

# BENEFITS AT A GLANCE

## **ROOFERS' LOCAL 30 HEALTH & WELFARE PLAN**

UP TO DATE AS AT JULY 1, 2024

# GENERAL INFORMATION

## PURPOSE OF THE BENEFITS AT A GLANCE

This is summary of the Benefits covered under the Health and Welfare Plan. Any discrepancies will be governed by the Trust Agreement and Insurance Policies. The Board of Trustees reserves the right to amend the Plan at any time.

## ELIGIBILITY

Members will become eligible for Benefits on the first day of the second month after accumulating \$1,395.00 of contributions to their Dollar Bank. After that, the Member must have \$465.00 in the Dollar Bank to be covered for the month. Additionally, the Member must remain a Member in Good Standing with Sheet Metal Workers Local Union 30.

## COVERED PERSONS

**MEMBERS**  
**LEGAL OR COMMON-LAW SPOUSE OR SAME SEX PARTNER**  
**UNMARRIED CHILDREN UP TO AGE 22 OR AGE 26 IF A FULL TIME STUDENT**

## BENEFITS AVAILABLE TO

- **ACTIVE MEMBERS**
- **DISABLED MEMBERS**
- **UNEMPLOYED MEMBERS**

# ACTIVE MEMBERS & DEPENDANTS

Benefit		Active Members	Members Enrolled in Self Payment Plan
Member Life Insurance	Member	\$75,000	\$75,000
Dependant Life Insurance	Spouse	\$10,000	\$10,000
	Child	\$8,000	\$8,000
Accidental Death & Dismemberment	Member	\$100,000	\$100,000
Critical Illness	Member	Up to \$20,000	Up to \$20,000

# ACTIVE MEMBERS & DEPENDANTS

Benefit		Active Members	Members Enrolled in Self Payment Plan
Long Term Disability	Maximum Benefit	\$1,750 / Month	Same Coverage As Active Members
	Waiting Period	17 Weeks	
	Offsets	Primary	
	Definition of Disability	Any Occupation	
	Benefit Period	To Age 65 or prior Retirement	
	Taxable	Yes	No
Dental	Deductible	None	Same Coverage As Active Members
	Basic Services	100%	
	Dentures	50%	
	Crowns & Bridges	50%	
	Yearly Maximum	\$2,000/Person (Combined)	
	Fee Guide	2023	
	Orthodontia	\$1,000 Lifetime under age 18 only	

# ACTIVE MEMBERS & DEPENDANTS

Benefit		Active Members	Members Enrolled in Self Payment Plan
<b>Medical Benefit</b>			Same Coverage As
<b>Deductible</b>		None	Active Members
<b>Individual Yearly Maximum</b>		Unlimited	
<b>Travel Assistance &amp; Out of Country</b>		Unlimited	
<b>Coinsurance</b>			
<b><u>Prescription Drugs</u></b>		100% Generic 25% Brand Name	

# ACTIVE MEMBERS & DEPENDANTS

Benefit		Active Members	Members Enrolled in Self Payment Plan
<b>Medical Benefit</b>			Same Coverage As Active Members
<u>Hospital</u>	<b>Convalescent Care Maximum</b>	100% Over Coverage from OHIP	
<u>Vision Care</u>		\$600 /2 years  \$300 / year for Dependants under age 18  \$100 /2 years for Vision Test  \$100/ year for Vision Test for Dependants under age 18	
<u>Hearing Aids</u>	<b>Initial Placement Repair / Replacement</b>	\$400 / Year/Instrument every 4 Years	

# ACTIVE MEMBERS & DEPENDANTS

Benefit		Active Members	Members Enrolled in Self Payment Plan
<b>Medical Benefit</b>	<b>Nursing Care</b>	\$10,000 /3 Yr	Same Coverage As Active Members
<b><u>Paramedical Practitioners</u></b>	<b>Speech Therapist</b>	\$600 / Year	
	<b>Podiatrist</b>	100%	
	<b>Psychologist, Psychotherapist, Psychoanalyst, Clinical Counsellor, Social Worker, Marriage &amp; Family Therapist</b>	\$2,500/Year Combined	
	<b>Chiropractor</b>	\$500 / Year	
	<b>Physiotherapist</b>	2,500/ Year	
	<b>Acupuncturist</b>	\$300/Year	
	<b>Licensed Massage Therapist</b>	\$2,000/ Year	

