

BENEFITS FOR

# *Early Retirees*



# Thinking About Retiring Early?

## EARLY RETIREE BENEFITS

The Alberta School Employee Benefit Plan (ASEBP) provides you with the opportunity to continue your ASEBP benefits coverage (excluding Extended Disability Benefits (EDB) and spending accounts) into early retirement and until you turn 65. Continuing ASEBP benefits into your retirement allows you to:

- ▶ enjoy the same great benefits you've come to know and expect from a leader in the benefits field;
- ▶ depending on the pharmacy, use direct billing so you don't have to pay out-of-pocket for covered prescription drugs; and
- ▶ keep your benefits cost-effective because, as a not-for-profit trust, ASEBP keeps its premiums as low as possible.

The information in this brochure is intended to help highlight some things you may need to consider before you decide what benefits will be right for you when you retire.

## ELIGIBILITY FOR EARLY RETIREE BENEFITS

As an individual participating in an employer-sponsored ASEBP benefit plan, you can apply to continue coverage into retirement provided you meet the following conditions:

- ▶ you're between 50 and 64, inclusive;
- ▶ you're a resident of Canada (with provincial health-care coverage);
- ▶ you've been working for an ASEBP participating employer for a minimum of five consecutive years leading up to your retirement;
- ▶ the participating employer you belong to continues to participate in ASEBP benefits; and
- ▶ you're enrolled in ASEBP benefits immediately preceding your retirement date.

*Note: If your participating employer chooses to leave ASEBP in the future, you will not be eligible to continue ASEBP benefits as an early retiree.*

## Benefits Coverage

Please refer to your ASEBP ID card to determine which benefits you're currently participating in, as this will determine what benefits are available to you if you decide to continue coverage with ASEBP (excluding EDB and spending accounts). The cost for your benefits will depend on your coverage selection (single or family) and the experience of your current employer.

## Premiums

Your premiums are calculated at current rates. Premium rates are tied to the experience of your employer and can be subject to surcharges and/or discounts from year-to-year. Additionally, if your employer changes the coverage for your employee group, your coverage will change accordingly.

### EXPERIENCE EXPLAINED

Experience is a term benefit providers use to describe the amount of money paid into and out of the plan. An employer with poor experience pays less money into the plan than is paid out in benefits. An employer with good experience pays more money into the plan than is paid out in benefits. ASEBP, as a not-for-profit trust, works to ensure that we don't collect more money in premiums than we'll need to pay out in benefits each year.

Employers with consistently poor experience receive a surcharge on their premiums and those with consistently better than average experience receive a discount. Employers with good experience may receive a discount and you, as an early retiree of that employer, would receive the same discount on your premiums.

Conversely, if your current employer is subject to a surcharge, it will also be applied to your premiums.

## COST OF BENEFITS

The cost of your benefits will depend on the coverage you choose (single or family). First, determine which benefits you have and then refer to your Premium Payment Worksheet, which is included in the early retirement application package.

*Note: If your participating employer submits a retroactive salary adjustment to ASEBP, this may affect your benefit premiums. If changes to your premiums occur, you'll be notified by ASEBP. Be aware that ASEBP is authorized to withdraw funds from or deposit funds into the bank account you provided to us for the purpose of administering your benefits. This includes adjustments to benefit premiums.*



## Points to Consider

### KNOW WHAT YOU HAVE

Before making your benefits selection, it's important to know what benefits you currently have in place. You can find a list of your current benefits under Benefits on My ASEBP at [my.asebp.ca](http://my.asebp.ca), or on your ASEBP ID card on the My ASEBP Mobile App or wallet card. Knowing this information will help you make the best decision.

### EARLY RETIREE BENEFITS

Your benefits selection will be effective on the first day following your last day worked. Any benefits you previously waived cannot be included in your Early Retiree Benefits. Please note that if you're currently participating in Life Insurance and Accidental Death & Dismemberment benefits, these will continue as mandatory benefits. EDB and ASEBP spending accounts are not available under the Early Retiree Benefits plan.

### TRAVELLING OUTSIDE OF CANADA

Your Extended Health Care (EHC) plan includes Drugs, Other Medical Services & Supplies and Travel Emergencies. Furthermore, as the travel coverage included is comprehensive, purchasing additional medical travel insurance is not necessary.

If you do travel, you should advise ASEBP if your address and/or banking information will be changing during that time to ensure that your contact information remains current. Please visit [asebp.ca](http://asebp.ca) for more details on your travel benefits and the emergency travel phone number.

### RETURNING TO ACTIVE EMPLOYMENT

If, after you've retired, you choose to go back to work, your eligibility for benefits will be affected.

- ▶ If you return to work for an employer participating in ASEBP benefits and you're eligible for employer group benefits, your Early Retiree Benefits will be suspended for the duration of that contract or until you cease to be eligible for Early Retiree Benefits (e.g. reach 65). *Note: You cannot maintain your Early Retiree Benefits if you're eligible for ASEBP employer group benefits.*
- ▶ It's your responsibility to notify ASEBP within 31 days of your contract end date to reinstate your Early Retiree Benefits. You can do this by completing the *Early Retiree Change Application* (found on [asebp.ca](http://asebp.ca)). ASEBP will not accept late applicants.
- ▶ If ASEBP isn't notified within 31 days of your contract end date, your Early Retiree Benefits will terminate and you'll need to re-qualify for these benefits by fulfilling the eligibility requirements, including working for an ASEBP-participating employer for another five consecutive years and being under 65.
- ▶ Any questions related to how returning to active employment will affect your pension will need to be directed to your employer.
- ▶ If you return to work for an employer who doesn't offer ASEBP benefits, you may qualify to receive benefits from your new employer. If benefits are offered, you may keep or reduce your ASEBP Early Retiree Benefits. If you choose to terminate your ASEBP Early Retiree Benefits, you will not be eligible to re-apply if your new employer benefits are lost.

## WILL MY FAMILY HAVE BENEFITS COVERAGE IF I DIE?

If you have family coverage for EHC, Dental and/or Vision Care, dependant benefits may continue, on a premium-free basis, until the earliest of the following:

- ▶ one year following your death (or when coverage would have otherwise terminated, e.g. at 65);
- ▶ the date on which your spouse remarries;
- ▶ for spousal benefits only, the date your spouse dies; or
- ▶ for dependent child benefits only, the date your dependent child dies or ceases to be eligible under the definition of a dependant.

ASEBP will provide coverage premium-free to your eligible dependants for a period of one year, with no application required, provided that family coverage was in place prior to your date of death.

## Changing your Coverage

Once your application has been approved, there are limited opportunities for changing your benefits. You may cancel your participation at any time, but in order to re-enrol at a later date, you'll have to re-qualify.

### INDIVIDUAL CHANGES

You cannot change from "single" to "family" unless you have a qualifying life event (e.g. you get married, lose spousal coverage, gain a dependant) but you can switch from "family" to "single" at any time. You're also able to change from "single" or "family" to "covered under spouse/alternative coverage."



You have 31 days from a life event to inform ASEBP that you want to make a change by completing an *Early Retiree Change Application*. After that time, you're no longer eligible to apply for the desired change in coverage.

If at the time of retirement, you're not participating in EHC, Dental Care and/or Vision Care due to comparable spousal/alternative coverage, you can enrol in these benefits at a later date if coverage is lost. You must apply within 31 days from the date you lose spousal/alternative coverage by completing an *Early Retiree Change Application* and provide proof of loss of coverage or you will be unable to apply.

If you choose single coverage for EHC, Dental Care and/or Vision Care at retirement, you can revise your coverage level to family if spousal/alternative coverage is lost. You must apply within 31 days from the date you lose spousal/alternative coverage by completing an *Early Retiree Change Application* and providing proof of loss of coverage or you will be unable to apply.

## LOSS OF COVERAGE

Loss of spousal coverage happens when you're covered under your spouse's benefit plan and that coverage is involuntarily lost. Involuntarily lost means that your spouse's employment was terminated or that the coverage was removed or changed in a way that makes you ineligible as a dependant under that plan.

Coverage must be lost entirely, not just reduced. You cannot simply decide to stop being covered under your spouse's plan to qualify for ASEBP benefits.

## GROUP CHANGES

Your Early Retiree Benefits are provided as an extension of the group plan provided by your current employer. As such, you're still tied to the group benefits your current employer group is enrolled in. Changes to those benefits will affect you. Changes may include, but are not limited to, adding or removing benefits, changes to maximums and moving between plan options (e.g. EHC Plan 2 to Plan 1).

