

My Basic Life Benefit



Health Association Nova Scotia is a not-for-profit, non-government, membership-based association with over 60 years' experience in delivering shared services. Serving over 130 health and health-related organizations from across Nova Scotia, we are dedicated to achieving service excellence through innovation, outstanding performance, and an exceptional customer experience. One of our core service offerings is Group Benefits Solutions. We provide a range of comprehensive and cost-effective employee benefits plans, designed to help protect plan members and their families. We offer both mandatory and optional (voluntary) coverage. Your employer may offer all or some of the Health Association's benefits.

This is a summary of the Health Association Nova Scotia **Basic Life Plan**. For more detailed information, visit our website at www.healthassociation.ns.ca or contact your Benefits Administrator.

In the event of a discrepancy between this publication and the contract, the contract will prevail.

ELIGIBILITY

Who is eligible?

If you have been hired as a **permanent employee** to work at least 40% of a regular work week, or, if you have been hired for a **term (temporary) position** for a period of no less than 12 months, to work at least 40% of a regular work week, you are entitled to coverage for you, your spouse and dependents.

Your **spouse** is defined as someone to whom you are married legally or common law (defined as having lived with your partner for 12 months or more). This includes a spouse of the same sex.

Your dependent child is defined as an employee's or spouse's child who:

- is either under age 21 or under age 26 and a full-time student at an accredited school, college, or university; and
- is unmarried (legally or common law); and
- is not employed on a full-time basis; and
- is not eligible for benefits as an employee under this or any other group plan.

A child who is incapable of employment due to a mental or physical condition that occurred before reaching the maximum age will continue to be covered if approved by the insurance company.

If you meet the eligibility requirements, you **MUST** participate in this benefit.

When will coverage begin?

Your Basic Life Insurance coverage starts three months from the date you become eligible, or as outlined in your letter of employment from your employer. You must be actively at work during the waiting period and on the effective date for coverage to begin.

Basic Life Insurance for your spouse and dependents starts when they meet the definition of spouse or dependent or when your Basic Life Insurance starts, whichever comes later.

When will coverage end?

Your Basic Life coverage ends when you are no longer eligible or if your employment is terminated, whichever comes first. Please refer to the continuation of coverage section for information on options at retirement.

Spouse and dependents Basic Life coverage ends when they no longer meet the definition, your spouse reaches age 70, your dependent reaches max age, you reach 70, your employment is terminated, or at your retirement, whichever comes earlier.

COVERAGE

What is covered?

You will receive Basic Life Insurance coverage equal to two times your guaranteed annual earnings, to a maximum of \$1,500,000. This benefit pays a lump sum to your beneficiary in the event of your death. If you do not name a beneficiary, your Life Insurance will be paid to your estate.

Under the Basic Life Insurance program, your spouse is insured for \$5,000, and each eligible dependent child is insured for \$2,500. In the event of a claim, you are the beneficiary.

If you become terminally ill with a life expectancy of 24 months or less, you may apply for a loan under the Living Benefits Loan Program. Under this program, you may receive an advance of up to 50% of the basic life coverage, to a maximum of \$100,000. However, if you are within 5 years of a scheduled reduction of coverage (retirement) the advance you may receive cannot exceed 50% of the lowest reduced amount to a maximum of \$100,000. If you are within 5 years of a termination of coverage (age 65 or older), you are not eligible for this loan.

The Living Benefits Loan Program does not apply to spouse or dependent children.

What are the exceptions?

The employee must be actively at work on the coverage effective date in order for coverage to become effective.

BENEFICIARY DESIGNATION

You may name a beneficiary(ies) for your Life Insurance. To do so, you must complete a Health Association Nova Scotia Beneficiary Form giving the full name of each beneficiary, date of birth, the person's relationship to you and the percentage amount allocation. If you do not name a beneficiary, your Life Insurance is paid to your estate.

CLAIMING

How do I make a claim?

At the time of claim your employer will begin the claim process with you or your beneficiary(ies).

Life Insurance claims (including claims for your spouse and/or dependent children) must be submitted as soon as reasonably possible. All completed forms and supporting documentation must be returned to your Benefits Administrator (your employer) for signing. Your employer will forward all required paperwork to Health Association Nova Scotia.

CONTINUATION OF COVERAGE

What happens during a leave of absence?

If you take an approved paid leave of absence you must continue coverage.

If you take an approved unpaid leave of absence, you may continue for up to 12 months. If you take an approved maternity or parental leave, you may continue for the duration of the leave. If your leave is 12 months or less and you choose not to continue the benefits during your unpaid leave, coverage is reinstated when you return to work. For leaves longer than 12 months, you must satisfy a 3 month waiting period.

If you are approved for Health Association Nova Scotia Long Term Disability (LTD) benefits, coverage continues and your premiums may be waived for as long as you are receiving the LTD benefit.

If you are approved for disability under another program (e.g CPP Disability), please contact your employer for details on continuation of coverage and demonstration of proof, and complete an application for waiver.

What happens to coverage when I retire?

You maybe eligible for retiree benefits.

Can I convert coverage?

Any time you lose coverage (i.e. retirement, job change, or at age 70), you have the option to convert it to an individual policy within 31 days from the date coverage is lost.

Your spouse has the option to convert to an individual policy within 31 days from the date their coverage is lost. Your dependent children do not have a conversion option.

Questions?

If you have any questions about your benefits, talk to your Benefits Administrator (Employer) or contact Health Association Nova Scotia.

Group Benefits Solutions
Health Association Nova Scotia
2 Dartmouth Road, Bedford, Nova Scotia B4A 2K7
Toll-free: 1-866-886-7246

For more information, visit www.healthassociation.ns.ca and select the Benefits Plan Member Information button

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Health Association Nova Scotia reserves the right to review the employee benefits program and to modify, amend, discontinue, and/or make exceptions to the program. All information is subject to change.

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