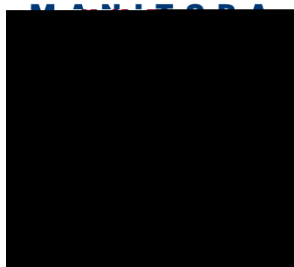
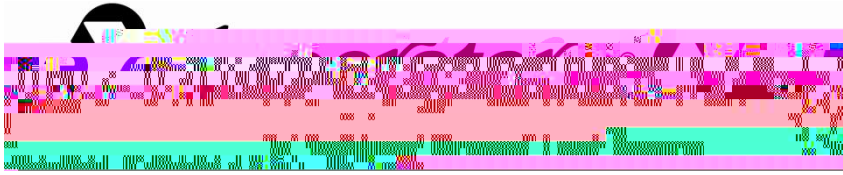


Manitoba School Boards Association  
Group 1068 Account 064  
Long Term Disability Plan  
Interlake School Division





# Your Group Benefits Plan

Manitoba School Boards Association  
Group 1068 Account 064  
Long Term Disability Plan  
Interlake School Division  
Effective: March 1, 2016  
Issued: March 22, 2016

For more information visit [www.cooperators.ca](http://www.cooperators.ca) and click on Group > Group Benefits

## LONG TERM DISABILITY

The purpose of this benefit is to provide coverage should you become totally disabled as a result of an accidental injury or sickness, and are unable to work for wage or profit. The Long Term Disability plan replaces a percentage of lost income based on hours worked.

### Eligibility for Coverage

All permanent fulltime and permanent parttime employees who work an average minimum of 15 hours per week, are actively at work, and are under the age of 65 are eligible. Temporary/term employees will be eligible for coverage on their first day of active work. Temporary/term employees are not eligible for coverage under this plan.

If you cease to be actively employed due to a summer-off you will be considered actively employed until the end of the summer-off period as long as premiums are paid, the policy remains in force and you have not resigned during this period.

If you cease to be actively employed due to a temporary leave of absence or you may be considered as still employed, but not beyond 60 calendar days from the day you ceased to be actively at work, as long as premiums are paid and the policy remains in force.

If you cease to be actively employed due to a temporary education leave you may be considered as still employed, but not beyond 6 months from the day you ceased to be actively at work, as long as premiums are paid and the policy remains in force.

### Enrolment Process

You must complete The CO SHUDWRUV | DSSOLF DWLRQ IRUP SURYLGHG month of becoming eligible.

### Termination of Coverage

Your insurance terminates on the earliest of: your 65th birthday less the greater of the number of sick days available to you or 120 calendar days, retirement date or your retirement on pension, termination of your service as an employee, termination of the master policy or cessation of premium payments.

### Procedure for Claims

The time limit within which a long term disability benefit claim must be made is 90 days from the date your benefit would otherwise have commenced (see Elimination Period- When will benefits begin? section).

Claim forms are available from your employer, plan administrator or from our website [www.cooperators.ca](http://www.cooperators.ca) and click on Group > Group Benefits > Forms All claim forms must be correctly completed, dated and signed.

Group > Group Benefits for claim forms, questions, links to health & wellness sites and

tion permits the use of a different limitation period for the recovery of insurance money commenced within the time set out in the

its the use of a different limitation period against Operators Life for payment of claims:

the claim form has been filed in accordance with the

in one year from the date of the termination of the Policy or from the date on which benefits, whichever first occurs; or within one year of the termination of the Policy, whichever



What am I insured for?

To qualify for benefits, your claim must provide satisfactory proof that, while insured under this plan, you became Totally Disabled (as that term is defined in the policy) and therefore unable to work.

The purpose of this benefit is to insure for wage loss should you become totally disabled as a result of a medically diagnosed sickness or injury and unable to work. Therefore, if there is no lost income, benefits are not payable.

The monthly benefit for which you are covered is based on your monthly salary and the benefit formula indicated in the following schedule:

Amount of Monthly Benefit	
Each Eligible Employee	60% of your monthly salary up to a maximum benefit of \$6,000. This benefit is not taxable.

The amount payable is the monthly benefit amount less the reductions listed under the benefit reduction section in this booklet.

Your salary is your regular monthly earnings paid by your employer, exclusive of bonuses, overtime earnings, and commissions. (Wherever monthly salary is indicated, 1/12 of your annual insurable earnings will be applied regardless of whether you work 10 or 12 months of the year.)

What happens if my salary is understated or overstated?

To determine the amount of your benefit at the time of claim, your salary will be the lesser of the amount reported on your claim form, or the amount reported by your employer/plan administrator to Co-operators Life and for which premiums have been paid.

Benefit Reductions:

What reductions occur when determining my Monthly Indemnity Benefit payment?

