



MUNICIPAL EMPLOYEES
BENEFITS PROGRAM

Group Insurance

As at January 1, 2026

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Introduction

This booklet is a summary of the provisions of Basic, Family, Optional Life Insurance and Accidental Death & Dismemberment Insurance, for participating members of the Municipal Employees Benefits Program (MEBP).

The information in this booklet is not meant to replace the Master Application between MEBP and the insurance carrier. The booklet does not deal with every circumstance. It neither creates any right to benefits nor guarantees that you have any right to receive benefits if your actual situation or the terms of the insurance policies do not entitle you to those benefits. In case of any variations between this booklet and the provisions of the Master Application, the Master Application will prevail.

A glossary of terms used is available at the end of the booklet.

The Municipal Employees Benefits Program offers a Group Insurance Plan which consists of 4 components:

- Basic Life Insurance & Basic Accidental Death & Dismemberment Insurance (Basic AD&D)
- Optional Life Insurance
- Family Life Insurance
- Voluntary Accidental Death & Dismemberment Insurance (Voluntary AD&D)

All Insurance benefits are administered by the Municipal Employees Benefits Program (MEBP) based on a Master Application

(policy) that is in place with an insurance carrier, who is responsible for claims adjudication and processing of payments. As the administrator of the agreement MEBP is responsible for processing and maintaining all changes to employee records and documents. Coverage under the Group Insurance Plan is available 24 hours per day, anywhere in the world.

The insurance carrier for Basic, Family and Optional Life Insurance is the Blue Cross Insurance Company Inc. and the insurance carrier for Basic and Voluntary Accidental Death & Dismemberment Insurance is the SSQ Insurance Company Inc.

In order to file a claim and receive benefits under any of the Group Insurance Plan policies, you must not allow your insurance coverage to lapse. Your insurance contributions must be paid up to date on the date of death or accident.

If you are away from work due to an approved leave of absence or layoff and you decide not to continue making insurance contributions, your insurance coverage will lapse. Coverage does not resume until you return to work and your employer starts taking the required contributions from your employment earnings.

Manitoba Retail Sales Tax

As per Manitoba legislation, sales tax is to be collected on all insurance contributions remitted by members (Manitoba residents only) and participating employers on behalf of their employees.

Basic Life Insurance

Basic Life is insurance on your life only and is payable to your named beneficiary upon your death.

Eligibility

You are eligible for coverage if your employer is participating in the Plan, and you fulfill the following requirements:

- you are a resident of Canada, and
- are under age 71, and
- you have enrolled in the Municipal Employees Pension Plan.

Your employer will advise you as to when you have met the eligibility requirements. You and your employer will need to complete and submit an enrolment form and other applicable documents.

Effective Date of Insurance

Your coverage under Basic Life Insurance begins on the same day you join the Pension Plan. Participation in Basic Life Insurance is mandatory. This means that as an eligible full time, part time, seasonal, casual or temporary employee who works for a participating employer, you must join the plan once you have met the eligibility requirements.

If you are not actively at work on the date coverage would begin, coverage will begin on the day you return to work.

You may be required to complete an employment probationary period with your employer prior to joining MEBP. If you are on probation, coverage will begin on the day after your probationary period ends.

Amount of Insurance

Once you are eligible to enroll you can select 1 or 2 units of coverage.

Each unit of coverage is equal to your last full calendar year of annual earnings or your current year annual earnings. These earnings include hourly wage or salary payments, vacation pay, sick pay and shift premiums. Overtime earnings, bonuses, severance pay, northern living allowance and certain types of banked time are not included.

If you elect to be covered for 1 unit of insurance and wish to increase your coverage to 2 units at a later date, you will have to apply through MEBP to obtain the additional coverage and you will be required to complete a Statement of Health form, which will be adjudicated by our insurance carrier.

If you elect to be covered for 2 units of insurance and wish to decrease your coverage to 1 unit at a later date, you may do so by completing the appropriate form available online from our website or from your employer.

Minimum Coverage

If your annual earnings are less than \$8,000 per year, the minimum amount of coverage under your Basic Life Insurance will be \$8,000 if you have 1 unit of coverage, or \$16,000.00 if you have 2 units of coverage.

Maximum Coverage

There is a maximum limit of \$700,000 payable under this benefit.

Contributions

Contributions to Basic Life Insurance are made based on your employer's payroll dates and on your coverage amount. Your employer is responsible for collecting and remitting the contributions to the MEBP.

Basic Life Insurance contributions may be paid entirely by you, entirely by your employer or shared between you and your employer. Please check with your employer about what, if any, cost sharing agreements are in place.

Contributions made by your employer on your behalf are considered to be a taxable benefit. Your employer will include the contributions with your employment income on your T4 Statement of Remuneration Paid. Contributions that you make to the plan are not refundable upon termination, retirement or death, are not tax deductible and are not a taxable benefit.

You can contribute to Basic Life until the last pay period in the year in which you turn age 71. At that time your Basic Life contributions will stop, and you will receive information about the Pension Plan and Post Retirement Life Insurance.

Beneficiary Designation

When you join the Basic Life Insurance, you are required to name a beneficiary. You may name one or more people, your estate, an institution, or charitable organization.

If you name more than one person, you must specify the percentage of the death benefit that you want each beneficiary to receive. Also, it is very important that you name a trustee if a beneficiary is under the

age of 18. If you are not sure as to the designation of a trustee, we recommend that you consult with a legal advisor.

Your beneficiary designation is revocable. This means that you can change or update your beneficiary designation at any time prior to termination of employment or retirement, by completing the required change form.

It is important that you periodically review your beneficiary designation to make sure that it is up to date. Carefully consider your beneficiary designations and communicate your designations and wishes with your family.

Secondary Beneficiary Designation

You can name a secondary (alternate) beneficiary under Basic Life Insurance. The secondary beneficiary must be clearly stated on the beneficiary designation form. If you and your designated beneficiary die at the same time, or if the order of death cannot be proven; the named secondary beneficiary (if any) will be entitled to the death benefit payable. If a secondary beneficiary is not named, then the benefit will be paid to your estate.