Be advised that ASEBP also reserves the right to make changes to its Early Retiree Benefits Plan at any time, including after retirement of early retirees. Any changes made (e.g. adding or removing any benefits, reducing or increasing benefits, etc.) may affect the benefits you have enrolled in as a retiree, even if you enrolled in the benefit plan prior to the changes being implemented. You can find the most up-to-date information on plan changes online at [asebp.ca](http://asebp.ca).



## How do I Apply?

Note that you cannot apply for benefits after your retirement date.

To apply for coverage, follow these simple steps:

1. Carefully read the entire *Early Retiree Benefit Coverage Application* form and complete Parts 1 and 3.
2. Attach a photocopy of your birth certificate or government-issued proof of age to your application.
3. Attach a personalized blank cheque (clearly showing your name) marked VOID or bank account information obtained from your financial institution (required for automated monthly withdrawals for premium payments) to your application.
4. Attach a completed *Appointment of Beneficiary(ies) Life and Accidental Death & Dismemberment* form.
5. Have your employer complete Part 4 of the *Early Retiree Benefit Coverage Application*.

Your employer will forward your *Early Retiree Benefit Coverage Application*, along with original *Appointment of Beneficiary(ies)*, *Group Insurance Enrolment* and *Change Application* forms to ASEBP on your behalf, along with all of your attachments.

Your completed application and all attachments must be received by ASEBP from your employer within 31 days of your retirement date. Please ensure you provide the application with your portions completed to your employer in advance of your retirement date to ensure this deadline is met. If your application is received after the application deadline, it will be declined. Use the checklist found in the application package to ensure you haven't missed any steps.

### WHEN SHOULD I APPLY?

You can send your application to your employer as soon as all of your information is gathered. ASEBP must receive this application from your employer within 31 days of your retirement date.

## Contact ASEBP

For more information about benefits coverage after retirement, contact an ASEBP benefit specialist:

Edmonton area: 780-431-4786

Toll free: 1-877-431-4786

Email: [benefits@asebp.ca](mailto:benefits@asebp.ca)



asebp





# An Administrator's Guide: Early Retiree Benefits

This brief guide is intended for use by school jurisdiction staff to help guide potential early retirees through the Early Retiree Benefits process.

## About the Application Process

To avoid processing delays and to reduce the risk of a lapse in the employee's coverage, please carefully note the following:

- 1) Salary information on the application form must match the information on file at ASEBP. If you are in doubt, check the employee's profile through the Employer Services Portal (ESP) or contact School Jurisdiction Services.
- 2) Sending a termination transaction for early retirees:  
If an employee is retiring and has submitted their *Early Retiree Benefit Coverage Application*, you have the option to terminate their Health Spending Account (HSA) in part four of the application—**do not terminate their benefit coverage via ESP**. ASEBP will handle benefits for this employee when we process their *Early Retiree Benefit Coverage Application*, as we need to transfer benefits from a working status to a retired status to provide seamless benefit coverage.

If the employee has accepted a contract with benefits with your school jurisdiction immediately after their retirement date, enrolments received for working retirees will result in a transfer of HSA credits.

If the employee is not applying for ASEBP Early Retiree Benefits, please send a termination transaction using the Terminate Employee/Coverage section of ESP.

- 3) If the early retiree wishes to increase their current coverage level, e.g. increasing from single to family, from covered under spouse/employer to single or family, etc., they must do so prior to their retirement date through their school jurisdiction by completing a *Change Application*.
- 4) *Early Retiree Benefit Coverage Applications* must be received from the school jurisdiction—complete and with all documentation—by ASEBP within 31 days of the employee's retirement date. Whenever possible, you should submit the application *before* the employee's retirement date. If before retirement isn't possible, please submit the application at your earliest opportunity and prior to the 31<sup>st</sup> day post retirement. **Late and/or incomplete applications will be declined.**
- 5) **Faxed applications will not be processed until the originals are received. If you fax in an application in order to meet the deadline, be advised that ASEBP must receive the original application and accompanying paperwork in our office before we can process the application.**

## About the Forms

### Early Retiree Benefit Coverage Application

The employee and school jurisdiction are responsible for completing this form. It must be completed and submitted to ASEBP by the school jurisdiction within 31 days of the employee's retirement date. Whenever possible, you should submit the application *before* the employee's retirement date. If before retirement isn't possible, please submit the application at your earliest opportunity and prior to the 31<sup>st</sup> day post retirement.

### Appointment of Beneficiary(ies) Form

This form, for Life and Accidental Death & Dismemberment Insurance, enables the employee to appoint a beneficiary(ies) and/or trustee(s) where applicable. It is important that ASEBP has current information, as well as all prior original beneficiary designations to avoid delays in processing the application.

To ensure that all required paperwork for an early retiree application is submitted to ASEBP correctly and on time, please refer to the checklist below.

## Attachments

- A personalized cheque marked "VOID" or the appropriate bank account information from the employee's financial institution
- Copy of birth certificate or government issued proof of age
- Original *Appointment of Beneficiary(ies)* form
- All original enrolment card(s)/form(s) and *Group Enrolment* or *Change Application* forms containing beneficiary information for Life Insurance and Accidental Death & Dismemberment

## Application

- Is the applicant's benefit termination date the same as their resignation date?
- Has the *Early Retiree Benefits Coverage Application* been signed by the applicant and the employer?
- Remind applicant that Extended Disability Benefits, and spending accounts if applicable, do not continue with Early Retiree Benefits.

## Submission

- Has the *Early Retiree Benefits Coverage Application* been mailed to ASEBP within 31 days of the employee's last day at work? Faxed applications will not be processed until originals are received. If you fax in an application in order to meet the deadline, be advised that ASEBP must receive the original application and accompanying paperwork in our office before we can process the application.
- Is the early retiree continuing to work under contract? If yes, please submit the enrolment using an effective date that coincides with their retirement date.

## For More Information

**Employers** should contact Client Services: Toll-free:  
1-866-989-7212  
Email: [clientservices@asebp.ca](mailto:clientservices@asebp.ca)  
[www.asebp.ca](http://www.asebp.ca)

**Employees** should contact a benefit specialist: Phone:  
780-431-4786 in the Edmonton area  
Toll-free: 1-877-431-4786  
Email: [benefits@asebp.ca](mailto:benefits@asebp.ca)  
[www.asebp.ca](http://www.asebp.ca)



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# EARLY RETIREE BENEFIT COVERAGE APPLICATION

## INSTRUCTIONS:

- Please keep a copy of this completed application form for your records.
- Check applicable box below to confirm the following (see Part 2, Section B for additional details):
  - I authorize ASEBP to begin automated withdrawals for payment of my benefit premiums from the bank account currently on file (please log in to your My ASEBP account to confirm) OR
  - a blank personalized cheque marked "VOID" or bank account information obtained from your financial institution is attached
- Check box to confirm the following documents are attached:
  - a copy of your birth certificate, or government-issued proof of age
  - Appointment of Beneficiary(ies) form(s)
- Complete Parts 1, 2 and 3. Forward the completed application and all the above documents to your employer.
- Your application must be received by the Alberta School Employee Benefit Plan (ASEBP) from your employer within 31 days of your retirement date. Please ensure you provide the application with your portions completed to your employer in advance of your retirement date to ensure this deadline is met. If your application is received after the application deadline, it will be declined.
- ASEBP will notify you after reviewing your application to either request additional information or to advise you that your application was approved or declined.

## PART 1 – Applicant & Benefits Information

### A. Applicant Information

Last name:	First name:	ASEBP ID #:
Mailing address:		Gender:
City:	Province:	Postal code:
		<input type="checkbox"/> Female <input type="checkbox"/> Male
Home phone #:    -    -	Daytime phone #:    -    -	Birth date:
Email address (optional):		YYYY / MM / DD

### B. Benefits Selection & Changes

Your benefits selection will be effective on the first day following your last day worked. Any benefits you previously waived cannot be included in your Early Retiree Benefits. Please note that if you are currently participating in Life and Accidental Death & Dismemberment (AD&D), these benefits will continue as mandatory benefits. Extended Disability Benefits and spending accounts are not available under the Early Retiree Benefits plan.

