



Independently owned and operated

Member Information Guide



Member Information Guide for active full-time employees of Royal LePage Franchises, and eligible Dependents.

This Member Information Guide provides you with a description of the Royal LePage Benefit Plan, ("the Plan"), to which you are entitled. It also provides an explanation of the rules regarding eligibility and the procedure to follow when you submit a claim.

All benefits are underwritten by The Equitable Life Insurance Company of Canada (Equitable Life) under group contract number 814159, unless otherwise noted. The benefits described herein may be revised from time to time or discontinued.

- Accidental Death & Dismemberment coverage is provided through Chubb Life Insurance Company of Canada, under policy CA10565001.
- The Employee Assistance Program is provided by Workplace Options, under company code CBCQ.

The information contained in this Guide does not create nor confer any contractual or other rights. This is a basic overview of your Plan. For complete descriptions of all benefits, including specific limits, see your Plan Booklet. In the event of a conflict or discrepancy between this document and the Booklet, the Booklet will prevail. Detailed information about benefits or other provisions of the contracts or copies of those provisions may be obtained from the Administrator.

Please read this Member Information Guide carefully and keep it in a safe place for future reference.

If you have any difficulty in understanding any part of this Guide, contact the Plan Administrator:

Royal LePage Benefit Plan
Suite 110 - 61 International Blvd.
Toronto, ON M9W 6K4

Toll Free: (888) 404-6623
Fax: (416) 674-1525
Email: rlpfranchise@pbas.ca



Welcome Eligible Plan Members

Dear Plan Member,

We are pleased to sponsor your group benefits program, designed to help meet some of your financial needs in the event of sickness or death. We have selected The PBAS Group to help administer the Plan, and Equitable Life will be the Health and Dental claims payor.

The Plan offers a portal, available to all eligible Members of the the Plan, that offers a variety of services and is designed to be user- and mobile-friendly. The portal provides you with a single point of contact to access current information and manage your Benefits.

We invite you to visit rlpfranchise.pbas.ca to set up your account, and gain access to exciting features on the interactive website. Your Benefit cards can be saved on your phone, or printed, making your plan more accessible than ever.

We encourage you to spend a few moments reviewing your Plan so you can better understand the coverage available to you. You'll learn not only the more routine things, but also about some of the benefits available that you may need to draw on in a time of crisis. Your plan is here to offer you some support in the even you encounter unforeseen circumstances in the future.

We hope you enjoy this new service.

Privacy of Personal Information

Participation in the Plan depends on the collection, storage, use and, sometimes, the destruction of personal information about the Members, their Dependents, and Beneficiaries. It forms the foundation upon which individual entitlements are built, and from which benefit payments are calculated and made. As well, parts of the personal information are needed to satisfy government demands for facts, to facilitate audits of the Plan, to estimate future operating costs and to transfer data to any replacement program. As well, the information could be called into a court action. In all cases, however, personal information is stored with the utmost attention to security, and deployed, sparingly, to fulfill the requirements of the Plan and the law.

Registration, to participate in the Plan, involves an authorization to allow the Trustees to gather and apply personal information in specific ways. Members may revoke that authorization, subject to certain legal constraints; however, doing so precipitates the destruction of the Member's personal information and may, therefore, render ongoing participation impossible.

Complaints regarding personal information may be directed to the Administrator's Privacy Officer at the address previously noted, by contacting the Office of the Privacy Commissioner of Canada or, if applicable, the Provincial Commissioner.

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Benefits at a Glance

Health Benefits

This Benefit is underwritten by Equitable Life, under group policy 814159.