If your designated beneficiary dies at least 30 days or more after your death; your designated beneficiary's estate will receive the death benefit.

If your designated beneficiary dies after you die but within 30 days of your death, the named secondary beneficiary (if any) will be entitled to the death benefit payable. If there is no named secondary beneficiary, then your estate will receive the death benefit.

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Note: If you require more space on the beneficiary designation form, you can add a separate attachment for additional names. The attachment needs to be signed and dated.

Termination of Basic Life Insurance

Your coverage under Basic Life Insurance will stop on the earliest of the following dates:

- You no longer satisfy the definition of employee as stated under the provisions of the Master Application, or
- Your employment terminates as a result of retirement, resignation, dismissal or death, or
- You are on layoff or leave of absence and you have elected not to continue paying contributions while you are not at work, or
- You are an active member and have reached age 72, or
- The date the Master Application is terminated.

Termination of Employment

Your coverage under Basic Life Insurance will stop on your termination date. The termination date is the last day for which you receive pensionable earnings from your employer (unless you are on Leave or Lay Off). Basic Life contributions are not required to be deducted from lump sum payments that you may receive for accrued vacation pay or any other banked time.

Conversion

If you are under age 65 and your Basic Life Insurance coverage ends, for the following reasons:

- your employment with a participating employer has ended, or
- your employer no longer participates in the Plan, or
- the insurance policy ends.

You have the option to convert your insurance coverage to an individual policy up to age 65 directly with the insurance carrier, without providing evidence of insurability. An application form which is available from our office is required to be completed and remitted directly to the insurance carrier, within 31 days after your coverage ends.

The cost of the individual policy will be determined by the insurance carrier.

Insurance at Retirement

If you have Basic Life Insurance coverage on the date you retire from active employment, you are eligible for coverage under Post Retirement Life Insurance.

Your coverage will be based on the amount of Basic Life Insurance that you had prior to retirement. The coverage is adjusted based on your age and deductions are taken directly from your monthly pension payment.

At age 75, the deductions stop, and a \$5,000 Paid Up Life Insurance Policy is provided, at no cost. The table in the Appendix outlines coverage and cost based on the applicable age categories.

If you do not want to participate in the Post Retirement Life Insurance, you may elect the \$5,000 Paid-Up Policy at any time. Once you have made the decision to take the

Paid-Up Policy, you will not be allowed to increase your coverage in the future.

Additional information on insurance at retirement is available in the Appendix.

Death Benefits

In the event of your death as an active employee, your beneficiary or legal representative should immediately notify your employer or MEBP who will begin the claims process.

Advance Payment Due to Terminal Illness

An advance payment of the member life benefit may be paid to the Member if:

- The Member submits a request to Blue Cross in writing;
- Blue Cross is satisfied, on the basis of medical evidence provided by the Member's attending Physician, that the Member is suffering from a condition that is expected to result in the Member's death within 12 months of the date of the request;
- the Member is under age 65.

An advanced payment amount cannot be more than 50% of the member life benefit amount in effect at the time of the request or \$50,000, whichever is less. It will be paid in one lump sum that will be deducted from the member life benefit amount. The remainder of the member life benefit will be paid to the Member's beneficiary on death of the Member.

Members are only eligible for an advance payment once per lifetime.

Optional Life Insurance

If you have 2 units of Basic Life Insurance and wish to obtain additional life insurance coverage, you can apply for Optional Life Insurance. Optional Life Insurance provides additional insurance on your life only and is payable to your named beneficiary upon your death. It is a voluntary plan.

Eligibility

If you have 2 units of Basic Life Insurance, you can apply for 1 or 2 additional units of life insurance under Optional Life Insurance.

Your application will be sent to the insurance provider for approval. If your application is approved, you and your employer will be notified by MEBP as to the required contributions and coverage amount.

Effective Date of Insurance

You can apply for Optional Life Insurance coverage on the same day that you become eligible to join Basic Life Insurance or at a later date provided you are an active member. Your effective date of insurance will be the date that you are approved for coverage by the insurance carrier. You and your employer will be notified by MEBP as to the effective date.

Amount of Insurance

You may select 1 or 2 units of coverage under Optional Life Insurance. Each unit of coverage is equal to your current year annual earnings. These earnings include hourly wage or salary payments, vacation pay, sick pay and shift premiums. Overtime earnings, bonuses, severance pay, northern

living allowance and certain types of banked time are not included.

You may cancel your coverage or reduce your coverage from 2 units to 1 unit at any time by completing a form available from your employer or our website. If you remain an active employee and wish to reinstate your coverage under the Optional Life Insurance at any time in the future, you will be required to re-apply for coverage by submitting “Evidence of Insurability”.

Maximum Coverage

The maximum amount of coverage available under Optional Life Insurance is \$300,000.

Contributions

The cost for Optional Life Insurance is determined by the insurance carrier and is based on your age and whether you are a smoker or non-smoker. Optional Life Insurance is a benefit that is paid entirely by you. Your employer is responsible for collecting and remitting the contributions to the MEBP. The current contribution rates are provided in the Appendix.

Your insurance coverage amount and contribution rate under Optional Life Insurance may change due to your age and annual pensionable earnings.

Your account is reviewed on an annual basis and you, and your employer will be notified by MEBP if there are any changes to your coverage amount and/or contribution rate.

Beneficiary Designation Information

As with Basic Life, when you join Optional Life Insurance, you are required to name a beneficiary. Please see the beneficiary designation information under the Basic Life Insurance Section.

Termination of Employment

Your coverage under Optional Life Insurance will stop on your termination date. The termination date is the last day for which you receive pensionable earnings from your employer (unless you are on Leave or Lay Off).

Termination of Optional Life Insurance

Your coverage under Optional Life Insurance will stop on the earliest of the following dates:

- You no longer satisfy the definition of employee, or
- Your employment terminates as a result of retirement, resignation, dismissal or death, or
- You are laid-off or start a leave of absence and you have elected not to continue paying contributions while you are not at work, or
- You are an active member and have reached age 65.

Death Benefits

In the event of your death as an active employee, your beneficiary or legal representative should immediately notify your employer or MEBP who will begin the claims process.

