



The Canada Life Assurance Company
60 Osborne St. N.
Winnipeg, MB R3C 1V3
Tel 866 716 1313
canadalife.com



September 7, 2022

Re: Post-Retirement Benefits – Canada Post Corporation
Extended Health Care Plan No 51391 Dental Care Plan No 51057

This letter outlines your benefits upon your retirement on _____ **Please read this letter carefully to ensure you know what coverage you are eligible for, and which forms you need to complete and return to ensure continued coverage after retirement. Please note that most forms must be completed and returned within a specified time.** If you have any questions or would like more information or help, please call Benefits Administration Solutions at Canada Life at 1-866-716-1313 or by email at bas@canadalife.com.

ELIGIBILITY TO POST-RETIREMENT BENEFITS COVERAGE

To be eligible for post-retirement benefits coverage, you must:

- Have been eligible to be covered under Canada Post's Extended Health Care Plan #51391 and/or Canada Post's Dental Care Plan #51057 on the day before you retired.
- Have at least 15 years of continuous service with Canada Post.
- Be in receipt of a monthly pension from the Canada Post Registered Pension Plan – Defined Benefit Component (DB)

Notes: Canada Post Registered Pension Plan - Defined Benefit Component

- If you choose a lump sum payment (commuted value) from the defined benefit component of the Canada Post Pension Plan you will not be eligible for post-retirement benefits.
- If you defer your pension, to maintain post-retirement benefit eligibility, you must be in receipt of your defined benefit monthly pension within five years or less of your retirement date and submit your Post Retirement Benefits Application within 60 days of the date your deferred pension starts.

Important: The Vision and Hearing Care Plan 51392 is not available as a post-retirement benefit.

BASED ON THE ELIBILITY REQUIREMENTS STATED ABOVE, YOU ARE ELIGIBLE FOR:

- Extended Health Care Plan #51391 post-retirement coverage AND
- Dental Care #51057 post-retirement coverage



Enclosed Forms:

- Canada Post Summary of Post-Retirement Benefits: Extended Health Care 51391*
- Post-Retirement Benefits Application Form (EHCP & HSCA 51391 & dental 51057)*
- Your monthly contribution rates for Post-Retirement Benefits EHCP (HCSA) 51391 & Dental 51057*
- Extended Health Care Plan 51391 Claim Form*
- Dental Care Plan 51057 Claim Form*
- Dependent Information Form*
- eWelcome brochure for My Canada Life at Work*



Please note that you must apply for coverage within 60 days of your immediate retirement or your deferred pension commencement date. Failure to do so will result in the loss of coverage eligibility.

How to apply for post-retirement benefits coverage

- Complete and sign the enclosed *Post-Retirement Benefits Application Form*. If you choose family coverage, please review your dependent information on your *My Canada Life at Work* account or use the enclosed *Dependent Information* form. Send both completed forms to the address indicated on the forms along with a void cheque for premium deductions. **The completed and signed application form(s) must be sent within 60 days of your immediate retirement or your deferred pension commencement date.**

If you choose to participate in the dental plan, you must remain in the plan for a minimum of 24 consecutive months from your application date.

- Post-retirement benefit coverage will start as soon as:
 - 1) Canada Life has received your completed *Post-Retirement Benefits Application* form, **AND**
 - 2) Canada Life has determined that you are eligible for post-retirement benefits coverage and has confirmed that you are receiving a monthly pension, **AND**
 - 3) All premiums retroactive to your retirement date have been withdrawn from your bank account.

You will be enrolled retroactively to your retirement date and Canada Life will send you a letter of confirmation that you have been enrolled in the plan(s). If you have deferred your pension, you will be enrolled retroactively to your deferred defined benefits pension commencement date.

BENEFIT PREMIUMS

- Please reference your **premium rates sheet** included in your application for post-retirement benefits kit.
- Should you decide to apply, you can **expect to receive a welcome letter from Canada Life confirming the exact amount of premiums owing**. Premiums are deducted directly from the bank account of your choice (using the *Pre-Authorized Debit* form in your application kit). Premiums must be deducted before your benefit(s) can be reinstated.
- The **monthly premiums** for this coverage are deducted from your bank account on the **third day of each month**; if the third day of the month falls on a holiday or weekend, the premium is taken on the following business day.
- Once your post-retirement benefit coverage has been reinstated, you can proceed with your claim submissions.

If you do not receive a letter of confirmation in a timely fashion or you need more information, please contact Canada Life's Benefits Administration Solutions at 1-866-716-1313 or by email at bas@canadalife.com

Please note : missing two consecutive monthly premium payments due to non-sufficient funds will result in benefit coverage being terminated retroactively to the date premiums lapsed. Once terminated, your coverage cannot be reinstated. Please ensure you tell Canada Life immediately about any changes to your banking information.



If you are eligible and wish to apply for post-retirement Extended Health and Dental Care benefits, there may be a temporary delay in coverage between the date your active employee benefits terminate and when your post-retirement benefits start. We encourage you to purchase an adequate supply of maintenance medication before your retirement date.

If you incur any post-retirement claims during the temporary delay, keep your receipts. You can submit a claim for reimbursement once your post-retirement benefits start. Your claims can be submitted within 12 months from the date the health or dental expense is incurred.

