

PPWC – EMPLOYER TRUSTEED HEALTH & WELFARE PLAN
PLAN TEXT DESCRIBED BENEFIT COVERAGE

Effective May 1, 2003

(Consolidated version incorporating amendment numbers 1 through 45 adopted to
March 30, 2010, with such amendments effective on date adopted by Trustees)

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ARTICLE 1 — INTERPRETATIONS

1.1 Definitions

In this Plan text (including Appendices and Exhibits), unless inconsistent with the context, the definitions in the following sections of this Article apply.

1.2 Administrator

The person(s) at each Participating Employer appointed to administer the PPWC – Employer Trusteed Health & Welfare Plan.

1.3 Trust Agreement

That certain agreement and declaration of trust dated July 1, 1975 between the Pulp, Paper and Woodworkers of Canada, the Trustees named therein and the Pulp & Paper Employee Relations Forum as agent for the employer companies named therein, and amendments thereto.

1.4 Beneficiary(ies)

The person(s) last designated as beneficiary(ies) by an Employee in writing on a form prescribed by and delivered to the Administrator or, where there is no such person(s) living at the time of death of an Employee the estate of the deceased Employee.

1.5 Calendar Year

One year commencing January 1 and ending December 31.

1.6 Carrier

The adjudicator, claims payer and/or insurer of benefits as determined by the Trustees.

1.7 Employee

A person employed on a full-time basis by a Participating Employer and who is regularly scheduled to work not less than 30 hours per week.

1.8 Leave of Absence

A period of time recognized as a leave of absence under the applicable collective agreement or *Employment Standards Act* of British Columbia. In the case of maternity leave of absence, the leave shall begin on the earliest of: i) the elected start date of the maternity leave; ii) the date of delivery; or, iii) the date the Participating Employer may require the leave of absence to commence if the Employee's performance is affected by the pregnancy.

Such leave shall terminate on the later of the date defined by the *Employment Standards Act* of British Columbia, or the date specified in the applicable collective agreement.

1.9 Participating Employer

- (a) Any employer who is bound by a collective agreement with a Union which requires such employer to participate in the Plan;
- (b) Any other employer which, in accordance with an agreement in writing with the Trustees, is accepted by the Trustees for participation in the Plan; or,
- (c) Any Union with respect to those Employees of the Union for whom the Union makes contributions to the Plan, including an Employee working for the Union while on a Leave of Absence from another Participating Employer.

1.10 Plan

The PPWC-Employer Trusteed Health and Welfare Plan formerly known as the Joint Labour Agreement Health and Welfare Plan, established by the Trustees pursuant to the provisions of the Trust Agreement.

1.11 Trustees

The Trustees in office from time to time under the terms of the Trust Agreement.

1.12 Union

- (a) The Pulp, Paper and Woodworkers of Canada (“PPWC”) and any local of it, which has a collective agreement with a Participating Employer which provides for participation in the Plan; or
- (b) Any other union which, in accordance with an agreement in writing with the Trustees, is accepted by the Trustees for participation in the Plan.

1.13 Waiting Period

The period of time specified in Article 2.4.

1.14 Public Plan References

In this Plan text (including Appendices and Exhibits), any reference to a public benefit plan or insurance scheme by its current or past name, including without limitation, the Canada Pension Plan, the Quebec Pension Plan, Employment Insurance, WorkSafeBC, the Medical Services Plan of B.C. and PharmaCare (including Fair PharmaCare), or any acronym, abbreviation or contraction commonly used to refer to any such public benefit plan or scheme of insurance, shall include all amendments and name changes made thereto and in force or effect from time to time, and any public benefit plan or scheme of insurance which has the effect of supplementing or superseding the public benefit plan or scheme of insurance so referred to.

1.15 Statutory References

In this Plan text (including Appendices and Exhibits), any reference to a statute shall include the regulations promulgated under that statute and any final judicial decisions interpreting the same, and all amendments made thereto and in force or effect from time to time, and to any statute or regulation which has the effect of supplementing or superseding the statute so referred to or the regulations made pursuant to that statute.

ARTICLE 2 — GENERAL PROVISIONS

2.1 Effective Date

The provisions of the Plan text of the PPWC –Employer Trusteed Health & Welfare Plan are effective May 1, 2003.

2.2 Hierarchy of Plan Documents

Subject to any express intention to the contrary, the following documents shall rank in the following order of priority in respect of any matter or thing concerning the Plan including without limitation any discrepancy, matter of interpretation or benefit entitlement:

First, the applicable collective agreement between the Participating Employer and the Union;

Second, the Trust Agreement; and

Third, this Plan text.

Provided further that in the case of any discrepancy between this Plan text and the Accidental Death and Dismemberment contract with the Carrier, the contract with the Carrier shall govern.

The Carrier's practice, as agreed to by the Trustees, will be used in the administration of all Plan text provisions.

2.3 Eligibility Requirements

An Employee shall be covered for benefits under the Plan following the Employee's Waiting Period. Provided however that if an Employee is not actively at work on the day following the Employee's Waiting Period, the Employee shall not be covered for benefits under the Plan until the Employee returns to being actively at work. For the purpose of this provision, an Employee is considered actively at work if on the date in question the Employee reports for work with the Participating Employer, and is able to perform all of the usual and customary duties of his/her occupation on a regular full-time basis. An Employee is deemed actively at work if on scheduled days off or paid time off, and was actively at work on his/her last scheduled shift and is capable of performing his or her usual work duties on the date coverage takes effect.

2.4 Waiting Period

The Employee has been on the payroll of the Participating Employer for 30 calendar days (45 calendar days for Nanaimo Forest Products Ltd. employees) or when the Employee has accumulated 30 working days in a 90-calendar day period. However, there will be no waiting period for an Employee who continues to enjoy seniority

rights under the Collective Agreement if the Employee is recalled to work after the period of layoff coverage identified in Article 2.7(b) ends.

There will be no further waiting period for qualified Employees who have joined the Plan from another Participating Employer.

Employees and Dependents are not eligible for benefits to be payable for Orthodontic Services until the Employee has been covered under Dental for 12 consecutive months.

2.5 Enrolment Process

To enroll the Employee must complete an “Application for Group Benefits” form provided by the Administrator for Basic Life Insurance, Accidental Death and Dismemberment, Weekly Indemnity and Long Term Disability.

To enroll under Extended Health and Dental, the Employee must complete the Carrier’s enrolment card that is also available through the Administrator.

2.6 Termination of Coverage

Subject to the Continuation of Coverage provisions contained in Article 2.7, an Employee’s coverage shall terminate on the earliest of the following:

- (a) The date the Employee is not actively at work;
- (b) The date employment terminates;
- (c) For Long Term Disability, 52 weeks prior to the Employee’s 65th birthdate;
- (d) The date the person ceases to meet all of the criteria specified in the definition of Employee in Article 1.7;
- (e) The date the Employee or the Employee’s Participating Employer fails to remit required contributions or provide required information within the time limits required by the Trustees or the Carriers.
- (f) The effective date of termination of the Employee’s Participating Employer’s participation in the plan.

2.7 Continuation of Coverage

An Employee is deemed not to be actively at work when that person ceases to meet all of the criteria specified in the definition of Employee in Article 1.7 whereupon coverage under the Plan shall terminate subject to the following:

- (a) Subject to the continued payment of applicable premiums, for the period during which an Employee receives Weekly Indemnity payments, other weekly indemnity payments from a Participating Employer, Long Term Disability payments, or WCB wage loss due to a compensable accident occurring in the course of his or her employment by a Participating Employer, the Employee

shall continue to have coverage for the following benefits: Extended Health, Dental, Basic Life Insurance, and Accidental Death and Dismemberment in accordance with the conditions of the Carrier. The conditions of the Carrier may include reimbursement from the proceeds of a WCB or third party claim for any benefits paid.

- (b) For the period of time an Employee is laid off, the Employee shall have the following options provided the Employee pays the Employee portion of the required premiums in advance each month:
- An Employee with one year or more of seniority may continue coverage for six months commencing on the date of the lay off.
 - An Employee with more than four months but less than one year of seniority may continue coverage for three months commencing on the date of the lay off.
 - Where an Employee exercising one of the above options returns to being actively at work before the optional period of extended coverage has expired, the Employee shall be covered for benefits while actively at work and the optional period of available coverage shall be extended by one month for each month the Employee remains actively at work.

Where an Employee returns to being actively at work following the expiration of an optional period of extended coverage (or the Employee has exhausted lay-off coverage but still has seniority rights), the Employee shall be covered for benefits only while actively at work and provided the Employee has worked at least ten days within a floating period of 30 consecutive days before being laid off again, the Employee shall have the option to continue coverage as described above.

- (c) For the period of time an Employee is on a Leave of Absence from a Participating Employer, the Employee shall have the following options:
- Coverage for an Employee may be continued for so long as the Employee is fulfilling duties assigned to that person by the local of the Union which has a collective agreement with that person's Participating Employer and provided the local Union or the national office of the Union pays the required premiums for that Employee's coverage as invoiced by the Participating Employer each month.
 - An Employee on an unpaid Leave of Absence may continue coverage for up to 6 months (except in the case of maternity / parental leave which will be for the period outlined in the *Employment Standards Act* or other applicable legislation) provided the Employee pays the required premiums in advance of each month.
- (d) During a strike or lockout coverage can be continued pursuant to the *Labour Relations Code* of British Columbia.
- (e) For the period of time an Employee is in receipt of severance allowance in accordance with Articles 20, 21 and 22 of the Collective Agreement subject to a

maximum of the current month plus two additional months from the date of termination. Continuation of benefits under such circumstances would apply to Group Life, Accidental Death & Dismemberment, Weekly Indemnity, Long Term Disability, Extended Health and Dental Benefits. If a former Employee becomes disabled during such period, disability benefits will be based on Monthly Earnings prior to termination, mill closure and/or job elimination. This provision does not apply to employees of Sun Wave Forest Products Ltd. and Nanaimo Forest Products Ltd.

2.8 Changes in Coverage While Fulfilling the Long Term Disability Elimination Period

An Employee who is fulfilling the Long Term Disability Elimination Period as a result of a disability which commenced before a negotiated change in benefits and which continues thereafter shall, as from the effective date of the negotiated change in benefits and/or wages, be paid the changed Weekly Indemnity benefit, be covered for the changed benefits under the Plan and make the changed contributions.

2.9 Claim Limitations

An Employee must follow the Plan's procedures with respect to making application for claim.

The Employee must provide explanation or proof to support the claim, such as itemised bills, Physician's statement, or any other information considered necessary.

2.9.1 Claim Submission Process

Claim forms for reimbursement may be obtained from the Administrator. The time limitations in terms of submitting claims are, by benefit:

- (a) For Basic Life Insurance, proof of loss must be submitted to the Carrier within 15 months following the date of death. When an Employee is approved for Long Term Disability benefits, the Carrier will automatically approve him/her for the Basic Life Insurance Waiver of Premium.
- (b) For Accidental Death and Dismemberment, application for benefit payment including proof of loss must be completed and submitted to the Carrier within 180 days from the date the loss occurred. Failure to provide proof within this time shall not invalidate nor reduce any claim if it is shown not to have been reasonably possible to furnish the proof and that the proof of loss was furnished as soon as was reasonably possible, but in no event shall this be more than 12 months after becoming eligible to claim a loss. When an Employee is approved for Long Term Disability benefits, the Carrier will automatically approve him/her for the Accidental Death and Dismemberment Waiver of Premium.
- (c) For Weekly Indemnity and Long Term Disability, claims should be submitted as soon as possible but no later than six months after the termination of the first month following the elimination period or the beginning of the recurrent

disability period. The Employee must continue to provide the Carrier with sufficient medical evidence to confirm ongoing disability, which may include periodic supplemental statements, independent medical examinations and referral to specialists.

- (d) For Extended Health and Dental, claims should be submitted within 90 days from the date the expense was incurred. However, a claim will not be paid if the claim form is received by the Carrier later than one year from the date the expense is incurred for Dental and after December 31 of the year following the Calendar Year in which the expense was incurred for Extended Health.

2.10 Limitation on Legal Claims

Any cause of action an Employee or Beneficiary may have against a Carrier in respect of any claim or benefit under the Plan shall be subject to such time limits and limitations of liability as may be provided for in the applicable agreement or policy between the Trustees and the Carriers.

ARTICLE 3 — BENEFIT SCHEDULE

3.0 Benefits Provided by the Plan

The Benefits provided by the Plan are:

- (a) Basic Life Insurance;
- (b) Accidental Death and Dismemberment;
- (c) Weekly Indemnity (except Cascadia Forest Products Ltd. (Island Phoenix), Pope & Talbot Ltd., Harmac Pulp Operations, and Nanaimo Forest Products Ltd.);
- (d) Long Term Disability;
- (e) Extended Health and Out-of-Province Travel Plan; and,
- (f) Dental

ARTICLE 4 — BASIC LIFE INSURANCE

4.1 Coverage

A Basic Life Insurance benefit is payable if an Employee dies.

4.2 Schedule of Basic Life Insurance Benefit

The Basic Life Insurance benefit is set out in the attached Appendices.

4.3 Payment of Benefit

The Carrier will pay the amount of Basic Life Insurance benefit in force for the Employee at the date of death to the Employee's Beneficiary.

4.4 Beneficiary Designation

An Employee may designate a Beneficiary for Basic Life Insurance. Such designation must be in writing and entered in the records of the Administrator.

Changes to the Beneficiary may only be done in writing to the Administrator. Only when entered in the Administrator's records shall it be deemed that the Carrier is notified of the change.

4.5 Advanced Living Benefit Option

If an Employee is terminally ill and death is expected to occur within 12 months, the Carrier will pay to the Employee a lump sum equal to the lesser of \$50,000 or 50% of the Employee's Basic Life Insurance benefit. The Advanced Living Benefit is subject to Article 4.5.2 and the following limitations:

- (a) An application has been made by the Employee and approved by the Trustees;
- (b) The Employee has been approved for Basic Life Insurance Waiver of Premium;
- (c) The Employee's attending physician has confirmed in writing to the Carrier that the illness is terminal;
- (d) The Employee's Beneficiary has consented to the payment of the Advanced Living Benefit; and,
- (e) Interest on the lump sum payment is accrued from the date of payment to the date of death of the Employee. The interest rate will be equal to the rate the Carrier would pay on waiver of premium reserves.

Upon the death of the Employee, the balance of the Basic Life Insurance benefit, less the accrued interest, shall be payable to the designated Beneficiary.

4.5.1 Upon the death of the Employee, an Employee's Beneficiary will receive the amount of the Employee's Basic Life Insurance benefit, less the total of:

- (a) The amount of the Advanced Living Benefit the Employee received; and
- (b) The amount representing interest calculated by the Carrier from the date of the Advanced Living Benefit payment to the date of the Employee's death.

Any amount an Employee could otherwise have converted to an individual policy under the Conversion Option in this section will be reduced by the Advanced Living Benefit.

4.5.2 An Employee's right to this option is subject to the following:

- (a) The Employee must make application in writing on a form satisfactory to the Carrier.
- (b) The Employee must furnish satisfactory proof to the Carrier that his/her life expectancy is 12 months or less, including certification by a Physician.
- (c) The Advanced Living Benefit is available on a voluntary basis only. Therefore, an Employee is not eligible for this option if:
 - S/he is required by law, to use this option to meet the claims of creditors, whether in bankruptcy; or
 - S/he is required by a government agency to use this option in order to apply for, get or keep a government benefit or entitlement.