Family Life Insurance

As a member of Group Insurance Plan, you can voluntarily participate in Family Life Insurance. Family Life Insurance offers life insurance coverage on the lives of your eligible dependent family members.

Spouse: means a person who is legally married to you or has continuously lived with you for not less than 1 full year having been represented as members of a common-law relationship. You can only cover one spouse or common-law partner at a time.

Children: means persons who are your natural, adopted, stepchildren or any other children for whom you or your Spouse have been appointed as a guardian. Children must be dependent on you for financial care and support and must be:

- unmarried,
- unemployed, and
- less than 19 years of age; or if 19 years of age but less than 25 years of age, they must be attending an accredited educational institution, college, or university on a full-time basis.

The children of your common-law spouse will be covered if they are living with you.

Unmarried, unemployed Children over 19 years of age will qualify if they are dependent on you by reason of a mental or physical disability and have been continuously so disabled since the age of 19.

Unmarried, unemployed Children who became totally disabled while attending an accredited educational institution, college, or

university on a full-time basis prior to their attaining age 25 and have been continuously so disabled since that time shall also qualify as a Dependent.

You may be required to provide confirmation that the child is a full-time student, remains dependent on you for support and maintenance or that the child is not capable of self-support due to a disability.

Dependents exclude:

- any Spouse residing outside of Canada, or
- any person for whom Evidence of Insurability, if required, has not been approved by the insurance carrier.

Effective Date of Insurance

You can enroll or decline Family Life Insurance coverage on the same day that you become eligible to join Basic Life Insurance.

If you decline coverage under Family Life Insurance and later wish to participate in the plan, you will be required to provide

“Evidence of Insurability” for your eligible family members. The insurance carrier will review the information provided and will determine if you are able to participate in the plan.

If you obtain coverage under Family Life Insurance and later wish to add a family member(s), you must apply to MEBP within 31 days of acquiring a new spouse/partner or child.

Coverage Amount

The amount of insurance available on the lives of your eligible family members is:

- \$10,000 on the life of an eligible spouse, and
- \$5,000 on the life of each eligible child.

Contributions

The cost for Family Life Insurance is provided in the Appendix. Family Life Insurance is a benefit that is paid entirely by you. Your employer is responsible for collecting and remitting the contributions to MEBP.

Beneficiary

You are the beneficiary of Family Life Insurance.

Change in Coverage

You may cancel your coverage under Family Life Insurance by completing a form which can be obtained from your employer or our website. If you cancel your coverage and later wish to reinstate it, you will be required to submit Evidence of Insurability for each eligible family member.

Termination of Family Life Insurance

Your coverage under Family Life Insurance will stop on the earliest of the following dates:

- You no longer satisfy the definition of employee under the provisions of the Master Application, or
- Your employment terminates as a result of retirement, resignation, dismissal, or death, or

- You are laid-off or start a leave of absence and you have elected not to continue paying contributions while you are not at work, or.
- You are an active member and have reached age 65.

Basic Accidental Death & Dismemberment Insurance (Basic AD&D)

Basic Accidental Death & Dismemberment Insurance is insurance on your life only. An insurance benefit is payable to your named beneficiary if you die as a result of an accident, or it may be paid to you directly if you suffer a loss as a result of an accident.

Eligibility

When you enroll in Basic Life Insurance, you will automatically have coverage under Basic AD&D Insurance.

Contributions

The cost of this insurance is included in your Basic Life Insurance contribution. (Information on plan costs is located on the MEBP website under Plan Cost Summary).

Beneficiary Designation

The beneficiary designation for Basic AD&D will be the same as your beneficiary designation under Basic Life Insurance.

Amount of Insurance

If you die as a result of an accident, the Basic AD&D insurance coverage amount is equal to your Basic Life Insurance (Principal Sum).

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If you suffer a loss as a result of an accident, the coverage amount is based on a Specific Loss Accident Indemnity Schedule, this is located at the Appendix at the end of the booklet.

Based on the Specific Loss Accident Indemnity Schedule, the maximum insurance benefit payable for all losses sustained by you as a result of any one accident will not be greater than 100% of the principal sum, with the exception of quadriplegia, paraplegia, and hemiplegic. The maximum insurance benefit payable for these types of losses will not be greater than 200% of the principal sum, provided loss of life does not occur within 90 days after the date of the accident.

Change in Coverage Amount

A reduction in your Basic Life insurance coverage from 2 units to 1 unit will automatically reduce your Basic AD&D coverage as well.

The minimum coverage amounts under the Basic Life Insurance also apply to your Basic AD&D coverage.

Voluntary Accidental Death & Dismemberment Insurance (Voluntary AD&D)

Voluntary AD&D Insurance provides insurance benefits when death occurs due to an accident or if loss of use occurs due to an accident.

There are two types of coverage options under Voluntary AD&D:

- Employee Only coverage, or
- Employee & Family coverage.

The Employee Only coverage provides insurance for you only. The Employee & Family coverage provides coverage for you and your eligible family members.

If you choose to participate in the Employee Only option, an insurance benefit will be paid to your named beneficiary if you die as a result of an accident.

If you choose to participate in the Employee & Family option, an insurance benefit will be paid directly to you if;

- you suffer a loss as a result of an accident or,
- an eligible family member dies as a result of an accident or,
- an eligible family member suffers a loss as a result of an accident.

Dependent Child

Means a natural child, adopted child, stepchild or a child who is in a parent-child relationship with the member. The child is unmarried and dependent upon the member for maintenance and support and:

- under 23 years or under 26 years of age and in attendance at an Institution for Higher Learning on a full-time basis and who works less than 25 hours per week, or
- by reason of mental or physical infirmity, is incapable of self-sustaining employment and is totally dependent upon you for support within the terms of the *Income Tax Act*.

The child will be covered from birth provided the child is born alive.

Spouse

Means an individual (under the age of 72 under the Voluntary AD&D policy):

- to whom the member is legally married, or
- with whom the member has continuously cohabited in a conjugal relationship for a minimum of 1 year immediately before a der the Basic or Voluntary Accidental Death & Dismemberment insurance incurred.

