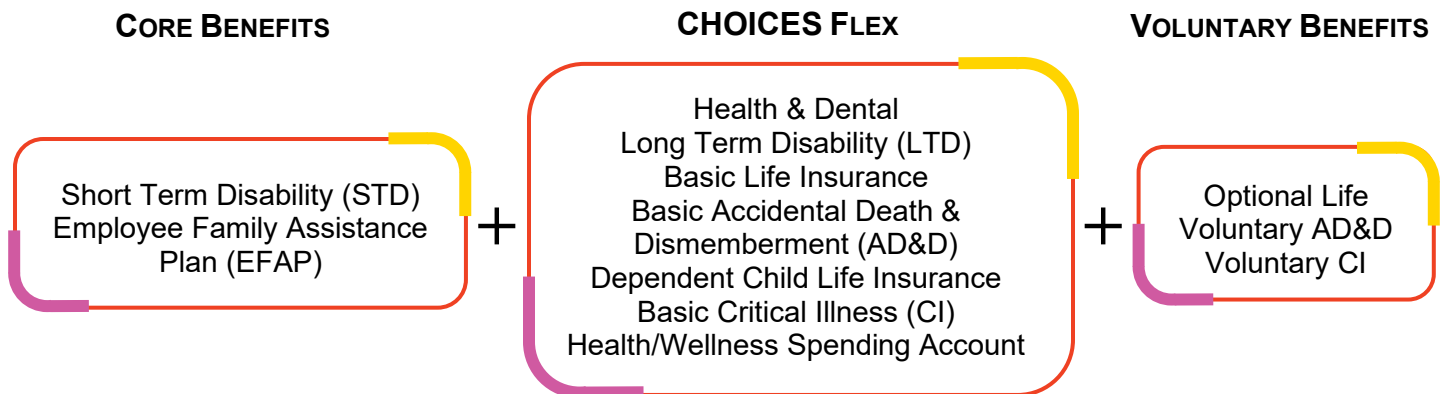


CHOICES BENEFITS PLAN BENEFITS GUIDE

Manitoba Liquor & Lotteries is committed to providing our employees with comprehensive and valuable benefits as part of a well-balanced compensation program. The CHOICES Benefits plan is for exempt employees and union members who have ratified their collective agreements to include this plan:



Your selections will take effect on your eligibility date and will be locked in until the next re-enrollment period, unless you experience a Life Event. For Food and Beverage employees, please refer to the Collective Agreement for benefits eligibility date. A Life Event is explained in the Frequently Asked Questions document located on the portal website.

This guide contains:

- Instructions on how to enroll in the CHOICES plan
- Information on Cost Share and how Flex Credits work
- Detailed information on CHOICES Flex selections
- Voluntary Benefits available on a voluntary basis for you and your family
- Instructions on how to complete your enrollment form
- CHOICES selection examples

CHOICES ENROLLMENT

Review and select your benefit options by completing the enrollment form:

- **The deadline for completing the enrollment application is two weeks. Your deadline is indicated on your Personalized Enrollment Letter.**

- If you do not make your selections by the deadline, you will be defaulted into the following coverage options:

Benefit	Default Option
Health & Dental	3
Long Term Disability	3
Basic Life Insurance	1
Basic AD&D	1
Dependent Child Life Insurance	0
Basic Critical Illness	0

- Any excess Flex Credits will automatically default to the non-taxable Health Spending Account (HSA).
- If you default, you **will not** be allowed to change your coverage levels or excess credit allocation until the next re-enrollment, unless you experience a Life Event. Refer to the Frequently Asked Questions (FAQs) document located on the portal website for more information on Life Events.
- You must enroll according to your **true Family Status** – Single, Couple or Family. **Single** means you have no spouse (married or common-law) and have no eligible dependent children (1 person). **Couple** means you have one eligible dependent (2 people). **Family** means you have two or more eligible dependents (3 or more people). Refer to the Frequently Asked Questions (FAQs) located on the portal website for more information on Family Status.
- Make your selections considering:
 - The differences between options,
 - The cost of each option (if applicable),
 - Your family’s or beneficiary’s financial needs,
 - Your individual and family’s Health and Dental needs,
 - Your health status and the rules regarding medical evidence of good health,
 - Any individual coverage you may currently have,
 - Your spouse’s coverage, and
 - The level of benefit coverage you are comfortable with.
- At re-enrollment, you will be required to provide medical evidence of good health to move up to any higher option from your current coverage amount for Basic Life Insurance and Long Term Disability (LTD). You will remain in your current option until your medical evidence has been approved by the insurance company. (e.g. if you are in Option 1 and you choose Option 2, you will remain in Option 1 until your medical evidence is approved by the insurance company.) The cost for providing medical evidence is your responsibility.
- If you are unsure what coverage is best for you, we recommend you seek independent financial advice.
- Refer to the section How to Enroll in this guide for instructions on how to complete your enrollment application.

