

► If you take a leave of absence

If you take an approved leave of absence, your Participating Employer may continue your benefits for a period of up to 12 months. Premiums are not required for this Plan during such a leave. If you are unable to return to work due to Total Disability, you will be considered disabled as of your scheduled return date.

► When your coverage ends

Your membership in this Plan ends on the earliest of the date:

- you are not eligible;
- you are not employed by the Participating Employer;
- you do not belong to a Participating Group;
- you do not live in Canada;
- your disability benefit terminates and you do not return to work; or
- the group benefit plan terminates.

If you are Totally Disabled on the date your membership ends, you will remain entitled to a benefit, subject to the terms and conditions of the Plan.

► Coverage portability

If you terminate employment and go to work for another Participating Employer within six months, you will be immediately eligible for coverage under your new employer's Plan, providing you are Actively at Work on your first day of work (subject to the terms and conditions of the master policy). If, due to injury or illness, you are not Actively at Work on that day, then coverage will be effective after seven days as described under "Joining the plan". Your level of coverage will be what is offered under your new employer's Plan, and may differ from your previous coverage.

You must ask your new employer to arrange this transfer of coverage within one month of your first day of employment and inform your new employer of all prior service to be counted toward coverage. If you fail to do so, you will have to provide medical evidence of your insurability, at your own expense, to complete the transfer of coverage.

► Your personal information

DFS has established a confidential, group insurance file which contains personal information on your plan membership and claims. Only DFS employees who are responsible for underwriting, administration and investigations, or any other person whom you have authorized, will have access to your file. All files are kept in DFS's offices.

► Definitions

Actively at Work and Active Work

At work and able to perform all the regular duties of your occupation for one full working day or shift.

Continuous Service

A period of unbroken employment with your employer, plus any additional eligible service as a result of a transfer from another Participating Employer, including:

- vacation days and holidays granted;
- approved leaves of absence;
- temporary layoffs; and
- interruptions of service approved by DFS.

Date of Disability

The first day of regularly scheduled employment for which you cannot report due to injury or illness.

Participating Employer

An employer who is a member of the Ontario Hospital Association and participates in this OHA-sponsored Plan insured by DFS.

Participating Group

A group of employees that participates in this OHA-sponsored Plan insured by DFS.

Total Disability and Totally Disabled

Unable, due to injury or illness, to perform the regular duties pertaining to the occupation in which you participated immediately before becoming disabled, for the first two years you are absent from work and not engaged in any gainful occupation. Unable, after two years, due to injury or illness, to participate in any gainful occupation for which you are, or may become, fitted through training, education or experience.

OHA Benefit Plans

Disability Income Plan (1992)

Part B: Long Term Disability Benefit

(also known as HOODIP 1992)

Information for Full-Time Employees

Introduction

The Ontario Hospital Association (OHA) established the Disability Income Plan in 1976 to provide uniform disability income benefits for employees of Participating Employers. This brochure describes the 1992 Long Term Disability (LTD) benefit. The benefit is insured by Desjardins Financial Security Life Assurance Company (DFS).

The information in this brochure is only a summary of some of the provisions of the master insurance policy. If you need more information about your coverage, contact your Human Resources Department or call DFS at 1-800-263-1810.

Plan highlights

- If you become Totally Disabled and are unable to work, you may receive an LTD benefit of up to 75% of your regular earnings. Your benefit amount will depend on your regular earnings and your length of service.
- LTD benefits begin after you are Totally Disabled for 30 weeks. For the first 30 weeks of your disability, you may be eligible for your employer's Short Term Disability (STD) program and the Canada Employment Insurance Commission's sick pay benefits.
- Once you have completed six months of service, you are eligible for LTD coverage regardless of any pre-existing medical conditions you may have.
- If you are Totally Disabled and are receiving LTD benefits, the Plan offers you a rehabilitation program tailor-made for you to help you return to work.
- If, within six months of leaving one Participating Employer you are re-employed with another Participating Employer, you may resume your coverage immediately, subject to the terms and conditions of the master policy.

Joining the plan

All new employees must join the Plan after completing the waiting period. The waiting period is the period of time from your first day of Active Work until the day you complete six months of service.

The effective date of your coverage will be the latest of:

- the day after you complete your waiting period, if you are Actively at Work on that day;
- if, due to injury or illness, you are not Actively at Work on that day, the day you have completed seven consecutively scheduled days of Active Work following your return to work; or
- the day that DFS specifies as your effective date following approval of evidence of your insurability, if required.

If you become disabled

If you become disabled, you may receive LTD benefits following a qualifying period of 30 weeks of Total Disability. LTD benefits are paid monthly, and begin one month after you become eligible to receive them. These benefits are taxable. Premiums are not required for any full calendar months for which you are receiving LTD benefits.

