

**IWA - FOREST INDUSTRY
LONG TERM DISABILITY PLAN
2013**

NOTE: Page 6 has been revised to reflect the improvements to the monthly LTD payments effective July 1, 2016.

“Disclosure under the *Financial Institutions Act* (the “act”): As required by the Insurer Exemption Regulation, please be advised that the IWA–Forest Industry LTD Plan is exempt from the regulatory requirements of the act and the plan benefits are not insured by an insurance company under the act.”

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INTRODUCTION

The IWA - Forest Industry Long Term Disability ("LTD") Plan ("the Plan") is governed by a Board of Trustees ("the Trustees") with equal representation from both the Union and the Industry. Plan payments are made from the LTD Plan Trust Fund; they are not insured by an insurance company. The USW Wood Council and the employers in the Forest Industry in British Columbia jointly sponsor the Plan.

I.W.A. Canada merged with the United Steelworkers (USW) effective September 1, 2004. The merger of the 2 Unions did not affect the right of any member of I.W.A. Canada to coverage under the Plan.

The Plan covers illness and injuries that disable you from work and provides you with income while you are disabled. Your Plan will provide support while you are recovering and, if appropriate, a plan of active rehabilitation that is tailored to your individual needs.

LTD Plan Benefits are payable after you have been disabled for at least 26 weeks and continue until you are no longer disabled. If your disability prevents you

from working again, in most cases your LTD Plan Benefits will continue until you reach age 60.

You and your employer jointly fund the Plan. Your employer deducts your share from your pay and remits its own and your contributions to the Plan. You begin making contributions to the Plan in accordance with your collective agreement, usually starting after the completion of 30 working days within 3 calendar months. An exception is if you were covered by the Plan in the 18 months immediately prior to your employment with your current company, in which case your contributions start from the first hour you work. No Plan contributions are required after the age of 59 and 6 months.

The Fine Print

This booklet is designed to provide you with a summary of Plan details to help you understand your LTD Plan Benefits; it is not intended to be a complete description of the Plan. In the event of any discrepancies, the terms and provisions of the Plan Text will govern.

COVERAGE AND BENEFIT ELIGIBILITY

MEMBERSHIP IN THE PLAN

To be a member of the LTD Plan and entitled to benefits you must:

- ▶ be a regular full-time employee for a Participating Employer; and
- ▶ be making contributions*; and
- ▶ be working or on layoff coverage (as specified in your collective agreement) on your date of disability.

ELIGIBILITY FOR BENEFITS

You are eligible for LTD Plan Benefits under the following conditions:

- ▶ you are under the regular care of a medical doctor; and
- ▶ you have been unable to work at your normal occupation for at least 26 weeks; and
- ▶ you have received a minimum of 26 weeks of:
 - ↳ WCB Wage Loss Benefits from WorkSafe BC ("WCB") and/or short-term (weekly indemnity) disability benefits under your Industry Health and Welfare Plan**; or
 - ↳ any other employer sponsored short-term disability plan; and
- ▶ you are disabled as defined under the terms of the Plan;

You must apply for Employment Insurance (EI) sickness benefits prior to your LTD eligibility date (see box on page 16); and

You will have to apply for Canada Pension Plan ("CPP") disability benefits, if appropriate (see boxes on page 9).

*If you became disabled prior to starting your contributions, your eligibility would require Trustee approval.

****Am I eligible for LTD benefits if I have not received WCB Wage Loss Benefits or short-term disability benefits but have been disabled for at least 26 weeks?**

You may be eligible as long as you meet all the other eligibility requirements. Contact the Plan office for further information.



DEFINITION OF DISABILITY

You are considered disabled under the Plan if:

- ▶ you are temporarily unable to work because of illness or injury, but it is anticipated that you will be able to work again in your normal or an alternate occupation; or
- ▶ it is unlikely that you will ever be able to return to work or engage in any occupation, including self-employment or business activities.

EXCLUSIONS

Disabilities resulting from the following are not covered:

1. intentional self-inflicted injury or illness while sane;
2. disorderly conduct;
3. participation in a rebellion, riot, insurrection, unlawful assembly, war (whether declared or not), full or part-time service in any armed forces;
4. air travel in a plane that is not certified airworthy or operated by a pilot without a proper license;
5. participation in a criminal offense, except the offense, by itself, of impaired or drunken driving of a motor vehicle;
6. addictive consumption of drugs and/or alcohol unless you are under the care of a physician for the addiction and the treatment plan is being followed.

