuance, remuneration, or sick leave paid by an employer, excluding vacation pay and severance pay. However, in the event a member has a form of pre-existing income, any salary continuance, remuneration or sick leave related to a source of pre-existing income will not be offset, unless the pre-existing income is through Air Canada as a flight attendant.
- (f) The amount of any income received from any occupation or business for remuneration or profit, excluding vacation pay, severance pay and earnings from an approved rehabilitation plan or program. However, in the event a member has a form of pre-existing income, this pre-existing income amount will not be an offset, unless the pre-existing income is through Air Canada as a flight attendant.

Any cost-of-living increase in the amounts payable under a government plan as described above that becomes effective after Long-Term Disability benefits become payable will not further reduce your monthly benefit.

If you do not receive income and benefits from the various sources mentioned above, it is your responsibility to provide proof that an initial application and all levels of appeals or a later re-application were declined. Otherwise, Beneva will reduce your Long-Term Disability benefit amount by any income or indemnities to which it deems you are entitled. This provision applies to CPPD/QPPD pension benefits and any disability payments payable under any worker's compensation act or similar law, but does not apply to retirement income payable under the Quebec Pension Plan (except if you are receiving or are eligible to receive a disability benefit under the Quebec Pension Plan), the Canada Pension Plan or the employer's pension plan. The indexation of sources of income is not included in the calculation of benefits.

- (2) The **monthly benefit payable** may be **further reduced** so that the amount payable together with payments receivable from **all sources** (including retirement income from the Canada/Quebec Pension Plan) will not exceed 85% of your monthly pre-disability earnings. Payments receivable from the following sources are excluded:
- (a) a policy which is solely an individual disability income policy;
 - (b) a disability attachment to an individual life insurance policy;
 - (c) a disability attachment to a mortgage life insurance policy;
 - (d) Old age security (OAS) pension;
 - (e) any amount of income, salary continuance, remuneration or sick leave related to a source of pre-existing income.

Rehabilitation Incentive Provision

During the first 12 months of the long-term disability claim, your monthly benefit payable will be the lesser of:

- (1) your monthly benefit reduced by 50% of the monthly earnings you receive from an approved rehabilitation plan or program, or
- (2) the difference between your pre-disability earnings and earnings you receive from an approved rehabilitation plan or program.

Thereafter, your monthly benefit payable will be reduced by all earnings you receive from an approved rehabilitation plan or program.

In no event will the monthly benefit payable be more than your monthly pre-disability earnings.

Maximum Benefit Period

Benefit are payable up to the earliest of:

- 1. the date you return to active work; or
- 2. the end of the month in which you attain age 65; or
- 3. the end of the month in which you qualify for a Company pension without actuarial reduction according to the pension plan provisions in force at the time of retirement and you have a minimum of 25 years of pensionable service and are a minimum of 60 years

of age. (For further information regarding your Company pension without actuarial reduction, please refer to your pension benefit statement); or

4. the end of the month in which you reach age 60 if you have failed to provide a copy of your pension statement to MANION or Beneva as required; or
5. the end of the month prior to the month in which you start to receive early retirement or normal retirement benefits under any employee benefit plan; or
6. the date on which you elect to resign; or
7. the date you no longer meet the definition of totally disabled for the purposes of this Long-Term Disability Coverage; or
8. the date of your death.

Recurrent Disabilities

If you return to active work on a full-time basis following a period of total disability for which benefits were payable and, within 6 months, again become totally disabled due to the same causes, you will be considered to have been continuously disabled for the purposes of the elimination period.

Benefits will commence immediately, and payments will commence one month from the date the disability recurs.

Vocational Rehabilitation Benefits

Vocational rehabilitation involves a work-related activity or training strategy that:

- (1) is designed to facilitate a disabled person's return to the individual's job or other gainful employment; and
- (2) is recommended or approved by Beneva.

In considering whether or not a rehabilitation proposal is appropriate, Beneva will assess such factors as the expected duration of disability and the level of activity required to facilitate the earliest possible return to employment.