4.5.3 The deduction of the Advance Living Benefit and its accrued interest take priority over any other demand or claim for the insurance payable at the Employee's death.

The Carrier's standard Advance Living Benefit limitations will apply unless they conflict with the limitations listed in Article 4.5.2, in which case the limitations set out in Article 4.5.2 shall apply.

4.6 Basic Life Insurance Waiver of Premium

If an Employee becomes eligible to receive Long Term Disability benefits, the Carrier will waive the payment of Basic Life Insurance premiums for such Employee and will continue to waive such premiums for as long as the Employee continues to receive Long Term Disability benefits.

The Basic Life Insurance benefit amount for which premiums are waived shall be the amount in force on the last day of the Employee's Long Term Disability Elimination Period.

4.6.1 In the event of Carrier termination, the Carrier underwriting the benefit on the date any Employee became disabled would continue to be responsible for Waiver of Premium claims applicable to such Employees, as long as all Carrier requirements are satisfied.

4.7 Conversion Option

If an Employee's Basic Life Insurance coverage ceases, the Employee is entitled to purchase an individual life insurance policy issued by the Carrier if age 65 or under.

4.7.1 The conversion privilege is subject to the Carrier's standard conditions and subject to the following:

- (a) The amount of the individual policy shall not exceed the amount of Basic Life Insurance coverage for which the Employee was covered under the Plan when coverage was discontinued or \$200,000 for all groups combined.
- (b) The individual policy shall be, at the Employee's option, in the form of a convertible one year term assurance, or a term to age 65 or an ordinary plan. This individual policy shall be without dividends and without disability waiver or other supplementary benefits.
- (c) The premium for the individual policy shall be determined by the Carrier according to:
 - The Carrier's current rates for the Employee's attained age at birthday immediately prior to the date of issue of the individual policy;
 - The class of risk to which the Employee then belongs; and,
 - The form and amount of the individual policy.
- (d) The written application for the individual policy together with the required premium shall be delivered to the Carrier within 31 days after the date on which the Employee's Basic Life Insurance coverage was terminated.
- (e) Evidence of insurability shall not be required for such individual policy.

4.7.2 If the Employee dies within the 31 day period during which the Employee could have converted, the Carrier shall pay the maximum amount of Basic Life Insurance coverage the Employee could have converted to the Employee's Beneficiary.

ARTICLE 5 — ACCIDENTAL DEATH AND DISMEMBERMENT

5.1 Terms Defined

In this Article, including the applicable appendices and Exhibit III, as well as any other Article where the following defined terms are used, unless inconsistent with the context, the definitions in the following sections of this Article apply.

- (a) **Accidental Injury** means a bodily injury resulting directly and independently of all other causes and occasioned solely through external violent and accidental means without gross negligence on the Employee's part.
- (b) **Child or Children** mean the unmarried, natural or adopted children of the Employee or unmarried children who have cohabited with the Employee for a minimum of twelve consecutive months, and have been publicly represented as the Employee's children.
- (c) **Covered Accidental Death** means death caused directly and solely by external, violent and accidental means without gross negligence on the Employee's part.
- (d) **Covered Loss** means any of the following arising out of an Accidental Injury:
 - loss of a hand means complete severance at or above the wrist;
 - loss of a leg means complete severance at or above the knee joint;
 - loss of an arm means complete severance at or above the elbow joint;
 - loss of a foot means complete severance at or above the ankle;
 - loss of a toe means complete severance of two entire phalanges of the toe;
 - loss of a thumb means complete loss of one entire phalanx of the thumb;
 - loss of an index finger means the complete loss of two entire phalanges of the index finger;
 - loss of sight, loss of hearing or loss of speech means total and irrecoverable loss of that faculty. If that faculty can be recovered or partially recovered by the use of some device or rehabilitative program, it shall be deemed that there was no loss;
 - loss of use means loss of use that must be caused by tendon, nerve or bone damage. Such loss of use must be total and irrecoverable and must be continuous for period of 12 months after which any benefit is payable, provided such disability is determined to be permanent; and

- paralysis means complete and irreversible paralysis caused by brain, spine, muscle or nerve damage as a result of an accident which has continued for a period of 12 months from the date of the accident, after which any benefit is payable under this benefit.

(e) **Dependent** means any of the following individuals:

- an Employee's Spouse;
- Children from birth to attainment of the 21st birthday, or attainment of the 25th birthday if in full-time attendance at an accredited university or similar institution and for whom the Employee is legally and financially responsible, and who are not, on a full-time basis, engaged in any occupation or performing any work for wage, remuneration or profit; and,
- Children (regardless of age) who are suffering from a mental or physical infirmity and who developed such infirmity while otherwise eligible as a Dependent under the above point and who are wholly financially dependent on the Employee.

No person residing outside Canada will be considered a dependent unless they are classified as a student and normally reside in Canada.

(f) **Hemiplegia** means total paralysis of lower and upper limbs on one side of the body.

(g) **Hospital** (for the Family Transportation Benefit), means an institution licensed as a hospital, open at all times for the care and treatment of injured persons, with organised facilities for diagnosis, major surgery and with 24 hour nursing services. Hospital does not include a facility or part of a facility primarily for the aged, the treatment of any addiction or alcoholism, rehabilitative care, custodial or educational care, or a rest home, nursing home or convalescent hospital.

(h) **Immediate Family** for the Family Transportation Benefit, means a person who is the Spouse, son, daughter, father, mother, brother, sister, of the Employee. Other relatives maybe considered by the Carrier in the event that no "immediate family" are living.

(i) **Institution for Higher Learning** for the Education Benefit, includes any university, college or trade school.

(j) **Paraplegia** means total paralysis of both lower limbs.

(k) **Physician** means a person who is legally licensed to practice medicine by the jurisdiction in which s/he operates and is certified by the Royal College of Physicians and Surgeons of Canada.

(l) **Quadriplegia** means total paralysis of both upper and lower limbs.

(m) **Regular Care and Attendance** for the Family Transportation Benefit means observation and treatment to the extent necessary under existing

standard of medical practice for the condition causing the confinement.

- (n) **Seat Belt** for the Seat Belt Benefit, means those belts that form a restraint system and includes infant and child restraint systems when properly used with a seat belt, including restraint belts which are part of a stretcher used in the transportation of sick and injured persons by ambulance.
- (o) **Spouse** means the legal spouse or a person with whom the Employee has cohabited for a minimum of twelve months and has been publicly represented as the Employee's spouse.
- (p) **Vehicle** means any automobile, station wagon, van, jeep-type automobile, truck, ambulance or any type of motorised vehicle used by municipal, provincial or federal police forces and which are designed primarily for carrying passengers and ordinarily operated on the public streets and highways.

5.2 Principal Sum

The amount of Accidental Death and Dismemberment Principal Sums are outlined in the appendices.

5.3 Beneficiary Designation

An Employee may designate a Beneficiary for Accidental Death and Dismemberment. Such designation must be in writing and entered in the records of the Administrator.

Changes to the Beneficiary may only be done so in writing to the Administrator. Only when entered in the Administrator's records shall it be deemed that the Carrier is notified of the change.

5.4 Schedule of Accidental Death and Dismemberment Losses

The schedule of losses will reflect current Carrier's level (except Paraplegia, Quadriplegia and Hemiplegia should be covered at 200% of principal sum). The current schedule is in Exhibit III.

5.5 Maximum Benefit

In no case shall an amount greater than the Principal Sum be paid for all Covered Losses sustained by an Employee resulting directly or indirectly from the same accident with the exception of loss of use of both arms, loss of use of both legs, loss of use of one arm and one leg on the same side of the body, Paraplegia, Hemiplegia, and Quadriplegia where the maximum benefit payable is 200% of the Principal Sum for all losses combined.

5.6 Accidental Death and Dismemberment Waiver of Premium

If an Employee qualifies for the Basic Life Insurance Waiver of Premium, the Carrier will waive the payment of Accidental Death and Dismemberment premiums.

The Accidental Death and Dismemberment benefit amount for which premiums shall first be waived shall be the amount in force on the last day of the Employee's Long Term Disability Elimination Period.

The Carrier will continue coverage for the Employee's Long Term Disability Elimination Period and the Long Term Disability Benefit Payment Period. In the event of Carrier termination, coverage will be provided by the new Carrier (if appointed) under Waiver of Premium.

5.7 Ancillary Benefits

Ancillary Benefits are not promised under the terms of the collective agreement and may vary from Carrier to Carrier and may not be provided in the future. The Ancillary Benefits in effect with the existing Carrier are included in Exhibit III and may change.

5.8 Exposure and Disappearance

If an Employee is exposed to the elements following the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant, such exposure shall be deemed an Accidental Injury.

If the body of an Employee has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the Employee was an occupant, then it shall be deemed that the person shall have suffered loss of life.

5.9 Exclusions

No Covered Loss or Accidental Death is covered which results directly or indirectly from one or more of the following:

- (a) Suicide or attempted suicide or self-inflicted injury, while sane or insane;
- (b) Insurrection or war (whether war be declared or not) or participation in any riot;
- (c) Active service in the armed forces of any country;
- (d) Travel or flight in any aircraft, or descent from such aircraft, if the Employee is a pilot or a member of the crew of the aircraft, or if such flight is made for purposes of instruction, training or testing;
- (e) Committing, attempting or provoking an assault or criminal offence, excluding without limitation driving a vehicle with alcohol in the blood in

excess of 80 milligrams of alcohol per 100 millilitres of blood. A “vehicle” means, a vehicle that is drawn, propelled or driven by any means other than muscular power;

- (f) Medical care or treatment of any kind including surgery; or
- (g) Intentional use of drugs for non-medical purposes.

ARTICLE 6 – WEEKLY INDEMNITY (NON-OCCUPATIONAL ACCIDENT AND SICKNESS)

6.1 Terms Defined

In this Article, including the applicable appendices, as well as any other Article where the following defined terms are used, unless inconsistent with the context, the definitions in the following sections of this Article apply.

- (a) **Accidental Injury** means a bodily injury caused by accidental means.
- (b) **Aggregate Weekly Indemnity Disability Period** means the lesser of:
 - The total of the Weekly Indemnity Elimination Period plus 52 weeks of Weekly Indemnity benefits, and
 - The total of an Initial Disability Period, plus all related Recurrent Disability Periods.
- (c) **Chiropractor** means a person licensed to practice chiropractic in the jurisdiction where the service is rendered.
- (d) **Day of Disability** means a day on which an Employee is Disabled provided s/he does not work more than four hours, except as allowed under a Return to Work Program.
- (e) **Disability Period** means a Day of Disability or a period of consecutive Days of Disability.
- (f) **Disabled** means, for the purpose of Weekly Indemnity benefits, not able to perform the duties of his/her own occupation because of a Non-occupational sickness or a Non-occupational Accidental Injury. Disability has a corresponding meaning to Disabled.
- (g) **Hospitalization (Hospitalized)** means an overnight stay or an invasive procedure being performed that would customarily be done in a hospital setting. An overnight stay in an emergency department would not qualify as Hospitalization where the Employee is kept overnight while waiting to see a Physician and then is sent home by the Physician right after being seen. An overnight stay in an emergency department would qualify as hospitalization where the Employee is kept for the purpose of observation. Admittance into a drug or alcohol treatment centre is not considered Hospitalization unless the admittance is through emergency.
- (h) **Hourly Straight Time Rate** means an Employee's regular hourly job rate depending on his/her job category as defined in the "Job Categories and Wage Rates Schedule" of the collective agreements in effect between the Participating Employers and the Union excluding all other premiums and fringes unless the collective agreement in effect between the Participating Employer and Union indicates otherwise, in which case the collective agreement terms will apply.
- (i) **Initial Disability Period** means one Day, or consecutive Days, of Disability of an Employee that is not preceded by a previous Day of

Disability within the previous two weeks for the same or related causes.

- (j) **Non-occupational** means, with respect to Accidental Injury, or Sickness, one where the Employee is not entitled to any benefits under the Workers' Compensation law or similar legislation.
- (k) **Physician** means a person who is duly licensed to prescribe and administer any drugs or to perform surgical procedures.
- (l) **Recurrent Disability Period** means a Disability Period of an Employee that has the same or related cause as the previous Disability Period, is not an Initial Disability Period and which begins less than two weeks after the end of the Employee's last Disability Period.

If an Employee returns to work and works full-time for two or more consecutive weeks a new Initial Disability Period will be established if the Employee again becomes Disabled from the same or related cause. Vacation days, floating holidays, statutory holidays, banked time and other paid or unpaid time off will not count toward satisfying this provision.

- (m) **Return To Work Program** shall be as defined by each participating mill location.
- (n) **Sickness** means an illness or disease.
- (o) **Week** means seven calendar days.
- (p) **Weekly Earnings** means the Employee's Hourly Straight Time Rate times his/her regular scheduled number of hours worked per week.
- (q) **Weekly Indemnity Benefit Payment Period** for an Employee means the period beginning at the end of the Employee's Weekly Indemnity Elimination Period and ending the earlier of:
 - The death of the Employee;
 - The last day of the Employee's Aggregate Weekly Indemnity Disability Period;
 - The date the Employee recovers from his/her Disability;
 - Attainment of age 65 or if the Employee has not yet received a minimum of 15 weeks of benefits at attainment of age 65, benefits will continue to the earlier of:
 - the Employee has received 15 weeks of benefits,
 - the date the Employee is no longer Disabled, or
 - the date of the Employee's retirement.
- (r) **Weekly Indemnity Elimination Period** means the period where benefits are not payable and is the shorter of the following:
 - a) There is no weekly indemnity elimination period:

- For Non-occupational Sickness if the Employee is Hospitalized or surgery is performed which necessitates time off work; or
 - For Non-occupational Accidental Injury, providing the Employee visits a Physician within three days of the Accidental Injury;
 - For second or subsequent Disability Period resulting from a serious illness which requires kidney dialysis, chemotherapy, radiation or other similar recurring treatments.
- b) The weekly indemnity elimination period will be the period beginning on the first Day of Disability and ending:
- For Non-occupational Sickness, the later of the fourth day of Disability or the date of an Employee's visit to a Physician
 - For Non-occupational Accidental Injury, the day the Employee visits a Physician if not within three days of the Accidental Injury.

6.2 Weekly Benefit

Subject to the terms of this Plan, the Weekly Benefit for an Employee is set out in the applicable appendices.

If an Employee's regular schedule is less than 40 hours per week, the weekly benefit will be prorated based on the number of hours regularly scheduled per week.

The Weekly Benefit will be reduced by earnings from employment outside of the mill (including self-employment) except for that portion that the Employee was earning regularly prior to becoming Disabled.

6.3 Conditions of Benefit Payment

Subject to the terms of this Plan, the Weekly Benefit will be paid to a Disabled Employee on the following conditions:

- (a) The Employee became Disabled when covered under the Plan; and,
- (b) The Disability continued beyond the Employee's Weekly Indemnity Elimination Period; and,
- (c) The Employee is under the regular care and attention of a qualified Physician or relevant and certified specialist, or of a Chiropractor during the first two weeks of the Aggregate Weekly Indemnity Disability Period; and,
- (d) The Employee is receiving required treatment for his or her condition; and,
- (e) the Employee is suffering a loss of Weekly Earnings from the Participating Employer as a result of the Disability during the Weekly

Indemnity Benefit Payment Period; and,

- (f) the Employee provides medical evidence which supports the Employee's inability to work. Such evidence may include periodic supplemental statements from the Employee's Physician; and,
- (g) The Employee submits to independent medical examinations by a Physician selected by the Carrier if requested by the Carrier.

