

# SunAdvantage™ Enrolment guide

## my coverage\*

\* and how to make the most of your group benefits.



Contract number: 192505

Class: All employees

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## Welcome to **my coverage**

This guide will help you make the most of your group benefits plan from Infinitem Canada Ltd..

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As your new benefits plan provider, we want to make things easy for you. Your benefits plan represents one of the most valuable pieces of your total compensation package, so take a few minutes to read through this guide. Explore how your group benefits plan can provide the important coverage you need to pay for expenses for you and your family.

**Please note:** If you or your dependents are presently covered under another group plan for Extended Health Care and Dental and you have refused benefits under Infinitem Canada Ltd. plan, certain sections of this guide will not apply to you.

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### *Important*

*Before you can access your coverage, you need to enroll in your group benefits plan. A Group benefits enrolment form is included in the Forms section of this guide. Complete the form as soon as possible and give it to your benefits administrator.*

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### HOW TO CONNECT WITH SUN LIFE FINANCIAL

#### **CONNECT ONLINE**

Visit [www.mysunlife.ca](http://www.mysunlife.ca) and enter your access ID and password.

Don't have an access ID? Go to the "Access to my coverage" page to find out how to register.

See reverse for more information on these cards.

#### **QUESTIONS?**

We're here to help. Talk to a Sun Life customer care representative every business day from 8 a.m. to 8 p.m. ET at 1-800-361-6212.

### **TRAVEL CARD**

**If you need any medical assistance, contact Allianz Global Assistance immediately.**

24/7 assistance

In the USA and Canada, call: 1-800-511-4610

From anywhere else: 1-519-514-0351  
Call collect through an international operator.

Fax: 1-519-514-0374



### **TRAVEL CARD**

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From anywhere else: 1-519-514-0351  
Call collect through an international operator.

Fax: 1-519-514-0374





## Your cards

### YOUR DRUG CARD

You can use this drug card at the pharmacy. If you have dependents and need additional cards for their use, sign in to our website at [www.mysunlife.ca](http://www.mysunlife.ca) to print extra copies.

Write your information on this card, as you will need it at the pharmacy.

*If your member ID has less than 10 digits, add zeroes at the front.*

### YOUR TRAVEL CARD

Your travel benefit gives you access to the expertise of AZGA Service Canada Inc. (Allianz Global Assistance), our emergency travel assistance provider. In the case of a medical emergency while you are travelling out of your home province, this service can help you and your family 24 hours a day, 7 days a week.

Additional Medi-Passport services can include support such as hotel accommodation and meals and replacement transportation tickets, if your return trip is delayed because of a medical emergency. See details and conditions on [www.mysunlife.ca](http://www.mysunlife.ca) (select **Print travel card** then click **Read more**).

Write your member ID on the front of this card as Allianz Global Assistance will need this information in an emergency. Put this card with your other travel documents, for easy access to toll-free phone numbers, worldwide.

*Note that in case of emergency you or someone with you must call the Allianz Global Assistance operations centre before receiving medical care. Allianz Global Assistance must pre-authorize any invasive or investigative procedures (e.g., surgery, angiogram, MRI), except in extreme circumstances. If you don't contact Allianz Global Assistance your claim could be reduced or declined.*

### DRUG CARD



MEMBER'S NAME

16      192505      01  
CARRIER No.    GROUP CONTRACT No.    MEMBER ID No.    ISSUE No.

Use of this card authorizes Sun Life, its agents and service providers to collect, use and disclose information about me, my spouse or dependents to any person or organization including the pharmacy, health care practitioners, institutions, investigative agencies, insurers and where appropriate my plan sponsor, for the purposes of underwriting, administration, audit, paying claims and patient safety. If I am a spouse or a dependent, my information will be shared with the plan member. To review Sun Life's privacy policy, visit [www.sunlife.ca](http://www.sunlife.ca).

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### DRUG CARD



MEMBER'S NAME

16      192505      01  
CARRIER No.    GROUP CONTRACT No.    MEMBER ID No.    ISSUE No.

