

DISCLAIMER:

This booklet does not attempt to fully describe any of the benefit plans. While the information in this document is believed to be accurate, all figures and interpretations are subject to the actual plan documents, the CUASA Collective Agreement and University policy which will prevail in the event of a discrepancy.

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SECTION I: UPDATING YOUR PERSONAL INFORMATION

As your employer, the University is responsible for reporting certain information to government agencies. **It is your responsibility** to ensure that your personal information is up to date. You also have the right name beneficiaries for your life insurance and your pension plan. This information should be reviewed periodically and updated as necessary.

1. Name Changes

- Change of name requests must be made in person in Human Resources, 507 Robertson Hall from 8:30 to 4:30 Monday to Friday.
- A request to change a name must be supported by appropriate documentation (for example: passport, birth certificate, marriage license, legal change of name documentation).

2. Address and/or Phone Number Changes

 You are able to update or change your address and/or phone number by visiting <u>Carleton Central</u> and following the instructions provided.

3. Beneficiary Changes

You can view your current beneficiaries for your life insurance and pension plan by visiting <u>Carleton Central</u>. To add or change your beneficiary information, print and complete the appropriate Beneficiary Nomination Form/s available on Carleton Central or request the forms from Human Resources by calling (613)520-3634.



SECTION II: HEALTH PROTECTION BENEFITS

Health benefits are made up of four plans:

- 1. Provincial Medical and Hospital Plan
- 2. Extended Health Care Plan
- 3. Emergency Travel Assistance Plan
- 4. Dental Plan

If you incur medical expenses as a result of a **work-related accident or illness**, benefits may be payable from the Workplace Safety and Insurance Board (**WSIB**).

You are not eligible to receive the same benefits from both WSIB and the Extended Health Plans.

1. Provincial Medical and Hospital Plan

Each province in Canada has its own plan to help cover the cost of basic medical and hospital expenses.

Details of the plans vary between provinces but most plans pay for basic doctors' bills, standard hospital ward accommodation, and all the usual expenses incurred during a hospital stay.

Eligibility

Ontario Residents

- All residents of Ontario are eligible to join the Ontario Health Insurance Plan (OHIP).
- Persons moving to Ontario must register with the Ministry of Health to insure health coverage.

Quebec Residents

You are covered by the Quebec Medical Program.

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Ontario Health Insurance Plan

Guide

The details of OHIP are outlined on the Ministry of Health and Long-Term Care OHIP website

Identification Card

- O Upon enrollment in OHIP, you are provided with a photo identification card bearing your Health Number.
- Present the card to the hospital, physician, or other health practitioner when insured services are required.
- o If your card is lost, a replacement card may be obtained by contacting the Ministry of Health.

Out of Province Coverage

To maintain OHIP coverage during an absence from Ontario of greater than six months, apply to the Ministry
of Health.

Employer Health Tax

- o To cover the cost of OHIP, the employer pays an Employer Health Tax, based on the total payroll.
- O Residents of Ontario **earning more than \$20,000** in taxable income pay an Ontario Health Premium to a maximum of \$900 per year.

2. Extended Health Care Plan

- The Extended Health Care Plan is COMPULSORY.
- However, if you prove that you have coverage from an alternative source, you are not required to join the plan.
- You can be admitted into the plan within 31 days of the alternative coverage ceasing.
- Late applications received after 31 days must provide evidence of insurability and be approved by the carrier. Insurance would take effect on the date of written approval.
- Upon enrollment in the plan, you will be issued a Pay Direct Drug Card that states the plan number and your ID number.
- If your Card is lost, a replacement may be obtained by contacting Human Resources.
- If your dependants have drug coverage under another plan, claims must be submitted in accordance with the coordination of benefit rules.

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Eligibility

- Members appointed to the CUASA bargaining unit who work at least 50 percent of a full work load and who are appointed for a minimum of four months are eligible to join the plan. Once you have joined the plan, coverage will continue during any period of reduced time or reduced workload as set out in Article 9.10 or Article 13.5 of the collective agreement.
- You, your spouse and dependent children may be covered under this plan.
 - O The **definition of spouse** includes your **common-law** or **same-sex spouse** who has lived with you for **at least one year**.
- An eligible dependent child is:
 - An unmarried, unemployed dependent under age 21 or under age 25 if the dependent is a full-time student at a college or university
 - A natural child of an unmarried minor dependent child
 - An unmarried dependent child who is incapable of self support due to mental or physical disability.
 - This dependent shall continue beyond the limiting age stated above, provided satisfactory proof is given to the insurer within 30 days after attainment of the limiting age and as often as the insurer may reasonably require thereafter.
- No person is eligible for coverage simultaneously as an employee and a dependent, or a dependent of more than one employee.

Coverage

- The Extended Health Care Plan helps pay for expenses not covered by the provincial plan.
- The amount of benefit may vary from province to province depending on the extent of coverage provided under the provincial plan.

What the Plan Pays

- 100% of the difference in cost between standard ward and semi-private room accommodation in a hospital.
- 80% of the cost of eyeglasses and contact lenses up to a maximum benefit of \$400.00, including eye examinations, over 24 months per insured person.
- 80% of the cost of all other eligible expenses subject to a deductible of \$25 for single coverage and \$50 for family coverage.
- With respect to prescription drug expenses, a maximum pharmacist's dispensing fee of \$8.00 per prescription applies.

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Emergency Out of Province Coverage

- If you are temporarily outside your province or Canada and require emergency treatment, the Extended Health Care Plan will reimburse you for 100% of eligible reasonable and customary charges over the amount paid by your provincial plan.
- For more details go to http://www2.carleton.ca/hr/for-employees/benefits/other-benefits/out-of-country-travel/

Claims

• For more details see: http://www2.carleton.ca/hr/for-employees/benefits/claims-information/

Claims Deadlines

- Claims must be received by the insurer within 18 months of the date that the cost was incurred.
- Claims not submitted in a timely fashion will be rejected.

Premium Cost-Sharing

The premiums for the plan are paid in accordance with Article 40.2 of the Collective Agreement and the HR Policy Manual.

Termination of Employment

Your extended health insurance coverage stops on the day you terminate employment with the University.

Disability Provision

If you are receiving benefits from the Long Term Disability Insurance Plan, your extended health care coverage will continue without cost to you.

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Benefits at Retirement

- If at retirement you have at least 8 years of service at the University and are a member of the Extended Health Care Plan, the extended health care coverage set out in Article 40.10 will continue at no cost to you.
- If at retirement you have **between 4 and 7 years' service** at the University and are a member of the Extended Health Care Plan, the extended health care coverage set out in Article 40.10 **will continue at the same cost sharing level** as for active employees and any change in the rate will be applied.
- If at retirement you have less than 4 years' service at the University and are a member of the Extended Health Care Plan, the extended health care coverage set out in Article 40.10 will continue if the premiums including any change in premiums are paid 100% by you.
- Benefit premiums for retirees are paid by direct debit from a bank account. Arrangements for retirement benefits
 are made at the time of retirement with Human Resources.

Eligible Expenses

- Hospital Services
 - O Charges by a public general hospital will supplement OHIP coverage to pay for a semi-private room.

Convalescent Hospital

- O When a covered person is confined in a convalescent hospital, benefits are payable for the difference in amount between the daily Provincial Health Plan allowance for the standard ward charge and the hospital's semi-private room charge; provided that:
 - The covered person was transferred from an active treatment hospital in which s/he was confined as a bed patient for at least 3 days; confinement in the convalescent hospital is primarily for rehabilitative or recuperative care.

Ambulance Services

- Charges by a professional ambulance service or public conveyance to transport the covered person from:
 - the place where the injury or sickness occurs to the nearest hospital which can provide adequate treatment;
 - from one hospital to another;
 - from a hospital to a covered person's residence;
 - the return fare for an adult to accompany the covered person when transportation is not provided by a licensed ambulance service is payable under this benefit.

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Nursing Care and Services

- O Charges for the services of a Registered Nurse (R.N.), Registered Nursing Assistant or Licensed Practical Nurse for private duty nursing when provided in the home; provided such services are certified as medically necessary by the attending physician.
- O Written approval must be given by the Insurer prior to the beginning of such services and thereafter an updated authorization signed by the attending physician must be submitted on a monthly basis.
- Payment for such services shall exclude:
 - Charges in excess of the fee level set by the largest nursing registry in Ontario;
 - Agency fees, commissions or overtime fees;
 - Charges by a nurse who is related to the patient by birth or marriage or who lives in the home of the covered person;
 - Charges for the services of a homemaker or any person who is not described above;
 - Charges incurred by any person while confined in a hospital.

Services outside Province of Residence

Charges incurred as a result of an emergency while the covered person is traveling or temporarily residing outside
their province of residence; for more information go to
http://www.carleton.ca/shared/shared_hr/PDF/Benefits/out_of_country.pdf

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Paramedical Services

Charges incurred for care or services by a licensed, certified, or registered practitioner listed below are payable as follows:

	Treatment	Maximum Amount Payable
PH	YSIOTHERAPY	per Calendar Year at 80% UNLIMITED
•	Prescribed annually by a physician. A new referral is required if the treatment has been interrupted by a period of 6 months or longer;	G.1. <u></u>
•	Reasonable and customary charge per visit.	
CL	INICAL PSYCHOLOGIST	UNLIMITED
•	Out of hospital if referred annually by a medical doctor. A new referral is required if the treatment has been interrupted by a period of 6 months or longer;	
•	Reasonable and customary charge per visit.	
SF	EECH PATHOLOGIST	\$200.00
•	Prescribed by a physician;	
-	Reasonable and customary charge per visit.	
M	ASSEUR	
•	Prescribed by a physician;	\$200.00
•	Reasonable and customary charge per visit.	
Cŀ	IIROPRACTOR	
-	Reasonable and customary charge per visit;	
	Plus, diagnostic x-rays.	\$200.00
	rius, diagnostic x-rays.	\$25.00
	STEOPATH, CHIROPODIST, PODIATRIST, NATUROPATH, IRISTIAN SCIENCE PRACTITIONER	
-	Licensed in the province where practicing;	UNLIMITED
-	Reasonable and customary charge per visit.	