In the event that an Employee becomes Disabled while on unpaid Leave of Absence or lay-off, no benefits are payable during this period. However, if the Employee remains Disabled when the unpaid leave of absence or layoff ceases, the Weekly Indemnity Elimination Period will not commence until the Employee's scheduled return to work date.

In the event that an Employee becomes Disabled while on strike or lock-out, no benefits are payable during this period. However, if the Employee remains Disabled when the strike or lock-out ceases and the Employee has satisfied the Weekly Indemnity Elimination Period, benefits will commence immediately.

6.4 Benefit Payments

Subject to Articles 6.2, 6.3, 6.5, 6.7 and 6.8, benefits will be paid to a Disabled Employee bi-weekly in arrears throughout the Weekly Indemnity Payment Period.

6.5 Graduated Return to Work Program

If an Employee receives wages as a result of participating in a graduated (less than full-time) Return to Work Program, the amount of the Employee's benefit payments will be reduced by 50% of such wages. The Employee's Weekly Indemnity benefit payments will be further reduced such that the Employee's Weekly Indemnity benefit payments plus wages from the Return to Work Program do not exceed 100% of the Employee's Weekly Earnings.

6.6 Fractional Weeks

- (a) An Employee is entitled to one-seventh (1/7th) of the Employee's Weekly Benefit for each day of Disability in his/her Weekly Indemnity Benefit Payment Period.
- (b) An Employee's Benefit Payment will be reduced by one-seventh (1/7th) for each day of paid time off taken except where a full week of vacation has been taken, in which case the reduction will be a full week.

6.7 Limitations

No Benefit Payment is payable to an Employee for that part of a Aggregate Weekly Indemnity Disability Period during which:

- (a) The Employee is not under the regular care and attention of a qualified Physician or relevant and certified specialist, or of a Chiropractor during the first two weeks of the Aggregate Weekly Indemnity Disability Period;
- (b) The Employee is not receiving required treatment for his or her condition;
- (c) The Employee is imprisoned in a penal institution or confined in a hospital, or similar institution, as a result of criminal proceedings;
- (d) The Employee is eligible to receive benefits under any Workers' Compensation Law or any similar law. In the event an Employee is eligible to receive benefits pursuant to the *Workers Compensation Act* at the end of the Weekly Indemnity Elimination Period or at any time during the Weekly Indemnity Benefit Payment Period, no Weekly Benefits will be payable for so long as the Employee continues to be eligible for benefits under the *Workers Compensation Act*.

Should an Employee's claim for Workers' Compensation benefits not be accepted by the Workers Compensation Board, the Employee has been off work for at least 2 Weeks, and the Employee has completed and has submitted a reimbursement agreement to the Carrier and satisfactory proof that the Employee is disputing the denial of the Employee's Workers Compensation benefit claim, Weekly Benefits shall be paid to the Employee during the portion of the Weekly Indemnity Benefit Payment Period during which the Employee is not in receipt of benefits under the *Workers Compensation Act*.

- (e) The Employee is absent from Canada without the approval of the Carrier;
- (f) The Employee resides outside of Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period unless:
 - The Employee has previously notified and received approval in writing from the Carrier;
 - The Employee remains under the regular care of a Physician deemed appropriate by the Carrier;
 - Proof of ongoing Disability can be determined on evidence satisfactory to the Carrier in English or French within 30 days of request.
- (g) The Employee is on paid time off; or,
- (h) The Employee performs work for wages or in expectation of a profit without the approval of the Carrier.

6.8 Exclusions

The Weekly Indemnity benefit does not cover a Disability which results from:

- (a) Cosmetic surgery, unless the surgery is due to an Accidental Injury;
- (b) Voluntary participation in war, riot or insurrection;
- (c) Intentionally self-inflicted injuries or sickness whether sane or insane, other than attempted suicide;
- (d) The course of employment (except as allowed under Limitations);
- (e) Participation in the commission of a criminal offense;
- (f) An Accidental Injury which occurs while the Employee is operating a motor vehicle and the blood contains more than 80 milligrams of alcohol in 100 milliliters of blood (.08%); or,
- (g) Injury or Sickness which occurred while the Employee is on active duty in the armed forces of any country, state or international organization or resulting from war or act of war, whether declared or undeclared.

6.9 Third Party Liability (Subrogation)

If an Employee recovers an amount from a liable third party for the loss of income resulting from the same accident or sickness, then the Employee must reimburse the Carrier on behalf of the Plan, to the extent that the net third party recoveries plus Weekly Indemnity benefit payments exceed 100% of the Employee's Weekly Earnings lost.

6.10 Reimbursement for Completion of Medical Forms

The Plan will provide reimbursement for the completion of medical forms as indicated in the appendices.

6.11 Appeal Process

Where a claim issue is in dispute, the Employee will follow the Carrier's appeal process.

ARTICLE 7 - LONG TERM DISABILITY

7.1 Terms Defined

In this Article, including the applicable appendices, as well as any other Article where the following defined terms are used, unless inconsistent with the context, the definitions in the following sections of this Article apply.

- (a) **Aggregate Long Term Disability Period** means the total of an Initial Disability Period plus all related Recurrent Disability Periods.
- (b) **Day of Disability** means a day on which an Employee is Disabled.
- (c) **Disability Period** means a Day of Disability or a period of consecutive Days of Disability.
- (d) **Disabled** means during the Long Term Disability Elimination Period and the first 18 months of the Long Term Disability Benefit Payment Period, not able to perform the duties of his/her own occupation because of sickness and/or injury. After the first 18 months of the Long Term Disability Benefit Payment Period, Disabled means not able to perform the duties of any occupation for which he/she is qualified by education, training or experience because of sickness and/or injury.

Disability has a corresponding meaning to Disabled.

- (e) **Hourly Base Rate** means, the rate referred to as the “labour rate” in the “Job Categories and Wage Rates Schedule” outlined in the collective agreements in effect between the Participating Employers and the Union.
- (f) **Hourly Straight Time Rate** means an Employee’s hourly job rate depending on his/her job category as defined in the “Job Categories and Wage Rates Schedule” of the collective agreements in effect between the Participating Employers and the Union excluding all other premiums and fringes unless the collective agreement in effect between the Participating Employer and Union indicates otherwise, in which case the collective agreement terms will apply.
- (g) **Initial Disability Period** means one Day, or consecutive Days, of Disability of an Employee that is not preceded by a previous Day of Disability resulting from the same or related causes within the previous two weeks during the Long Term Disability Elimination Period or the previous six months after the Long Term Disability Elimination Period has been satisfied.
- (h) **Long Term Disability Benefit Payment Period** for an Employee means the period beginning the end of the Employee’s Long Term Disability Elimination Period and ending the earlier of:
 - The death of the Employee;
 - The last day of the Employee’s Aggregate Long Term Disability Period;

- The date the Employee recovers from his/her Disability;
 - The date the Employee is no longer Disabled as defined in article 7(1)(d);
 - Age 65;
 - 60 months plus one month for each two full months of continuous service beyond 60 months service with the Participating Employer up to the commencement of the Employee's Initial Disability Period. Benefits will be paid to age 60 as a minimum.
- (i) **Long Term Disability Elimination Period** is the period commencing on the date the Employee becomes Disabled and ending on the later of:
- The expiration of the Weekly Indemnity Benefit Payment Period if any;
 - The exhaustion of any other weekly indemnity benefits from a Participating Employer;
 - the completion of 52 weeks of the Employee's Aggregate Long Term Disability Period.
- (j) **Monthly Earnings** means the Employee's Hourly Straight Time Rate at the date of onset of Disability plus any negotiated increases to that Hourly Straight Time Rate which would take place during the Long Term Disability Elimination Period times his or her regular number of hours scheduled per week (to a maximum of 40) times 52 weeks divided by 12 months.
- For Nanaimo Forest Products Ltd. non-union employees, Monthly Earnings means monthly base salary at the date of onset of Disability.
- (k) **Recurrent Disability Period** means a Disability Period of an Employee that is not an Initial Disability Period, which begins:
- less than two weeks after the end of the Employee's last Disability Period, resulting from the same or related causes, during the Long Term Disability Elimination Period; or
 - less than six months after the end of the Employee's last Disability Period, resulting from the same or related causes, after the Long Term Disability Elimination Period.
- (l) **Physician** means a person who is duly licensed to prescribe and administer any drugs or to perform surgical procedures.
- (m) **Rehabilitative Employment** means any occupation or employment for wage or profit or any course or training that entitles the Disabled Employee to an allowance, provided such rehabilitative employment has the approval of the Employee, and his/her Physician in consultation with the Carrier.
- (n) **Sickness** means an illness or disease.

7.2 Eligibility

The minimum hours worked is no less than 30 hours per week for coverage under Long Term Disability.

7.3 Level of Monthly Benefit

Subject to the terms of this Plan, the Monthly Benefit for an Employee is set out in the appendices, subject to any reduction of benefits described in this Article under Integration with Other Disability Income and/or Rehabilitative Employment.

7.4 Integration with Other Disability Income

The monthly benefit payment from this Plan combined with all other disability income to which the Employee is entitled will not exceed a certain percentage of the Employee's Monthly Earnings as outlined in the applicable appendices. Note that the definition of Monthly Earnings supersedes the collective agreement provisions.

All other (disability) income will include (consists of):

- CPP/QPP primary disability pension benefits; and,
- Workers' Compensation benefits payable for the same or related sickness or accidental injury (Disability) as the Long Term Disability benefits paid by the Plan; and,
- Disability income from a group or association plan; and,
- Disability income arising out of any law or legislation; and,
- Wage continuation or pension plan of any employer including the Pulp and Paper Industry Pension Plan.

The Employee is required to apply for other sources of income as directed by the Carrier.

7.4.1 An Employee's private or individual disability plan benefits will not reduce the monthly benefit payment from this Plan.

7.4.2 The Employee's Net Benefit Payment means the monthly benefit payment that results from this Integration.

7.4.3 In the event that Integration with other disability income reduces the monthly benefit payment from this Plan below \$25 per month, this Plan will nevertheless pay a minimum of \$25 per month as a Net Benefit Payment from the beginning of the Long Term Disability Benefit Payment Period.

This is not applicable to New Skeena Forest Products Inc. and Sun Wave Forest Products Ltd.

7.4.4 Increases in CPP/QPP disability pensions or Workers' Compensation disability pensions that result from cost of living increases and which occur after the beginning of the Long Term Disability Benefit Payment Period will not further reduce the benefit payment from this Plan.

7.5 Rehabilitative Employment

During a Long Term Disability Benefit Payment Period, a Disabled Employee may engage in Rehabilitative Employment, in which case the benefit from this Plan will be reduced by 50% of the Employee's Rehabilitative Employment income that exceeds \$50 per month. The benefit from this Plan will be further reduced by the amount that remuneration from Rehabilitative Employment plus the benefit from this Plan exceeds 75% of the Employee's Monthly Earnings. Note that the definition of Monthly Earnings supercedes the collective agreement provision.

7.5.1 Rehabilitative Employment will be deemed to continue until such time as the Employee's earnings from Rehabilitative Employment plus the benefit from this Plan exceed 75% of his/her Monthly Earnings at date of Disability, but in no event for more than 24 months from the date Rehabilitative Employment commences.

7.6 Conditions of Benefit Payment

Subject to the terms of this plan, monthly benefit payments will be paid to an Employee while s/he continues to be Disabled on the following conditions:

- (a) The Employee's Initial Disability Period commenced when covered by this Benefit; and,
- (b) The Disability continued beyond his/her Long Term Disability Elimination Period; and,
- (c) The Employee is under the regular care and attention of a qualified Physician or relevant and certified specialist; and,
- (d) The Employee is receiving required treatment for his or her condition; and,
- (e) The Employee is suffering a loss of earnings from the Participating Employer as a result of the Disability during the Long Term Disability Benefit Payment Period; and,
- (f) The Employee provides medical evidence which supports the Employee's inability to work. Such evidence may include periodic supplemental statements from the Employee's Physician; and,
- (g) The Employee submits to independent medical examinations by a Physician selected by the Carrier if requested by the Carrier.

In the event that an Employee becomes Disabled while on unpaid Leave of Absence or layoff, the Long Term Disability Elimination Period will not

commence until the Employee's scheduled return to work date.

In the event that an Employee becomes Disabled while on a strike or lock-out, the Long Term Disability Elimination Period will not commence until the end of the strike or lockout.

7.7 Fractional Months

An Employee is entitled to a monthly benefit payment for less than a whole month of Disability of one thirtieth (1/30th) of the Employee's Monthly Benefit for each Day of Disability.

7.8 Benefit Payments

Payments are made monthly in arrears to Disabled Employees beginning at the end of the month of expiration of the Employee's Long Term Disability Elimination Period.

7.9 Long Term Disability Waiver of Premium

If an Employee becomes eligible to receive Long Term Disability benefits, the Carrier will waive the payment of Long Term Disability premiums for such Employee during the Long Term Disability Benefit Payment Period.

7.10 Continuation of Coverage During Long Term Disability

Basic Life Insurance and Accidental Death and Dismemberment will be continued for Employees eligible to receive Long Term Disability Benefits. Coverage will be provided through the Basic Life Insurance and Accidental Death and Dismemberment Waiver of Premium benefits as outlined in Articles 4.6 and 5.6. An Employee who qualifies for Long Term Disability Benefit Payments shall be covered for the Basic Life Insurance, Accidental Death and Dismemberment, Long Term Disability benefit coverage in force on the last day of the Long Term Disability Elimination Period.

7.10.1 Extended Health (including Out-of-Province Travel Plan) and Dental will be continued for Employees eligible to receive Long Term Disability Benefits. The coverage will be adjusted based on negotiated changes of the applicable collective agreement.

7.11 Limitations

No Benefit Payment is payable to an Employee for that part of a Long Term Disability Benefit Payment Period during:

- (a) Which the Employee is not under the regular care and attention of a qualified Physician or relevant and certified specialist;
- (b) Which the Employee is not receiving required treatment for his or her condition;

- (c) Which the Employee is imprisoned in a penal institution or confined in a hospital, or similar institution, as a result of criminal proceedings;
- (d) Any Leave of Absence (including maternity/parental leave) except for leaves as identified under Continuation of Coverage under Article 2.7);
- (e) A strike, lockout or layoff, if the Disability begins on or after the strike, lockout or layoff begins;
- (f) Which the Employee is absent from British Columbia without the approval of the Carrier;
- (g) Which the Employee resides outside of Canada for any period exceeding 90 consecutive days or a total of 180 days in any 365 day period unless:
 - the Employee has previously notified and received approval in writing from the Carrier;
 - The Employee remains under the regular care of a Physician deemed appropriate by the carrier;
 - Proof of ongoing disability can be determined on evidence satisfactory to the Carrier in English or French within 30 days of request; or,
- (h) Which the Employee performs work for wages or in expectation of a profit without the approval of the Carrier.

7.12 Pre-Existing Conditions

A disability that results from an accident, illness, mental or nervous disorder for which the Employee received treatment or medical supplies within the ninety (90) day period prior to joining the Plan will not be covered unless the Employee has completed twelve (12) consecutive months of employment during which he was not absent from work from the aforementioned accident, sickness or mental disorder.