Beneva recognizes the individual needs of persons with disabilities by making a distinction between a comprehensive rehabilitation program and a rehabilitation plan.

Comprehensive Rehabilitation Program

To be classified as a comprehensive rehabilitation program, the goal must be:

- (1) to return the person to work in a different job that requires extensive or prolonged training; or
- (2) to return the person to work in a self-employed capacity.

Training is considered extensive or prolonged if it lasts longer than 12 consecutive months.

Rehabilitation Plan

To be classified as a rehabilitation plan, the goal must be:

- (1) to return the person to work in the same job;
- (2) to return the person to work in a modified job with the same employer; or
- (3) to return the person to work in a different job that capitalizes on transferable skills.

Participation Commitment

If, for non-medical reasons, you do not participate or cooperate in a rehabilitation plan or program that has been recommended or approved by Beneva, you will no longer be entitled to long-term disability benefits.

Time commitment

The duration of a rehabilitation plan or program must be approved by Beneva. Once approved, your benefit period is guaranteed for that duration as long as you continue to participate and cooperate in the plan or program.

If you are participating in a comprehensive rehabilitation program that involves training rather than employment, the benefit period will be extended up to 6 months after training ends. This extension is provided for purposes of job search.

Employment Income

Employment income earned during a rehabilitation period will be considered under the rehabilitation incentive provision.

Expense Benefit

Beneva will pay for reasonable expenses, other than usual employment expenses, associated with a rehabilitation plan or program.

The maximum expense benefit during a disability period will be 13 times your monthly benefit reduced by the amount of any rehabilitation expense benefit paid under the Weekly Indemnity benefit.

Expenses claimed under this provision must be pre-authorized by Beneva.

Limitation

Vocational rehabilitation benefits are only available while you are entitled to long-term disability benefits.

Limitations and Exclusions

Benefits are subject to the following limitations:

(1) Leave of absence, layoff or suspension

You will not be eligible for benefit consideration for a total disability commencing during a leave of absence, layoff or suspension unless you have elected to keep your coverage in force during the leave of absence, layoff or suspension.

Please refer to the Continuation of Coverage During Absence From Work section for more information on total disability beginning during an absence from work and prepayment of premium guidelines.

(2) Strike or Lockout

You will not be eligible for benefit consideration for a total disability commencing during a strike or lockout unless you have elected to keep your coverage in force during the strike or lockout.

Please refer to the Continuation of Coverage During Absence From Work section for more information on total disability beginning during an absence from work and prepayment of premium guidelines.

(3) Travel

Benefits will be suspended during any period that you are travelling unless:

(a) prior to departure, you requested an exception that was approved in writing by Beneva; and

(b) you are receiving regular and continuous treatment from a physician; and

- (c) evidence satisfactory to Beneva of such regular and continuous treatment is given to Beneva within 30 days of your departure and thereafter as often as Beneva reasonably requires; and
 - (d) you are available to submit to a medical examination by a physician provided and paid for by Beneva if so required by Beneva; and
 - (e) you submit a physician's note approving travel as well as the dates of departure which must be approved by Beneva.
- (4) Refusal to undergo medical examination or receive medical treatment

To receive the benefits provided under the Long-Term Disability Coverage, you must agree to undergo any reasonable examination or receive appropriate treatment that is likely to promote recovery and return to work.

If you fail to comply with the above stipulations, Beneva shall suspend the payment of benefits until the date on which it is demonstrated that you are effectively undergoing the relevant examination or receiving the relevant treatment.