MEDICAL CARE: WORKING ON YOUR BEHALF

Getting the right medical care is the first step on your road to recovery. The Plan assists you in receiving appropriate and effective treatment for your disability.

While you are receiving LTD Plan Benefits, you are required to be under a doctor's care and follow the prescribed treatment by your doctor and/or health care professional. You will also be required to submit a Follow-Up Medical Report at regular intervals, certifying that you are still disabled and receiving appropriate medical care.

GETTING A SECOND OPINION

In order to determine if you are receiving appropriate medical care or to confirm your doctor's diagnosis, an examination by a second physician, appointed and paid for by the Trustees, may be required.

Who pays for my medical examinations?

In most cases, you are responsible for the cost of any medical examinations and reports, including the annual Follow-Up Medical Report. Where a medical examination is required at the request of the Trustees, you will not be required to pay for the medical examination.

REHABILITATION: THE ROAD TO RECOVERY

The purpose of rehabilitation is to help you succeed in your recovery and re-entry into the work force. You may qualify for rehabilitation assistance if it is determined that you can reasonably be expected to be re-employed. Early involvement in a rehabilitation program

will promote your recovery and timely return to work.

If your doctor supports a return to your regular job, rehabilitation may be provided to help you build your strength and readiness for job re-entry. If appropriate, arrangements may be made to help you return to work on a gradual schedule with medical support.

If you are unable to go back to your old job, the rehabilitation assistance you receive may involve exploring a modified or alternative job with your current employer or helping you train and develop new skills that you can put to use at another job with a new

employer. If you are sufficiently qualified to work in another occupation without retraining, a rehabilitation program (including job search) may be approved for a shorter period.

WORKING TOGETHER

The process starts with a rehabilitation plan developed in consultation with you, your rehabilitation counsellor, your USW local representative, your employer, your doctor and other health care providers. Working together ensures that the rehabilitation program is right for you. Your rehabilitation plan takes into consideration your abilities, interests, level of education, realistic job opportunities and your previous work experience.

Rehabilitation can involve many steps. It can be as simple as an exercise program, or may involve testing to determine your skills and abilities along with counselling to help you find a new job.

What can I expect from my rehabilitation program?

Together with your rehabilitation counsellor, your employer and your USW local representative, you will set goals for your rehabilitation that will be detailed in a written agreement ("Commitment Agreement"). Your Commitment Agreement will define how you approach those goals, how quickly you expect to achieve them and what financial support you will receive during your rehabilitation.

As your rehabilitation program continues, your Commitment Agreement can be changed to reflect your progress.