7.13 Exclusions

The Long Term Disability Benefit does not cover a Disability which results from:

- (a) Participation in a riot or civil commotion;
- (b) War, insurrection, rebellion or service in the armed forces of any country;
- (c) Intentionally self-inflicted injuries;
- (d) Participation in the commission of a criminal offence; or,
- (e) An accident which occurs while the Employee is operating a motor vehicle and the blood contains more than 80 milligrams of alcohol in 100 millilitres of blood (.08%).

7.14 Benefits After Termination of an Employee's Coverage

A Disabled Employee's entitlement to Benefit Payments continues throughout his/her Initial and Recurrent Disability Periods even if the Long Term Disability Benefit is terminated after the beginning of his/her Long Term Disability Elimination Period.

In the event of Carrier termination, the Carrier underwriting the benefit on the date any Employee became Disabled will continue to be responsible for any initial and recurrent Long Term Disability claims applicable to such Employees, as long as all Carrier requirements are satisfied.

7.15 Reimbursement for Completion of Medical Forms

The Plan will provide reimbursement for the completion of medical forms as indicated in the appendices.

7.16 Appeal Process

The Carrier's appeal process will be used.

ARTICLE 8 — EXTENDED HEALTH AND OUT-OF-PROVINCE TRAVEL PLAN

8.1 Terms Defined

In this Article, including the applicable appendices and Exhibit II, as well as any other Article where the following defined terms are used, unless inconsistent with the context, the definitions in the following sections of this Article apply.

- (a) **Accidental Injury** means an injury caused by a direct external blow to the mouth or face resulting in immediate damage to the natural teeth or prosthetics and not by an object intentionally or unintentionally being placed in the mouth.
- (b) **Acute** means a medical condition having a sudden occurrence with severe symptoms and lasting less than 60 consecutive days from the date of diagnosis by a Physician, but does not include a condition due mainly to chronic illness or infirmity.
- (c) **Child or Children** mean a person(s) born to the Employee and/or Spouse or stepchild, legally adopted child, or legal ward, but not a foster child.
- (d) **Chiropractor** means a person licensed to practice chiropractic in the jurisdiction where the service is rendered.
- (e) **Customary Charge** means the usual charge for providing a service or supply which does not exceed the general level of charges made by similar providers in the area where the charge is incurred for a medical condition comparable in nature and severity to that being treated. The term “area” means a region large enough to obtain a representative cross section of similar providers.
- (f) **Deductible** means the portion of the Eligible Expenses the Employee must incur before the Carrier pays any benefit amount. If in any Calendar Year the Eligible Expenses incurred do not exceed the Deductible any portion incurred during the last three months of that Calendar Year may be applied to the Deductible for the next Calendar Year.
- (g) **Dentist** means a doctor of dentistry duly qualified and licensed to practice dentistry in the area where the services are provided and is acting within the scope of that license.
- (h) **Denturist** means a denturist duly qualified and licensed to perform specific dental services in the area where these services are provided and is acting within the scope of that license.
- (i) **Dependent** means is actively enrolled under all applicable Government Plans and is:
 - The Spouse of the Employee;

- Any unmarried Child under 21 years of age who is living with and is financially dependent on the Employee or Spouse and to any age if the unmarried Child is also in full-time attendance (in accordance with the respective academic calendar) at a recognized educational institute; or,
- Any unmarried handicapped Child of any age who is living with and is financially dependent on the Employee and/or Spouse and is incapable of self-sustaining employment;

The Employee must be prepared to prove that an individual claimed as a Dependent falls within these requirements.

(j) **Eligible Expenses** consist of the expenses listed below:

- In-Province Eligible Expenses;
- Out-of-Province Non-Emergency Eligible Expenses;
- Out-of-Province Emergency Eligible Expenses; and
- Out-of-Province Travel Plan Eligible Expenses.

Eligible expenses must:

- In the Carrier's assessment be a Customary Charge medically necessary for health care and maintenance, or to maintain and restore teeth; and
- Be ordered by a Physician or Dentist, unless noted otherwise in this document; and
- Not be a cost normally paid (in whole or in part) or provided by any Government Plans or any other provider of health coverage; and
- Be incurred while the Employee or Dependent is covered under the Plan for the expense being claimed. An expense is "incurred" on the date the service is provided or the supply is received.

Eligible Expenses do not include any payment to a pharmacy or Practitioner (demanded or received by balanced billing, extra billing, or extra charging) which represents an amount in excess of the schedule of costs prescribed by the Government Plan.

(k) **Fee Guide** means the Fee Schedule (and/or procedures) in use by the Carrier for Dentists, Dental Specialists, and Denturists that contains eligible dental services, financial limits, treatment frequencies, and fees in effect on the date the dental services are performed or where this is not available, means the Canadian provincial dental fee guide for Dentists, Dental Specialists, and Denturists that contains dental services and fees in effect on the date the dental services are performed.

(l) **Government Plan** means any generally available plan, program, or arrangement under the administrative control, supervision or regulatory power of any government or government-related entity which is in effect

in the Canadian province or territory where the Employee or Dependent ordinarily reside, and which provides coverage, contribution or reimbursement for:

- Basic medical or hospital services, facilities or therapies;
- Medical aids, materials, supplies, implements, devices or equipment; or,
- Prescription or non-prescription drugs, medicines or vaccines,

and includes, without limitation, the Medical Services Plan of British Columbia and the Fair PharmaCare Program of British Columbia.

(m) **Hospital** means an acute care institution which:

- Provides primarily for the diagnosis and short-term treatment of patients for a wide range of diseases or injuries; and,
- May or may not have a group of beds or rooms or a separate wing or building to which patients requiring extended care are admitted; and,
- If located in Canada, is recognised as a "public general hospital" and is generally not operated for profit; and,
- Has a staff of one or more Physicians available at all times, and continuously provides 24 hour nursing services by registered nurses (RN's); and,
- Is not primarily a health spa, hospice, clinic, nursing home, rest or convalescent facility, or treatment centre for substance abusers.

(n) **Physician** means a person duly qualified and licensed to practice medicine and/or surgery in the area where these services are provided and is acting within the scope of that license, but excludes a Physician residing with or related to the Employee or Dependent.

(o) **Practitioner** means a person currently licensed, certified, or registered to practice a profession by the appropriate licensing, certification, or registration authority in the jurisdiction where the care or services are provided, or where no such authority exists, has a certificate of competency from the professional body which established standards of competence and conduct for the profession, and is acting within the scope of that license.

(p) **Spouse** means:

- The person legally married to the Employee; or
- A person who has been residing with the Employee in a common-law relationship for at least 12 months and who is publicly represented as the Employee's spouse.

Only one Spouse is eligible for coverage under the Plan at any one time.

8.2 Reimbursement Level

The reimbursement percentages are outlined in the appendices for:

- (a) In-Province Eligible Expenses.
- (b) Out-of-Province Non-Emergency Eligible Expenses.
- (c) Out-of-Province Emergency Eligible Expenses.
- (d) Out-of-Province Travel Plan Eligible Expenses.

- 8.2.1 After \$1,000 has been paid for a person for Eligible Expenses paid in a Calendar Year (except for Out-of-Province Eligible Expenses), further Eligible Expenses, submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan.

8.3 Deductible

There is a per Calendar Year per Employee or Employee's family deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses. If in any Calendar Year the Eligible Expenses incurred do not exceed the deductible amount, the Carrier shall apply the Eligible Expenses incurred during the last three months of that Calendar Year to the Deductible for the next Calendar Year.

8.4 Plan Maximum

Benefits payable to an Employee or a Dependent pursuant to this Article are subject to a per person maximum outlined in the appendices. Out-of-Province Travel Plan paid claims do not count towards this maximum.

- 8.4.1 Reinstatement of all or part of the lifetime maximum shall be considered only when satisfactory evidence of complete recovery and return to good health is provided.

8.5 In-Province Eligible Expenses

Subject to this Article, an Employee or his or her Dependent will be reimbursed based on the level identified under Reimbursement Levels in the appendices for Eligible Expenses. The Eligible Expense will be limited to a Customary Charge as determined by the Carrier. All In-Province Eligible Expenses shall be equitable to those in the standard plan provided by Pacific Blue Cross. The current list of eligible expenses are listed in Exhibit II.

8.6 Out-of-Province Non-Emergency Eligible Expenses

All Out-of-Province Non-Emergency Eligible Expenses shall be equitable to those in the standard plan provided by Pacific Blue Cross. The current list of Eligible Expenses are listed in Exhibit II.

8.7 Out-of-Province Emergency Eligible Expenses

All Out-of-Province Emergency Eligible Expenses shall be equitable to those in the standard plan provided by Pacific Blue Cross. The current list of Eligible Expenses are listed in Exhibit II.

8.8 Emergency Travel Assistance

In emergencies which occur while an Employee or Dependent is travelling, the Carrier will co-ordinate a limited number of services (as outlined by the Carrier) which include but are not limited to locating medical care, obtaining consultation regarding medical care and arranging for medical evacuations.

8.9 Out-of-Province Travel Plan Eligible Expenses

When in the opinion of the attending Physician and attending specialist a medical procedure is required that is not available in BC, and is one for which the Medical Services Plan of B.C. will accept financial responsibility, the cost of travel and accommodation to the limits specified below will be paid for by the Plan. Where the attending Physician specifies that an attendant is required, the travel and accommodation expenses for such person will be paid to the limit specified. The maximum limit under any one claim will be the return economy airfare or equivalent for the patient and attendant, plus accommodation expenses up to a maximum of \$1,500.

8.9.1 This benefit will not stack on top of or duplicate existing provisions under local medical travel referral plans or Government Plans.

8.10 Continuation of Coverage

Extended Health and Out-of-Province Travel Plan will be continued for Employees eligible to receive Long Term Disability Benefits. The coverage will be adjusted based on negotiated changes of the applicable Collective Agreement.

8.11 Exclusions

All exclusions shall be equitable to those in the standard plan provided by Pacific Blue Cross and may change. The current exclusions are listed in Exhibit II.

8.12 Co-ordinating Benefits

If an Employee or Dependent is also covered under the Spouse's plan (even if coverage is also under this Plan) or under any other group plan which provides similar benefits, payment will be co-ordinated and/or reduced to the extent that benefits payable from all plans will not exceed 100% of the Eligible Expenses. The process by which a Carrier will co-ordinate the benefits is prescribed in the Canadian Life and Health Insurance Association (CLHIA) guidelines.

8.13 Survivor Benefit Coverage

Survivor benefit coverage will be provided by the Plan as outlined in the appendices.

8.14 Integration With Government Plans

Extended Health benefits are intended to supplement and not overlap benefits under Government Plans. Employees and Dependents are required, as a condition of coverage, to take all reasonable steps to qualify for and obtain the fullest extent of coverage, benefits, contribution or reimbursement available under all applicable Government plans. The Carrier will make payment only where permitted by provincial legislation or other applicable law.

ARTICLE 9 - DENTAL

9.1 Terms Defined

In this Article, including the applicable appendices and Exhibit I, as well as any other Article where the following defined terms are used, unless inconsistent with the context, the definitions in the following sections of this Article apply.

- (a) **Child or Children** mean a person(s) born to the Employee and/or Spouse or a stepchild, legally adopted child, or legal ward, but not a foster child.
- (b) **Dental Specialist** means a dentist who practices in one of the following specialties: oral and maxillofacial surgery; endodontics; pediatric dentistry; periodontics; oral medicine; and prosthodontics.
- (c) **Dentist** means a doctor of dentistry duly qualified and licensed to practice dentistry in the area where the services are provided and is acting within the scope of that license.
- (d) **Denturist** means a denturist duly qualified and licensed to perform specific dental services in the area where these services are provided and is acting within the scope of that license.
- (e) **Dependent** means is actively enrolled under the Government Plan and is:
 - The Spouse of the Employee;
 - Any unmarried Child under 21 years of age who is living with and is financially dependent on the Employee or Spouse and to any age if the unmarried Child is also in full-time attendance (in accordance with the respective academic calendar) at a recognized educational institute; or,
 - Any unmarried handicapped Child of any age who is living with and is financially dependent on the Employee and/or Spouse and is incapable of self-sustaining employment.

The Employee must be prepared to prove that an individual claimed as a Dependent falls within these requirements.
- (f) **Fee Guide** means the Fee Schedule and/or list of procedures in use by the Carrier for Dentists, Dental Specialists, and Denturists that contains eligible dental services, financial limits, treatment frequencies, and fees in effect on the date the dental services are performed or where this is not available, means the Canadian provincial dental fee guide for Dentists, Dental Specialists, and Denturists that contains dental services and fees in effect on the date the dental services are performed.
- (g) **Government Plan** means any generally available plan, program, or arrangement under the administrative control, supervision or regulatory

power of any government or government-related entity which is in effect in the Canadian province or territory where the Employee or Dependent ordinarily reside, and which provides coverage, contribution or reimbursement for:

- Basic medical or hospital services, facilities or therapies;
- Medical aids, materials, supplies, implements, devices or equipment; or,
- Prescription or non-prescription drugs, medicines or vaccines,

and includes, without limitation, the Medical Services Plan of British Columbia and the Fair PharmaCare Program of British Columbia.

(h) **Spouse** means:

- The person legally married to the Employee; or
- A person who has been residing with the Employee in a common-law relationship for at least 12 months and who is publicly represented as the Employee's spouse.

Only one Spouse is eligible for coverage under the Plan at any one time.

9.2 Waiting Period

Employees and Dependents are not eligible for benefits to be payable for Orthodontic Services until the Employee has been covered under Dental for 12 consecutive months.

9.3 Eligible Expenses

Eligible Expenses consist of the expenses covered by the Carrier and may change over time. The current list of eligible expenses is in Exhibit I.

Eligible expenses must:

- In the Carrier's assessment be a Customary Charge medically necessary for health care and maintenance, or to maintain and restore teeth; and
- Be ordered by a Physician or Dentist, unless noted otherwise in this document; and
- Not be a cost normally paid (in whole or in part) or provided by any Government Plans or any other provider of health coverage; and
- Be incurred while the Employee or Dependent is covered under the Plan for the expense being claimed. An expense is "incurred" on the date the service is provided or the supply is received.

9.4 Reimbursement Level

The benefit payable is determined by the reimbursement percentages for the Dental Plan stated in the appendices.

9.5 Benefit Maximum

Benefits payable to an Employee or a Dependent pursuant to this Article are subject to the maximums listed in the appendices.

9.6 Pre-authorization

To claim orthodontic benefits, the Carrier must receive and approve:

- (a) A treatment plan (completed by the Dentist) before treatment starts; and,
- (b) Photocopies of receipts monthly, as treatment progresses (receipts are not to be held until completion of treatment).

9.7 Continuation of Coverage

Dental will be continued for Employees eligible to receive Long Term Disability Benefits. The coverage will be adjusted based on negotiated changes of the applicable Collective Agreement.

9.8 Exclusions

Exclusions are determined by the Carrier and may change over time. The current Exclusions are outlined in Exhibit I.

9.9 Dental Specialists

If referred to a Dental Specialist, the Eligible Expense will be determined by the Carrier. The current basis is included in Exhibit I.

9.10 Out-of-Province Claims

Eligible Expenses will be covered when provided by a Dentist, Dental Specialist, or Denturist in an emergency, while an Employee or Dependent is travelling outside his or her province of residence. Payment will be based on the Fee Guide as determined by the Carrier.

