

**MASTER
CONSTRUCTION
TRADE UNION
BENEFIT PLAN**

**Hour Bank Eligibility
and
Benefit Summary**

Effective June 1, 2025

LETTER FROM THE TRUSTEES

The Master Construction Trade Union Benefit Plan was established effective March 1, 1993, after lengthy collective bargaining.

A major provision of the then newly certified multi-employer Building Trades settlement was an hour-bank benefit plan administered and controlled by MoveUp (at the time OTEU) members and considered, as the Master Trade Union Pension Plan, a part of the overall wage package for negotiation purposes. The membership would be not only responsible for their own benefits but also empowered to make changes, improvements or allocation of funds towards them.

Group 001515 was then born with significant provisions including transfer of accumulated hour-banks for some members previously on Employer Plans, “grandfathered” hourly remittance minimums for regular part-time employees to ensure full benefits, and required contributions for casual and temporary workers. A long awaited opportunity of eligibility for our casual and temporary Sisters and Brothers to Health Care benefits was now afforded. Trustees, elected by the bargaining unit, were then determined and the mandate directed provision of coverage to all members that was equal to or better than that of any previous plans.

Since inception, the Plan has seen the addition of leading edge, quality benefits and enhancements. An Employment Insurance Maternity Top-Up provision, the inclusion of Registered Clinical Counselors, increased hour-bank maximums and self-payment options are notable improvements.

The focus of your Trustees continues to be the provision of quality benefits and ensured maintenance of costs, protecting against eventualities and securing the future of the Plan. As an active member, your participation, confidence and support are

vital to the Plan. We encourage questions, concerns and suggestions to be directed to any of the Trustees or:

c/o The Administrator,
Master Construction Trade Union Benefit Plan using the contact information shown on the last page of this booklet.

(Signed) YOUR BOARD OF TRUSTEES:

Catherine Bobenic (Chair)

Shona Dion

Laura Condon

Andrea Bobenic

Elizabeth DeMelo

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GENERAL INFORMATION

THE CONTRACTS, NOT THIS BOOKLET, DEFINE THE PLAN:

This booklet, together with the Summary of Benefits and the detailed benefit booklet issued jointly by Pacific Blue Cross and the Co-operators (“**the Benefits Booklet**”), contain a summary of your benefits. It is intended to provide you with a quick and easy reference for the benefits provided by your Benefit Plan. This booklet does not establish any legal rights. Please refer to the Plan office for the full explanation of the terms and conditions pertaining to these benefits, as detailed in the contracts. In all cases, the terms and conditions of the contract shall govern.

This booklet describes the plan as of June 1, 2025.

1. SCHEDULE OF BENEFITS

The plan provides for the following benefits for actively covered members:

- Extended Health Care (EHC) benefits*, including:
 - Vision Care
 - Paramedical services
 - Medi-Assist Travellers’ assistance
 - Second Opinion
- Dental Care Benefits
- Group Life Insurance*
- Accidental Death & Dismemberment Insurance (AD&D)*
- Critical Illness coverage*
- Short-Term Disability (STD) benefits for non-occupational disabilities
- Long Term Disability (LTD)*
- Employee and Family Assistance Program (EFAP)
- SUB Maternity Benefit

Please refer to the Summary of Benefits, and to the Benefits Booklet.

NOTE: there are different rules for termination or continuation of benefits. Please read Section 6. TERMINATION OF COVERAGE carefully.

NOTE: asterisked (*) coverage applies to residents of Canada only. See explanation at the end of this section.

2. EMPLOYER REPORTS

In accordance with the Collective Agreement, each employer is required to remit contributions at a specified hourly rate, to the trust fund for every employee coming under the scope of the agreement.

3. ESTABLISHING COVERAGE ON THE PLAN

To establish coverage on the plan you must:

- be a MoveUp member employed under the Master Construction Trade Union Office Agreement; and
- have a minimum of 260 hours, worked within a period of six consecutive months, reported and paid for by a participating employer; and
- have completed enrollment cards filed with the Plan Office.

Coverage will commence on the first day of the month **after** the month in which all of the foregoing conditions have been met.