Copies of the Extended Health Care plan and Dental Care plan claims forms are attached for your convenience. Additional copies are available from Canada Life or online at My Canada Life at Work, www.mycanadalifeatwork.com

The Post-Retirement Benefits Application can be returned to:

**The Canada Life Assurance Company
Benefits Administration Solutions – D227
PO Box 6000
Winnipeg, MB R3C 3A5
Or by email to: BAS@canadalife.com**

If you have any questions as you review the above benefit information, Canada Life is happy to help. They are available, Monday to Friday, excluding holidays, from 7:30am to 4:00pm CST, by calling toll-free at **1-866-716-1313** or by email at bas@canadalife.com. If you call outside of normal working hours, please leave a message including your telephone number and Canada Life will return your call the following business day.

Sincerely,

Benefits Administration Solutions
The Canada Life Assurance Company
Telephone: 1-866-716-1313
bas@canadalife.com

Summary of Post-Retirement Health Care Benefits - Extended Health Care Plan #51391 and Prescription Drug Coverage



This summary describes benefits for eligible retired employees of Canada Post, their eligible dependents and eligible survivors. You must also be covered under a provincial health care plan to be covered under this plan.

Legal Notes: Canada Post has reserved the right, in its sole discretion, to modify, reduce, and/or terminate the benefits provided under your Post-Retirement Extended Health Care Plan for you, your eligible dependents and your eligible survivors. Canada Post will inform you, in writing, of any proposed change(s) to your benefits if necessary. This is not a legal document and represents a summary of the Canada Post Extended Health Care plan #51391. The wording in the Canada Life Policy document #51391 shall prevail.

IMPORTANT: Canada Post has zero tolerance for fraud. Please be aware that retirees are responsible for benefits claims submitted including those of their spouse and dependents, and submission of a fraudulent claim can result in action up to and including termination of post-retirement benefits and criminal prosecution.

Who is covered by this summary?

This summary applies to the following retiree groups:

Your Employee Group	Your Retirement Date
Formerly represented by CUPW-Urban	On or after April 1, 2000
An Executive or a Management/Exempt employee	On or after January 1, 2001 and prior to January 2, 2011
Formerly represented by PSAC	On or after October 31, 2001
Formerly represented by CPAA	On or after May 1, 2003
Formerly represented by APOC	On or after October 10, 2000
Formerly represented by CUPW-RSMC (disability retirement/totally disabled for post-retirement benefits)	On or after January 1, 2016
Formerly represented by CUPW -RSMC (regular retirement)	On or after January 1, 2019

This summary also applies to you if you are an eligible **surviving dependent** of an employee from one of the above groups provided that you are in receipt of a monthly survivor pension benefit under the Canada Post Corporation Pension Plan or the Public Service Superannuation Act (PSSA).

employee can only cover one spouse at a time.

A **child** qualifies as an eligible dependent if the child is an unmarried natural, adopted, foster or step child of the retired employee or the covered spouse, or is a child that the retired employee or covered spouse has been appointed as guardian for all purposes by court order. The child must be financially dependent on the employee and be under the age of 21 or, if over the age of 21, must either be a full-time student and under the age of 25, or incapacitated for a continuous period beginning before age 21 or while a full-time student and before age 25. To ensure continued benefits coverage for your over-age dependent children who are students, you must complete and submit to Canada Life a "Declaration of Hours of Attendance for Over-age Dependent Students" form; for over-age incapacitated dependents, please contact Canada Life for further information.

If you choose family coverage upon retirement, it is recommended you complete the "Dependent Information" form that was included in your retirement/termination letter from Canada Post. If you do not submit an updated "Dependent Information" form but chose family coverage, the same dependents that were covered under your plan while you were an active employee will continue to be covered as long as they meet the definition of an *eligible dependent* under the plan. You must notify Canada Life directly of any dependent changes (such as death of a dependent, change of spouse, etc.) when they occur.

Eligible survivors

If you have family coverage, your dependents may be eligible for survivor benefits if you die while covered under the Canada Post Post-Retirement Extended Health Care Plan provided they were covered at the time of your death. They may be eligible to continue this coverage for as long as they meet the definition of spouse and/or dependent child and they apply for survivor coverage within 120 days of your death. If you were a member of the defined benefit component of the Canada Post Registered Pension Plan, they must also be in receipt of a monthly survivor pension from the defined benefit component of the Canada Post Registered Pension Plan; there is no similar requirement if you were a member of the defined contribution component of the Canada Post Registered Pension Plan.

Extended Health Care Plan Coverage Details

Note: There may be a temporary delay in coverage between the date your active employee benefits terminate and when your post-retirement benefits start. We encourage you to purchase an adequate supply of maintenance medication before your retirement date.

If you incur any claims during this delay in coverage, keep your receipts. You can submit a claim for reimbursement once your post-retirement benefits start. You have up to 12 months from the date an expense was incurred to submit a claim for reimbursement.

Before incurring any major expenses, such as nursing care, orthotics, wheelchairs or breathing equipment, we recommend that you contact Canada Life (see contact information below) to confirm coverage and plan maximums.

The services covered under the Extended Health Care Plan (EHCP) are subject to the definitions of "reasonable and customary" as well as to applicable plan maximums.