COST SHARE

- Manitoba Liquor & Lotteries pays 100% of the cost for Core Benefits (Short Term Disability (STD) and Employee Family Assistance Plan (EFAP)).
- The company also pays 100% of the cost for your Health and Dental option.
- Manitoba Liquor & Lotteries provides each employee with Flex Credits (company dollars) towards the cost of your selections for Long Term Disability (LTD), Basic Life Insurance, Basic Accidental Death & Dismemberment (AD&D), Dependent Child Life Insurance and Basic Critical Illness (CI).
- You pay the full cost of any **Optional** Life Insurance, **Voluntary** AD&D and **Voluntary** Critical Illness benefits you have selected.
- The cost of all benefits are reviewed annually and you will be notified of any change.

FLEX CREDITS

- Manitoba Liquor & Lotteries provides each employee with Flex Credits on your eligibility date, and then annually on January 1st based on your base annual earnings as of October 1st of the prior year. Any changes in earnings throughout the year do not impact your benefit amount and/or cost. Your annualized Flex Credit amount is provided on your personalized enrollment letter. Actual Flex Credit amounts will be prorated based on your eligibility date.
- Use your Flex Credits to pay the cost of the following benefits:
 - Long Term Disability (LTD)
 - Basic Life Insurance
 - Basic AD&D
 - Dependent Child Life Insurance
 - Basic Critical Illness
- The cost for each benefit is based on the option you select, your earnings and the premium rate. The cost displayed on the Selection Worksheet is annualized. Your actual cost will be prorated based on the your eligibility date.
- If you have Flex credits remaining after making your plan CHOICES, you may allocate the remainder of your Flex Credits to either a **non-taxable** Health Spending Account (HSA) or a **taxable** Wellness Spending Account (WSA). Manitoba Liquor & Lotteries will deposit your prorated excess Flex Credits into your HSA or WSA on your eligibility date and then annually on January 1st. Note the WSA requires a minimum allocation of \$15 annually. Please see the enclosed pamphlets on the HSA and WSA for details.
- If your selections cost more than the Flex Credits you have been given, you are responsible to pay the difference through regular payroll deductions.
- Flex Credits and premium rates are reviewed annually and you will be notified in advance of any change.
- Flex Credits are refreshed each January 1st.

CORE BENEFITS – 100% COMPANY PAID

SHORT TERM DISABILITY (STD)

- Eligible for coverage after 3 months of service. For Food and Beverage employees, please refer to the Collective Agreement for benefits eligibility date.
- 14 calendar day waiting period
- 180 day maximum duration, including waiting period
- 80% of salary
- Can be topped up with DLT or Accrued Sick Time – if applicable

EMPLOYEE FAMILY ASSISTANCE PLAN (EFAP)

Provides counselling and life balance support through LifeWorks. For further information, please go to iNet.

CHOICES FLEX

HEALTH & DENTAL OPTIONS

CHOICES has 5 Options for Health and Dental, providing varied degrees of coverage. Health and Dental coverage terminates at retirement.

Below are the available Health and Dental Flex Options. Manitoba Liquor & Lotteries pays 100% of the cost for all options. **You must select one Option for Health and Dental based on your true Family Status. You cannot waive coverage even if you are covered under your Spouse's group insurance plan.**