HOW BENEFITS ARE PAID

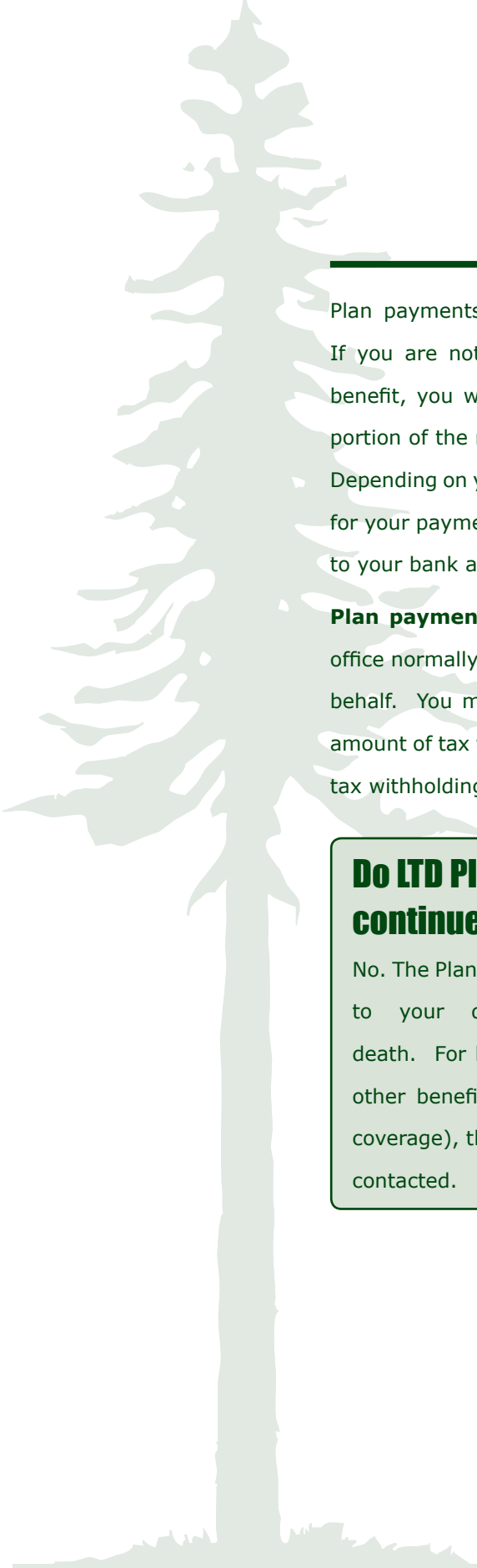
YOUR LTD PLAN BENEFITS

If you and your employer are contributing to the Plan at the current maximum rate, effective July 1, 2016 your maximum monthly payment is \$2,300.

LTD Plan Benefits would terminate no later than the month in which you turn 60.

What happens if...I am between 60 and 65 years of age on my LTD eligibility date, temporarily disabled and my doctor confirms that I will be able to return to work?

Full LTD Plan Benefits (with a maximum monthly payment of \$2,300) may be paid to a maximum of 12 months if the medical information supports and continues to support that you are able to return to full-time employment with the same employer **within one year of your LTD eligibility date**. LTD Plan Benefits would terminate no later than the month in which you turn 65.



Plan payments are made at month end. If you are not entitled to a full month's benefit, you will receive payment for the portion of the month that you are eligible. Depending on your status, you can arrange for your payments to be deposited directly to your bank account.

Plan payments are taxable. The Plan office normally withholds 10% tax on your behalf. You may arrange to increase the amount of tax withheld if you find the 10% tax withholding to be inadequate.

Do LTD Plan Benefits continue after my death?

No. The Plan does not provide benefits to your dependents after your death. For life insurance, pension or other benefits (ie. medical or dental coverage), those plans will need to be contacted.

What happens if my benefits are overpaid?

The Plan office will make every effort to ensure that payments are calculated correctly. However, for a number of reasons overpayments can occur. In the event that you receive an overpayment, you are responsible for reimbursing the Plan for the overpayment.

You can help avoid overpayments by informing the Plan office immediately if you return to work or receive other income during your disability.

REHABILITATION BENEFITS

When you have been medically cleared for rehabilitation and have entered into a Commitment Agreement for a rehabilitation program, benefits will be paid for the duration of the program, as long as the terms of the Commitment Agreement are being met.

If you receive wages from approved rehabilitation employment, your monthly LTD payment will be reduced by 50% of the gross wages you earn.

INCOME FROM OTHER SOURCES

Your disability may qualify you to receive income from sources other than the Plan. If so, your monthly LTD payment will be reduced by any income received from the sources listed below:

1. WorkSafeBC ("WCB")
2. Canada Pension Plan
3. Third Party Settlement
4. Disability Income
5. Other Income

1. WorkSafeBC ("WCB")

If your disability is a work-related injury or illness, you may be eligible for a permanent partial or total disability pension* from WCB ("WCB Disability Pension"). Any amount of disability pension you are eligible to receive is deducted from your monthly LTD payment. Any benefits you receive from WCB due to a previous unrelated disability are not deducted.

If you recover WCB Wage Loss Benefits as a result of a successful appeal with WCB, any of these monies paid for the period while you received LTD payments must be reported and you will be required to repay any duplicated period.

*A WCB Disability Pension is different from the WCB Wage Loss Benefits you may have received prior to your eligibility for LTD Plan Benefits.

What happens if I qualified to receive income from another source and did not claim it?

You are required to notify the Plan office of any income you are or may be entitled to receive while you are eligible for LTD Plan Benefits. If you qualify for income from another source due to your disability but you do not claim it, the estimated amount of the income you are entitled to will be deducted from your monthly LTD payment.

When should I apply for CPP disability benefits?

You should apply for your CPP disability benefits (and have it approved or denied) before you apply for LTD Plan Benefits, if appropriate. See other box on this page for further explanation. Approval of your CPP disability benefits helps protect your CPP retirement benefit.