Use of this card authorizes Sun Life, its agents and service providers to collect, use and disclose information about me, my spouse or dependents to any person or organization including the pharmacy, health care practitioners, institutions, investigative agencies, insurers and where appropriate my plan sponsor, for the purposes of underwriting, administration, audit, paying claims and patient safety. If I am a spouse or a dependent, my information will be shared with the plan member. To review Sun Life's privacy policy, visit [www.sunlife.ca](http://www.sunlife.ca).

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# Group benefits enrolment form



## Keeping your information confidential

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third-party providers and reinsurers who, in some instances, may be located in jurisdictions outside Canada. Your personal information may be subject to the laws of those foreign jurisdictions. Sun Life Financial's operations worldwide and our third-party providers are required to protect the confidentiality of your personal information in a manner that is consistent with our privacy policy and practices.

To find out about our Privacy Policy, visit our website at [www.sunlife.ca](http://www.sunlife.ca), or to obtain information about our privacy practices, send a written request by email to [privacyofficer@sunlife.com](mailto:privacyofficer@sunlife.com), or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

## You have a choice

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).

## Instructions

- Section 1 is to be completed by the plan administrator.
- All remaining sections are to be completed by the plan member and returned to your plan administrator.

Please PRINT clearly. Complete the form in ink, sign and date the form on page 3 and return to your plan administrator for handling.

## 1 Information to be completed by plan administrator

Contract number	Class/Plan	Plan member ID	<input type="checkbox"/> New plan member <input type="checkbox"/> Re-hire	Date of hire/re-hire (yyyy-mm-dd) — —
Location/billing group number	Location/billing group name	Contract holder name		
Effective date of coverage (yyyy-mm-dd) — —	Occupation	Salary \$	Basis <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly (Hrs./Wk. _____) <input type="checkbox"/> Other _____ (please specify)

## 2 Plan member details

Plan member's last name	Middle initial	First name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Language <input type="checkbox"/> English <input type="checkbox"/> French
Address (street number and name)		Apartment or suite	City	
Province	Postal code	Date of birth (yyyy-mm-dd) — —	Email address	
Province of residence	Province of employment	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Common Law <input type="checkbox"/> Widowed
		<input type="checkbox"/> Civil Union	Coverage selection <input type="checkbox"/> Single <input type="checkbox"/> Family	

## 3 Refusal of benefits

If you or your dependents are presently covered for Extended Health Care and/or Dental Care benefits under another group contract you may refuse to be covered for such benefit(s) under this contract by selecting the applicable box for each benefit:

- I refuse coverage for myself and my dependents under:  **Extended Health Care**  **Dental Care**
- I refuse coverage for my dependents under:  **Extended Health Care**  **Dental Care**

#### 4 Banking details

If you wish to have your Extended Health Care and/or Dental Care benefit payments deposited directly into your bank account, attach a void cheque, direct deposit form or bank verification statement.

If you do not have a chequing account, you must provide a direct deposit form or bank verification statement from your bank branch. This form must be provided by your bank, trust company, caisse populaire or credit union in Canada, and be signed and stamped by a banking representative. If your bank provides an online direct deposit form, pre-populated with your banking information, this can also be submitted. These forms must contain your name, the Bank Number, your Branch Number and Account Number to facilitate your benefit payment being deposited directly into your account.

**Please attach a void cheque, direct deposit form or bank verification statement**

#### 5 Spouse details – complete this section only if you are applying for coverage for your spouse

Spouse's last name	Spouse's first name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (yyyy-mm-dd) — —
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Is your spouse covered for Extended Health Care and/or Dental Care benefits by his/her employer's plan?

No  Yes If *yes*, please indicate spouse's coverage:

**Extended Health Care**  Family  Single **Dental Care**  Family  Single

Name of benefits carrier: \_\_\_\_\_

#### 6 Children details – complete this section only if you are applying for coverage for your children

Child's last name	Child's first name	Date of birth (yyyy-mm-dd) — —	Gender	Student*	Over-age disabled child**
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's last name	Child's first name	Date of birth (yyyy-mm-dd) — —	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's last name	Child's first name	Date of birth (yyyy-mm-dd) — —	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's last name	Child's first name	Date of birth (yyyy-mm-dd) — —	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child's last name	Child's first name	Date of birth (yyyy-mm-dd) — —	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* A student is a child age 21 or over but under age 25, who is a full-time student attending an educational institution recognized by Canada Revenue Agency, as long as the child is not married or in any other formal union and is entirely dependent on you for financial support.