Reasonable treatment: treatment is considered reasonable if it is accepted by the Canadian medical profession, proven to be effective, and of a form, intensity, frequency and duration that is essential to diagnosis or management of the disease or injury.

Medical Services & Supplies

The following coverage is for each covered person and is subject to certain eligible maximums. All reimbursements are based on what is considered to be reasonable treatment of and customary expenses (as defined above) for a disease or injury. The list is not all-inclusive. Contact Canada Life for more information.

Covered Expense	Covered %	Coverage Description
Ambulance	80%	To the nearest centre where essential treatment is available.
Hospital Room	100%	Hospital accommodation – daily maximum depends on the chosen: <ul style="list-style-type: none"> ▪ Option: Basic \$60 ▪ Option A \$130 (i.e. additional \$70) ▪ Option B \$200 (i.e. additional \$140)
Home Nursing Care	80%	Covered expenses for home nursing care are limited to a maximum of \$15,000 in a calendar year. To establish the amount of coverage available under this plan <u>before</u> home nursing begins, you should apply to the administrator for a pre-care assessment. Please note nursing for chronic care is not covered.
Medical Supplies	80%	Some medical supplies when prescribed by a physician such as: <ul style="list-style-type: none"> ▪ Breathing equipment ▪ Orthopedic equipment; custom-fitted orthopedic shoes when prescribed up to \$150 (paid at \$120 in a calendar year); custom-made foot orthotics once per calendar year (one pair). ▪ Prosthetic equipment, subject to limitations. ▪ Mobility Aids, including wheelchairs once every 2 years for dependent children (under 18 years of age) and once every 3 years for any other person. <p>Orthopedic shoes or foot orthotics can also be prescribed by a podiatrist, chiropodist, or orthopedic surgeon. <i>Contact Canada Life for specific coverage details for medical supplies.</i></p>
Diagnostic Services & Physician Services	80%	Coverage for complete medical exam; once every 12 months. Diagnostic laboratory and x-rays in province of residence if not available under your government plan. Services of a physician in your province of residence, if not available under your government plan, but eligible for coverage under the government plan of another province.
Accidental Dental	100%	Dental treatment required from accidental injury to sound, natural teeth. Treatment must be completed within 12 months of the accident if 18 years of age or older.

Paramedical Services

The following coverage is for each covered person and is subject to certain eligible maximums. All reimbursements are based on what is considered to be reasonable treatment and customary expenses (as defined above) of a disease or injury. Contact Canada Life for more information.

Paramedical Services provided by*	Calendar Year Maximum	Requires Physician's Note
Acupuncturist (acupuncture rendered by a physician is also covered)	80% of \$600 (\$480)	No
Chiropractor	80% of \$600 (\$480)	No
Massage Therapist	80% of \$400 (\$320)	No
Midwife	80% of \$400 (\$320)	No
Naturopath	80% of \$600 (\$480)	No
Osteopath	80% of \$500 (\$400)	No
Physiotherapist	80% with no annual maximum	Yes
Podiatrist/Chiropodist (combined)	80% of \$500 (\$400)	No
Psychologist/Social Worker (combined)	80% of \$2,000 (\$1,600)	Yes
Speech Language Pathologists/Therapists (combined)	80% of \$600 (\$480)	Yes
*Services must be performed by a qualified professional specialist and must be provided in the province in which they are registered/licensed to practice.		

Drug and Identification Cards

You will not receive a new EHCP drug card from Canada Life when you enrol in policy #51391 as a retiree. The drug card you used as an active employee will also work at a retiree.

When you enrol in 51391 as a retiree, you will receive a new identification card, also known as a "Medex card". This card can be presented to service providers who require identification and confirmation of coverage (an example would be upon hospital admittance). On the back of the identification card you will find the Medex emergency telephone numbers should you need to use them while travelling outside of Canada or outside your province of residence.

Submitting Claims/Deadlines

All **EHCP #51391 claim forms** and receipts must be received by Canada Life **within 12 months** of the date expenses are incurred. Claim forms received **beyond 12 months** of the date the expense was incurred will not be eligible for reimbursement.

you will not be permitted to re-enrol. Please ensure that Canada Life has your current banking information and that you have sufficient funds in your account to cover your monthly premiums.

Changes to coverage

When you retire, you have the option of choosing single coverage or family coverage.

If you later wish to change from single to family coverage, change from family to single coverage, or add or remove a dependent, the changes take effect on the effective date of the change provided that the request is made within 60 days of the change. If the request for change is made more than 60 days after the date of change, the effective date of coverage will be the first of the month following a 3-month waiting period. The 3-month waiting period begins from the date the application/Dependent Information form is received by Canada Life.

If you wish to increase/improve your level of hospital coverage only (e.g. Basic coverage to Option A or B), changes take effect on the first of the month following a 3-month waiting period. The 3-month waiting period begins from the date the application form is received by Canada Life.

If you waive coverage at time of retirement or elect coverage but subsequently notify Canada Life that you wish to discontinue coverage, you will not be eligible to rejoin the plan at a later date unless you lose similar coverage through your spouse's plan. You must apply within 60 days of losing coverage through your spouse's plan. The benefits are effective on the date the application is received by Canada Life. You will need to complete a "Group Coverage Change form," which is available from Canada Life.

