



Archdiocese of Vancouver

BENEFIT PLAN OVERVIEW

BENEFITS AND PENSION QUICK GUIDE OCTOBER 13, 2023

Agenda

- New Benefit Reps/Refresher
 - Responsibilities as Benefit Representative
- Understanding the Monthly Billing Statement
- Group Benefits Insurance Information
 - Group Benefit Coverage
 - Group Pension Plan
- Benefit Classes and Eligibility
- Documents' Security/Privacy
- Disability
- Maternity
- Pension
- Resources

Your Responsibilities:

 As the assigned employer's Benefits Representative, you are responsible to the employer, your staff members (employees), and the Benefits Office. You are the bridge between the Employer, Employee, and the Benefits Office.

Your responsibilities:

To Employees:

- Give an overview of the benefits coverage (Refer to the <u>BASIC</u> <u>ELEMENTS OF OUR PLAN</u>)
- Check with the employee if their information is up to date and matches the records of the Benefits Office (Datasheets will be sent twice a year. December and April)
- Provide basic benefit information (policy numbers, ID number)
- Provide correct information regarding the employees' eligibility and coverage – confirm with the Benefits Office if you need clarification
- Distribute communications/memos from the Benefits Office regarding plan changes/updates

Your responsibilities:

To your Employer:

- Check the monthly billing statement
- Ensure that the information being passed to the employee is correct
- Inform the employer of any changes/updates on the Benefit coverage
- Maintain the confidentiality of the information that you are handling
- Must ensure that all information reported to the Benefits Office is correct and accurate

Your responsibilities:

To the Benefits Office:

- Provide (submit appropriate form) accurate information on time
 - Make sure that the application for group benefits has ALL the required information and is LEGIBLE – please do not forget to indicate the employer, division number, annual gross salary, and weeks worked per year
 - Submit termination, changes, updates on coverage or information within the allowable time frame.
 - Ensure that the authorized signatories sign the form.
- Pay the Benefits premiums on time Sign up for PAD to avoid late charges!

NOTES: <u>Effective October 21, 2019</u>, we no longer accept handwritten forms. Outdated forms will not be processed. Always check the CISVA Benefits website for the current forms.

How to read your billing invoice

Benefit	Current	Current	_		Employee	Employer	Current
	Lives	Benefit Volume	Rate	/EMP	Premium	Premium	Charges
Life Insurance	32	\$3,742,000.00	\$0.1500	\$1,000.00	\$454.10	\$107.20	\$561.30
Short-term Disability	32	\$25,665.00	\$0.4310 \$10.00		\$1,106.16	\$0.00	\$1,106.16
Long-term Disability	28	\$93,140.00	\$3.7320	\$100.00	\$3,475.96	\$0.00	\$3,475.96
Accidental death & Dismem.	32	\$3,742,000.00	\$0.0220	\$1,000.00	\$66.58	\$15.73	\$82.31
Critical Illness	32	\$320,000.00	\$0.6000	\$1,000.00	\$162.67	\$29.33	\$192.00
Extended Health: Single	6	\$0.00	\$92.8680		\$80.04	\$477.18	\$557.22
Extended Health: Family	23	\$0.00	\$272.7240		\$2,130.14	\$4,142.42	\$6,272.56
Dental: Single	6	\$0.00	\$95.9640		\$82.71	\$493.05	\$575.76
Dental: Family	21	\$0.00	\$244.2120		\$1,595.73	\$3,532.68	\$5,128.41
Dental: Class2 / Single	0	\$0.00	\$72.0000		\$0.00	\$0.00	\$0.00
Dental: Class2 / Family	4	\$0.00	\$183.1320		\$323.82	\$408.70	\$732.52
					Benefit Pre	\$18,684.20	
Pension (ER-matched)	0	\$0.00			\$13,870.85	\$13,870.85	\$27,741.70
Voluntary Pension (EE only)	0	\$0.00			\$0.00	\$0.00	\$0.00
					Pension Pre	\$27,741.70	
RPP Admin. Fee	0	\$0.00		\$1.00	\$33.00	\$0.00	\$33.00
Admin. Fee	0	\$0.00		\$4.00	\$66.00	\$66.00	\$132.00
					Surchar	\$165.00	
					Curre	\$46,590.90	
Adjustments	0	\$0.00			\$0.00	\$0.00	\$2,442.19
Manual Adj.	0	\$0.00			\$0.00	\$0.00	\$0.00
Welcome Plan	0	\$0.00			\$0.00	\$0.00	\$0.00
RRSP	0	\$0.00			\$237.15	\$0.00	\$237.15
TFSA	0	\$0.00			\$100.00	\$0.00	\$100.00
Late Payment	0	\$0.00			\$0.00	\$0.00	\$0.00
Retro Active Service Charges	0	\$0.00			\$0.00	\$0.00	\$25.00
	Current Total						\$49,395.24
Previously Billed Amount To Date	0	\$0.00			\$0.00	\$0.00	\$43,995.78
Previously Paid Amount To Date	0	\$0.00			\$0.00	\$0.00	(\$43,995.78)
IMPORTANT: the amount payable within the ***YEAR TO DATE BALANCE*** must be paid in full by the set due date. YEAR TO DATE BALANCE:							\$49,395.24
Any contributions received after this date will incur a 1% late charge.							