	Option 1	Option 2	Option 3	Option 4	Option 5
HEALTH					
Travel Health	100%	100%	100%	100%	100%
Ambulance/Hospital	100%	100%	100%	100%	100%
Pay Direct Drug Card	No Drug Coverage	50%	80%	80%	90%
• Dispensing Fee Cap		-	-	-	\$7.00
• Deductible		Equal to Disp. Fee	-	\$5.00/claim	-
• Annual Maximum		Pharmacare Integration	Pharmacare Integration	\$800/yr/family	Pharmacare Integration
Paramedical	No Paramedical Coverage	50% to combined maximum of \$500/yr	-	80% to \$350/yr	90% to combined maximum of \$500/yr
• Chiropractor			-	80% to \$350/yr	
• Massage Therapy			80% to \$350/yr	80% to \$350/yr	
• Physiotherapy			80% to \$350/yr	80% to \$350/yr	
• Psychologist			80% to \$350/yr/practice	80% to \$350/yr/practice	
• Other Paramedical*					
Vision	No Coverage	50% to combined maximum of \$250/2yrs (Employee only)	80% to combined maximum of \$150/2yrs	80% to combined maximum of \$325/2 yrs	100% to combined maximum of \$325/2 yrs
• Eye Exams					
• Eye Wear					
Private Duty Nursing	No Coverage	50% to \$3,000/yr	80% to \$3,000/yr	80% to \$3,000/yr	100% to \$5,000/yr
Hearing Aids (both ears combined)	No Coverage	50% to \$500/5 yrs	80% to \$500/5 yrs	80% to \$500/5 yrs	100% to \$700/5 yrs
Smoking Cessation	No Coverage	50% to \$500/lifetime/family	80% to \$500/lifetime/family	80% to \$500/lifetime/family	90% to \$500/lifetime/family
Foot Orthotics					
Other	No Coverage	50%	80%	80%	90%
DENTAL					
Basic	No Coverage	100%	80%	80%	100%
Major		Nil	50%	60%	70%
Basic/Major Maximum		\$1,700/yr	\$1,700/yr	\$1,700/yr	\$1,700/yr
Orthodontics (Child & Adult)		Nil	Nil	50%	50%
Orthodontics Maximum		N/A	N/A	\$1,700/lifetime	\$2,100/lifetime
HEALTH SPENDING ACCOUNT	\$1,850	\$875	No Coverage	\$350	\$525

*Acupuncture, Athletic Therapy, Audiology, Cardiac Rehab, Naturopath, Osteopath, Dietician, Podiatrist, Speech Therapy

LONG TERM DISABILITY BENEFIT

CHOICES offers 3 Options for Long Term Disability. **You must select one option for Long Term Disability.**

Option	Maximum Benefit Period
Option 1	2 years
Option 2	5 years
Option 3	To age 65

- The maximum benefit period is the maximum length of time you will receive benefit payments from the insurance company should you remain totally disabled; e.g. for 2 years, 5 years, or to age 65. The premium for each reflects this difference in coverage.
- The benefit amount is the same under each option, 70% of your monthly earnings to a maximum of \$6,000 monthly.
- The waiting period (qualifying period) before benefit payments will begin is 180 days (6 months) from your date of disability.
- Benefit payments under all options terminate **the earlier of** the maximum benefit period indicated for the option you select, age 65, or the date you become eligible for an unreduced pension under the Manitoba Civil Service Superannuation Pension plan, less the qualifying period.
- Long Term Disability coverage terminates **the earlier of** your age 65 less the qualifying period, your retirement, or the date you become eligible for an unreduced pension under the Manitoba Civil Service Superannuation Pension plan, less the qualifying period.
- Both the benefit amount and premiums are based on your monthly earnings as of October 1st of the prior year.
- This benefit is purchased using your Flex Credits.
- At re-enrollment, if you choose to move up to any higher option from your current coverage amount, you will be required to submit medical evidence of good health. You will remain in your current option until your medical evidence has been approved by the insurance company. (e.g. If you are in Option 1 and you choose Option 2, you will remain in Option 1 until your medical evidence is approved by the insurance company.) The cost for providing medical evidence is your responsibility.
- If you are unsure what LTD option is best for you, we recommend you seek independent financial advice.