# ACTIVE MEMBERS & DEPENDANTS

Benefit		Active Members	Members Enrolled in Self Payment Plan
Medical Benefit	Orthotics	\$500/Foot/Year	Same Coverage As Active Members
<u>Ambulance Services</u>		100%	
Out of Country and Travel Assistance (Emergency)		100%	
	Lifetime Maximum	Unlimited	

**NOTE: Yearly Maximums are based on a Calendar Year, unless specified.**



# ACTIVE MEMBERS & DEPENDANTS

Benefit		Active Members	Members Enrolled in Self Payment Plan
Monthly Benefit Contributions		Covered with Working Hours: \$465.00 / month	\$502.20

# QUESTIONS

## **WHO CAN PARTICIPATE IN THE PLAN?**

Members are eligible to join the Plan if employed under the conditions and jurisdiction of Sheet Metal Workers Local Union 30.

## **WHO ARE THE CONTRIBUTING EMPLOYERS?**

The Contributing Employers are those Employers who are parties to a Collective Bargaining Agreement, or who have signed a Participation Agreement and have Members in their employ. These Agreements say that the Employer will make Contributions to the Roofers' Local 30 Health and Welfare Fund.

## **ARE DEPENDANTS COVERED?**

All Dependants must be Canadian residents and must also be covered under one of the Provincial health care plans. The Plan will not issue payment for benefits that are covered under a Provincial health care plan.

## **WHO QUALIFIES AS MY DEPENDANT?**

The Plan covers your Spouse and dependent children, provided they reside in Canada.

A Spouse is a person who:

- a) is married to you; or
- b) if there is no person to whom (a) applies, a person who has lived with you in a conjugal relationship for a continuous period of three (3) years, or of some permanence if there is a child of the relationship by birth or adoption.

Only one person may qualify as the Spouse at any time. Ex-spouses (with or without a court order or separation agreement) are not eligible for coverage.

A Dependant Child is:

- a) An unmarried child, who is wholly dependent on you for support and maintenance, will be considered eligible, if under age 22, or if in attendance on a full-time basis at an accredited School, College or University, under age of 26. A child who is a student who attending school outside Canada will also be considered a Dependant Child if they reside in Canada while not in school.
- b) Stepchildren and legally adopted children may be covered if they depend on you for support and maintenance. Foster children are covered for Benefits only to the extent that an identical benefit is not provided by a government agency.
- c) A child who is functionally impaired and incapable of self-support may have lifetime coverage, provided that your coverage is in effect. Proof of functional impairment must be received by the Administration Office within 31 days of a request.

All Dependents must be enrolled on your Member Information Card. If there are any changes to your status, written notification, within 30 days of the change, must be provided to the Administration Office and a new Member Information Card must be completed.

No one will be eligible as a Dependant while also covered as a Member of the Plan.

#### **HOW DO ACTIVE MEMBERS MAINTAIN COVERAGE?**

Each month, Contributing Employers are required to remit a dollar amount based on the Collective Agreement Contribution Rate and the number of Hours Earned by the Member in the previous month. Once the initial eligibility is satisfied, the Administration Office will deduct the monthly drawdown requirement of \$465 from the Member's Dollar Bank. If the amount of Contributions remitted in a month exceeds the drawdown requirement, the excess will be accumulated in the Dollar Bank until it reaches a maximum of \$5,580.00 (12 continuous months of coverage).

Membership in Good Standing of Local Union 30 is required to continue coverage under the Plan.

## **WHAT HAPPENS TO MY COVERAGE IF I AM NO LONGER WORKING?**

During periods when you are not working, \$465.00 will continue to be drawn from your Dollar Bank until the Dollar Bank has insufficient funds to maintain coverage. At that time, you will be offered a Self Payment option. You may then make Self Payments for a maximum of 12 consecutive months unless you are disabled. If you are disabled, you may then make Self Payments up to age 65 only if you are, and remain, a Member in Good Standing in Sheet Metal Local Union 30. Additionally, you and your Dependants must also be covered under a Provincial health care plan.