Can the Plan office help me with a CPP disability application and/or appeal?

Yes. We can assist you with all aspects of the CPP disability application and appeal process.

2. CANADA PENSION PLAN

You may qualify for a CPP disability benefit. A benefit may also be available for your dependent children. The amount of your CPP disability benefit (excluding any dependent child benefit) is deducted from your monthly LTD payment. You must promptly provide the Plan with a copy of your CPP Notice of Entitlement. If your application for this disability benefit has been declined by CPP, you must provide the Plan with a copy of the letter of declination.

3. THIRD PARTY SETTLEMENT

If you are awarded a financial settlement for a disability caused by another party (eg. ICBC award), you will be required to repay some or all of the LTD payments you have received. A portion of the settlement may also be deducted from your future LTD payments. (Please see Recovery from Third Parties on page 11).

4. DISABILITY INCOME

The amount of disability benefits you receive for the same disability from other sources may be deducted from your monthly LTD payment. Examples of other sources include employer-sponsored group

insurance and wage continuation plans.

Personal insurance, veterans' allowances and benefits from other non-industry sources are not deducted.

5. OTHER INCOME

All income and business activities must be reported to the Plan office.

If you engage in any employment, including self-employment (other than approved rehabilitation employment) after your disability begins, your LTD Plan Benefits will end on the day before your first day of employment. Income from employment (other than your regular job) which began prior to your disability and which your doctor agrees can continue, may not be deducted.

How do I know if it is appropriate for me to apply for CPP disability benefits?

You should apply if you have a terminal illness or will never be able to engage in any occupation on a regular basis.

RESIDENCY REQUIREMENTS

Except as noted below, you must live in British Columbia in order to receive LTD Plan Benefits.

- 1) If the Trustees determine that your disability is of such a severe and permanent nature as to prevent you from engaging in any occupation or employment, then you will continue to receive LTD Plan Benefits while living in Canada or the United States.
- 2) If you are not totally and permanently disabled (as in exception #1) you may live outside of British Columbia but within Canada and continue to receive LTD Plan Benefits only with prior approval from the Plan.
- 3) If you are totally and permanently disabled (as in exception #1), you may live outside North America and continue to receive LTD Plan Benefits only with prior approval from the Plan.

IMPORTANT: You must notify the Plan office if you leave British Columbia for any reason. Medical proof of your disability is required regardless of where you reside.

LTD Plan Benefits will not be paid during any period of time you are an inmate of a jail

or penitentiary. However, your dependents will continue to receive provincial medical, dental and extended health coverage.

Does my LTD payment include cost of living increases?

No. There are no cost of living increases to your monthly LTD payment. Your payment may be reduced by another source of income (eg. CPP, WCB), however future cost of living increases to those other income sources will not further reduce your monthly payment.

Moving and/or Phone Number change?

You are required to notify the Plan office of any changes in address or phone number. Your change of address and/or phone number can be faxed, e-mailed or mailed to our office. Failure to provide this information could stop your LTD Plan Benefits.



RECOVERY FROM THIRD PARTIES

If you fail to pursue a Third Party claim that the Trustees believe is a valid one, the Trustees may act on your behalf in making the claim. You will be required to sign over your right to settle to the Trustees.

If your disability has been caused by the actions of another party, the terms of the Plan require you to pursue a claim for compensation from that party. This situation most commonly arises when you have been injured in a motor vehicle accident and pursue a claim against the other party. To ensure that you are properly compensated you may wish to consult with a lawyer.

REQUIRED DOCUMENTATION

When you have a claim against a Third Party at the time you apply for LTD Plan Benefits, you will be required to submit the following documentation:

- ▶ an authorization which allows the Plan to contact ICBC or other representatives for information about the status of your claim; and
- ▶ an Assignment of Proceeds of Third Party Claim which is taken by the Plan as security for your obligation to repay LTD Plan Benefits when you recover compensation from the Third Party.

KEEPING THE PLAN OFFICE INFORMED

You are required to keep the Plan office advised of the status of your claim against the Third Party. Once you receive your compensation, (either after going to court or settling your claim before trial) you or your lawyer, if you have one, must provide information about the resolution of your claim to the Plan office. The information you provide must include the details of the court order or settlement, along with the amount you have spent on legal fees.

REPAYMENT OF BENEFITS

When you receive compensation for wage loss, you will be required to reimburse the Plan for an amount not to exceed LTD payments made, less a proportionate share credited to you for your legal costs.

