

Important Notes

NEBS 2021 Pension Adjustments Note

Pension Adjustments (PA's) will be calculated and uploaded to the NEBS Website Portal in February 2022. Authorized users will receive an email when the documents have been posted. If you are not an authorized user, please request access by emailing info@nebsnorth.com.

All 2021 premiums must be paid in order for the pension adjustments to be released. If you have any questions regarding the status of your organization's account, please contact the NEBS Finance Officer, Ritah Lunkuse, directly at finance@nebsnorth.com.

Payments for Health and Pension contributions must be made on separate cheques, one for health, and one for pension. We cannot deposit cheques that combine both Health and Pension Premiums. Any combined cheques will be voided and sent back to the employer. Please be sure to include the invoice numbers being paid with each cheque.

2% interest is charged on all overdue invoices and appear on the monthly statements. They are due immediately and subject to additional interest if they remain unpaid.

NEBS accepts direct deposit which may assist you during the pandemic. Please contact our office for more information. Please ensure health and pension are direct deposited to the correct account information as NEBS cannot transfer payments between accounts. Notices of payment must be sent along by email with each direct deposit.

Notices & Reminders!

For more information, visit page 4

- Employee Enrollment Forms
- Employee Leave
- Employee Salary Changes
- Life Event Changes
- Top Five Administrator Tasks
- Drug Prior Authorized Forms

Updated Forms

Please be advised that the following forms have been updated and are available on our website:

- Enrollment Forms (Health Only)
- Enrollment Forms (Health and Pension)
- Information Change Form (Health Only)

Elected and Appointed Officials Plan Coverage

Benefits Summary

If the employer group has chosen to provide this plan for their elected or appointed officials, you will receive this coverage and are eligible for these benefits.

You must complete and submit your enrollment form to the NEBS Office to become eligible for these benefits. Your coverage continues as long as you continue to serve as an elected councilor or appointed director for the employer.

Life Insurance Coverage

In the case of your death while serving in office for a NEBS Employer, your beneficiary will receive a payment of life insurance.

- If you are under 65 years of age at the time of death, your beneficiary will be paid \$100,000.
- If you are 65 years of age or older at the time of death, your beneficiary will be paid \$50,000.
- If you become terminally ill you may be eligible for Living Assistance Benefits, as an advance payment of life insurance, to help meet your medical or other health and welfare expenses.
- Certain conditions apply and this benefit is at the sole discretion of the insurance company.
- Your life insurance benefit terminates at age 70.

Accidental Death, Disease and Dismemberment Coverage

Accidental Death Benefit: If the insurance company is provided with proof that your death occurred as a direct result of accidental bodily injuries resulting from external, violent, and accidental means without negligence on your part, the insurance company will pay to your beneficiary an amount equal to your life insurance.

Critical Disease Benefit: If, after the effective date your coverage begins with NEBS, you are diagnosed with a critical disease and become totally disabled, as defined under the Policy, and have not been able to work at any occupation for at least nine (9) months, the insurance company will pay you an amount equal to 10% of your life insurance coverage. Benefits are limited to the first covered critical disease in your lifetime. Critical Disease is defined under the Policy.

Accidental Disease/Dismemberment Benefit: If the insurance company is provided with proof that you sustained a loss of the use of a part of your body as a direct result of a critical disease or bodily injuries resulting from external, violent, and accidental means, without negligence on your part, the insurance company will pay a percentage of your life insurance amount based on the Loss Schedule indicated in the Policy (i.e. paraplegia, hemiplegia, quadriplegia, limbs, sight, hearing).

Your accidental death, disease, and dismemberment benefit terminates at age 70.

Travel Benefits Plus

Out-of-Country Emergency Care provided under your extended health care plan is not travel insurance, but provides coverage for medical expenses related to emergency medical care. Expenses include treatment by a doctor, hospitalization, x-rays, and laboratory test as a result of a medical emergency.

Emergency Medical Travel Assistance (EMTA), also included in your extended health care plan, provides 24-hour assistance to travellers who find themselves in an emergency medical situation. EMTA services include:

- Advice about doctors and hospitals
- Confirmation of coverage and advance payment where required
- Arrangements for medical transfer home by air ambulance
- Contact with treating physicians and family
- Legal referrals
- Referrals to English-speaking doctors
- Consulate and embassy referrals
- Telephone assistance with interpreters

In addition to the benefits provided under Out-of-Country Emergency Care and EMTA, it is important to consider the financial impact of the non-medical expenses related to a medical emergency while travelling.

Travel Benefits Plus has been added to your extended health care plan to supplement the benefits provided under Out-of-Country Emergency Care and Emergency Medical Assistance. It provides protection for plan members and their families against unanticipated expenses related to a medical emergency.

Travel Benefits Plus provides coverage for:

- Family transportation expenses
- Emergency reunion transportation costs
- Trip delay transportation costs
- Transportation costs for return of dependent children
- Return of vehicle expenses
- Out-of-Pocket allowance for living expenses
- Return of body or cremation expenses for plan member and dependents
- Cost of economy airfare for a family member to identify the deceased

GROUP BENEFITS

Did you know?

On average, Canadian families need four to six times their annual household income in insurance coverage. If you find that your needs are greater than the life insurance you currently have in place, Optional Life Insurance through your group benefits plan can be an affordable way to purchase the additional coverage your family needs.

Get the extra protection you need with Optional Life Insurance

Coverage is available for both you and your spouse and you must provide evidence of good health at the time of application. Your plan member booklet outlines how much coverage you can apply for, and your plan administrator can provide you with information on how much it will cost.

If you leave your current employer for any reason, you can convert your group policy to a Co-operators individual policy without providing additional medical evidence (some restrictions may apply; refer to your plan member booklet for details).

How do I apply?

1. Complete the Optional Group Life Insurance Application found on www.cooperators.ca/groupbenefits > Forms, or on the Benefits Now® for Plan Members website.
2. Send the completed application to the Group Medical Underwriting Department at the address listed on the form.
3. If additional medical evidence is required or if we have questions, we will contact you and provide further direction.
4. Once we have made a decision on your application, you will be notified in writing. Coverage is not in place until you are approved.

If you have questions about Optional Life Insurance or the application process, please contact your plan administrator.

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