

APPLICATION FOR PARTIAL REIMBURSEMENT OF PROVINCIAL HEALTH CARE PREMIUMS FOR ELIGIBLE RETIRED CANADA POST EMPLOYEES WHO ARE RESIDENTS OF BRITISH COLUMBIA.



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Residents of British Columbia are required to pay monthly premiums for their provincial health care coverage, known as the BC Medical Services Plan. Premiums depend on whether you have coverage for One Person, a Family of Two, or a Family of Three or more. Canada Post will reimburse eligible retired employees for 50% of the premiums they paid during the year, regardless of the level of coverage they have. Reimbursements will be made in the year following the year in which the premiums were paid.

Employees who were hired prior to November 1, 2009 are eligible for reimbursement of 50% of their annual BC premiums when they retire, as long as they meet the following criteria:

- You must be an employee hired by Canada Post **prior to November 1, 2009;**
- You must have 10 years of continuous service with CPC for CPAA or 15 years of continuous service with CPC for CUPW, APOC, PSAC, and MGT/XMT or have previously been grandfathered for post-retirement benefits with 10 years of service* on the date of retirement OR be totally disabled and approved for a disability retirement;
- You must be eligible to retire (includes disability retirement);
- You must be eligible for this benefit the day before retirement;
- You must be in receipt of a monthly pension from the Defined Benefit component of the CPC Registered Pension Plan OR have been a member of the Canada Post Group Retirement Savings Plan (RSP) for **two (2) or more years** OR have been a member of the Defined Contribution component of the CPC Registered Pension Plan for **two (2) or more years.**
- If a member of the Group RSP or Defined Contribution component of the CPC Registered Pension Plan, be within 10 years of the date on which unreduced benefits are payable to you under the Canada/Quebec Pension Plan;
- If you defer your pension, you can only defer your pension up to 5 years after your date of retirement; you will not be eligible for reimbursement of your BC premiums if you defer longer than 5 years.

Note: Employees hired on or after November 1, 2009 are not eligible for reimbursement.

* The following employees are eligible for post-retirement benefits with only 10 years of service as long as they meet all other criteria:

CUPW - employees that have 10 years of continuous service prior to January 1, 2008

MGT/XMT - Employees that have 10 years of continuous service prior to January 1, 2008

PSAC - employees that have 10 years of continuous service prior to January 1, 2009

APOC - employees that have 10 years of continuous service prior to January 1, 2010

Survivor Eligibility:

Your dependents may also be eligible for this reimbursement if you die while covered under Canada Post's post-retirement benefits plan (i.e. dependent was previously covered under CPC member's BC medial services plan). If you have Family coverage with the province when you die and you have previously been reimbursed for Family coverage, your survivors will be eligible to continue this coverage for as long as they meet the definition of spouse and/or dependent.

While you may be eligible for this reimbursement as retired employee, you must apply for the reimbursement each year - the payment is not automatic.

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For members of the Defined Benefit component of the CPC Registered Pension Plan, if you defer your pension, you will not be reimbursed for your BC provincial healthcare premiums while you are not in receipt of a pension (i.e. while your pension is deferred). You may only defer your pension for five (5) years from your date of retirement in order to be eligible for this reimbursement.

Once you start receiving your pension, you will be reimbursed only for the months that you were receiving your pension. For example, if you started your pension in August, you will then be eligible for reimbursement of your BC provincial healthcare premiums for the period August to December - the same dates that you were receiving your pension.

All applications must include one of the following as proof of payment:

1. Provincial billing or premium statement, stamped as paid; or
2. Provincial billing or premium statement with the cancelled cheque(s), or copy of the money order showing payment has been made; or
3. A bank statement or automatic teller machine receipt (ATM) showing payments made directly to the provincial plan, clearly identifying the plan, the date and the amount of the payment; or
4. In some instances the provincial health care plan may be willing to provide confirmation of the amount of premiums paid, the period of coverage and the number of people covered. This confirmation must be printed on the provincial plan letterhead.

You must apply for reimbursement of your BC provincial premiums between January 1 and June 30 the year following the year in which the premiums were paid. For example, for premiums paid in 2007, the deadline to apply for reimbursement is June 30, 2008. **Applications must be received by Canada Post by June 30 to be eligible for reimbursement.**

Note: If you miss the June 30 deadline, you will not be given another opportunity to apply for a reimbursement for the previous year at a later date.

To request reimbursement, please contact:

Access HR
2701 Riverside Drive Suite B125
OTTAWA ON K1A 0B1

1-877-807-9090

accesshr@canadapost.ca

APPLICABLE TO RETIRED CANADA POST EMPLOYEES, WHO ARE RESIDENTS OF BRITISH COLUMBIA AND WHO HAVE MET THE ELIGIBILITY REQUIREMENTS NOTED ON PAGE 1 OF THIS APPLICATION FORM.

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PLEASE NOTE THAT THIS APPLICATION MUST BE RECEIVED BY ACCESSHR BEFORE JUNE 30TH FOR PARTIAL REIMBURSEMENT PREMIUMS PAID IN THE PREVIOUS YEAR ONLY.

Applicant Information	
Are you a resident of British Columbia?	Yes No
Have you met the eligibillity requirements noted on page 1?	Yes No
Year requesting to be reimbursed:	(PREVIOUS YEAR ONLY)
How many months have you paid the premiums to the BC Medical Services plan?	Number of months:
Canada Post Employee ID#:	
RETIRED EMPLOYEE NAME:	
IF APPLYING AS SURVIVOR, NAME OF SURVIVOR:	
CURRENT MAILING ADDRESS:	
CITY, PROVINCE:	
POSTAL CODE:	
TELEPHONE:	- - ext.
OTHER:	- - ext.
Applicant's Statement:	
<p>I acknowledge that I have personally paid the provincial health care premiums for which I am seeking partial reimbursement: no one else has made these payments on my behalf. I also acknowledge that I have not made a similar application as either an employee or as a recipient of pension benefits from any other source. I apply for this partial reimbursement with the understanding that it is a taxable benefit as determined by the Canada Customs and Revenue Agency ("CCRA") and is therefore considered as income. I acknowledge that I have read the eligibility requirements noted on page 1 of this application form and agree that I have met those requirements.</p>	
Applicant's Signature:	
Date (MM/DD/YYYY):	
<i>Please send application and all pertinent documents to:</i>	<p>AccessHR 2701 Riverside Drive Suite B125 OTTAWA ON K1A 0B1</p>