Payment for services by an Osteopath or Podiatrist shall be made only after yearly maximum allowance under the Provincial Health Plan has been exhausted.



Drugs and Medicines

- For drugs which legally require a **prescription**, reasonable and customary **charges** will be covered for:
 - sera;
 - o oral contraceptives;
 - o drugs and medicines including injectables, when purchased on the **prescription** of a physician or dentist or hospital.
- The purchase must be authorized by a doctor.
- The Insurer must be given:
 - o the prescription or drug identification number;
 - o the **name**, **strength** and **quantity** of the drug or medicine;
 - the vendor's receipt for payment;
 - o the authority to inspect the prescription.
- Charges for insulin are also payable under this benefit, provided the Insurer is given a receipt or claim from the person or provider;
- Vitamins (except those which are injected), vitamin preparations, food supplements, patent or proprietary medicines
 and over the counter drugs or medications are not covered under this benefit, whether or not purchased on the
 prescription of a physician;
- Smoking Cessation Aids are limited to a 3 months supply per Covered Person per calendar year.
- The Health Plan is designed to reimburse expenses over and above those covered under a provincial health care plan. This means that, at age 65, you must be covered by the provincial health care plan in your province of residence. The provincial plan reimburses your prescription drug claims first; any remaining expenses may then be submitted to the Extended Health Plan for consideration. The pharmacist will co-ordinate these benefits for you at point of purchase if you are using your Pay Direct Drug Card.



Prosthetic Appliances

Charges which are reasonable and customary when incurred on the written authorization of a physician for the following:

Note: Braces are wearable, orthopedic appliances that rely on a rigid material such as metal or hard plastic to hold parts of the body in the correct position. Elastic supports and foot orthotics are not considered braces.

- artificial limbs (in the case of myo-electric or sport prostheses, payment shall be limited to the amount that would otherwise be paid for standard type artificial limbs);
- eyes:
- splints;
- trusses;
- casts;
- cervical collars;
- braces as defined herein;
- internal catheters;
- urinary kits;
- external breast prostheses (following mastectomies) including replacement once every five consecutive calendar years, plus two pairs of surgical brassieres per calendar year;
- two pairs of surgical stockings per calendar year, with a compression factor of 20 mmhg or higher;
- ostomy supplies (where a surgical stoma exists);
- tracheotomy supplies;

Dental braces are not covered.

- enuretic devices;
- orthotic appliances which are specifically made for the covered person;
- jobst sleeves for lymphoedema following mastectomy;
- jobst burn garments;
- jobst support hose;
- artificial kidneys (hemodialyzer);
- one pair of custom built orthopedic boots or shoes per calendar year, when prescribed by a medical doctor, podiatrist or chiropodist;
- 2 pairs of custom-made foot orthotics every year when prescribed by a physician, podiatrist, or chiropodist. The maximum amount payable is \$450 a year.

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Medical Aids, Appliances and Supplies

- Charges which are reasonable and customary when incurred on the written authorization of a physician for the following items when required for therapeutic use only:
 - supplies used as a result of Parkinson's disease;
 - non-union bone stimulators;
 - PUVA therapy for psoriasis when administered by a dermatologist;
 - head halters:
 - crutches;
 - cane;
 - walker;
 - heart pacemaker;
 - oxygen and equipment for its administration;
 - respirator;
 - iron lung;
 - surgical bandages or dressings;
 - for diabetes:
 - needles;
 - syringes;
 - clinitest;
 - Dextrose sticks;
 - o other chemical testing agents.

- The **rental of**, **or** at the option of the Insurer, the **purchase of**:
- a hospital bed;
- bed rails;
- trapeze bars;
 - traction apparatus (including Varco traction kits);
 - standard type wheelchair (electric wheelchairs and electric hospital beds are excluded unless the attending specialist recommends a power-driven unit because of medical necessity) and wheelchair repairs;
 - transcutaneous nerve stimulators for up to 6 months;
 - aerosol equipment;
 - mist tents;
 - nebulizers for:
 - cystic fibrosis;
 - o acute emphysema;
 - chronic obstructive bronchitis or chronic asthma.
 - Apnea monitors for respiratory disrhythmias.

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Rentals

- If, in the opinion of the attending physician, the **rental** charges for any of these items **exceed their purchase price**, the **Insurer will pay for the purchase the item**.
- In no event will payment be made for rental charges which exceed the purchase price of any item.

Items Not Mentioned

 The Insurer reserves the right to approve either the purchase or rental of any item which is not specifically mentioned above.

Radium Therapy

Charges which are reasonable and customary for radium and radioactive isotope treatments.

Blood Products

Charges which are reasonable and customary for blood transfusions, blood plasma, or other blood products.

Accidental Dental Coverage

- Will pay for care or services by a dentist for the repair or replacement of natural teeth which are broken as a result of a direct, accidental blow to the mouth (and not by an object intentionally placed in the mouth), which occurs after the effective date of coverage.
- Benefits shall be paid in accordance with the Ontario Dental Association Suggested Fee Guide for General Practitioners in effect at the time of the treatment.
- The Insurer must be notified within 90 days following the accident, and the case of services completed within three years from such date.
- No amount shall be payable for charges incurred after the termination date of the person's coverage.

Pre-determination of Benefits and Alternate Benefit Provision:

- Where a course of treatment will involve the use of crowns, bridges or dentures and is expected to cost \$300 or more, the covered person must obtain:
 - A written estimate outlining the procedures and itemized charges, including x-rays, if and when required;
 - Submit these to the Insurer prior to the commencement of the treatment;
 - O The Insurer will review the estimate and advise the covered person as to the amount of the benefit payable.



- If an alternate dental procedure or material will restore the tooth or dental arch satisfactorily, then payment for the lesser procedure or material will be made.
- When a treatment plan is not filed with the Insurer prior to the beginning of the treatment, the Insurer reserves the right to pay benefits based on the least expensive alternate procedures which will provide a professionally adequate result.
- Where a range of fees or individual consideration or laboratory charges are included, the Insurer will determine the amount payable.
- The balance of the treatment fees and laboratory charges will remain the covered person's responsibility.

Diagnostic Laboratory and X-ray Examination

 Charges which are reasonable and customary and in excess of any provincial health plan allowance which are incurred for out-of-hospital diagnostic laboratory tests and x-ray examinations.

Visual Services and Supplies

Charges for visual services or supplies prescribed or performed by an ophthalmologist or optometrist due to an
accidental injury which occurs while covered under this benefit, except as described in Section B, benefits are
payable for the following:

A) Due to accidental injury:

- spectacle lenses and frames including prescribed safety glasses;
- contact lenses where visual acuity cannot be improved to at least the 20/70 level with spectacles;
- visual motor therapy up to a maximum of \$10.00 per half hour;
- repairs due to breakage from the accidental injury;
- replacement as a result of the natural growth of a child under age 18.

B) Due to cataract surgery:

- spectacle lenses and frames, or contact lenses;
- required as a result of cataract surgery are limited to \$50.00 per
 eye once in each Covered Person's lifetime;
- replacement of unbroken visual aids as an acceptable form of treatment for cataract surgery;
- replacement in respect of a child under age 18 as the natural growth.



Hearing Aid Benefit

- Reasonable and customary charges for hearing aids prescribed by a licensed, certified or registered audiologist, otologist, otologist or physician.
- Repair charges are also covered.
- The Insurer will not pay benefits for charges which are incurred for:
 - ear examinations and tests;
 - o replacement batteries;
 - o hearing aids which were ordered or delivered prior to the effective date of this benefit, or after the termination date of this benefit; or hearing aids which are not for the personal use of the covered person.

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Expenses NOT Insured

- The Insurer will not pay benefits for any charges incurred:
 - For or in connection with dental care services, except as otherwise described herein:
 - For cosmetic or plastic surgery, unless for restorative purposes to repair tissue damages by disease or bodily injury;
 - For eye glasses or hearing aids, except as otherwise described herein;
 - For rest cures:
 - For travel for health reasons;
 - For periodic health check-ups or examinations, or examinations for insurance purposes;
 - For services provided in a health spa;
 - For Chronic care or psychiatric hospital or chronic care unit of a general hospital, except as otherwise described herein;
 - For services or supplies provided while confined in a nursing home or home for the aged where the covered person is in receipt of provincial government assistance;
 - As a result of conditions arising from war, insurrection or the voluntary participation in a riot:
 - For services and supplies provided by a dental or medical department maintained by an employer, a mutual benefit association, labour union, trustee, employees' association or similar type of group;

- During participation in any civil commotion, insurrection or riot, or while the person is serving in the armed forces;
- For any care, services or supplies which are not medically necessary;
- For anti-obesity treatments or drugs;
- For protein supplements;
- As a result of intentional self-inflicted injury while sane or insane;
- As a result of bodily injury sustained while committing or attempting to commit a criminal offence;
- For replacement of any supply, appliance or prosthetic device covered, except where the replacement is normal because the item is no longer serviceable due to general usage, or as the result of the natural growth of a child;
- For non-prescription sun glasses;
- For replacement glasses, frames or lenses which were lost, stolen or broken;
- By a covered person for which s/he is entitled to obtain benefits or reimbursements under any government plan, or which would be provided without charge in the absence of coverage under this plan.