(For Quebec plan members, please check with your plan administrator for dependent student age limit.)

\*\* To enrol an over-age disabled child, complete a Disabled Child Coverage form, and send it to us within 31 days of the date the dependent reaches the age limit.

## 7 Beneficiary nomination

### Beneficiary for **Employee BASIC Life** and **Accidental Death Benefits (if applicable)**

You must initial any changes or deletions. Correction fluid cannot be used.

Last name	First name	Relationship to plan member	Percentage %
Last name	First name	Relationship to plan member	Percentage %
Last name	First name	Relationship to plan member	Percentage %

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box.  Revocable beneficiary

A revocable nomination can be changed at any time without the beneficiary's consent. You cannot change an irrevocable beneficiary nomination unless certain requirements are met.

**If you do not nominate a beneficiary, the proceeds will be paid to your estate.**

If you are nominating a beneficiary who is a minor, please see section 9.

## 8 Appointing contingent beneficiaries – please complete this section if you wish to appoint a contingent beneficiary

If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiaries shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Unless I specify otherwise, my Contingent Beneficiary will apply to all my benefits.

Last name	First name	Relationship to plan member	Percentage %
Last name	First name	Relationship to plan member	Percentage %
Last name	First name	Relationship to plan member	Percentage %

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box.  Revocable beneficiary

## 9 Nomination of trustee for minor beneficiary other than Quebec residents

If you wish to designate minor children as beneficiaries, a trustee must be designated.

Any payments becoming due while the beneficiary(s) are a minor* are to be made to _____ as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to the trustee will discharge the company.
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\* A minor is a child who has not reached the age of majority as defined by provincial legislation.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

## 10 Authorization and signature – you must sign and date the form

I am authorized to disclose information about my spouse and dependents in order to enrol them in the plan.

By enrolling in this plan, I authorize the following:

- Sun Life Assurance Company of Canada and its reinsurers to collect, use and disclose relevant information about me to underwrite, administer, adjudicate and deposit claim payments,
- My plan sponsor to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required,
- Sun Life Assurance Company of Canada and my plan sponsor to collect, use and disclose information about me, my spouse and dependents necessary for enrolment and for the purposes of continuing administration of the plan.

I declare that the information above is accurate and true.

A photocopy or electronic version of this authorization is as valid as the original. A photocopy or electronic version of this form is not valid for recording beneficiary nominations.

Plan member signature X	Date (yyyy-mm-dd) — —
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## Completing your **enrolment form**

### TIP

*Don't delay! The sooner you complete your enrolment form, the sooner you'll be covered.*

Before you can access your coverage, you need to enrol in your group benefits plan. A *Group benefits enrolment form* is included in the Forms section of this guide. Follow the instructions on the form and complete it (in ink) as soon as possible to avoid delays in getting your coverage. Sign and date it and return it to your benefits administrator, who will complete Section 1 of the form.

### THINGS TO NOTE WHEN COMPLETING YOUR ENROLMENT FORM

- **Dependents' date of birth** – It's important to include correct birthdates for your spouse and children (if applicable). This information is needed for coordination of benefits and incorrect dates could result in delays processing your claims.
- **Refusing benefits** – If you or your dependents are currently covered for Extended Health Care and Dental coverage under another group plan, you may opt out of this coverage by selecting the relevant box on the form. Note: This only applies to Extended Health Care and Dental benefits.

- **Beneficiary** – Make sure you name a beneficiary or beneficiaries, including their first and last name and their relationship to you. In the event of a claim, Sun Life requires this original signed form naming your beneficiaries in order to settle the life insurance claim as you intended.

### NEXT STEPS

- When you've completed the enrolment form, sign it and give it to your benefits administrator.
- Your enrolment form will be processed. You will then receive from your benefits administrator as confirmation of your group benefits, including the effective date of your coverage and your member identification number (member ID). You will need your member ID to register on the Sun Life Plan Member Services website.