Group benefits

- Extended Health (335645)
 - Prescription Drugs
 - Vision Care
 - Paramedicals
 - Dental Accident
 - Travel Insurance
 - Employee Assistance Program
- Life Insurance*
 - Optional Life Insurance (335646)
- Disability Insurance
 - Short-term Disability
 - Long-term Disability**
- Welcome Plan (158100)

- Critical Illness (100005769)
 - Voluntary Critical Illness for employee/spouse/dependent
- Accidental Death and Dismemberment (10007814)
- Dental (56565)

Life Insurance
Accidental Death & Dismemberment
Short-term disability
Long-term disability
Dental (Single / Family coverage)
Class 1

Class 2

Extended Health (Single/Family coverage) In-Canada expenses

Emergency Out-of-country expenses

Critical Illness Voluntary Critical Illness Registered Pension Plan (RPP) 2 x SALARY
2 x SALARY
66.67% of weekly gross earnings
67% of monthly gross earnings

Basic treatment 100% coverage of dental fee guide No deductible – with an annual limit Major treatment 50% coverage of dental fee guide \$1,000 calendar year maximum Orthodontics 50% coverage of dental fee guide \$3,000 lifetime maximum Basic treatment 100%coverage of the dental fee guide No deductible – with an annual limit

80% coverage of eligible expenses \$25 annual deductible 100% coverage of eligible expenses No deductible \$1 million maximum \$ 10,000-lifetime maximum \$25,000 - \$300,000 New applicants: 3% or 7% Employer-matched tier

Class 2 Dental Benefits has reduced premiums and coverage; please refer to the booklet for more coverage information.

^{*}The employer does not match voluntary RPP Contributions

Group pension plan

- Pension (35169)
 - Employer-matched contribution
 - Voluntary Pension
 - Registered Retirement Savings Plan
 - Tax-free Savings Account
 - RESP
 - RIF/LIF

Insurance providers:

Canada Life Assurance Company



- Extended Health
 - Telus Health



- Family and Employee Assistance Program
- Dental
- Life Insurance
- Disability Insurance
- Pension Plan
- Industrial Alliance



- Critical Illness
- Accidental Death and Dismemberment

Benefit classes

- Class 1: Permanent Employee
- Class 2: One-Year Contract Employee not renewable (Or All new CISVA School Employees)
- Class 3: Employees on Approved Leave of Absence (Except Maternity Leave)
- Class 4: Ordained Priests
- Class 5: Retired Members
- Class 8: Non-salaried Employees
- Class 100: Pension only

Family and Employee Assistance Program (FEAP)

- Login page Page to login into TELUS Health One App TELUS Health
 One CanadaLife/CanadaVie (lifeworks.com)
 - Username: canadalife
 - Password: lifeworks (valid until October 15th)
 - Password: telus1 (effective Oct 16th)
 - The EAP phone #: 1-866-289-6749
 - Employer Name: Catholic Independent Schools of Vancouver*

^{*}ID = "The Catholic Independent Schools of Vancouver"

BENEFIT CLASS STRUCTURE

	Listing of Group Benefits per corresponding Benefit Class										
	Life Insurance	① Optional Life	AD&D	Short-term Disability	Long-term Disability	Extended Health	Dental	Critical Illness	② Optional Critical Illness	Pension	Voluntary Pension
Benefit Class 1											
Permanent FT/PT Employee	✓	✓	✓	✓	✓	✓	✓	√	✓	✓	√
Benefit Class 2										_	_
1-year Contract Employee	✓	✓	√	✓		✓	③ ✔	✓	✓	✓	~
Benefit Class 3											
Approved, unpaid Leave of Absence						✓	✓				✓
Benefit Class 4											
Ordained Priests	✓	✓	√	✓	✓	√	✓	√	✓	✓	√
Benefit Class 5							_				
Retirees						✓	✓				
Benefit Class 8											
Non-salary Permanent EE						✓	✓				
-											
Benefit Class 100										_/	_/
Pension only										V	V

Pension and Voluntary Pension only apply to the Diocese of Kamloops and PG Priests.

- 1 Approval of Optional Life coverage is subject to underwritten provisions being met by Canada Life Assurance
- Approval of Optional Critical Illness coverage is subject to underwritten provisions being met by Industrial-Alliance Pacific
- 3 <u>Class 2 Dental Benefits</u> has <u>reduced premiums and coverage</u>; please refer to the class 2 booklet for more information regarding coverage.
- Benefit Class 100

Participation is for the <u>Registered Pension Plan (RPP) only</u>. This benefit class is for <u>permanent part-time employees</u> working less than 20 hours/week. The employee must work for the same employer for two consecutive years and earnings not less than 35% of the Year's Maximum Pensionable Earnings (YMPE) — dollar amount set by Revenue Canada.