Benefits will not be payable under the following circumstances:

- (1) Any period of time during which you are not participating and cooperating in an appropriate treatment program for each disabling condition. Such a program must be recommended by the licensed physician treating you and be of a nature and frequency usually required for each disabling condition.
- (2) Any period of time that you are receiving treatment by a therapist, unless such treatment is recommended by a physician and deemed appropriate by MANION.
- (3) Any period after you fail to participate or cooperate, for non-medical reasons, in a rehabilitation plan or program that has been recommended or approved by MANION.
- (4) Any period of time during which you are on approved leave of absence including maternity leave of absence.
- (5) If the disability results from illness or injury while you are on full-time active duty in the armed forces of any country, state or international organization.
- (6) If the disability results from a criminal act that you commit or attempt to commit, including the act of driving a motor vehicle while impaired by alcohol or drugs, or having a blood alcohol level in excess of the prescribed limit.

- (7) If the disability results from intentionally self-inflicted injuries.
- (8) If the disability results from cosmetic surgery or elective surgery, unless the surgery is for accidental injuries, or unless the surgery is medically necessary for the purposes of continuing to perform your occupation.
- (9) Any period of time during which you are:
 - (a) confined in a penal institution or other house of correction; or
 - (b) confined in a hospital, or similar institution, as a result of criminal proceedings.
- (10) Any period of time during which, for non-medical reasons, you postpone treatment or medical intervention, surgical or otherwise, that had been previously scheduled.

Entitlement to Benefits Should Coverage Terminate

In accordance with the principles governing the industry of insurance, if the Long-Term Disability Coverage under the policy terminates and you are totally disabled on that date, your entitlement to long-term disability benefits under the policy will continue during the same period of total disability as if the Coverage had not terminated.

Waiver of Premiums

The Long-Term Disability Coverage will be continued without payment of premiums while you are receiving benefits under this coverage, the Weekly Indemnity Coverage, or any Worker's Compensation Act or similar law provided you meet the definition of total disability under the policy.

Third-Party Claim

If you receive benefits under this coverage and seek compensation from a third party for causing you to become totally disabled, the claim for compensation will include reimbursement for loss of earnings. If you are awarded compensation, you will have to refund to Beneva any benefits received under this coverage for such total disability, up to the amount awarded under the third-party claim.

To Whom Payable

Benefits under this coverage will be payable to you.

Assignment

Benefits under this coverage are not assignable, meaning that ownership of benefits cannot be transferred to any person or organization.

REDUCED BLOCK PROGRAM

For members who are participating in the Reduced Block Program (RBP) who wish to pay extra premiums to increase their benefit rate in the event that they are unable to return to full duties at the end of the RBP due to an unforeseen disability, please contact Manion Contact Center for applicable rates at 1-866-532-8999. This must be done within 30 days of the commencement of the RBP.

Members participating in the RBP have the option to top-up their Wage Indemnity Plan (WIP) insurable earnings at a flat rate of 35 hours per month in the event that you become disabled during the RBP. The increase to your benefit rate will only take effect following the end of your scheduled RBP Block, if you continue to be disabled, your top-up would then take effect and your WIP benefit rate would be calculated using the following example:

Book off - March 2024 – earnings based on Dec-2023/Jan/Feb 2024 flying pay.

Dec flying hours - 38

Jan flying hours - 36

Feb flying hours - 34

For the 3 months, December, January and February, your 3-month average flying hours would be equal to 36 hours. Your benefit rate would be calculated based on 36 hours through to the termination of your RBP in 2024, inclusive as long as you continue to meet the definition of totally disabled from your own occupation as a Flight Attendant. If you remain disabled and continue to qualify for benefits beyond the termination of the RBP, and **if you opted to pay extra premiums, based on the calculation below, your disability payments would go from 36 hours to 71 hours per month.**

The extra premiums for the RBP is 35 hours, and is based on your hourly rate x the member contribution rate at the time of your RBP calculation, plus the employer's cost as well as applicable taxes.

DEFERRED SALARY PROGRAM

For Members who are participating in the Deferred Salary Program (DSP) and wish to pay extra contributions to increase their WIP benefit rate if they are unable to return to full duties at the end of the DSP due to an unforeseen disability:

- Please contact Manion Contact Center at 1-866-532-8999 for applicable rates.
- This must be done within 30 days of the commencement of the DSP leave.
- Please carefully read the DSP Package available from HR for complete details of how DSP works and under what circumstances DSP may be interrupted and contributions refunded.

