



CITY POLICY

POLICY NUMBER: C524

REFERENCE:

ADOPTED BY:

City Council 16 January 2007

SUPERSEDES:

New

PREPARED BY: Corporate Services Department

DATE: 24 November 2006

TITLE: **Benefit Plan Continuation After Term (Members of Council)**

Policy Statement:

Continuation of supplementary health and dental coverage to Members of Council upon leaving office will be provided in accordance with this policy.

The purpose of this policy is to:

Define the circumstances under which Members of Council will continue to have supplementary health and dental coverage after leaving office.



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1. DEFINITIONS

- 1.01 City: shall mean the City of Edmonton
- 1.02 Former Member: shall mean a former Councillor or Mayor of the City who has served at least one full term of office.
- 1.03 Supplementary Health Care Plan: shall mean the supplementary health care plan provided to the City's Management Exempt Group.
- 1.04 Dental Plan: shall mean the dental plan provided to the City's Management Exempt Group.
- 1.05 Life Event: shall mean (a) marriage or cohabitation with a Spouse; (b) birth, adoption or change in custody of Children; (c) divorce; (d) legal separation or the ending of a Spousal relationship; (e) death of a Spouse or Children; (f) involuntary loss of a Dependent's coverage under the Spouse's employer's plan; or (g) dependent no longer qualifies as a Dependant.
- 1.06 Dependent: shall mean the Spouse and Children of the Former Member.
- 1.07 Management Exempt Group: shall mean non-union management employees of the City.
- 1.08 Spouse: shall mean a person who is legally married to the Former Member, or has continuously resided with the Former Member for a period of not less than two continuous years and been publicly represented as the member's spouse. Under no circumstances will a member be allowed to claim more than one spouse at a time.
- 1.09 Children: shall mean the Former Member's natural, adopted or stepchildren who are dependent on the Former Member for financial care and support. Such children must be (a) unmarried, (b) less than 21 years of age, or if 21 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis. Unmarried children of any age who are incapable of self-sustaining employment by reason of mental or physical disability and are dependent on the Former Member for financial care and support are also included.



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2. PROCEDURES

2.01 The Office of the City Clerk shall:

- a) provide all Former Members with the form required to elect to continue participation or not in the Supplementary Health Care and/or Dental Plan within ten days of ceasing to hold office;
- b) ensure that all forms are completed and returned to the Human Resources Branch within thirty days of the Former Member ceasing to hold office; and
- c) notify the Human Resources Branch of any address or status changes for the Former Members who have elected to continue to participate in the Supplementary Health and or Dental Plan.

2.02 The Human Resources Branch shall:

- a) provide the Office of the City Clerk with the required election forms for completion by Former Members; and
- b) forward an invoice for payment of the premiums to Former Members who elect to continue participation on a semi-annual basis.

3. CONDITIONS FOR PARTICIPATION

3.01 Upon leaving office, a Former Council Member may elect to continue to participate in the Management Exempt Supplementary Health Care Plan and/or Dental Plan by paying the full premiums directly on a semi-annual basis provided that their election to participate is received within 30 days of the Former Member ceasing to hold office.

3.02 The maximum period of time that a Former Member shall continue to participate in the Supplementary Health Care Plan and/or Dental Plan after leaving office is 2 years. However, if the Former Member ceases to be a resident of the Province of Alberta, participation in the Management Exempt Supplementary Health Care Plan shall cease the 91st day after the person ceases to be a resident of the Province.

3.03 Coverage under the Supplementary Health Care Plan and/or Dental Plans of the Former Member's Dependents will cease on the date on which the Former Member's Dependent ceases to fall within the definition of dependent, as specified in this policy, or when the Former Member's coverage ceases, whichever is earlier.

3.04 A Former Member who is eligible (i.e. under age 65) to continue participation in the Supplementary Health Care Plan but who does not elect to continue coverage may do so only within 30 days of a Life Event.



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- 3.05 A Former Member who is eligible (i.e. under age 65) to continue participation in the Dental Plan but who does not elect to continue coverage may do so only within 30 days of a Life Event. In addition, during the 12 calendar months following the date of joining the Dental Plan, benefits coverage will be restricted to 100% reimbursement for diagnostic, preventative, minor restorative and minor surgical services as determined by the Plan's adjudicator. Following completion of the 12 calendar-month period, the Former Member shall be eligible for full benefits coverage.
- 3.06 A Former Member who elects to continue participation in the Supplementary Health Care Plan and/or Dental Plan and subsequently wishes to opt out may do so only within 30 days of a Life Event.
- 3.07 The Former Member and their Dependents shall be bound by the provisions of the Supplementary Health Care Plan and Dental Plan provided for the Management Exempt Group, as amended from time to time.



