

My Optional 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 **Optional 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 contracts, the contracts 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, you are entitled to coverage for you, your spouse and dependents.

If you apply within 60 days of becoming eligible, proof of good health is not necessary for the first \$50,000 of coverage. All amounts over \$50,000 require proof of good health. If you apply later than 60 days, you will need to provide proof of good health for all amounts of coverage and be approved by the insurer.

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.

When will coverage begin?

Your Optional Life medical evidence free amount starts the date you apply for coverage, however, if your application is late it starts the date the insurer approves. You must be actively at work for coverage to begin.

Optional Life Insurance for your spouse (medical evidence free amount) and dependents starts when you apply for coverage, or if late the date approved by the insurance company, or they meet the definition of spouse or dependent, whichever is later.

When will coverage end?

Your Optional Life coverage ends when you are no longer eligible, retire, reach age 70, or if your employment is terminated, whichever comes first.

See next page for spouse and dependent coverage end.

When will coverage end?... Cont/d

Optional Life coverage for your spouse ends when your spouse reaches age 70, you reach 70, your employment is terminated, or at your retirement, whichever comes earlier.

Optional Life coverage for dependents ends when they reach maximum age, you reach 70, your employment is terminated, or at your retirement, whichever comes earlier

COVERAGE FOR YOU AND/OR YOUR SPOUSE

What is covered?

Coverage is available in units of \$10,000, to a maximum of \$500,000.

If you apply for coverage within 60 days of becoming eligible, proof of good health is not necessary for the first \$50,000 of coverage. All amounts over \$50,000 require proof of good health. If you apply later than 60 days, you will need to provide proof of good health for all amounts of coverage and be approved by the insurer.

What are the exceptions?

No benefits are paid for you or your spouse when death is a result of suicide while sane or insane during the first 2 years of coverage. If this is the case, all applicable premiums are refunded.

COVERAGE FOR YOUR DEPENDENT CHILDREN

What is covered?

Coverage is available in flat amounts of \$2,500, \$5,000 or \$10,000. Proof of good health is not needed, if applying within 60 days of becoming first eligible. If you apply later than 60 days, you will need to provide proof of good health for all amounts of coverage. You must be actively at work for coverage to begin.

What are the exceptions?

If a dependent, other than a newborn, is hospitalized on the date a change to optional dependent coverage is increased it cannot take effect until the dependent is discharged and resuming normal activities.

BENEFICIARY DESIGNATION

You may name a beneficiary(ies) for your Optional Life Insurance. To do so, you must complete a Health Association Nova Scotia Beneficiary Form giving the full name of the beneficiary, 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?

You are the beneficiary for your spouse and your dependent children.

At the time of claim, your employer will begin the claim process with you or your beneficiary.

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. The existing cost-sharing arrangement prior to your leave will continue.

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 you choose not to continue the benefit during your unpaid leave, coverage is reinstated when you return to work. For leaves longer than 12 months, you must reapply within 60 days.

If you are on an approved sick leave you may continue benefits.

If you continue coverage and are approved for Health Association Nova Scotia Long Term Disability (LTD) benefits, coverage may continue and premium payments waived if you make application within 12 months from your last day worked.

What happens to coverage when I retire?

Coverage ceases under this plan.

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.

Note: Conversion Forms are available from our website. Visit www.healthassociation.ns.ca, select the Benefits Plan Member Information button, and select Forms & Documents.

To find out more about conversion, please visit www.healthassociation.ns.ca and check out Benefits Communication to view our benefits information sheets.

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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