



Benefits

For Temporary Team Members covered by Appendix A – West and Appendix C – Competitive Operator Services of the collective agreement with the TWU, USW Local 1944

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This document summarizes the benefit plans for temporary team members covered by Appendix A - West and Appendix C – Competitive Operator Services of the collective agreement with the TWU, USW Local 1944. Team members must be Canadian Residents.

As a summary, it cannot contain all the details. In the case of any discrepancy, benefits will be paid according to official plan documents, contracts and applicable legislation.

Introduction

This enrolment guide describes the benefits for temporary team members covered by Appendix A - West and Appendix C of the collective agreement with the TWU, USW Local 1944

The guide provides comprehensive information about the benefits available to you, as well as information on how to submit Health Spending Account claims and how to make changes to your benefits plan.

This guide has the following sections:

- **Overview** — a summary of your benefits
- **Benefits** — the coverage and cost for each plan
- **Resources and Contacts**

Overview

Benefits Plans

The plans available:

- Vacation
- Provincial Health Care
- Health Spending Account
- Business Travel Accident Insurance

Benefits

Vacation

The Big Picture

In the year of hire, team members will receive Vacation Pay of 4% of earnings paid no later than April 30 of the following year.

In the year following your year of hire, you are entitled to annual vacation. Team members should refer to their collective agreement for information regarding vacation.

The vacation year is from January 1 through December 31.

Scheduling

Normally, you may schedule up to your annual vacation benefit each year. You are responsible for scheduling your vacation in accordance with the collective agreement.

Termination

You will be paid for any current (earned) vacation you have not used. If you have taken more vacation than you have earned, the difference will be deducted from your last pay.

Provincial Health Care

The Big Picture

Every province provides coverage for standard ward hospital accommodation, fees for required laboratory and radiology services, and fees charged by physicians and surgeons. Other benefits vary by province. The **provincial health care** plans have their own definition of eligible dependents. If you have any questions about what your provincial health care provides, contact the provincial health care agency where you live. The addresses and phone numbers can usually be found in the government section of your local telephone directory.

Primary Plan

Only British Columbia charges monthly premiums for provincial health care. Other provinces fund provincial health through taxes.

If you choose to join the TELUS provincial health care group plan for BC, TELUS pays 50 per cent of the BC Medical Services Plan (MSP) premiums.

MSP Twice Monthly Costs 2019		
	TELUS cost	Team member cost
One Adult	\$ 9.38	\$9.37
Two Adults	\$18.75	\$18.75

Tax Matters

The portion of the provincial health care premium paid by TELUS is a taxable benefit.

The Timing

When Coverage Starts

After you have reached 9 full months of service your coverage in the TELUS provincial health care begins the month after enrolment forms are received in the Benefits department.

When Coverage Ends

Your provincial health coverage ends at the end of the month in which your employment ends.

Health Spending Account

The health spending account (HSA) is a great way to receive tax-free reimbursement for medical or dental expenses that:

- qualify for the medical tax credit under the Income Tax Act (but are not claimed on your tax return); and
- are not reimbursed by any other insurance plan (government or private).

* Team members in Quebec must pay provincial tax on reimbursements.

You must use any funds in your HSA by the end of the benefit plan year or you lose them. You may, however, carry expenses forward to the following benefit plan year (but no longer than one year.)

Overview

- After 9 full months of service, TELUS contributes \$1,200 to your Health Spending Account per benefit plan year. Funds are pro-rated if you become eligible after the benefits plan year starts on March 1st of each year.
- You submit claims for eligible expenses against your HSA and receive payment from the HSA tax-free.
- You can only use what TELUS contributes. The tax rules won't let you use your own money.
- Another tax rule is that you have to use up the dollars deposited in a given year or you lose them.
- If you continue to participate in the HSA, you can carry forward expenses to the next year (but no longer), provided you were a participant in the HSA when the expense was incurred.

Eligible Dependents

The definition of eligible dependent for the **health spending account** is governed by the Income Tax Act. Your HSA may be used to reimburse eligible medical and dental expenses for you, your spouse and other family members who may be claimed as dependents for income tax purposes, including:

- the child or grandchild of you or your spouse
- the parent, grandparent, brother, sister, uncle, aunt, niece or nephew of you or your spouse (as long as the dependent is resident in Canada for part of the year)

Tax Matters

Reimbursements for eligible expenses are tax-free.

What's Covered

Since the health spending account is tax-exempt, the list of eligible expenses is governed by the Canada Revenue Agency. If you are unsure about the eligibility of an expense, please contact Sun Life for clarification.

You can claim premiums paid to a private health services plan with after-tax dollars (e.g., your spouse's benefits plan or individual travel health insurance), as well as deductibles and co-insurance.

The list of eligible expenses is extensive and includes such items as:

- assistance devices
- care and facilities
- dental services
- drugs
- medical practitioners
- medically related transportation, meals and accommodation
- miscellaneous medical expenses
- prescribed medical devices and equipment
- vision care

The list contains many items that may already be covered under most employer-sponsored plans. If these plans reimburse less than 100 per cent, the HSA can be used to reimburse the remaining portion. If you don't have other coverage or if you've used up your coverage, you can submit a claim to your HSA for the entire expense.