**Continuation of Current Coverage** (refer to your ASEBP ID card for your current benefit selection)

- By checking this box, I confirm that I wish to continue all ASEBP benefits I am currently participating in, excluding Extended Disability Benefits and spending accounts, **with no changes.**
- By checking this box, I confirm that I wish to continue all ASEBP benefits that I am currently participating in, excluding Extended Disability Benefits and spending accounts, **with the changes indicated in the Changes to Coverage section.**

#### Changes to Coverage

\* Please confirm with your employer if any of your benefits are a condition of employment. If so, you are unable to select waived.

If you would like to make changes to your current level of coverage for Extended Health Care, Dental Care and/or Vision Care benefits, please select your new coverage level below. In order for ASEBP to accept the changes you are requesting for your Early Retiree Benefits, you must select the second checkbox in the **Continuation of Current Coverage** section.

Extended Health Care	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Covered under spouse/alternative coverage	<input type="checkbox"/> Waived*
Dental Care	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Covered under spouse/alternative coverage	<input type="checkbox"/> Waived*
Vision Care	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Covered under spouse/alternative coverage	<input type="checkbox"/> Waived*

**Note:** If you need to make a change that increases your coverage, e.g., going from Single to Family, please complete a *Change Application*, available in the Forms section of our website, [www.asebp.ca](http://www.asebp.ca), and submit it to your employer.

## PART 2 – Terms and Conditions

### A. General

#### Eligibility

I declare that I:

- am between the ages of 50 and 64 inclusive;
- am a resident of Canada;
- am maintaining provincial health care coverage;
- completed a minimum of five consecutive years with a participating ASEBP employer(s) immediately preceding my last day of work;
- am enrolled in ASEBP benefits immediately preceding my retirement date; and as such, am eligible to participate in ASEBP's Early Retiree Benefits.

I will advise ASEBP of any changes to the conditions listed above.

#### Changes to Benefits

Your Early Retiree Benefits are provided as an extension of the group plan provided by your former employer. As such, you are still tied to the group benefits your former employee group is enrolled in. Changes to those benefits will affect you. Changes may include, but are not limited to, adding or removing benefits, changes to maximums, moving between plan options (e.g. EHC plan 2 to plan 1).

Be advised that ASEBP also reserves the right to make changes to its Early Retiree Benefit Plan at any time, including after retirement of Early Retirees. Any changes made (e.g. adding or removing any benefits, reducing or increasing benefits, etc.) may affect the benefits you have enrolled in as a retiree, even if you enrolled in the benefit plan prior to the changes being implemented.

#### *Increasing coverage or adding a dependant*

I understand that:

- If I enrol in "single" coverage under Extended Health Care, Dental Care, and/or Vision Care and subsequently wish to apply for "family" coverage after gaining a dependant (e.g., spouse, child, etc.), I must apply **within 31 days** of gaining the dependant.
- If I am enrolled under Life and Accidental Death & Dismemberment and covered under spouse/alternative coverage for general health benefits, I may opt up to "single" or "family" coverage **within 31 days** of involuntary loss of spousal/alternative coverage. ASEBP will require written confirmation of the involuntary loss of spousal/alternative coverage from the employer or benefits carrier.
- If I waived or declined benefit coverage, I cannot enrol in those benefits at a later date.

#### *Decreasing coverage or removing a dependant*

I understand that:

- If I wish to switch from "family" coverage to "single" coverage for Extended Health Care, Dental Care, and/or Vision Care, I can do so without penalty by notifying ASEBP.
- Once I have retired, I cannot opt out of individual plans.

#### *Other changes affecting coverage for dependants*

I understand that if I am enrolled in "family" coverage for Extended Health Care, Dental Care, and/or Vision Care and subsequently wish to add an eligible dependant that is not enrolled, I must apply **within 31 days** of gaining the dependant.

#### Termination of Benefits

I understand that once I enrol in Life, Accidental Death & Dismemberment, Dental Care, Extended Health Care and/or Vision Care coverage, my coverage will remain in place until the earliest of the following dates:

- the date the policy or plan terminates;
- the date one or more benefits within the early retirement package terminates;
- the date the employee group at my school jurisdiction terminates its participation in ASEBP benefits;
- the first premium due date for which payment is not made;
- the date I am no longer eligible (the last day of the month in which I turn age 65);
- the date I request termination of coverage

I understand that once my dependants are enrolled in Dental Care, Extended Health Care and/or Vision Care coverage, their coverage will remain in place until the earliest of the following dates:

- the date my coverage terminates;
- the date my spouse ceases to be eligible under the definition of dependant;
- the date my dependent child ceases to be eligible under the definition of dependant;
- the date I request termination of coverage.

## B. Premiums

### Personal Pre-Authorized Debit (PAD) Agreement

I understand that the following conditions apply:

- a) I'll pay the monthly premium amount noted in my approval letter and a monthly statement won't be issued
- b) I'll receive notification of changes in the monthly amount payable due to:
  - Premium rate adjustments, which typically occur in September as authorized by ASEBP Trustees
  - A change in benefit coverage (e.g., from "single" to "family" coverage)
- c) My premium payment will automatically be withdrawn from my bank account on the 15th of each month. If the 15th falls on a weekend, the withdrawal will occur on the next business day
- d) Premiums are billed in complete months and if my benefits terminate prior to the last day of the month, I will remain responsible for the full month's premium
- e) If there is a change in coverage that takes effect part way through a month (e.g. a change from "family" to "single" status), the premium and coverage in effect at the beginning of the month will stay in effect until the end of that month. On the first day of the following month, the new coverage will come into effect and ASEBP will charge me the new premium
- f) I understand that I will not receive credits or refunds for premiums already paid
- g) I will notify ASEBP of any changes to my banking information

My authorization will remain in effect until 30 days written notification of cancellation is issued by either myself or ASEBP. To obtain a sample cancellation form or for more information on my right to cancel this PAD agreement I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

If ASEBP makes a withdrawal in error or for the incorrect amount, I will notify ASEBP as soon as possible. If ASEBP is aware of an error, ASEBP will correct the error and notify me as soon as possible.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

If you have any questions about this PAD Agreement, please contact ASEBP. You can find our contact information on our website, [www.asebp.ca](http://www.asebp.ca).

### Non-Payment of Premiums

If my benefits are terminated due to non-payment of premiums, coverage will end and I will not be able to re-enrol in benefits until I make restitution, which may include payment of premiums, interest, NSF charges and claims paid after termination. I understand that ASEBP retains the right to deny re-enrolment should coverage be terminated due to non-payment of premiums.

## PART 3 – Consent and Declaration

### A. Consent and Authorization for Use of Personal Information

I understand that ASEBP must collect, use and disclose the personal information contained herein in order to administer the group benefit plans and health spending account that I am enrolled in and to deposit payments to or withdraw premium payments from my bank account.

I understand why the information is required and am aware of the risks and benefits of providing this information. I consent to the collection, use and disclosure of my personal information for the purposes identified above. I understand that I may revoke my consent at any time and acknowledge that doing so will affect my and my dependants' eligibility to receive group benefits.

I understand that by virtue of the provisions of the *Personal Information Protection Act* of Alberta, my dependants are deemed to consent to the collection, use and disclosure of their personal information for the purpose of enrolment in and coverage under the group benefit plans, through me as the applicant.

### B. Application Declaration

I have read and agree to the terms and conditions in this application and declare that my statements in this enrolment application are complete, accurate and true.

Signature: "First name Last name"

Date:

Consent is obtained in accordance with sections 7, 8, 9 and 61 of the *Personal Information Protection Act of Alberta* and section 1 of the federal *Personal Information Protection Electronic Documents Act*. Be advised that in order to optimize the services we provide, we may use service providers outside Canada to carry out certain functions on our behalf. In such situations, we enter into contracts and/or verify that appropriate privacy and security protocols are in place. If you have any questions regarding the collection, use and disclosure of your personal information, please refer to ASEBP's Privacy Policy at [www.asebp.ca](http://www.asebp.ca) or contact the privacy officer at 780-438-5300.

**Once complete, please send this form and accompanying documents to your employer. Your employer will complete Part 4 and submit the completed form to ASEBP on your behalf.**

## PART 4 – To Be Completed By Employer

Employee name:

Employer name:

Retirement date (last day of employment) (YYYY/MM/DD)        /        /

Employee's annual salary prior to retirement \$

All historical **Group Insurance Enrolment**, original **Appointment of Beneficiary(ies)** and **Change Application** forms are attached, if available.