### QUESTIONS ABOUT YOUR ENROLMENT?

Contact your benefits administrator.

# Access to my coverage

There are two easy ways to access your benefits – online or by phone.

## ONLINE

### HOW TO REGISTER

The first time you access your group benefits online, you will need to register to get your personal access ID and password. To register you will need your group contract number and member ID.

Your group contract number is: 192505

Your member ID will be confirmed by your Plan Sponsor.

- Go to [www.mysunlife.ca](http://www.mysunlife.ca) and select Register now under the “Sign in” button.
- Click Register – benefits plan. You will be prompted to enter your contract number and other details.
- You will be given your access ID right away.
- If we have your email address on file, we will email you your temporary password. Otherwise, we will send it by mail.

### WHAT YOU CAN DO ONLINE

When you access our website, you can:

- Sign up for direct deposit of your claim payments.
- View your latest claims statement.
- Check when your plan will cover your next purchase of glasses or lenses.
- Look up when you, or your family members, are eligible for your next dental check up.
- View customized information about what’s covered in your plan, for example:
  - Enter a drug name or DIN (drug identification number) to see if your group plan covers it, and to what amount.
  - Select a medical expense type to see details of your coverage.
  - Enter a dental procedure code from your dentist to see if it’s covered before you get the work done.
- Access your employee benefits booklet online for a complete and comprehensive description of all the SunAdvantage benefits available to you and your family. A paper copy of your booklet is available through your employer.
- Print an “all-in-one” coverage card summarizing your benefits, to keep in your wallet.
- Use the online Wellness Centre to discover tools to help manage your health, including health assessments, drug and medical libraries, calculators and more.
- Send a secure message. If you have a confidential question, you can send us a secure message through our website. Simply select **Secure messages** from above the blue navigation bar and follow the instructions from there. Your message and our response will remain completely confidential.

### YOUR ACCOUNT INFORMATION:

Write down your numbers for future reference:

CONTRACT NUMBER:

192505

MEMBER ID NUMBER:

ACCESS ID NUMBER:

### FORGOT YOUR ACCESS ID OR PASSWORD?

Simply go to [www.mysunlife.ca](http://www.mysunlife.ca) and select **Forgot your access ID?** or **Forgot your password?** and follow the steps.

### WANT TO VIEW AN ONLINE DEMO ON HOW TO ACCESS YOUR BENEFITS?

Go to [www.sunlife.ca/mybenefitsonline](http://www.sunlife.ca/mybenefitsonline)

## PHONE

Talk to a Sun Life customer care representative every business day from 8 a.m. to 8 p.m. ET at 1-800-361-6212.



## How to make claims

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### UPDATE YOUR RECORDS

*Make sure your coverage is kept up-to-date by informing your employer of any changes in your dependents, your name or your beneficiary. This includes children who are full-time students and have exceeded the age limit for your plan.*

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### E-CLAIMS

You can use our secure website to submit most of your claims online - it's faster, easier, and you save paper. If you're signed up for direct deposit, your money goes right into your bank account usually within 48 hours!

Use the website to submit most of these claims online:

- Drug
- Vision
- Paramedical
- Dental
- Health Spending Account

To access the online claims feature:

- Sign on to our website at [www.mysunlife.ca](http://www.mysunlife.ca).
- In the "my health and well-being" section, select **Submit a claim** under the "Take me to" dropdown menu.
- You will be guided through the steps to submit your claim.

You have even more ways to submit your e-claims. Depending on your plan, you can use your smartphone to submit your health claims. Download the free my Sun Life Mobile app to submit your claims anywhere, any time. Go to [www.mysunlife.ca/mobile](http://www.mysunlife.ca/mobile) to learn more.

Be sure to keep your original receipts and supporting documents for 12 months, as we conduct random audits from time to time and you may be asked to send us your receipts.

### PAPER CLAIMS

If you are mailing in a claim, you can download personalized paper claim forms from our website with your contract number, member ID number, name, date of birth and address already filled in. Just complete the other information requested, then print, sign and send it to us at the address shown on the claim form. Remember to attach your receipts.

