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- Drugs, which require a written prescription of a Physician or Dentist, which are dispensed by a registered pharmacist in Canada, and provided the drug is unable to be purchased over the counter.
- Vaccinations and immunizations, when prescribed, for preventative treatment of communicable diseases.
- Insulin and diabetic supplies.

Charges for the following services and supplies are not eligible for reimbursement. This list may be amended, from time to time, at the discretion of the Trustees.

- Vitamins
- Contraceptives (other than oral, injected and birth control patch)
- Drugs which have no therapeutic value
- Dietary food/supplements
- Smoking cessation aids
- Drugs and/or products prescribed for sexual performance or infertility
- Drugs which are experimental in nature

VISION CARE COVERAGE

Reimbursement of your vision care claims for lenses and frames combined (or for contact lenses), and for eye exams, when prescribed by an ophthalmologist or optometrist, will be reimbursed to a maximum of \$200 in any 24-month period.

No amount will be paid for safety glasses or sunglasses, anti-reflective coatings, or for tints other than No.1 or No.2.

DEATH BENEFIT

In the case of your death, a \$5,000 benefit will be paid to your named beneficiary or to your estate, if no beneficiary has been named.



FOR MORE HELP

If you need help or have any questions about your Plan or claims, please contact the Administrator.

Toll free number:
1-866-544-9686

Calgary and area:
Ph. 403-769-9865
Fax 403-250-9236

UFCW – Canada Safeway Limited Part-Time Employee Benefit Trust Fund (Alberta)

Suite 101, 2635 - 37th Avenue N. E.
Calgary, Alberta T1Y 5Z6

PRESCRIPTION DRUG, VISION CARE & DEATH BENEFIT PROGRAM



The UFCW–Canada Safeway Limited Part-Time Employee Benefit Trust Fund (Alberta) sponsors a benefit program for part-time employees who work for Canada Safeway Limited (“the Company”) in Alberta, and who are members of the UFCW Local 401 or Local 1118.

The Benefit Trust Fund is overseen by a joint Board consisting of an equal number of Union and Company Trustees.

This pamphlet briefly summarizes the Plan’s coverages and eligibility rules. All rights and benefit provisions are overseen by the Trustees.

BENEFIT COVERAGES

PRESCRIPTION DRUG COVERAGE

You are entitled to receive reimbursement for drug claim expenses to a maximum of \$1,000 per calendar year.

You will be reimbursed for 100% of the cost of generic drugs and drugs where the doctor has indicated “no substitutions”, if you purchase the prescription at Canada Safeway Limited. All other prescriptions, including any prescription purchased at a non-Safeway pharmacy will be reimbursed at 70%.



UNION TRUSTEES

L. Craig, A. Johnson, T. McLaren

COMPANY TRUSTEES

R. Brett, M. Dimnik, D. Pearson

The Trustees have the full authority to resolve all questions about the administration of the Benefit Trust Fund and, from time to time, to increase or decrease the coverages available.



**UFCW – CANADA SAFEWAY LIMITED
PART-TIME EMPLOYEE BENEFIT TRUST FUND (ALBERTA)**

Q&A

Q: Who is eligible for benefits?

A: To be eligible for participation in the benefit program you must be a part-time employee who is not covered by any other Company plan, and be a Member of the UFCW Local 401 or Local 1118. To be eligible for claims reimbursement you must have worked five (5) complete consecutive months and have worked at least 120 hours in the last twelve (12) consecutive-week period. Coverage starts the first of the month following the above-noted requirements.

Entitlement continues, provided you work an average of ten (10) hours per week during the most recently reported twelve (12) consecutive week period.



Your participation in the benefit program terminates on your employment termination date, the date the Plan terminates, you become covered by another Company plan, or as otherwise provided below.

Q: What if I am covered by another benefit plan as a result of my employment with the Company?

A: If you are covered by another Company benefit plan, or a plan in which the Company participates, and which provides coverage for the same benefits, you are not eligible for benefits from this Plan.

If your coverage under the other plan ceases, this Plan will cover you from the date that coverage ends, without the need to meet the initial qualification requirements for this Plan. You must, however, meet ongoing eligibility requirements.

If you are eligible under this Plan, and become eligible under another Company plan, or a plan in which the Company participates, and which provides coverage for the same benefits, your coverage in this Plan will cease on the date the other coverage becomes effective.

At no time will you qualify for benefits from more than one Company provided plan at the same time

Q: Are my family members covered?

A: Your dependents are not covered. Benefits are for employees only.

Q: What happens if I am absent due to illness or injury?

A: If you are absent from work due to illness or injury, your participation in the benefit program continues for up to twenty-six (26) weeks, provided you notify the Administrator in writing of the dates you were absent from work. You will receive credit for hours you would normally have worked.



Q: What happens if I am absent due to Maternity, Parental or Adoption Leave?

A: If you are absent from work due to a maternity, parental or adoption leave, your participation in the benefit program is terminated. However, if you provide the Administrator with a letter stating the expected date of birth and your expected return-to-work date, this information will be kept on file. Your participation in the benefit program will be reinstated to the date of the birth of your child (or arrival date if the child is adopted) once your Employer reports hours, on your behalf, to the Benefit Trust Fund.

Q: How do I register to be eligible for benefits?

A: In order to be reimbursed for claims, you must have filed a completed and signed Registration Card with the Administrator. Registration Cards are available from the Administrator, your Employer, or from the Union Office.

Q: How do I submit a claim?

A: Forms for claiming Prescription Drug and Vision Care expenses, and for filing death claims, are available from the Administrator, your Employer, or from the Union office. Original receipts must be submitted with your claim form for Prescription Drugs and Vision Care expenses. Proof of death must be submitted when filing a death claim.

In the event that the Administrator has not received a Beneficiary Designation, the death benefit must be paid to your estate and may be subject to an otherwise avoidable probate fees.

Q: When must claims be submitted?

A: Only those claims received by the Administrator within twelve (12) months of the date the expense was incurred are eligible for reimbursement.



Q: Is the personal information I provide kept confidential?

A: Participation in the benefit program depends on the collection, storage, use and, sometimes, the destruction of personal information. It forms the foundation upon which individual entitlements are built, and from which benefit payments are calculated and made. As well, parts of the personal information are needed to satisfy government demands for facts, to facilitate audits of the Benefit Trust Fund, to estimate future operating costs, to inform Members about their accumulated values, etc. In all cases, however, personal information is stored with the utmost attention to security, and deployed, sparingly, to fulfill the requirements of the Benefit Trust Fund and the law.

Registration, to participate in the benefit program, involves an authorization to allow the Trustees to gather and apply personal information in specific ways. You may revoke that authorization, subject to certain legal constraints, however doing so precipitates the destruction of your personal information, and may, therefore, render ongoing participation impossible.

Complaints regarding personal information may be directed to the Administrator's Privacy Officer, at the address noted below, by contacting the Office of the Privacy Commissioner of Canada or, if applicable, the Provincial Commissioner.

Your I.D. number for identification purposes is your social insurance number.

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