Has this employee been offered a contract with benefits immediately after their retirement date?

**If yes, please submit an enrolment transaction for this employee.** Contract start date (YYYY/MM/DD):        /        /

No, ASEBP will terminate their benefits and Health Spending Account.

No, ASEBP will terminate their benefits and leave their Health Spending Account active.

If the employee is retiring and not entering into a contract, are premiums paid by the employer?

Yes, until (YYYY/MM/DD):        /        /

Yes, until age 65

No, the employee will pay them

Please verify which benefits are a condition of employment:

Extended Health Care         Dental Care         Vision Care         N/A

I have confirmed this employee's personal information, names of any dependants and beneficiaries are up-to-date. I certify that according to the records of this organization, the information contained on this application is correct.

Employer's signature: "First name Last name"

Date:

Employer's title:

Phone #:        -        -



# APPOINTMENT OF BENEFICIARY(IES)

Life and Accidental Death & Dismemberment Insurance

**HARD COPY ORIGINAL OF COMPLETED FORM TO BE SUBMITTED TO EMPLOYER OR ASEBP**

**INSTRUCTIONS:**

1. Please complete required sections A, B and F, along with sections C and D if applicable. Failure to complete this form in its entirety may result in proceeds being paid to your estate.
2. Return your completed form to your employer unless you're an Early Retiree or are participating in ASEBP's Supplemental Package, in which case, return your completed form directly to ASEBP.
3. **During the ongoing COVID-19 situation, this form can be submitted via email to your employer or ASEBP ([benefits@asebp.ca](mailto:benefits@asebp.ca)) either as a scanned document or as a photo attachment (content in photo must be readable). This form will still need to be printed to be signed—digital signatures won't be accepted on this form.**
4. **While digital forms will be accepted at this time to assist in prompt processing, please submit your original, signed *Appointment of Beneficiary(ies)* form, via mail, to your employer or ASEBP as soon as you can.**

**A. Applicant information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ ASEBP ID #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Daytime phone: - - - - - Mobile/Alternate phone: - - - - -

Employer's name (if applicable): \_\_\_\_\_

Email address (optional): \_\_\_\_\_ Birth date: / /  
YYYY MM DD

**B. Beneficiary(ies) for Life and Accidental Death & Dismemberment Insurance**

I appoint the following beneficiary(ies) for my Life and Accidental Death & Dismemberment Insurance. This appointment supersedes any previous appointments I may have made for these proceeds and I reserve the right to change the beneficiary(ies) named below. If any of the beneficiaries predecease me, I understand their portion will be divided equally among any surviving beneficiaries.

- Select one**     To the person(s) listed below  
 To my estate

Last Name	First Name	Relationship	Birthdate (YYYY/MM/DD)	Complete Mailing Address (Apt., Street, P.O. Box, City, Prov, Postal Code)	Phone number (including area code)	% payable to each (must equal 100%)
			/ /			
			/ /			
			/ /			
			/ /			
<b>TOTAL</b>						<b>100%</b>

**C. Contingent Beneficiary(ies) for Life and Accidental Death & Dismemberment Insurance**

Your contingent beneficiary(ies) will receive the proceeds of your policy if your primary beneficiary(ies), as indicated in Section B, is deceased at the time of your death.

If all beneficiaries listed in Section B are deceased at the time of your death, the amount payable to your contingent beneficiary(ies) shall be paid as follows.

Select one  To the person(s) listed below  
 To my estate

Last Name	First Name	Relationship	Birthdate (YYYY/MM/DD)	Complete Mailing Address (Apt., Street, P.O. Box, City, Prov, Postal Code)	Phone number (including area code)	% payable to each (must equal 100%)
			/ /			
			/ /			
			/ /			
			/ /			
<b>TOTAL</b>						<b>100%</b>

**D. Appointment of Trustee** (Complete only if one or more beneficiaries is under the age of majority.)  
**Note:** Your Trustee cannot be a named beneficiary.

I appoint \_\_\_\_\_ of \_\_\_\_\_  
(Name) Suite/Apt/Unit no., Street, P.O. Box, City, Prov, Postal Code)  
reached at \_\_\_\_\_ as Trustee and authorize ASEBP to pay any amount payable to any beneficiary under 18 years of  
(Phone number)  
age to the Trustee. I authorize the Trustee to have access to the insurance proceeds and manage the funds as directed in my last will and testament and to pay the remaining balance to the beneficiary once he/she reaches the age of majority.

**E. Consent and Authorization**

I understand that the ASEBP must collect, use and disclose the personal information contained herein in order to administer the Life and Accidental Death and Dismemberment Insurance policies. It may be necessary for ASEBP to disclose some or all of the personal information contained herein to your employer or the third party service provider for these purposes. Where third party service providers are retained, appropriate contracts are in place to protect personal information.

I understand why the information is required and am aware of the risks and benefits of providing this information. I consent to the collection, use, and disclosure of my personal information for the purposes identified above. I understand that I may revoke my consent at any time and acknowledge that doing so will affect my eligibility to receive Life and Accidental Death and Dismemberment Insurance benefits.

I understand that by virtue of the provisions of the *Personal Information Protection Act* of Alberta, individuals who derive a benefit from an insurance policy or benefit plan (the beneficiaries named herein) are deemed to consent to the collection, use, and disclosure of their personal information for the purpose of coverage under those plans.

Your employer and/or ASEBP is required to keep a hard copy original version of your completed beneficiary form. By signing below you agree to the storage of this document and the information, including your signature, which it contains.

**F. Acknowledgement**

I agree to the above and declare that my statements are complete, accurate and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consent is being obtained in accordance with sections 7, 8, 9 and 61 of the *Personal Information Protection Act* of Alberta and Schedule 1 of the federal *Personal Information Protection Electronic Documents Act*. If you have any questions regarding the collection, use and disclosure of your personal information, please refer to ASEBP's Privacy Policy at [www.asebp.ca/privacy](http://www.asebp.ca/privacy) or contact the privacy officer at 780-438-5300.





# APPOINTMENT OF BENEFICIARY(IES)

Life and Accidental Death & Dismemberment Insurance

**HARD COPY ORIGINAL OF COMPLETED FORM TO BE SUBMITTED TO EMPLOYER OR ASEBP**

**INSTRUCTIONS:**

1. Please complete required sections A, B and F, along with sections C and D if applicable. Failure to complete this form in its entirety may result in proceeds being paid to your estate.
2. Return your completed form to your employer unless you're an Early Retiree or are participating in ASEBP's Supplemental Package, in which case, return your completed form directly to ASEBP.
3. **During the ongoing COVID-19 situation, this form can be submitted via email to your employer or ASEBP ([benefits@asebp.ca](mailto:benefits@asebp.ca)) either as a scanned document or as a photo attachment (content in photo must be readable). This form will still need to be printed to be signed—digital signatures won't be accepted on this form.**
4. **While digital forms will be accepted at this time to assist in prompt processing, please submit your original, signed Appointment of Beneficiary(ies) form, via mail, to your employer or ASEBP as soon as you can.**

**A. Applicant information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ ASEBP ID #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Daytime phone: - - - - - Mobile/Alternate phone: - - - - -

Employer's name (if applicable): \_\_\_\_\_

Email address (optional): \_\_\_\_\_ Birth date: / /  
YYYY MM DD

**B. Beneficiary(ies) for Life and Accidental Death & Dismemberment Insurance**

I appoint the following beneficiary(ies) for my Life and Accidental Death & Dismemberment Insurance. This appointment supersedes any previous appointments I may have made for these proceeds and I reserve the right to change the beneficiary(ies) named below. If any of the beneficiaries predecease me, I understand their portion will be divided equally among any surviving beneficiaries.

- Select one**     To the person(s) listed below  
 To my estate

Last Name	First Name	Relationship	Birthdate (YYYY/MM/DD)	Complete Mailing Address (Apt., Street, P.O. Box, City, Prov, Postal Code)	Phone number (including area code)	% payable to each (must equal 100%)
			/ /			
			/ /			
			/ /			
			/ /			

**TOTAL**      **100%**

### C. Contingent Beneficiary(ies) for Life and Accidental Death & Dismemberment Insurance

Your contingent beneficiary(ies) will receive the proceeds of your policy if your primary beneficiary(ies), as indicated in Section B, is deceased at the time of your death.

If all beneficiaries listed in Section B are deceased at the time of your death, the amount payable to your contingent beneficiary(ies) shall be paid as follows.

