

your group benefits

Contract Number: 150897

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Bimbo Canada

Winnipeg plant full-time - union



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How to Connect with Sun Life Financial



Questions?

We're here to help. Talk to a Sun Life Financial Customer Care representative for assistance with your coverage by calling toll-free at 1-866-881-0583.

For faster service, have your **group contract number** and **member ID** ready to enter into our automated telephone system.

Plan Member Services

Download the my Sun Life Mobile App!

- Free from the Apple App Store or Google Play, anytime
- Fast and easy access, wherever you go, to your benefit information
- View and/or submit mobile claims instantly, depending on your plan

Don't have a smartphone? Visit www.mysunlife.ca to obtain the following services:

- benefit information about coverage, claim status, and easy access to claim forms and/or e-claims, depending on your plan
- chat live with an agent
- send a secure email message to the Sun Life Financial Customer Care Centre
- contact information

Access to mysunlife website

The first time you access your group benefits online, you will need to register to get your personal access ID and password. To register you will need your group contract number and member ID.

All other inquiries

Call 1-877-SUN-LIFE (1-877-786-5433).

Benefit Summary



Contract Number 150897

This is a summary of the coverage your plan provides. You should read it together with the information in the rest of this booklet. Please see the related sections of this booklet for more information, including exclusions, limitations and other conditions that apply to your plan.

General Information

We, our and us	Throughout this booklet, <i>we</i> , <i>our</i> and <i>us</i> mean Sun Life Assurance Company of Canada
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Health Spending Account

Benefit year	January 1 to December 31.
Credits	\$150 at the beginning of each benefit year
Prorating	If your coverage starts after the benefit year begins, your credits are adjusted by the employer for that benefit year. If you need additional information, please contact Sun Life
Eligible expenses	Expenses that are considered eligible medical, hospital and dental expenses under the Income Tax Act (Canada) and are not paid, or not paid in full, under your group plan, your spouse's plan or any government-sponsored plan
Termination	When you retire

Making Claims



There are time limits for making claims. You can find more on these time limits in the following chart. **If you fail to meet these time limits, you may not be entitled to some or all benefit payments.**

To assess a claim, we may ask you to send us the following documents:

- medical records or reports
- proof of payment
- itemized bills
- prescriptions
- other information we need.

Proof of claim is at your expense.

Instructions and Time Limits for Sending Us Your Claims

Use this handy reminder to help you meet the time limits for sending in your claim.

Type of claim	Starting the claims process	Limits and special instructions
Health Spending Account	<p>Ask Sun Life for the form to complete, or get the form on our website.</p> <p>You can also submit claims for some expenses electronically. For more information, ask Sun Life.</p>	<p>Up to 90 days after the earlier of the following dates:</p> <ul style="list-style-type: none">• the end of the benefit year following the benefit year during which the expense is incurred, or• the end of your Health Spending Account coverage.

General Information



The information in this associate benefits booklet is important to you. It provides the information you need about the group benefit available through your employer's group plan with Sun Life Assurance Company of Canada (Sun Life), a member of the Sun Life Financial group of companies.

This booklet is only a summary of your employer's group plan. If there are any discrepancies between the group plan document and the information in this booklet, the group plan document will take priority, to the extent permitted by law.

Your group benefit may be modified after the effective date of this booklet. We will notify you in writing of any changes to your group plan. Any such notices will become part of this group benefits booklet and you should keep them in a safe place together with this booklet.

Have questions? Need more information about your group benefit? Talk to Sun Life.



Health Spending Account

General description of the coverage

The contract holder self-insures this benefit. This means that the contract holder has the sole legal and financial liability for this benefit and funds the claims. Sun Life provides administrative services only (ASO) such as claims adjudication and claims processing.

Your Health Spending Account coverage provides reimbursement to you for services or supplies described in this section under *Eligible expenses*.

An expense is incurred on the date the services are received or the supplies are purchased or rented. Eligible expenses incurred by a dependent are also covered. Coverage applies only to eligible expenses incurred after the associate becomes covered under the Health Spending Account and before the date the Health Spending Account ends.

A dependent is your spouse, your children or any other person whom you may claim as dependents under the Income Tax Act (Canada). For example, this could include members of your extended family, such as your parents, grandparents or grandchildren.

The benefit year is indicated in the Benefit Summary.

How your Health Spending Account works

Your Health Spending Account works like an expense account. Your employer will allocate credits to your account in the manner described under *Credits* in the Benefit Summary.

Each time you submit a Health Spending Account claim, either for yourself or for a dependent, you will be reimbursed for eligible expenses described in this section under *Eligible expenses*, up to the balance of your Health Spending Account. If a claim exceeds your Health Spending Account balance, you should submit another claim once you have the additional credits required.