9.11 Lower Cost Alternative Treatment

Where other material would suffice (for Plan B – Major Services,) the patient will be responsible for the difference between the cost of the chosen material and the cost of alternative material.

9.12 Co-ordinating Benefits

If an Employee or Dependent is also covered under the Spouse's plan (even if coverage is also under this Plan) or under any other group plan which provides similar benefits, payment will be coordinated and/or reduced to the extent that benefits payable from all plans will not exceed 100% of the eligible expenses. The process by which a Carrier will coordinate benefits is prescribed in the Canadian Life and Health Insurance Association (CLHIA) guidelines.

9.13 Survivor Benefit Coverage

Survivor benefit coverage will be provided by the Plan as outlined in the appendices.

9.14 Integration with Government Plans

Dental benefits are intended to supplement and not overlap benefits under Government Plans. Employees and Dependents are required, as a condition of coverage, to take all reasonable steps to qualify for and obtain the fullest extent of coverage, benefits, contribution or reimbursement available under all applicable Government plans. The Carrier will make payment only where permitted by provincial legislation or other applicable law.

EXHIBIT I – CURRENT DENTAL COVERAGE DETAILS (AS PROVIDED UNDER THE PLAN BY PACIFIC BLUE CROSS AT DECEMBER 2003)

Plan A – Basic Services – Eligible Expenses

Services for the care and maintenance of teeth (subject to the Carrier's frequency limits), including procedures to restore teeth to natural or normal function. Broken dentures may be repaired under this Plan but no benefit is payable for the replacement of lost, broken or stolen dentures. Eligible Expenses per person include, but are not limited to the following:

Diagnostic services:

- (a) Standard and specific oral exams; and
- (b) X-rays including panoramic x-rays.

Preventative services:

- (a) Scaling, polishing and fluoride treatment;
- (b) Fixed space maintainers; and,
- (c) Pit and fissure sealant

Restorative services:

- (a) Amalgam fillings;
- (b) Composite fillings on anterior and bicuspid teeth only;
- (c) Stainless steel crowns on primary and permanent teeth; and,
- (d) Inlays and onlays (only one inlay, onlay, or another major restorative service involving the same tooth will be covered in a five year period).

Endodontics:

The treatment of disease of the pulp chamber and pulp canal (including, but not limited to basic root canals).

Periodontics:

The treatment of diseases of the soft tissue (gum) and bones surrounding and supporting the teeth (including colossal adjustment, gingival curettage and root planning), but excluding grafts.

Prosthetic repairs:

- (a) Removal, repairs and recementation of fixed appliances;
- (b) Rebase and reline of removable appliances; and,
- (c) Tissue conditioning.

Surgical services:

- (a) Extractions
- (b) Other routine oral surgical procedures; and,
- (c) Anaesthesia in conjunction with surgery.

Plan B – Major Services – Eligible Expenses

Services for the replacement of missing teeth or for reconstruction of teeth where basic restorative methods cannot be used satisfactorily.

Eligible expenses per person include, but are not limited to:

- (a) Prosthodontic services (removable dentures – complete or partial upper and lower dentures); and
- (b) Restorative services (veneers, crowns and related services).

Plan C – Orthodontic Services – Eligible Expenses

Orthodontia services performed if the Employee's coverage terminates, and the Plan has commenced Plan C benefit payments prior to the Employee's date of termination, such benefits will continue to be paid up to, but not exceeding, the amount that would have been paid in the 12 month period immediately following the date of termination had the coverage remained in force during such period.

Exclusions

The following are not Eligible Expenses at December 2003:

- (a) Charges for broken appointments, oral hygiene or nutritional instruction, completion of forms, written reports, communication costs, or charges for translating documents into English.
- (b) Procedures performed for congenital malformations or for purely cosmetic reasons.
- (c) Charges for drugs, pantographic tracings, and grafts.
- (d) Charges for implants, and/or services performed in conjunction with implants, except as indicated in the Carrier's Fee Guide.
- (e) Anaesthesia, except as indicated, and charges for facilities, equipment and supplies.
- (f) Charges for services related to the functioning or structure of the jaw, jaw muscles, or temporomandibular joint.
- (g) Incomplete or temporary procedures.

- (h) Recent duplication of services by the same or different Dentist/Dental Specialist/Denturist.
- (i) Any extra procedure which would normally be included in the basic service performed.
- (j) Items not listed in the Carrier's applicable Fee Guide, and fees in excess thereof.
- (k) Services or items which would not normally be provided, or for which no charge would be made, in the absence of Dental coverage.
- (l) Any other item not specifically included as an Eligible Expense.
- (m) Travel expenses incurred to obtain dental treatment.
- (n) The replacement of lost, broken or stolen dentures under Plan B.
- (o) Any portion of an expense for which an Employee or Dependent is entitled to reimbursement under any other group or individual benefit plan or insurance policy or due to the legal liability of any other party.
- (p) Any expenses resulting directly or indirectly from, or in any manner or degree associated with, any of the following:
 - Intentional self-inflicted injury, while sane or insane, war, whether declared or undeclared, or any act of war, or participation in a riot, insurrection, or civil commotion;
 - Active duty in the military forces of any nation or international organization, or in any civilian non-combatant unit which serves with such forces in combat;
 - A direct or indirect attempt at, or commission of, an indictable offence under the Criminal Code of Canada or similar law of any other country;
 - Any injury, illness, or condition for which care is provided or available without cost by public authorities or by a tax-supported agency, including preventive treatment and services available under any Workers' Compensation Act or similar plan.

Dental Specialist

At December 2003, the Fee Guide amount plus 10% will be considered the Eligible Expense, subject to the Carrier's other restrictions.

EXHIBIT II – CURRENT EXTENDED HEALTH COVERAGE DETAILS (AS PROVIDED UNDER THE PLAN BY PACIFIC BLUE CROSS AT DECEMBER 2003)

In-Province Eligible Expenses

Drugs and medicines: subject to the Carrier's standard exclusions in a quantity the Carrier considers reasonable, and:

- (a) Which are dispensed by a licensed pharmacist or a Physician, including:
- Insulin preparations for diabetics;
 - Vitamin B12 for the treatment of pernicious anaemia;
 - Allergy serums when administered by a Physician; or
- (b) Which legally require a prescription from a Physician or Dentist.

Hospital accommodation: while confined as a patient under the active treatment and care of a Physician:

- (a) The additional charge for semi-private or private accommodation over and above the amount allowed by any Government Plan for normal daily public ward accommodation in a Hospital or extended care unit of a Hospital.
- (b) The coinsurance charge of the extended care unit of a Hospital to a maximum of \$8.50 per day.

Emergency ambulance services:

- (a) Licensed ambulance service to and from the nearest Canadian hospital equipped to provide the type of care essential to the patient.
- (b) Air transport will be covered when time is critical and the patient's physical condition prevents the use of another means of transport.
- (c) Emergency transport from one hospital to another, only when the original Hospital has inadequate facilities.
- (d) Charges for an attendant when medically necessary.

Professional services of Practitioners: those Practitioners listed in the Appendices to the maximum amounts indicated, but excluding x-rays, appliances and tray fees. These services do not require referral by a Physician.

Private duty care by a registered nurse: for a person with an Acute condition in a Hospital in the patient's province of residence, based on the schedule of fees of the registered nurses' association of that Province, to a maximum of 720 hours in a Calendar Year. The services of a private duty nurse require referral by a Physician.

Dental treatment charges by a Dentist or Denturist: which is required, performed, and completed within 52 weeks after an Accidental Injury which occurred while covered under this Plan, for the repair or replacement of natural teeth or prosthetics. Payment is based on the current Fee Guide as established by the Carrier. No payment will be made for temporary, duplicate, or incomplete procedures, or for correcting unsuccessful procedures.

Medical aids and supplies:

- (a) Testing supplies, needles, and syringes for diabetics;
- (b) Oxygen, blood and blood plasma;
- (c) Ostomy and Ileostomy supplies;
- (d) Walkers, canes and cane tips, crutches, splints, casts, collars, and trusses, but not elastic or foam supports;
- (e) Rigid support braces and permanent prostheses (artificial eyes, limbs, larynxes, and mastectomy forms). Myoelectrical limbs are excluded, but the Plan will pay the equivalent of a standard prostheses;
- (f) Charges for mastectomy brassieres and stump socks as outlined in the Appendices;
- (g) Wigs and hairpieces required as a result of medical treatment or injury to a lifetime maximum outlined in the Appendices;
- (h) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to maximum outlined in the Appendices. Orthotics (including arch supports) may also be covered depending on the Participating Employer;
- (i) Hearing aids (including or excluding batteries, recharging devices, or other such accessories depending on the Participating Employer) and repairs per Dependent Child only to a maximum listed in the Appendices.

Standard durable medical equipment: Charges when rented from a medical supplier. If unavailable on a rental basis or required for a disability of a long term nature, purchase of these items from a provider may be considered. The Carrier retains the right to determine whether the patient will rent or purchase the equipment prescribed by the attending Physician. Reimbursement will in no case exceed the total purchase price of similar equipment.

The Carrier may also request trade-in or return of replaced equipment. Repairs to purchased items are covered. Replacement is covered only when the item can no longer be made functional.

Standard durable equipment includes:

- (a) Manual wheelchairs, manual type hospital beds, and necessary accessories – electric wheelchairs and hospital beds will be covered only when the patient is incapable of operating the manual equivalent, otherwise the Plan will pay the manual equivalent;
- (b) Medical monitors including heart and blood glucose monitors, and cardiac screeners;

- (c) Bi-osteogen systems (when recommended by an orthopaedic surgeon) and growth guidance systems;
- (d) Breathing machines and appliances including respirators, compressors, percussors, suction pump, oxygen cylinders, masks, regulators;
- (e) Insulin infusion pumps for diabetics – when basic methods are not feasible;
- (f) Transcutaneous electric nerve stimulators (TENS) when prescribed for intractable pain;
- (g) Transcutaneous electric muscle stimulators (TEMS) required when, due to an injury or illness, all muscle tone has been lost.

The Carrier's pre-authorization is required for expenses in excess of \$5,000.

Vision care: Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum as outlined in the Appendices.

Safety goggles and sunglasses (plain or prescription) are not covered.

Out-of-Province Non-Emergency Eligible Expenses

The Plan will reimburse Non-Emergency Eligible Expenses incurred out-of-province as if these expenses were incurred in the person's province of residence, subject to the in-province maximums. The Plan will not reimburse any expenses payable or provided under the Government Plan.

Out-of-Province Emergency Eligible Expenses

While an Employee or Dependent is travelling (or attending school on a full-time basis and coverage under the Government Plan is maintained) outside their normal province of residence, benefits are payable according to the Carrier's standard out-of-province emergency coverage and limitations. This includes, but is not limited to local ambulance services, hospital room charges, services of a Physician and prescription drugs.

Exclusions

Except as provided for in the Plan, the following are not Eligible Expenses:

- (a) Dentures or dental treatments; surgical lens implants; examinations for the prescription or fitting of hearing aids, eye glasses or contact lenses; x-rays; vitamin preparations; contraceptives; fertility drugs; erectile dysfunction drugs; medications used to treat or replace an addiction or habituation; support stockings; orthotics; arch supports.
- (b) Charges for the rental of a telephone, television, or similar equipment in a hospital.
- (c) General anaesthetic, medications used to prevent baldness or promote hair growth, food and mineral replacements or supplements, HCG injections, drugs not approved for sale and distribution in Canada, and medications available without a prescription.

- (d) Allergy testing unless rendered by a naturopath.
- (e) Personal comfort items, items purchased for athletic use, air humidifiers and purifiers, services of Victorian Order of Nurses or graduate or licensed practical nurses, services of religious or spiritual healers, occupational therapy, services and supplies for cosmetic purposes, public ward accommodation, rest cures.
- (f) Charges for completion of forms or written reports, communication costs, delivery and mailing or handling charges, interest or late payment charges, non-sharable or capital costs levied by local hospitals, or charges for translating documents into English.
- (g) Professional services of Physicians or any person who renders a professional health service in the patient's province of residence, except as expressly provided in the Plan.
- (h) That portion of a claim normally covered by a Government Plan which has been refused on the basis that the claim was not submitted within that plan's time limits.
- (i) Out-of-province expenses incurred due to elective treatment and/or diagnostic procedures, or complications related to such treatment.
- (j) Out-of-province expenses incurred due to therapeutic abortion, childbirth, or complications of pregnancy occurring within 2 months of the expected delivery date.
- (k) Charges incurred outside the province/territory of residence for continuous or routine medical care normally covered by the Government Plan.
- (l) Transportation charges incurred for elective treatment and/or diagnostic procedures, or for health or health examination of any kind.
- (m) Expenses of a Dependent hospitalised at the time of enrolment.
- (n) Services performed by a Physician who is related to or resident with the Employee or Dependent.
- (o) Any drug, vaccine, item or service classified as preventative treatment or administered for preventative purposes, and which is not specifically required for the treatment of an existing illness or injury.
- (p) Fees for ambulance services when an ambulance is called but not used.
- (q) Ambulance charges for work related illness or injury assessed by Workers' Compensation Board to be the Employer's responsibility.
- (r) Any other item not specifically included as an Eligible Expense.
- (s) Retroactive coverage and payment of any expense, including expenses that receive special authorization from Pharmacare.
- (t) Any portion of an expense for which an Employee or Dependent is entitled to reimbursement under any other group or individual benefit plan or insurance policy or due to the legal liability of any other party.
- (u) Any expenses resulting directly or indirectly from, or in any manner or degree associated with, any of the following:

- Intentional self-inflicted injury, while sane or insane, war, whether declared or undeclared, or any act of war, or participation in a riot, insurrection, or civil commotion;
- Active duty in the military forces of any nation or international organization, or in any civilian non-combatant unit which serves with such forces in combat;
- A direct or indirect attempt at, or commission of, an indictable offence under the Criminal Code of Canada or similar law of any other country; and
- Any injury, illness, or condition for which care is provided or available without cost by public authorities or by a tax-supported agency, including preventive treatment and services available under any Workers' Compensation Act or similar plan.

EXHIBIT III – CURRENT ACCIDENTAL DEATH AND DISMEMBERMENT SCHEDULE OF LOSSES AND ANCILLARY BENEFITS (AS PROVIDED UNDER THE PLAN BY THE CO-OPERATORS AT DECEMBER 2003)

Schedule of Losses

If the Carrier is given proof that an Employee sustains an Accidental Death or Accidental Loss within 365 days after the date of Accidental Injury, the Carrier will pay the percentage of the Principal Sum amount shown in the following table to the Employee or in the event of the Employee’s Accidental Death, the Beneficiary:

Covered Loss*	% of Principal Sum
Life	100%
Loss of both arms or both legs	100%
Loss of or loss of use of both hands or both feet	100%
Loss of sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of or loss of use of one hand or arm and one leg	100%
Loss of one hand or one foot and sight of one eye	100%
Loss of speech and hearing in both ears	100%
Loss of or loss of use of one leg or one arm	75%
Loss of or loss of use of one hand or one foot	66 2/3%
Loss of speech or hearing in both ears	66 2/3%
Loss of sight of one eye	66 2/3%
Loss of thumb and index finger of the same hand	33 1/3%
Loss of hearing in one ear	33 1/3%
Loss of all toes on one foot	25%
Loss of four fingers of one hand	33 1/3%
Paraplegia	200%
Hemiplegia	200%
Quadriplegia	200%
Loss of use of both arms	200%
Loss of use of both legs	200%
Loss of use of one arm and one leg on the same side of the body	200%

* Note: Covered Loss is defined in Article 5.1.