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MEMBERS OF COUNCIL

CONTINUATION OF SUPPLEMENTARY HEALTH AND DENTAL COVERAGE

CITY OF EDMONTON MANAGEMENT AND OUT-OF-SCOPE

I, _____, a former Member of Council certify that I have read this form, and that with the full knowledge of my rights and obligations under the Supplementary Health Care Plan and Dental Plan make the following choice:

A. Election to Continue Coverage in Both Plans

I wish to continue to participate in the Supplementary Health Care Plan and the Dental Plan provided to Management Exempt Group in the employ of the City of Edmonton for a period of 2 years. I understand that I will be invoiced on a semi-annual basis for the premiums payable under the Supplementary Health Care Plan and Dental Plan. I agree to pay the premiums, as invoiced, within 30 days of the invoice date.

I understand and agree that once I have elected to continue to participate in the Supplementary Health and Dental Plan I **cannot** opt out of the Plans unless a **Life Event** occurs. If no Life Event occurs, coverage will remain in effect and I will be responsible for paying the premiums under each of the Plans up to and including the month in which the 2 year period expires.

I also understand that by electing to continue coverage in the Supplementary Health Care Plan and Dental Plan that I will be bound by the provisions of these plans, as amended from time to time.

	YES	EFFECTIVE DATE
Supplementary Health Care Plan	<input type="checkbox"/>	
Dental Plan	<input type="checkbox"/>	



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B. Election to Continue Coverage in One but not Both Plans

I wish to continue to participate in the Supplementary Health Care Plan or the Dental Plan provided to Management Exempt Group in the employ of the City of Edmonton for a period of 2 years. I understand that I will be invoiced on a semi-annual basis for the premiums payable under the Supplementary Health Care Plan or Dental Plan. I agree to pay the premiums, as invoiced, within 30 days of the invoice date.

I understand and agree that once I have elected to continue to participate in the Supplementary Health Plan or Dental Plan I **cannot** alter my election unless a **Life Event** occurs. If no Life Event occurs, coverage will remain in effect and I will be responsible for paying the premiums up to and including the month in which the 2 year period expires.

I understand and agree that once I have elected to opt out of the Supplementary Health Care Plan or Dental Plan, I **cannot** alter my election unless a **Life Event** occurs. If I elect not to continue coverage under the Dental Plan and subsequently elect to participate in the Dental Plan because of a **Life Event**, I understand that coverage under this Plan will be limited for the first twelve months of coverage.

I also understand that by electing to continue coverage in the Supplementary Health Care Plan or Dental Plan that I will be bound by the provisions of these plans, as amended from time to time.

	YES	NO	EFFECTIVE DATE
Supplementary Health Care Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Dental Plan	<input type="checkbox"/>	<input type="checkbox"/>	

C. Election to Not Continue Coverage in Either Plan

I do not wish to continue to participate in the Supplementary Health Care Plan and the Dental Plan provided to Management Exempt Group in the employ of the City of Edmonton for a period of 2 years



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I understand and agree that once I have elected to opt out of the Supplementary Health Care Plan and Dental Plan, I **cannot** alter my election unless a **Life Event** occurs. If I elect not to continue coverage under the Dental Plan and subsequently elect to participate in the Dental Plan because of a **Life Event**, I understand that coverage under this Plan will be limited for the first twelve months of coverage.

	NO	EFFECTIVE DATE
Supplementary Health Care Plan	<input type="checkbox"/>	
Dental Plan	<input type="checkbox"/>	

Name of Former Member (please print)

Date of Birth of Former Member

Signature of Former Member

Date

Name of Former Member's Spouse (please print)

Date of Birth of Former Member's Spouse

Billing Address for Former Member

Name of Former Member's Dependent

Date of Birth of Former Member's Dependent

Name of Former Member's Dependent

Date of Birth of Former Member's Dependent

Name of Former Member's Dependent

Date of Birth of Former Member's Dependent



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This information is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used by the City of Edmonton's Human Resources Branch for the administration of benefit programs, for employees, their eligible spouse and dependants. If you have any questions about the collection of this information, please contact the Human Resources Branch.

Important: You will only be permitted to change your election if you notify the Employee Service Centre in writing within thirty (30) days of a **Life Event** and that **Life Event** occurs within 2 years of you ceasing to hold office as an elected official.

The term "**Life Event**" means:

- Marriage or co-habitation with a common-law spouse for a continuous 2 year period;
- Birth, adoption, or change in custody of a dependent child;
- Divorce;
- Legal separation or ending of a common-law relationship;
- Death of a spouse or dependent child
- Involuntary loss of a spouse's or dependent child's benefits coverage under the spouse's employer's plan; or
- Dependent no longer qualifies as a dependent under the plan.