Where to find more information

Canada Life	Claims: 1-866-716-1313 Retiree Administration (Premiums/Enrolment): 1-866-716-1313
Your covered drug list online:	www.cpcpension.com
Your online benefits resources:	My Canada Life at Work site: www.mycanadalifeatwork.com
Out-of-country/Out-of-province medical emergencies:	<ul style="list-style-type: none"> ▪ From anywhere – call collect: 1-410-453-6330 ▪ Toll-free within Canada and the US: 1-800-527-0218 ▪ Toll-free within the UK: 0-800-252-074 ▪ From within Mexico: 001-800-101-0061 ▪ Call collect within Cuba: 905-816-1901
Express Scripts Canada (Mail Order Pharmacy)	Website: www.member.express-scripts.ca 1-855-550-6337

POST-RETIREMENT BENEFITS APPLICATION FORM (51391 / 51057)

INSTRUCTIONS

- Retired Employee:**
1. Complete, sign and date the Post-Retirement Benefits Application Form.
 2. Complete and sign the Personal Pre-Authorized Debit ("PAD") Agreement section and attach a "VOID" cheque for the account to be used for your monthly debits.
 3. Detach the Plan Member's Copy of the Personal Pre-Authorized Debit ("PAD") Agreement for your records.
 4. Send the completed Post-Retirement Benefits Application and the Personal Pre-Authorized Debit ("PAD") Agreement form to the address indicated in Section 7. We recommend that you keep a copy for your records and that you use a traceable mail product.

Application for:

- Eligible retired Canada Post employees who would like to enroll in Canada Post's Post-Retirement Extended Health Care (51391) and / or Dental Care (51057) Plans.
- Retired Canada Post employees formerly represented by a collective bargaining group with a retirement date on or after October 1, 2000.
- Retired Canada Post executive, management & exempt employees with a retirement date on or after October 1, 2000 but before January 2, 2011.

Application deadline:

You will not be eligible to receive coverage under Canada Post's Post-Retirement Extended Health Care Plan and / or Dental Care Plan unless you forward a completed copy of this application form to Canada Life within 60 days of your retirement date or within 60 days of your deferred pension date. This is the only opportunity you will have to apply for post-retirement benefits.

DISCLAIMER

Canada Post reserves the right in its sole discretion to modify, reduce, and/or terminate the benefits provided under the post-retirement benefit plans for you, your eligible dependents and your eligible survivors. Canada Post will inform you, in writing, of any change(s) that are made to your benefits.

1a ELIGIBILITY INFORMATION

In order to be enrolled under Canada Post's Post-Retirement Extended Health Care and / or Dental Care Plans you must meet the following eligibility requirements:

1. You must have been eligible to be covered under Canada Post's Extended Health Care Plan numbers 51391 or 51390 and / or the Dental Care Plan 51057 the day before you retired.
2. You must have completed at least (15) fifteen years or have previously been grandfathered with 10 years of continuous employment at Canada Post on your date of retirement OR be totally disabled and approved for a disability retirement.
3. You must be in receipt of a monthly pension from the Defined Benefit Component of the CPC Registered Pension Plan OR have been a member of the Defined Contribution Component of the CPC Registered Pension Plan for two (2) or more years.
4. If a member of the Defined Benefit Component, you must elect to receive your pension within five (5) years from the date of your retirement.
5. If a member of the Defined Contribution Component of the CPC Registered Pension Plan, you must be within 10 years of the date on which unreduced benefits are payable to you under the Canada/Quebec Pension Plan.
6. Your application must be received by Canada Life within 60 days of your retirement date, or within 60 days of your deferred pension date.

1b EFFECTIVE DATE OF COVERAGE

Coverage will start once Canada Life has received:

1. Your completed application form within 60 days of your retirement date or your deferred pension date.
2. Confirmation from Canada Post that you are eligible to post-retirement benefits as a retired employee.
3. Confirmation that all retroactive premiums have been paid.

Once the above has been received by Canada Life, your effective date of coverage will be your retirement date or, in the case of a deferred pension, the date you start receiving your pension payment. If you are in receipt of an immediate pension upon retirement, there may be a break in coverage between your retirement date and the date your first automatic withdrawal is processed; however, benefits will be reinstated retroactively and you may submit paper claims for expenses incurred during this period. Due to this possible break in coverage, we encourage you to purchase an adequate supply of maintenance medication prior to your retirement date.

1c TERMINATION OF COVERAGE

Coverage terminates on the earliest of the following dates:

1. The date this plan terminates;
2. If a monthly premium payment is missed, benefit coverage will be terminated as of the last day of the month in which the last premium was paid, and the retired employee will not be allowed to re-enroll.

2**RETIREMENT INFORMATION**

Retirement Date (the day following your last day of employment): _____ (YYYY / MM / DD)

Did you defer your pension? Yes No Is this a medical retirement? Yes No

If pension was deferred (max. of 5 years), the date that your pension payments started: _____ (YYYY / MM / DD)

Level of Coverage Prior to Retirement: Basic Hospital - Option A Hospital - Option B**3****PLAN MEMBER DETAILS***

*Please remember to provide your new address to Canada Life if your address subsequently change.