To access your claim forms, sign in to [www.mysunlife.ca](http://www.mysunlife.ca) using your access ID and password and follow these steps:

- In the "my health and well-being" section, go to the "Take me to..." drop-down menu and select **Submit a claim**.
- Click the **claim form** link below the list of e-claims.
- Select the appropriate PDF claim form and fill out your claim information online, or print and fill it out manually.
- Sign the form, attach all original receipts and mail to the address on the form.

Your dentist's office can provide a dental claim form. Many dentists can submit claims electronically to Sun Life on your behalf.

### **SIGN UP FOR DIRECT DEPOSIT TO GET YOUR CLAIM PAYMENTS FASTER**

Do you want to receive quicker claim payments? Try direct deposit! It's easy, fast and environmentally friendly.

Here's how to register for direct deposit:

- Go to [www.mysunlife.ca](http://www.mysunlife.ca).
- Select **Direct deposit** under the "Take me to" drop-down menu in the "my health and well-being" section.
- Select **Register** and provide your email address.

Once you've registered, you will automatically receive an email to let you know your claim statements are available for you on our website. If you need paper copies of your claim statement to send to your spouse's plan to coordinate benefits, or you want paper copies for your records, you can easily print them from the website.

### **USE YOUR DRUG CARD FOR INSTANT PAYMENT**

For drug claims, your Pay-Direct Drug card provides instant payment of your covered drug expenses. Don't forget to show it to the pharmacist when you drop off your prescriptions.

### **TELL US ABOUT YOUR PROVINCIAL PHARMACARE REGISTRATION**

If you live in a province that requires you to register for your provincial Pharmacare program or special support program (British Columbia, Saskatchewan and Manitoba), call our Customer Care Centre at 1-800-361-6212 to let us know if you have registered. This will ensure that we process your drug claims correctly.

### **COORDINATING BENEFITS WITH YOUR SPOUSE**

If you have a spouse who also has a benefits plan with family coverage, you may be able to claim benefits under both plans. Here's how it works:

- Submit your own expenses to your plan first.
- Your spouse submits claims to his or her plan first.
- If one plan covers less than 100 per cent of the claim, simply send a copy of that plan's claim statement to the other plan, with copies of the receipts. The second plan may cover some or all of the balance.
- For your children's expenses, submit their claims to the plan of the parent whose birthday falls earlier in the calendar year. For example, if you were born May 1 and your spouse was born June 12, you would submit your children's expenses to your insurer first. To handle situations where parents are separated or divorced, refer to your benefits booklet (if applicable) or ask your benefits administrator.



## Need more coverage?

### MY CHOICE PLANS – DESIGNED TO GO WHERE YOU GO!

At some point we all leave a group plan, but that doesn't mean we have to leave our coverage behind. If you leave your employer, you can keep your coverage with Sun Life Financial, without having to provide proof of good health, if you apply within the specified time limit.

Our Customer Solutions Centre can tell you more!

Simply call 1-877-893-9893 any business day between 8:30 a.m. and 4:30 p.m. ET and ask our representatives to tell you more about the My CHOICE plans that are available to you and your family.

# Get more from my coverage

Here are some tips that can help you get more from your benefits and keep more of your hard-earned money in your pocket!

## CHECK YOUR PARAMEDICAL COVERAGE

The bad news: you hurt your back. The good news: you have group health benefits through your employer. You think chiropractic treatment might help, but you can't quite remember if you have chiropractic coverage under your plan.

So, before you phone to make an appointment with a qualified medical practitioner (e.g., chiropractor, massage therapist, etc., who is legally authorized to practice medicine in your province), it's a good idea to confirm that you have coverage, and know the answers to these questions:

- Do you need to be referred by your doctor?
- How much does your plan cover for each visit?
- What's the yearly maximum?

To get this information visit our website at [www.mysunlife.ca](http://www.mysunlife.ca). Click **my coverage** then **medical coverage**, select the type of practitioner and you will be shown your plan's coverage details.