Benefits eligibility:

- An employee must work at least 20 hours/week <u>and</u> have a one-year* contract.
 - Mandatory participation to all eligible employees
 - Members can opt out of the pension plan upon enrollment and join anytime.**
 - **Once members join the pension plan, they cannot opt-out.
 - All eligible members must submit the completed Application for Group Benefits and Pension*** form within 31 days after the hire date.
- Forms signed 31 days after the hired date are considered late applicants.

NOTE: Employees can only waive the **extended health** and **dental** coverage if they have benefits coverage elsewhere. Proof of coverage MUST be provided.

Benefit Class 2 coverage:

- Life Insurance (2 x salary)
- AD&D Insurance (2 x salary)
- Short-term disability (STD) only
- Extended Health (Single or Family coverage)
- Reduced Dental coverage (Single or Family coverage)
 - No major coverage (i.e., crowns, bridges)
 - No orthodontic coverage
 - Reduced dental rate compared to class 1 employee
- Critical Illness
 - Voluntary Critical Illness (Employee/Spouse/Dependent)
- Pension
 - Voluntary Pension
 - RRSP
 - TFSA
 - RESP

NOTE: Class 2 employees are <u>eligible</u> to join the pension plan.

Benefit Class 3 coverage: EEs on LOA

- Extended Health (Single or Family coverage)
- Dental coverage (Single or Family coverage)
- Voluntary Pension

NOTES:

Class 3 employees are not <u>eligible</u> to contribute to the Employer-matched pension.

Class 3 employees have limited travel insurance – please check the Benefits Class 3 booklet for details.

Employers should issue an ROE for EE going on a leave of absence.

What should you do if an employee has an interruption of earnings? - Canada.ca

Dependent

Our plan defines dependent as the spouse or child. Anyone in the armed forces full-time is not eligible to be a dependent.

- Spouse defined as a person to whom a person is legally married
- Child unmarried son or daughter, including step-child

Relationship Status for claims:

- Spouse
- Child (age 0 21 years old) unmarried, residing with parents
- Full-time Student (age 22 to 24) maximum coverage is the day before the full-time student turns 25 years old
- Disabled Dependent (age 22 up) diagnosed with a medical disability

Documents Security and Privacy

- Secure folder through <u>sync.com</u>
 - Create a free account to access the Benefits billing invoice
 - All Group and Pension forms must be submitted to the Benefits Office using the <u>Secure Link</u> – this link is live, and you can use it to upload your adjustments (The Secure Link is the folder saved on <u>www.sync.com</u>)

STOP!

- The <u>Secure Link</u> is only for uploading documents! You will not be able to see your billing invoice in this link.
- Your billing invoice is uploaded to YOUR <u>www.sync.com</u> secure folder.

Update:

- PBI, effective September 1, 2023, is our new Benefits and Pension Consultant
- Coverage for prescription glasses had increased from \$250 to \$300
- All CISVA employees are now entitled to Top-Up maternity benefit
- Registered Social Workers are added to the combined maximum with Psychologists and Clinical Counsellors*
- *Clinical Counsellors are only available and covered in BC other provinces are not covered under our plan.
- New employees <u>must</u> complete the online registration to Canada Life
 - New employees will receive an email/text message from Canada Life to register for their benefits

Things to note:

- Effective January 1, 2017, the El waiting period had changed to seven (7) consecutive days.
- Effective September 1, 2017, the STD waiting period of our plan was changed to seven consecutive days – including weekends and holidays
 - Do not pay the employee more than 5* sick days
- For El Maternity Leave, the waiting period is unpaid**.
 - Parental Benefits have two options: standard or extended
 - Standard parental benefits can be paid for a maximum of 35 weeks and be claimed within 52 weeks (55% El benefits over 12 months)
 - Extended parental benefits can be paid for a maximum of 61 weeks and must be claimed within 78 weeks (33% of benefits over 18 months)

NOTE: The changes in parental benefits do not affect our top-up calculation.

Disability: things to note

- If an employee is away from work for seven consecutive days (including weekends, holidays, and days they are not working), he/she must apply for disability
- The employer will only pay five* sick days (if applicable). After this, the disability payment will kick in**.
- The employer must submit the following to the Benefits Office:
 - Completed employer statement (page 4 signed by the employer)
 - Group Change Form (GCF) indicating the employee's last day of work and gross salary for that month (only if the employee is on the pension plan).
- Provide your employee with the Disability employee and attending physician statements – which can be submitted directly to Canada Life at langley.dmso@canadalife.com or the Benefits Office.

Disability: things to note

- It is crucial NOT to pay past five sick days
 - It may seem that the disability will only last for a few days over the new waiting period.
 - However, when and if the employee needs to be away longer, Canada Life's payment will begin after the seven days (waiting period), and the employer will need to get the money back from the employee since they were overpaid.
- Do not change the employee's contract/work schedule to accommodate them being away from work – this may jeopardize their eligibility for benefits coverage and apply for disability.

Short-term disability

What is the definition of disability

 Disabled means being unable to perform essential duties of your occupation (less than 60%) for your employer due to an illness or injury.