Last Name: _____ First Name: _____ Employee ID Number: _____

Address: _____ Unit #: _____ Street: _____

City: _____ Province: _____ Postal Code: _____

Telephone #: _____ Other telephone / cell #: _____

Date of Birth: _____ (YYYY / MM / DD) Gender: Male Female Undisclosed OtherLanguage Preferred: English French Home Email Address: _____**4a****EXTENDED HEALTH CARE PLAN COVERAGE OPTIONS FOR CANADIAN RESIDENTS ONLY**Extended Health Care Coverage Requested: Single Family Coverage DeclinedLevel of Coverage (Select one option): Basic Hospital - Option A Hospital - Option B

For further details on premiums and hospital coverage options, please contact Canada Life at 1-866-716-1313.

4b**DENTAL PLAN COVERAGE OPTIONS FOR CANADIAN RESIDENTS ONLY**

*If you choose to participate in the dental plan, you must remain in the plan for a minimum of 24 consecutive months from your applicable date.

Dental Care Coverage Requested: Single Family Coverage Declined**4c****OUTSIDE CANADA RESIDENTS EXTENDED HEALTH AND DENTAL CARE PLAN COVERAGE OPTIONS**Extended Health Care Coverage Requested: Single Family Coverage DeclinedLevel of Coverage: Basic Hospital - Option A Hospital - Option BDental Care Coverage Requested: Single Family Coverage Declined

Date Departed Canada: _____ (YYYY / MM / DD)

Date Provincial Health Plan Ceased: _____ (YYYY / MM / DD)

5**CANADA LIFE PRIVACY COMMITMENT****PRIVACY**

Protecting Your Personal Information.

Protection de vos renseignements personnels

At The Canada Life Assurance Company, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. We collect, use and disclose the personal information to determine your eligibility for coverage and to administer the plan, including investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines or if you have questions about our personal information policies and practices (including with respect to service providers) write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.

6 AUTHORIZATION AND DECLARATIONS

I hereby apply for coverage under the Canada Post Corporation's Extended Health Care Plan and/or Dental Care Plan.

I authorize:

- Canada Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life to exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan.

If applying for coverage for my spouse and/or dependants, I confirm that I am authorized to act on their behalf.

I agree that a photocopy or electronic copy of this Authorization and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec applicants: I request that this form be in English
Je demande que ce formulaire me soit remis en anglais

7 PLEASE RETURN THE APPLICATION ALONG WITH THE SIGNED PERSONAL PRE-AUTHORIZED DEBIT AGREEMENT AND A CHEQUE MARKED "VOID" OR BANK ACCOUNT INFORMATION TO:

The Canada Life Assurance Company
Benefits Administration Solutions (D227)
PO Box 6000 Station Main
Winnipeg MB R3C 3A5

VOID CHEQUE OR BANK ACCOUNT INFORMATION ATTACHED

Telephone number: 1.866.716.1313

Plan Member Signature: _____ **Date:** _____ (YYYY / MM / DD)



Personal Pre-Authorized Debit ("PAD") Agreement

Plan Member: _____ Plan Number(s): **51391 / 51057**

Account Information

Name and address of Financial Institution: _____

Transit Number: _____ Bank Code: _____ Account Number: _____

Important Note: Please provide this PAD agreement and an unsigned blank cheque marked "VOID" to Canada's Benefits Administration Solutions. The completed PAD agreement must be received by Benefits Administration Solutions at least 14 days prior to the first withdrawal day.

Terms and Conditions of this Personal PAD Agreement

<ul style="list-style-type: none"> • Authorization 	<p>Note: References in this form to "this PAD agreement" include later amendments to it.</p> <p>I, the account holder, authorize The Canada Life Assurance Company (Canada Life) and my financial institution named above to withdraw monthly, on the 3rd day of each month or the next business day, from my account any payments that I have agreed to make under the plan(s) listed above (the "Plan(s)"), and/or as otherwise specified to be made in this PAD agreement as though I had personally signed a cheque. I understand that changes to the Plan(s), including as applicable, to amounts or to the method or required amount of payment (including changes requested to this PAD agreement) or termination and recommencement of automatic payments under this PAD agreement may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.</p> <p>I consent to Canada's collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD agreement. I agree that a photocopy or electronic copy of this PAD agreement will be as valid as the original.</p>
<ul style="list-style-type: none"> • Signatures 	<p>I certify that all persons whose signatures are required to authorize this PAD agreement have signed below, including any required joint account holder.</p>
<ul style="list-style-type: none"> • Account changes 	<p>I will notify Canada Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the next withdrawal date. Canada Life may, but is not obligated to, rely on verbal instructions from me to amend this authorization.</p>
<ul style="list-style-type: none"> • Confirming withdrawals 	<p>I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes, I will notify Canada Life in writing within 90 days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made.</p> <p>Canada Life's contact information for questions related to these withdrawals is: The Canada Life Assurance Company, Benefits Administration Solutions - D227, PO Box 6000 Station Main Winnipeg MB R3C 3A5, Telephone 1-866-716-1313.</p>
<ul style="list-style-type: none"> • Non-sufficient funds (NSF) information 	<p>If there is not enough money in my account to cover the total monthly amount due ("due" as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement), I authorize Canada Life to immediately make a second attempt to withdraw the amount due (which may be greater than the amount due at the first attempt). If the second attempt is also returned NSF (or if Canada Life decides, in its sole discretion, not to make the second attempt), I understand that pre-authorized payments may be suspended, and possibly cancelled by Canada Life. I understand that I am responsible for any NSF charge(s).</p>
<ul style="list-style-type: none"> • Assignment 	<p>I hereby waive any requirement of prior written notice to me by Canada Life of the assignment by Canada Life of this PAD agreement.</p>
<ul style="list-style-type: none"> • Cancellation 	<p>This PAD agreement may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to Canada Life or by Canada Life to me.</p> <p>To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement, contact your financial institution or visit www.cdnpay.ca. To obtain more information on your PAD agreement, contact Canada Life at Benefits Administration Solutions, Telephone 1-866-716-1313.</p> <p>I agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Canada Life, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Canada Life, in its sole discretion, may require a new written PAD agreement if this PAD agreement is cancelled for any reason.</p>
<ul style="list-style-type: none"> • Recourse 	<p>You have certain recourse rights if any debit does not comply with this PAD agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.</p>