Ancillary Benefits

The current Accidental Death and Dismemberment policy includes the following ancillary benefits:

- (a) **Rehabilitation Benefit** – If an Employee sustains a Covered Loss that requires s/he participates in a rehabilitation program in order to be qualified to engage in an occupation in which s/he would not have engaged except for such Covered Loss, the Carrier will pay the reasonable and necessary expenses actually incurred for the services of a licensed rehabilitation provider, within two years from the date of the Covered Loss. Payment by the Carrier for the total of all expenses incurred will not exceed \$10,000 as the result of any one Covered Loss. Payment does not include incidental expenses including without limitation charges for room and board, ordinary living, travelling or clothing expenses.
- (b) **Family Transportation Benefit** - If an Employee sustains a Covered Loss and is confined as an inpatient in a Hospital located at least 150 kilometers from his/her residence and is under the Regular Care and Attendance of a Physician or surgeon, the Carrier will pay the reasonable expenses actually incurred by all members of his/her Immediate Family for hotel accommodation in the vicinity of the Hospital and return transportation by the most direct route to the Employee's location. This benefit will not exceed the aggregate amount of \$3,000 for all accommodation and transportation expenses. Payment will not be made for incidental expenses including without limitation charges for board or other ordinary living, travelling or clothing expenses. If transportation occurs in a vehicle or device other than one operated under a license for the conveyance of passengers for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.20 per kilometer traveled.
- (c) **Home Alteration and Vehicle Modification Benefit** – If an Employee sustains a Covered Loss and subsequently requires the use of wheelchair to be ambulatory, the Carrier will pay the reasonable and necessary expenses incurred for the purpose of making the Employee's home and Vehicle wheelchair accessible. Benefits are payable for the cost of alterations to the Employee's principal residence and the cost of modifications to one Vehicle utilized by the Employee, when such modifications are approved by licensing authorities where required. The expenses must be incurred within two years from the date of the Covered Loss and are subject to a maximum of \$10,000 in the Employee's lifetime.
- (d) **Continuing Education Benefit** – In the event of an Employee's Accidental Death, the Carrier will pay to the Employee's Beneficiary the education benefit stated below for each of the Employee's Dependent Children who are, at the time of the Employee's Accidental Death enrolled as full-time students:
- In an institution for higher learning above the secondary school level as defined in the Province, territory or country of residence; or
 - At the secondary school level but who will enrol as full-time students in an Institution for Higher Learning within 365 days after the date of Accidental Death of the Employee.

The benefit is equal to the reasonable and necessary expenses actually incurred for tuition and books, subject to the lesser of a maximum of 5% of the Employee's Principal Sum or \$5,000, for each year the Dependent Child continues the education, but not to exceed four

years, which must run consecutively, with respect to any one Dependent Child. The benefit will be paid each year immediately upon receipt of satisfactory proof that the Dependent Child is enrolled as a full-time student in an Institution for Higher Learning, but payment will not be made for expenses incurred prior to the death of the Employee or for incidental expenses including without limitation room, board or other ordinary living, travelling or clothing expenses. If none of the Employee's Dependent Children satisfy the above requirements, the Carrier will pay an amount of \$2,500 to the Employee's Beneficiary.

- (e) **Spousal Occupational Training Benefit** – In the event of an Employee's Accidental Death, the Carrier will pay the reasonable and necessary expenses actually incurred for tuition and books for the Spouse of the Employee to participate in a formal occupational training program to become qualified for active employment in an occupation for which the Spouse would not otherwise have sufficient qualification.

Expenses must be incurred within two years from the date of the Employee's Accidental Death and are subject to a maximum lifetime payment of \$10,000. Payment will not include incidental expenses including without limitation charges for room and board, ordinary living, travelling or clothing expenses.

- (f) **Repatriation Benefit** – If the Employee's death occurs (due to any cause) out of Canada or if in Canada at least 150 kilometers from the Employee's normal place of residence, the Carrier will pay the reasonable and customary expenses incurred for the preparation of the body and its transportation to the funeral home or the place of interment in proximity to the normal place of residence of the Employee. Benefits will not exceed \$10,000 for all eligible expenses.

- (g) **Seat Belt Benefit** – When an Employee sustains a Covered Loss, while driving or riding in a Vehicle and wearing a properly fastened Seat Belt, the benefit payable will increase by 10%.

The driver of the Vehicle must hold a current and valid driver's license and must not be intoxicated or under the influence of drugs, (unless such drugs are taken as prescribed by a Physician), at the time of the accident. Proof of Seat Belt use must be provided.

- (h) **Conversion Option** - If an Employee's Accidental Death and Dismemberment coverage ceases on or before the Employee's 65th birthday, the Employee is entitled to purchase an individual accidental death and dismemberment insurance policy issued by the Carrier if the Carrier offers this option subject to the Carrier's provisions and limitations including the requirement that application and premium be received by the Carrier within 31 days after the Employee's coverage ceases. The maximum amount that an Employee may convert will not exceed the amount of Accidental Death and Dismemberment coverage in effect at the time of termination. The minimum amount of coverage available for conversion will be determined by the Carrier.

APPENDIX A – BENEFIT SUMMARY FOR:

- **CANFOR PULP LIMITED PARTNERSHIP (PRINCE GEORGE PULP & PAPER AND INTERCONTINENTAL)**
- **ZELLSTOFF CELGAR LIMITED**
- **CHEMTRADE PULP CHEMICALS LIMITED PARTNERSHIP**
- **CATALYST PAPER CORPORATION AS MANAGING PARTNER FOR AND ON BEHALF OF CATALYST PAPER (CROFTON DIVISION)**
- **PULP, PAPER AND WOODWORKERS OF CANADA**
- **TEMBEC INDUSTRIES INC.**

Benefit

Benefit Level

Basic Life Insurance – Flat Benefit Amount

May 1, 2003: \$82,000 flat benefit amount

May 1, 2004: \$84,050 flat benefit amount

May 1, 2005: \$85,750 flat benefit amount

May 1, 2006: \$87,450 flat benefit amount

May 1, 2007: \$89,200 flat benefit amount

May 1, 2008: \$90,985 flat benefit amount

May 1, 2009: \$93,263 flat benefit amount

May 1, 2010: \$95,590 flat benefit amount

May 1, 2011: \$98,460 flat benefit amount

Accidental Death and Dismemberment – Principal Sum

May 1, 2003: \$82,000 flat benefit amount
May 1, 2004: \$84,050 flat benefit amount
May 1, 2005: \$85,750 flat benefit amount
May 1, 2006: \$87,450 flat benefit amount
May 1, 2007: \$89,200 flat benefit amount
May 1, 2008: \$90,985 flat benefit amount
May 1, 2009: \$93,263 flat benefit amount
May 1, 2010: \$95,590 flat benefit amount
May 1, 2011: \$98,460 flat benefit amount

Weekly Indemnity

Benefit Schedule

60% of Weekly Earnings to the Weekly Maximum Benefit described below. The Weekly Benefit will not be less than the level of benefits available through the Employment Insurance Program.

Weekly Maximum Benefit

May 1, 2008: \$800

May 1, 2009: \$820

May 1, 2010: \$840

May 1, 2011: \$866

Reimbursement for Completion of Medical Forms

The Weekly Indemnity Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Benefit

Benefit Level

Long Term Disability

50% of Monthly Earnings, rounded to the next higher multiple of \$1.00.

No monthly maximum applies.

Effective May 1, 2008, if an Employee is under 60 years of age and on Long Term Disability, his/her future disability benefit is recalculated annually on the anniversary of the Long Term Disability commencement date using the Hourly Straight Time Rate effective the later of May 1, 2008 or the anniversary date.

The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 80% of the Hourly Straight Time Rate income in effect at the effective date of the recalculation.

Reimbursement for Completion of Medical Forms:

The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Benefit

Benefit Level

Extended Health

Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses:

- \$25 per Calendar Year per Employee or Employee's family

The reimbursement percentages are as follows:

- (a) 80% for In-Province Eligible Expenses.
- (b) 80% for Out-of-Province Non-Emergency Eligible Expenses.
- (c) 100% for Out-of-Province Emergency Eligible Expenses.
- (d) 100% for Out-of Province Travel Plan Eligible Expenses (to a maximum of \$1,500 per claim).

After \$1,000 has been paid for a person for Eligible Expenses (except for Out-of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan.

Per Person Maximum:

- (a) \$300,000 per lifetime effective May 1, 2008
- (b) Out-of-Province Travel Plan paid claims does not count towards this maximum.

Practitioners

- (a) Acupuncturist: \$150 per person per Calendar Year.
- (b) Physiotherapist/Massage Practitioner combined: \$300 per person per Calendar Year.
- (c) Chiropractor/Naturopath combined: \$200 per person per Calendar Year.
- (d) Podiatrist: \$100 per person per Calendar Year.
- (e) Psychologist: \$350 per person per Calendar Year.
- (f) Speech Language Pathologist: \$100 per person per Calendar Year.

Benefit

Benefit Level

Medical Aids and Supplies

- (a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of \$150 and \$200 per person, respectively.
- (b) Wigs and hairpieces to lifetime maximum of \$500 per person.
- (c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems:
 - Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of \$400 per adult per Calendar Year and \$200 per Dependent Child per Calendar Year;
 - Orthotics (including arch supports) to a Calendar Year maximum of \$250 per person.
- (d) Hearing aids:
 - (including batteries, recharging devices or other such accessories) and repairs per dependent child only to a maximum of \$600 in a 3 Calendar Year period.

Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of \$350 per 24 month period per person.

Laser eye surgery will be included as an eligible expense under the existing vision care benefit described above for employees of Catalyst Paper.

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of twelve months following the death.

In the event of a work related death (as defined by the WCB), Extended Health benefits will continue for all registered Dependents until they reach the age of majority

Benefit

Dental

Benefit Level

Reimbursement percentages:

- Plan A – Basic Services – 90% of Eligible Expenses
- Plan B – Major Services – 50% of Eligible Expenses
- Plan C – Orthodontic Services – 50% of Eligible Expenses

Benefits maximums for Employees or Dependents

- Plan A – Basic Services – N/A
- Plan B – Major Services – N/A
- Plan C – Orthodontic Services - \$5,000 lifetime per person effective May 1, 2008

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of twelve months following the death.

**APPENDIX B – BENEFIT SUMMARY FOR CASCADIA FOREST PRODUCTS LTD.
(ISLAND PHOENIX)**

Benefit

Benefit Level

Basic Life Insurance – Flat Benefit Amount

May 1, 2002: \$100,000 flat benefit amount

Accidental Death and Dismemberment – Principal Sum

May 1, 2002: \$100,000 flat benefit amount

Weekly Indemnity

Covered by the EMBA plan.

Long Term Disability

50% of Monthly Earnings, rounded to the next higher multiple of \$1.00.

No monthly maximum applies.

Effective May 1, 1997, if an Employee is under 60 years of age and has reached his/her five-year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit is recalculated using the greater of his/her existing Long Term Disability benefit or a recalculated benefit using the Hourly Base Rate effective the later of May 1, 1997 or the anniversary date.

If the Employee reaches a subsequent five-year anniversary (i.e. 10 years, 15 years, 20 years, etc.) on Long Term Disability and is still under 60 years of age, s/he will again have his/her future disability benefit recalculated using the greater of his/her existing Long Term Disability benefit or a recalculation using the Hourly Base Rate that is in place on that date.

The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 70% of the Hourly Base Rate income in effect at the effective date of the recalculation.

Reimbursement for Completion of Medical Forms

The Long Term Disability Plan will reimburse the Employee up to a maximum of \$25 per form for any charges made by his/her Physician for completing the medical forms required by the Carrier.

Benefit

Benefit Level

Extended Health

Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses:

- \$50 per Calendar Year per Employee or Employee's family

Coverage will include a pay direct drug card.

Reimbursement will be limited to the level of cost of an equivalent generic drug, unless the Physician specifically states no substitution.

The reimbursement percentages are as follows:

- (a) 80% for In-Province Eligible Expenses.
- (b) 80% for Out-of-Province Non-Emergency Eligible Expenses.
- (c) 100% for Out-of-Province Emergency Eligible Expenses.
- (d) 100% for Out-of-Province Travel Plan Eligible Expenses (to a maximum of \$1,500 per claim).

After \$1,000 has been paid for a person for Eligible Expenses (except for Out-of-Province Eligible Expenses), involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan.

Per Person Maximum:

- (a) \$100,000 per lifetime
- (b) Out-of-Province Travel Plan paid claims do not count towards this maximum.

Benefit

Benefit Level

Practitioners

- (a) Acupuncturist: \$100 per person per Calendar Year.
- (b) Physiotherapist/Massage Practitioner combined: \$550 per person per Calendar Year.
- (c) Chiropractor/Naturopath combined: \$600 per person per Calendar Year.
- (d) Podiatrist: \$100 per person per Calendar Year.
- (e) Psychologist: \$350 per person per Calendar Year.
- (f) Speech Language Pathologist: \$100 per person per Calendar Year.

Medical Aids and Supplies

- (a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of \$150 and \$200 per person, respectively.
- (b) Wigs and hairpieces required to lifetime maximum of \$500 per person.
- (c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems:
 - Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of \$400 per adult per Calendar Year and \$200 per Dependent Child per Calendar Year;
 - Orthotics (including arch supports) to a Calendar Year maximum of \$250 per person.
- (d) Hearing aids:
 - (excluding batteries, recharging devices, or other such accessories) and repairs to a maximum of \$550 per person in a 5 Calendar Year period.

Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of \$250 per 24 month period per person.

Benefit

Benefit Level

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of six months following the death.

Dental

Reimbursement percentages:

- Plan A – Basic Services – 85% of Eligible Expenses (Bite-wing x-rays are limited to once every 18 months. Recall exams, topical application of fluoride and polishing limited to once every 9 months for those over age 16 and 2 per calendar for those under age 16.)
- Plan B – Major Services – 60% of Eligible Expenses
- Plan C – Orthodontic Services – 50% of Eligible Expenses

Benefits maximums for Employees or Dependents:

- Plan A – Basic Services – N/A
- Plan B – Major Services – N/A
- Plan C – Orthodontic Services:
 - \$2,500 lifetime per person for Employee or Spouse
 - \$3,000 lifetime per person for Dependent Children

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of six months following the death

APPENDIX C – BENEFIT SUMMARY FOR:

- **NEW SKEENA FOREST PRODUCTS INC. – TERMINATED FROM PLAN EFFECTIVE MAY 13, 2005**
- **SUN WAVE FOREST PRODUCTS LTD. – EFFECTIVE SEPTEMBER 24, 2006**

Benefit

Benefit Level

Basic Life Insurance – Flat Benefit Amount

May 1, 2002: \$80,000 flat benefit amount

Accidental Death and Dismemberment – Principal Sum

May 1, 2002: \$80,000 flat benefit amount

Weekly Indemnity

Benefit Schedule

Benefit

Benefit Level

**Hourly Straight Time Rate
Category**

**Non-Occupational Accident
and Sickness
(weekly benefit)**

\$17.75 but less than \$18.00	\$465
\$18.00 but less than \$18.25	470
\$18.25 but less than \$18.50	475
\$18.50 but less than \$18.75	480
\$18.75 but less than \$19.00	485
\$19.00 but less than \$19.25	490
\$19.25 but less than \$19.50	495
\$19.50 but less than \$19.75	500
\$19.75 but less than \$20.00	505
\$20.00 but less than \$20.25	510
\$20.25 but less than \$20.50	515
\$20.50 but less than \$20.75	520
\$20.75 but less than \$21.00	525
\$21.00 but less than \$21.25	530
\$21.25 but less than \$21.50	535
\$21.50 but less than \$21.75	540
\$21.75 but less than \$22.00	545
\$22.00 but less than \$22.25	550
\$22.25 but less than \$22.50	555
\$22.50 but less than \$22.75	560
\$22.75 but less than \$23.00	565
\$23.00 but less than \$23.25	570
\$23.25 but less than \$23.50	575
\$23.50 but less than \$23.75	580
\$23.75 but less than \$24.00	585
\$24.00 but less than \$24.25	590
\$24.25 but less than \$24.50	595
\$24.50 but less than \$24.75	600
\$24.75 but less than \$25.00	605
\$25.00 but less than \$25.25	610
\$25.25 but less than \$25.50	615
\$25.50 but less than \$25.75	620
\$25.75 or over	625

Benefit

Benefit Level

Reimbursement for Completion of Medical Forms

The Weekly Indemnity Plan will reimburse the Employee up to a maximum of \$25 per form for any charges made by his/her Physician for completing the medical forms required by the Carrier.