EMPLOYEE BASIC LIFE INSURANCE BENEFIT

CHOICES includes 5 Options for Basic Life Insurance, providing varied degrees of coverage to a maximum of \$1,000,000. **You must select one option for Basic Life Insurance.**

Option	Benefit Amount
Option 1	1 x annual earnings
Option 2	2 x annual earnings
Option 3	3 x annual earnings
Option 4	4 x annual earnings
Option 5	5 x annual earnings

- The benefit amount is rounded to the next higher \$1,000.
- Your benefit amount will reduce based on your age to the following percentages:
 - 75% on your 65th birthday
 - 62.5% on your 70th birthday
- Upon reaching age 75, you will be given a \$4,500 Paid-Up Life policy with no further premium being owed.
- Basic Life Insurance coverage terminates at your retirement.
- Both the benefit amount and premiums are based on your annual earnings as of October 1st of the prior year.
- This benefit is purchased using your Flex Credits.
- At re-enrollment, if you choose to move up to any higher option from your current coverage amount, you will be required to submit medical evidence of good health. You will remain in your current option until your medical evidence has been approved by the insurance company. (e.g. If you are in Option 2 and you choose Option 3, you will remain in Option 2 until your medical evidence is approved by the insurance company.) The cost for providing medical evidence is your responsibility.
- If you are unsure what Basic Life Insurance option is best for you, we recommend you seek independent financial advice.

BASIC AD&D BENEFIT

CHOICES offers 4 Options for Basic AD&D, providing varied benefit amounts and maximums including the option for no coverage. **You must select one option for Basic AD&D.**

Option	Benefit Amount	Benefit Maximum
Option 0	No coverage	
Option 1	1 x annual earnings	\$25,000 maximum
Option 2	2 x annual earnings	\$50,000 maximum
Option 3	3 x annual earnings	\$75,000 maximum

- The benefit amount is rounded to the next higher \$1,000.
- Both the benefit amount and premiums are based on your monthly earnings as of October 1st of the prior year.
- Basic AD&D coverage terminates at your retirement.
- This benefit is purchased using your Flex Credits.
- Medical evidence is not required.

DEPENDENT CHILD LIFE INSURANCE BENEFIT

CHOICES provides 4 Options for Dependent Child Life Insurance, providing varied benefit amounts including the option for no coverage. **You must select one Option for Dependent Child Life Insurance.**

Option	Benefit Amount
Option 0	No coverage
Option 1	\$5,000 per child
Option 2	\$10,000 per child
Option 3	\$15,000 per child

- Dependent Child Life Insurance coverage terminates at the earlier of your retirement or when your child loses their eligibility as a dependent under your plan.
- This benefit is purchased using your Flex Credits.
- Medical evidence is not required.

BASIC CRITICAL ILLNESS BENEFIT

CHOICES includes 2 Options for Basic Critical Illness. **You must select one option for Basic Critical Illness.**

Option	Benefit Amount
Option 0	No coverage
Option 1	\$10,000

- Your benefit amount reduces to 50% at age 65.
- Basic Critical Illness coverage terminates at the earlier of your age 70 or retirement.
- This benefit is purchased using your Flex Credits.
- No medical evidence is required.

HEALTH/WELLNESS SPENDING ACCOUNTS

- You must allocate any excess Flex Credits to either a **non-taxable** Health Spending Account (HSA) or to a **taxable** Wellness Spending Account (WSA); you cannot allocate to both. The WSA requires a minimum allocation of \$15 annually.
- You may claim eligible expenses from the account where you have allocated credits throughout the benefit year.
- Any excess Flex Credits displayed on your Selection Worksheet once you have made your CHOICES are annualized. Your actual excess Flex Credits for the year will be prorated based your eligibility date.
- The value of your account depends on your CHOICES benefit selections and on the Health & Dental option you selected.
- Credit allocations are locked in for the duration of the benefit period until the next re-enrollment but your HSA or WSA credits are refreshed each January 1st.

Please refer to the Health Spending Account and Wellness Spending Account brochures included in your enrollment package for detailed information and claim coordination rules.

VOLUNTARY BENEFITS

You may select any or all of these Voluntary Benefits at initial enrollment or at any time, providing you remain eligible to participate in the benefits plan. You are responsible to pay 100% of the cost of Voluntary Benefits conveniently through regular payroll deductions. The cost of providing medical evidence as required is your responsibility.

A Voluntary Benefits Calculator is available on-line to assist in your purchase of any Voluntary Benefits if you are interested in enhancing your coverage and will automatically calculate your cost of the coverage selected.

EMPLOYEE & SPOUSE OPTIONAL LIFE INSURANCE

Optional Life Insurance is available for you and/or your Spouse in units of \$10,000 to a maximum of \$200,000 subject to medical evidence of good health being approved by the insurance company.