3. Emergency Travel Assistance

Eligibility

 Members of the CUASA bargaining unit, their spouse and dependent children who are enrolled in the Extended Health Plan are automatically covered for Global Medical Assistance ("GMA").

Coverage

• GMA coverage is provided anywhere in the world. Coverage is also extended for travel within Canada if you are 500 km or more from home. You are covered for the first 180 days of travelling, commencing on the day you depart from your home. CUASA members and their eligible dependants traveling on university business or on sabbatical leave are not limited to the 180 day maximum.

4. Dental Plan

- The Dental Plan is **compulsory**.
- However, if you have dental coverage from another source, you are not required to join the plan.
- You may be admitted into the plan at a later date within 31 days of the alternative coverage ceasing.
- For late applications after 31 days of coverage ceasing, coverage for the first 12 months is limited to \$250 per person.

Eligibility

- Members appointed to the CUASA bargaining unit who work at least 50 percent of a full work load and who are appointed for a minimum of four months are eligible to join the plan. Once you have joined the plan, coverage will continue during any period of reduced time or reduced workload as set out in Article 9.10 or Article 13.5 of the collective agreement.
- You, your spouse and dependent children may be covered under this plan.
- The definition of spouse and eligible dependent under the Dental Plan are the same as under the Extended Health Care Plan, as follows:.
 - O The **definition of spouse** includes your **common-law** or **same-sex spouse** who has lived with you for **at least one year**.
 - O An eligible dependent child is:
 - An unmarried, unemployed dependent under age 21 or under age 25 if the dependent is a fulltime student at a college or university;
 - A natural child of an unmarried minor dependent child
 - An unmarried dependent child who is incapable of self support due to mental or physical disability.

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- O This dependent shall continue beyond the limiting age stated above, **provided satisfactory proof** is given to the insurer **within 30 days** after attainment of the limiting age and **as often** as the **insurer** may reasonably **require thereafter**.
- No person is eligible for coverage simultaneously as an employee and a dependent, or a dependent of more than one employee.

Coverage

- The Dental Plan pays 100% of the cost of eligible expenses for routine treatment up to the limits specified for a general practitioner in the previous year's Ontario Dental Association Suggested Fee Guide.
- The plan also pays 80% of the cost of eligible major restorative treatment based on the same Fee Guide to a maximum of \$1,000 per person covered per calendar year and;
- 80% of the cost of eligible orthodontic treatment based on the same Fee Guide to a maximum of \$2,500 per person lifetime.

Benefits at Retirement

- In accordance with Article 40.10, if at retirement:
 - o you have at least **eight years of service** at the University and are a member of the Dental Plan, your dental coverage set out in Article 40.10 **will continue at no cost to you**;
 - o you have **four to seven years of service** at the University and are a member of the Dental Plan, your dental coverage set out in Article 40.10 **will continue at the same cost sharing as for active employees and any rate increases or decreases will be applied**;
 - o you have **less than four years of service** at the University and are a member of the Dental Plan, your dental coverage set out in Article 40.10 **will continue and the cost will be paid 100% by the Retired Employee and rate increases or decreases will be applied.**
- Benefit premiums for retirees are paid by direct debit from a bank account. Arrangements for retirement benefits
 are made at the time of retirement with Human Resources.

Termination of Employment

Your dental insurance coverage normally stops on the day you terminate employment at the University.

Premium Cost-Sharing

The premium cost-sharing is set out in Article 40.2 of the Collective Agreement.

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Eligible Expenses - Basic Services

- Complete oral examinations once every 36 months, routine examinations and prophylaxis (scaling and cleaning of teeth) but not more than once in any period of six (6) consecutive months;
- Topical application of fluoride;
- Oral hygiene instructions, not more than once in any period of 6 consecutive months;
- Emergency palliative treatment (to alleviate pain and discomfort);
- Dental x-rays, including full mouth x-rays (once in any period of 24 consecutive months) supplementary bitewing x-rays (once in any period of 6 consecutive months) and such other dental x-rays as required in connection with the diagnosis of a specific condition requiring treatment;
- Extractions, other than those required in connection with orthodontic treatment and surgical removal of residual roots;
- Oral surgery, other than as required in connection with orthodontic treatment;
- Amalgam, silicate, acrylic, synthetic porcelain and composite filling restorations to restore diseased or accidentally broken teeth, including pin reinforcement;
- General anesthetic when medically necessary and administered in connection with oral or dental surgery;

- Treatment of periodontal and other diseases of the gums and tissues of the mouth;
- Consultations:
 - Endodontic treatment;
 - The cost of medication and its administration when provided by injection in the dentist's office;
 - Occlusal equilibration for a vertical dimension correction, or correction of a temporal mandibular joint disfunction (limited to 8 units of time in any 12 month period).
 - Diagnostic laboratory and x-ray procedures required in relation to dental surgery;
 - Repairs, relining and rebasing of dentures.

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Eligible Expenses - Major Restorative Services

- Crowns, onlays and inlays are covered when a tooth has extensive structural loss that cannot be adequately
 restored using other procedures.
 - Coverage for metal, porcelain and ceramic crowns is covered except for crowns on molars that is limited to the cost of metal crowns.
 - Replacement crowns onlays and inlays are covered when the existing restoration is at least 5 years old and cannot be made serviceable.
- Initial provision of a fixed bridge; when it is required to replace one or more teeth extracted while the person was
 covered under this benefit.
 - O Coverage for tooth-coloured retainers and pontics on molars is limited to the cost of metal retainers and pontics.
- Fixed Bridgework is also covered when:
 - It replaces a covered temporary appliance.
 - O It replaces a bridge that is at least 5 years old and cannot be made serviceable. If the existing appliance is less than 5 years old, a replacement will still be covered if the existing appliance becomes unserviceable while the person is covered for major coverage as a result of:
 - The placement of an initial opposing appliance; or
 - The extraction of additional teeth while covered.
 - O The following bridgework **related items** are also covered:
 - Recontouring of retainers/pontics
 - Fixed prosthetics
- Alternative benefits will be provided for the services or supplies for implantology, including tooth implantation and surgical insertion of fabricated implants, if bridge is considered a reasonable treatment.
- If the treatment could have been rendered at a lower cost using a reasonable substitute, benefits shall be payable based on the cost of the substitute. The balance of the treatment fees shall remain the covered person's responsibility.

Orthodontic Treatment

- Orthodontic treatment is covered for both children and adults. Children must be 6 years of age or over when treatment starts.
- Orthodontic diagnostic procedures and treatment consisting of surgical therapy, appliance therapy, functional/myofunctional therapy and space maintainers. This includes related charges for observations, adjustments, repairs, alterations, removal and retention.

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Dental Exclusions

- The Insurer will not pay for any charges incurred for:
 - Treatment or services by any person other than a denture therapist or dentist; except that, scaling and cleaning of teeth and topical application of fluoride may be performed by a licensed dental hygienist, if the treatment is rendered under the supervision and guidance of the dentist;
 - Services and supplies rendered for facings on crowns or pontics, posterior to the second bicuspid;
 - Services or supplies that are cosmetic in nature;
 - The replacement of lost, missing or stolen prosthetic devices (i.e., bridges and crowns);
 - Failure to keep a scheduled appointment with the dentist:
 - Orthodontic appliances, except as described in the schedule of benefits;
 - Services or supplies which are compensable under the Workplace Safety and Insurance Board (WSIB) or Employer's Liability Law;
 - Services rendered through a medical department, clinic or similar facility provided or maintained by the covered person's employer;
 - Services or supplies for which the person is entitled to obtain benefits without charge in the absence of coverage under this benefit, or for which they would not be legally required to pay;
 - Services or supplies which are not necessary, according to accepted standards of dental practice, or which are not recommended or provided by the attending dentist or denture therapist;

- Service or supplies which do not meet accepted standards of dental practice, including charges for services which are experimental in nature;
- Services or supplies received as a result of dental disease, defect, or injury due to an act of war, whether declared or undeclared;
- Services or supplies obtained without charge under any government plan;
- A duplicate device or appliance;
- Completion of insurance forms;
- Services and supplies rendered for full mouth reconstruction;
- Provision or replacement of partial or complete dentures and removable bridges;
- Orthodontic treatment, orthodontic consultations and extractions for orthodontic purposes, except as described in the schedule of benefits.
- Charges in excess of \$250.00 for routine treatment, or any charges for major treatment rendered within twelve months after the effective date of a person's coverage if such person became covered more than 31 days after the date he/she first became eligible; except as a result of accidental injury.

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Limitation on Benefits Provided Outside Ontario

The Insurer will not pay an amount for any benefit provided outside of Ontario which is greater than it would pay for such benefit when provided in Ontario to a resident of Ontario.

Claims Procedure

- The procedure for dental claims can be found on the <u>Human Resources</u> website
- Claim forms are available in Human Resources, your departmental administrator and on the HR website
- It is your responsibility to have the claim form completed and sent to the insurance company for payment. Most dentists will do this for you electronically.
- To be eligible for payment, claims must be submitted within 18 months after the services or supplies are provided.
- The insurance company will process the claim and send a cheque directly to you or your dentist. You may choose to have your cheque deposited directly to your bank account by applying through the Great West Life Website
- The Great West Life website provides access to you group benefits information, your claim status and Explanation of Benefits for the past 24 months.

Pre-determination of Benefits and Alternate Benefit Provision

Where a course of treatment will involve the use of crowns or bridges and is expected to cost \$300.00 or more, it is recommended that a written estimate be submitted by the dentist prior to the start of the treatment outlining the procedures and itemized charges, including x-rays.