Select one  To the person(s) listed below  
 To my estate

Last Name	First Name	Relationship	Birthdate (YYYY/MM/DD)	Complete Mailing Address (Apt., Street, P.O. Box, City, Prov, Postal Code)	Phone number (including area code)	% payable to each (must equal 100%)
			/ /			
			/ /			
			/ /			
			/ /			
<b>TOTAL</b>						<b>100%</b>

### D. Appointment of Trustee (Complete only if one or more beneficiaries is under the age of majority.)

**Note:** Your Trustee cannot be a named beneficiary.

I appoint \_\_\_\_\_ of \_\_\_\_\_  
(Name) Suite/Apt/Unit no., Street, P.O. Box, City, Prov, Postal Code)

reached at \_\_\_\_\_ as Trustee and authorize ASEBP to pay any amount payable to any beneficiary under 18 years of  
(Phone number)

age to the Trustee. I authorize the Trustee to have access to the insurance proceeds and manage the funds as directed in my last will and testament and to pay the remaining balance to the beneficiary once he/she reaches the age of majority.

### E. Consent and Authorization

I understand that the ASEBP must collect, use and disclose the personal information contained herein in order to administer the Life and Accidental Death and Dismemberment Insurance policies. It may be necessary for ASEBP to disclose some or all of the personal information contained herein to your employer or the third party service provider for these purposes. Where third party service providers are retained, appropriate contracts are in place to protect personal information.

I understand why the information is required and am aware of the risks and benefits of providing this information. I consent to the collection, use, and disclosure of my personal information for the purposes identified above. I understand that I may revoke my consent at any time and acknowledge that doing so will affect my eligibility to receive Life and Accidental Death and Dismemberment Insurance benefits.

I understand that by virtue of the provisions of the *Personal Information Protection Act* of Alberta, individuals who derive a benefit from an insurance policy or benefit plan (the beneficiaries named herein) are deemed to consent to the collection, use, and disclosure of their personal information for the purpose of coverage under those plans.

Your employer and/or ASEBP is required to keep a hard copy original version of your completed beneficiary form. By signing below you agree to the storage of this document and the information, including your signature, which it contains.

### F. Acknowledgement

I agree to the above and declare that my statements are complete, accurate and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consent is being obtained in accordance with sections 7, 8, 9 and 61 of the *Personal Information Protection Act* of Alberta and Schedule 1 of the federal *Personal Information Protection Electronic Documents Act*. If you have any questions regarding the collection, use and disclosure of your personal information, please refer to ASEBP's Privacy Policy at [www.asebp.ca/privacy](http://www.asebp.ca/privacy) or contact the privacy officer at 780-438-5300.



# PENSION FACTS: Health Benefits after Retirement

## Alberta School Employee Benefit Plan (ASEBP)

A teacher can continue with ASEBP until age 65 provided the teacher is at least 50 years old and has participated in ASEBP for the five years prior to retirement. The teacher must apply no later than 31 days prior to retirement date using the package available from the teachers' employer.

Two options are available: (1) retain the same package as carried when teaching (excluding Extended Disability Benefits and Health Spending Account), or (2) drop ASEBP and obtain coverage elsewhere. **Please note that once you have dropped ASEBP coverage, you cannot reapply.**

If a teacher is married to a teacher, consider maintaining single coverage for each person so benefits continue after the first death, or the younger person may continue a full package while the older continues life insurance and accidental death and dismemberment only.

## SEPTEMBER 2020 RATES: MONTHLY PREMIUMS

(ASEBP rates vary from school jurisdiction to school jurisdiction due to ASEBP's experience adjustment system). \*Rates noted below are base rates.

COVERAGE	ALBERTA RETIRED TEACHERS' ASSOCIATION (eff 2018 11 01)	
	ASEBP ends at age 65	for life
<b>Extended Health Care (EHC) Coverage</b>	Plan 1 - 100% Lowest Cost Alternative (LCA) on prescription medications; includes numerous other items such as chiropractic, massage, hearing aids, private duty nursing, ambulance, travel coverage and podiatry. Maximum calendar amounts apply.	80% to maximum annual amount; includes other items such as chiropractic, massage, hearing aids, home care and elder care. Note, some individual maximum amounts may apply.
<b>Cost</b>	single (s) \$95.75* family (f) \$230.25*	<b>Without</b> base travel coverage: Health Wise (\$1,200 drug maximum): (s) \$81.25, (c) \$157.75, (f) \$187.25 Health Wise (\$2,000 drug maximum): (s) \$110.50, (c) \$216.25, (f) \$257.25 Health Wise Plus (\$1,200 drug maximum): (s) \$104.00, (c) \$203.50, (f) \$242.25 Health Wise Plus (\$2,000 drug maximum): (s) \$133.25, (c) \$262.00, (f) \$312.25
	N/A	<b>With</b> base travel coverage: Total Health (\$1,200 drug maximum): (s) \$118.00, (c) \$230.75, (f) \$275.00 Total Health (\$2,000 drug maximum): (s) \$148.25, (c) \$291.25, (f) \$348.00 Ultimate Health (\$2,000 drug maximum): (s) \$170.50, (c) \$336.00, (f) \$401.50

Note: differences in coverage between ARTA's Health Wise, Health Wise Plus, Total Health and Ultimate Health packages are listed in the ARTA Benefits Package.

<b>COVERAGE</b>	<b>ASEBP</b>	<b>ALBERTA RETIRED TEACHERS' ASSOCIATION (eff 2017 11 01)</b>
<b>Dental coverage</b>	Plan 3 - 100% basic preventative and restorative, 50% major restorative, \$2,500 combined maximum per calendar year  50% orthodontic coverage - \$3,000 lifetime maximum	Option A – 80% Basic/Preventative; 80% Minor Restorative; 50% Major Restorative Option B – 80% Basic/Preventative; 80% Minor Restorative; No Major Restorative Option C – 65% Basic/Preventative; 65% Minor Restorative; No Major Restorative (Note, calendar maximums apply in all)
<b>cost</b>	(s) \$55.00* (f) \$149.50*	Option A (s) \$64.50, (c) \$129.25, (f) \$154.00 Option B (s) \$52.75, (c) \$105.00, (f) \$121.75 Option C (s) \$39.50, (c) \$79.00, (f) \$94.50
<b>Vision coverage</b>	Plan 3 - \$350 on a rolling 2-year basis	Depending on choices made in EHC: \$425 every 2 calendar years OR \$550 every 2 calendar years
<b>cost</b>	(s) \$10.00*, (f) \$24.75*	Included in EHC cost
<b>Life Insurance and Accidental Death and Dismemberment (AD&amp;D) coverage</b>	2 times last salary (same as when teaching) and additional 2 times salary for AD&D	Separately available through ARTA's provider
<b>cost</b>	Approximately \$30 (dependent on salary on last day of work)	Term insurance at industry rates

**Contact ASEBP** - Telephone: 780-438-4545 (Edmonton and area) or 1-877-438-4545; email: [benefits@asebp.ab.ca](mailto:benefits@asebp.ab.ca); website: [www.asebp.ab.ca](http://www.asebp.ab.ca)

**Alberta Retired Teachers' Association (ARTA) Benefits**

- Must be a member or affiliate of ARTA
- No medical clearance required if application is made within 60 days of leaving another group plan
- Spouse can enter plan as an affiliate member after teacher's death (apply within 60 days)
- Single, couple and family rates—cover dependent children while at school and if handicapped
- If opting out of base travel coverage through EHC, future purchase of EHC *with base travel* will be subject to medical clearance—supplemental travel insurance is available
- Retired teachers from outside Alberta may apply prior to age 65

**NOTE:** ARTA benefits are available past age 65. Teachers may continue with ASEBP until age 65 then switch to ARTA effective the month following the teachers' 65<sup>th</sup> birthday.

**Contact ARTA** - Telephone: 780-822-2400 (Edmonton and area) or 1-855-212-2400; website: [www.arta.net](http://www.arta.net)

**Non-ASEBP Carriers**

Check with your employer regarding retirement benefits [Calgary School District No 19, Calgary Regional Catholic Separate School District No 1, Rocky View School District No 41, and Fort McMurray Regional Catholic Separate School District No 32].

**Other Options**

- Blue Cross provides individual coverage—contact Blue Cross directly for a quote.
- Other insurance carriers (such as AMA) provide individual coverage—contact each carrier directly for quotes.