- The cost of Optional Life Insurance depends on the amount of coverage selected and the age, gender and smoking status of the applicant. The following chart illustrates the monthly premium rates per \$1,000 of coverage.

Age Band	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
To age 34	\$0.06	\$0.10	\$0.05	\$0.07
35 to 39	\$0.07	\$0.13	\$0.06	\$0.10
40 to 44	\$0.10	\$0.21	\$0.09	\$0.16
45 to 49	\$0.19	\$0.39	\$0.16	\$0.27
50 to 54	\$0.33	\$0.65	\$0.27	\$0.44
55 to 59	\$0.61	\$1.12	\$0.43	\$0.67
60 to 64	\$0.86	\$1.51	\$0.57	\$0.84

- Termination of Optional Life Insurance is:
 - Employee – The earlier of employee’s age 65 or retirement
 - Spouse – The earlier of spouse’s age 65, employee’s age 65 or employee’s retirement

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

This coverage is available to you and your family and provides on and off the job, 24-hour coverage for death, dismemberment, paralysis, loss of sight, speech, and hearing resulting from an accident, as well as many other value added benefits.

Voluntary AD&D is available as Employee Only coverage or Family coverage in units of \$25,000 to a maximum of \$250,000. Voluntary AD&D is not subject to medical evidence of good health.

- The cost of Voluntary AD&D per \$1,000 of coverage is:
 - Employee Only coverage - \$0.015
 - Family coverage - \$0.021
- Termination of Voluntary AD&D coverage is:
 - Employee – The earlier of employee’s age 70 or retirement
 - Spouse – The earlier of employee’s age 70, spouse’s age 70 or employee’s retirement
 - Dependent Children – The earlier of your dependent child’s ineligibility, employee’s age 70 or employee’s retirement.

When two employees of Manitoba Liquor & Lotteries are married or common-law, only one of you can apply for the Family Voluntary AD&D coverage. The other employee must choose Employee Only coverage if both of you are purchasing Voluntary AD&D coverage. The amount of insurance (coverage) which the employee may apply for under the Employee Only Plan is limited to the maximum of \$250,000 less the amount of Spousal coverage the employee is eligible for under the Family plan. Dependent Children can only be included in one Family Plan as well. Contact Human Resources Benefits to find out how much Voluntary AD&D you can apply for.

VOLUNTARY CRITICAL ILLNESS (CI)

Voluntary Critical Illness insurance is designed to cover the gap between Disability insurance and Life insurance. Due to medical advances, people are now surviving what were once terminal illnesses. Survival may, however, create very substantial lifestyle changes which carry a heavy financial cost. Critical Illness can ease these costs; in the event of a specified illness being diagnosed, a non-taxable lump sum benefit is payable. There are no restrictions on how these funds are used once received.

Voluntary Critical Illness is available for you and your family. You or your spouse **MUST** enroll in the Voluntary CI benefit in order to enroll your dependent children in Voluntary CI. Employee and Spousal Voluntary CI is available in units of \$10,000 to a maximum of \$150,000. Dependent Child Voluntary CI is available in the amount of \$5,000 per child.

- There is a guaranteed issue amount of \$10,000 that does not require medical evidence of good health. Any Voluntary CI benefit amount above \$10,000 will require medical evidence of good health approved by the insurance company.
- The cost of Employee and Spousal Voluntary CI depends on the amount of coverage selected and the age, gender and smoking status of the applicant. The following chart illustrates the monthly premium rates per \$1,000 of coverage.

Age Band	Male		Female	
	Non-Smoker	Smoker	Non-Smoker	Smoker
15 to 19	\$0.082	\$0.091	\$0.070	\$0.077
20 to 24	\$0.087	\$0.097	\$0.067	\$0.074
25 to 29	\$0.127	\$0.147	\$0.122	\$0.145
30 to 34	\$0.135	\$0.168	\$0.163	\$0.214
35 to 39	\$0.158	\$0.220	\$0.197	\$0.303
40 to 44	\$0.228	\$0.376	\$0.259	\$0.473
45 to 49	\$0.396	\$0.783	\$0.381	\$0.793
50 to 54	\$0.623	\$1.427	\$0.515	\$1.136
55 to 59	\$1.057	\$2.640	\$0.682	\$1.484
60 to 64	\$1.794	\$4.445	\$0.993	\$1.974
65	\$2.387	\$5.914	\$1.320	\$2.625
66	\$2.625	\$6.507	\$1.451	\$2.888
67	\$2.882	\$7.157	\$1.596	\$3.177
68	\$3.175	\$7.872	\$1.757	\$3.493
69	\$3.493	\$8.659	\$1.931	\$3.843

