

Health Spending Account Benefit

For a Limited Time Period Unifor Local 2002 Health and Welfare Trust will make available a spending account for each eligible Member. This benefit is fully funded through funds previously negotiated through the Collective Agreement process. Since these funds are derived from the Employer they cannot be used towards the GIDIP premiums /benefit enhancements as the GIDIP benefit would be viewed as partially funded by the Employer and the GIDIP benefit would become taxable to the Members.

This benefit is tax-free to Members, except in Quebec where it is taxable by the provincial government.

What You Should Know:

Effective Date: August 1, 2015. You will be able to submit receipts dated from August 1, 2015 through to July 31, 2016. **Claims must be received in the office of the Plan Administrator by 12:00 noon (EST) July 31, 2016.** Any unclaimed credit amounts at the end of July 31, 2016 are forfeited.

Amount Available to You:

Full-time Members: \$200.00
Part-Time Members: \$100.00

Who is Eligible:

If you are covered under the Unifor Local 2002 Group Insurance Disability Income Plan (GIDIP) on August 1, 2015, you are eligible.

You can also submit claims for your dependents (spouse, common-law spouse and children) including parents and grandparents who are considered dependents under the Income Tax Act).

Who can receive Health Spending Account Payments?

Payments from a Health Spending Account are only made payable to the Member. Therefore, dental claims that may be assigned cannot be reimbursed from the Health Spending Account to the dentist.

Types of Expenses you can claim through a Health Spending Account:

You can use the Health Spending Account credits for expenses considered eligible by the Canada Customs and Revenue Agency such as (but not limited to):

- Deductibles or co-insurance
- Prescribed medications such as Viagra or fertility drugs
- Major dental work including bridges, crowns, dentures and orthodontics
- Vision care expenses including laser eye surgery
- Registered Massage Therapy

For more information on expenses considered eligible by the Canada Customs and Revenue Agency, visit their website at: www.cra-arc.gc.ca/ (under Forms and Publications, enter IT-519R2 in the Search box).

How do I submit a claim under the Health Spending Account:

Claims that are not covered or not paid in full by your Group Insurance Plan can be submitted under the Health Spending Account by completing a claim form and attaching the original receipt(s) and sent to the address indicated on the claim form. Up to 100% of allowable expenses can be reimbursed. A supply of claim forms have been provided to your District Chair.

How will you know your Health Spending Account balance?

When your claim is paid, you will receive an Explanation of Benefits (EOB) statement that itemizes the amount claimed, the amount eligible, the amount reimbursed, as well as your remaining health spending account balance.

Should you have any questions regarding this benefit, contact Canadian Benefits Consulting Group who will be pleased to assist you.

In Solidarity,

Sophia Michailidis
Chairperson

Terry Carlucci
Trustee

Marie Doyle
Trustee

Ross McConkey
Trustee

Jeremy Rabbitte
Trustee



HEALTH SPENDING ACCOUNT BENEFIT FOR MEMBERS OF UNIFOR LOCAL 2002 EMPLOYED BY AIR CANADA / AEROPLAN

Unifor Local 2002 Health and Welfare Trust Board of Trustees is pleased to announce a new benefit program for Members called Health Spending Account Benefit.

Your Trustees recognizes your changing needs when it comes to your group benefit package. A Health Spending Account Benefit gives you considerable flexibility and control, which helps you get the most from your benefit plan. Based on your own individual requirements and health care priorities, you decide where to spend your Health Spending Account dollars.

Administered by:

**Canadian Benefits Consulting Group
2300 Yonge Street, Suite 3000 , PO 2426
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Tel: 416-488-7755 / 1-800-268-0285
Fax: 416-488-7774**



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UNIFOR LOCAL 2002 HEALTH & WELFARE TRUST FUND

**STATEMENT OF COVERED EXPENSES FOR HEALTH SPENDING ACCOUNT BENEFITS
ONLY EXPENSES INCURRED ON OR AFTER AUGUST 1, 2015 TO JULY 31, 2016 ARE ELIGIBLE
CLAIMS MUST BE RECEIVED IN THE OFFICE OF THE PLAN ADMINISTRATOR, CANADIAN BENEFITS
BY 12:00 NOON (EST) JULY 31, 2016
(MAXIMUM CREDITS (AMOUNT) IS \$200 FOR FULL-TIME AND \$100 FOR PART-TIME)**

TO BE COMPLETED BY MEMBER: Staple original receipts for each expense claimed. Return claim to your Plan Administrator. All eligible expenses under your Group Benefit Plan **MUST** first be submitted to your Group Insurance Plan Carrier To claim any unpaid portion of your claim, you must submit a copy of your original receipts along with a Statement from Claims Secure (your Group Insurance Plan Carrier)

MEMBER'S NAME	EMPLOYEE NO.	DATE OF BIRTH Day Month Year	SEX
MEMBER'S ADDRESS NO. AND STREET	CITY	PROVINCE	POSTAL CODE

Please indicate your current status: Full-time Part-time
Are health benefits payable from another group plan? Yes No
If 'yes': Attach a copy of Statement of Benefit Payment issued by the insurance company
If claim is for a child and over the age of 18 please provide a copy of current school year registration form
If claim is for a 'parent' please provide a copy of your most recent Income Tax Form

FIRST NAME	SEX	BIRTHDATE D M Y	DATE EXPENSE INCURRED	DRUGS: NAME OR D.I.N. OTHER: TYPE OF EXPENSE	AMOUNT CHARGED

REQUEST FOR DIRECT DEPOSIT OF HSA BENEFITS

To request direct deposit, please enclose a void cheque with this request AND complete the information below.

Branch #	Institution #	Account #
_____ _____	_____ _____	_____ _____

Canadian Benefits Consulting Group Limited

Canadian Benefits Consulting Group Limited is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

I certify that the information contained herein is true, complete and accurate and that each of the listed expenses was purchased and/or incurred in connection with medical treatment of the above named individuals. I acknowledge that the submission of false or incomplete information may result in the delay or denial of this claim. I authorize any physician, dentist or any health care provider and/or facility, any insurance company, benefit service provider and any other person or organization having any medical or other relevant personal information regarding me or my spouse and/or dependant to release to and exchange with the Plan Sponsor, Canadian Benefits or their representatives and/or agents any and all information necessary to investigate and confirm the accuracy and validity of this claim. I confirm that I am authorized to act on behalf of my spouse and/or dependants for such purposes. I authorize the use of my identification number and administration of any benefits and understand that the provision of my identification for such purposes is optional and not a condition of service and that I have the option of refusing or withdrawing my authorization. Any copy of this authorization shall be valid as the original.

DATE: _____ MONTH _____ YEAR _____

MEMBER'S SIGNATURE: _____

Administrator:



(Please submit claims to:)

2300 Yonge Street , Suite 3000, PO 2426, Toronto, Ontario M4P 1E4
(416) 488-7755 1-800-268-0285