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Please contact the Alberta Teachers' Association if you have any questions at 780-447-9400 (Edmonton and area) or toll free 1-800-232-7208 (from elsewhere in Alberta). For further information, please contact Teacher Welfare at [tw@ata.ab.ca](mailto:tw@ata.ab.ca) or call 780-447-9400 (Edmonton and area) or 1-800-232-7208 (toll free).

**SAMPLE MONTHLY BENEFIT COSTS FOR RETIRED TEACHERS**  
**(Using September 2020 costs)**

	<b>ASEBP (includes vision coverage)</b>	<b>ARTA Total Health Plan With Base Travel (\$2,000 drug maximum and Dental Option A)</b>	<b>ARTA Health Wise Plan Without Base Travel (\$2,000 drug maximum and Dental Option A)</b>
<b>Single</b>	\$160.75	\$212.75	\$175.00
<b>Couple</b>	N/A	\$420.50	\$345.50
<b>Family</b>	\$404.53	\$502.00	\$411.25
<b>After age 65</b>	N/A	Same as above	Same as above

**Notes:**

- Two annual maximum drug coverage options exist for Alberta Retired Teachers' Association (ARTA) extended health care—\$1,200 per person per year or \$2,000 per person per year. The above cost uses the higher option of \$2,000 per person per year. The \$1,200 option will be less expensive in premiums but out of pocket pharmacy costs will be higher.
- Four package options are available which increase maximums for various other coverages.
- Three options for ARTA dental coverage exist—Option A = 80% basic, 50% major; Option B = 80% basic, no major, Option C = 65% basic, no major. Option A Dental was used in the above illustration.
- The above costs DO NOT include Life Insurance.
- ASEBP benefits are only available to age 65.
- ARTA (benefits are third party administered by ASEBP) and can be purchased at any time, however, are subject to medical clearance if purchased after 60 days of leaving another group plan.
- Once ASEBP benefits are waived, one cannot re-join the plan.

**SAMPLE MONTHLY BENEFIT COSTS FOR RETIRED TEACHERS**  
**(Using September 2020 costs)**

	<b>ASEBP (includes vision coverage)</b>	<b>ARTA Total Health Plan With Base Travel (\$2,000 drug maximum and Dental Option A)</b>	<b>ARTA Health Wise Plan Without Base Travel (\$2,000 drug maximum and Dental Option A)</b>
<b>Single</b>	\$160.75	\$212.75	\$175.00
<b>Couple</b>	N/A	\$420.50	\$345.50
<b>Family</b>	\$404.53	\$502.00	\$411.25
<b>After age 65</b>	N/A	Same as above	Same as above

**Notes:**

- Two annual maximum drug coverage options exist for Alberta Retired Teachers' Association (ARTA) extended health care—\$1,200 per person per year or \$2,000 per person per year. The above cost uses the higher option of \$2,000 per person per year. The \$1,200 option will be less expensive in premiums but out of pocket pharmacy costs will be higher.
- Four package options are available which increase maximums for various other coverages.
- Three options for ARTA dental coverage exist—Option A = 80% basic, 50% major; Option B = 80% basic, no major, Option C = 65% basic, no major. Option A Dental was used in the above illustration.
- The above costs DO NOT include Life Insurance.
- ASEBP benefits are only available to age 65.
- ARTA (benefits are third party administered by ASEBP) and can be purchased at any time, however, are subject to medical clearance if purchased after 60 days of leaving another group plan.
- Once ASEBP benefits are waived, one cannot re-join the plan.

## General Information on Other Benefits and Pensions Available from the Canada Pension Plan and the Old Age Security Program

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This information sheet provides general information about other benefits or pensions available from the Canada Pension Plan (CPP) and the Old Age Security (OAS) Program. You and/or your family **may** be eligible to receive them at some time. Most of these benefits do not start automatically. You must apply.

### Other Canada Pension Plan (CPP) Benefits/Provisions:

- **Children's Benefits:** A monthly payment for dependent children of a person receiving CPP disability benefits, or for children of a deceased person who made sufficient contributions to the CPP. Children between 18-25 years old must be in school full-time to be eligible.
- **Retirement Pension:** When you reach age 65, your disability benefit will be changed automatically to a CPP retirement pension. Your CPP retirement pension will likely be less than your disability benefit but the total amount of your combined public pension benefits, including CPP and OAS benefits, may be higher. You can begin receiving the OAS pension at age 65.
- **Post-Retirement Benefit:** A monthly benefit paid to CPP retirement pension beneficiaries between 60-70 years old who continue to work and contribute to the CPP. Each year of additional contributions entitles you to a new Post-Retirement Benefit, which is added to the value of prior benefits. It becomes payable the year after it is earned until the death of the contributor. Post-Retirement Benefit amounts are not subject to the normal rules for maximum benefits, allowing individuals to continue to build their retirement income, even if they are already receiving the maximum CPP retirement pension. Unlike other CPP benefits, you do not need to apply for the Post-Retirement Benefit.
- **Death Benefit:** A one-time payment of up to \$2,500 paid to, or on behalf of, the estate of a deceased person who made sufficient contributions to the CPP. If there is no estate, the benefit can be paid to the person responsible for the funeral expenses, the surviving spouse or common-law partner or the next of kin, in that order.
- **Survivor's Pension:** A monthly benefit paid to the surviving spouse or common-law partner of a deceased person who made sufficient contributions to CPP. If you qualify for a Survivor's Pension, CPP combines it with your disability benefit or retirement pension. The total combined benefit cannot exceed the maximum amount for a CPP retirement pension or disability benefit.
- **Pension Sharing:** If you and your spouse or common-law partner are both aged 60 or over, you can apply to share the portion of your CPP retirement pension or pensions that was/were earned during the years you were together.
- **Credit Splitting:** In the event of divorce, separation or the end of a common-law union, the CPP credit splitting provision allows pension credits built up during the time a couple lived together to be equally divided between former or separated spouses or common-law partners. The periods of time a person is in receipt of a Disability benefit are not subject to credit split. Once the requirements are met, credits can be split even if one spouse or common-law partner did not contribute to the CPP. Credit splitting can increase or decrease a person's CPP credits and the amount of his/her future CPP retirement pension (or other CPP benefits). Four provinces (British Columbia, Alberta, Saskatchewan and Quebec) have laws that may allow spouses to waive their right to a credit split.
- **Child Rearing Provision:** If you had low or zero earnings during the time you were raising children who were under the age of seven and born after December 31, 1958, the child rearing provision could help you qualify for a benefit or increase your monthly benefit amount.

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For Old Age Security benefits see back of page

## General Information on Other Benefits and Pensions Available from the Canada Pension Plan and the Old Age Security Program

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- **International Benefit:** The International Benefits program may provide retirement, disability or survivor benefits to eligible individuals who have lived or worked in another country, or the surviving spouse, common-law partner or children of eligible individuals who have lived or worked in another country with which Canada has a social security agreement.

### Old Age Security (OAS) offers four types of benefits:

- **Old Age Security Pension:** A monthly pension available to most persons 65 years of age or older who meet the Canadian legal status requirement and who have resided in Canada for at least 10 years after turning 18. The amount you receive is based on how long you have lived in Canada after age 18. If you have lived or worked in another country, we have international social security agreements that may help you to qualify.

**Note:** You can defer receiving your OAS pension up to 60 months after the date you become eligible for an OAS pension in exchange for a high amount. As of July 1, 2013, for every month you delay receipt of the pension, you can receive an increased monthly pension of 0.6% per month up to a maximum increase of 36% at age 70. Once you choose to receive your OAS pension, this percentage will be applied to your pension for the rest of your life. This percentage is not applied to the Guaranteed Income Supplement or the Allowance benefit.

If you choose to delay receipt of your OAS pension, it may affect other pensions or benefits, both federal and provincial/territorial, that you or your spouse or common-law partner may receive.

If you choose to delay receipt of your OAS pension, you can apply up to 11 months before the date you want your OAS pension to start.

### You must live in Canada to be eligible for the following benefits:

- **Guaranteed Income Supplement (GIS):** This is an additional income-tested monthly benefit paid to OAS pensioners with little or no income other than OAS pension
- **Allowance:** This is a monthly benefit for low-income people aged 60 to 64 who are spouses or common-law partners of GIS recipients. Applicants must meet the residence requirements.
- **Allowance for the Survivor:** This is a monthly benefit for low-income survivors aged 60 to 64 who meet the residence requirements and have not entered a new relationship since the death of their partner.

