

[Email sent Sep. 25<sup>th</sup> 2018]

Dear CUPE Local 4207 Member,

On behalf of the CUPE Local 4207 Benefits Committee, Canadian Benefits invites you to enroll for Health and Dental benefits effective October 1, 2018.

You are receiving this communication as a member with an eligible teaching contract for the Fall semester as advised by Brock University. This plan is administered by Canadian Benefits as guided by the CUPE Local 4207 Benefits Committee and **Green Shield Canada** as your insurance carrier.

**Fall semester (October 1, 2018 – January 31, 2019)** The premium rates for this 4 month Fall Semester for members are subsidized by the University:

**Single** coverage - \$120

**Couple** coverage - \$600

**Family** coverage - \$1,300

**PREMIUM PAYMENT :**

**Direct premium withdrawals:** Simply forward your banking information or void cheque along with the completed Enrollment Form and we will **withdraw the semester's premium directly** from your bank account. Withdrawals are made on the last Friday of the first month of the semester. Payment can also be made by cheque or bank draft.

**NEW! Individual Income Replacement Insurance.** Members have expressed an interest in having a product available to replace income in the event of injury. This product is not subsidized by the Collective Agreement nor administered by the Trust, with premiums paid by automatic monthly withdrawal. See the attached information for more details on the plan. You may enroll in this Plan at any time.

**NEW! Medical Marijuana Coverage.** As prescribed by a physician, medical marijuana will now be covered, subject to a 90% coinsurance and a maximum of \$1,500 per academic year, for the following conditions:

- Spasms for Multiple Sclerosis
- Nausea due to Chemotherapy; and
- Chronic Pain

Reimbursement is subject to pre-authorization by Green Shield Canada.

**PLAN DESIGN & ENROLLMENT FORMS ATTACHED:**

Please find attached a summary of the plan design and an Enrollment Form for Single, Couple, or Family coverage to be completed if you wish to enroll. This form is not fillable, as your signature is required to confirm coverage.

**Because your Brock University email address can be suspended for a Semester when you do not have a contract, please provide your personal permanent email address.**

**DEADLINE:**

Please complete the attached Enrollment Form and return it along with your payment or Void cheque by mail to the address indicated on the top of the Enrollment Form by **Tuesday, October 9, 2018.** If you

are submitting a void cheque for Direct Withdrawal, you can also forward your form by email to [Brockenroll@canben.com](mailto:Brockenroll@canben.com).

When you enroll, you will receive a confirmation email once your coverage has been activated, and information on how to submit claims and access Green Shield plan member services.

Canadian Benefits is always available to answer your questions. Please contact us at [Brockenroll@canben.com](mailto:Brockenroll@canben.com) for assistance.

**Eleni Xilias**

**Group Benefits Administrator**

**Canadian Benefits Consulting Group**

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