



### **Policy 10.5.1 - Benefits Continuance**

The society undertakes a limited liability to ensure that members unable to work for extended periods due to illness or injury continue to be covered by medical insurance plans as follows:

- (1) The Society shall, upon application, pay for the full premium costs of medical and dental services, extended health, and group life insurance plans for a period of up to six months for those members who have access to such coverage by contractual arrangement between the union and the employer and whose sick leave entitlement has been exhausted.
- (2) The Society shall, upon application, pay for the full premium costs of medical services and extended health insurance plans for a period of up to six months for those members who are not covered under such plans by contractual arrangement with the employer but who have secured such coverage individually and who have been unable to work because of illness or injury for at least 14 calendar days, provided that:
  - a) The member has been a member for at least one year.
  - b) The member is expected to return to work.
  - c) The member is not in receipt of income from other sources such as employment insurance, workers' compensation, short or long term disability plans or any other wage replacement plan.
  - d) The member is not covered by or does not have access to coverage by a benefit plan duplicating the society's commitment at no additional cost to his or herself.
- (3) Members receiving LTD, EI or WCB must repay any benefits paid by the Society once their claim has been approved.
- (4) If there are exceptional circumstances the Society Executive Board will have the right to continue the benefit for a further six months to a maximum of one year on the appeal of the member.