- The cost of Voluntary CI for dependent children is \$0.595 per \$1,000 of coverage or \$2.98/month for \$5,000 of coverage.
- Termination of Voluntary CI coverage is:
 - Employee – The earlier of employee’s age 70 or retirement
 - Spouse – The earlier of spouse’s age 70, employee’s age 70 or employee’s retirement
 - Dependent Children – The earlier of dependent child’s ineligibility, employee’s age 70 or employee’s retirement

STEPS TO ENROLL

Included in your enrollment package is an Enrollment Application.

Complete the Mandatory Benefits Cost Calculator Worksheet first to help you make your benefit selections and determine your cost. Once you are satisfied with your benefit selections, complete the Enrollment Application using your Worksheet as a guide. Keep the worksheet for your records, and send the completed Enrollment forms to Human Resources – Buffalo Place by the deadline.

STEP 1: Your employer will complete this section of the application form.

STEPS 2-6: Complete these sections, entering your personal information. Be sure to apply using your True Family Status (Single, Couple, or Family) and include all of your eligible dependent information.

2 Employee Information We require this information to enroll you in the plan.	Employee name (last, first, middle initial) (please print)		Date of birth (dd/mmm/yyyy) (eg.15/May/1967)				
	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary		Province of residence				
	Telephone Number		E-mail Address				
3 Employee Address		Mailing Address (number, street, apt.)					
City		Province	Postal Code				
4 Family Status		<input type="radio"/> Single – 1 person (Employee only) <input type="radio"/> Couple – 2 people (Employee and spouse <u>or</u> employee and 1 child) <input type="radio"/> Family – 3 or more people (Employee, spouse and one or more children <u>or</u> employee and more than one child)					
5 Spousal Information		Spouse's name (last, first, middle initial)	Date of birth (dd/mmm/yyyy) (eg.15/May/1967)	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> N			
		If common-law spouse, provide the date co-habitation commenced (dd/mmm/yyyy)					
6 Eligible Dependent Child Information In cases where this information is not complete, a default value will be applied. If there is not enough room to list your dependents, attach details on a separate sheet.		If a dependent is disabled and over-age, please complete the applicable <i>Application(s) for Over-Age Disabled Dependent Coverage</i> . Please refer to the Benefits Guide for definition of dependent.					
Dependent name (last, first, middle initial)		Date of birth (dd/mmm/yyyy) (eg.15/May/1967)	Gender	Is this dependent covered under your plan?	Is this dependent covered under your SPOUSE's plan?	Post-Secondary Student	Student Year enrolled
			<input type="radio"/> M <input type="radio"/> F <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> M <input type="radio"/> F <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> M <input type="radio"/> F <input type="radio"/> N	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

STEP 7: Select your Health & Dental option.

<p>7 Health & Dental</p> <p>100% Employer Paid.</p> <p>You must choose one Option for Health & Dental</p>	<p><input type="radio"/> Option 1</p> <p><input type="radio"/> Option 2</p> <p><input type="radio"/> Option 3</p> <p><input type="radio"/> Option 4</p> <p><input type="radio"/> Option 5</p>
---	---

STEP 8: Select your CHOICES Flex options using your Flex Credits. If your selections cost less than your Flex Credits, you are required to allocate the excess amount to either a Health Spending Account or Wellness Spending Account. If no allocation is indicated, the excess Flex Credits (if applicable) will be defaulted to the Health Spending Account.