Process

- The **Insurer will review** the estimate and **advise** the covered person of the **amount of benefit payable**.
- If, in the opinion of the Insurer, an alternate dental procedure or material will restore the tooth or dental arch satisfactorily, then payment for the lesser procedure will be made toward a more elaborate procedure that the patient and dentist may choose.
- When a treatment plan is not filed with the Insurer prior to the beginning of treatment, the Insurer reserves the right to pay benefits based on the least expensive alternative procedure which will provide a professionally adequate result.
- Where a range of fees or individual consideration or laboratory charges are included, the Insurer will determine the amount payable.
 - The balance of the treatment fees and lab charges will remain the covered person's responsibility.

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Coordination of Benefits ("COB")

- COB applies if you and your spouse have insurance coverage with your employer and you both have listed
 each other and your children as dependants under your plans.
- The **purpose of COB** is to ensure that you **receive the maximum benefits** available from all the insurance contracts under which you have coverage.
- Payment on any one claim cannot exceed 100% of the eligible expense.
- How to Determine Where to Submit Claims First
 - O Claim first with your **own benefits** plan.
 - Any amount not paid by your plan can then be submitted for consideration to your spouse's plan.
 - O Claims for dependent children should be submitted first to the benefit plan of the spouse who has the earlier birthday (month and day), and then to the other spouse's plan. For example, submit claims of dependent children to the parent who has a birthday in February first, and then to the parent whose birthday is in November.

How to Claim

- Ensure that you photocopy all receipts, invoices and the claim form before submitting the claim to the first insurer.
- Once you receive the payment and/or the Explanation of Benefits from the first insurer, submit a claim form, with the copy of what was submitted to the first insurer and the Explanation of Benefit to the second insurer.
- How to Submit a Pre-determination (Pre-D) when a COB is involved
 - Both insurance companies should get an original copy of the Pre-D from the dentist's office.
 - O According to the **ODA guidelines**, the **dentist should complete 2 claim forms/Pre-D's** for any patient that has COB through his/her spouse's plan.



SECTION III: INCOME PROTECTION BENEFITS

Income Protection Benefits are made up of three plans:

- 1. Paid Sick Leave
- 2. Long Term Disability Plan
- 3. Workplace Safety and Insurance Benefits

Income Protection Benefits provide you with an income while you are off work due to an illness or disability.

You are eligible for Income Protection Benefits on the first day of employment.

1. Paid Sick Leave

Coverage

- If you become ill or disabled, the Sick Leave Plan will pay your full salary for the first six months (180 calendar days) of absence in accordance with Article 20.5 of the <u>CUASA Collective Agreement</u>.
- The **income you receive** from the Sick Leave Plan **is taxed as salary** and normal payroll deductions to any University benefit plans, in which you participate, will continue.
- Work-related illness or injury is insured by the Workplace Safety Insurance Board ("WSIB") and therefore you are not eligible for Sick Leave benefits.

2. Long Term Disability Plan ("LTD")

Eligibility

- Members of the CUASA bargaining unit are eligible:
 - o with appointments of twelve (12) months or more and workloads of 50 percent or more
 - o are **required**, in accordance with Article 40.1 of the Collective Agreement, **to join the plan** from the date of employment.
- Full and part-time employees are not eligible with appointments of less than twelve (12) months.
- Once you are a member of the plan, your eligibility will continue during a period of reduced time or reduced workload with pro-rated pay in accordance with Article 9.10, 13.5 and 13.6 respectively.

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For the first year of your reduced time or reduced workload with pro-rated pay you have the option to top up your LTD to your nominal salary by paying the appropriate premium. After one year, the benefit level is applicable to your actual salary.

Retirement

The LTD ceases at the earlier of your normal retirement date or your actual retirement.

Termination of Employment

Your LTD ceases on termination of employment.

Premiums

 Members of the CUASA bargaining unit pay 100% of the premiums for the LTD as set out in Article 40.2 of the Collective Agreement.

Coverage

Upon submission of a claim and approval by the carrier, the plan covers the following:

- If you are totally disabled after six months (180 calendar days) of illness or disability, the plan will provide you with an income of up to 66.67 percent of the first \$4,167 of your monthly salary plus 60 percent of the balance; tax free, to a maximum monthly benefit of \$20,000.
- You can never receive more than 85 percent of your net salary at date of disability while you are in receipt of LTD benefits.
- When the sum of all disability income, except individual insurance policies, exceeds 85 percent, the LTD benefit will be reduced accordingly.
- Basic monthly salary does not include stipends and is the salary you were receiving on the date your LTD benefit commenced.
- The monthly LTD benefit you receive from the plan is non-taxable.
- If you are receiving benefits from the WSIB as a result of a work-related illness or disability, your LTD benefits will be reduced by 100% of any amount you receive from WSIB.
- LTD benefits are also reduced by 92.5% of the Canada Pension Plan primary disability benefits.
- The Canada Pension Plan offset is frozen at the level being paid when the LTD benefit commences.
- The LTD benefit will automatically be increased on January 1 each year by up to a maximum three percent to reflect changes in the cost of living. This annual increase is not affected by the overall 85% limitation.

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Duration of Benefit

If you remain eligible for LTD benefits throughout your period of disability, benefits are paid until you are able to work or until you reach your normal retirement age, whichever comes first.

Total Disability

- You are considered totally disabled if, because of illness or accident:
 - You are unable to perform your "own occupation" for the first two years of the disability.
 - After the first two years, you are unable to perform "any occupation" for which you are reasonably qualified through education, training or experience.
- Benefits are payable, provided you are under the continuing care of a certified and qualified medical specialist, and your claim is approved by the carrier.

Rehabilitation

- A totally disabled employee who is involved in a Rehabilitative Employment Program approved by the insurer will not have his or her monthly benefits terminated, but continued as follows:
 - o The amount of monthly benefit will be reduced by half of the employee's rehabilitation income.
 - Total income from all sources cannot exceed 100 percent of the employee's monthly net earnings at the date total disability commenced.
 - Rehabilitation benefits will be paid for a maximum period of 24 months.
- If the employee cannot continue in the Rehabilitation Program due to his/her disability, s/he will again be subject to the regular provisions of the LTD benefit.

Recurrent Disability

- Successive periods of total disability will be considered as occurring in the same period of disability except:
 - when the **later disability** is due to causes **wholly different** from those of the prior disability and the employee **completes at least one month of continuous service**, excluding service during a rehabilitation program, before the commencement of the later disability, or
 - when the later disability is due in whole or in part to causes related to those of the prior disability and the employee completes at least 6 months of continuous service, excluding service during a Rehabilitation Program, before the commencement of the later disability.
- If the disability is considered to be recurrent the employee is entitled to benefit payments on the date the disability recurred. The monthly benefit will be based upon the same earnings level as at the original date of disability.

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 If the disability is not considered to be recurrent all the provisions of this benefit will apply as they would for a new claim.

Exceptions and Limitations

- No payment will be made when any of the following situations occur:
 - The employee is not under continuing medical supervision and treatment considered satisfactory by the insurer.
 - o Disability is due to **bodily injury** resulting directly or indirectly **from**:
 - insurrection
 - war
 - service in the armed forces of any country
 - participation in a riot.
 - The employee is on maternity leave of absence according to any maternity leave provisions in the relevant government legislation.
 - An employee who becomes disabled due to any cause prior to such leave of absence is eligible for benefits.
 - However, once such disability extends into the leave of absence, benefits are suspended for the duration of the maternity leave.
 - Any portion of the maternity leave of absence subsequent to the onset of total disability will be applied towards completing the qualifying period.
 - An employee who is unable because of disability to return to work as scheduled after a maternity leave of absence, whether such disability arose prior to or during the leave of absence, will become eligible for commencement or continuation of benefit payments on her intended date of return to work, provided she is otherwise eligible for benefits.
 - If an employee fails to qualify for maternity leave of absence because of failure to meet the length of service requirements of thirteen weeks of notice of maternity, and the relevant government legislation, benefits will not be payable for disability due to any cause during any leave of absence agreed upon by the Policyholder and the Insured Person.
 - Disability results from alcohol, drug or other substance use disorder, unless:
 - employee is receiving continuous treatment for such disability from:
 - o a rehabilitative centre, or
 - a provincially designated institution.
 - employee is actively involved in a program of rehabilitation which is supervised by a doctor and approved by the Insurer.
 - Disability is the result of a mental or emotional disorder of any type unless the employee is receiving treatment by a certified and qualified specialist.

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Other Benefit Plans

- If you qualify for LTD benefits:
 - your participation under any other employee benefit plans will continue without cost to you subject to the eligibility rules of those plans;
 - you will continue to participate in the Carleton University Retirement Plan with full contributions being made to the plan by the University on your behalf.
- For purposes of determining your Minimum Guaranteed Pension and your contributions in subsequent years, your salary at the time you became disabled will be automatically increased on July 1 each year by up to three percent to reflect changes in cost of living.

Pre-Existing Medical Condition

You will not be eligible during the first 12 months of plan membership for disability benefits in respect of disability which required medical treatment during the 3 month period immediately prior to joining the plan.

Canada Pension Plan Disability Benefit

- The Canada Pension Plan provides a monthly disability benefit for you and your dependent children.
- Benefits are payable if you have made contributions to the government plan for two of the last three years or five of the last ten years and meet the necessary requirements to be declared disabled.
- These benefits are adjusted annually to reflect changes in the cost of living. The current benefit levels are available on the Human Resources and Social Development Canada website.
- 3. Workplace Safety and Insurance Board ("WSIB")

Eligibility

- All University employees are eligible for compensation for loss of pay and medical expenses arising from work-related injury or occupational disease.
- WSIB benefits are based on 85 percent of net earnings. Your net earnings are determined by deducting probable income tax, Canada Pension Plan premiums and your portion of unemployment insurance premiums.
- The maximum benefit is based on gross earnings of \$59,000 per year and is available on the WSIB website.
- WSIB benefits and coverage terminate at age 65.