Waiting period

• There will be a waiting period of seven consecutive days before the employee receives the disability benefits payment; this will include the paid five sick days (only if applicable)

What is the payment amount

• 66.67% if the employee's weekly earnings, up to a maximum of \$2,600/week for 15 weeks (payment will be received weekly)

Benefit amount = [(Annual Salary) ÷ (No. of weeks/year)] x 66.67%

No. of weeks used for calculations:

- 43, 45, 48, or 52 weeks is used for the disability benefit amount
- El benefit calculation is always based on 52 weeks

Applying for disability flow chart

Sick/injured employee – away for 7 consecutive days, must obtain a doctor's note.



Employee to inform the employer regarding injury/illness



Employer's Ben Rep to contact employee and give STD forms



Employee gets paid by the Disability Office (or apply for an appeal if declined)



Employee completes the EE form and give APS to the doctor for completion – submit EE portion to Canada Life



Employer completes the ER STD form – submit to Benefits Office together with the job description and gross earnings.



Assess the claim based on the doctor's prognosis. Approve/Decline the claim. Inform the employee of the decision



Canada Life received the form from the employee and Benefits Office; contact the employee.



Benefits Office receives the form, review information and submit to Canada Life.

STD defined – own job

- When used in our Short-Term Disability policy, disabled means being unable to perform the essential duties (60%) of <u>your own</u> <u>occupation</u> for your employer or any other employer due to an illness or injury.
- The availability of work is not considered when assessing disability.
- After <u>24 months</u> on disability (long-term disability) the definition changes to essential duties of <u>any occupation</u>.

Long-term disability (LTD)

- LTD is only for Class 1 and Class 4 (Priests) employees.
- There is a waiting period of 112 days (STD period) before you are eligible to receive LTD payments.
- Employees will receive 67% of their monthly earnings, up to a maximum of \$9,700 or, upon approval, \$12,000/month all income source maximum (payment will be received monthly).
 - Employees cannot receive more than 85% of their <u>net</u> predisability monthly earnings

LTD Benefit amount = [Annual earnings ÷ 12] x 67%

Disability: important notes

- The employer had a duty to accommodate the employee's gradual return to work (GRTW) once approved by the employee's physician and the disability office.
- The employer must inform the Benefits Office of the return-to-work date (back to full duties) and the employee's gross salary.
- For status updates or any concerns (i.e., a gradual return to work schedule, workplace issues, etc.) regarding an employee on disability, don't hesitate to get in touch with April (Baytan) Abadillo at the Benefits Office

Disability: things to note

 When submitting a disability claim, please submit the employee's gross earnings to the Benefits Office. This also applies to maternity leave – if the employee wants to waive the pension contribution while on Maternity Leave.

Example: If the employee's last paid day is the 20th of the month, the Benefits Office needs to know the earnings from the 1st to the 20th to calculate the pension contribution.

 The <u>employer is responsible</u> for informing the Benefits Office if the employee has returned to work (back to pre-disability schedule and duties).

Maternity

Things to keep in mind when an employee goes on maternity leave:

- Maternity and Parental EI benefits
- Top-up benefits (for CISVA employees only between 6 to 15 weeks)
- Maternity (Post-delivery) Short-Term Disability benefits
- Inform the Benefits Office whether the employee is keeping, reducing, or waiving the pension – send a signed copy of the Leave Request form and Group change form.
- Employees on Maternity Leave are <u>eligible</u> for the annual salary increase

Maternity: STD benefits

- Childbirth by normal delivery: 4 weeks benefits
 (1-week unpaid waiting period, three weeks payable)
- Childbirth by c-section delivery: 6 weeks benefits
 (1-week unpaid waiting period, five weeks payable)

Note: An employee who was on STD due to pregnancy-related complications will not require additional forms for this benefit. The disability office will continue to pay the employee for a **4**- or 6-week period as of the child's birth date.

Maternity: STD benefits

The post-delivery claims are handled in the same manner as any other STD claim.

- The employee (including the physician's statement) and employer statement must be completed
- The seven consecutive day waiting period still applies
- Claims are adjudicated in the same manner (66.67% of the employee's gross weekly earnings)

NOTES:

- Top-up is not payable while the employee receives the Maternity STD benefits. If both top-up and maternity STD benefits were paid at the same time, the employee would receive over 75% of their salary.
- Employees who had waived their group coverage while on Maternity Leave are not entitled to the Maternity STD benefits.

Maternity: Important notes

- Sick days and vacation days paid (if applicable) must be reported on the Record of Employment (ROE)
- The EI waiting period starts from the last day paid
- Top-up benefits are for all CISVA employees only
- Top-up benefits are between 6-15 weeks, depending on what the doctor reports on the Maternity Medical Leave Report

According to Canada.ca Part 1, page 3 (Supplemental Unemployment Benefit (SUB):

- The SUB plan must indicate the value of the payments, either as a percentage of the employee's normal weekly earnings or as a fixed amount.
- The plan cannot provide that the SUB payment will be made in one lump sum payment; payments must be made periodically (for example, weekly, bi-weekly).