If your disability is continuing, future payments from the Plan will be offset by an amount determined using the amount of wage loss recovery and your age. In some cases, this offset will eliminate your monthly LTD payment.

BENEFIT ENTITLEMENT FOR FUTURE OR RECURRING DISABILITY

In some circumstances, you may suffer a recurring disability. If you receive LTD Plan Benefits, recover from your disability and then become disabled again, you are immediately eligible for LTD Plan Benefits if:

- ▶ your disability results from the same cause as your previous disability; and
- ▶ occurs within 120 calendar days after you were considered able to work again.

If you are receiving LTD Plan Benefits for a disability and a second illness or injury is accepted as a disability under the Plan, your benefits will continue until you have recovered.

If you receive LTD Plan Benefits, recover from your disability, and:

- ▶ were able to return to work with a participating employer; and
- ▶ become disabled again after 120 calendar days, you will have to re-qualify for LTD Plan Benefits.



OTHER BENEFITS PROVIDED BY THE LTD PLAN

While you are receiving monthly LTD payments, you may also continue to receive other benefits provided by the Plan.

MEDICAL AND DENTAL COVERAGE

As long as you live in Canada, you and your family will receive medical and dental coverage as follows:

- ▶ Basic medical coverage (hospitalization, doctors' appointments, etc.) provided by your provincial medical services plan;
- ▶ Extended health care coverage (out-of-pocket medical, prescription drug and vision care); and
- ▶ Dental care coverage.

BENEFITS FROM OTHER SOURCES

While you are receiving LTD Plan Benefits, you will also continue to receive other benefits, as follows:

PENSION

If you participate in the IWA-Forest Industry Pension Plan, you will continue to earn credited service at the rate of 125 hours per month*. This will provide you with a full year of credited service for each 12-month period of disability.

If you participate in another pension plan, you will want to check with your plan administrator to determine what, if any, disability coverage is provided.

LIFE INSURANCE

The Plan does not provide life insurance coverage. However, if you participate in an Industry Health and Welfare Plan, your group life insurance under that plan continues during the period that you receive LTD Plan Benefits.

If your LTD Plan Benefits cease at age 60 or over and you remain disabled under the terms of your Industry Health and Welfare Plan, your group life insurance coverage may continue until you reach age 65.

Contact your Health and Welfare Plan for more details.

When your LTD Plan Benefits cease because you are no longer disabled and you do not return to a USW bargaining unit job, you may be able to convert your group life insurance to an individual policy. You must apply for the conversion within 31 days after your LTD Plan Benefits stop.

Contact your Health and Welfare Plan administrator for details. The name of your Health and Welfare Plan administrator is available from your Union Local or your Employer.

*No credited service will be earned while you are receiving LTD Plan Benefits, if you are also receiving IWA- Forest Industry Pension Plan benefits.



APPLICATION PROCEDURES

APPLYING FOR LTD PLAN BENEFITS

To be eligible for LTD Plan Benefits from the Plan, you must be an LTD Plan member and you **MUST** fully complete and submit all forms from your application package.

If you are receiving short-term disability benefits, you should receive your application package during the 5th month of your disability period. If you have not received your application package by the 6th month of your disability period, contact the Plan office immediately.

WCB claimants who have received Wage Loss Benefits for at least 26 weeks should contact the Plan office once their claim has ended or has been converted to a WCB Disability Pension. If your monthly WCB Wage Loss Benefit payment is less than \$2,300, contact the Plan office.

You should complete and send in ALL of your forms as quickly as possible. If your completed application forms are received more than 3 months after your LTD eligibility date, it is considered a late claim and Trustee approval may be required before your application is reviewed. Late filing may leave you without provincial medical, dental and extended health coverage for

a long period of time and your claim could be denied by the Trustees. You are responsible for the payment of any expense involved in having your forms completed.

Should I apply for LTD benefits if I have been awarded a WCB Pension?

Yes. You may qualify for medical and dental coverage, regardless of the amount of your WCB pension. You may also receive a monthly LTD payment, after deduction of your WCB pension and any other offsets.

Should I apply for LTD benefits if I am disabled and have not received WCB or short-term disability benefits?

Yes. If you have been disabled longer than 26 weeks, you should apply.