If you need more information about these benefits or pensions, please visit our website [servicecanada.gc.ca](http://servicecanada.gc.ca) or call us toll free:

### By telephone for residents of Canada and the United States

- English - General Inquiries: 1-800-277-9914
- French - General Inquiries: 1-800-277-9915
- TTY/TDD users: 1-800-255-4786 (for people with speech or hearing impairments)



# Summary of Canada Pension Plan and Old Age Security benefits

## Turning 60 years old

### Someone who turns 60 may be eligible for:

- **Canada Pension Plan (CPP) retirement pension** – a monthly payment for someone at least 60 years old who has worked and made valid contributions to the CPP. The pension amount depends on how much and for how long they contributed to the CPP and at what age they want their pension to start. Starting the CPP retirement pension at age 60 for example, will decrease their pension amount by 36%.
- **Post-retirement benefit** – if someone between the ages of 60 and 65 continues to work while receiving their CPP retirement pension, they must continue to participate in the CPP. Their CPP contributions go toward post-retirement benefits which will increase their retirement income.
- **Old Age Security (OAS) Allowance** – a monthly payment for someone aged 60 to 64 whose spouse or common-law partner is receiving the OAS pension and the Guaranteed Income Supplement.
- **OAS Allowance for the Survivor** – a monthly payment for someone aged 60 to 64 whose spouse or common-law partner has died,

who has not remarried or entered into a new common-law relationship and whose annual income is below the eligible threshold. For information on the threshold, go to [Canada.ca](https://Canada.ca) and search for “OAS payment amounts.”

## Turning 65 years old

### Someone who is 65 or older may be eligible for:

- **CPP retirement pension** – a monthly payment for someone who has worked and made valid contributions to the CPP. The pension amount depends on how much and for how long they contributed to the CPP and at what age they want their pension to start. People may choose to delay starting their pension (up to age 70) and the pension amount would increase. Delaying receipt of the CPP retirement pension from age 65 to age 70 for example, will increase their pension by 42%.
- **Post-retirement benefit** – if someone aged 65 or over continues to work while receiving their CPP retirement pension, they can choose whether or not to contribute to the CPP. If they continue to contribute, their CPP contributions go toward post-retirement benefits which will increase their retirement income.

- **OAS pension** – a monthly payment for someone who meets the legal status and residence requirements.
- **Guaranteed Income Supplement** – a monthly payment for someone who receives an OAS pension and whose annual income (or in the case of a couple, a combined income) from the previous year is below the eligible threshold. For information on the threshold, go to [Canada.ca](http://Canada.ca) and search for "**OAS payment amounts**".

## Living with a disability

### A CPP contributor under the age of 65 who becomes disabled may be eligible for:

- **CPP disability benefit** – a monthly payment for someone who has worked and contributed to the CPP and whose disability is severe and prolonged and prevents them from working at any job on a regular basis.

### In addition, their child or children may be eligible for:

- **CPP children's benefit** – a monthly payment for the child of someone who receives the CPP disability benefit. The child must be under the age of 18, or between 18 and 25 and attending a recognized school or university full time.

## Changes in personal situation

Changes in someone's personal situation may affect their benefits. Service Canada must be notified when any of the following events occurs:

- **a couple can no longer live together for reasons beyond their control** (for example, if one of them is in the hospital or living in a nursing home), they may be entitled to a higher payment;
- **divorce or separation** (Contributions made to the CPP can be equally divided for the period they lived together while married or in a common-law relationship. This is called credit split (ISP1901).);
- **marriage or common-law relationship status;**
- **change of address;** or
- **any absence from Canada over six months.**

## Death

Service Canada must be notified as soon as possible when someone receiving CPP and/or OAS benefits dies. The month in which someone dies is their last month to receive benefits. Any benefits received after that month must be repaid.

### When a parent, spouse or common-law partner dies, these benefits may be available:

- **CPP survivor's pension** – a monthly payment to the surviving legal spouse or common-law partner of a deceased contributor.

- **CPP death benefit** – a one-time, lump-sum payment made to the estate of a deceased CPP contributor.
- **CPP children’s benefit** – a monthly payment to the child(ren) of a deceased CPP contributor. The child(ren) must be under the age of 18, or between 18 and 25 and attending a recognized school or university full time.
- **OAS Allowance for the Survivor** – a monthly payment for someone aged 60 to 64 whose spouse or common-law partner is deceased and who has not remarried or entered into a common-law relationship and whose annual income is below the eligible threshold. For information on the threshold, go to [Canada.ca](http://Canada.ca) and search for "**OAS payment amounts**".

## Other useful information

### Raising children

Someone who contributed to CPP and stopped working or worked less in order to raise their children may be eligible for the child-rearing provision to increase their CPP benefit. A section of the CPP application is dedicated to this provision.

### Having lived or worked in another country

Someone who lived or worked in Canada and another country, or is the survivor of someone who did, may be eligible for pensions and benefits from both countries because of a social security agreement. For more information go to [Canada.ca](http://Canada.ca) and search “**Lived or living outside Canada.**”

## Working or living in the province of Quebec

The CPP operates throughout Canada, except in Quebec, where the Quebec Pension Plan (QPP) provides similar benefits. Someone should contact **Retraite Québec** if they:

- have only worked in Quebec;
- currently live in Quebec and have worked in Quebec and in another province or territory; or
- have worked in Quebec, currently live outside Canada and their last province of residence was Quebec.

## For more information

**Click** [Canada.ca/publicpensions](http://Canada.ca/publicpensions)

**Call** 1-800-277-9914 (please have the Social Insurance Number available)

**Visit** a **Service Canada Office**

Forms are available on [Canada.ca](http://Canada.ca). Search by form name or document number (e.g. ISP1000).

This document is available on demand in multiple formats by contacting 1 800 0-Canada (1-800-622-6232), teletypewriter (TTY), 1-800-926-9105.

Cat. No.: ISPB-354(1)-04-17

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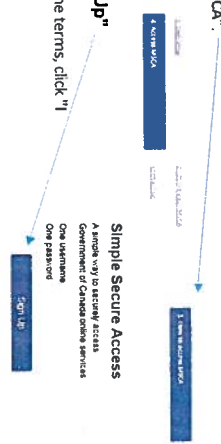
# My Service Canada Account

My information, within my reach

## Steps to register for a My Service Canada Account

Follow the steps below to register for My Service Canada Account (MSCA), through GCKey (creating a username and password) with your Personal Access Code.

- Step 1:** Visit [Canada.ca/my-service-canada-account](http://Canada.ca/my-service-canada-account).
- Step 2:** Follow the steps outlined under "3. How to access MSCA".
- Step 3:** Once you have received your access code, click on "4. Access MSCA".
- Step 4:** Click on "Continue to GCKey".
- Step 5:** Sign In or if you do not have a GCKey, click on "Sign Up".
- Step 5a:** Read the Terms and Conditions of Use, if you accept the terms, click "I accept".
- Step 5b:** Create your username and click "Continue".
- Step 5c:** Create your password and click "Continue".
- Step 5d:** Create your Recovery Questions, Answers and Hints and click "Continue".
- Step 5e:** The GCKey sign up is now complete. Click "Continue".
- Step 6:** Read the "Privacy notice and terms and conditions" to proceed with registration. If you agree with the conditions, click on "I agree".
- Step 7:** Create your profile by completing the required security questions and selecting "Continue".
- Step 8:** Confirm your profile is accurate. If so, click on "Submit".



You now have access to My Service Canada Account!



# My Service Canada Account

My information, within my reach

## Steps to register for a My Service Canada Account

Follow the steps below to register for My Service Canada Account (MSCA), using Sign-In Partner (banking information) with your Personal Access Code.

- Step 1:** Visit [Canada.ca/my-service-canada-account](http://Canada.ca/my-service-canada-account).
- Step 2:** Follow the steps outlined under "3. How to access MSCA".
- Step 3:** Once you have received your access code, click on "4. Access MSCA".
- Step 4:** Click on "Continue to Sign-In Partner".
- Step 5:** Select your bank and log in through its website.
- Step 6:** Read the "Privacy notice and terms and conditions", if you agree, click on "I agree".
- Step 7:** Create your profile by entering in your Social Insurance Number. Click on "Continue".
- Step 8:** Continue creating your profile by filling in your date of birth, Personal Access Code, province or territory and completing the required security questions. Click on "Continue".
- Step 9:** Confirm your profile is accurate. If so, click on "Submit".



