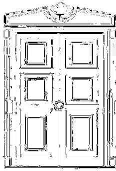

CAPREIT

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Questions and Answers:

1. How do I enrol and make my selections – Is it difficult?

A. The enrollment is easy and very user friendly. You have been provided with your user ID and password to log on to WEBS (benefits enrolment system). From there you will follow the Step-by-Step On-line Enrollment Guide to assist you with this process. Please type **www.websinc.ca/capreit** to your address bar to access the WEBSINC website. If you do not have access to a computer, please contact your Operations Manager for access or contact the Benefits Specialist for assistance.

- The **first step** will take you to your personal information. Please verify your information to ensure that the information is correct.
- In **step two**, you will be able to add your eligible dependents (spouse and/or children) to the plan (if applicable). If you do not have any dependents then you would simply move on the third and last step.
- In **step three**, you will be enrolling in your benefits, electing your beneficiary and confirming your benefit selections. Once you have confirmed your benefits (by clicking on the CONFIRM button), a screen will pop up and ask you to print your Confirmation Statement and Beneficiary Declaration. Please print the confirmation statement and keep for your records. Please complete and return the signed original Beneficiary Declaration and return it to Sonia Couto, Benefits Specialist (address will be located the declaration form).

2. Once my choices are confirmed, is that it for the year?

A. Yes, unless a change is required due to a life status change (see Life Status Change section in this communication), you cannot adjust your selections.

3. What if I don't complete the enrollment – am I penalized?

A. If you are a new employee, there is a default plan design (core coverage) that will provide a basic level of single coverage. If you do not enroll within your open enrolment timeframe, you will not have access to customize your benefit selections until the next enrollment.

If you are enrolling in the “My Choice” flexible benefits plan as an existing employee, your benefits will default to the options that are approximately the same as your current coverage under the Fixed Benefit Plan. If you do not enroll within the enrolment timeframe, your coverage will remain at your default coverage until next year’s enrollment.

If you are re-enrolling, your coverage will default to your last year’s selection and you will not have access to make changes again until the next year’s enrollment.

4. Do I have to now pay for benefits that I elect?

A. Payroll deductions may be required depending on the coverage selections you make. If the new benefits you choose cost more than the Flex Dollars you are provided, payroll deductions will be required. If there are payroll deductions, you will be able to view your deductions directly on the WEBS screen.

5. Are Flex Dollars pro-rated?

A. Yes, Flex Dollars are pro-rated depending on when you are eligible and enroll in the “My Choice” Flexible Benefits Plan during the plan year.

6. Will I get taxed if I use my Flex Dollars to pay for benefits?

A. CAPREIT is providing flex dollars for you to purchase the “Core Coverage”. Company-provided annual Flex Dollars used to pay for Health, Dental, AD&D, Long Term Disability and Health Care Spending Account are not subject to taxes. However, in Quebec, Flex Dollars are subject to provincial income taxes except Long Term Disability. Life insurance paid with Flex Dollars is considered company paid and therefore is considered a taxable benefit. If you claim for LTD benefits, it will be taxable.

7. If I have a Life or Long Term Disability benefit that requires Evidence of Insurability (EOI) and I have been previously approved, will I have to re-apply for coverage and wait for approval?

A. You will not be required to re-apply for any Life or Long Term Disability coverage you currently have that has been approved. Your coverage will be maintained as long as you continue to select you current option.

8. My spouse works, so how does his/her benefit plan fit in with mine?

A. This plan encourages planning between you and your spouse to establish the best overall coverage. Your selection can be changed annually to suit your needs. For instance, if your spouse has comparable coverage, you can opt out of health and/or dental and the dollars can be used for other benefits. Or, you may select family coverage and co-ordinate your coverage to be reimbursed up to 100% of the eligible expenses that you incur.

9. Why would I opt out of the health and dental program? At present, I have Coordination of Benefits.

A. If you opt out of health and dental, the cost associated with these benefits may be directed to purchase other benefits.

10. What happens if I decline health and/or dental coverage because my spouse has coverage through their employer and then losses their job? Do I have to wait until the next enrolment to buy coverage?

A. If you lose coverage under your spouse's plan, you can request re-enrollment part way through the plan year as this is a life status change. You must re-enroll within 31 days of the date you lose coverage under your spouse's plan to avoid the carrier's requirement to supply evidence of good health. You must provide the effective date of lost coverage under your spouse's plan.

11. Can I claim for the balance of the expense of the basic health and/or dental claim under my Health Care Spending Account (HCSA)?

A. Yes. Items not paid in full under the basic health and/or dental plan can be paid under your HCSA. Any expense eligible under the Income Tax Act is eligible under the HCSA.

12. Can I claim for my spouse's expenses that weren't covered under his/her insurance plan under my HCSA account?

A. Yes. Any expenses not covered under your spouse's plan that are eligible under the Income Tax Act can be paid under the HCSA.

13. I do not understand the phrase "use it or lose it". If I choose, for example, $200 and only spend $150, what happens?

A. Your flex plan is an expense carry forward plan, which means you may submit claims you incurred in the previous year under a HCSA that you have elected this year. If you choose an HCSA, but do not spend it all, you do not receive the balance as a refund. Consequently, you must use the value of the option you have chosen or lose the balance. Because the plan allows you to carry forward expenses for one year, you may wish to carry forward unclaimed expenses into the next year rather than risk losing any unclaimed balances.

14. I have funds in the HCSA in December 2010. How long do I have to submit my claims before I lose access to my 2010 HCSA?

A. In order for you to receive benefits, Great West Life must receive the claim no later than 60 days after the end of the benefit year (December 1st).

15. Who do I contact if I am experiencing difficulties?

A. Please contact Sonia Couto for questions regarding benefit coverage or enrolment assistance at 416-306-3000 or email her at benefits@capreit.net.

16. What is the time frame to make my benefit selections?

A. If you are a new employee, you will be notified by the Benefits Specialist on your deadline date to enroll in benefits.

17. Will I receive a new benefits booklet, drug card, wallet card and Global Medical Assistance card?

A. You will receive a new Pay Direct Drug card and Global Medical Assistance. The employee booklet can be found on WEBS. If you wish to have a wallet card, you will be able to print your own wallet card from the Great West Life employee portal.

18. Will the health and dental calendar year maximums under the Fixed Benefit Plan change?

A. Yes, the maximums will now be based on a plan year, which runs from December 1st to November 30th.