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Health Care for all eligible active full-time employees and their Dependents

Overall Maximum	None	
Calendar Year Deductible	None	
Ambulance	80% of Reasonable and Customary Charges	
Convalescent Home Services	80% up to \$40 per day, for 180 days	
Dental Care for Accidental Injury	80% of Reasonable and Customary Charges	
Durable Medical Equipment and Supplies	80% of Reasonable and Customary Charges	
Foot Care (orthopedic shoes/orthotics)	Orthopedic shoes: 80%, up to \$200 every 2 calendar years; Orthotics: 80%, up to \$400 every 3 calendar years.	
Hearing Aids	80%, up to \$400 every 4 calendar years	
Hospital	80%, Semi-private	
Out-of-Hospital Nursing	80%, up to \$10,000 per calendar year	
Out of Province Emergency	100%, up to \$1,000,000 per lifetime (no deductible)	
Paramedical	Acupuncturist (specialist) Chiropracist/Podiatrist Chiropractor Massage Therapist Naturopath Osteopath Physiotherapist Psychologist/Social Worker Speech Therapist/Audiologist	80%, up to \$300 per type of practitioner, per calendar year
Prescription Drugs	80%	
Vision Care	None	

This is a basic overview of your Plan. For complete descriptions of all benefits, including specific limits, see your Equitable Life Booklet. In the event of a conflict or discrepancy between this document and the Booklet, the Booklet will prevail.

Benefits at a Glance

Dental Benefits

This Benefit is underwritten by Equitable Life, under group policy 814159.



Dental Care for all eligible active full-time employees and their Dependents

Benefit Maximum	\$1,000 combined
Calendar Year Deductible	None
Basic	80%
Preventative	80%
Major Restorative	Not covered
Orthodontics	Not covered

This is a basic overview of your Plan. For complete descriptions of all benefits, including specific limits, see your Equitable Life Booklet. In the event of a conflict or discrepancy between this document and the Booklet, the Booklet will prevail.



Benefits at a Glance

Emergency Medical Travel Insurance



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This Benefit is underwritten by Equitable Life, under group policy 814159.

Emergency Medical Travel Insurance for all eligible active full-time employees	
Amount	Under age 70: \$5,000,000 per insured person, per trip Over age 70: \$1,000,000 per insured person, per trip
Coverage period	Under age 70: 180 days per trip Age 70-79: 60 days per trip Age 80+: 30 days per trip

The Emergency Medical Travel Insurance Plan provides coverage for you and your Dependents for certain expenses incurred as a result of an emergency while traveling outside your province. Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your coverage before you travel as your coverage is subject to exclusions and limitations. The following eligible medical expenses may be covered in the event of an emergency, but not limited to:

- Hospital or medical facility accommodation, up to the private room rate;
- Physician charges;
- Diagnostic services, such as laboratory tests and x-rays; and,
- Prescriptions, medical appliances, paramedical services and ground ambulance services, when medically necessary for emergency treatment.

If you have an emergency while traveling, you must contact Allianz Global Assistance immediately before seeking medical treatment. If you are unable to contact Allianz Global Assistance due to the nature of your emergency, you must have someone else call on your behalf, or you must call as soon as medically possible. Allianz Global Assistance is available to take your call 24 hours a day, 7 days a week.

From Canada and the US, call toll free 1-800-321-9998
From anywhere else in the world, call collect + 519-742-3287

To download a copy of your Emergency Medical Travel Insurance Plan Benefit Booklet, along with an Emergency Travel Assistance card, visit rlpfranchise@pbas.ca. Alternatively, you can contact the Administrator by email at rlpfranchise@pbas.ca, or telephone, 1 (888) 404-6623.

Benefits at a Glance

Life Insurance



This Benefit is underwritten by Equitable Life, under group policy 814159.

Life Insurance	
Life	<p>1 times annual earnings rounded to the next higher \$1,000 to a maximum benefit of \$250,000</p> <p>Reduction at age 65: coverage is reduced by 50%; Reduction at age 70: coverage is further reduced by 50%; At age 75, coverage is \$10,000 (if applicable).</p>
Dependent Life	<p>Eligible Spouse: \$10,000 Eligible Dependent children from live birth: \$5,000</p>
Voluntary Life *	<p>Employee: Increments of \$10,000 to a maximum benefit of \$500,000. Spouse: Increments of \$10,000 to a maximum benefit of \$250,000. Child: up to \$10,000</p>