Only one individual will qualify as a spouse.

Eligibility

You can enroll or decline Voluntary AD&D Insurance coverage on the same day that you become eligible to join Basic Life Insurance.

If you decline coverage under Voluntary AD&D Insurance, you may apply for coverage at any time in the future while you are an active employee. Evidence of Insurability is not required. You can also cancel your coverage at any time by

completing a form available from your employer or our website.

If you decide to participate, you will be asked to select a coverage option: Employee Only or Employee & Family. Under the Employee & Family option, an eligible family member is a Spouse or a Dependent Child.

Contributions

The cost for Voluntary AD&D Insurance is provided in the Appendix and on the Plan Cost Summary available on our website.

Voluntary AD&D Insurance is a benefit that is paid entirely by you. Your employer is responsible for collecting and remitting the contributions to MEBP.

Beneficiary Designation

If you enroll to have coverage under Voluntary AD&D Insurance, you will be asked to designate a beneficiary(ies). You can change your beneficiary designation at any time by completing a form which can be obtained from your employer or our website.

Coverage Amount

A. Employee Only Coverage

You may select amounts of insurance coverage from a minimum of \$25,000 to a maximum of \$250,000. Coverage amounts are in \$25,000 increments. The Appendix provides a breakdown of the coverage amounts. The coverage amount chosen is the death benefit payable if you die as a result of an accident.

B. Employee & Family Coverage

You may select amounts of insurance from a minimum of \$25,000 to a maximum of \$250,000. Coverage amounts are in \$25,000 increments and apply to you as the member. The Appendix provides a breakdown of the coverage amounts. In addition to this coverage your eligible family members will be insured for the following:

- Your spouse will be insured for 50% of the coverage amount you choose for yourself if you have dependent

children. If you do not have dependent children, your spouse will be insured for 60% of the coverage amount.

- Each dependent child will be insured for 15% of the coverage amount you choose for yourself if you have a spouse. If you do not have a spouse, each child will be insured for 20% of the coverage amount.

Specific Loss Accident Indemnity

If you suffer a loss as a result of an accident, the coverage amount is based on a “Specific Loss Schedule”. The loss must have been caused directly by an accident and independently of all other causes; and the loss must occur within 365 days after the date of the accident. The Specific Loss Accident Indemnity Schedule is located in the Appendix at the end of the booklet.

Change in Coverage Amount

You may increase or decrease your coverage amount or cancel your coverage, by completing a form which can be obtained from your employer or our website.

Basic & Voluntary AD&D - Additional Benefits

The following is a summary of other benefits that are available under Basic and Voluntary AD&D Insurance.

In the event you sustain Loss of Life, or you sustain an Injury which results in a Loss payable under the “Table of Losses” for which an amount of Principal Sum becomes payable due to your membership under the plan, the insurance carrier may also pay the following additional benefit(s):

| Benefit | Max | Benefit Description |
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| DISAPPEARANCE | Principal Sum | Pays the Loss of Life Principal Sum if the body of you or your eligible insured dependents has not been found within one year only if your disappearance involved the forced landing, stranding, sinking or wrecking of a conveyance |
| COMMON DISASTER BENEFIT (VOL AD&D-FAMILY PLAN ONLY) | Principal Sum | If you and your insured Spouse both are injured in the same accident and both die within 90 days of the accident as a direct result of such injuries, your Spouse's Principal Sum amount will be increased to equal yours. |
| REHABILITATION BENEFIT (INSURED EMPLOYEE ONLY) | \$15,000 | Pays the expenses incurred for your occupational training up to the Maximum if such expenses are incurred within three years of the accident and are as a result of an Injury for which you receive a benefit under the policy. |
| HOME ALTERATION AND VEHICLE MODIFICATION | \$15,000 | Pays a one-time benefit up to the Maximum for covered home alteration and vehicle modification expenses if you or your eligible insured dependents suffer an Injury for which you receive a benefit under the policy and require a wheelchair to be ambulatory. |
| WORKPLACE MODIFICATION AND ACCOMMODATION (INSURED EMPLOYEE ONLY) | \$5,000 | Pays a one-time benefit to your Employer up to the Maximum if you suffer an Injury for which you receive a benefit under the policy and require special adaptive equipment or workplace modification in order for you to return to work full-time for the Policyholder. |
| PSYCHOLOGICAL THERAPY | \$5,000 | Pays a benefit up to the Maximum if you or your eligible insured dependents suffer an Injury for which you receive a benefit under the policy and require psychological therapy within two years of the Injury. |
| IN-HOSPITAL BENEFIT | \$2,500 month | Pays a benefit of (i) 1% of the Principal Sum up to the Maximum for hospital confinements of more than 30 nights, or (ii) 1/30 th of the amount determined under (i) for hospital confinements of more than five but less than 30 nights, if you or your eligible insured dependents suffer an Injury for which you receive a benefit under the policy and are confined to hospital as a result of such Injury, for a maximum of twelve months. |
| FAMILY TRANSPORTATION | \$15,000 | Pays a benefit up to the Maximum for the expenses incurred for the transportation of an Immediate Family member to your hospital if you or your eligible insured dependents suffer an Injury for |