Part I - Plan requirements - Canada.ca

Required forms:

- New employees:
 - Application for Group Benefits
 - Application for membership in RPP (only if applicable)
 - Welcome Plan (for EE's who do not have MSP or equivalent coverage)

Existing employees:

- Group change form (GCF)
 - Benefit class/salary change
 - Information update, i.e., complete address change, legal name change
 - Transfer of employment
 - Reinstatement *
 - Addition of Coverage or Refusal of Extended Health and Dental Benefits
 - Group LIFE Insurance Beneficiary/contingent beneficiary/trustee addition or change

^{*}Only applicable if the termination happens within four months from the current date. Otherwise, new applications for group benefits and pensions are required.

Required forms cont.:

- Existing employees:
 - Group change form (GCF)
 - Pension change between 3% or 7% or decrease from 8%, 9% to 7% or 3%
 - Updating dependent information (add, change, or remove)
- Existing employees with dependents over 22
 - Student recertification form
- Existing employees with pension
 - Change in member information form
 - Information update, i.e., member name change, complete address change, marital status update
 - Change of existing Pension Beneficiary Name or relationship to member
 - Designation of revocable beneficiary/trustee appointment
 - Add or change the primary and contingent pension beneficiary
 - Add, Change, or update trustee

Reminders:

- Please submit ALL adjustments on or before the cut-off time and date.
 Adjustments received after the cut-off date will be added to the next billing adjustment!
- If you have employees covered under the Welcome Plan, please remind them to let them know as soon as MSP is covering them.
- If you choose to continue sending us Cheques for the benefits payment, please ensure that we will receive the Cheque on or before the stated due date. Late payment will incur a 1% late fee charge. The date on the cheque will not be the basis of the late fee charge but the date the cheque was received. Please make sure to indicate the billing period on the cheque!

^{*}The Benefits Office will send email reminders of the due dates. Important dates are also available on the website.

- Group change form is required for termination of employment, benefit class change, name change, salary update, address change, transfer of employment, reinstatement – within four months after the termination date, addition of benefits, late applicant, refusal of benefits, life beneficiary changes, pension level changes, add/remove voluntary pension/RRSP/TFSA, and add/remove dependents.
- Applicable pension form must also be completed when changing the address, name, and beneficiary.
- Both the employee and the employer must sign the Group Change Form (GCF)

- All group benefit forms must be completed electronically and printed for signatures (if the digital signature is unavailable). <u>NO</u> <u>MORE EXCEPTION!</u>
- All pension forms must be signed in ink for legal purposes.
- Incomplete Application for Group Coverage and Change form will not be processed. The Benefit Reps must check the forms before submitting them to the Benefits Office.
 - Ensure the **employer's name** and **division (ER#)** are indicated on the form. We have several schools/parishes with the same name; we must enroll the employee in the correct division
 - If the employee is opting for the pension plan and the effective date of coverage is not the **1st** of the month, please indicate the **gross salary for the month** so we can pro-rate the pension contribution.

- Incomplete Application for Group cont...
 - The Application for membership in RPP **must** be submitted with the Application for Group Benefit if the employee opts to join the pension plan. The Benefits Office will **not** process the enrollment if a form is missing.
 - If the employee covered under their spouse refuses any benefits, please ensure that the spouse's insurance information is provided, and that the employee has checked the correct box of the benefits they are opting out.

Note: The Benefits Office will only waive the extended health or dental coverage if the spouse's plan information is provided. If the employee is covered under their parent's plan, a letter from the parent's employer confirming the employee's coverage must be provided.

• Ensure the employee and employer have signed the Application for Group Benefit. Forms without the signature will **not** be processed.

Annual salary (September to August) must be provided on the form. This will ensure we have the correct coverage amount and charge the correct premiums.

• Effective March 1, 2013, the Benefits Administration Office introduced the new Retro Active Service Charge.

Retroactive Service Charges							
Tier	Amount						
Tier 1: 1 month	\$25 – first 2 adjustments						
Tier 2: 2-3 months	\$50 – first 2 adjustments						
Tier 3: 4 months and up	\$75 – first 2 adjustments						

- Previously, we never charged for any Disability, Maternity, or Welcome Plan retroactive adjustments. Effective immediately, we will be charging for these if they are over one month retroactive.
- Refunds for terminations will occur for a maximum of 4 months retroactively before the current date, even though the notification may be older than four months.

Application for Group Benefit Coverage

1. Policyholder Section – to be completed by Employer (Benefit Representative).										
School/Parish Name:										
School/Parish ER#:		Benefit	Class:							
Original Hire Date: (mu	al Hire Date: (must be provided) Month:					Day:		Year:		
Effective Date of Cover	age:	Month:	ı:				Day:		Year:	
Contract End Date (if no	ot a continuing contract):	Month:					Day:		Year:	
Is there an intention to	rehire?:	No L	ate Applica	nt?	□ No	Identified as:		Catholic		Non-Catholic Specify:
Occupation:					Gross Annual Earnings:					
Income earned/paid within the MONTH of the effective date of coverage:										
No. of hours worked per week: No. of Days worked per					er week:		No. (of Weeks I	PAID pe	er year:

(minimum 20 hours per week requirement for coverage)

(For STD purposes, minimum weeks per year is 43)