<p>8 CHOICES Flex</p> <p>Purchased using Flex Credits.</p> <p>You must choose one Option for each benefit</p> <p>Note: Benefit eligibility is subject to the termination provisions outlined in your Benefits Guide and the terms of the policy.</p>	<p>Long Term Disability* (Maximum Benefit Period)</p> <p><input type="radio"/> Option 1: 2 years</p> <p><input type="radio"/> Option 2: 5 years</p> <p><input type="radio"/> Option 3: to age 65</p>	<p>Basic Life Insurance**</p> <p><input type="radio"/> Option 1: 1 x Annual Earnings</p> <p><input type="radio"/> Option 2: 2 x Annual Earnings</p> <p><input type="radio"/> Option 3: 3 x Annual Earnings</p> <p><input type="radio"/> Option 4: 4 x Annual Earnings</p> <p><input type="radio"/> Option 5: 5 x Annual Earnings</p>	<p>Basic Accidental Death & Dismemberment</p> <p><input type="radio"/> Option 0: No coverage</p> <p><input type="radio"/> Option 1: 1 x Annual Earnings to \$25,000</p> <p><input type="radio"/> Option 2: 2 x Annual Earnings to \$50,000</p> <p><input type="radio"/> Option 3: 3 x Annual Earnings to \$75,000</p>
	<p>Dependent Child Life Insurance</p> <p><input type="radio"/> Option 0: No coverage</p> <p><input type="radio"/> Option 1: \$5,000</p> <p><input type="radio"/> Option 2: \$10,000</p> <p><input type="radio"/> Option 3: \$15,000</p>	<p>Basic Critical Illness*</p> <p><input type="radio"/> Option 0: No coverage</p> <p><input type="radio"/> Option 1: \$10,000</p>	<p>Allocation of Excess Flex Credits</p> <p><input type="radio"/> Health Spending Account</p> <p><input type="radio"/> Wellness Spending Account</p> <p><input type="radio"/> Not Applicable - No Excess Flex Credits</p>
<p>*Subject to termination based on age and/or unreduced pension date. **Subject to reduction schedules starting at age 65.</p>			

STEP 9: Indicate which, if any, Voluntary Benefits you would like to apply for. Human Resources will send you any required application and/or medical evidence submission forms.

<p>9 Voluntary Benefits (Optional)</p> <p>You must select 'Yes' or 'No' for each benefit</p> <p>If you do not indicate 'Yes' or 'No' for any benefit, your response will be considered as 'No'; you will not be enrolled in the Voluntary Benefit.</p> <p>Note, some Voluntary Benefits require medical evidence of good health and the rate is based on age, gender and smoking status. Please refer to your Benefits Guide for more details.</p>	<p>Employee Optional Life Insurance</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Spousal Optional Life Insurance</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Voluntary AD&D*</p> <p><input type="radio"/> Yes – Employee only</p> <p><input type="radio"/> Yes - Family</p> <p><input type="radio"/> No</p>	<p>Amount</p> <p>\$ _____</p> <p>\$ _____</p>
	<p>Employee Voluntary Critical Illness</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Spousal Voluntary Critical Illness**</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Dependent Child Voluntary Critical Illness**</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>*Contact Human Resources Benefits if your spouse also applies/d for Voluntary AD&D under the CHOICES plan. **You can only apply for Spousal and/or Dependent Child Voluntary Critical Illness benefits if you have also applied for Employee Voluntary Critical Illness.</p>

STEP 10: If your selections cost more than your Flex Credits, you are responsible to pay the difference through regular payroll deductions. You are also responsible to pay the full cost of any Voluntary Benefits you choose. In this step, you are required to agree to payroll deductions if there is an associated employee cost to the Flex CHOICES and/or Voluntary Benefits you selected.

<p>10 Payroll Authorization</p>	<p><input type="radio"/> I authorize the required payroll deductions if there is any associated employee cost to the Flex Options and/or Voluntary Benefits I have selected.</p>
--	--

STEP 11: Be sure to read the Authorization and Consent statements, sign and date your form, and return it to the address listed in Return Form Instructions.

Employee signature Please sign and date here.	Employee signature	Date signed (dd/mmm/yyyy)
---	--------------------	---------------------------

STEP 12: Lastly, complete the Beneficiary Designation form. If you name more than one person as a beneficiary, the percentage split between all parties must total 100%.