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Employee Responsibility

- Workplace accidents should be reported to your department head immediately regardless of whether medical aid is necessary and/or time off is required.
- Failure to report an accident immediately could **jeopardize any future compensation claim** or could delay compensation payment.
- In the event of an accident you should, to the extent possible:
 - o promptly **obtain** the necessary and proper **first aid**;
 - o **notify your department head immediately** of any injury requiring medical aid and ask for a **"Treatment Memorandum"** to take to a **doctor** or hospital;
 - o make the **initial choice of doctor** or other qualified practitioner with the understanding that a **change of doctor cannot be made** without the WSIB permission;
 - o complete and promptly return all reports received from the WSIB.

WSIB Compensation

- Members of CUASA who are prevented from performing their work because of an injury or occupational disease that is covered by WSIB will receive from the employer, their full salary for up to six months.
- Benefits will continue at the level in place at the time of injury.
- If unable to return to work within six months, the employee will receive benefits directly from WSIB and be eligible to apply for benefits under the Long Term Disability Insurance Plan.

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SECTION IV: RETIREMENT BENEFITS

Retirement Benefits consist of two plans:

- 1. Carleton University Retirement Plan
- Government Pension Benefits

The Carleton University Retirement Plan provides you with a basic income at retirement.

The Government Pension Benefits supplement the retirement income you will receive from the University Plan.

1. Carleton University Retirement Plan

Eligibility

- The following categories of employees are eligible to join the Carleton University Retirement Plan:
 - o full and part-time staff with:
 - at least 50 percent of a full work load and
 - tenure or preliminary appointments or
 - term appointments of at least 12 months.
 - part-time staff, in each of two consecutive years, who
 - earn at least 35 percent of the Year's Maximum Pensionable Earnings (YMPE) under the Canada Pension Plan, or
 - have worked 700 hours.
- Once a part-time employee becomes a member of the Plan membership will continue if employment continues, regardless of earnings level or hours worked.
- Staff will be eligible to join the plan from the date of appointment to the second term if the break between the first and second term is less than 12 months, and
 - with term appointments of at least 6 months but less than 12 months who have been appointed to a second term and who carry a full work load
- Staff appointed to a less than a one-year term are not eligible. However, if the term is extended to or beyond one year the staff member will be eligible to join the plan retroactive to the initial date of appointment.

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Enrolment

- If eligible, you will be enrolled in the plan automatically on July 1 coincident with or following your 30th birthday.
- If you wish to join the plan prior to the compulsory date, you must submit a written request to Human Resources. On enrolment, you will be required to complete an appointment of beneficiary form.
- Once you join the plan, you must remain a member while employed by the University.

Normal Retirement

- Your normal retirement date is the first day of July nearest your 65th birthday.
- Early retirement is permitted any time after you reach 55 or ten years prior to normal retirement, whichever comes
 first

Postponed Retirement

You may remain in the service of the University following your normal retirement date however you may in no event postpone the commencement of your pension beyond December 1 of the year in which you reach age 71.

2. Contributions

Employee Contributions

- You are required to contribute 4.37 percent of your earnings up to the CPP Yearly Maximum Pensionable Earnings ("YMPE") plus 6 percent of your earnings above the YMPE.
- **Example:** If you earn \$80,000 per year you would be required to contribute \$4,087.69 to the pension plan in 2007. The calculation is as follows:

CPP YMPE in year 2007	\$43,700.00
4.37% of \$43,700	\$ 1,909.69
6% of (\$80,000-43,700)	\$ 2,178.00
Total Contribution to the University Plan	\$ 4,087.69

 Your required contributions are credited to an account set up on your behalf, called the Money Purchase Component Account. These contributions are tax deductible.

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Employer Contributions

- The employer contributes an amount equal to your required contributions plus an additional 0.25 percent of your pensionable earnings to your Money Purchase Component Account.
- In addition, the employer contributes whatever amount is necessary to provide the Minimum Guaranteed pension.

Additional Voluntary Contributions (Current Service)

- You may make voluntary contributions in respect of current service in addition to your required contributions to increase your pension benefits at retirement.
- Current service voluntary contributions are tax-deductible and cannot exceed the limit set under the Income Tax
 Act. Contributions may also be in the form of RRSP transfers.
- You are allowed a one-time transfer of your total Additional Voluntary Contribution ("AVC") balance from the Plan prior to your termination of employment or retirement. After electing to do so, you will not be eligible to make further Additional Voluntary Contributions to the Plan.

Maximum Contributions

 The sum of Employee and University required contributions to your Money Purchase Component account plus Additional Voluntary contributions cannot exceed the Revenue Canada maximum (\$20,000 in 2007).

Past Service Contributions

- If you have **continuous service** with the University during which you were eligible to but did not participate in the Plan, you may make **past service contributions to purchase pension in respect of such service.**
- The Human Resources Department can advise you whether or not you are eligible to make past service contributions.
- Past service contributions are credited to the Money Purchase Component Account and increase both the Money Purchase and Minimum Guarantee pensions at retirement.
- These contributions are tax deductible to the limit set under the Income Tax Act.

Pension Portability

- You may transfer any pension contributions made by you and by your previous employer to the University pension plan.
- Transfers apply either where the University has a reciprocal agreement with your previous employer or under the portability provisions of the Carleton University Retirement Plan.
- If you do transfer contributions, your **service with the previous employer may count in determining the minimum pension** you are entitled to from the University plan.

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Normal Retirement Pension

- You will receive your pension benefit, commencing a month after the date of your retirement and payable in monthly instalments for your remaining lifetime, in an amount equal to the greater of:
 - Money Purchase Pension
 - o Minimum Guarantee Pension
 - o plus any Voluntary Contributions.

Money Purchase Pension

This pension is calculated from the total balance to your credit in your Money Purchase Component Account, based on the actuarial tables in force for plan purposes at that time.

Minimum Guarantee Pension

The amount of your Minimum Guarantee pension benefit will be calculated using the following formula:

Years of Credited Service

multiplied by

the sum of 1.29 percent of the average of your highest 5 years' earnings up to the 5-year average of the YMPE

plus

2 percent of the average of your highest 5 years' earnings in excess of the 5-year average of the YMPE

Example:

Assumptions:

Average of Highest 5 Years' Earnings	\$80,000
5 Year Average of the YMPE (2007)	\$41,000
Credited Service	30 years



Calculation:

1.29% of \$41,000	\$528.90
2.00% of (\$80,000-\$41,000)	\$780.00
Sum	\$1,308.90
Multiplied by years of Credited Service (30 x \$1,308.90)	\$39,267.00
Total Minimum Guaranteed Pension	\$39,267.00
In addition, you would receive these government benefits:	
Canada Pension Plan (2001 Maximum) Old Age Security (January 1, 2001)	\$ 10,365.00 \$ 5,903.16
Total Retirement Income	\$ 55,535.16

Pension from Additional Voluntary Contributions

- You will receive an **additional amount of pension**, from the balance in your Additional Voluntary Contributions Fund commencing a month after your date of retirement and payable in monthly instalments.
- Instalments are provided from the balance in your Additional Voluntary Contributions Fund and based on the actuarial tables in force for plan purposes at the time.

Annual Pension Adjustment

- After you retire, your pension will be adjusted annually, on July 1 following a full year of retirement.
- Your pension adjustment each year is based on the average investment experience of the Fund for that year and the three preceding years, less 6 percent.
- The investment experience for any pre-retirement year that is included in the formula is deemed to be 6 percent.
- Adjustments can produce a reduction as well as an increase in your pension. However, the portion of your pension that relates to your pre-July 1, 2003 pension credits and contributions will not reduce.

Early Retirement Pension

- If you retire early, you will receive a pension in an amount equal to the greater of your **Money Purchase Pension** or your **Minimum Guaranteed Pension** plus your **Pension** from **Voluntary Contributions**.
- The amount of your Money Purchase Pension will be less than at normal retirement because both you and the employer would have contributed for a fewer number of years, your account would have had less time to grow in value, and you will collect it for a longer period.
- The Minimum Guaranteed Pension will be based on your earnings and participation to your early retirement date, and then reduced by one-quarter of one percent for each month of early retirement prior to your Normal Retirement Date.



Early Retirement Supplement

- You may qualify for an Early Retirement Supplement if on July 1, 2003, you were a member of the Retirement Plan, you were age 45 or older, and you have ten years continuous service immediately prior to your early retirement date.
- This supplement is a temporary pension payable from the date of retirement to age 65.
- The annual amount of the supplement is calculated as follows:

\$5,176.32

Multiplied by

Your years of pensionable service to a maximum of 20

Divided by 20

Postponed Retirement Pension

- If your retirement is postponed, you have a choice of continuing your required contributions or stopping contributions.
- At your actual retirement, you will receive a pension in an amount equal to the greater of your Money Purchase
 Pension or your Minimum Guaranteed Pension plus your Pension from Voluntary Contributions.
- The amount of your minimum pension will depend on whether or not you continued to contribute to the plan after the normal retirement date.
- If you continued to contribute, your **Minimum Guaranteed Pension** will be based on your participation in the plan and earnings up to your actual retirement date.