There is a Self Payment Plan and once your Dollar Bank has insufficient Contributions you will be sent a Notice, by Registered Mail, giving you the option to make Self Payments to the Plan.

Self Payments must be received within 31 days of the date of Notice. **If payment is not received within that 31 day period, reinstatement in the Plan will only be available by returning to work with a Contributing Employer and earning sufficient Contributions to establish your eligibility as described earlier under Eligibility.**

## **WHEN WILL MY COVERAGE AS AN ACTIVE MEMBER END?**

Coverage for you, and your Dependants, will end on the first of the following to occur:

1. The last day of the month in which you have less than the drawdown requirement (\$465.00) in your Dollar Bank, except if you elect to make Self Payments;
2. The date you enter active duty in the armed forces of any jurisdiction;
3. The last day of the month prior to your retirement if you do not have a sufficient amount in your Dollar Bank and you are not making Self Payments;
4. If you discontinue any required Contributions under the Self Payment Plan;
5. For the Long Term Disability Benefit, the earlier of age 65 or retirement;

## **ARE EMPLOYER CONTRIBUTIONS TAXABLE BENEFITS?**

Under present legislation, Contributions made to the Plan by the Contributing Employers are not taxable benefits.

### **ARE THE PLAN'S BENEFITS TAXABLE?**

If you were eligible for Life Insurance and Accidental Death & Dismemberment Benefits during a calendar year, you will receive a T4A Form. This T4A shows the amount of the Taxable Benefit as a result of the Plan's payment of Life Insurance and Accidental Death & Dismemberment Premiums on your behalf. If you receive Long Term Disability Benefits from this Plan you will receive a T4A showing the amount of the Benefit paid to you during the year. If you became disabled while making Self Payments you will not receive a T4A for disability income benefits.

**T4A Forms are issued by the end of February for the prior taxation year.**

### **WHERE CAN I GET CLAIM FORMS?**

Medical and Dental claims forms are available from the Administration Office, or alternately from the website at [www.rooferslocal30benefitplans.com](http://www.rooferslocal30benefitplans.com).

### **HOW DO I SUBMIT CLAIMS ONLINE?**

Submit claims online using your personal computer, tablet or mobile device by visiting the Plan's website at [www.rooferslocal30benefitplans.com](http://www.rooferslocal30benefitplans.com) and clicking on **"Manulife Benefit Card"**.

# SELF PAYMENT PLAN

PLAN NAME	WHO CAN BE COVERED	BENEFITS COVERED	BENEFITS UNAVAILABLE
A	Active Members & Dependents	Life Insurance Dependant Life Accidental Death & Dismemberment Long Term Disability Medical Out of Country Emergency Travel Dental	None

**YOU MUST BE AND REMAIN A MEMBER IN GOOD STANDING OF SHEET METAL LOCAL UNION 30 TO BE ELIGIBLE TO MAKE SELF PAYMENTS.**

**THE MAXIMUM PERIOD FOR SELF PAYMENTS IS TWELVE (12) CONSECUTIVE MONTHS.**

# CLAIM FILING DEADLINES

BENEFIT	DEADLINE
LIFE	12 MONTHS FOLLOWING DATE OF DEATH
ACCIDENTAL DEATH & DISMEMBERMENT	12 MONTHS FOLLOWING DATE OF ACCIDENT
DEPENDANT LIFE	12 MONTHS FOLLOWING DATE OF DEATH
LONG TERM DISABILITY	WITHIN 12 MONTHS OF DISABILITY
MEDICAL	WITHIN 12 MONTHS FROM DATE OF EXPENSE
DENTAL	WITHIN 12 MONTHS FROM DATE OF EXPENSE

# HOW TO CONTACT US

## ADMINISTRATION OFFICE

EMPLOYEE BENEFIT PLAN SERVICES LIMITED  
45 MCINTOSH DRIVE  
MARKHAM, ONTARIO  
L3R 8C7

TEL: (905) 946-9700  
TOLL FREE: 1-800-263-3564  
FAX: (905) 946-2535

e-mail: [ebps@mcateer.ca](mailto:ebps@mcateer.ca)

website: [www.rooferslocal30benefitplans.com](http://www.rooferslocal30benefitplans.com)