## SHOP AROUND FOR THE BEST DISPENSING FEE

*Note: Dispensing fees are itemized on receipts in Ontario and BC. They are generally itemized in other provinces, except in Quebec.*

The dispensing fee is the amount pharmacies charge for their professional services when they fill a prescription. These fees can vary widely from pharmacy to pharmacy, so shopping around for lower fees can save you money every time you fill a prescription.

You may also be able to save money on most dispensing fees for continual medications by having your doctor prescribe them for long periods, so you'll need to fill your prescriptions less often.

## KNOW WHAT'S COVERED UNDER YOUR DENTAL PLAN

Do you know what dental procedures are covered under your plan? You can access comprehensive online dental coverage information on our website.

How does the coverage information work? When you want to check your coverage or a family member's coverage for a dental procedure, just select it from a simple menu-style list. If you're covered, you'll see information specific to your benefits plan. This includes eligibility, percentage covered, deductibles and maximums, and whether those maximums are shared with other procedures.

You can also search by dental procedure code, if your dentist has given you the code number.

If your dentist has asked us for an estimate (predetermination) you'll be able to see it on the website. We'll send you an email to let you know when the estimate is available online. To take advantage of this feature, you need to sign up for direct deposit of your claims payments and give us your email address, if you haven't already done so. (Just select the **Direct deposit** link.)

It's easy to access your dental coverage information. Select **my coverage** from the "my health and well-being" section on the Home page, then select **Dental coverage**.

## **Appendix: Benefit Summary**



## Benefit Summary

This is a general summary of the coverage provided under your group plan and should be read together with the information contained in your booklet. For more information, including exclusions, limitations and other conditions, please refer to the appropriate sections of your booklet.

### General Information

Waiting Period	None
Termination	Termination of coverage may vary from benefit to benefit as indicated in this Summary. Coverage may also end on an earlier date, as specified in the <i>General Information</i> section of your booklet.

### Extended Health Care

Benefit year	November 1, 2019 to December 31, 2019, and then from January 1 to December 31
Deductible	None
Drug card plan	Included
Reimbursement level	
<i>Prescription drugs</i>	80%
<i>Drug substitution limit</i>	Charges in excess of the lowest priced equivalent drug are not covered unless specifically approved by Sun Life. To assess the medical necessity of a higher priced drug, Sun Life will require the covered person and the attending doctor to complete and submit an exception form.
<i>In-province hospital</i>	100% of the difference between the cost of a ward and a semi-private hospital room
<i>Convalescent hospital</i>	100% of the difference between the cost of a ward and a semi-private room, up to \$20 per day for a maximum of 180 days for treatment of an illness due to the same or related causes

<i>Out-of-province emergency services</i>	100% Emergency Travel Assistance included Maximum of 60 days per trip Lifetime maximum of \$3,000,000 per person for out-of-Canada services
<i>Out-of-province referred services</i>	80%
<i>Medical services and equipment</i>	100%
<i>Paramedical services</i>	100% up to a maximum of \$750 per person per specialty in a benefit year for the paramedical specialists listed below: <ul style="list-style-type: none"> <li>■ licensed psychologists or social workers</li> <li>■ licensed massage therapists</li> <li>■ licensed speech therapists</li> <li>■ licensed physiotherapists</li> <li>■ licensed naturopaths</li> <li>■ licensed acupuncturists</li> <li>■ licensed dieticians</li> <li>■ licensed osteopaths or osteopathic practitioners, including a maximum of one x-ray examination each benefit year</li> <li>■ licensed chiropractors, including a maximum of one x-ray examination each benefit year</li> <li>■ licensed podiatrists or chiropodists, including a maximum of one x-ray examination each benefit year</li> </ul>
<i>Vision care</i>	100% up to a maximum of \$350 per person in any 24 month period
Best Doctors services	Included
Termination	When you retire or reach age 75, whichever is earlier

### **Dental Care**

Benefit year	November 1, 2019 to December 31, 2019, and then from January 1 to December 31
Deductible	None
Fee guide	The current fee guide for general practitioners in the province where the employee lives

## Reimbursement level

*Preventive procedures* 80%

*Basic procedures* 80%

*Major procedures* 50%

## Maximum benefit

*Benefit year maximum* Preventive and Basic procedures – combined maximum of \$1,500 per person  
Major procedures – \$1,500 per person  
TMJ expenses are not included in the benefit year maximum. A separate lifetime maximum applies.