Example: When your employer(s) reports a minimum of 260 hours worked in six consecutive months, coverage may commence as shown in the following table:

Month Worked	Member A (Part-Time) Hours Reported	Member B (Full-Time) Hours Reported
January	65	
February	65	140
March	65	140
April	65	Lag
May	Lag	Covered
June	Covered	Covered
July	Covered	-

Reported hours not used within the six consecutive month period to establish your eligibility for coverage (that is, unused hours that are seven or more months old) will default to the Plan's General Fund.

You will be notified by the Plan Office, as soon as possible, after your entitlement to coverage is determined. Once you are covered, 130 hours are deducted each month from your hour bank, and additional hours are added to your hour bank.

You may accumulate up to 1560 hours (twelve months of coverage) in your hour bank to carry you through possible periods of poor employment. Any hours in excess of 1560 will default to the General Fund of the Plan.

NOTE: If you previously participated in your employer's hour bank benefit plan, at the inception only of this plan, any excess hours then transferred from that plan are held in reserve for you.

4. LAG MONTHS

A time lag is required to operate the hour bank system. Hours earned in a particular month are remitted by employers, to the Plan, during the following month. Premiums for coverage must be paid to the insurer by the first of the month.

5. SELF PAYMENT

Once coverage is established, you may "top-up" reported hours, if working on a part-time or casual basis, or to continue coverage during periods of unemployment. Anytime your hour bank falls below the 130 hours needed for the next month's coverage, you will receive a shortage notice advising you how much to pay to guarantee continued coverage.

You may self-pay for a maximum of six consecutive months.

- Your self-pay count is increased by one if you pay for at least 99 hours in a month.
- Your self-pay count is reset to zero if an employer remits 32 or more hours for you in a month.

IT IS IMPORTANT NOT TO IGNORE THE SHORTAGE NOTICE! Be sure to pay by the date indicated. Should you be required to make a self-payment and late hours are reported or other adjustments are noted later, all hours will be credited to your hour bank for future coverage. **CONTACT THE PLAN OFFICE WITH ANY QUESTIONS ABOUT THE SHORTAGE NOTICE.**

You must remain in good standing with MoveUp in order to self-pay. **Fully self-paid coverage does not include Short-Term Disability (STD) benefits or Long Term Disability (LTD) benefits. It also excludes Life and AD&D if beyond the maximum ages or if retired.**

See clarification on Life Insurance in Section 6(d) which follows.

NOTE: While on LTD Benefits, you are eligible for a mini plan (EHC only) while you maintain your MoveUp membership. Contact the Plan Office for details before your hour bank runs out.

6. TERMINATION OF COVERAGE

Coverage for you and your eligible dependents is always provided on a whole calendar month basis only and will be terminated:

- (a) When your hour bank balance falls below the minimum of 130 hours and you fail to make the self-payment required by the specified date.
- (b) When you are no longer employed by a contributing employer signatory to the terms of the collective agreement requiring remittances to this plan, and are seeking work in the bargaining unit. In this case, coverage will be extended at 130 hours per month for as long as your banked hours allow until you are in a Shortage position at which point you are eligible for the self-payment provisions and subject to its limitations.
- (c) When you are no longer a paid up member of MoveUp.
- (d) For Life Insurance, coverage ends on the earlier of your 70th birthday, the date you retire, or the date you begin to receive an employment pension. However, coverage may be extended for a maximum of 8 months after retirement if you remain covered on the hour bank and are not yet 70 years old.
- (e) For AD&D and Long Term Disability, coverage ends on the earlier of your 70th birthday, the date you retire, or the date you begin to receive an employment pension.
- (f) When you start receiving a pension from the COPE Local 378 Pension Plan, coverage will be extended at 130 hours per month for as long as your banked hours allow until you are in a Shortage position at which point you are eligible for the self-payment provisions and subject to its limitations. During hour bank run-off for retirees, the Trustees do not require your Union Dues to be maintained, in recognition of the long plan membership and dues-paying service of the typical retiree.
- (g) If your employer ceases participation in this Plan, there several options for dealing with your current hours balance

and coverage. **If such a change is imminent, be sure to advise the Trustees as soon as possible so we can plan the transition.**

NOTE: DUES MUST BE MAINTAINED TO BE ELIGIBLE FOR BENEFITS, AT ALL TIMES (except as noted under (f) above).

NOTE: Members having coverage terminated will be notified of the termination at the address shown on the Plan records.