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| | | which you receive a benefit under the policy and as a result are confined to a hospital more than 100 kilometers from home. |
| REPATRIATION BENEFIT | \$15,000 | Pays a benefit up to the Maximum to cover the expenses to return the body to your city of residence if you or your eligible insured dependents suffer a covered accidental death while at least 50 kilometres from home. |
| IDENTIFICATION BENEFIT | \$5,000 | Pays a benefit up to the Maximum for the transportation and commercial lodging of an Immediate Family member to identify the body if you or your eligible insured dependents suffer a covered accidental death at least 150 kilometers from home and a law enforcement agency requests such identification. |
| DAY CARE BENEFIT | \$5,000 year | Pays an annual benefit of up to 5% of the Principal Sum up to the Maximum for the day care costs of each Dependent Child under age 13 who is enrolled, or who enrolls within 90 days, in a day care facility if you or your insured Spouse suffer a covered accidental death. The benefit is payable for up to four consecutive years. |
| DEPENDENT CHILD EDUCATIONAL BENEFIT | \$5,000 school year | Pays an annual benefit of up to 5% of the Principal Sum up to the Maximum for the tuition costs of each Dependent Child who is enrolled as a full-time student in post-secondary education if you or your insured Spouse suffer a covered accidental death. The benefit is payable for up to four consecutive years. |
| SPOUSAL EDUCATIONAL BENEFIT (INSURED EMPLOYEE ONLY) | \$15,000 | Pays a benefit up to the Maximum for your Spouse's expenses in enrolling in a professional or trades training program for the purpose of obtaining an independent source of income, if you suffer a covered accidental death and such expenses are incurred within 36 months of your death. |
| FUNERAL EXPENSE | \$5,000 | Pays a benefit up to the Maximum to reimburse funeral expenses if you or your eligible insured dependents suffer a covered accidental death. |
| BEREAVEMENT BENEFIT | \$1,000 | Pays up to the Maximum if you or your eligible insured dependents suffer loss of life in a covered accident and you or your eligible dependents require counselling within one year of the loss of life. |

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| SEAT BELT AND AIR BAG BENEFIT | \$50,000 | Pays an additional benefit of 10% of the Principal Sum up to the Maximum if you or your eligible insured dependents suffer an Injury while operating or riding as a passenger in a Private Passenger Type Automobile in which the seatbelt was properly fastened. If the seat belt benefit is payable and you or your eligible insured dependents were in a seat protected by a properly functioning supplemental restraint system which inflated on impact, an additional benefit of 10% of the Principal Sum will be paid. The Seat Belt and Air Bag Benefit is payable up to the Maximum combined. |
| DISABILITY FITNESS BENEFIT | \$5,000 | Pays a benefit up to the Maximum if you or your eligible insured dependents suffer an Injury for which you receive a benefit under the policy and require specially designed fitness training or athletic equipment for disabled persons, which would not have been required except for such Injury. Only such expenses incurred within the first two years from the date of Injury are eligible. Only one benefit shall be payable, the largest, under the policies issued by the Company and shall not duplicate benefits payable under any other insurance. |
| PARENTAL CARE BENEFIT | \$10,000 | Pays a benefit of an additional 10% of the Principal Sum up to the Maximum for any Dependent Parents, if you or your insured Spouse suffers a covered accidental death. The benefit is payable if at the time of accident, your Dependent Parent is in a licensed nursing care facility, enrolled in a home health care program, living with you or receiving financial support and care by you or your insured Spouse. Only one Parental Care Benefit will be payable regardless of the number of eligible Dependent Parents. |
| CARJACKING BENEFIT | \$25,000 | Pays an additional benefit of 10% of the Principal Sum up the Maximum if you or your eligible insured dependents suffer a covered accidental Injury and the Injury which caused the Loss is a result of a Carjacking while you or your eligible insured dependents were operating or riding in, or getting in or out of, a Private Passenger Type Automobile. |
| CHILD ENHANCEMENT BENEFIT (VOL AD&D-FAMILY PLAN ONLY) | | With the exception of Loss of Life, all Losses payable under the Table of Losses are doubled with respect to an Insured Person that is a Dependent Child. |

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| CRIMINAL ASSAULT BENEFIT (INSURED EMPLOYEE ONLY) | 10% of Principal Sum | Pays an additional benefit of 10% of the Principal Sum if you suffer an Injury for which you receive a benefit under the policy as a result of a deliberate felonious act of another person directed at you as an employee of the Policyholder, unless such an act was committed by a fellow employee or a member of your family or household. |
| COSMETIC DISFIGUREMENT BENEFIT | \$25,000 | Pays a percentage of the Principal Sum up to the Maximum if you or your eligible insured dependents suffer a third degree burn by means of exposure to fire, heat, caustics, electricity or radiation. Please see the policy for details including the percentage payable. |
| COMA BENEFIT | Principal Sum | Pays the Principal Sum, if you suffer an Injury and within 90 days of the date of the covered accident are disabled by Coma, less any other amount paid or payable under this policy in connection with the same accident, which lasts for at least 96 hours, and for which period the Glasgow coma score must be 4 or less. |
| SURGICAL REATTACHMENT BENEFIT | Percent of Principal Sum | Pays a percentage of the Principal Sum if, as the result of an injury a limb or an appendage or part of either a limb or appendage is completely severed and is surgically reattached. |

If you require additional information, contact the MEBP office for more details.

Termination of Insurance

Your coverage under Basic AD&D will stop on the earliest of the following dates:

- Your employment terminates as a result of retirement, resignation, dismissal, or death, or
- You are on lay off or a leave of absence and you have elected not to continue paying contributions for Basic Life Insurance while you are not at work, or
- You are an active member and have reached age 72, or
- You stop making contributions to Basic Life Insurance, or

- The date the Master Application (policy) is terminated.

Your coverage under Voluntary AD&D Insurance will stop on the earliest of the following dates:

- Your employment terminates as a result of retirement, resignation, dismissal or death, or
- You are on lay off or leave of absence and you have elected not to continue paying contributions while you are not at work, or
- You are an active member and have reached age 72, or
- The date you give notice of cancellation of coverage, or
- The date the Master Application (policy) is terminated.

Coverage for your Spouse and/or Dependent Child under Voluntary AD&D Insurance stops on the earlier of:

- The date your Spouse and/or Dependent Child ceases to be an eligible person, or
- The date your insurance coverage is terminated.