2. Employee Information – to be completed by the Employee.												
	,	First Name	•	Last Name								
Legal Na	me:											
Gender:			Date Of Birth: (ммм-р	1				SIN:				
Mailing		Apt./Unit#, Street n	umber, Street Name, City, Pro	ovince, Postal Co	de							
Address:												
Home Ph	ione:					Mobile Phone:						
Personal	Email:					Work Email:						
Do you h	ave a spo	use (legally mar	ried)?					Yes	■ No	Othe	er:	
Do you h	ave a dep	endent child (in	cl: full-time post-seco	ndary stude	nt or disabled	d dependent)?		Yes	□ No	·		
			P) — To be completed by t-out once you have regis		fit Class 1, 2, an	d 100 Employee and C	lass 4 from	PG Diocese.	NOTE: It is not	mandato	ory to enroll in the Reg	gistered
□ N	o, at this	time, I choose	to opt-out of the RI	PP program	ı; or							
Ye	es, I woul	d like to enroll	in the RPP program	n. Tunderst	and that wh	nile employed, I ca	nnot wit	thdraw fro	m or termir	nate my	/ RPP contribution	ns.
(A	pplication	n for membershi	p in an RPP <u>MUST</u> be	completed).	My employ	er-matched conti	ribution l	level will b	e (choose c	ne): 🗆	3% OR 7	%
□ M	y Volunt	ary Pension co	ntribution will be \$			per month. (Th	ne ER do	es NOT ma	tch volunta	ry pens	sion contributions	s)
			Benefits – to be comple									
			its covered through your ental coverage will NOT b									information
		Health Benefi			dependents						overage for myse	ıf)
		enefits for:						<u> </u>	, ,			,
vvalve L	ental Be	enerits for:	IVIYS	seli and my	dependents	S	<u> </u>	viy depend	ients only (:	single co	overage for myse	:11)
		information:					Policy	_				
			tration: To be com		 	e. Applies to ALL	employee	es who hav	e Group Ex	tended	Health Coverage	(335645)
la	m registe	red under the BO	Fair PharmaCare. My	y registratior	number is:							
☐ la	I am NOT registered under the BC Fair PharmaCare but will submit my registration number after registering to BC Fair PharmaCare.											

Group Change Form

Catholic Independent Schools of Vancouver Archdiocese in Association with Canada Life Assurance Company Policy No. 's. 335645, 335646 & 56565 / Division 10

GROUP COVERAGE CHANGE FORM

reimburse CL.

Instructions: HANDWRITTEN, FORMS WITHOUT THE EFFECTIVE DATE and REASON/TERMINATION WILL NOT BE PROCESSED

- 1. This form MUST be completed electronically.

	e section where the update/changes are applicable. canada										
3. The employer must email a clear scanned copy to the Benefits Administration Office and keep the original signed form.											
. a Policyholder Section - To be completed by EMPLOYER											
THE EFFECTIVE D	ATE OF CHANGE MUST	BE PROVIDED	Month:					Day:		Year:	
MPLOYER Name	<u>:</u>					El	R#:		Benefi	t Class:	
Reason for chang	e:		Sp	pecify:							
ob Title:						ID N	lo.:				
L. b To be comple	eted by EMPLOYEE										
mployee Name:							DOB				
Address:	: No.: Street No.: Street N	lame:		City:				Pro	ov: Po:	stal Code:	
Home Phone:			M	obile Ph	one:						
Personal Email:		Work Ema	il:				Marita	l Statu	is:		
Note: MUST be rep	oorted as if the Employee h	nad the salary upo	date fron	n Septem	ber 1st.	Complet	e this se	ection i	f there	are any o	changes.
Annual Salary:		Hours/week:		Days	/week:		V	Veeks I	PAID/Y	ear:	
EAVING or RETUR	NING: Termination, reinsta	ated employment	t, matern	nity/parer	ital leav	e, approv	ved LOA	, or dis	ability		
come earned/paid within the calendar month of change: \$											

within seven calendar days, CL may inadvertently overpay the terminated Employee - in this case; the EMPLOYEE will be financially responsible for the overpayment if the Employee does not

2. Transfer of Employment (i.e., from one school to another).	To be completed by Benefit Representative.								
From:	To:								
3. Employee Surname Change - To be completed by Employe	e.								
From: To:	Reason for change:								
4. Addition of Group Extended Health or Dental Benefits - To be completed by Employee. You may apply to be enrolled for group coverage within 31 days if your spouse has lost group benefits coverage through his/her employer.									
The effective date of loss of coverage through the spousal plan Indicate the benefit(s) no longer covered under the spousal plan:	MMM-DD-YYYY:								
Extended Health (EHB) Dental	☐ Late Applicant ☐ Back to work from LOA								
5. Refusal of Benefits - To be completed by Employee. I under participate in: (Employee MUST complete this section if they plan MUST be provided. If the information is NOT provided, the provided of the pr	·								
Waive extended health coverage for: myself and my dependent	my dependents only (Single Coverage) waive while on LOA (Class 3)								
Waive dental coverage for: myself and my dependent	my dependents only (Single Coverage) waive while on LOA (Class 3)								
	Policy Number(s):								
6. Pension – To be completed by eligible Benefit Class 1, 2, 4 8	•								
6. ● As per the Effective Date of Change, I am qualified and o									
	+ years of service) or 9% (in your 20 th + years of service)								
(The ER does not match voluntary pension, RRSP, and TFSA co	ntributions). The Employee must provide a dollar amount for								
the monthly contribution.									
Voluntary Pension contribution: \$ Voluntary RRSP contribution	n: \$ Voluntary TFSA contribution: \$								
6. Waiver or Reinstatement of RPP Contributions: while on a	Maternity/Parental Leave, the Employee may suspend their								
RPP contributions during the period of their approved leave p	er Applicable Legislation. An employee on approved LOA or								
disability cannot contribute to the matched pension plan. Wh	ile on disability or LOA, the matched pension contribution is								
suspended. The contribution must be reinstated at the end of	the approved leave/return to work from disability. Per the								
Effective Date of Change									
Temporarily suspend my RPP contribution during my	Maternity/Parental Leave/Leave of Absence/Disability								
Reinstate my RPP contribution, at the eligible level in									
, , , , ,									