Signed at: _____ on _____
City Province Month Day Year

Name of account holder
X _____

Name of other joint account holder(s)
X _____

Signature of account holder
X _____

Signature of other joint account holder(s), if required for account
X _____

Plan Member's Copy
Please detach this page and keep a copy for your records.

Personal Pre-Authorized Debit ("PAD") Agreement

Terms and Conditions of this Personal PAD Agreement

<ul style="list-style-type: none">• Authorization	<p>Note: References in this form to "this PAD agreement" include later amendments to it.</p> <p>I, the account holder, authorize The Canada Life Assurance Company (Canada Life) and my financial institution named above to withdraw monthly, on the 3rd day of each month or the next business day, from my account any payments that I have agreed to make under the plan(s) listed above (the "Plan(s)"), and/or as otherwise specified to be made in this PAD agreement as though I had personally signed a cheque. I understand that changes to the Plan(s), including as applicable, to amounts or to the method or required amount of payment (including changes requested to this PAD agreement) or termination and commencement of automatic payments under this PAD agreement may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.</p> <p>I consent to Canada Life's collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD agreement. I agree that a photocopy or electronic copy of this PAD agreement will be as valid as the original.</p>
<ul style="list-style-type: none">• Signatures	<p>I certify that all persons whose signatures are required to authorize this PAD agreement have signed below, including any required joint account holder.</p>
<ul style="list-style-type: none">• Account changes	<p>I will notify Canada Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the next withdrawal date. Canada Life may, but is not obligated to, rely on verbal instructions from me to amend this authorization.</p>
<ul style="list-style-type: none">• Confirming withdrawals	<p>I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes, I will notify Canada Life in writing within 90 days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made.</p> <p>Canada Life's contact information for questions related to these withdrawals is: The Canada Life Assurance Company, Benefits Administration Solutions - D227, PO Box 6000 Station Main Winnipeg MB R3C 3A5, Telephone 1-866-716-1313.</p>
<ul style="list-style-type: none">• Non-sufficient funds (NSF) information	<p>If there is not enough money in my account to cover the total monthly amount due ("due" as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement), I authorize Canada Life to immediately make a second attempt to withdraw the amount due (which may be greater than the amount due at the first attempt). If the second attempt is also returned NSF (or if Canada Life decides, in its sole discretion, not to make the second attempt), I understand that pre-authorized payments may be suspended, and possibly cancelled by Canada Life. I understand that I am responsible for any NSF charge(s).</p>
<ul style="list-style-type: none">• Assignment	<p>I hereby waive any requirement of prior written notice to me by Canada Life of the assignment by Canada Life of this PAD agreement.</p>
<ul style="list-style-type: none">• Cancellation	<p>This PAD agreement may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to Canada Life or by Canada Life to me.</p> <p>To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement, contact your financial institution or visit www.cdnpay.ca. To obtain more information on your PAD agreement, contact Canada Life at Benefits Administration Solutions, Telephone 1-866-716-1313.</p> <p>I agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Canada Life, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Canada Life, in its sole discretion, may require a new written PAD agreement if this PAD agreement is cancelled for any reason.</p>
<ul style="list-style-type: none">• Recourse	<p>You have certain recourse rights if any debit does not comply with this PAD agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.</p>

Your monthly contribution rates

Applicable to employees formerly represented by: CUPW (retired on or after April 1, 2013), PSAC/UPCE (retired on or after August 12, 2014 and before June 26, 2018), and RSMC (retired with a disability retirement/totally disabled for Post-Retirement Benefits on or after January 1, 2016, OR retired/regular on or after January 1, 2019).

Plan	Cost sharing		Single monthly premium*	Family monthly premium*
	Retiree/survivor	CPC		
Extended Health Care Plan with Basic Hospital	35%	65%	\$38.37	\$69.84
Hospital Option A	100%	0%	Payment of premium temporarily suspended	
Hospital Option B	100%	0%	\$2.73	\$5.05
Dental Care Plan Retirees hired before November 1, 2009	40%	60%	\$14.62	\$28.20
Dental Care Plan Retirees hired on or after November 1, 2009 • Applies to all RSMC retirees	100%	0%	\$36.55	\$70.50
Basic Life Insurance Plan	33.3%	66.7%	\$0.18 per \$1,000 of coverage (rate as of July 1st, 2022)	

*Rates are subject to change. Applicable sales taxes are not included.