Exclusions

You will not cover any losses caused in whole or in part by, or resulting in whole or in part from, the following:

- suicide or any attempt thereat you or your insured eligible dependents;
- self-inflicted Injury or any attempt thereat you or your insured eligible dependents;
- declared or undeclared war or any act thereof;
- sickness, disease, or bodily infirmity whether the Loss or claim results directly or indirectly from any of these;

Group Insurance as at January 1, 2026

- (e) Injury sustained while you are undergoing the medical or surgical treatment of sickness, disease, or bodily or mental infirmity;
- (f) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- (g) travel or flight in or on (including getting in or out of, or on or off of) any aircraft, if you are:
 - i) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - ii) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
 - iii) riding as a passenger in an aircraft owned, leased or chartered by the Policyholder;
- (h) travel or flight in or on (including getting in or out of, or on or off of) any aircraft or craft designed to fly or glide above the Earth's surface:
 - (i) except as a passenger on a regularly scheduled commercial airline; or
 - (ii) being used for crop dusting, spraying or seeding, fire-fighting, traffic patrol, air ambulance, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
 - (iii) operating to or from off-shore landing sites; or
 - (iv) used in any operation that requires a special permit from the Civil Aviation Branch of Transport Canada, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).
- (l) infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
- (j) Injury or Loss sustained if you or your insured eligible dependents are on full-time active duty in the armed forces or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is on full-time active duty shall, upon application to the Company by the Policyholder, be refunded);
- (k) Injury or Loss sustained while you are under the influence of alcohol and operating any vehicle or means of transportation or conveyance while your blood alcohol is over 80 milligrams in 100 milliliters of blood;
- (l) Injury or Loss sustained while you are under the influence of a drug or substance which is controlled as specified under the Controlled Drug and Substances Act (Canada) unless taken pursuant to the advice of and in strict accordance with the instructions of a duly licensed Physician;
- (m) the commission or attempted commission by you or Injury incurred while you are in the course of committing or attempting to commit any act which if adjudicated by a court would be an indictable offence under the laws of the jurisdiction where the act was committed; and

- (n) an act, attempted act or omission taken or made by you, or an act, attempted act or omission taken or made with your consent, for the purposes of interrupting the blood flow to your brain or to cause asphyxiation to you whether with intent to cause harm or not; and
- (o) death by natural causes

General Information

Procedures for Claims

You or your beneficiary must notify your employer or MEBP immediately of any injury or death.

In the event of a claim, written notice of injury must be given to the insurance provider within 30 days after the date of the Accident, and written proof of loss must be

submitted to the insurance provider within 90 days after the date of such loss.

Failure to provide such notice or proof within the time limits will not invalidate or reduce your claim, if you can show that it would not have been reasonably possible to provide notice or proof and that notice or proof was provided as soon as was reasonably possible, but in no event later than 1 year after the date of the Accident.

Transfer between Participating Employers

If you stop working for your current employer and become re-employed with another participating employer, you may

continue to contribute to the Group Insurance Plan from either the first day of employment with your new employer or once you have completed a probation period with the new employer. In either case you must join the Pension Plan with your new employer, in order to be eligible to participate in the Group Insurance Plan.

In order to update your MEBP account, we will require that you complete the necessary insurance enrolment forms with the new employer.

Approved Leave of Absence Period/Layoff Period

An approved leave of absence can be with or without pay. If your employer approves a leave of absence with pay, you will continue to receive employment earnings and you will continue to contribute to Basic Life Insurance and other components of the Group Insurance Plan.

If you are approved for a leave of absence or are laid off without pay, you have the option;

- to continue making contributions to the plan during the period that you are absent from work or,
- discontinue making contributions until your period of leave is finished and you return to work.

You must make your decision **prior** to the start of your leave or layoff and advise MEBP of your decision by completing the necessary form available from your employer or our website.

Group Insurance as at January 1, 2026

If you chose to continue making contributions, you must contribute to Basic Life Insurance in order to continue making contributions to the other components of the Group Insurance Plan (Family Insurance, Optional Life Insurance and Voluntary Accidental Death & Dismemberment Insurance).

If you are approved for a leave of absence without pay or are laid off and choose to continue making contributions to Basic Life Insurance, you will continue to have coverage under Basic AD&D.

Your employer will calculate the full cost of the required contributions and will advise you of the required payment arrangements. The required contributions are based on

your insurance benefits, coverage amount and contribution rate in effect prior to the start of the leave or layoff. Payments are required to be made to your employer who will remit them to MEBP on a monthly basis.

The coverage amount(s) cannot be changed while you are on a leave of absence or layoff.

If you die during the leave of absence or lay off period and have paid the necessary contributions, a death benefit will be paid to your named beneficiary.

You can contribute to the Group Insurance Plan for the following types of unpaid leave of absences:

- Maternity/Parental Leave
- Educational/Professional Leave

- Personal Leaves
- Compassionate Care Leave
- Sick/Injury Leave
- Workers Compensation Board (WCB) Leave
- Manitoba Public Insurance Leave

Any top-up pay and/or leave allowance received from your employer during a period of approved absence are not considered to be employment earnings and your employer will not deduct contributions.

If you chose not to continue making contributions while on a leave of absence or on lay off, **your insurance coverage will lapse, and you will cease to have coverage.** A death benefit will not be paid to your beneficiary if you did not have coverage at the time of your death. Your coverage under the plan will resume once you return to work and your employer starts to take contributions from your employment earnings.

There are limits on the length of time that Group Insurance Plan contributions will be accepted by MEBP. They are as follows:

| Type of Absence | Voluntary AD&D | Basic, Family & Optional Life |
|---|----------------|-------------------------------|
| Layoff | 12 months | 12 months |
| Lockout/Strike | 12 months | 12 months |
| Maternity | 17 weeks | 17 weeks |
| Parental | 63 weeks | 63 weeks |
| Personal | 24 months | 24 months |
| Educational/Professional | 24 months | 24 months |
| Compassionate Care | 24 months | 24 months |
| Sick/Injury, Workers Compensation and Manitoba Public Insurance – see below | | |

A member who is off work due to sickness or injury (includes Manitoba Workers Compensation & Public Insurance), can continue to pay for coverage under the MEBP Group Insurance Plan until the earliest of the following:

- Recovery from sickness or injury
- Termination of employment
- Ceases to be an insured employee

Employees who are called in to work, while on leave/layoff

If you are called back to work in any capacity or for any length of time while on a layoff period or during an approved leave of absence and you receive regular earnings, insurance contributions are to be deducted from these earnings.

Group Insurance Contributions While Receiving Disability Benefits

If you become disabled, because of illness, injury, or disease, and are unable to perform the essential duties of your own occupation or own job as regularly performed for the employer, you may apply for the “Waiver of Contribution” benefit under Basic Life Insurance.