Coverage for members permanently leaving the province may be extended for a maximum of two months after the month in which you leave the province. All hours then remaining in your hour bank will default to the General Fund of the Plan.

Currently, covered members may be eligible to freeze their current hour bank for a maximum of 18 months upon leaving the Plan jurisdiction, pending a possible return to the jurisdiction, provided membership in MoveUp is maintained and comparative benefits are confirmed in writing to the Trustees. A minimum of two months' coverage **MUST** be in your hour bank at point of suspension of disbursements.

7. RE-QUALIFICATION AFTER TERMINATION

You may not re-qualify by self-payment. However, if by accident you fail to pay a shortage notice and your coverage is terminated, you may contact the Plan Office or Union office **immediately** and pay the actual number of hours you were short, plus the full 130 hours to ensure continued coverage for the following month.

Otherwise, to re-qualify after termination, the conditions outlined in Section 3 "ESTABLISHING COVERAGE ON THE PLAN" must be fulfilled, as they must for new members.

8. IN CASE OF INJURY OR ILLNESS

The Short-Term Disability benefit is described in the Benefits Booklet.

If you are injured or become ill,

- i) contact BC Life immediately to find out whether you are entitled to Short term Disability (STD) benefits. If you are, the claim form will be sent to you.

- ii) See your doctor promptly when you become disabled by illness. If you do not see your doctor within six days, benefits cannot start until the day you see your doctor
- iii) Notice of claim must be given to the Plan Administrator within thirty (30) days of your injury or illness and proof of disability submitted within ninety (90) days.

If you fail to submit your claim on time, YOUR CLAIM MAY BE DENIED!!

This is required for ALL CLAIMS, including claims for WI benefits while your WCB claim is held up (see following pages).

Claims

Claim forms for WI benefits are available at your local union or from your employer.

You must complete the "Employee's Statement." Your employer must complete the "Employer's Statement" portion of the claim form and your doctor must complete the "Attending Physician's Statement". The completed claim form should be submitted to British Columbia Life & Casualty Company as shown on the claim form.

Alternatively, you may return the claim form to your employer who will send it to the Administrator on your behalf.

Other disability benefits are available from this Plan and other sources. They include:

- A. Employment Insurance Sick Benefits: You may qualify for EI sick benefits. Application is made through Service Canada.
- B. Canada Pension Plan: For both occupational and non-occupational disabilities, pensions may be available from the Canada Pension Plan, provided you satisfy its requirements. There is a four-month waiting period before benefits begin and you must be suffering from a severe and prolonged disability. Apply at your local Service Canada Office.
- C. Group Life and AD&D Insurance: Both your Group Life and AD&D Insurance may be continued to age 65 if you become disabled while covered. See the "Total Disability" paragraphs in the applicable section of the Benefits Booklet.

- D. Long Term Disability: Upon expiry of your STD claim, you may qualify for Long Term Disability. Please refer to the applicable section of the Benefits Booklet.

9. DEPENDENT COVERAGE

Your eligible dependents will be covered for Basic Medical, Extended Health Care and Dental Care Benefits, provided you enroll them.

Eligible dependents are:

- your spouse; and
- any unmarried child up to age 21 (MSP: to age 19) who is mainly dependent on and living with you or your spouse;
- any unmarried child to age 25 who is in full-time attendance at a recognized school, college or university.
- any unmarried mentally or physically handicapped child to any age (MSP: to age 19), who is mainly dependent on and living with you or your spouse.

NOTE: You must be prepared to prove that dependent children are actually dependent on you for support.

"Spouse" is defined as a person who is legally married to you, or who has cohabited as a spouse with you for at least twelve (12) consecutive months. Discontinuance of cohabitation for a period of more than thirty (30) consecutive days shall terminate the eligibility for benefits of a "common-law" or "same-sex" spouse. Only one (1) spouse is eligible for coverage under the Contract at the same time.

Dependents are **NOT** eligible for the Short Term Disability, Long Term Disability, Group Life Insurance, and Accidental Death & Dismemberment Benefits.

Dependent children must be registered within sixty (60) days from the date of birth or from the date the child becomes a dependent, whichever is later, and spouses within sixty (60) days of the date of marriage for coverage effective to date of birth or marriage.

Dependents not added within these time limits will be covered from the first day of the calendar month following the date of application or, if specifically requested, from the first day of the month in which application is made.