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Normal and Optional Forms of Pension

- The normal form of pension is payable for your lifetime and guaranteed for a minimum of five years. If you die after your retirement but before receiving 60 monthly payments, the balance of the payments will be paid to your beneficiary.
- If you have a spouse at retirement and you are not separated from your spouse, you must receive the pension in a form which continues at least at 60 percent of the initial amount to the surviving spouse. (see Joint Life Survivorship, below)
- There are many alternative forms of pension payments available. You may choose one of these other forms by giving written notice to the University anytime prior to the commencement of your pension. The following are some examples of these alternatives:
 - Life
 - o Guaranteed 10 or 15 years
 - This pension is **payable for your lifetime**, except that a **minimum of 120 or 180 monthly payments are guaranteed**. Because more payments are guaranteed to be paid to your beneficiary, the amount of pension under this form **will be less than the amount of a normal pension**.
 - Life Only
 - This pension is payable for your lifetime and stops at your death regardless of the number of payments that have been made.

Joint Life Survivorship

- This form of pension is payable for your lifetime with all or part of your benefit continuing to your surviving spouse after your death.
- The amount of **monthly pension** under this option is **less than the normal** form because the pension is **paid over the lifetimes of two persons**, and it may vary considerably from the basic pension depending on the age of your spouse.
- A member who has a spouse at retirement and is not separated from the spouse must receive the pension in a form, which continues at least 60 percent of the initial amount to the surviving spouse.
- The amount of the initial pension will be actuarially adjusted so that its value is the same as the value of the pension under the normal form.
- If **both spouses agree in writing** using the prescribed form within 12 months immediately preceding the pension commencement, the **pension may be paid in another form.**

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Disability Benefits

- If you become disabled and are receiving benefits from the Long Term Disability Plan, you will continue to participate in the Retirement Plan and the required contributions to the plan will be made on your behalf at no cost to you.
- If you remain disabled and receive disability benefits up to age 65, the Minimum Guarantee Pension will still apply based on:
 - your years of service including the years you were disabled, and your earnings at the time you became disabled, adjusted by up to three percent annually on July 1, based on the Consumer Price Index, each year following your date of disability.

Termination Benefits

- If you terminate employment with the University you may:
 - Transfer the balance in your Money Purchase Component Account (which includes the employer contributions) and in your Voluntary Contributions Account to:
 - a registered pension plan
 - a registered retirement savings plan
 - a life income fund, or
 - a Locked-in Registered Retirement Income Fund.
 - NOTE: The **plan your funds are transferred** to must contain an **agreement** that the funds will be used to provide you with **pension benefits on or after age 55.**
 - Choose a lump sum refund of your contributions only, plus the investment return. This option will not apply to:
 - pension benefits earned from January, 1987 after two years of plan membership, and
 - pension benefits earned prior to January 1, 1987 if you have reached age 45 and have completed 10 years of service.
 - Note: Under these circumstances, government legislation prohibits a lump sum refund of your money purchase component.
 - Leave the balance of your Money Purchase Component Account and your Additional Voluntary Account in the plan and take a pension starting any time after attainment of the earlier of age 55 or 10 years to normal retirement date.
 - The amount of pension you will receive will be based on the contributions made by you and by the employer on your behalf up to the date of your termination including investment return.
 - The Minimum Guaranteed Pension will still apply and the formula will be based on your earnings and service up to the time you leave the University.



Death Benefits

Before Retirement

- o If you die before retirement, your beneficiary or estate will receive a refund of the greater of the commuted value of your Minimum Guarantee pension or the balance in your Money Purchase Component Account (Employee plus Employer) plus your Voluntary Contributions Account.
- o In the absence of a waiver signed by your spouse, the pre-retirement death benefit will be paid to your spouse, not to your beneficiary if other than your spouse.

After Retirement

 Your beneficiary or estate will receive benefits according to the form of pension payment you chose at retirement.

Spouse Pension Guarantee

- Pension legislation guarantees survivor benefits to spouses of members of the Retirement Plan.
- Survivor benefits include the pre-retirement death benefit and the joint and survivor pension of at least 60% of the member's pension should the member predecease the spouse.
- The definition of spouse in the legislation is as follows:
 - o "spouse" means a person of **the same of the opposite sex**, who at the date of determination:
 - is married to the member and are not living apart, or
 - are not married to each other and are living together in a conjugal relationship:
 - o continuously for a period of not less than three years, or
 - o in a relationship of some permanence, if they are the natural or adoptive parents of a child.

3. Government Pension Benefits

You are eligible to receive pension benefits under the Canada Pension Plan and Old Age Security Act and you must apply for these government benefits at least three months before they are due to commence.

Canada Pension Plan

- The Canada Pension Plan began on January 1, 1966. Each year you and the employer make equal contributions to the plan.
 - You are eligible for a Canada Pension Plan retirement pension if:
 - you are at least 65 years of age, or



- you are age 60 to 64 and you have wholly or substantially ceased working to the extent that your annual earnings do not exceed the maximum annual Canada Pension Plan retirement pension payable at age 65.
- The maximum pension payable at age 65 in 2007 is \$10,365 per year. The retirement pension is paid on a monthly basis and is adjusted annually to reflect increases in the Consumer Price Index.
- Further information on Canada Pension Plan benefits is available on the Service Canada Website.

Old Age Security

- The Old Age Security pension is payable in addition to the Canada Pension Plan benefit. It is paid at age 65 if you meet the residence requirements. As of January, 2007, the Old Age Security pension is \$5,903.16 per year.
 - The Old Age Security benefit is adjusted every three months with reference to the Consumer Price Index less 3%.
 - o This benefit **is clawed back** when an individual **net income is above \$63,511** in 2007 and **is eliminated** for net incomes of **\$102,865** or more.
 - For more information, go the <u>Service Canada Website</u>.

4. Pension Information and Projections

- Pension issues and options are extremely complex and it is recommended that you seek the advice of a financial planner and legal counsel prior to making your retirement decisions.
- Your pension information is available 24/7 through the <u>retirement planner</u> which can be accessed from any computer with an internet connection.
- As a plan member, you will receive a benefits booklet which contains your annual pension statement.
- The Pensions Section in Human Resources is available to provide retirement information and calculations regarding the benefit options.
- You may also want to attend the pre-retirement seminars offered by the University several times per year.

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SECTION V: DEATH BENEFITS

Death Benefits provide **lump sum and income benefits for your family**. Death benefits are provided through the **following plans**:

- 1. Basic Group Life Insurance
- 2. Optional Group Life Insurance
- 3. University Lump Sum Death Benefit
- 4. University Retirement Plan
- 5. Canada Pension Plan Death Benefits

If you die as a result of a work-related illness or disability, The Workplace Safety and Insurance Board will pay your spouse and dependent children a monthly income benefit.

A lump sum death benefit and monthly income benefit are also available from the Canada Pension Plan.

Any benefits payable from The Workplace Safety and Insurance Board and the Canada Pension Plan are paid **in addition** to those available from the death benefits dealt with in this section.

1. Basic Group Life Insurance

- Members of the CUASA bargaining unit are automatically covered for Basic Group Life Insurance from their first day of employment if they:
 - work at least 50 percent of a full work load
 - o are appointed for a minimum of four months
 - o have not attained age 70.
- The amount of your Basic Life Insurance coverage is normally equal to twice your annual salary rounded to the next higher \$1,000.
- If you continue to work beyond the July 1 coincident with or next following age 65, your Basic Life Insurance will reduce to one times salary rounded to the next higher \$1,000, to a maximum of \$25,000.
- You are able to convert up to \$200,000 of your insurance to a personal policy without evidence of insurability.
 Contact Human Resources for more information.
- Your Basic Life Insurance stops at retirement or age 70, whichever comes first.

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2. Optional Group Life Insurance

- Optional insurance is voluntary.
- Members of the CUASA bargaining unit can apply for optional insurance provided that they
 - o work at least **50 percent of a full workload** (see Page 3)
 - o are appointed for a minimum of four months.
- Coverage becomes effective when the insurance company approves the application.
- You may purchase optional life insurance coverage to supplement your basic coverage. The optional insurance is available in multiples of \$10,000 to a maximum coverage of \$350,000.
- Your optional coverage reduces to 50% to a maximum of \$100,000 at the July 1 coincident or next following age 65, your normal retirement date. You are able to convert up to \$200,000 of your insurance to a personal policy without evidence of insurability. Contact Human Resources for more information. Optional coverage stops at retirement or at age 71, whichever occurs first.

Premiums

Members of the CUASA bargaining unit pay 100% of the premiums for Basic and Optional Group Life Insurance.

Taxability

Under present legislation, Basic and Optional Life Insurance benefits are non-taxable.

Evidence of Insurability

- Within 31 days of becoming eligible, you may request optional insurance coverage of up to one times salary to the next higher multiple of \$10,000 without evidence of health.
- If you require optional insurance in excess of this amount, or if you apply for the insurance after the 31 day period, you will be required to submit evidence of insurability to the insurance company before your optional coverage becomes effective.
- Evidence of insurability is provided by completing a health statement provided by the insurance company.
- A medical examination may be necessary arising from the insurance company's review of the health statement.

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Beneficiary

- Basic and optional insurance is paid to your beneficiary.
- You may name anyone you wish as beneficiary and change the beneficiary from time to time.
- If you do not name a beneficiary, benefits will be paid to your estate.
- If your beneficiaries are under age 18, it will be necessary to name a legal guardian for them.

Disability Provision

If you become disabled in accordance with the terms of the Group Life Insurance Policy, your Basic and Optional Life Insurance will continue without cost to you.