* Subject to medical underwriting

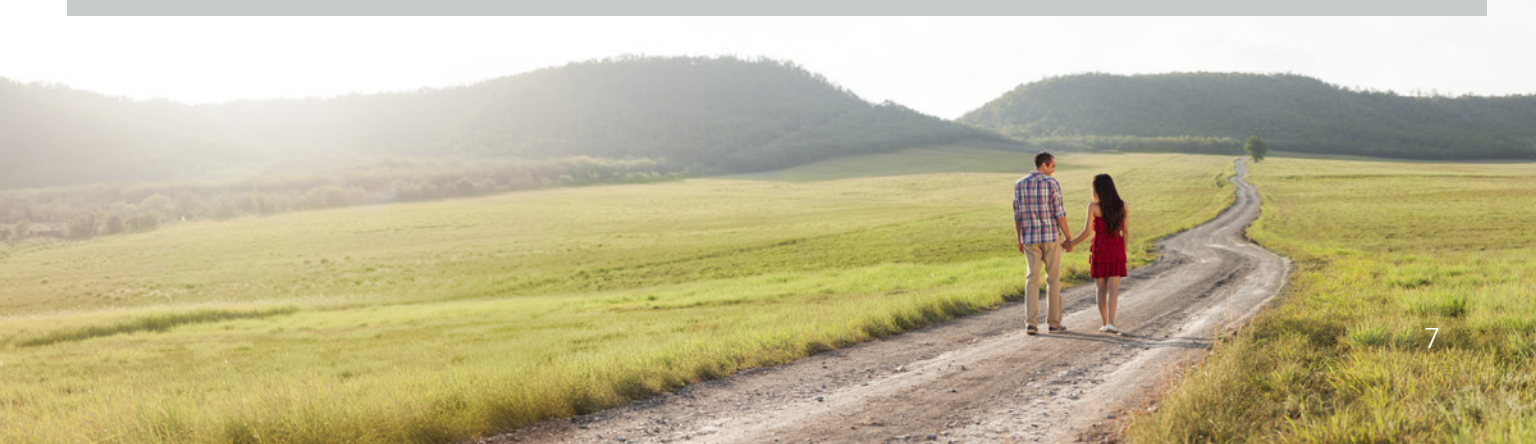
Beneficiary Designation

It is strongly recommended that you designate a Beneficiary. In the event that the Administrator does not receive a Beneficiary designation, the death benefit must be paid to the Member’s estate and will be subject to otherwise avoidable probate fees.

To assign and/or change an assigned Beneficiary, please visit the Download Centre at rlpfranchise.pbas.ca, or contact the Administrator.

The amount of the Benefit is limited to the amount shown in the Policy. To see complete details of coverage, limitations and exclusions, or to download your copy of the Policy, visit rlpfranchise.pbas.ca. Alternatively, you can contact the Administrator by:

Email: rlpfranchise@pbas.ca; or, toll free: (888) 404-6623



Benefits at a Glance

AD&D Insurance

This Benefit is underwritten by Chubb Life Insurance Company, under group policy CA10565001.



AD&D Benefit for all eligible active full-time employees

Principal Sum	1 times annual earnings rounded to the next higher \$1,000 to a maximum benefit of \$250,000
Termination	The earlier of age 70 or retirement
Critical Illness Rider	5% of the Principal Sum, to a maximum of \$10,000

Accidental loss of:

Percentage of Amount Covered

Life	The Principal Sum
Both Hands or Both Feet	The Principal Sum
Entire Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
One Hand or Foot and the Entire Sight of One Eye	The Principal Sum
Speech and Hearing in Both Ears	The Principal Sum
One Arm or One Leg	4/5 of the Principal Sum
One Hand or One Foot	3/4 of the Principal Sum
Entire Sight of One Eye	3/4 of the Principal Sum
Speech or Hearing in Both Ears	3/4 of the Principal Sum
Thumb and Index Finger of Either Hand	2/5 of the Principal Sum
Four Fingers of Either Hand	2/5 of the Principal Sum
Hearing in One Ear	2/5 of the Principal Sum
All Toes on One Foot	1/3 of the Principal Sum

Paralysis Benefit

Quadriplegia (complete paralysis of both upper and lower limbs)	Two Times the Principal Sum
Paraplegia (complete paralysis of both lower limbs)	Two Times the Principal Sum
Hemiplegia (complete paralysis of upper and lower limbs on one side of body)	Two Times the Principal Sum

Note: All benefits described under this section are subject to additional conditions and provisions not outlined here. Please visit rlpfranchise.pbas.ca to view the policy in its entirety.