What's Not Covered

The following items are examples of expenses are not reimbursed from your HSA even if they are prescribed by a medical practitioner, because they are not specifically included on the list of eligible expenses defined by the Canada Revenue Agency:

- air conditioners, humidifiers, dehumidifiers or air cleaners (even for individuals suffering from a chronic respiratory condition)
- allergy serums, except for payment to a doctor for professional fees
- chiropractic supplies (e.g. Normalizer pillow, water pillow)
- CPR courses (e.g. St. John's Ambulance emergency treatment course)
- disability insurance premiums
- drugs or remedies from naturopath
- ear plugs (even if prescribed following surgery)
- eye patches
- government insurance premiums

- health and dental group insurance premiums paid with credits rather than after-tax dollars
- homeopathy, unless performed by a naturopath
- lumbar air cushion, lumbar roll
- Medic Alert bracelet
- midwife service, unless provided by an RN
- OBUS chair
- reflexologist
- shiatsu therapist
- smoking cessation program

The Details

Carry Forward Expenses

Tax regulations state that you must use the dollars deposited to the HSA in a given benefits plan year or lose them. You have until May 31 following the benefits plan year to claim your HSA dollars for expenses incurred in the previous benefits plan year. You can carry forward unpaid expenses to the next year (but no longer) to be reimbursed with the new dollars that TELUS deposits to the HSA, so long as you were a participant in the HSA when the expense was incurred.

Submitting a Claim

When you are ready to submit a claim for reimbursement from your HSA:

- Make sure all other plans have paid their share.
- You can file your claim online at Sun Life's Customer Access Web Site and have your reimbursement deposited directly in your bank account. Visit www.sunlife.ca/member to register and obtain a PIN number for online claims filing.
- Alternately, you can complete the HSA claim form that you can print from the Sun Life website. The mailing address is on the bottom of the form.
- To ensure quick and accurate reimbursement, be certain to complete the entire form including your policy number 25495, name and team member identification number. You can find these numbers on your Sun Life drug card.
- Attach original receipts or the Explanation of Benefits (EOB) form from Sun Life or from another plan.
- Make copies of all forms and receipts for your own records.

Your HSA claims will be processed and paid as soon as you submit them providing you have dollars left in your account.

You have until the last day of February to incur expenses for payment from that benefit plan year's HSA. Expenses must be received by Sun Life on or before May 31st, or up to 90 days following termination of your HSA eligibility whichever comes first. If you run out of health dollars in your HSA, or if you wait until after May 31 to submit the expenses, you can carry the expenses forward to be paid from the next benefit plan year's HSA, so long as you continue to participate in the HSA.

The Timing

When Your Eligibility Starts

Once you have completed nine full months of service, dollars will be deposited to your HSA.

When Your Eligibility Ends

Your HSA ends on the day your employment terminates or the day you move to another TELUS benefits plan and do not participate in an HSA, although you may still claim for expenses incurred while you were employed or participating in the HSA. You must submit the claim within 90 days of the date your employment ended or your HSA participation ended.

Business Travel Accident Insurance

Business travel accident insurance provides a lump sum benefit if you die from an accident while traveling on company business. Benefits are also paid for dismemberment or permanent disability as a result of an accident while traveling on company business. Benefits are paid in addition to any other insurance benefits that may be paid through group insurance.

In this Plan, accident means an event, happening by chance, that is not foreseeable or preventable.

Coverage is three times your annual contracted salary and is payable on death as a result of a covered accident. Twice this amount is paid if paralyzed. Various percentages are paid for dismemberment. The extent of the coverage depends on your travel status at the time of loss. Trips must be authorized and paid for by the company.

Eligibility for Insurance

- All active TELUS team members under the age of 70.
- A TELUS team member's spouse is covered for up to \$50,000 and dependent children for up to \$10,000 while traveling with the team member on a business or relocation trip provided such trip is authorized by or taken at the direction of TELUS and TELUS is paying the travel expenses. This applies to Accidental Death and Dismemberment only.
- Guests of TELUS traveling on company business or on company aircraft are covered for up to \$500,000.

The company pays the full cost of coverage.

The policy is issued to TELUS by AIG Insurance Company of Canada.

Beneficiary

Death benefits for business travel accident insurance are paid to your Estate.

Tax Matters

The premiums paid by the company for business travel accident insurance are a taxable benefit. Your beneficiary does not have to pay income tax on the accident insurance benefit.

Contacts and Resources

If you have questions about your personal situation:

- Contact askHR by
 - Asking a question online
 - Chatting directly with a member of the askHR team

If you have questions about your Health Spending Account (HSA) claims:

- Call Sun Life at **1 800 361 6212**.
- Have your Policy number (25495) ready for more efficient service.

The information in this document is a general description of your employer-sponsored benefit and pension plans. This document is a summary and as such cannot contain the full plan details. In the event of any misunderstanding or discrepancy, benefits will be paid according to the applicable contracts, policies, plan documents and legislation. TELUS reserves the right to amend or discontinue these plans at any time.