The amount of LTD benefit you receive will be determined by the length of your Continuous Service (from your first day of employment), as of the day before your first day of absence, according to the following schedule:

At least 6 months of service
65% of regular earnings

At least 20 years of service
70% of regular earnings

At least 30 years of service
75% of regular earnings

The minimum benefit payment is \$50 per month to age 65.

Your LTD benefit will be based on your regular earnings in effect on the last day you are Actively at Work and will be reduced by all of the following:

- any earnings received from your employer;
- disability income benefits payable under any other disability income plan toward which your employer contributes;
- the amount of any disability or retirement pension receivable from an employer's pension plan; and
- benefits entitled to from any government plan such as Workplace Safety Insurance Board (WSIB), Canada/Quebec Pension Plan, and Old Age Security.

The Plan is allowed to recover benefits paid for loss of income when the injury or illness is the legal liability of a third party. If this applies to you, DFS will contact you to obtain the information required to proceed with this process.

Rehabilitation benefits

Employees who are receiving LTD benefits may require assistance to enable them to return to the work force. Each claim approved for benefits is reviewed in DFS's rehabilitation department.

You may be contacted by a rehabilitation consultant to help you develop and co-ordinate a rehabilitation program. A rehabilitation program can involve skill upgrading, educational programs, work trials in a new or related field or part-time work prior to returning full time to your own job.

If you work part time as part of an approved rehabilitation program, your regular monthly disability benefit will be reduced by 50% of your rehabilitation earnings. If the total earnings

received from this employment plus your reduced LTD benefit exceed 100% of your pre-disability earnings, the disability benefit will be reduced so that the total equals your pre-disability regular earnings.

If your disability recurs

If, after you have completed the 30-week qualifying period, you recover and return to active full-time work, but within six months the same disability recurs, LTD benefit payments will resume immediately. However, if you have returned to work for more than six months, or if you are disabled from an unrelated cause, the disability will be considered a new disability and you will have to complete the qualifying period again.

When your LTD benefits end

Any LTD benefits you may receive are payable from the end of the qualifying period until the earliest of the following dates:

- the day you cease to be Totally Disabled;
- the day you engage in any occupation for wage or profit, except as permitted under the Rehabilitation Benefit;
- the day you cease medical care and treatment, or fail to provide proof of the continuance of Total Disability to DFS, as required;
- the day you refuse to participate in an approved rehabilitation program;
- the date of your death;
- the day you refuse to participate in vocational assessment;
- the day you are confined to a prison or similar institution;
- your 65th birthday (if you become disabled before age 64 and you have completed fewer than 10 years of Continuous Service when you become disabled);
- the day 12 months after the Date of Disability, if you become disabled after age 64 but before age 65 (minus the qualifying period) and you have completed fewer than 10 years of Continuous Service when you become disabled;
- the date of your death if you have completed 10 years of Continuous Service when you become disabled. In this case, at age 65 your benefit will be further reduced by any additional payments from government plans and your employer's pension plan that begin at that age (*see "If you become disabled"*); or
- the date you fail to undertake a medical examination at DFS's request, by a physician DFS appoints.

Exclusions

To be considered Totally Disabled you must be under the active and continuous care of a physician licensed to practise medicine and be following the treatment prescribed by this physician for your disability.

All Total Disabilities are covered, excluding those resulting from:

- intentionally self-inflicted injury;
- civil disorder or war, whether or not war was declared; or
- your commission or attempted commission of a criminal offense, excluding operating a vehicle while your blood contains more than 80 milligrams of alcohol per 100 millilitres of blood.

Submitting an LTD claim

For LTD benefits to begin on time, your application must be submitted to DFS at least 6 to 8 weeks before the end of the qualifying period. Any application for benefits under this Plan must be made within six months after the end of the qualifying period.

You are responsible for costs to obtain medical information.

Your Human Resources Department will provide you with the forms required to submit your claim.

If your LTD claim is denied

If your application for disability benefits is denied at the onset on the basis of medical evidence, you can appeal that decision by submitting new medical evidence within 3 months of the initial decline letter.

If, after you have followed this appeal process for declined claims and DFS is satisfied that all available medical documentation has been submitted but the decision has not changed, you will be offered MAP (Medical Appeals Process) for final resolution of the claim.

First, you will be asked to sign an agreement and authorization form to continue on with the appeal process. Then you will appoint a physician to act on your behalf. DFS's Medical Director or designate will act on DFS's behalf. The two physicians will jointly choose a third independent physician to review all available medical and functional evidence and undertake additional tests or examinations, as deemed necessary. The decision of the independent physician to admit the claim or to maintain the decline is binding on you, DFS and the OHA, and no further action can be taken.

If the decision is to admit your claim, DFS still has the right to periodic reviews of your condition to determine continuation of your benefits. The cost of the MAP process will be charged to the Plan.