

A Guide to WCASA's Firm Benefit Plan

This guide explains the procedures for the administration of your group benefits program.

For more detailed information on plan features refer to the Group Insurance Benefits brochure. If you have additional questions, please contact our office:

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1. PARTICIPATION REQUIREMENTS

All eligible partners and employees are required to participate in the benefits selected by the Firm. Extended Health & Dental Care benefits are optional if an employee is covered under their spouse's plan. It is the Firm's responsibility to ensure the required level of participation is maintained.

2. ENROLING A NEW EMPLOYEE

A new employee is eligible for benefits if they work at least 20 hours per week and are under age 65.

Employees who are CAs are eligible for benefits on the first day of full-time employment; employees who are not CAs are eligible after 3 months of full-time employment.

Application for benefits must be made within 31 days from the date of eligibility. Applications for benefits after this are considered LATE and evidence of insurability will be required before any coverage is granted.

Although benefits will commence on a specific day during the month, premiums are not charged until the first of the next month.

A contract employee or associate may be eligible for benefits provided they work a minimum of 20 hours/week for your firm.

3. NON-EVIDENCE LIMITS

Depending on the size of your firm, employees may obtain a certain amount of coverage without medical evidence, provided application is made within 31 days of their eligibility date:

# of lives insured at April 1st	Term Life and AD&D	Long Term Disability
Less than 5	NIL	NIL
5 to 9	\$75,000	\$2,000
10 to 24	\$125,000	\$3,000
25 to 49	\$175,000	\$4,000
50 & over	\$250,000	\$5,000

Insurance in excess of these amounts is subject to evidence of insurability.

4. EVIDENCE OF INSURABILITY

A short medical questionnaire is usually all that is required, but the insurer may

request additional medical information, such as a clinical history report, medical examination, blood profile, etc. We will advise you of any requirements.

5. REPORTING OF ADDITIONS, CHANGES AND TERMINATIONS

New employees are reported on a Transaction Card.

Salary changes or terminations can be emailed, faxed or mailed to WCASA.

Please note that an employee who is not at work due to sickness, maternity leave, etc., is not eligible for increased benefits until they return to full-time employment.

Terminations

Insurance coverage ends the day the employee physically leaves work, regardless of payment of any vacation pay, personal days, bonus etc. The employer should provide written notice to the employee stating the date that benefits end. If pay in lieu of notice is given, benefits may be extended to the end of the statutory notice period specified in provincial labor standards. Premiums are charged for the entire month for terminations after the first of the month.

Smoker Rates: if an employee stops using tobacco products for one year, they may apply for non-smoking status by completing the Non-Smoking Declaration (available on our website).

Changes of Name and/or Beneficiary

Employees are responsible for keeping their beneficiary designation up to date. Changes may be made by letter or transaction card, and it must be signed, dated and witnessed. Photocopies are not acceptable. When the original documentation is received, a revised insurance certificate will be issued.

CA/Partner Status: if a student becomes a CA, or a CA becomes a partner, please let us know as this change affects the disability premiums and terms.

WCASA should be notified within thirty days of all changes, terminations & new enrolments to ensure benefits are accurate. Transactions reported by the 21st will be reflected on the next insurance register. Changes received after that date may not be processed until the following month.

6. LEAVES OF ABSENCE

Employees can continue their benefit coverage during leaves of absences, for example, maternity, parental, sabbatical, extra vacation, personal leaves etc., for up to 12 months, provided premiums are paid as due. Employers may wish to continue their normal cost sharing arrangements for premium payment, or the employee may be required to pay premiums personally.

If a disability occurs during the leave, the waiting period for benefits will begin on the date the employee was scheduled to return to work.

In the event of a temporary layoff, benefits may only be continued for one month following the month the layoff occurred. Benefits cannot be maintained during military service leaves.

7. EXTENDED HEALTH AND DENTAL COVERAGE

Eligible Dependents

Spouse includes a person who is publicly represented as a spouse, and with whom the employee has been living for at least one year. To obtain coverage for a common-law spouse or dependents, complete the application on the reverse side of the transaction card.

Dependent children are unmarried, dependent on the employee for support, and under age 21, or under age 25 if in full-time attendance at a recognized school or university in Canada or the United States.

Family Coverage

An application for family coverage must be made within 31 days of the eligibility date (date of marriage, loss of spouse's coverage, etc). The application requests information on marital status, number of dependents, etc. After an application for family coverage is approved, additional dependents are covered automatically but their information must be added to the data base. The information can be emailed - name, certificate, firm, full name of the new baby, date of birth and gender.

Spousal Exemption: if an employee does not require the Extended Health and/or Dental because similar coverage is provided under their spouse's plan, they may request an exemption by completing the reverse side of the transaction card.

When an employee terminates, please retrieve and destroy their insurance certificate.

Claims

Employees should register at www.greatwestlife.com for information on benefits and to access their personal claims history. Our plan number, 56579,

and certificate number will be required. Employees can also contact the GWL claims department at 1-866-289-5675 for information. An automatic payment option is available, employees can include a sample voided cheque with their first claim or can contact WCASA to have the information added.

Blank claim forms can also be downloaded from our website at www.wcasa.com.

8. MEMBER, EMPLOYEE AND FAMILY ASSISTANCE PLAN (MEFAP)

Employees and their family members have access to a confidential counseling service for a wide range of personal issues, provided at no cost to the firm or employee. For additional information or to arrange an appointment, call Shepell-fgi at 1-800-268-5211, or employees can access a members-only website at www.shepellfgi.com/go/members, the username is *westca* and password is *westca101*. If you would like to receive Shepell-fgi's monthly electronic health and wellness newsletter, please send us an email.

9. PREMIUM REMITTANCE

Every month you will receive updated Insurance Register (billing) providing information on premiums due by person and benefit.

Premiums are due within 30 days. Premiums are payable to WCASA (Western C.A. Services Association). Please remit premiums AS BILLED, without making any adjustments. Any adjustments for changes or terminations will be reflected on the next month's billing.

If premium payments are not received within 30 days, coverage under the plan will lapse, and may only be reinstated with the approval of the insurer.

MASTER CONTRACTS

The information provided in this guide is for general administrative purposes. In the event of error, omission, or disagreement, the terms of the insurance contract(s) will prevail at all times.