Expense carry-forward

This plan is set up with an **expense carry-forward** feature. This means that credits received for a benefit year may be used to reimburse you for eligible expenses incurred in that benefit year, as well as for eligible expenses incurred in the previous benefit year if you did not have enough credits available.

In other words, if there are not enough credits in your Health Spending Account at the end of a benefit year to reimburse you for all the eligible expenses incurred during that benefit year, eligible expenses can be carried forward and may be reimbursed using credits allocated in the following benefit year. Any credits remaining in your Health Spending Account at the end of a benefit year will be lost.

See the table **Instructions and Time Limits for Sending Us Your Claims** at the beginning of this booklet for information about when and how to make a claim.

There are a number of reasons why the Health Spending Account is tax-effective for you. Eligible expenses are specifically limited to expenses not paid, or not paid in full, under another plan or under another benefit of this plan. If you paid for these expenses on your own, you would have to use expensive "after-tax" dollars. On the other hand, your Health Spending Account is sheltered from federal and provincial (except Québec) income tax. In most circumstances, this means that when you use credits to pay for expenses, you are using less expensive "pre-tax" dollars. The result is extra savings for you.

Eligible expenses

You can use your Health Spending Account to cover medical, hospital and dental expenses that are eligible under the Income Tax Act (Canada) and are not paid, or not paid in full, under your group plan, your spouse's plan or any government-sponsored plan.

Eligible expenses include but are not limited to the items listed below:

- portion of expenses not covered by a health or dental benefits plan such as deductibles, coinsurances or amounts over plan maximums.
- premiums for health or dental benefits.
- drugs or other preparations when prescribed by a qualified medical practitioner or dentist and dispensed by a pharmacist.
- services performed by a qualified medical or dental practitioner.
- payments to a hospital or another facility such as nursing home, special school, institution or other place for care and training of a mentally or physically impaired individual.
- remuneration of a full-time attendant, or for the cost of full-time care in a nursing home of a mentally or physically impaired individual. Condition must be certified by a qualified medical practitioner.
- emergency services or referred services outside the person's province of residence.
- eyeglasses, contact lenses or laser eye correction surgery when prescribed by a qualified medical practitioner.
- medical devices, supplies or equipment when prescribed by a qualified medical practitioner.
- diagnostic screening, laboratory or radiological procedures when prescribed by a qualified medical practitioner.
- reasonable expenses relating to rehabilitative therapy, including training in lip reading and sign language, incurred to adjust for the patient's hearing or speech loss.
- transportation costs to transfer a patient and one additional person (if necessary) to receive medical services, if conditions for transportation expenses are satisfied and the distance travelled is at least 40 kilometres.
- reasonable expenses for meals and accommodation for the patient and, if required, the accompanying individual, if conditions for transportation expenses are satisfied and the distance travelled is at least 80 kilometres.
- costs of acquisition, care and maintenance (including food and veterinary care) of an animal specially trained to assist a patient who is blind or profoundly deaf or has a severe and prolonged impairment that markedly restricts the use of arms or legs.
- modifications to the principal home of the person who lacks normal physical development or who has severe and prolonged mobility impairment, to enable the person to gain access to a dwelling or to be functional within it.
- reasonable expenses to locate a bone marrow or organ transplant donor, and reasonable travelling, board and lodging expenses of the donor and the patient in respect of the transplant.

Qualified means a person who is a member of the appropriate governing body established by the provincial government for their profession. In the absence of a governing body, the person must be an active member of an association approved by us.

Other coverage

If you or your eligible dependents have coverage under another plan, you should submit your claims to the other plan first. Once benefits have been determined under the other plan, you can submit any unpaid portion of the claim for payment from your Health Spending Account.

When coverage ends

See the Benefit Summary at the beginning of this booklet to see when your coverage ends.

Surviving dependent coverage

The Health Spending Account is set up under the associate's name, and there is no continuation of coverage for dependents after the associate's death. Only eligible expenses incurred before the associate's death can be reimbursed under the associate's Health Spending Account.

Respecting your privacy

Respecting your privacy is a priority for the Sun Life Financial group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our associates, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit www.sunlife.ca/privacy.

You have a choice

We will occasionally inform you of other financial products and services that we believe meet your changing needs. If you do not wish to receive these offers, let us know by calling 1-877-SUN-LIFE (1-877-786-5433).



About Sun Life Financial

A market leader in group benefits, Sun Life Financial serves more than one in six Canadians, in over 12,000 corporate, association, affinity and creditor groups across Canada.

Our Core values – integrity, service excellence, customer focus and building value – are at the heart of who we are and how we do business.

Sun Life Financial and its partners have operations in 22 key markets worldwide including Canada, the United States, the United Kingdom, Hong Kong, the Philippines, Japan, Indonesia, India, China and Bermuda.

Life's brighter under the sun

Group Benefits are provided by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

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