If you apply and are approved for the Waiver of Contribution benefit, you will be able to keep your Basic Life and Basic AD&D Insurance coverage that you had prior to becoming disabled, without having to pay the required contributions. The contributions will be paid by the plan on your behalf, for as long as you remain disabled. The benefit will stop when you are no longer disabled, return to work or until age 65, whichever occurs first.

If you become disabled you can apply to continue making contributions to maintain your coverage under any other components of the Group Insurance Plan that you had prior to your disability (Family Life, Optional Life Insurance & Voluntary Accidental Death & Dismemberment Insurance).

Appendix

Basic Life Insurance

The cost of the Basic Life Insurance is \$0.22 per \$1,000 of coverage. The coverage amount is rounded to the nearest \$1,000 when calculating the required contribution.

Example 1:

Neil has annual earnings of \$34,300 and has 2 units of Basic Life Insurance. His Basic Life Insurance coverage is \$68,000 (\$34,000 x 2).

He is paid on a bi-weekly basis and there are 26 pay periods in the year. The required bi-weekly contribution is:
 $(68 \times \$0.22) \times 12/26 = \6.91

Neil's employer has an agreement with their employees that they will pay 50% of the cost of Basic Life Insurance: Neil's bi-weekly required contribution is: $\$6.91/2 = \3.45

Employer's bi-weekly required contribution is: $\$6.91/2 = \3.45

The 7% retail sales tax (RST) is applied to both the employee and employer shares of the contribution. In this case the RST would be:
 $\$3.45 \times .07 = \0.24 each.

The total RST would be:
 $\$0.24 \times 2 = \0.48 .

Neil's bi-weekly contribution is:
 $\$3.45 + \$0.24 = \$3.69$

Example 2:

Ann has annual earnings of \$65,700 and has only 1 unit of Basic Life Insurance. Her Basic Life Insurance coverage is \$66,000.

She is paid on a semi-monthly basis and there are 24 pay periods in the year. Her bi-weekly contribution is:
 $(66 \times \$0.22) \times 12/24 = \7.26

The 7% sales tax is applied to the required contributions:
 $\$7.26 \times .07 = \0.51

Anne's employer does not contribute towards the cost of Basic Life Insurance.

Anne's semi-monthly contribution plus RST is $\$7.26 + \$0.51 = \$7.77$

Post Retirement Insurance

The cost of Post Retirement Insurance is based on age and the amount of Basic Life Insurance coverage on the date of retirement.

| Attained Age | Percentage of Amount of Pre-Retirement Insurance | Rate per \$1,000 per Month Plus 7% Sales Tax |
|------------------------|--|--|
| Retirement age to 65 | 50% | $\$0.38 + \$0.03 = \$0.41$ |
| 65 & 1 month to age 70 | 25% | $\$0.76 + \$0.05 = \$0.81$ |
| 70 & 1 month to age 75 | 12.5% | $\$1.52 + \$0.11 = \$1.63$ |
| Age 75+ | \$5,000 Paid Up Policy | No Charge |

Example:

On his date of retirement Neil had \$68,000 of Basic Life Insurance coverage. His age at retirement is 62. He has chosen to participate in Post Retirement Insurance. His insurance coverage will now be:

$\$68,000 \times 50\% = \$34,000$ and his monthly cost will be $34 \times \$0.38 = \12.92 plus RST of $\$0.91 = \13.83 .

Family Life Insurance

The cost for Family Life Insurance is \$2.76 per month.

Example:

If you are paid bi-weekly the cost would be:

$\$2.76 \times 12/26 = \1.27
plus RST of $\$0.08 = \1.36

If you are paid semi-monthly the cost would be: $\$2.76 \times 12/24 = \1.38
plus RST of $\$0.10 = \1.48

Optional Life Insurance

The cost for Optional Life Insurance is based on the coverage amount (1 or 2 units – each unit is based on your pensionable earnings), your age and whether you are a smoker or non-smoker. The current rates are:

| Attained Age of Employee | Smoker – Monthly Rate per \$1,000 of coverage | Non-Smoker – Monthly Rate per \$1,000 of coverage |
|--------------------------|---|---|
| Under age 35 | .09 | .06 |
| 35 – 39 | .12 | .06 |
| 40 – 44 | .17 | .09 |
| 45 – 49 | .30 | .16 |
| 50 – 54 | .50 | .26 |
| 55 – 59 | .86 | .47 |
| 60 – 65 | 1.11 | .65 |

Example

Beth has 2 units of Basic Life Insurance and wants additional coverage. She is 42, a non-smoker with annual pensionable earnings of \$58,000. She applies for 2 units of Optional Life Insurance and receives approval for the additional coverage. She is paid on a bi-weekly basis. The cost for Optional Life Insurance will be:

$\$58,000 \times 2 \text{ units} = \$116,000$
coverage amount
 $\$116,000 / \$1,000 = 116 \times .09 \times 12$
 $\$125.28$ annual cost
 $\$125.28 / 26 = \4.82 bi-weekly cost,
plus RST of $0.39 = \$5.16$.

Voluntary AD&D Insurance

The cost for Voluntary AD&D Insurance is based on your coverage amount and coverage type. If as a result of an accident you and/or if applicable, an eligible family member, die or suffer any losses listed in the Schedule of Loss, the percentage of benefit shown in the Schedule will be paid as an insurance benefit.