Long Term Disability

50% of Monthly Earnings, rounded to the next higher multiple of \$1.00.

No monthly maximum applies.

Effective May 1, 1997, if an Employee is under 60 years of age and has reached his/her five-year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit is recalculated using the greater of his/her existing Long Term Disability benefit or a recalculated benefit using the Hourly Base Rate effective the later of May 1, 1997 or the anniversary date.

If the Employee reaches a subsequent five-year anniversary (i.e. 10 years, 15 years, 20 years, etc.) on Long Term Disability and is still under 60 years of age, s/he will again have his/her future disability benefit recalculated using the greater of his/her existing Long Term Disability benefit or a recalculation using the Hourly Base Rate that is in place on that date.

The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 70% of the Hourly Base Rate income in effect at the effective date of the recalculation.

Reimbursement for Completion of Medical Forms

The Long Term Disability Plan will reimburse the Employee up to a maximum of \$25 per form for any charges made by his/her Physician for completing the medical forms required by the Carrier.

Benefit

Extended Health

Benefit Level

Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses:

- \$50 per Calendar Year per Employee or Employee's family

The reimbursement percentages are as follows:

- (a) 80% for In-Province Eligible Expenses.
- (b) 80% for Out-of-Province Non-Emergency Eligible Expenses.
- (c) 100% for Out-of-Province Emergency Eligible Expenses.
- (d) 100% for Out-of Province Travel Plan Eligible Expenses (to a maximum of \$1,500 per claim).

After \$1,000 has been paid for a person for Eligible Expenses (except for Out-of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan.

Per Person Maximum:

- a) \$100,000 per lifetime
- b) Out-of-Province Travel Plan paid claims does not count towards this maximum.

Practitioners

- a) Acupuncturist: \$150 per person per Calendar Year.
- b) Physiotherapist/Massage Practitioner combined: \$300 per person per Calendar Year.
- c) Chiropractor/Naturopath combined: \$200 per person per Calendar Year.
- d) Podiatrist: \$100 per person per Calendar Year.
- e) Psychologist: \$300 per person per Calendar Year.
- f) Speech Language Pathologist: \$100 per person per Calendar Year.

Benefit

Benefit Level

Medical Aids and Supplies

- a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of \$150 and \$200 per person, respectively.
- b) Wigs and hairpieces to lifetime maximum of \$500 per person.
- c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems:
 - Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of \$400 per adult per Calendar Year and \$200 per Dependent Child per Calendar Year;
 - Orthotics (including arch supports) to a Calendar Year maximum of \$250 per person.
- d) Hearing aids:
 - (including batteries, recharging devices or other such accessories) and repairs per dependent child only to a maximum of \$600 in a 3 Calendar Year period.

Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of \$350 per 24 month period per person.

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of six months following the death.

Dental

Reimbursement percentages:

- Plan A – Basic Services – 90% of Eligible Expenses
- Plan B – Major Services – 50% of Eligible Expenses
- Plan C – Orthodontic Services – 50% of Eligible Expenses

Benefit

Benefit Level

Benefits maximums for Employees or Dependents:

- Plan A – Basic Services – N/A
- Plan B – Major Services – N/A
- Plan C – Orthodontic Services – \$3,500 lifetime per person

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of six months following the death.

APPENDIX D – BENEFIT SUMMARY FOR BOWATER CANADIAN FOREST PRODUCTS INC. - NOT A PARTY TO TRUST AGREEMENT DATED MAY 1, 2004

Benefit Benefit Level

Basic Life Insurance – Flat Benefit Amount

May 1, 1994: \$61,000 flat benefit amount

May 1, 1995 : \$63,000 flat benefit amount

May 1, 1996: \$65,000 flat benefit amount

Accidental Death and Dismemberment – Principal Sum

May 1, 1994: \$61,000 flat benefit amount

May 1, 1995: \$63,000 flat benefit amount

May 1, 1996: \$65,000 flat benefit amount

Long Term Disability

50% of Monthly Earnings, rounded to the next higher multiple of \$1.00.

No monthly maximum applies.

All source maximum of 70% will apply.

Effective May 1, 1994, if an Employee is under age 60 and has previously reached his/her 10 year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit will be recalculated using the greater of his/her existing Long Term Disability benefit or the benefit using the Hourly Base Rate effective May 1, 1997.

Reimbursement for Completion of Medical Forms

No coverage is provided.

Benefit Benefit Level

Extended Health

Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses:

- \$25 per Calendar Year per Employee or Employee's family

The reimbursement percentages are as follows:

- (a) 80% for In-Province Eligible Expenses.
- (b) 80% for Out-of-Province Non-Emergency Eligible Expenses.
- (c) 100% for Out-of-Province Emergency Eligible Expenses.
- (d) 100% for Out-of-Province Travel Plan Eligible Expenses (to a maximum of \$1,500 per claim).

After \$1,000 has been paid for a person for Eligible Expenses (except for Out-of-Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan.

Per Person Maximum:

- (a) \$100,000 per lifetime
- (b) Out-of-Province Travel Plan paid claims do not count towards this maximum.

Practitioners

- (a) Acupuncturist: \$100 per person per Calendar Year.
- (b) Physiotherapist/Massage Practitioner combined: \$250 per person per Calendar Year.
- (c) Chiropractor/Naturopath combined: \$200 per person per Calendar Year.
- (d) Podiatrist: \$100 per person per Calendar Year.
- (e) Psychologist: \$250 per person per Calendar Year.
- (f) Speech Language Pathologist: \$100 per person per Calendar Year.

Medical Aids and Supplies

- (a) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of \$150 and \$200 per person, respectively.
- (b) Wigs and hairpieces to lifetime maximum of \$500 per person.

Benefit

Benefit Level

- (c) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems:
- Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of \$400 per adult per Calendar Year and \$200 per Dependent Child per Calendar Year.
- (d) Hearing aids:
- (excluding batteries, recharging devices, or other such accessories) and repairs per Dependent Child only to a maximum of \$400 in a 5 Calendar Year period.

Purchase and/or repair of corrective lenses and frames or contact lenses when prescribed by a Physician or optometrist to a maximum of \$150 per 24 month period per person. If eyeglasses are for use while working in the mill they must be safety lenses and frames.

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of three months following the death.

Dental

Reimbursement percentages:

- Plan A – Basic Services – 80% of Eligible Expenses
- Plan B – Major Services – 50% of Eligible Expenses
- Plan C – Orthodontic Services – 50% of Eligible Expenses

Benefits maximums for Employees or Dependents:

- Plan A – Basic Services – N/A
- Plan B – Major Services – N/A
- Plan C – Orthodontic Services – \$2,500 lifetime

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of three months following the death.

APPENDIX E – BENEFIT SUMMARY FOR NANAIMO FOREST PRODUCTS LTD.

Benefit

Benefit Level

Basic Life Insurance – Flat Benefit Amount

November 1, 2008 – April 30, 2019: \$89,200

Accidental Death and Dismemberment – Flat Benefit Amount

November 1, 2008 – April 30, 2019: \$89,200

Long Term Disability

Union Employees

50% of Monthly Earnings, rounded to the next higher multiple of \$1.00.

No monthly maximum applies.

Effective May 1, 1997, if an Employee is under 60 years of age and has reached his/her five-year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit is recalculated using the greater of his/her existing Long Term Disability benefit or a recalculated benefit using the Hourly Base Rate effective the later of April 30, 2008 or the anniversary date.

If the Employee reaches a subsequent five-year anniversary (i.e. 10 years, 15 years, 20 years, etc.) on Long Term Disability and is still under 60 years of age, s/he will again have his/her future disability benefit recalculated using the greater of his/her existing Long Term Disability benefit or a recalculation using the Hourly Base Rate that is in place on that date.

The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 70% of the Hourly Base Rate income in effect at the effective date of the recalculation.

Reimbursement for Completion of Medical Forms:

The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Long Term Disability

Non-Union Employees

50% of Monthly Earnings (base salary for non-union employees) as at the date of disability to a monthly maximum of \$8,000.

All source maximum of 70% will apply.

No annual cost of living adjustments will apply.

Reimbursement for Completion of Medical Forms:

The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Extended Health

Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses:

- \$25 per Calendar Year per Employee or Employee's family

The reimbursement percentages are as follows:

- (e) 80% for In-Province Eligible Expenses.
- (f) 80% for Out-of-Province Non-Emergency Eligible Expenses.
- (g) 100% for Out-of-Province Emergency Eligible Expenses.
- (h) 100% for Out-of Province Travel Plan Eligible Expenses (to a maximum of \$1,500 per claim).

After \$1,000 has been paid for a person for Eligible Expenses (except for Out-of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan.

Per Person Maximum:

- (c) \$100,000 per lifetime
- (d) Out-of-Province Travel Plan paid claims does not count towards this maximum.

Practitioners

- (g) Acupuncturist: \$150 per person per Calendar Year.
- (h) Physiotherapist/Massage Practitioner combined: \$300 per person per Calendar Year.
- (i) Chiropractor/Naturopath combined: \$200 per person per Calendar Year.
- (j) Podiatrist: \$100 per person per Calendar Year.
- (k) Psychologist: \$350 per person per Calendar Year.
- (l) Speech Language Pathologist: \$100 per person per Calendar Year.

Medical Aids and Supplies

- (e) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of \$150 and \$200 per person, respectively.
- (f) Wigs and hairpieces to lifetime maximum of \$500 per person.
- (g) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems:
 - Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of \$400 per adult per Calendar Year and \$200 per Dependent Child per Calendar Year;
 - Orthotics (including arch supports) to a Calendar Year maximum of \$250 per person.
- (h) Hearing aids:
 - (including batteries, recharging devices or other such accessories) and repairs per dependent child only to a maximum of \$600 in a 3 Calendar Year period.

Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of \$350 per 24 month period per person.

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of twelve months following the death.

Dental

Reimbursement percentages:

- Plan A – Basic Services – 90% of Eligible Expenses
- Plan B – Major Services – 50% of Eligible Expenses
- Plan C – Orthodontic Services – 50% of Eligible Expenses

Benefits maximums for Employees or Dependents

- Plan A – Basic Services – N/A
- Plan B – Major Services – N/A
- Plan C – Orthodontic Services - \$3,500 lifetime per person

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of twelve months following the death.

APPENDIX F– BENEFIT SUMMARY FOR:

- **WESTERN PULP LIMITED – TERMINATED FROM PLAN EFFECTIVE MARCH 9, 2006**
- **WEYERHAEUSER COMPANY LIMITED (KAMLOOPS) – TERMINATED FROM PLAN EFFECTIVE MAY 1, 2004**

Benefit

Benefit Level

Basic Life Insurance – Flat Benefit Amount

May 1, 2003: \$82,000 flat benefit amount
May 1, 2004: \$84,050 flat benefit amount
May 1, 2005: \$85,750 flat benefit amount
May 1, 2006: \$87,450 flat benefit amount
May 1, 2007: \$89,200 flat benefit amount

Accidental Death and Dismemberment – Principal Sum

May 1, 2003: \$82,000 flat benefit amount
May 1, 2004: \$84,050 flat benefit amount
May 1, 2005: \$85,750 flat benefit amount
May 1, 2006: \$87,450 flat benefit amount
May 1, 2007: \$89,200 flat benefit amount

Weekly Indemnity

Benefit Schedule:

Hourly Straight Time Rate Category	Non-Occupational Accident and Sickness (weekly benefit)
\$19.75 but less than \$20.00	505
\$20.00 but less than \$20.25	510
\$20.25 but less than \$20.50	515
\$20.50 but less than \$20.75	520
\$20.75 but less than \$21.00	525
\$21.00 but less than \$21.25	530
\$21.25 but less than \$21.50	535
\$21.50 but less than \$21.75	540
\$21.75 but less than \$22.00	545
\$22.00 but less than \$22.25	550
\$22.25 but less than \$22.50	555
\$22.50 but less than \$22.75	560
\$22.75 but less than \$23.00	565
\$23.00 but less than \$23.25	570
\$23.25 but less than \$23.50	575
\$23.50 but less than \$23.75	580
\$23.75 but less than \$24.00	585
\$24.00 but less than \$24.25	590
\$24.25 but less than \$24.50	595
\$24.50 but less than \$24.75	600
\$24.75 but less than \$25.00	605
\$25.00 but less than \$25.25	610
\$25.25 but less than \$25.50	615
\$25.50 but less than \$25.75	620
\$25.75 or over	625
<u>Effective May, 1 2003</u>	
\$25.75 but less than \$26.00	625
\$26.00 but less than \$26.25	630
\$26.25 but less than \$26.50	635
\$26.50 or over	640

Benefit Schedule Continued
Hourly Straight Time Rate Category

**Non-Occupational Accident
and Sickness
(weekly benefit)**

Effective May 1, 2004

\$26.50 but less than \$26.75	640
\$26.75 but less than \$27.00	645
\$27.00 but less than \$27.25	650
\$27.25 or over	655

Effective May 1, 2005

\$27.25 but less than \$27.50	655
\$27.50 but less than \$27.75	660
\$27.75 but less than \$28.00	665
\$28.00 or over	670

Effective May 1, 2006

\$28.00 but less than \$28.25	670
\$28.25 but less than \$28.50	675
\$28.50 but less than \$28.75	680
\$28.75 or over	685

Effective May 1, 2007

\$28.75 but less than \$29.00	685
\$29.00 but less than \$29.25	690
\$29.25 but less than \$29.50	695
\$29.50 or over	700

Reimbursement for Completion of Medical Forms

The Weekly Indemnity Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Benefit

Benefit Level

Long Term Disability

50% of Monthly Earnings, rounded to the next higher multiple of \$1.00.

No monthly maximum applies.

Effective May 1, 1997, if an Employee is under 60 years of age and has reached his/her five-year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit is recalculated using the greater of his/her existing Long Term Disability benefit or a recalculated benefit using the Hourly Base Rate effective the later of May 1, 1997 or the anniversary date.

