Flexible Benefits Terms and Concepts You Need to Know

As you read about your Flexible Benefits, here are some important terms and concepts that we use throughout this enrollment guide:

Annual Flex Dollars	Annual flex dollars are what T4G provides you to spend on your Flexible Benefits each year. You receive annual flex dollars that will pay for your "Default Health and Dental Coverage".
Default Coverage	If you are <u>new to the plan</u>, default coverage provides a basic level of single coverage.
Price Tag	Each option has an annual cost or a *price tag* which will be shown to you in the enrollment process. Depending on the benefit, the cost of each option varies according to factors such as: • The level of coverage • Whether employee, employee +1 or family coverage is chosen (health & dental) • Amount of your salary (volume of insurance for Life, Long-Term Disability and Accidental Death & Dismemberment) • Smoker, age and gender status (for spousal and employee Optional Life and Optional Critical Illness) Your price tags are fixed throughout the year and do not change as a result of changes in your age or your base salary. You can review your annual price tags through the online enrollment process.
Beneficiaries	You are responsible for ensuring that your beneficiary designation for your Life, Optional Life, AD&D and Optional Critical Illness benefits is complete and accurate. If you name multiple individuals as beneficiaries, please indicate a percentage of how each benefit should be allocated. If any of your beneficiaries are under the age of majority, a Trustee must be appointed except in the Province of Quebec.
Coordination of Benefits	If you are covered for extended health and/or dental benefits under your spouse's group plan, your benefits under this plan will be coordinated with the other plan so that you may be reimbursed up to 100% of the eligible expense incurred. Claims must be submitted to the primary payor first. Any unpaid balances should then be submitted to the secondary plan. The following are guidelines to identify the primary and secondary plans: 1. Great-West Life (GWL) Plan Member (under T4G) • GWL coverage for you is always primary 2. Spouse • If your spouse is a plan member under another benefit plan, this GWL coverage is always secondary for your spouse. Your spouse must first submit claims to his/her benefit plan. 3. Children

	• When dependent children are covered under both your GWL Life plan and your spouse's benefit plan, use the following order to determine where to submit the claims: i. The plan of the parent whose birth date (month and day) occurs earliest in the calendar year. ii. In cases of separation or divorce with multiple benefit plans for the children, the following order applies: a. The benefit plan of the parent who has custody of the dependent child b. The benefit plan of the spouse of the parent who has custody of the dependent child c. The benefit plan of the parent who does not have custody of the dependent child d. The benefit plan of the spouse of the parent who does not have custody of the dependent child • If the parents have joint custody and both have the children listed as dependents under their plans, claims should first be submitted to the plan of the parent whose birth date (month and day) occurs earliest in the calendar year. Balances can then be submitted to the other parent's plan.
Eligibility	To be eligible for these benefits, you must be a resident of Canada and meet the following conditions: • You are a permanent employee • You are actively working for T4G at least 24 hours per week • You have completed 1 month of continuous employment (waiting period)
Evidence of Insurability	<u>Basic Life</u> Proof of good health is required if the option you select results in Life Insurance coverage greater than $670,000. Once you have been approved for a Life amount over $670,000, you will not be required to submit further medical proof of good health. <u>Long-Term Disability</u> No requirement for proof of good health for Options 1 through 3. If you select Option 4, proof of good health will be required for any amount above $8,000. <u>Optional Life and Optional Critical Illness</u> Proof of good health is required for any amount of optional life coverage for you and/or your spouse. If re-enrolling, **any increase in coverage** requires proof of good health.
HealthCare Spending Account (HCSA)	Your HCSA works like an expense account. Your HCSA allows you to use flex dollars to cover eligible health and dental expenses (items like deductibles, co-insurance, vision care and expenses above plan maximums) that the health and dental options and provincial health insurance do not cover. The HCSA can cover eligible expenses for you

	and your dependents. Directed credits will be allocated to your HCSA in a lump sum on March 1st. When you submit an HCSA claim, either for yourself or for a dependent, you will be reimbursed for eligible expenses, up to the balance in your account. If a claim exceeds your account balance, the claim will be paid up to the amount in your account and returned to you. Credits can only be used to provide reimbursement for eligible medical expenses under the Canadian Income Tax Act (http://www.cra-arc.gc.ca/tx/ndvdls/tpcs/ncm-tx/rtrn/cmpltng/ddctns/lns300-350/330/llwbl-eng.html)
Balance Carry Forward	Your flex plan is a balance carry forward plan. Credits are available for covered expenses incurred in a plan year. Any remaining credits will be carried forward for covered expenses incurred in the following plan year. If they are not used for expenses incurred in that plan year, they will automatically be forfeited. For example, if have $100.00 in your health care spending account and you claim $75.00 during the plan year the remaining balance of $25.00 will be carried forward into the next plan year. If you do not use the carry forward balance of $25.00 in the second plan year, you will forfeit this amount at the end of the plan year.
Family/Life Event Changes	You must remember to change your benefits and coverage within 31 days of a "life event change". A life event change is when you have a change in your marriage or common-law union; divorce; separation or death of a spouse; birth; death; adoption or change in custody of a child; loss of benefit coverage from a spouse's employer.
Health and Dental Employee + 1 Coverage	You elect this coverage if you are a single parent with one child or if you require employee and spousal coverage.
Health and Dental Family Coverage	You elect this coverage if you are a single parent with more than one child or you require employee, spousal and dependent child coverage.
Tax Talk	T4G is providing flex dollars to purchase the "Default Coverage". Company-provided annual flex dollars used to pay for Health, Dental and Health Care Spending Account are not subject to taxes.
Basic Life, AD&D, Basic Critical Illness and Long-Term Disability Benefits	Your Basic Life, AD&D, Basic Critical Illness and your Long Term Disability benefits are mandatory coverage. This means that you are not entitled to opt out of these benefits.
Health & Dental Benefits	You may opt out of the health and dental benefits, as long as you are able to provide proof that you are covered for these benefits under your spouse's plan.