Voluntary Death & Dismemberment Insurance Contribution Rates are:

| Employee Only Plan | | | |
|--------------------|---------|-----------|---------------------------|
| Amount of Coverage | Monthly | Bi-Weekly | Semi-Monthly Contribution |
| \$25,000 | \$.75 | \$.35 | \$.38 |
| \$50,000 | \$1.50 | \$.69 | \$.75 |
| \$75,000 | \$2.25 | \$1.04 | \$1.13 |
| \$100,000 | \$3.00 | \$1.38 | \$1.50 |
| \$125,000 | \$3.75 | \$1.73 | \$1.88 |
| \$150,000 | \$4.50 | \$2.08 | \$2.25 |
| \$125,000 | \$5.25 | \$2.42 | \$2.63 |
| \$200,000 | \$6.00 | \$2.77 | \$3.00 |
| \$225,000 | \$6.75 | \$3.12 | \$3.38 |
| \$250,000 | \$7.50 | \$3.46 | \$3.75 |

| Employee & Family Plan | | | |
|------------------------|---------|-----------|---------------------------|
| Amount of Coverage | Monthly | Bi-Weekly | Semi-Monthly Contribution |
| \$25,000 | \$1.13 | \$0.52 | \$0.56 |
| \$50,000 | \$2.25 | \$1.04 | \$1.13 |
| \$75,000 | \$3.38 | \$1.56 | \$1.69 |
| \$100,000 | \$4.50 | \$2.08 | \$2.25 |
| \$125,000 | \$5.63 | \$2.60 | \$2.81 |
| \$150,000 | \$6.75 | \$3.12 | \$3.38 |
| \$175,000 | \$7.88 | \$3.63 | \$3.94 |
| \$200,000 | \$9.00 | \$4.15 | \$4.50 |
| \$225,000 | \$10.13 | \$4.67 | \$5.06 |
| \$250,000 | \$11.25 | \$5.19 | \$5.63 |

The Manitoba Retail Sales Tax of 7% must be paid on all insurance contributions.

Specific Loss Accident Indemnity Schedule

| Table of Losses | Percentage Principal Sum Payable |
|---|--|
| Loss | |
| Loss of Life | 100% |
| Loss of Both Hands or Both Feet | 100% |
| Loss of Entire Sight of Both Eyes | 100% |
| Loss of One Hand and One Foot | 100% |
| Loss of One Hand and the Entire Sight of One Eye | 100% |
| Loss of One Foot and the Entire Sight of One Eye | 100% |
| Brain Death | 100% |
| Loss of One Arm or One Leg | 80% |
| Loss of One Hand or One Foot | 75% |
| Loss of The Entire Sight of One Eye | 75% |
| Loss of Thumb and Index Finger of the Same Hand | 33% |
| Loss of Speech and Hearing | 100% |
| Loss of Speech or Hearing | 75% |
| Loss of Hearing in One Ear | 67% |
| Loss of Four Fingers of One Hand | 33% |
| Loss of All Toes of One Foot | 25% |
| Loss of Use | |
| Loss of Use of Both Arms or Both Hands | 100% |
| Loss of Use of One Hand or One Foot | 75% |
| Loss of Use of One Arm or One Leg | 80% |
| Paralysis | |
| Quadriplegia (total paralysis of both upper and lower limbs) | Two times the Principal Sum up to a maximum of \$1 million |
| Paraplegia (total paralysis of both lower limbs) | Two times the Principal Sum up to a maximum of \$1 million |
| Hemiplegia (total paralysis of upper and lower limbs of one side of the body) | Two times the Principal Sum up to a maximum of \$1 million |

Loss of Life – means death of an insured person (Member, or if applicable Spouse and/or Dependent Child).

“Loss” as used with reference to loss of use means the total and irrecoverable loss of use, provided the loss is continuous for 12 consecutive months and the loss of use is determined to be permanent at the end of the 12-month period.

“Loss” as used with reference to:

- **Hand or Foot** - means complete severance through or above the wrist or ankle joint, but below the elbow or knee joint.
- **Arm or Leg** - means complete severance through or above the elbow or knee joint.
- **Thumb** - means complete severance of one entire phalanx of the thumb.
- **Finger** - means complete severance of two entire phalanges of the finger.

- **Toes** - means complete severance of one entire phalanx of the big toe and all phalanges of the other toes.
- **Eye** - means the irrecoverable loss of the entire sight thereof.
- **Speech** - means complete and irrecoverable loss of the ability to utter intelligible sounds.
- **Hearing** - means complete and irrecoverable loss of hearing.
- **Paralysis** – means the loss of ability to move all or part of the body.
- **Quadriplegia** – means the permanent Paralysis and functional loss of use or both lower limbs.
- **Paraplegia** – means the permanent Paralysis and functional loss of use of both lower limbs.
- **Hemiplegia** – means the permanent Paralysis and functional loss of use of upper and lower limbs on the same side of the body.

Glossary of Terms

Accident

Means any unlooked-for mishap or untoward event which is not expected or designed.

Actively at Work

An employee is actively at work if carrying out the employee's normal duties at their place of employment or some other location required due to their employment. An employee is also considered to be actively at work if absent only due to a scheduled day off or vacation but otherwise able to carry out their normal employment duties.

Annual Pensionable Earnings

Annual pensionable earnings include hourly wage or salary payments, vacation pay, sick pay and shift premiums. Overtime earnings, bonuses, severance pay, northern living allowance and certain types of banked time are not considered to be pensionable. Basic and Optional Life Insurance coverage amounts are based on annual pensionable earnings.

Daily Benefit

Means 1/30 of 1% of the member's Principal Sum, to a certain maximum.

Employee

A person who is employed by a participating employer as an active full-time, part-time, seasonal, or temporary employee, who is under age 72 and is a member of the Municipal Employees Group Insurance Plan.

Immediate Family Member

Means a person at least 18 years of age, who is the son, daughter, father, mother, brother, sister, son or daughter-in-law, father or mother-in-law, brother or sister-in-law, spouse, grandson, granddaughter, grandfather, or grandmother (includes natural, adopted or step relationship) of the member.

Injury

Bodily injury which is sustained by an Insured Person as a direct result of an unintended unanticipated accident, provided such accident is external to the body occurring 24 hours a day, anywhere in the world.

Principal Sum

The amount of insurance coverage an active member is paying for under Basic Life Insurance or Voluntary Accidental Death & Dismemberment Insurance.

Retail Sales Tax

A tax that is applied to insurance contributions for Basic Life, Family Life, Optional Life and Voluntary Accidental Death & Dismemberment Insurance, for residents of Manitoba.

Termination/Retirement Date

The last day for which a member receives pensionable earnings from their employer, unless on a Leave of Absence or Layoff.

**Manitoba Municipal Employees Benefits Program
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