Members participating in the DSP have the option to top-up their Wage Indemnity Plan (WIP) insurable earnings during the DSP leave based on the average of the CUPE DSP Contribution Earnings deduction during the 3 months immediately preceding their DSP leave.

Your DSP pre-pay will be calculated based on the average CUPE DSP Contribution Earnings deduction during the 3 months immediately preceding your DSP leave. For example,

April	CUPE DSP Contribution Earnings deduction - \$1,500
May	CUPE DSP Contribution Earnings deduction - \$1,450
June	CUPE DSP Contribution Earnings deduction - \$1,550

For the 3 months, April, May and June, your 3-month average CUPE DSP Contribution Earnings deduction would be equal to \$1,500. Your contribution calculation would therefore be \$1,500 multiplied by the Member contribution rate at the time of your DSP calculation, plus the employer's cost, as well as applicable taxes.

Once you begin your scheduled DSP leave and payout period, in the event you become disabled, your WIP benefit will only take effect following the end of your scheduled DSP. Your WIP benefit will be calculated based on your earnings during the last 3 months of your scheduled DSP leave as reported by Air Canada. If you elected to pre-pay for a DSP top-up through to the end of your scheduled DSP, Manion will calculate your WIP benefit to include the top-up as per the example above.

MATERNITY LEAVE TOP-UP OF EMPLOYMENT INSURANCE BENEFITS

Members are entitled to a non-taxable top-up of their Wage Indemnity Plan (WIP) benefits for the first 6 weeks (natural delivery) or 8 weeks (Caesarean section) following the delivery of their baby. This benefit will fall in-line with the EI Maternity benefit and includes a 1 week waiting period. A top-up will be issued based on the following provisions:

- (1) The WIP benefit is higher than the gross amount of the EI Maternity benefit.
- (2) Prepayment of premiums is not required for an absence from the payroll of 15 calendar days or less. Prepayment of premiums is required for an absence from the payroll of 16 or more calendar days for one of the following reasons. You must prepay the required premium in full within 30 days in order to be eligible for benefit consideration following the end of any of these periods.
- (3) If on WIP prior to taking Maternity Leave, pre-payment for top-up is not required.

EI Top Up

Members are entitled to a taxable top-up of their WIP benefit during the 26-week EI carve-out portion of their WIP claim. This top-up is payable provided that the member's absence is medically supported and will be issued only when the EI statement of benefit is provided to MANION as proof of benefit. A T4A for the top-up will be issued in February of the following year.

CANADA PENSION PLAN RETIREMENT BENEFITS AND EI DISABILITY BENEFITS

Under Employment Insurances regulations, any person who is collecting Employment Insurance (EI) Disability Benefits and Canada Pension Plan (CPP) Pension Benefits, is subject to a reduction of their EI Disability Benefit. During the 26 weeks of the EI carve-out, the Board of Trustees must be in compliance with EI Regulations. What this means to a member who is collecting Canada Pension Plan (CPP) Pension Benefits is that your EI Disability Benefit will be reduced by the weekly equivalent of your CPP Pension Benefit. MANION will continue to issue a top-up based on the maximum benefit rate provided by EI.

ROLES AND RESPONSIBILITIES OF THE BOARD OF TRUSTEES AND PLAN GOVERNANCE

How are the Wage Indemnity Plan (WIP) and Trust Fund Governed?

Under the terms of the trust document creating the Trust Fund, the Board of Trustees is responsible for the administration of the WIP and the management of the Trust Fund. While serving on the Board, the Trustees are required to act independently and in good faith and must treat members and beneficiaries impartially and prevent personal interests from conflicting with those of the WIP. All decisions of the Trustees are made by a majority vote. Each of the Trustees is allowed one vote and no one other than an appointed Trustee may vote.