Benefits website www.cisva.bc.ca/benefit-plan/

- Important information can be found on our website:
 - Benefit coverage and eligibility
 - Benefits/Pension Booklets
 - Group Benefits application and change forms
 - Pension forms
 - Claim Forms
 - Top-up Calculators
- Announcements and important dates are available on the website
- Benefit Reps have their section available online!

NOTE: *Please USE the forms from our <u>website</u>*. Please download a new form whenever you need to fill it out.

Pension: eligibility review

- Who is eligible to join our Registered Pension Plan (RPP)?
 - Any employee who works at any employer listed below at least 20 hours per week permanently or on a 1-year contract.
 - Archdiocese of Vancouver (RCAV)
 - Catholic Independent Schools of Vancouver Archdiocese (CISVA)
 - Catholic Independent Schools of Kamloops Diocese3 (CISKD)
 - Catholic Independent Schools of Prince George (CISPG)
 - Diocese of Kamloops
 - Diocese of Prince George
 - Under Benefit Class 100 (Pension Only), any employee who has worked for any employer listed above for two consecutive years earns 35% of the Year's Maximum Pensionable Earnings (YMPE).
 - 2021: \$61,600 x 35% = \$21,560
 - 2022: \$64,900 x 35% = \$22,715
 - 2023: \$66,600 x 35% = \$23,310
 - When can an employee leave the Registered Pension Plan (RPP)?
 - An employee can leave the plan only upon termination of his employment (resigned, retired, laid off). Once an employee is in the Plan, he cannot opt out even if his work hours fall below 20 per week. If it happens, the employee's benefit class is reclassified to Class 100 (pension only).

Note: You can check the annual YMPE amount on the CRA website.

Pension: contribution level

- Contribution levels are based on the following percentages of gross annual earnings for RCAV/CISVA, CISKD, CISPG, Diocese of PG, and Diocese of Kamloops employees:
 - New or existing employees 3% or 7%
- For CISVA, CISPG, and Diocese of PG employees
 - Employees in the 15th year of service 8%
 - Employees in the 20th year of service 9%
- For RCAV, CISKD, and Diocese of Kamloops employees
 - Upon completion of the 15th year of service 8%
 - Upon completion of the 20th year of service 9%

Note: For employees participating in the pension plan, the percentage contribution will be based on the benefits offered by the employer in the contract; the amount will be paid by payroll deduction.

Pension: employee option

 Upon new hiring, the <u>employer is expected</u> to explain to the new employee how the pension plan works and his/her options for pension investments.

Please remember:

Once on the pension, always on the pension!

 Effective September 1, 2018, the default fund was changed from Conservative Continuum to GCL Continuum Target Date Funds.

Note: The vesting period was removed from our plan as per federal legislation implemented effective September 30, 2015.

Pension: increase in pension contribution

- An employee's length of employment determines his eligibility and pension levels for participation in the pension plan. (only after 15 or 20 years of service)
- A Group Change Form (GCF) is needed for the pension level changes (if the auto-escalation form was not signed).



Please use the updated form from our CISVA Benefits website.

Pension: Allowable contributions

- The total employer and employee contributions to an RPP (including Voluntary RPP contributions) are limited to the lesser of the current year's contribution limit (as set by CRA) and 18% of the employee's pensionable earnings for the current tax year.
- For 2023, Revenue Canada has set the contribution limit at \$30,780

This does not mean that you can contribute up to \$30,780. It's the lesser of 18% of your earnings or \$30,780.

MP, DB, RRSP, DPSP, ALDA, TFSA limits and the YMPE - Canada.ca

Application for membership in a group RPP

In this application, "you" and "your" refer to the person who is applying to become a member of the group registered pension plan (the plan), and "we," "us," and "our" refer to The Canada Life Assurance Company, the issuer of the group annuity product for the plan, 100 Osborne Street North, Winnipeg, MB R3C 3A5. We can be contacted at 1-800-724-3402 or by visiting grsaccess.com.