Termination of Employment

- If you terminate employment with the University, your life insurance coverage remains in force for 31 days from the date of termination.
- During the 31 day period, you may arrange to convert up to \$200,000 of your basic insurance and up to \$200,000 of your optional insurance to an individual policy.
- You will not be required to take a medical examination at the time of conversion.
- Human Resources will advise you on the necessary procedures involved in converting your life insurance coverage
 to a personal policy.

3. University Lump Sum Death Benefit

- All full and part-time continuing and term employees are eligible for this University benefit.
- In the event of your death, the University will pay your immediate next of kin a cash payment equal to two months gross salary based on your salary level in effect at the time of your death.
- The cash payment is made within one or two days after your death.
- The first \$10,000 of the Lump Sum Death Benefit is non-taxable.

4. University Retirement Plan

The death benefit payable from the University Retirement Plan is described in the Retirement Benefits Section
of this booklet.

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5. Canada Pension Plan Death Benefits

- The Canada Pension Plan will pay your estate:
 - o a lump sum benefit
 - o a monthly **spouse's pension**
 - o a monthly **child's benefit** based on the number of children you have.
- These benefits are adjusted annually to reflect changes in the cost of living. The benefits levels and more information can be found on <u>Service Canada's website</u>



SECTION VI: OTHER BENEFITS

Other employment benefits fall into four categories:

- 1. Leave
- 2. Mid Career Options
- 3. Services
- 4. Retirement Privileges

1. Leave

Leaves are governed by Articles 20 and 21 of the CUASA Collective Agreement.

Leave without Pay (Article 20.1)

- Leave of absence without pay may be granted by the employer with at least six months prior notice. A written statement must be submitted to the dean describing the nature and locations of activities being undertaken during the leave period. If the statement is satisfactory, the dean will recommend the approval of the leave by the President.
- Permission may be denied where it would cause an adverse impact on the academic program or the needs of students.
- Leave of absence without pay shall not normally exceed two (2) consecutive years except for Political Leave (Article 20.3) or by agreement between the employer and employee.
- Participation is permitted in all benefit plans including the Retirement Plan, but the employee is required to pay 100 percent of the premiums. Retirement Plan participation may be restricted by Revenue Canada regulations.

Leave for Academic and Professional Development (Article 20.2)

- The employer may grant study leaves or retraining leaves, with full, partial, or without pay, to:
 - o satisfy the University's future needs for particular skills and qualification
 - o permit employees to fulfill their **professional commitments**.
- Participation is permitted in all benefit plans, with the employee paying 100 percent of the premiums.

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Political Leave (Article 20.3)

- An employee may apply for partial or full leave through the appropriate dean or University Librarian to the President when they are a candidate for, or elected to:
 - Parliament of Canada
 - o Provincial Legislature
 - other public office
- Such leave shall not be unreasonably refused.

Court Leave (Article 20.4)

- Paid leave will be granted to any employee who is required by any Canadian body with powers of subpoena, to be a witness or juror.
- The employee shall:
 - o notify the senior academic officer immediately upon receiving notification
 - o **present proof** of required service.

Sick Leave (Article 20.5)

Sick leave is described under the Income Protection section of this document.

Compassionate Leave (Article 20.6)

- Leave may be granted by the employer for circumstances in the employee's personal or family life that requires absence from the University.
- Normally such leave shall not exceed five (5) working days.
- Notification shall be made before departure, whenever possible, to the appropriate academic manager.
- Such authorization shall not be unreasonably refused.

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Other Family Medical Leave

- Family Medical leave is **unpaid**, **job-protected leave** granted under the Employment Standards Act of up to 8 weeks in a 26 week period taken to provide care and support to a specified family member.
- A doctor must provide written certificate indicating the family member has a serious medical condition and there is a significant risk of death occurring within a period of 26 weeks.
- Employment Insurance ("El") benefits called "compassionate care benefits" may be available to persons who qualify
 for up to 6 weeks. Contact <u>Human Resources and Skills Development Canada</u> for more information.
- The right to take the Family Medical leave is not contingent on receiving EI benefits.

Maternity and Parental Leave

Qualifying for Maternity and Parental leave

- Qualifying for maternity and parental leave under the <u>Employment Standards Act (ESA)</u>, Human Resources Skills and Development Canada (HRSDC) and the *CUASA* Collective Agreement ensures that you will receive the following:
- your leave will count as time worked when calculating items such as sabbatical entitlement and credited service for the Retirement Plan although the leave is not considered in the calculation of time to tenure or confirmation
- o n returning from leave you will be **placed in your former position** or in a position equivalent to you former position
- o the **employer will continue to pay its share of the premiums** for benefit plans in which you were enrolled prior to your leave; and
- o you will be entitled to the **employer paid supplemental top-up to 95% of your pre-leave earnings** as explained below.

Qualifying Under the Employment Standards Act ("ESA")

- You are eligible for maternity leave if:
 - you were hired at least 13 weeks before the baby's expected birth date.
- You are eligible for parental leave if:
 - you were hired at least 13 weeks before the date the leave is going to start.

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- Qualifying for Parental Benefits (Employment Insurance ("EI") Benefits)
 - Generally, you are eligible for Employment Insurance (EI) Benefits under the EI program if:
 - your regular weekly earnings have been decreased by more than 40%; and
 - you have accumulated 600 insured hours in the last 52 weeks.
- University Top-up for Maternity and Parental Benefits
 - You must be receiving El benefits to receive the employer top-up. Proof of your El benefit must be supplied to Human Resources (Payroll) to confirm the top-up amount.
- Qualifying Under the CUASA Collective Agreement
 - Notice of Leave
 - For planning purposes, Article 20.7(a) of the CUASA Collective Agreement requires that a CUASA member give fifteen (15) weeks notice of the request for either maternity or parental leave and in the case of maternity leave that the notice include a certificate from qualified medical practitioner.
 - If you hired less than fifteen (15) weeks from your anticipated leave start date, notice should be given as soon as you have received your appointment letter from the President.
 - Eligibility
 - An eligible CUASA member is one who holds:
 - a continuing position; or
 - o a term position of more than one year; or
 - a term position of less than one year but who has been a continuing member of the bargaining unit for one year.
- Payment Options for Biological Mothers
 - Biological mothers have a choice of receiving either of the following options:
 - Option 1 (see below)
 - 12 weeks of maternity leave at 100% of salary paid by the employer, plus
 - o up to **5 weeks unpaid leave** with benefits maintained.
 - If you are approved for El benefits, 35 weeks of parental leave with a top-up to 95% of salary by the employer.
 - o Total paid leave is 47 weeks.

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Option 2 (see below)

- o 17 weeks of maternity leave at 95% of salary, paid as follows:
- 2 weeks at 95% of salary paid by the employer, plus
- o **15 weeks** of approved EI benefits with a **top-up to 95%** of salary by the employer.
- If you are approved for El benefits, 35 weeks of parental leave with a top-up to 95% of salary by the employer.
- o Total paid leave is **52 weeks**.

Adoptive Parents

- o Provided <u>El</u> approves benefits, an adoptive parent is entitled to a **maximum of 37 weeks** of parental leave that is **topped-up by the employer to 95% of salary**
- Total paid leave is 37 weeks.

Maternity/Parental Leave - Option 1

- Full salary is paid for 12 weeks. Benefits and deductions continue under the normal cost sharing arrangements. Up to a 5-week leave of absence without pay, in which benefits are maintained would complete the 17 weeks of maternity leave.
- The option described in the paragraph above is the only form of maternity leave available for employees who
 do not qualify under ESA or El for benefits.
- o If you are **approved for El benefits**, **parental leave of 35 weeks** begins immediately after the maternity leave. Human Resources (Payroll) will issue a **Record of Employment (ROE)** to use in making **application for El benefits** through Human Resources and Skills Development Canada (HRSDC) at the end of the 12 weeks of maternity leave.
- The 35 weeks of parental leave includes a 2-week waiting period which is paid by the employer at 95% of salary. The balance of parental leave is paid by El and topped up to 95% of salary by the employer. You must be receiving El benefits to receive the employer top-up. Proof of your El benefit must be supplied to Human Resources (Payroll) to confirm the top-up amount.
- o Parental leave may be taken by **either parent or shared** between both parents.

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Maternity/Parental Leave - Option 2

- Human Resources (Payroll) will issue a ROE at the commencement of your leave to use in making application for El benefits through HRSDC.
- For the first 2 weeks of maternity leave, you will receive 95% of salary from the employer. This is your waiting period for EI benefits. The following 15 weeks of maternity leave is paid by EI and topped up to 95% of salary by the employer. You must be receiving EI benefits to receive the employer top-up. Proof of your EI benefit must be supplied to Human Resources to confirm the top-up amount. Benefits and deductions continue under normal cost sharing arrangements.
- Parental leave of 35 weeks begins immediately after the 17 weeks of maternity leave. There is no additional waiting period required. Parental leave is paid by El and topped up to 95% of salary by the employer.
- o Parental leave may be taken by either parent or shared between both parents.

How to Apply for Maternity or Parental Leave

- Submit a leave request in writing to your Chair/Director or your Library supervisor at least 15 weeks prior to your expected due date. Include the anticipated start date of maternity leave and your anticipated return to work date and the leave option chosen. Include a health certificate from your doctor confirming your pregnancy and your expected due date.
- Copy your leave request to your academic manager and Human Resources.
- You will receive confirmation of your leave request from Human Resources.
- One month prior to the start of your leave, make an appointment with Human Resources by calling (613) 520-3628 to finalize your leave arrangements.

When Returning to Work

- O Advise your immediate supervisor of your intention to return to work at least 2 weeks prior to the intended date of return.
- On **returning from leave** you will be **placed in** your **former position or** in an equivalent position with **no loss of seniority**.