All Source Maximum - Ceiling on the Monthly Benefit

The amount of your not taxable benefit will be limited to the lesser of the amount of insurance for which you are covered or 85% of your disability net monthly salary.

Your net salary is your gross salary minus involuntary deductions for federal and provincial income tax, Employment Insurance premiums (EI) Canada/Québec Pension Plan contributions.

All Source Benefits- Direct Reductions

### All Source Benefits

- x employer funded salary replacement,
- x other insurance plan whether group or association,
- x Government Plan Benefits,
- x Auto Plan Benefits,
- x damages paid or payable from any legal action except those damages which Co-operators Life in its sole discretion deems to be compensation for a loss other than a loss of income,
- x any compensation you receive or are eligible to receive while employed or while performing work of any sort, excluding rehabilitative earnings which are considered ~~not~~ the rehabilitation program, and
- x any payment made to you by your employer as a result of termination of your employment including without limitation any payment made by way of settlement or judgement, and
- x any CPP/QPP retirement benefits you apply for and receive after the disability date.

"Government Plan Benefits" are any benefits which, as a result of Injury or Sickness, are payable to you from any government agency and includes without limitation any benefits which

Elimination Period-



### Recurrence of Total Disability

Your total disability is considered a recurrence and is treated as a continuation of the previous period of disability if it arises from the same or related sickness or injury, and it begins before you have completed 6 consecutive months of continuous full-time active work.

### Rehabilitation Program

Based on a determination made by The Corporation, a rehabilitation program may be provided to you which could include: assessment (medical, psychological, vocational evaluation), treatment (medical, psychological, vocational intervention, including various programs of therapy), employment (work trial, modified/ full or part-time work), services (training strategies work related activities expected to enhance your ability to return to work or secure employment) and a rehabilitation benefit.

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## Limitations and Exclusions

No amount of benefit will be payable for any period of total disability:

- a) during which you are not under the continuing care of a legally licensed physician or surgeon, or
- b) resulting from or caused by:
  - intentionally self-inflicted injury while sane or insane;
  - war or hostilities of any kind;
  - a riot or civil commotion, rebellion or insurrection;
  - injury occurring while committing or attempting to commit a criminal offense;
  - any medical care which is of a cosmetic nature, or due to medical care which is not medically necessary to treat an injury or sickness. Periods of total disability due to the donation of an organ or tissue will be considered as necessary medical care, or
  - any injury or sickness for which a third party is, or may legally be liable, except as provided for in the Third Party Liability provision, or
  - use of drugs or alcohol unless you are participating in an approved supervised program, or there is also organic disease present which would cause total disability even if the use of drugs or alcohol ceased, or
- c) during which you are confined in a prison, or
- d) during which you are on maternity leave or parental leave except as described below, or
- e) during which you are on leave of absence.

No further benefits will be payable from the date you refuse to participate in any rehabilitation program approved by The Operators.

Maternity, Parental and Adoptive Leave and Leave of Absence, Education Leave and Regular Lay-Off.

A scheduled maternity or parental leave is deemed to commence on the date agreed upon by you and your employer and end on the date you were scheduled to return to active work. If a child is born prior to the date upon which your maternity leave is scheduled to commence, the leave is deemed to commence on the date of birth.

During the health related portion of your maternity leave, the elimination period will begin on the date your child is born and benefits will begin after you have satisfied the elimination period.

Where you become totally disabled while on leave of absence, education leave, regular lay-off or Maternity (other than the health related portion), Parental or Adoptive Leave, provided premiums have been paid, the elimination period will begin the date of disability and benefits will begin the later of the end of the elimination period or the date you were scheduled to return to active work. In the event you are eligible for sick leave benefits from your employer in receipt of salary continuation benefits from any other source, benefits will commence following the end of the period during which you are in receipt of those benefits, or the day following the completion of the elimination period, whichever is later.



**Co-operators Life Insurance Company Privacy Statement**  
Co-operators Life Insurance Company is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

When you apply for coverage or benefits, Co-operators must gather personal information about you, your spouse or dependents.

We use this personal information for the purposes of providing group benefit plan administration services and insurance products to you.

Maintaining the security of your personal information is a top priority. Only authorized personnel have access to your information, and our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security is emphasized in our Code of Ethics and extends to the contracts and agreements that we sign with external suppliers and service providers.

Co-operators does not collect, use or disclose your personal information without your consent, except when authorized by law.

Co-operators may require your medical information to administer the group benefits plan. We do not share your medical information without your express consent.

You have the right to access your personal information. Send us requests in writing and ask us to correct inaccurate information. The medical information not collected directly from you may only be released directly through your physician. For more information on how to obtain access to your file, you may write directly to:

Co-operators Life Insurance Company  
Attention: Group Insurance Department Privacy  
1920 College Avenue  
Regina, Saskatchewan  
S4P 1C4  
Email: [privacy@cooperators.ca](mailto:privacy@cooperators.ca)