Benefits at a Glance

Long Term Disability



*This Benefit is underwritten by Equitable Life,
under group policy 814159.*

Long Term Disability

Covered Amount	66.7% of the first \$2250 plus 50% of the next \$3500 plus 40% of the next \$9375, less 100% of direct deductible sources of income, to a monthly benefit maximum of \$7,000.
Elimination Period	120 consecutive days of disability
All Source Maximum	85%
Maximum Benefit Period	to your 65th birthday

Am I covered for partial disability?

Maximum benefit period for Partial disability: up to a maximum of 24 months beyond the benefit commencement date, but not beyond the "own occupation" period in the definition of "totally disabled" below.

What is the definition of “totally disabled” in respect of the L.T.D. benefit?

During the first 24 months of benefit payments, you must be unable to perform the essential duties of your own occupation as a result of injury or illness and you must not be working at any job. Availability of your own occupation is not relevant when assessing disability from your own occupation.

After that, you must be unable to perform the essential duties of any occupation that you’re qualified to do or that you might reasonably become qualified for through education, training or experience with earnings equivalent to the benefit amount provided under this plan. Availability of occupations is not relevant when assessing total disability from any occupation.

Note: If you lose your license or fail to pass a periodic examination required by the Ministry of transport or any other licensing body, this is not proof that you're totally disabled.

The amount of the Benefit is limited to the amount shown in the Policy. To see complete details of coverage, limitations and exclusions, or to download your copy of the Policy, visit rlpfranchise.pbas.ca.

What advantages are there to registering my account on the website?

By registering your account online at rlpfranchise.pbas.ca, you will have access manage your Beneficiary information, your printable Benefit Cards, access to print your Plan documents, and access to update your profile information. You can visit the Claims Centre via the Equitable Life portal, which allows you to submit claims and receive real-time payment confirmation and a Direct Deposit to your bank account.

How do I register my account?

The portal offers a variety of services and is designed to be user- and mobile-friendly. It provides an online single-point-of-contact to access your current information and manage your Benefits.

If you are an eligible member of the Plan, you must complete a Member Enrolment/Change Form and return it to the Administrator before you will be able to access the portal. Once received, you simply visit rlpfranchise.pbas.ca. You will the have the option to create a new account, or log in if you have a current account.

What Benefits Cards will I receive?



Drug Card

This card should be presented to your pharmacist (along with your prescription) in order to access the electronic pay-direct system. Your claim is processed immediately without the need for you to mail in a claim. Your pharmacist will advise you of any amount owing.



Benefit Card - Dental and Travel

This card should be presented to the Dental Practitioner, in order to access the electronic pay-direct system. Your claim is processed immediately without the need for you to mail in a claim form. Your practitioner will advise you of any amount owing. This card should also be carried while traveling. In the event of an accident or emergency, you must contact the travel insurance provider prior to receiving services or making a travel claim, using the contact information on the card.



Employee Assistance Program Card

This card provides you with access to the global website for you and your family as part of the global employee assistance program. It includes information on many topics to assist you in balancing your work and personal needs.

How do I join the Plan?

To become a member of the Plan, you must complete the required New Enrolment/Change form. The form must be received by the Administrator before (but not later than) 31 days after you become eligible to join the group plan. If the Administrator does not receive your form within 31 days, you must provide satisfactory evidence of insurability. Your benefits will become effective on the date the evidence is approved, and may be restricted or declined.

How do I assign a Beneficiary?

For employee death benefits, you may name a Beneficiary(ies) and, from time to time, change such named Beneficiary(ies), subject to Provincial Law, by written request filed at the office of the Administrator. The request will take effect as of the date such request was executed, but without prejudice to the Plan for any payments made before such request is received at the office of the Administrator.

To assign and/or change an assigned Beneficiary, please visit Download Centre at rlpfranchise.pbas.ca to print the form, or contact the Administrator.

In the event that the Administrator does not receive a Beneficiary designation, the death benefit must be paid to the Member's estate and will be subject to otherwise avoidable probate fees.

Who is entitled to Benefits?

