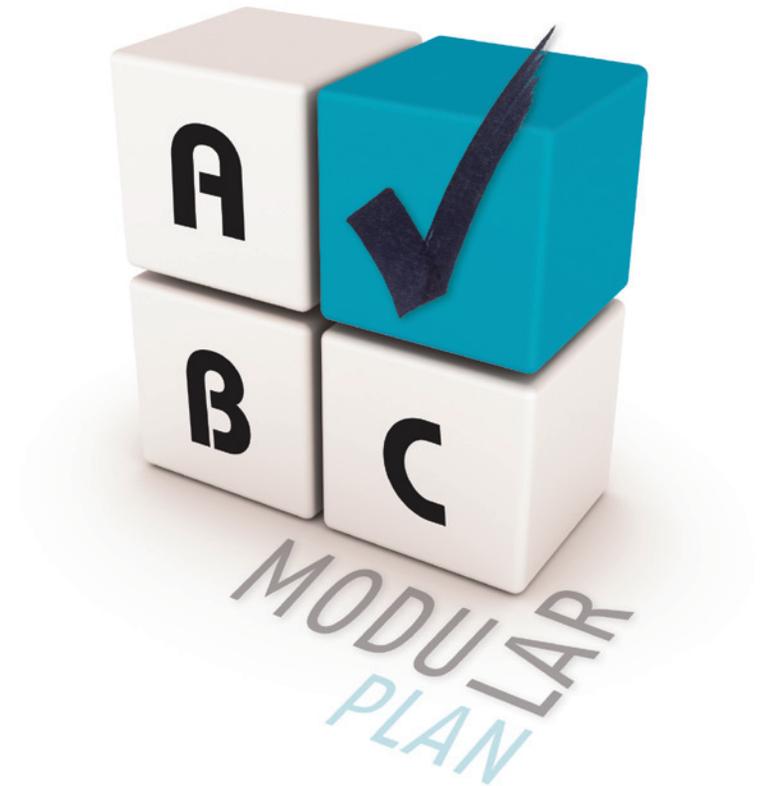


Enrolment Guide

Choose the coverage
that's **best for you!**



This guide introduces the modular group insurance plan that FNEEQ-CSN contracted with La Capitale for all members of its unions. You can obtain more information from your union as it is your union who consulted you about your group insurance choices.

This guide highlights several important points to consider to help you make wise coverage choices. You may, under certain conditions, periodically change your coverage choices based on changes to your situation.

summary

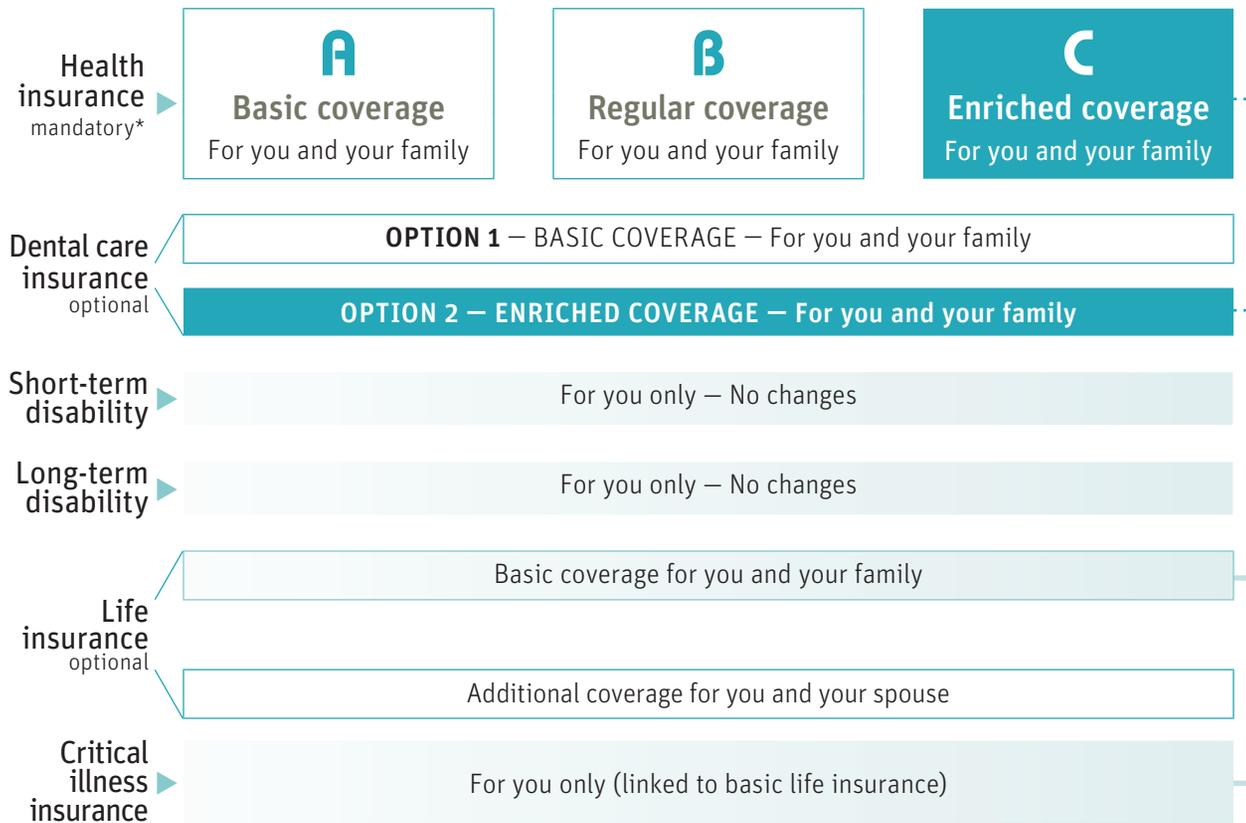
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Plan overview



* You can opt out of health insurance if you are covered under your spouse's employer's health insurance plan.

