

FREQUENTLY ASKED QUESTIONS - RETIREE INFORMATION:

As an existing retiree, if I did not enroll during the defined period in the fall of 2008, can I still enroll?

Existing retirees who did not opt for the coverage during the initial window were not permitted to access the coverage beyond that time period.

However, given the success of the program, the window for enrollment is being reopened for the October 1, 2010 renewal only. Letters notifying retirees of the upcoming option were mailed to their homes in the spring of 2010 and enrollment instructions followed.

It is important to note that this offer is NOT expected to be reopened again in the future so this is the last chance to enroll as a Retiree.

[CLICK HERE TO VIEW THE SECOND CHANCE ENROLLMENT BULLETIN](#)

[CLICK HERE TO VIEW THE ORIGINAL BULLETIN](#)

When I go from being an active member to a retired member, how long do I have to enroll for post-retirement access to this coverage?

You must enroll within 60 days of your retirement date to access this coverage. Beyond that date, the coverage is no longer available to you. It is recommended that you do so a month or so prior to your retirement date to ensure seamless coverage.

As a Bruce Power retiree can I skip a year then re-apply for coverage?

No once you opt out you are no longer eligible for this coverage

Why do Retirees have to pay for this coverage and Active members get it for free?

Retiree coverage is subsidized by the same amount as Active members (\$31.80 per year). The cost to insure Retirees for this group plan is significantly more than that of Active members. In order to be able to ensure that our Retired members have access to these preferred group rates, it was necessary for us to pass on some of the costs to the Retirees. The retiree rate is a group rate for 60 days coverage and can be purchased as single or family coverage by enrolling directly with etfs.

What should I do if I retire to ensure my coverage continues during retirement?

You should pre-register prior to retirement so that your coverage continues seamlessly. It is recommended to do so about a month before your retirement date. The maximum window to enroll for this coverage is within 60 days beyond your retirement date and beyond that date, the coverage is no longer available to you. You can download the enrollment form at www.pwu.ca/outofprovince and follow the instructions.

When does the plan renew?

The plan renews annually on October 1st.

How are retirees notified of their renewal?

Renewal notices will be sent from **etfs** in advance of the renewal date with instructions to renew. It is the members responsibility to ensure that **etfs** has their up to date address for receiving these notices.

What happens if I retire part way through the year? Do I have to pay the full premium, or is it prorated?

The renewal date for all members is October 1st annually. If you are retiring part way through the year, provide payment for the months remaining until October 1st (i.e., retiring January 1st would mean you would pay 9 months out of 12 months).

Monthly rates are:

- Single - \$5.03/month (ON & QC residents add 8% tax)
- Family - \$12.71/month (ON & QC residents add 8% tax)

Note – these amounts include subsidization of \$31.80 – the same as for active employees.

Where do I send my enrollment form?

Send your enrollment form and cheque payable to:

etfs – Client Services
73 Queen Street
Sherbrooke, QC J1M 0C9

What if I want Family Coverage?

Regular active employees automatically have family coverage. Retirees can select single or family coverage when they enroll.

If the retired member dies, is the surviving spouse still able to renew the insurance the following year?

The surviving spouse is able to continue coverage until the earlier of the expiry of two years or the date they cease to meet the definition of Dependent or reach the Termination Age specified in the Schedule of Benefits or remarry or die, provided the Policyholder continues to make the required premium payments.

Please refer to the policy booklet – Page 7 – Section I for further information.

Are there rules for Retirees surrounding stability of a medical condition to allow coverage?

For the retirees of the Power Workers' Union, the plan covers medical conditions that were stable for 90 days prior to your date of departure.

<http://www.pwu.ca/outofprovince/pdf/SB10-17.pdf>

Please refer to the policy booklet page 9 - Section III - Exclusions 2:

"Any condition that existed prior to departure date unless such pre-existing medical condition has been stable (i.e. no change in symptoms, no hospitalization, no change in condition, no new prescription drugs or prescribed change in treatment or medication) immediately prior to departure for the Pre-Existing Condition Stability Period..."

Does the insurance expire immediately upon turning age 70?

Coverage will terminate at the end of the 12 month period that the premium is paid, provided they have purchased the insurance before they turn 70 years old.

Why does the retiree include only their own personal information for enrollment when opting for family coverage?

The company only requires the retiree information to enroll. Verification of coverage for dependents is done at the time of claims. You must meet the rules of “eligible dependents” to be covered under the plan. See the brochure for further information.

If a retired member opts for single coverage, can they change it to family coverage in the future?

Yes, this coverage can be changed from one to the other at the time of renewal of the policy.

Can two retired PWU members each sign up for single coverage instead of family coverage?

Yes – they can both sign up for single coverage individually.

I was placed on a medication for an allergy on a trial basis medication on August 1, and then subsequently given a prescription for the same medication on August 20. Would this mean that the 90 day stability requirement would be satisfied beginning October 28, 2008 [90 days]?

The 90 day pre-existing clause means that someone has to be stable for 90 days for pre-existing conditions to be covered. If it's the same medication and the dosage has not changed, the allergy would be covered after 90 days. If the member traveled prior to that date, they would be covered, but with an exclusion on the allergy (all other stable or new conditions would be covered). On Oct. 28, allergy would become covered if there has been no change.

Can I make payment for my premiums via credit card or do I have to do so by cheque or money order?

Currently credit card payment is not an option.