SECTION 1 - EMPLOYER/PLA	AN SPONSOF	2										
Name of employer/plan sponsor						Policy/pl	Policy/plan number					
ARCHD	OCESE OF	VANCOUVE	:R				35169					
SECTION 2 -INFORMATION A	ABOUT YOU (please print)										
Last name	Middle initial	First name				Division	n/sul	bgroup	Ider	ntification/en	nployee number	
						01						
Social insurance number (SIN)			Date of	of employ	yment	Date of	f birtl	h		Gender	Language	
										Male	English	
record keeping	e the use of your SIN for tax reporting, identification and yyyyy mm dd				dd	уууу	mr			Female		
Last name of spouse	First name							Email ad	dress			
										ie access and services conn	to email information	
Address (apt. no., street no., stree	et)							dbout ii.	pian c.	00171000 00	iootou mana	
City				Province	e				Posta	al code		
If the above address is a PO box, g	general delivery	or rural route, a	Iso incl	ude the	civic or stre	et addres	s be	low				
Address (apt. no., street no., stree	-			-	City				rovino	e	Postal code	
Telephone no.	Alternate	telephone no.		Province	e of employn	ment			Date	joined plan		
Ext.									уууу	mm dd		
Are you a connected person? 🔲 Y		orm T1007 must	t be file	d by you	r employer	with Cana	ada I	Revenue /	Agency	y (the plan a	dministrator can help	
determine whether you are a conne	ected person).											

SECTION 4 - PAYROLL DEDUCTION AUTHORIZATION

You authorize your employer to deduct the highest contribution level you are entitled to according to the provisions of your employer's local policy. Contact your Benefits Office if you wish to make changes to this amount or make voluntary contributions.

SECTION 5 - YOUR INVESTMENT SELECTION

At the time of joining the Pension Plan, your contribution and your employer's contribution will be invested in the plan's default fund (Continuum Target Date Fund). The specific Continuum Target Date Fund will be the one that is closest to your 65th birthday year. At any time after enrollment, you may elect to change where you invest your pension assets through your online member account at mycanadalifeatwork.com or call Canada Life at 1-800-724-3402.

SECTION 6 - SIGNATURE

You confirm the information on this form and will update it in the future as it changes. You are aware of the reasons the information covered by your authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. You authorize and consent to us collecting, using, disclosing and retaining your personal information for the purposes outlined in the attached Protecting your personal information. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application.

MHIN

Signature of applicant

Date

Canada Life and design are trademarks of The Canada Life Assurance Company

Change in information – RPP form

EMPLOYER/PLAN SPONSOR						
Name of employer/plan	sponsor		Policy/plan number			
Archdiocese of Vancou	uver	35169				
MEMBER INFORMATI	ION					
Last name	Initial	First name	Certificate			

IMPORTANT

- If the member's name has changed complete Part A
- If an existing beneficiary's name has changed complete Part B
 (to change your beneficiary or to designate a new beneficiary, please complete the Designation of revocable beneficiary/trustee appointment form)
- If the member's address has changed complete Part C
- For RPPs only, if the member's province of employment has changed complete Part D
- For RPPs and VRSPs/PRPPs only, if the member's spousal information has changed complete Part E
 (if the member is also designating the new spouse as their beneficiary, this change form is not required –
 complete the Designation of revocable beneficiary/trustee appointment form)

PART A - CHANGE OF MEMBER NAME	PART A - CHANGE OF MEMBER NAME							
The member's name has changed from								
to								
Reason for change:								
The member has married. The member is returning to her material. The name of the member is incorred. The name of the member has been the member's legal name is but the member is commonly known.								
Other	m by the manne mandated above.							

	the name of an <u>existing</u> beneficiary only. Is being designated, please complete the Deorm.								
The beneficiary's name has changed	d from:								
	to:								
The beneficiary's relationship to the member has changed	from: to:								
Change of member information (co	ontinued)								
PART C - CHANGE OF MEMBER ADD	RESS								
New address (apt. no., street no., str	eet, city, province and postal code)	Email address							
New phone number () -									
PART D - CHANGE OF MEMBER PRO	VINCE OF EMPLOYMENT (RPPs only)								
This section is applicable to Register	ed Pension Plans only.								
Effective	The above named member reports to work in								
yyyy mm dd		indicate province							

PART B - CHANGE OF BENEFICIARY NAME AND/OR RELATIONSHIP TO MEMBER

TARTE CHARGE OF C	OUGHE IN CITIMATI	OIT (IN 1 3 & TINOI 3/1 IV	ti i 3 oiliy)	
This section is applicable Pension Plans only.	e to Registered Pens	sion Plans and Volunta	ary Retirement Savings Pl	lans/Pooled Registered
New spousal informatio	n is as follows:			
the member no long	jer has a spouse; or,			
the new spouse is:				Male Female
	Last name	Initial	First name	
PART F - AUTHORIZATION Member authorization		A. B. C and E)		
		•	in Part A, B, C and/or E a	above.
Date	Mer	mber's signature		
Employer/plan sponso	or authorization (Re	quired for Part D)		
I request that Canada L	ife adjust the above i	member's province of	employment as indicated	above.
Date	Sign	nature		
		Signature of e	employer/plan sponsor by	authorized person

PART F - CHANGE OF SPOUSAL INFORMATION (RPPs & VRSPs/PRPPs only)