Premium payment

- Extended health care and dental care premiums are deducted automatically from your bank account by Canada Life, your benefits provider. For more information, contact **Canada Life**, 1-866-716-1313.
- If you are a member of the **Defined Benefit** component of the Canada Post pension plan, your BLIP premiums are automatically deducted from your monthly pension payment. For more information, contact the **Pension Centre**, 1-877-480-9220.
- If you are a member of the **Defined Contribution** component of the Canada Post pension plan, your BLIP premiums are deducted automatically from your bank account by Canada Life. For more information, contact **Canada Life**, 1-866-716-1313.

Note

- Canada Post reserves the right, in its sole discretion, to cancel or modify any or all retirement benefits. You will be informed in writing of any proposed changes.
- Missing two consecutive monthly premium payments due to non-sufficient funds will result in benefit coverage being terminated retroactively to the date premiums lapsed.

Claim Form

Extended Healthcare/Prescription Drug Plan (51391) Vision & Hearing Care Plan (51392)



INSTRUCTIONS

1. Complete page 1 and 2 of this form in full.
2. Attach receipts for all services and retain copies for your files as original receipts will not be returned.
3. Send to the appropriate Benefit Payment Office for your plan. See PART 10.

Did you know that most claims can be submitted online and you could receive your claim payment faster with direct deposit?
Go to <https://www.mycanadalifeatwork.com> for details

THIS IS A: Claim for benefits Pretreatment/estimate

All claims under this group benefits plan are submitted through the plan member. We may exchange personal information about claims with the plan member and a person acting on their behalf when necessary to confirm eligibility and to mutually manage the claims.

PART 1 - Confirmation, Authorization and Signature

I certify that the information given on this claim form is true, correct and complete to the best of my knowledge. I certify that all goods and services being claimed have been received by me, my spouse and/or my dependents; and that my spouse and/or dependents are eligible under the terms of my plan.

The submission of fraudulent claims is a criminal offence. Canada Life takes the submission of fraudulent claims seriously. Suspected fraudulent claims may be reported to your employer or plan sponsor and to the appropriate law enforcement agency.

At Canada Life, we recognize and respect the importance of privacy. Personal information that we collect will be used for the purposes of assessing your claim and administering the group benefits plan. I authorize Canada Life, any healthcare or dentalcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Canada Life located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.

Plan Member signature X Date:

PART 2 - Plan Member Information - You must complete this section fully. If you are unsure of your plan name, plan number or plan member I.D. number, please contact your plan administrator.

Plan Member Name
 First name Last name

Plan member ID number

Plan Member Address
 Number and street City or town Province Postal code

Date of birth: **Language preference:**
 English French

PART 3 - Coordination of Benefits - Complete this section to indicate whether you or any member of your family have benefits coverage from any other plan.

1. Are you, or any member of your family, entitled to insurance under any other plan for the expenses being claimed? Yes No
 If yes, please answer the questions below.

2. Who does the other insurance belong to? Self Spouse Child
 First Name Last Name

3. If the patient is a dependent child, please provide spouse's date of birth: Day Month

4. Is the other insurance also with Canada Life? Yes No*
 If yes, please provide: Canada Life plan number ID Number

5. Is treatment required as the result of an accident? Yes No
 If yes, what kind of accident? Motor Vehicle If other, please explain.

6. Is a claim being made for Worker's Compensation Benefits? Yes No

*If the other insurance is not with Canada Life and you have submitted these expenses to your other insurer, please attach the other insurer Explanation of Benefits (EOB) to this claim. An EOB is required even if no benefits were paid by the other insurance.

PART 4 - Patient Information - Complete for all expenses, one line per patient.

Patient name First name/Last name	Patient's Relationship to plan member Self Child Spouse			Patient's Date of birth Day Month Year			If child 21 years or older				Is patient unmarried and financially dependent? Yes No	
							Full time student		With a disability?			
							Yes	No	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5 - Claim Details - If additional space is needed, attach a separate page.

Patient Name - First name/Last name	Type of Expense	Nature of Illness

PART 6 - Prescription Drug Expenses - Credit card receipts and/or debit slips alone are insufficient. Official pharmacy or clinic/physician receipts are required.

All receipts must include:

- Patient name
- Date of service
- Rx number
- Drug name
- Quantity dispensed
- Drug identification number (DIN)

Please note, receipts for drugs dispensed in Ontario must include the dispense fee.

PART 7 - Paramedical Expenses - For chiropractor, physiotherapist, massage therapist, psychologist, etc.

All receipts must include:

- Patient name
- Date of service
- Name of treatment provided
- Charge for each service
- Provider's name, address, telephone number, professional designation and professional association
- Amount paid by provincial plan if applicable

PART 8 - Medical Expenses - For medical equipment, appliances and services.

All receipts must include:

- Patient name
- Date item was received
- Name of item purchased or a detailed description of the services or supplies
- Charge for each item/service
- Provider's name, address, telephone number and professional designation
- Amount paid by provincial plan if applicable

PART 9 - Visioncare Expenses - Laser eye surgery, glasses, contact lenses and eye exams.

Receipt details All receipts must include: • Patient name • A breakdown of charges for lenses & frames or eye exam • Date eyewear was received • Date the eye exam was performed and paid for	Patient Name First name/Last name	Reason for purchase of lenses (check all that apply)			
		Initial prescription	Prescription change	Loss or breakage	None of these reasons
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 10 - Submitting Your Claim

Please send your claim to the Benefit Payment Office below.

