

## Why You Need Medical/Hospital Coverage

This Plan provides you with coverage for many services rendered in Canada while you wait for your provincial health plan's coverage to become effective.

### How It Works

You and your eligible dependents are automatically covered under this plan, if you are a non-Canadian Citizen Member of Local 183 and currently satisfy the eligibility requirements of the Local 183 Members Benefit Fund, are under the age of 70 and not covered under a provincial health plan in Canada.

This coverage is limited to those members who are seeking Landed Immigrant status and who have not yet been approved.

Dependents are covered only if the member is covered.

You may be eligible under one of the following circumstances:

1. during the first three months of sponsored landed immigrant.
2. prior to conventional refugee status.
3. prior to approval of business class, skilled worker, in-Canada sponsorship and similar landed immigrant applications.

### Here's What You Get

**Medical Coverage** - Your plan provides coverage for medical expenses in Canada to a maximum of \$25,000.00 per occurrence. There is also a lifetime maximum of \$250,000.00 under the policy.

### Definitions

**"Insured Member"** means you, if you are a non-Canadian Citizen Member of Local 183 and currently satisfy the eligibility requirements of the Local 183 Members Benefit Fund, are under the age of 70 and not covered under a provincial health plan in Canada. You must be actively at work with Local 183 and making contributions to the Local 183 Members Benefit Fund and be in the process of obtaining the proper documentation so as to qualify as a legal resident and citizen of Canada.

### Eligible dependents:

**"Spouse"** means a person who is under the age of 70 and who is either legally married to you, or if there is no such person, is a person who, although not legally married to you, is cohabitating with you for a period of at least one year and is publicly represented as your domestic partner in the community in which you reside in Canada.

**"Dependent Children"** means a person that is either your natural child (legitimate or illegitimate), or adopted child, or step-child, or infants to which you are 'in loco parentis', and who is a) under 21 years of age and unmarried and dependent upon you for maintenance and support, or b) under 25 year of age and unmarried and in attendance at an institution of higher learning and dependent upon you for maintenance and support, or c) 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 of Canada.

**"Injury"** means bodily injury which is sustained as a direct result of an unintended and unanticipated accident, occurring in Canada, that is external to the body and that occurs while your coverage under this Policy is in force, which causes a loss covered by this Policy while you are in Canada.

**"Sickness"** means the onset of sickness or disease requiring medical treatment, care or advice while you or your eligible dependents are in Canada which causes a loss covered by this Policy.

**"Actively at work"** means actually at work on a full-time basis at your place of employment during your stay in Canada.

### Period of Coverage

You and your eligible dependents are covered under this plan while in Canada.

### Benefits and Coverages

#### Medical/Hospital and Therapeutic Services while in Canada

When by reason of injury or sickness, you or your eligible insured dependents incur an eligible expense in Canada as described in this part, the Plan will reimburse such expenses, subject to all limitations, exclusions, deductible amounts and other provisions of the policy:

- a) Reasonable and customary hospital charges or convalescent hospital charges including room and board up to the ward level of accommodation;
- b) Expenses incurred for the following:
  - (i) blood plasma, whole blood and oxygen;
  - (ii) x-rays and laboratory examinations which are required for diagnostic purposes;
  - (iii) artificial limbs, eyes or other prosthetic appliances;
  - (iv) casts, splints, crutches, trusses, braces (except dental braces) or one pair of orthopedic shoes per policy year if part of a brace, and wheelchairs;
- c) Expenses for physician or surgeons fees incurred in Canada, which means the reasonable and customary fees for medical care and treatment or surgical procedure performed by a legally qualified physician or surgeon;

- d) Expenses of an annual health examination, upon completion of 180 days eligibility in any one calendar year;
- e) Out-patient services provided by a Hospital;
- f) Expenses for accidental Injury to natural and sound teeth (capped or crowned teeth are considered whole or sound natural teeth) which requires treatment by a legally qualified dentist or dental surgeon within 30 days from the date of the accident, not to exceed in the aggregate the amount of \$2,000.00 as the result of any one accident.

### Exclusions and Limitations

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

- a) Any charges other than those listed above;
- b) Cosmetic surgery or treatment, unless such surgery or treatment is for accidental injuries incurred while this policy is in effect;
- c) Charges levied by a physician for time spent travelling, broken appointments, transportation costs, room rental charges or for advice given by telephone or other means of telecommunication;
- d) Anticipated medical treatments required on an ongoing basis or for continued stabilization of a medical condition known prior to your or your eligible insured dependents' arrival in Canada;
- e) A medical condition that had deteriorated, or had to be treated or investigated in the 3 months immediately preceding your or your eligible insured dependents' arrival in Canada;
- f) A sickness or injury that, at the time of arrival in Canada, might reasonably be expected to require you or your eligible insured dependents to undergo treatment, surgery or hospitalization;
- g) Suicide or any attempt at suicide while sane or insane;
- h) Intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury, while you or your eligible insured dependents are sane or insane;
- i) Dental surgery or cosmetic surgery unless such surgery is a result of a covered Injury;
- j) Emotional or mental disorders unless you or your eligible insured dependents are confined in a Hospital;
- k) Cost of prescription and non-prescription drugs and medicines;
- l) Fees for services of a licensed chiropractor; physiotherapist or massage therapist.

### How to submit a claim?

Your plan administrator will provide you with a claim form. Contact your plan administrator if you require additional claim forms.

For reimbursement of medical expenses; a claim form must be completed by you and the medical provider and submitted along with the original proof of payment/receipt to:

**LiUNA Local 183 Trust Administration**  
1263 Wilson Avenue, Suite 205  
Toronto, ON, M3M 3G2  
416-240-7487  
T: 1 888 790 3534  
W: [www.183membersbenefits.ca](http://www.183membersbenefits.ca)

If reimbursement is to be made directly to a provider, you will be required to complete and sign an assignment of benefits.

In the event you or your eligible dependents are hospitalized or have a pre-scheduled surgery, an advance notice must be provided to the Administrator. Copies of the hospital records will be required with the hospital invoice.

### Effective Date

Your coverage begins on the date you satisfy the definition of **"Insured Member or eligible dependent"** as outlined in the Local 183 Members Benefit Fund.

### Termination Date

#### Coverage ends on the earliest of:

(1) the date the policy is terminated; (2) the premium due date if premiums are not paid when due; (3) the date you no longer satisfy the definition of an Insured Member or eligible dependents; or (4) the first day of the month following the date you no longer belong to an eligible Class of Members, or the date you become eligible under a Provincial Health Care Plan.

This brochure provides only brief descriptions of the coverage available. The full details of the coverage are contained in the Policy including limitations, exclusions and termination provisions. If there are any conflicts between this document and the Policy, the Policy shall govern. Insurance is underwritten by  
AIG Insurance Company of Canada.



## SPECIAL MEDICAL/HOSPITAL COVERAGE WHILE IN CANADA

# Local 183 Members Benefit Fund

For Members and Their Dependents  
prior to approval of  
Landed Immigrant Status



Policy Number  
SRG 9114253

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**LiUNA! LOCAL 183**  
Feel the Power