Newborn or adopted children are NOT automatically registered. You must notify the Plan Office and provide the child's name and date of birth in order to have him or her included in your coverage. NOTE:

MSP only requires the Hospital Registration form or a photocopy of the birth certificate for addition.

10. GENERAL

All correspondence (including self-payment notices) will be assumed to have been delivered unless returned to the Plan by the post office. You are responsible for advising the Plan Office of your correct address. The Plan will not be responsible for any interruption of coverage caused by your failure to provide notification of your change of address.

If you plan to be temporarily away from your normal place of residence for any length of time (i.e. on an extended vacation, working out of town, etc.), please contact the Plan Office prior to leaving to ensure that your coverage will not lapse for any reason during your absence and, if possible, provide a forwarding address.

11. EXCLUSION FROM BENEFITS AND COVERAGE

- (a) Any member of the Plan who obtains, or attempts to obtain, a benefit under the Plan to which he/she is not entitled (including a benefit which is greater than the benefit to which he/she is entitled), by submitting false, misleading or inaccurate information may, in the discretion of the Trustees:
- be refused payment of every such Benefit; or
 - be denied coverage under the Plan; and
 - be declared ineligible for further benefits under the Plan, unless the member can establish that any discrepancy in the information submitted was due solely to a bona fide error on his/her part.
- (b) It is a criminal offense to represent a matter as fact that is known by the person making it to be false and/or is made with fraudulent intent.

SUMMARY OF BENEFITS

GROUP LIFE INSURANCE*

Insured by: The Co-Operators (Policy G 404)

AGE	INSURED AMOUNT
To Age 70 or earlier retirement only*	\$75,000

*Up to 8 month extension after retirement based on your hour bank

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)*

Insured by: The Co-Operators (Policy G 404)

AGE	INSURED AMOUNT
To Age 70 or earlier retirement only	\$ 75,000

SHORT TERM DISABILITY (STD)

**Self-Insured by Trustees*, paid by:
Pacific Blue Cross (Policy 1515)**

PAYMENT	MAXIMUM PAYMENT	MAXIMUM PERIOD
75% of Weekly Earnings	\$ 729/week	39 weeks*

*Integrated with EI – weeks 1-4 STD, weeks 5-30 EI, weeks 31-39 STD

Paid on first calendar day for accident, hospitalization or day surgery, 6th calendar day for illness.

Pacific Blue Cross will withhold income tax from monthly benefits.

LONG TERM DISABILITY (LTD)*

Insured by: The Co-Operators (Policy G 404)

PAYMENT	MAXIMUM PAYMENT	MAXIMUM PERIOD
75% of monthly earnings, reduced by WCB, ICBC payments	\$ 2,200/month Taxable	Age 65

The Co-operators will withhold income tax from monthly benefits.

EXTENDED HEALTH CARE (EHC)*

**Self-Insured by Trustees* - Large Claims Insured by Pacific Blue Cross
Pacific Blue Cross (Policy 1515)**

In province co-insurance percentage	90%
Out of province co-insurance percentage	100%
Financial Limit	Unlimited

Type of Expense	Maximum per Person	Period
Prescription Drugs (direct pay)	- unlimited	-
Hospital (Supplies/Room)	- unlimited	-
Acupuncturist	\$1,000	calendar year
Chiropractor	\$1,000	calendar year
Naturopath	\$1,000	calendar year
Podiatrist	\$1,000	calendar year
Speech Therapist	\$1,000	calendar year
Psychologist / Clinical Counselor	\$1,250	calendar year
Physiotherapist	\$1,000	calendar year
Massage Practitioner	\$1,000	calendar year
Wigs and Hairpieces	\$500	Lifetime
Hearing Aids	\$700	60 months
Vision Care (includes laser eye surgery and eye exams)	\$500	24 months
Other Eligible Expenses	see Benefits	Booklet
Medi-Assis Travel Assistance	Included	
Second Opinion	Included	

DENTAL

Insured by: Pacific Blue Cross (Policy 1515)

Type	%	Maximum
Basic (Part A)	100%	Unlimited
Crowns, Bridges & Dentures (Part B)	80%	Unlimited
Orthodontic (Part C)	50%	\$3,000 lifetime

SUB MATERNITY BENEFIT (self-insured by Trustees*)

Members must be covered on the Hourbank Plan for one year in order to qualify for this benefit, tops up to 90% of wages for weeks 1 – 17 of maternity leave. For details contact the Plan office.