Questions? Call Toll Free: 1.866.716.1313

Winnipeg Benefit Payments
PO Box 3050 Station Main
Winnipeg MB R3C 0E6
www.canadalife.com



Deaf or hard of hearing and require access to a telecommunications relay service?

Please contact us:
TTY to Voice: 711 • Voice to TTY: 1-800-855-0511



Retired Employee Dental Care Plan Details

This summary describes benefits for **eligible** retired employees and their eligible dependents (or surviving dependents) of Canada Post Corporation who retired on or after October 1, 2000. To confirm eligibility to the Dental Care plan, please contact Canada Life 1-866-716-1313.

Legal Notes: Canada Post has reserved the right, in its sole discretion, to modify, reduce, and/or terminate the benefits provided under your post-retirement Dental Care Plan for you and your eligible dependents. Canada Post will inform you, in writing, of any proposed change(s) to your benefits if necessary. This is not a legal document and represents a summary of the Canada Post's Dental Care Plan no. 51057. The wording in the Canada Life plan document 51057 shall prevail.

IMPORTANT: Canada Post has zero tolerance for fraud. Please be aware that retirees are responsible for benefits claims submitted including those of their spouse and dependents, and that the submission of a fraudulent claim can result in action up to and including termination of post-retirement benefits and criminal prosecution.

Resources available to you	
Your Plan Number is:	51057
Canada Life Claims, Premiums, Enrolment	1-866-716-1313
Your on-line benefits resource:	Group Net for Plan Members : www.mycanadalifeatwork.com

Eligible Dependents:

A **spouse** qualifies if that person is the employee's legal, common-law (1 year co-habitation) or former spouse (if there is a court order to provide benefits).

A **child** qualifies if the child is unmarried natural, adopted, foster, or step child of the employee or the covered spouse; or is a child that the employee or covered spouse has been appointed guardian for all purposes by court order. The child must be financially dependent on the employee and be under age 22 (18 if a survivor) or if over must either be a full-time student (12 hrs a week) under age 25; or incapacitated for a continuous period.

Calendar Year Deductible: Single Coverage: \$50 Family Coverage: \$80

Dental Fee Guide

The dental fee guide in effect two (2) years prior to the date treatment is rendered for the province of residence in which treatment is rendered.

Dental Care Coverage

The following coverage is subject to certain eligible maximums. All reimbursement is based on what is considered to be reasonable and customary treatment of a disease or injury.

Service	% Covered	Maximum per covered individual
Basic	80%	\$1,000 per calendar year
Major	70%	\$1,500 per calendar year
Orthodontics	50%	For dependent children under age 22: \$2,000 per lifetime

Highlights of Dental Coverage

The following is an overview of your dental care coverage. Coverage for dental care benefits are subject to certain eligible maximums and co-insurance amounts. All reimbursements are based on what is considered to be **reasonable and customary** as listed in the dental fee guide for the province in which treatment is rendered.

Basic Services 80%

- Exams - one (1) complete oral examination and limited periodontal exam twice (2) per calendar year. These exams must be separated by a period of at least five (5) months.
- X-rays - complete series of intra-oral radiographs, once every 24 months.
- Tests and Laboratory Reports
- Preventative Procedures - Polishing twice (2) in any calendar year separated by a period of at least five (5) months.
- Minor Restorative Procedures - for caries, trauma, and pain control.
- Endodontic Services - root canal therapy is covered
- Periodontal Services
- Oral Surgery
- Adjunctive Services

Major Services 70%

Coverage under this benefit is subject to a prior extraction clause: To be eligible for reimbursement the appliance must be for replacement of teeth that were extracted while the person was covered for major coverage under the Canada Post Dental Care plan:

- Crowns, Onlays and Inlays
- Replacement crowns, onlays and inlays (every 5 years if appliance cannot be made serviceable)
- Dentures and Bridgework to replace teeth extracted while covered for major dental coverage under the Canada Post Dental Care plan.
- Appliance Maintenance

Orthodontics 50%

Orthodontics covered up to 50% for children under the age of 22.

Pre-determination / Estimate

It is recommended that, where possible, a pre-determination (estimate) be performed prior to commencing any dental treatment for any work evaluated at a cost of \$300 or more. The pre-determination is performed by your dentist and will confirm the total amount payable under the Canada Post

When Does Your Coverage Terminate?

Missing two consecutive monthly premium payments due to non-sufficient funds will result in benefit coverage being terminated retroactively to the date premiums lapsed. Benefits terminate upon your death. Survivor benefits may apply to your dependents. Surviving dependents should call Canada Life 1-866-716-1313.



Register once. Benefit anytime.

Enjoy easy access to your group benefits information with My Canada Life at Work™.

With My Canada Life at Work, you can:

- Submit claims online
- Find information on your coverage, balances and claim history
- Sign up for direct deposit to have your payments go right into your bank account
- Get text messages or email notifications when claims have been processed
- View, save and print your benefit cards

Go to mycanadalifeatwork.com to register.

You can also go to your favourite app store and download the app. Search for GroupNet Mobile

1-800-957-9777 | canadalife.com

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