

Name:

Employee #:

Effective Date: **Sept 1, 2017****2017-18 ADVANTAGE BENEFITS (September 1, 2017 to June 30, 2018 for Drainage)****FLEX CREDITS - Prorated for 22 Pay Periods** \$1,301.52 Full Time \$650.76 Part Time (PT1: 20-29 hrs/wk) \$976.14 Part Time (PT2: 30-39 hrs/wk)

| DEPENDENTS: Last Name/First Name | Date of Birth | Female/Male | Child/Spouse | Full Time Student (Yes or No) |
|----------------------------------|---------------|-------------|--------------|----------------------------------|
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EXTENDED HEALTH - Please check one

Indicate desired coverage or check Opt Out

Opt Out

Opt Out Flex Credits:

Prorated - \$121.44 Full Time

\$60.72 PT1; \$91.08 PT2

| | EE Only | EE + 1 | EE+ Family |
|---|----------|------------|------------|
| Extended Health - Essentials (EPCOR paid) Prorated premium to 30-JUN-2018 | \$0.00 | \$0.00 | \$0.00 |
| Extended Health Comprehensive Prorated premium to 30-JUN-2018 | \$223.08 | \$446.16 | \$669.24 |
| Extended Health - Enhanced 2 benefit year lock-in period (till June 30/19) Prorated premium to 30-JUN-2018 | \$509.52 | \$1,109.04 | \$1,528.56 |

DENTAL - Please check one

Indicate desired coverage or check Opt Out

Opt Out

Opt Out Flex Credits:

Prorated - \$193.60 Full Time

\$96.80 PT1; \$145.20 PT2

| | EE Only | EE + 1 | EE+ Family |
|--|----------|----------|------------|
| Dental - Essentials (EPCOR paid) Prorated premium to 30-JUN-2018 | \$0.00 | \$0.00 | \$0.00 |
| Dental Comprehensive Prorated premium to 30-JUN-2018 | \$83.16 | \$166.32 | \$249.48 |
| Dental - Enhanced 2 benefit year lock-in period (till June 30/19) Prorated premium to 30-JUN-2018 | \$319.44 | \$638.88 | \$958.32 |

HEALTH SPENDING ACCOUNTOpt Out

Allocate Flex Credits

Max \$1,301.52 + any opt out flex credits

\$

COORDINATION OF BENEFITS (COB)

Does your spouse have benefits coverage? (circle applicable COB coverage)

| | | |
|-----------------|-----------|------------------|
| Extended Health | YES or NO | SINGLE or FAMILY |
| Dental | YES or NO | SINGLE or FAMILY |

NOTE: If both you and your spouse are employees at EPCOR, you are both ineligible for Spousal Life Insurance. Please have your spouse contact Benefits Support immediately to cancel Spousal Life Insurance effective August 31, 2017.

LONG TERM DISABILITY (LTD)

Indicate(circle) desired coverage level

| | | | | | |
|------------|------------|-------------------|---------------------------|-----------------|---------------------------|
| Essentials | EPCOR-Paid | Essentials + COLA | % of Base Salary .240% | Enhanced + COLA | % of Base Salary .626% |
|------------|------------|-------------------|---------------------------|-----------------|---------------------------|

- LTD at any level is automatically approved during your first benefit enrollment. Future increases will require application to and medical underwriting by Sun Life.
- You are ineligible for LTD coverage if you are 65 years of age or have reached full pension eligibility.
- Premiums are paid via bi-weekly LTD deduction – cannot use flex credits to pay LTD premiums.

CHILD LIFE (If applicable)

Indicate(circle) desired coverage level

- One policy/premium covers all of your dependent children.

- If your spouse also works at EPCOR, only one of you can carry Child Life Insurance.

| | | | |
|------------------------|-------------------------|-------------------------|-------------------------|
| \$5,000 | \$10,000 | \$15,000 | Max: \$20,000 |
| \$7.92 (\$0.36/pay) | \$15.84 (\$0.72/pay) | \$23.76 (\$1.08/pay) | \$31.68 (\$1.44/pay) |

Information & Calculation Worksheet

| Extended Health | | | |
|---|---------------------------------|--|-------------------------------------|
| Expense | Essentials <i>EPCOR paid</i> | Comprehensive <i>Use Flex Credits</i> | Enhanced <i>Use Flex Credits</i> |
| Prescriptions | 50% | 80% | 100% |
| Vision Care <i>Does not include eye exams</i> | None | 100% <i>Up to \$200/2 years</i> | 100% <i>Up to \$400/2 years</i> |
| Paramedical* | 50% | 80% | 100% |
| Social Worker & Psychologist* | 50% | 80% | 100% |
| Emergency Medical <i>60 days - \$3 Million/Lifetime</i> | 100% | 100% | 100% |
| <i>*Reasonable and customary amounts/plan maximums are in effect.</i> | | | |



| Dental | | | |
|---|---------------------------------------|--|--------------------------------------|
| Expense | Essentials <i>EPCOR paid</i> | Comprehensive <i>Use Flex Credits</i> | Enhanced <i>Use Flex Credits</i> |
| Basic Services | 50% | 80% | 100% |
| Major Services | 50% | 50% | 70% |
| Orthodontics <i>\$3,000 lifetime max.</i> | 50% | None | 50% |
| Recall Exams | Adult - 12 months Child - 6 months | Adult - 12 months Child - 6 months | Adult - 6 months Adult - 6 months |
| <i>Dental Fee Guide maximums are in effect.</i> | | | |

| Long Term Disability (LTD) | | | |
|---|---------------------------------|---------------------------------------|----------------------------------|
| | Essentials <i>EPCOR paid</i> | Comprehensive <i>LTD deduction</i> | Enhanced <i>LTD deduction</i> |
| Benefit <i>of Annual Base Salary</i> | 66⅔% | 66⅔% | 75% |
| Cost of Living Adjustment (COLA) | None | CPI to max 5% | CPI to max 5% |

Calculating the cost of your Extended Health and Dental benefits

| Full Time or Part Time? | Full Time | Part Time – Level 1 (20 to 29 hours/week) | Part Time – Level 2 (30 to 39 hours/week) |
|--|-------------------------|--|--|
| Prorated Flex Credit Amount | \$1,301.52 | \$650.76 | \$976.14 |
| (Add) Opt Out Flex Credits | + \$ | + \$ | + \$ |
| (Less) Extended Health Premium | - \$ | - \$ | - \$ |
| (Less) Dental Premium | - \$ | - \$ | - \$ |
| (Less) Health Spending Account | - \$ | - \$ | - \$ |
| BALANCE | = \$ | = \$ | = \$ |
| <i>Divide balance by 22 to get bi-weekly amount as there are 22 pay periods left in the current benefit year</i> | ÷ 22 PP | ÷ 22 PP | ÷ 22 PP |
| | = \$ (bi-weekly) | = \$ (bi-weekly) | = \$ (bi-weekly) |

- If balance is \$0, that means no benefit deduction and no bi-weekly flex cash payment
- If balance is a negative number, that means you'll receive a bi-weekly benefit deduction from your pay
- If balance is a positive number, that means you'll receive a bi-weekly flex cash payment on your pay

| DEPENDENTS: Last Name/First Name <i>Extra space to list more dependents (if required)</i> | Date of Birth | Female/Male | Child/Spouse | Student Status |
|---|----------------------|--------------------|---------------------|-----------------------|
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