* "Benefits self-insured by the Trust are not insured by an insurance company regulated under the Financial Institutions Act (British Columbia). The Trust is exempt from the requirements of the Financial Institutions Act (British Columbia)."

NOTE: there are different rules for termination or continuation of benefits. Please read Section 6. TERMINATION OF COVERAGE carefully.

NOTE: asterisked (*) coverage applies to residents of Canada only. See explanation at the end of this section.

FURTHER INFORMATION

For detailed information about the Plan benefits, please see the separate booklet prepared jointly by Pacific Blue Cross and the Co-operators ("the Benefits Booklet").

LEGISLATIVE CHANGES

EFFECTIVE JULY 1, 2012

As a result of legislative changes to the Insurance Act in Alberta and British Columbia, amendments to your group plan benefits booklet came into effect on July 1, 2012. Until such time as PBC / BC Life provides new Benefit Booklets for all members, we are including this notice in the online version of the Eligibility Booklet.

Limitation periods for legal actions

The new legislation requires Pacific Blue Cross to include a limitation period provision in the group plan benefits booklet. The limitation period describes the time period in which a plan member may start a proceeding to recover benefits under the plan. To accommodate this change, the following statement of legal action will be added to your Benefits Booklet:

Every action or proceeding against us for the recovery of benefits payable under the Contract is absolutely barred unless commenced within the time set out in the Insurance Act.

Rights to copies of documents

Effective July 1, 2012, if you live in British Columbia or Alberta, you have a right to request, with reasonable notice, copies of documents that relate to your plan from Pacific Blue Cross. The legislation allows you to obtain copies of the following documents:

- Your enrolment form or application for insurance
- Any written statement or other record, not otherwise part of the application, provided to the insurer as evidence of insurability; and
- A copy of the contract/policy

CANADIAN RESIDENCY

As noted in this section, and in the list of “Benefits Included” under GENERAL INFORMATION, the following Plan benefits are NOT available to non-residents of Canada:

- a) Group Life Insurance
- b) Accidental Death & Dismemberment Insurance
- c) Long Term Disability Insurance
- d) Medical Services of British Columbia (MSPBC) coverage
- e) Extended Health Care

According to the MSPBC website, an individual must be a resident of B.C. in order to qualify for medical coverage under MSP. A resident is a person who meets all of the following conditions:

- ✓ must be a citizen of Canada or be lawfully admitted to Canada for permanent residence;
- ✓ must make his or her home in B.C.;
- ✓ must be physically present in B.C. at least 6 months in a calendar year; and
- ✓ dependents of MSP beneficiaries are eligible for coverage if they are residents of B.C.

Certain other individuals are deemed to be residents, for instance those with student or work permits. If you are uncertain about your eligibility status, contact MSP for assistance.

You qualify for EHC coverage, if you have MSPBC coverage.

For Life, AD&D and LTD insurance, you must be a Canadian resident. If you qualify as a BC resident for MSPBC purposes, and/or if you have Canadian resident tax status), you would qualify.

BENEFIT NOTES & DESCRIPTIONS

12. EMPLOYEE AND FAMILY ASSISTANCE

The Employee and Family Assistance Program (EFAP) benefit provides assessment, referral, and short-term counseling services to covered members of the Master Construction Trade Union Benefit Plan and their families who are experiencing problems in their personal, family, or work lives. This includes problems such as relationship and marital difficulties, separation and divorce, parenting issues, depression, anxiety, and stress, addictions and substance abuse, problem gambling, child- and eldercare issues, and work-related concerns. The EFAP benefit continues for three months after hour bank coverage ends.

The EFAP is provided by Family Services Employee Assistance Programs (FSEAP), one of Canada's largest EFAP providers. As part of your EFAP benefit, you and each eligible member of your family are eligible to receive short-term, solution-focused counseling as determined by your clinical issues and needs. If you or members of your family need or desire additional counseling beyond that provided by the EFAP, you may continue to see your EFAP counselor on a fee-for-service basis, using your extended health benefits to help pay for the cost of this counseling, up to the annual plan limits (See "In Province Eligible Expenses" under Extended Health Care in the Benefits Booklets.)