You now have access to My Service Canada Account!



- View your application status, payment information, current and past claims
- Sign up for email notifications "Alert-me"
- View and print your tax slips (T4E)
- View your Records of Employment (ROEs)
- Your employers have submitted electronically
- Sign up for direct deposit
- View and change your personal information with EI (mailing address, direct deposit and/or telephone number)
- Submit electronic forms (eForms) to update your information if you travel outside Canada or take a training while receiving EI benefits, and view previously submitted eForms
- Register for EI benefits for self-employed or cancel your current agreement

Employment Insurance

- Apply for CPP Retirement
- Request your Child Rearing Provision (CRP)
- View your CPP Contributions or get an estimate of your monthly benefits
- View your CPP / OAS application status and payment information
- View and print your tax slips (T4A, NR4)
- Share your direct deposit information between CPP and the Canada Revenue Agency (CRA)
- View and change your personal information with CPP / OAS (mailing address, direct deposit and/or telephone number)
- Delay receiving your OAS pension
- Start, change or stop federal voluntary tax deductions from CPP / OAS
- Give consent for someone to communicate with CPP / OAS on your behalf

Canada Pension Plan / Old Age Security

Sign up for MSCA to:

My Service Canada Account (MSCA) can help you save time and gives you secure access to the information you need to manage your Employment Insurance (EI) and Canada Pension Plan (CPP) / Old Age Security benefits (OAS).

My information, within my reach

My Service Canada Account

Steps to register for a My Service Canada Account

Follow the steps below to register for My Service Canada Account, through MyAlberta Digital ID.

- Step 1:** Visit [Canada.ca/my-service-canada-account](http://Canada.ca/my-service-canada-account).
- Step 2:** Click on "4. Access MSCA".
- Step 3:** Click on "Continue to MyAlberta Digital ID".
- Step 4:** Read the "Privacy notice and terms and conditions". If you agree, click on "I agree".
- Step 5:** Sign in or if you do not have a MyAlberta Digital ID, click on "Create an account".
- Step 5a:** Create account by filling in the fields.
- Step 5b:** Confirm your email.
- Step 5c:** Confirm your ID.
- Step 5d:** Complete verification. The MyAlberta Digital ID sign up is now complete.
- Step 6:** Create your profile by entering in your Social Insurance Number. Click on "Continue".
- Step 7:** Continue creating your profile by entering your parent's family name at birth and completing the required security questions. Click on "Continue".
- Step 8:** Confirm your profile is accurate. If so, click on "Submit".

You now have access to My Service Canada Account!

My information, within my reach

My Service Canada Account

# Your Employee and Family Assistance Program

## Get to know your EFAP



Everyone faces challenging and stressful events in their lives. Most of the time we can handle these situations ourselves; other times we could benefit from some support.

Your EFAP is a professional, confidential, and proactive service to support you with a wide range of personal, family, and work-related concerns.

### **What benefits are available to me?**

Your EFAP is here for you whenever you need it, 24 hours a day, seven days a week, 365 days of the year.

Within a confidential environment you can receive counselling for any challenge — whether it's a first step in facing a possible addiction, or managing day-to-day stress.

### **We guarantee your confidentiality.**

We are Homewood Health, a trusted company with years of experience delivering the best possible support for clients like you. Everyone is guaranteed confidentiality within the limits of the law. You won't be identified to anybody — including your employer.

People frequently use an EFAP for personal challenges such as relationship concerns, family or parenting issues, anxiety, depression, addictions, grief, coping with health issues, or work-related challenges.

We will match you with a counsellor who suits your needs and provide you with short-term solutions.

If you are identified as requiring additional, longer-term treatment or specialized support, our counsellors will refer you to community-based resources and programs which suit your unique needs.

### **How does the counselling program work?**

Counselling services can be offered face-to-face, over the phone, through video, or online. Offices are local and appointments are made quickly, with your convenience in mind.

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### **Contact us to learn more.**

**1-800-663-1142** | **TTY:** 1-888-384-1152 | **International** (Call Collect): 604-689-1717

**Numéro sans frais - en français :** 1-866-398-9505

[homeweb.ca](http://homeweb.ca)



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## Your Employee & Family Assistance Program: Get to know your EFAP

If you have a preference for location, gender, or appointment time, we'll do our best to accommodate your preferences.

When you need to speak with someone, simply call Homewood Health — staff will ask you for some basic information (to establish your eligibility for this benefit) and will help set up an initial appointment at a time that is convenient for you. An experienced counsellor will assess your concerns and help you develop practical solutions.

### Life Smart Coaching

Life Smart Coaching is a suite of telephonic services that offers assessments, coaching, and resources; each service has been developed to allow you to take a proactive approach to managing everyday challenges.

A Life Smart intake counsellor will contact you within 72 hours to offer you an appointment with an appropriate specialist.

Life Smart Coaching Services include three major components with service options for each area:

#### Life Balance Solutions

- Childcare/Parenting Services
- New Parent Support
- Elder and Family Care
- Legal Advisory
- Financial Consultation
- Relationship Solutions
- Grief and Loss

#### Health Smart Coaching Services

- Nutritional Coaching
- Smoking Cessation
- Jumpstart your Wellness

#### Career Smart Coaching Services

- Career Coaching
- Pre-Retirement Planning
- Shift Worker Support

### Online Services – Homeweb

Homeweb is part of your Employee and Family Assistance Program. You can access Homeweb on your phone, tablet, or desktop. Homeweb offers you the ability to create an individual profile, receive personalized content recommendations, and access lots of helpful resources — anywhere, anytime.

Access Homeweb for interactive tools, health and wellness assessments, child and elder care resource locators, and a library of health, life balance, and workplace articles.

### How do I register for Homeweb?

**Step One:** Visit [www.homeweb.ca](http://www.homeweb.ca) and click 'Sign Up'.

**Step Two:** Enter information into the required fields, choose an email and password, and click 'Next Step'. Then, type in your company name and click 'Find it!' Select the correct company from the list provided. If you do not see your company listed, check the spelling and try again.

**Step Three:** Let us know how you are covered by Homewood, (e.g. through your organization or the organization of a family member), and let us know your relationship to the organization (e.g. employee, spouse, dependent, etc.). Submit the additional information required and click 'Sign In' at the bottom of the page.

Search, browse, and get expert support.

### What if I'm in crisis?

Homewood Health staff are prepared to take your call 24 hours a day, seven days a week. **Help is always available.**

Who do I contact?

To speak to someone in confidence, for crisis services (24 hours a day) or to book an appointment contact us today by calling the number below.

Contact us to learn more.

1-800-663-1142 | TTY: 1-888-384-1152 | **International** (Call Collect): 604-689-1717

**Numéro sans frais - en français : 1-866-398-9505**

[homeweb.ca](http://homeweb.ca)

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# Pre-Retirement Planning



**Are you excited or apprehensive about retiring? Fortunately, with a little advanced planning, your retirement years can be everything you hoped for and more. We can help you get mentally, emotionally, and financially prepared.**

## Be prepared for your retirement years!

- **Is your retirement plan in place?** We can help you figure out what's important to you, set goals, and take action steps well in advance, so you can enjoy a satisfying and productive retirement.
- **Will your relationship remain strong in retirement?** We can help you prepare psychologically to make sure you'll have relationship security in retirement.
- **Can't decide whether or not to keep working?** We can help you sort through your options if you're thinking about launching a second career.
- **Want good physical and mental health in later years?** If you want to maintain good health, making changes now can make a big difference later on.

## One call is all it takes to get started.

Life Smart Coaching empowers you with the information and support to help you prepare so you can enjoy your retirement years. We make it simple to get started and guide you step-by-step. When you call our Client Services Centre, here's what you can expect:

1. We ask a few questions to make sure you receive the customized service that will be most helpful.
2. We arrange for one of our retirement coaches to call and walk you through the types of support you could benefit from—written materials, internet resources, financial software, printed materials, and more.
3. We'll be in touch with you while you're using the materials, and help you build the confidence to solve your pre-retirement planning challenges.

**Life Smart Coaching services are offered over the telephone. If you ever feel uncertain or overwhelmed, about any issue, we can also arrange counselling. Counselling services can be offered face-to-face, over the phone, through video, or online.**



**Life Smart Coaching can help you make the most of your golden years.**