*Lifetime maximum* TMJ procedures – \$1,000 per person

*Late applicant maximum* If you apply for coverage either for yourself or your dependents more than 31 days after becoming eligible, the maximum benefit is \$100 per person during the first year for all expenses

Termination When you retire or reach age 75, whichever is earlier

**Health Spending Account**

Benefit year November 1, 2019 to December 31, 2019, and then from January 1 to December 31

Credits \$500 at the beginning of each benefit year

If your coverage starts after the benefit year begins, your credits are adjusted based on the number of months remaining in that benefit year

Eligible expenses Expenses that are considered eligible medical expenses under the Income Tax Act (Canada)

Termination When you retire or reach age 75, whichever is earlier

**Short-Term Disability**

Maximum amount 75% of your weekly basic earnings up to a maximum of \$1,500  
The maximum amount may be reduced by benefits and payments provided from other sources as described in the *Short-Term Disability* section of your booklet

Tax status	Your employer has indicated that all or a portion of the premium for this disability plan is paid by the employer. Therefore, the benefit payments are taxable income.
Elimination period	Accident – none Illness – 7 days of uninterrupted total disability
Maximum benefit period	16 weeks
Termination	When you retire or reach age 65, whichever is earlier

**Long-Term Disability**

Maximum amount	75% of your monthly basic earnings up to a maximum of \$10,000. For coverage in excess of the amount indicated under <i>Proof of good health</i> , your coverage is subject to approval by Sun Life. Refer to <i>Proof of good health</i> below for further information. The maximum amount may be reduced by benefits and payments provided from other sources as described in the <i>Long-Term Disability</i> section of your booklet.
Tax status	Your employer has indicated that all or a portion of the premium for this disability plan is paid by the employer. Therefore, the benefit payments are taxable income.
Proof of good health	Approval required for coverage in excess of \$3,500, and any increase in that coverage of 25% or more or \$500, whichever is greater
Elimination period	16 weeks
Maximum benefit period	The period ending on the last day of the month in which you reach age 65 Benefits may also end on an earlier date as specified in the <i>Long-Term Disability</i> section of your booklet
Termination	The day you reach age 65 less the elimination period or the day you retire, whichever is earlier

**Life*****Employee Life***

Amount	2 times your annual basic earnings rounded to the next higher \$1,000 Maximum – \$500,000 Minimum – \$20,000
Proof of good health	Approval required for coverage in excess of \$150,000, and any increase in that coverage of 25% or more or \$25,000, whichever is greater
Reduction	Coverage is reduced to 50% of the above amount when you reach age 65
Termination	When you retire or reach age 75, whichever is earlier
Converting Life coverage	If Life coverage ends or reduces for any reason other than your request, the group Life coverage may be converted to an individual Life policy with Sun Life without providing proof of good health. For more information, please refer to the <i>Life Coverage</i> section of your booklet.

**Accidental Death and Dismemberment*****Employee Accidental Death and Dismemberment***

Amount	Equal to Employee Life coverage
Termination	When you retire or reach age 75, whichever is earlier

The contract holder, Infinitem Canada Ltd., has the sole legal and financial liability for the following benefits:

- HSA

Sun Life only acts as administrator on behalf of the contract holder for the above benefits. All other benefits are insured by Sun Life.

If there are any discrepancies between the group contract and the information in this guide, the group contract will take priority.

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### **Respecting your privacy**

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy).

### **You have a choice**

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).

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192505  
Infinitem Canada Ltd.  
All employees

ASO Contract Number: **192505**  
HSA

Insured Contract Number: **192505**  
Extended Health, Dental, Short Term Disability, Long Term  
Disability, Employee Life, Employee AD&D

Sun Life Assurance Company of Canada

[www.sunlife.ca](http://www.sunlife.ca)

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