Participation in the EFAP is completely confidential. No information is disclosed by the EFAP regarding an individual's participation in it without a signed written release, or in circumstances involving an imminent risk of physical harm, child or elder-abuse, or where ordered by a court of law.

If you wish to access the EFAP, please contact FSEAP at 604-732-6933 or 1-800-667-0993. Services for emergencies are provided 24 hours a day, 365 days a year.

When accessing the EFAP, be sure to identify yourself as a member of the Master Construction Trade Union Benefit Plan, not as an employee of your employer.

13. SUB MATERNITY BENEFIT

The supplementary EI benefit plan (MC-SUB) was established to top up EI maternity leave benefits for covered members.

This plan will top up any EI benefits the eligible covered member may qualify for, to the equivalent of 90% of wages, during the first 17 weeks of maternity leave.

Normally this would be structured as

- 2 weeks of 90% of wages during the EI waiting period, plus
- 15 weeks of top-up from the EI benefit weekly benefit to 90% of wages in weeks 3-17.

For members in unusual situations, the timing and structure of the benefits may differ, but the Trustees' guiding principle is to pay the total amount as above to each eligible member during maternity and/or paternity leave.

No benefits will be paid during the 'Parental' leave period, or during periods when in receipt of benefits other than EI maternity leave. MC-SUB will not top up any offset of other income against EI maternity benefits.

Eligibility

To be eligible, a member must:

- be covered on the Hourbank Plan for a minimum of one year;
- be eligible for STD benefits under the Master Construction Trade Union Benefit Plan upon commencement of maternity leave; and
- be eligible for, and in receipt of, EI maternity benefits.

To confirm receipt of EI maternity benefits, stubs must be provided to the Plan Office. This means that payment for the 2-week waiting period cannot be made until after EI starts paying for weeks 3-17.

Benefits are taxable and will be receipted on T4As after each year-end. The T4As will be produced by the Trustees separately from those produced for the Master Construction Trade Union Benefit Plan.

14. EYE EXAMINATIONS

In the past, the BC Medical Services Plan (MSP) covered all eye examinations. Some years ago, this benefit was de-listed for British Columbians between 19 and 65 years of age, and your Plan was changed to allow payment for those between those ages.

Now, some optometrists are opting out of the government program and/or billing their patients over and above what MSP allows. At their meeting held April 7, 2011, the Trustees decided to remove the strict age restriction. Your Plan now pays the balance of the eye exam cost not covered by MSP.

- **REMEMBER** - Although the Plan now pays for eye exams, members can get them paid by the employer under the collective agreement. Submitting receipts for your own eye exams (not your dependents') to your employer first will help keep plan costs down.

15. CLAIMS SUBMISSION

Extended Health Care (EHC)

You must submit all claims incurred in a given year to PBC prior to June 30 of the following year.

For instance, all claims for services or prescriptions in 2025 must be submitted by June 30, 2026.

- **NOTE:** for better claims service, **DON'T** wait until the deadline to submit your receipts – send them in through the year.
- **NOTE :** Effective January 1, 2012, for a limited number of expensive prescription drugs, you must apply to Fair PharmaCare's Special Authority program before reimbursement can be considered under your PBC drug coverage.

Dental

You must submit your claim to PBC within 180 days of the date of service.

For services that take more than one day, the expense is incurred on the date the service is complete. For instance, if you have preparation work for a crown on August 7 and the crown is inserted on August 21, then you have 180 days from August 21 to submit your claim.

Short Term Disability (STD)

You must submit your claim to BC Life within 30 days of start of disability unless special circumstances prevent you from doing so.

Claims submitted more than 30 days after start of disability will require Trustee approval of the reason for the delay, which will delay Short Term Disability payments if approved.

Long Term Disability (LTD)

You must submit your claim to the Co-operators within 90 days after the end of the 39 week qualifying period.

Life Insurance

Your beneficiary or your estate must submit a claim to the Co-operators within 180 days after your death.

Accidental Death & Dismemberment (AD&D)

You, your beneficiary or your estate must submit a claim to the Co-operators within 180 days after your death, or after the loss or loss of use.

Continuation of Life and AD&D insurance

If you qualify for LTD, your life and AD&D insurance will be continued while you are in receipt of LTD.

Revised: February 2026