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Annual Leave (Article 20.8)

Employees are entitled to annual leave of one (1) calendar month.

- Professional Librarians receive annual leave as follows:
 - 22 working days annual leave, after one year of service, and
 - 25 working days after 14 years of service with the University
- Vacation is arranged in consultation with your department head taking into consideration the continued effective functioning of the academic program and the needs of students.

Statutory Holidays (Article 20.9)

- Statutory holidays for faculty employees and instructor employees are governed by past practice.
- Professional librarians are entitled to the following statutory holidays:
 - New Year's Day (January 1st)
 - o Family Day
 - Good Friday
 - Easter Monday
 - Victoria Day
 - Canada Day (July 1st)
 - Civic Holiday (August)
 - Labour Day
 - Thanksgiving
 - O Christmas Day (December 25th)
 - o **Boxing Day** (December 26th)
 - one-half (1/2) day prior to Christmas or New Year's Day.
- Professional Librarians required to work on the above stated holidays will receive a mutually convenient alternative day off with pay.

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Sabbaticals (Article 21)

- Sabbaticals are recognized under the provisions of Article 21 of the CUASA Collective Agreement for:
 - academic study
 - research
 - writing
 - travel for investigation purposes
- Employees who are on approved sabbatical continue to participate in all benefit plans. Normal premium costsharing arrangements apply, except with respect to the Retirement Plan.
- Employees receive full pension credits.
- Employee contributions to the Retirement Plan are based on actual salary.
- The University makes up the difference between actual and nominal salary contributions.

Extended Sabbatical and/or Study Leave (Article 21.5)

- Upon written application, and with the approval of the employer, individuals may take an extended sabbatical for the purposes of research and/or study.
- Employee Benefit and Retirement Plan participation also applies to an approved Extended Sabbatical and/or Study Leave when the employee receives a regular salary payment or stipend.

2. Mid Career Options

- CUASA and management have developed a package of mid-career options designed to provide academic staff members with more flexibility in determining the direction of their career development.
- The detailed provisions of most arrangements may be found in the <u>CUASA Collective Agreement</u>. This section highlights the various options.
- If you are interested in any of the following arrangements, contact the CUASA office, or your academic manager for more information.

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Reduced Work Load with Pro-Rated Pay (Article 13.5)

- The fraction of a normal work load and how much teaching, research and service, are required, (as applicable) are a matter of agreement between the employer and employee.
- A reduced workload arrangement under Article 13.5 lasts for one year, with the possibility of renewal.
- Obligations with respect to teaching, research, and service could be reduced up to two-thirds of a full workload.
- There is also flexibility in determining the actual distribution of the work load.
- You retain complete access to all University facilities.
- You receive the normal job and benefit protection.
- Salary is reduced in accordance with the reduction in work load and your pension is based on the reduced salary.

Reduced-time Appointment (Article 9.10)

- A reduced-time appointment is similar to reduced work load in all its basic features, but this arrangement is considered to be an on-going one.
- You can resume your full-time status at the University at any time within five (5) years of taking a reduced-time appointment provided that you give written notice no later than 48 months after commencement of the reduced-time appointment.

Early-Retirement Transition Provisions (Article 13.6)

- Long-service employees may wish to consider the special reduced-time provisions if you:
 - are over fifty-five (55) years of age
 - have been at Carleton for ten (10) or more years.
- Your work load would be reduced by fifty (50) percent.
- Salary would not be simply pro-rated according to work load. Employees would be eligible for an additional stipend for each year of full-time service at Carleton beyond ten (10) years to a maximum of fifteen (15), resulting in a maximum salary of sixty-five (65) percent of nominal.
- You would also receive full pension protection, with the employer making up the difference between actual and nominal salary contributions to the pension fund.



- This special reduced-time arrangement is conditional on the employee agreeing to retire early as follows:
 - reduced-time at age 55 or 56 retire at or before age 60
 - reduced-time at age 57 or 58 retire at or before age 61
 - o reduced-time at age 59 or 60 retire at or before age 62
 - o reduced-time at age 61 or 62 retire at or before age 63
 - o reduced-time at age 63 retire at or before age 64

Voluntary Separation (Article 22.5)

- Academic staff who plan to leave the employ of the University may apply for a voluntary separation payment.
- The employer will consider each application in the context of its academic and financial implications for the University.
- If the application is acceptable, the employer will offer a separation payment based on the Board of Governors' Policy.

3. Services

Professional Expense Reimbursement (Article 40.13)

- The employer shall make available to each member of the bargaining unit a sum for the purchase of books, equipment, memberships in professional associations and/or for travel related expenses not covered by or in excess of his/her travel grants.
- The sums available each year are set out in Article 40.13 as follows:
- (i) for the period May 1 , 2006 to April 30 , 2007 the sum shall be \$1,000.00
- (ii) for the period May 1, 2007 to April 30, 2008 the sum shall be \$1,100.00; and
- (iii) for the period May 1 , 2008 to April 30 , 2009 the sum shall be \$1,200.00.
- A member may use this sum, provided s/he presents the academic manager with receipts or records of purchase, along with the <u>Professional Expense Reimbursement</u> Form. More information is available by going to http://www.caut.ca/cuasa/benefits.html#per.

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Educational Opportunities

Tuition Waiver

- You, your spouse, and dependents are entitled to free tuition for credit courses, but must pay all supplementary fees.
- o If you, your spouse, or dependents **fail a course**, the next course must be taken **at your own expense** in order to re-establish your eligibility.
- You will be given a staff exemption form to complete when you register for a course.
- O Tuition Waiver is considered a <u>taxable benefit to the employee</u>.
- Tuition Waiver continues after retirement, death or during long term disability.
- Employees with continuing appointments whose spouses and/or dependents are claiming the tuition waiver benefit must sign an <u>Exemption Form</u>, which is available from the Business Office at the time of registration and online on the HR website.

Reciprocal Free Tuition Waiver Agreements

- Carleton enjoys reciprocal free tuition waiver benefits with Simon Fraser and York Universities.
- Five (5) places are reserved at each institution.
- Application for placement must be made through Human Resources.
- o In cases where there are **more applicants than places** the decision is based on whether or not the applicant is applying for a **program not available at Carleton University** and thereafter on a **first come basis**.

Tuition Bursary

- As an alternative to tuition waiver, members of staff who are eligible for the waiver, may apply for a <u>tuition</u> <u>bursary</u> for his or her spouse or dependent registered in a regular funded program of study, according to some <u>conditions</u>, which are reviewed annually.
- o The Bursary will be applied directly to the student's account for the payment of tuition fees.
- o The value of the Tuition Bursary will be equivalent to the value of the tuition waiver.
- In some instances a Tuition Bursary may reduce the amount of other concurrently held scholarships or of
 government student financial assistance. The student may therefore elect for a given term or terms to receive
 instead the Tuition Waiver benefit.
- o In accordance with current income tax regulations, the value of a bursary is a taxable benefit to the student.
- o Individuals who are unsuccessful in a course must successfully **complete the next course at their expense to re-establish eligibility.**

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 Should an employee cease employment with the university for reasons other than retirement or death, the recipient will retain the bursary or tuition waiver to the end of the current term.

Athletics

- The Department of Athletics and Physical Recreation offers a diversified program of physical recreation for members and their families in accordance with Article 40.7.
 - O Your membership is paid for by the employer.
 - Membership for your spouse may be purchased at a reduced fee.
 - Your children under age 14 are permitted free access to the facilities provided they are under your supervision.
 - Memberships for children age sixteen (16) or over are available at a student rate.
- The facilities include:
 - o a fifty (50) metre pool
 - o fitness centre (must be age 16 or older)
 - o fitness testing facilities
 - o sports medicine clinic
 - o locker rooms, including saunas
 - squash courts
 - o tennis courts
 - o a combative room
 - o double gymnasium
 - o ice rinks
 - o indoor track
 - o multipurpose room.
- You will be asked to swipe your University I.D. card at the Service Desk when using the facilities.

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Health and Counselling Services

- Health and Counselling Services is located on the second floor of the Technology Training Centre.
- It is open to all students and staff.
- Trained physicians, counsellors and nurses are available to treat most of your medical problems.

Employee and Family Assistance Program ("EFAP")

- The <u>EFAP</u> is a professional, confidential, counseling and referral service provided without cost to Carleton University employees.
- The service is provided through The Family Service Centre, which is a private agency staffed by professional social workers who are trained to deal with a wide range of family and individual problems.

Library

- Your University I.D. card serves as a library card.
- If you do not have a University I.D. card, then you should obtain a letter from your department head stating that you require Library privileges.
- Academic staff are subject to the general policies of the Library including Library fines.
- Upon request at the Library, spouses can be provided with a library card.

Guaranteed Housing Loan Plan (Article 40.11)

- The Guaranteed Housing Loan Plan is available to you to assist you in purchasing a house or dwelling to be used as your principle residence.
- Arrangement are made through the Office of the Director of Finance, by calling 613-520-3602.



4. Retirement Privileges

- There are a number of additional benefits that continue after retirement:
 - Library access
 - Athletic Facilities access
 - Health Services Access
 - o Employee and Family Assistance Program
 - o Eligible staff will be **invited to** attend the **annual Spring Conference**. The employer will pay accommodation and meal expenses. Other expenses will be the responsibility of the retired staff member.
 - O Access to "Today@ Carleton" by email, plus other Carleton publications.
 - Retired faculty who wish to continue their scholarly and/or professional activities may apply through their dean to receive an adjunct professorship which shall not be unreasonably withheld. Depending upon availability, adjunct professors shall have access to such suitable office space and support services as are consistent with their involvement in scholarly and/or professional activities at the University.