The Trustees must exercise the care, diligence and skill in the administration of the WIP and the investment of the Trust Fund that a person of ordinary prudence would exercise in dealing with the property of another. The Trustees alone may make decisions regarding the rules and regulations of the WIP and the benefits to be provided. In addition, the WIP has in place standards of business conduct to govern the activities of the Trustees and other individuals in discharging their duties to the WIP. The code of conduct policy addresses conflict of interest, confidentiality, and gifts and other benefits.

What is the Governance Policy?

The Trustees have established a Governance Policy which describes the processes put in place for the management of the WIP and Trust Fund. It documents policies, guidelines and management practices that are currently effective. The purpose of the Governance Policy is to ensure that the WIP and Trust Fund are administered and invested effectively, prudently and in compliance with all applicable legal and regulatory requirements. To assist them in the management of the WIP and Trust Fund, the Trustees may delegate some of their responsibilities to service providers. The Board of Trustees is authorized to appoint insurers, consultants, lawyers, auditors, custodians, administrators, investment managers and other professionals as may be necessary to assist them in the governance of the WIP and Trust Fund. The Governance Policy identifies the roles and responsibilities of all involved parties, including the service providers. Policies are in place for the selection and monitoring of service providers and their replacement if they are not meeting the Board's expectations.

Which Roles and Responsibilities Have Been Delegated?

Insurance Company

The Board has selected an insurance company to provide Weekly Indemnity and Long-Term Disability benefits coverage, including claims adjudication, benefit determination and payment. The insurer reports annually to the Board on the WIP's experience and the required premium rate(s).

Advisors and Auditors

The Board has retained the services of a number of advisors to help fulfill its responsibilities. The Board meets with outside advisors, including consultants and lawyers, on any issue which may require clarification or independent opinion. The Board appoints an external auditor each year to review the accounts and to provide an opinion on the Trust Fund's financial statements and meets with the auditor to review their findings. The auditor's report on the financial statements of the Trust Fund is prepared within 90 days following the close of each fiscal year of the Trust Fund and is filed with the regulators.

Plan Administrator

The Trustees have delegated the administration of the WIP other than the functions performed by the insurer to a third party. This includes: collecting contributions and maintaining financial records for the Trust Fund; establishing and maintaining the membership data; and receiving and acknowledging the applications for WIP benefits, reviewing the applications to ensure that all required information has been provided by the members and forwarding the completed application packages to the insurer. The Plan administrator implements and follows the Board's approved policies regarding communications, control, administration and privacy. Throughout the process, the Board oversees the administrator to ensure that the WIP is administered in compliance with all relevant WIP documents and policies and to ensure that all regulatory requirements are met.

What is the Board's Oversight Role?

In its oversight role, the Board must have the qualities necessary to oversee a complex financial business. Therefore, the Board of Trustees has implemented formal orientation and education programs for new and existing Trustees to assist them in executing their fiduciary and governance duties. These programs include sessions on legal responsibilities, governance concepts and practices, investment management and finance and insurance concepts and approaches. The Board of Trustees also has a continuing education program.

The Trustees have a written agreement with each service provider outlining the services to be provided, the fees charged for their services, and the reporting requirements. Each year, the service providers must confirm, in writing, to the Trustees that they have fulfilled the terms of their agreements or explain why they have not. On an annual basis, the Trustees review the declarations made by the service providers and their ongoing suitability.

The Trustees hold meetings on a regular basis, usually 2 to 4 times per year. At each meeting, they discuss the activity of the Trust Fund and the WIP since the last meeting. Each service provider must report to the Trustees on a regular basis and attend Board of Trustees meetings as requested by the Trustees. Any questions, suggestions, or complaints addressed to the Trustees with respect to benefits, service providers or otherwise are discussed at the meetings of the Board.

How Does the Board Communicate with Members?

The Board of Trustees is accountable and provides disclosure on the WIP's activities to the members. The Board's disclosure and reporting practices include the distribution of this booklet as well as various communication bulletins which are distributed when changes are made to the WIP or processes. The Board of Trustees may be contacted through the Plan administrator.



MANION

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