** Others don't have to make a choice; this coverage is mandatory for them if they meet certain conditions.

5 important decisions

FNEEQ-CSN's modular insurance policy lets you choose insurance coverage based on your needs. Here are the 5 decisions you need to make when you enrol in this group insurance.

- ✓ **Decision 1**
What is the health insurance module that best meets my needs and those of my family?
- ✓ **Decision 2**
As a complement to my health insurance, do I need dental care coverage and, if so, which option should I choose (option 1 or option 2)?
- ✓ **Decision 3**
*If I am a non-permanent teacher at a public CEGEP, do I need long-term disability insurance?**
- ✓ **Decision 4**
To ensure my financial security, do I need basic life insurance coverage that is offered with critical illness insurance?
- ✓ **Decision 5**
Do I need to add additional life insurance coverage (basic coverage for my spouse and children and additional coverage for me and my spouse)?

Changing your choices

Active participants can take advantage of the rules that allow them to periodically change their choices while respecting the minimum participation periods. Participants on a disability leave cannot take advantage of these rules, but are exempt from paying their insurance premiums after awaiting period. These rules contribute to preserving the financial health of the plan for the benefit of all participants.

Increasing or reducing your coverage

At least 12 months of participation to INCREASE

You may increase your health insurance coverage (from module A to B, B to C, or A to C) on the January 1 following the date on which you have accumulated at least 12 months of participation at your current level. For dental care insurance, the situation is similar. If you do not have dental care insurance, you may purchase it every January 1. Also, if you have basic coverage (option 1), you may increase it on the January 1 following a minimum participation period of 12 months at that level. Please note that in order to purchase enhanced coverage (option 2) for dental care, you must also purchase enhanced coverage (module C) for health insurance.

At least 36 months of participation to REDUCE

The plan allows you to reduce your health insurance coverage (from module B to A, C to B, or C to A) or dental care coverage (from option 2 to 1 or opt out) every January 1, if you have accumulated at least 36 months of participation at your current level. Please note that in order to move down from option 2 for dental care, you must have accumulated at least 36 months of participation at option 2 and module C for health insurance.

Life insurance and critical illness insurance

No minimum participation period applies to the basic and additional life insurance coverage (dependant life insurance – spouse and children – and additional life insurance units for the participant or the spouse). You may reduce your coverage with no conditions at any time. If you would like to increase your life insurance coverage, evidence of insurability is required. The additional coverage will take effect once the insurer has approved your request.

Eligible life events

Certain life events have a direct impact on insurance needs and justify an update of coverage choices. Those events are:

- *The acquisition of permanent status*
- *Marriage or equivalent*
- *Birth or adoption of a first child*
- *Separation or divorce*
- *Termination of the spouse's group insurance plan*
- *Spouse's death*

You have a period of 30 days from the date of the event to change your coverage. Please note that the minimum 12-month or 36-month participation rules do not apply. You are free to choose what you need, based on your new situation, as if it were an initial enrolment.

Wise coverage choices

Things to consider

To make wise choices, everyone should assess their insurance needs taking various factors into account. The following questions suggest things to consider that will help you choose an appropriate level of coverage.

For health and dental care insurance, certain fees are more foreseeable than others. You should assess your needs based on an estimate of your claims, but also based on the general state of health of the insureds, your budget, and the level of coverage that will give you peace of mind.

Health and dental care insurance Module A, B or C? Option 1 or 2?

- *In general, are your medical and dental expenses low, moderate, or high?*
- *Do you or your dependants suffer from chronic illnesses that require the use of several medications?*
- *Do you regularly see specialists for paramedical care?*
- *Are your dental care expenses mainly for routine examinations and cleanings?*
- *What expenses might you and your dependants need to incur in the near future?*
- *Are you prepared to pay more in order to receive broader coverage and peace of mind?*

Wise coverage choices — continued

Opting out of health insurance...

When a spouse is eligible for a health insurance plan with his or her employer, the law allows you to opt out of health insurance coverage from one of the two plans when you feel that it is more beneficial for you.

In fact, purchasing couple or family coverage under both plans may prove to be a relatively expensive practice. Although coordination of benefits gives you the opportunity to file claims for medical expenses under both plans, usually the claim amount needs to be high in order to compensate, on the one hand, for the cost of the premiums for both plans, and on the other, the cost assumed by the employer, which is a form of taxable income. If your claims for medical expenses are few and low, one plan for the couple or family may generally prove to be enough. Generally, it's a matter of comparing the coverage that you and your spouse each have with your respective employers and the premium amount. If your spouse's employer funds a portion of the premium, it is very likely that his or her plan is less expensive than yours.

Financial security

For life insurance, clearly the weight of your financial obligations and the scope of your assets are what you need to assess, keeping in mind the various possibilities and your overall available income.

First, you should evaluate if optional basic life insurance with critical illness insurance is an attractive option for you. If so, you may purchase additional life insurance for you and your family at competitive premium rates.

Long-term disability insurance is also a part of your financial security equation. If you are a non-permanent teacher at a public CEGEP, you should know that a benefit will be paid out if your disability began while you were under contract, whether or not you are still under contract two years later. Can you risk not having an income in the event of a long-term disability?

Financial security Life insurance coverage?

- *Do you have major financial obligations that could be compromised in the event of a major change in your state of health?*
- *Do you have a mortgage or major debts to repay?*
- *Is your spouse employed?*
- *Do you have dependant children? How much longer will they be dependant?*
- *What other sources of income could your family use to compensate for your unexpected loss of salary?*
- *What is your general state of health and that of your spouse?*