If the Employee reaches a subsequent five-year anniversary (i.e. 10 years, 15 years, 20 years, etc.) on Long Term Disability and is still under 60 years of age, s/he will again have his/her future disability benefit recalculated using the greater of his/her existing Long Term Disability benefit or a recalculation using the Hourly Base Rate that is in place on that date.

The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 70% of the Hourly Base Rate income in effect at the effective date of the recalculation.

Reimbursement for Completion of Medical Forms:

The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Benefit

Extended Health

Benefit Level

Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses:

- \$25 per Calendar Year per Employee or Employee's family

The reimbursement percentages are as follows:

- (i) 80% for In-Province Eligible Expenses.
- (j) 80% for Out-of-Province Non-Emergency Eligible Expenses.
- (k) 100% for Out-of-Province Emergency Eligible Expenses.
- (l) 100% for Out-of Province Travel Plan Eligible Expenses (to a maximum of \$1,500 per claim).

After \$1,000 has been paid for a person for Eligible Expenses (except for Out-of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan.

Per Person Maximum:

- (e) \$100,000 per lifetime
- (f) Out-of-Province Travel Plan paid claims does not count towards this maximum.

Practitioners

- (m) Acupuncturist: \$150 per person per Calendar Year.
- (n) Physiotherapist/Massage Practitioner combined: \$300 per person per Calendar Year.
- (o) Chiropractor/Naturopath combined: \$200 per person per Calendar Year.
- (p) Podiatrist: \$100 per person per Calendar Year.
- (q) Psychologist: \$350 per person per Calendar Year.
- (r) Speech Language Pathologist: \$100 per person per Calendar Year.

Benefit

Benefit Level

Medical Aids and Supplies

- (i) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of \$150 and \$200 per person, respectively.
- (j) Wigs and hairpieces to lifetime maximum of \$500 per person.
- (k) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems:
 - Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of \$400 per adult per Calendar Year and \$200 per Dependent Child per Calendar Year;
 - Orthotics (including arch supports) to a Calendar Year maximum of \$250 per person.
- (l) Hearing aids:
 - (including batteries, recharging devices or other such accessories) and repairs per dependent child only to a maximum of \$600 in a 3 Calendar Year period.

Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of \$350 per 24 month period per person.

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of twelve months following the death.

In the event of a work related death (as defined by the WCB), Extended Health benefits will continue for all registered Dependents until they reach the age of majority. This does not apply to Weyerhaeuser Company Limited (Kamloops).

Dental

Reimbursement percentages:

- Plan A – Basic Services – 90% of Eligible Expenses
- Plan B – Major Services – 50% of Eligible Expenses
- Plan C – Orthodontic Services – 50% of Eligible Expenses

Benefit

Benefit Level

Benefits maximums for Employees or Dependents

- Plan A – Basic Services – N/A
- Plan B – Major Services – N/A
- Plan C – Orthodontic Services - \$3,500 lifetime per person

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of twelve months following the death.

**APPENDIX G – BENEFIT SUMMARY FOR POPE & TALBOT LTD. –
TERMINATED FROM PLAN EFFECTIVE MAY 9, 2008**

Benefit Benefit Level

Basic Life Insurance – Flat Benefit Amount

May 1, 2003: \$82,000 flat benefit amount

May 1, 2004: \$84,050 flat benefit amount

May 1, 2005: \$85,750 flat benefit amount

May 1, 2006: \$87,450 flat benefit amount

May 1, 2007: \$89,200 flat benefit amount

Accidental Death and Dismemberment – Principal Sum

May 1, 2003: \$82,000 flat benefit amount

May 1, 2004: \$84,050 flat benefit amount

May 1, 2005: \$85,750 flat benefit amount

May 1, 2006: \$87,450 flat benefit amount

May 1, 2007: \$89,200 flat benefit amount

Weekly Indemnity

Covered by the EMBA plan.

Benefit

Benefit Level

Long Term Disability

50% of Monthly Earnings, rounded to the next higher multiple of \$1.00.

No monthly maximum applies.

Effective May 1, 1997, if an Employee is under 60 years of age and has reached his/her five-year anniversary on Long Term Disability (since the commencement of the Long Term Disability Benefit Payment Period), his/her future disability benefit is recalculated using the greater of his/her existing Long Term Disability benefit or a recalculated benefit using the Hourly Base Rate effective the later of May 1, 1997 or the anniversary date.

If the Employee reaches a subsequent five-year anniversary (i.e. 10 years, 15 years, 20 years, etc.) on Long Term Disability and is still under 60 years of age, s/he will again have his/her future disability benefit recalculated using the greater of his/her existing Long Term Disability benefit or a recalculation using the Hourly Base Rate that is in place on that date.

The recalculated monthly benefit when combined with all other disability income, which the Employee is receiving, will not exceed 70% of the Hourly Base Rate income in effect at the effective date of the recalculation.

Reimbursement for Completion of Medical Forms:

The Long Term Disability Plan (through the Participating Employer) will reimburse Employees for the cost of medical forms and specialist reports when required by the Carrier if the Participating Employer will be reimbursed by the Carrier.

Benefit
Extended Health

Benefit Level

Deductible for all Eligible Expenses except Out-of-Province Travel Plan Eligible Expenses:

- \$25 per Calendar Year per Employee or Employee's family

The reimbursement percentages are as follows:

- (m) 80% for In-Province Eligible Expenses.
- (n) 80% for Out-of-Province Non-Emergency Eligible Expenses.
- (o) 100% for Out-of-Province Emergency Eligible Expenses.
- (p) 100% for Out-of Province Travel Plan Eligible Expenses (to a maximum of \$1,500 per claim).

After \$1,000 has been paid for a person for Eligible Expenses (except for Out-of Province Eligible Expenses) involved in a Calendar Year, further Eligible Expenses submitted by or on behalf of that person incurred within the Calendar Year will be reimbursed at 100%, subject to the maximums stated in the Plan.

Per Person Maximum:

- (g) \$100,000 per lifetime
- (h) Out-of-Province Travel Plan paid claims does not count towards this maximum.

Practitioners

- (s) Acupuncturist: \$150 per person per Calendar Year.
- (t) Physiotherapist/Massage Practitioner combined: \$300 per person per Calendar Year.
- (u) Chiropractor/Naturopath combined: \$200 per person per Calendar Year.
- (v) Podiatrist: \$100 per person per Calendar Year.
- (w) Psychologist: \$350 per person per Calendar Year.
- (x) Speech Language Pathologist: \$100 per person per Calendar Year.

Benefit

Benefit Level

Medical Aids and Supplies

- (m) Charges for mastectomy brassieres and stump socks to Calendar Year maximums of \$150 and \$200 per person, respectively.
- (n) Wigs and hairpieces to lifetime maximum of \$500 per person.
- (o) When prescribed by a Physician or podiatrist for congenital or post-traumatic foot problems:
 - Custom fitted orthopaedic shoes (including repairs) and modifications to stock item footwear to a maximum of \$400 per adult per Calendar Year and \$200 per Dependent Child per Calendar Year;
 - Orthotics (including arch supports) to a Calendar Year maximum of \$250 per person.
- (p) Hearing aids:
 - (including batteries, recharging devices or other such accessories) and repairs per dependent child only to a maximum of \$600 in a 3 Calendar Year period.

Purchase and/or repair of corrective lenses and frames or contact lenses, when prescribed by a Physician or optometrist to a maximum of \$350 per 24 month period per person.

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by such a plan by reason of their own employment, the Participating Employer will continue Extended Health coverage for a period of twelve months following the death.

In the event of a work related death (as defined by the WCB), Extended Health benefits will continue for all registered Dependents until they reach the age of majority.

Dental

Reimbursement percentages:

- Plan A – Basic Services – 90% of Eligible Expenses
- Plan B – Major Services – 50% of Eligible Expenses
- Plan C – Orthodontic Services – 50% of Eligible Expenses

Benefit

Benefit Level

Benefits maximums for Employees or Dependents

- Plan A – Basic Services – N/A
- Plan B – Major Services – N/A
- Plan C – Orthodontic Services - \$3,500 lifetime per person

Survivor Benefit Coverage

If a surviving Spouse and Dependent(s) of a deceased Employee are not covered by a plan by reason of their own employment, the Participating Employer will continue Dental coverage for a period of twelve months following the death.

SUMMARY OF AMENDMENTS 1 TO 6 – ADOPTED BY TRUSTEES FEBRUARY 17, 2005

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
1	2.4 – Waiting Period	Add provision that waiting period does not need to be fulfilled after period of layoff if seniority rights are maintained.	May 1, 2003
2	2.7(a) – Continuation of Coverage	Add requirement for reimbursement of benefits paid from third parties to continue coverage.	May 1, 2003
3	2.7(b) – Continuation of Coverage	Clarified language regarding reinstatement of coverage if recalled to work and lay off coverage has ceased but seniority rights maintained.	May 1, 2003
4	2.10 – Limitation on Legal Claims	Add limitation regarding timing of legal claims.	May 1, 2003
5	Appendix A	Added note that Weyerhaeuser Kamloops has terminated from the plan.	May 1, 2004
6	Appendix A	Corrected punctuation.	May 1, 2003

SUMMARY OF AMENDMENTS 7 TO 15 – ADOPTED BY TRUSTEES AUGUST 29, 2005

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
7	2.2 – Hierarchy of Plan Documents	Added a provision that the Carriers’ practice will be used in the administration of all Plan text provisions as agreed by the Trustees.	May 1, 2003
8	5.1(e) – Terms Defined	Corrected typo.	May 1, 2003
9	Appendix D	Added note that Bowater Canadian Forest Products not a party to trust agreement dated May 1, 2004.	May 1, 2004
10	Appendix A	Adjusted name of Western Pulp Limited Partnership to Western Pulp Limited.	July 28, 2004
11	Appendix B	Updated extended health deductible to \$50 per calendar year (negotiated change).	January 1, 2005
12	Appendix A	Adjusted name of Celgar Pulp Company to Zellstoff Celgar Limited.	February 14, 2005
13	Appendix B	Updated dental provision to include updated frequency limitations for bite-wing x-rays, polishing, application of fluoride and recall examinations (negotiated changes)	May 1, 2005
14	Appendix C	Added note that New Skeena Forest Products Inc. has terminated from the plan.	May 13, 2005
15	Appendix B	Adjusted name of Weyerhaeuser Company Limited (Island Phoenix) to Cascadia Forest Products Ltd. (Island Phoenix).	May 30, 2005

**SUMMARY OF AMENDMENTS 16 TO 19 – ADOPTED BY TRUSTEES
SEPTEMBER 11, 2006**

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
16	Appendix A	Adjusted name of NorskeCanada General Partnership to Catalyst Paper Corporation for and on behalf of Catalyst Paper.	October 3, 2005
17	Appendix A	Added a provision that laser eye surgery is an eligible expense under the existing vision care benefit for Catalyst Paper employees.	November 1, 2005
18	Appendix A	Added note that Western Pulp Limited has terminated from the plan.	March 9, 2006
19	Appendix A	Adjusted name of Canadian Forest Products Ltd. to Canfor Pulp Limited Partnership.	July 1, 2006

**SUMMARY OF AMENDMENTS 20 TO 29 – ADOPTED BY TRUSTEES
FEBRUARY 12, 2008**

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
20	2.6(f)	Add provision that coverage ends on the effective date of the participating employer ceasing to participate in the plan.	May 1, 2003
21	2.7(a)	Add requirement that applicable premiums must continue for coverage to continue while an employee is disabled.	May 1, 2003
22	5.1(b) – Terms Defined	Changed definition of child to more closely match carrier contract wording.	May 1, 2003
23	5.1(c)	Changed definition of covered accidental death to include restriction on death involving gross negligence on the	May 1, 2003

		employee's part, for consistency with carrier contract wording.	
24	5.1(e)	Corrected typo.	May 1, 2003
25	Exhibit 3 – Ancillary Benefits (h)	Included key conversion privilege eligibility provisions, for consistency with carrier contract.	May 1, 2003
26	Appendix C	Added Sun Wave Forest Products Ltd. as a participating employer.	September 24, 2006
27	1.14	Added Section 1.14 - Public Plan References to ensure that any change the name of a governance sponsored/public benefit program is automatically reflected in the Plan text.	May 1, 2003
28	1.15	Added Section 1.15 - Statutory References to ensure that any amendments to any statutes referenced in the Plan text while not explicitly stated are automatically reflected in the Plan text.	May 1, 2003
29	1	Adjust the name of Article 1 from 'Definitions' to 'Interpretation' to reflect the addition of Articles 1.14 and 1.15	May 1, 2003

**SUMMARY OF AMENDMENTS 30 TO 43 - ADOPTED BY TRUSTEES
MAY 19, 2009**

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
30	1.8 – Leave of Absence	Added reference to Employment Standards Act.	May 1, 2003
31	2.4 - Waiting Period	Adjust definition of waiting period for Nanaimo Forest Products Ltd. employees	November 1, 2008
32	2.7 (e)	Add section on continuation of benefits for a severance allowance as negotiated in 2008	May 1, 2008

		collective bargaining (Articles 20, 21 and 22)	
33	3.0 (c)	Add Nanaimo Forest Products Ltd.	November 1, 2008
34	7.1 (j)	Define Nanaimo Forest products non-union employees monthly earnings	November 1, 2008
35	7.4 – Long Term Disability – Integration With Other Disability Income	Remove specific percentage of all source maximum and make reference to applicable appendices for this information following 2008 collective bargaining	May 1, 2008
36	7.4.3	Add Sun Wave Forest Products Ltd.	October 24, 2006
37	8.1 (l)	Correct spelling of PharmaCare	May 1, 2003
38	9.1 (g)	Correct spelling of PharmaCare	May 1, 2003
39	Appendix A	Removes Pope & Talbot Limited (Harmac Pulp Operations), Western Pulp Limited, Weyerhaeuser Company Limited (Kamloops) from this appendix and reflects following adjustments as negotiated in 2008 collective bargaining: <ul style="list-style-type: none"> • Group Life and AD&D increased benefit levels for 2008 to 2012 • Weekly Indemnity benefit schedule and maximums for 2008 to 2012 • Long Term Disability all source maximum percentage, cost of living being applied annually instead of every five years and being based on the Straight Time Labour Rate instead of the Base Rate • Extended Health lifetime maximum increase • Dental orthodontic lifetime maximum increase 	May 1, 2008
40	Appendix D	Reflects addition of all source maximum percentage in Long Term Disability Schedule	May 1, 2008
41	Appendix E	This appendix is created to	November 1, 2008

		reflect Nanaimo Forest Products Ltd.'s group benefit coverage details	
42	Appendix F	This appendix is created to reflect Western Pulp Limited and Weyerhaeuser Company Limited (Kamloops) specific benefit coverage in place at time of termination from the Plan.	May 1, 2008
43	Appendix G	This appendix is created to reflect Pope & Talbot Ltd. specific benefit coverage in place at time of termination from the Plan.	May 1, 2008

**SUMMARY OF AMENDMENTS 44 TO 45- ADOPTED BY TRUSTEES
MARCH 30, 2010**

Amendment	Article	Summary of Amendment	Effective Date Approved by Trustees
44	6.7 (e)	Replaces BC with Canada. Included at the request of HRDC to confirm eligibility for EI premium reduction program.	July 1, 2009
45	Appendix A	Confirm weekly indemnity benefit will meet or exceed level of benefits provided through EI. Included at the request of HRDC to confirm eligibility for EI premium reduction program.	July 1, 2009