APPLYING FOR GOVERNMENT BENEFITS

After you have been disabled for 4 months (while you are receiving short-term disability benefits or WCB Wage Loss Benefits), you should apply to your local Service Canada office for disability benefits from the Canada Pension Plan, if appropriate (see box on page 9).

At the end of your short-term disability benefits or WCB Wage Loss Benefits, you must apply to your local Service Canada office for **Employment Insurance (EI) sickness benefits** as the Plan will assume you are entitled to the benefit and will not make monthly LTD payments during the EI sickness benefit period.*

IMPORTANT: Make sure that your EI sickness benefits start **after** your short-term disability benefits or WCB Wage Loss Benefits terminate.

How could an EI Violation affect my LTD Plan Benefits?

If a previous violation has caused you to be ineligible for EI sickness benefits, then you will not receive LTD payments for the period of time that you would have received EI sickness benefits, had you not had the violation.

*When should I apply for EI sickness benefits?

If you are receiving short-term disability benefits or WCB Wage Loss Benefits (lasting at least 26 weeks), you should apply for EI sickness benefits on your last day of benefits. Your EI sickness qualifying period may be extended to 104 weeks from your date of application if you were not receiving EI and were not employed in insurable employment because of certain circumstances (as determined by Service Canada). Contact your local Service Canada office for details.

APPLICATION GUIDELINES

Here are some general guidelines about the benefits for which you may be eligible and when to apply for them.

AT THE TIME:	APPLY FOR:
When you become disabled	Short-term disability benefits or WCB Wage Loss Benefits
16 weeks after becoming disabled	CPP disability benefits - if appropriate (see boxes on page 9)
When your doctor clears you to participate in an active rehabilitation program	LTD Rehabilitation assistance
20 weeks after becoming disabled when receiving short-term disability benefits OR Upon termination of your WCB Wage Loss Benefits, if you have received at least 26 weeks of benefits OR Upon termination of your WCB Wage Loss Benefits, if you have received less than 26 weeks of benefits (see Note 1 below)	LTD Plan Benefits Short-term disability benefits
On the last day of your short-term disability benefits OR On the last day of your WCB Wage Loss Benefits lasting at least 26 weeks	EI sickness benefits (make sure that these benefits start after the short-term disability or WCB Wage Loss Benefits period ends)

NOTE 1: If you have been awarded less than 26 weeks of WCB Wage Loss Benefits, you may be eligible for short-term disability benefits up to a combined maximum of 26 weeks. For more details contact your Health & Welfare plan or your company payroll / personnel department.

A WORD ABOUT THE APPEAL PROCESS

In some cases, you may have a concern about a decision that has been made about your entitlement to benefits under the Plan.

If you have a complaint or believe that a particular decision is wrong, you may wish to submit an appeal to the Trustees. You can initiate an appeal by contacting your union representative, who will bring the matter to the attention of the Plan office.

Alternatively, you can initiate the appeal yourself by calling or writing to the Director, LTD Benefits & Rehabilitation at the Plan office. Your appeal must set out the reasons you believe an error was made with respect to your claim. You will want to submit copies of all medical reports and other evidence or documentation on which you rely to support your position.

Once your appeal is received, it will be reviewed with the other information in your file. The Trustees will then make a decision on the appeal. You will be informed in writing of the Trustees' decision.

SECOND LEVEL OF APPEAL TO RESOLVE DISAGREEMENTS

If your appeal is denied by the Trustees on medical grounds, you may appeal the decision by requesting an arbitrating independent medical examination. If you wish to pursue this second level of appeal, you must submit your request, in writing, to the Plan office.

You will be responsible for the cost of the examination. The independent medical opinion will be considered to be conclusive. If the opinion supports your claim, you will be reimbursed for any reasonable expenses.



CONTACT INFORMATION

**IWA-Forest Industry LTD Plan
2100 - 3777 Kingsway
Burnaby, BC V5H 3Z7**

LTD Department: 604-433-6310

Toll Free in BC: 1-800-663-4384
(if you are living outside the Lower Mainland)

Fax: 604-433-0518

FOR ADDITIONAL INFORMATION

You can visit our website at:

www.iwafibp.ca

Our website has an FAQ section with answers to many of the most frequently asked questions about LTD benefits. From our site you can also download a copy of this booklet, the Rehabilitation Services pamphlet and a number of other commonly used forms.

If you have questions, feel free to contact us via e-mail at:

ltdrehab@iwafibp.ca