| **Sir Sandford Fleming College - Support Staff Insurance Plan**  **Active Employees to Age 65 - Effective February 1, 2018** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Benefit** | **Coverage** | **Monthly Premiums** | **Employee Contribution** | **Eligibility** | **Coverage Begins** |
| 1. Basic Life and A.D. & D. | $25,000 Life  $25,000 A.D. & D. | $.15/$1000/mo  $.02/$1000/mo | NIL | Mandatory | 1 month from date of hire |
| 2. Long Term Disability | 66 2/3% of basic monthly earnings paid to age 65 (see Short Term Disability (7) below) | $3.77/mo/$100 of benefit | 25% | Mandatory | 1st day of month following  3 months employment |
| 3.a) Supplemental  (Term Insurance) | $10,000, $20,000, $30,000, $40,000, $50,000 | $0.11/$1000 unit | 40% | Optional | 1 month from date of hire |
| 3.b) Employee Pay-All Plan\* | $10,000 to $50,000 (in denomination of $10,000)  \*Must select maximum coverage under supplemental life | Age – See Below\*  Rate – See Below\* | 100% | Optional | 1 month from date of hire |
| 4. Extended Health Care | a) No deductible 85/15% co-insurance. Semi-private coverage. | $97.96/month - Single  $216.76/month - Family | NIL | Mandatory | 1 month from date of hire |
|  | b) Vision & Hearing Care Benefits | $11.82/month - Single  $30.27/month - Family | Vision 25%  Hearing 25% | Mandatory with Ext. Health | 1 month from date of hire |
| 5. (a) Dependent Life | $15,000 Spouse  $ 3,000 Child | $3.10 per family/month | 100% | Optional | 1 month from date of hire |
| (b) Supplementary Spousal | $10,000, $20,000, $30,000, $40,000, $50,000, $60,000 | $0.20/month/$1000 unit | 100% | Must elect Dep. Life to qualify | 1 month from date of hire |
| 6. Dental | Diagnostic, Preventative, Restorative, Orthodontic, Periodontal and Surgical Services - 100% of ODA Schedule for previous calendar year. | $48.97/month - Single  $139.66/month - Family | NIL | Mandatory | On completion of 6 month probationary period |
| 7. College Sick Leave | 10 days of sick leave are credited at the start of each plan year (effective September 1, 2001). Days off due to illness are paid at 100% for the first 10 days plus any accumulated sick days and then 75% for the balance to a maximum of 6 months. Long Term Disability benefits (as described under Item 2 above) begin after 6 months of absence due to illness. Effective September 1, 2001, unused sick days from the previous plan year can be carried forward to a maximum of 122 banked days. | | | | First day of month following 3 months employment. |
|  | \*3.b) Employee Pay-All Plan  Age = to 34 35-39 40-44 45-49 50-54 55-59 60-64  Rate = $0.57 $0.79 $1.09 $1.64 $2.85 $5.62 $8.95 (per 10,000) | | | |  |

**NOTE:** (This is a brief outline for your information. More details may be obtained from your insurance booklet OR by contacting the Human Resources Department)