



# *benefits digest*

**NATHAN KLAASSEN, EXECUTIVE OFFICER**

## **BENEFIT PLAN FAQ'S**

### ***How do I add new dependents to my health and dental plan?***

Our plan extends eligibility to new dependents for a period of 31 days after the birth of a child, addition of a spouse, or with the legal adoption of a child. Proof of good health will not be required in these situations as long as written application for dependent coverage is submitted to the SCDSB within 31 days of the event. Anyone applying to add dependents after the 31 day eligibility period must provide proof of good health and will have late entrant penalties applied.

### ***Am I eligible for benefits under the Simcoe ETFO plan if I lose benefits I have under another plan?***

In the event that you have comparable benefits under a spouse's group plan and you lose those benefits, through no fault of your own, you will be eligible for coverage under the Simcoe ETFO group plan for a period of 31 days from the date immediately following the termination date of coverage under your Spouses' plan.

### ***How do I know if my child qualifies as a dependent?***

Any child, natural, legally adopted or step, who is unmarried and who is not in any other formal union recognized by law, not engaged in active employment, under age 21 and dependent on you or your spouse for financial support is considered to be a dependent.

Any child, aged 21-24, who meets all other requirements of the above definition will continue to be eligible for coverage under this group plan, provided they are enrolled in full-time attendance at an accredited educational institution that provides a recognized certificate or accreditation upon

completion. Plan members who have eligible, dependent children, over the age of 21 must complete an Overage Dependent Student Form annually. This will allow coverage to continue until your child reaches the contract termination age of 25 or until they are no longer in full-time attendance at school. This form can be downloaded and printed from [www.otipservices.com](http://www.otipservices.com). Once completed, the form should be forwarded to the SCDSB Payroll Department. Please ensure that you keep copies of all important documents for your files.

Any child incapable of self support due to mental or physical infirmity which began while the Child was covered as your dependent is also eligible for continued coverage.

### ***How much time do I have to submit proof of claim?***

Written proof of claim must be received no later than six months following the date the claim was incurred. If your coverage terminates for any reason, written proof of claim must be received no later than 90 days following the date of termination.

### ***Where can I find a list of prescription medications that require pre-authorization?***

Certain medications and drug therapies require pre-authorization by OTIP and its Insurer prior to the commencement of treatment. The claimant's attending physician must complete this form describing the claimant's underlying medical condition, previous treatment history, outcomes, and medical criteria for the treatment request. A list of these medications and drug therapies can be found at [www.otipservices.com](http://www.otipservices.com).

*(continued on next page)*

*(benefits cont'd. from page 14)*

***Can I claim expenses under both my plan and my spouse's plan?***

If you or your dependents are covered under more than one benefit plan you can claim up to 100% of an eligible expense by coordinating your benefits under both plans. The plan that covers you as the plan member pays first. The plan that covers you as a dependent pays the remaining eligible balance. Conversely your spouse's claims should go to his or her plan first, and then any remaining balance should be sent to your plan. Dependent children are covered first by the plan of the parent whose birthday falls earlier in the calendar year. Your first benefit plan will send you an explanation of how much of your claim has been covered. You will need to send that explanation, along with copies of your expense receipts, to the second benefit plan in order to claim any remaining balance that is eligible.

**If I choose to work past age 65 can I continue to participate in the benefits plans?**

Anyone working past age 65 can continue to participate in the extended health and dental health benefit plans until the age of 70.

Your Group Life Insurance terminates on the earlier of your retirement or June 30th of the school year in which you attain age 65. Your LTD coverage terminates at the end of the month in which you turn 65 or the date upon which you are first entitled to a 66% unreduced service pension.

***I would like more information on our extended health, dental health, group life, dependent life and LTD plans, where can I find it?***

Plan information can be found online at [www.otipservices.com](http://www.otipservices.com). Please register for access to plan booklets, claims information and benefit eligibility. Please review all plan information and call Nathan Klaassen at 728-2888 if you have any questions.



In August, the SCETF P.D. Committee hosted two ETFO Summer Academy Workshops - Connecting, Collaborating and Conversing for Grade Three and the Right Combination to Combined Grades in the Primary Division.