To be eligible for coverage you must:

- be living in Canada and work a minimum of 20 hours per week for Royal LePage primarily at a Canadian Location;
- have satisfied the waiting period of 3 months;
- under age 80 (unless otherwise noted);
- have completed the Member Enrolment/Change Form; and,
- be insured under a Provincial Health Insurance Plan.

If you're not actively at work on the date your benefits should take effect, your coverage will become effective on the date you return to active work. You must also be actively at work for any future increases in your coverage to be effective.

Can I add my Dependents to the Plan?

To be eligible for coverage, your Dependent must be covered under a Provincial Health Insurance Plan. Your Dependent becomes eligible for coverage when you become eligible or, if acquired later, upon becoming your Dependent. You must be covered in order for your Dependents to be covered. Dependent means a spouse or unmarried child under 21 years of age (25, if regularly attending full-time school) and solely dependent upon you for support. Children are not eligible for coverage if they are attending school outside of Canada, or are a member of the armed forces.

Spouse means a person to whom you are legally married or whom you cohabitate with on a permanent and ongoing basis for at least twelve (12) consecutive months, and is publicly recognized as your spouse.

Child means either natural, legally adopted, stepchildren or other children that live with you on a full-time basis, who are under the age of 21 and depend on you for support while living in a parent-child relationship. Dependent children who are in full-time attendance at school, and under age 25, can be considered for coverage with the submission of proof of schooling.

If a Dependent, other than a newborn child, is hospitalized on the date coverage would have been effective, coverage will become effective after final discharge from the hospital. If a Dependent is a “late applicant”, satisfactory evidence of insurability is required and his/her coverage will only become effective on the date the evidence of insurability is approved by Equitable Life.



How can I apply for coverage for my Dependents?

If you have any eligible Dependents when you complete the Member Enrolment/Change Form:

- Complete the Dependent sections with your Dependent information.
- Check off the box marked “family” in the health and/or dental sections if the group plan includes these benefits and you wish to cover your eligible Dependents.
- Provide the Coordination of Benefits information if your Dependents are covered under another Benefit Plan.

If you don't have any eligible Dependents when you join the group plan, tell your group plan administrator as soon as you do acquire a Dependent (when you get married, start living with your partner, or have a child). Complete the required forms so your spouse or child can be included. We must be notified within 31 days of the date you acquire a Dependent or the Dependent will be a “late applicant”. He/she must then provide satisfactory evidence of insurability. Benefits for your Dependent will become effective only if the evidence is approved by Equitable Life. Some or all of your Dependent's benefits could be declined or restricted.

How can I add my permanently developmentally or physically disabled child?

Your developmentally or physically disabled natural child, adopted child, stepchild or child of your spouse may be eligible for coverage under the Plan. To be eligible, the child must not have a spouse or partner and you must submit a Doctor's certificate stating he/she is incapable of self-sustaining employment and is chiefly dependent upon you for support. This child must have been insured under this group policy before reaching the maximum age for Dependent children.

When does my coverage begin?

Coverage for you and your Dependents will become effective on the date of eligibility. If you are absent from work because of disability due to illness or injury on the date your coverage, or any increase in your coverage, would otherwise become effective, such coverage will not become effective until the date you return to active full-time work for one (1) full day.

Coverage, or any increase in coverage, for your Dependent who is confined in a hospital because of illness or injury on the date such coverage would otherwise become effective, will not become effective until the date such Dependent is no longer so confined.

When does my coverage terminate?

Coverage for you and your Dependents will terminate on the earliest of, the last day of the month in which:

- you reach the maximum age specified, or you retire;
- you are no longer employed by the Employer;
- your Employer terminates your coverage;
- this group policy terminates;
- you no longer qualify for coverage;
- it is proven to the satisfaction of the Administrator that you have engaged in fraudulent activity with respect to claims under this policy.

When does coverage for my Dependents terminate?

Coverage for your Dependents will terminate on the date:

- your own coverage terminates;
- the Dependent no longer qualifies as an eligible Dependent or reaches the maximum age specified;
- it is proven to the satisfaction of the Administrator that the Dependent has engaged in fraudulent activity with respect to claims under this policy.





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