1 Employee Information	Plan sponsor name Manitoba Liquor and Lotteries Corporation		Employee number	
	Employee name (last, first, middle initial) (please print)		Province of residence	Date of birth (dd/mmm/yyyy) (eg. 15/May/1967)
2 Primary Beneficiary List all primary beneficiaries for Basic Life and AD&D. Percentages must total 100% to be valid.	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy) (eg. 15/May/1967)	Relationship to Employee	Percentage %
	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy) (eg. 15/May/1967)	Relationship to Employee	Percentage %
	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy) (eg. 15/May/1967)	Relationship to Employee	Percentage %
3 Optional Life Insurance Coverage Beneficiary (if applicable) List all primary beneficiaries for Optional Life.	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy) (eg. 15/May/1967)	Relationship to Employee	Percentage %
	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy) (eg. 15/May/1967)	Relationship to Employee	Percentage %
	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy) (eg. 15/May/1967)	Relationship to Employee	Percentage %
4 Contingent Beneficiary	You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies), named above for coverage, should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). If you name more than one contingent beneficiary, then the proceeds will be split, evenly, amongst the contingent beneficiaries you choose to name. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your estate.			
	Name of contingent beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy) (eg. 15/May/1967)	Relationship to Employee	
	Name of contingent beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy) (eg. 15/May/1967)	Relationship to Employee	
5 Trustee Appointment	I appoint _____ as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).			
6 Declaration and Authorization Due to the legal significance of a beneficiary appointment this designation must be signed and dated to be valid.	I hereby revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.			
	I acknowledge that more detailed information concerning how and why Manulife Financial collects, uses and discloses my personal information is available at www.manulife.ca/planmember , or by requesting a copy from my plan sponsor.			
	Employee signature			Date signed (dd/mmm/yyyy) (eg. 15/May/1967)

FLEX HEALTH & DENTAL SELECTION EXAMPLES

We have created 4 examples of fictional employees to give you an idea of what you should consider when making your Health and Dental coverage selections. The final decision is yours. Please ensure the option you select best meets your needs.

Example #1 – Barb

Barb and her husband Al have two children: Sam, 13, and Ashley, 9. Al works for a different company and is enrolled in the benefits program there.

What should Barb think about?

- She and her children are all covered as dependents under Al's Health and Dental benefits plan.
- Her family is healthy and doesn't have high medical or dental claims.
- She knows that Sam is likely going to need braces within the year.

What does Barb choose?

Barb enrolls as Family, her true Family Status. Barb decides to choose **Health & Dental Option 2** because of Al's coverage through work. When she coordinates her benefits with her husband's plan, the family is fully covered for their medical and dental needs. The annual Health Spending Account balance of \$875 can be used for any expenses not covered by either plan including Sam's braces.

Example #2 - Gary

Gary is a single parent with two sons – Tyler, 18 and Jared, 15.

What should Gary think about?

- Both boys are dependents under Gary's plan. Tyler is planning to go to college in the fall, so will remain an eligible dependent.
- Gary has no other medical or dental coverage for his family.
- Both Gary and Tyler are seeing a physiotherapist every few weeks.
- Jared will need braces soon.

What does Gary choose?

Given their physiotherapy and other paramedical claims, Gary decides to choose **Health & Dental Option 4** for the 80% reimbursement of physiotherapy expenses (\$350 annual maximum) and Dental for 50% reimbursement coverage for Orthodontics to a maximum of \$1,700 towards Jared's braces.

Example #3 – Dave

Dave, and his wife Karen, are married with no children living at home. Karen works for a different company and is enrolled in the Benefit program there. Dave and Karen are looking forward to an early retirement and are trying to build their nest egg.

What should Dave think about?

- Karen's plan provides 100% coverage for Health but has no Drug or Dental coverage.
- They are saving towards an early retirement.

What does Dave choose?

Dave chooses **Health & Dental Option 3** for the Drug benefits as he feels his wife's coverage through the company she works for adequately covers all of their other medical needs. **Option 3** also provides 80% reimbursement of Basic Dental and 50% for Major with no Orthodontic coverage.

Example #4 – Lynn

Lynn is currently single. She and her boyfriend, Brent, have been dating for two years and have recently been talking about marriage.

What should Lynn think about?

- Lynn only needs to consider what her own claims might look like in the future. Brent is not a dependent under her plan.
- She does not have high medical claims other than a few prescriptions.
- Lynn has had minimal Dental concerns.

What does Lynn choose?

Lynn decides to choose **Health & Dental Option 2**. She feels that it provides the coverage for her needs and leaves a fair amount in her Health Spending Account. If Lynn and Brent get married, Lynn can choose new Options within 31 days of her Life Event; she would not have to wait for the next re-enrollment to change her Options.