



**RETURN BIDS TO:**

**RETOURNER LES SOUMISSIONS À:**

Bid Receiving Public Works and Government  
Services Canada/Réception des soumissions/Travaux  
publics et Services gouvernementaux Canada  
Building S-111, Rm C-114

101 Menin Rd. Garrison Petawawa

Petawawa

Ontario

K8H 2X3

Bid Fax: (613) 687-6656

**SOLICITATION AMENDMENT  
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise  
indicated, all other terms and conditions of the Solicitation  
remain the same.

Ce document est par la présente révisé; sauf indication contraire,  
les modalités de l'invitation demeurent les mêmes.

**Comments - Commentaires**

Address inquiries to the Contracting Authority at  
wayne.cook@pwgsc-tpsgc.gc.ca

**Vendor/Firm Name and Address**

Raison sociale et adresse du  
fournisseur/de l'entrepreneur

**Issuing Office - Bureau de distribution**

Public Works and Government Services Canada Supply  
and Services Operation  
Petawawa Procurement  
Building S-111, Rm C-114  
101 Menin Rd. Garrison Petawawa  
Petawawa  
Ontario  
K8H 2X3

<b>Title - Sujet</b> Janitorial Services	
<b>Solicitation No. - N° de l'invitation</b> W6889-180010/A	<b>Amendment No. - N° modif.</b> 003
<b>Client Reference No. - N° de référence du client</b> W6889-180010	<b>Date</b> 2018-11-06
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$PET-906-1526	
<b>File No. - N° de dossier</b> PET-8-49003 (906)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> <b>on - le 2018-11-14</b>	
<b>Time Zone</b> <b>Fuseau horaire</b> Eastern Standard Time EST	
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input checked="" type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Cook, Wayne	<b>Buyer Id - Id de l'acheteur</b> pet906
<b>Telephone No. - N° de téléphone</b> (613) 401-0623 ( )	<b>FAX No. - N° de FAX</b> (613) 687-6656
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b> Rp Ops Det Petawawa Bldg S-111/Contracts 101 Menin Road Petawawa ON K8H 2X3	

**Instructions: See Herein**

**Instructions: Voir aux présentes**

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address</b> <b>Raison sociale et adresse du fournisseur/de l'entrepreneur</b>	
<b>Telephone No. - N° de téléphone</b> <b>Facsimile No. - N° de télécopieur</b>	
<b>Name and title of person authorized to sign on behalf of Vendor/Firm</b> <b>(type or print)</b> <b>Nom et titre de la personne autorisée à signer au nom du fournisseur/</b> <b>de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

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### **Amendment 3**

#### **Janitorial Services**

This amendment was raised to answer questions.

Note: As per Part 2 Point 2.4 of the Request For Proposal no more questions will be accepted.

#### **Questions:**

- 1 RFP Part 7, 7.18 d. For 7.18 d. the current wording is "not greater than 10%". Please clarify the actual percentage of liquidated damages.
- 2 RFP Part 7, 7.18 f. As the Contractor is responsible for additional costs under what circumstances would there be lost profit and what is the amount of profit?
- 3 Annex A, 4) a) IV) Please confirm the makes and models of paper towel, toilet paper, and hand soap dispensers.
- 4 Annex A, 4) b) i) 7. Please clarify what is considered a "larger" building.
- 5 Annex A, 7) i) ii) Please confirm whether PWGSC will be supplying interior and exterior waste bins.
- 6 Annex A, 8) h) Please confirm the financial threshold for repair or replacement of equipment that is under the contract versus what can be charged back to PWGSC.
- 7 Annex A, 9) c) iv) Please confirm whether PWGSC will be supplying the Health and Safety signage.
- 8 Annex A, 11 c) i) Please confirm whether commercial grade mats are considered Non-Routine Tasks thus requiring authorization.
- 9 Annex A, 13) c) Please provide an estimated occupancy level to help determine the number staff required to meet Task Authorizations with respect to cleaning of accommodations.
- 10 Concerning the Incumbents Bill 7 information: Can PWGSC confirm the accuracy if the Bill 7 information provided by the incumbent?
- 11 The current collective bargaining agreement expires on April 30, 2019 and therefore only covers wage increases until that date.  
  
Concerning future wage increases that will occur over the course of the contract, will PWGSC be providing proponents with a copy of the draft CBA (containing proposed wage increases) or will PWGSC be honoring wage increases that occur during the contract period as a result of the new CBA?
12. Reference the RFP/SOW on pages 68 & 69 of 83 – Table 1: Routine Janitorial Services. Pricing is requested for each functional specification (price 1-18). Item 19 asks for a lot price / year for sanitary supplies and consumables. Is item 19 an additional charge to 1-18 and the costs for 1-18 do not include cost of item 19 supplies?

13. Reference the RFP/SOW on page 69 of 83 - Table 1: Routine Janitorial Services. Same section – Item 20. In accordance with the referenced “Section 8 – Deliverables” of the RFP/SOW the contractor is to share critical management strategy information. Each deliverable in Section 8 is a task and not a supply item or a consumable; consequently, please clarify what costs are expected here?

14. Reference the RFP/SOW on page 70 of 83 – Please provide the area (size) of the item 1 (a,b,c,d) spaces requested or average sizes of these areas.

15. Reference the RFP/SOW on page 71 of 83 – Item 1 – is the cost of the financial security to be include only here or also as part of the \$/m2 reported on pages 68 & 69 of the SOW/RFP?

16. Reference the RFP/SOW on page 71 of 83 - same section – Item 2 – please provide the details of what pricing is requested here?

17. Concerning the Employee Benefit Plan Premium Cost Summary

What is the Employer's cost per employee for the Single Coverage Premium?

18. Based on the provided documents in regards to the existing collective agreement in place at CFB Petawawa with The Public Service Alliance of Canada (PSAC) local 00639 set to expire prior to the start of the contract but after the bids have been submitted and contract awarded, would Public Works and Government of Canada Services be willing to renegotiate the cost of the contract to accommodate the increase in wages or benefits cost to the vendor resulting from the terms of the new collective agreement for May 1, 2019?

19. Should there be an increase on the Legislated Minimum wage during the term of this contract, would Public Works and Government of Canada Services be willing to renegotiate the cost of the contract to accommodate the increase in wage cost to the vendor?

20. GDI Services Petawawa Collective, Letter of Understanding #1: Benefit Entitlement Please advise if it is possible to attain a copy of the Letter of Understanding #1: Benefit Entitlement referenced in Appendix B

#### **Answers:**

1. The actual percentage is anywhere from 0.1 to 10 %.

2. The loss of profit would be that the room could not be rented and if there is a differential between the cost of the replacement room I.E. the base accommodations cost \$100.00 a night and the replacement room is \$120.00 you would have to cover the \$20.00 increase.

3. DND is responsible for the capital costs to supply, install and maintain all dispensers. The vast majority of dispensers presently in use are as follows;

- a) Liquid Soap Dispenser Bobrick Model B-5050 38 UB
- b) Dispenser Hand Towel – Wood Wyant, Model 57-T950TBKWW
- c) Toilet Paper Dispenser – Wood Wyant, Twin 9 in JBT, 3.25 Core, Model R4000TBKWW

4. See General Documentation presented at the site visit, Area by Building. Example CC-128 = 13,655 m2 compared to P-49 = 105 m2.

5. DND provides interior and exterior waste collection bins.

6. There is no financial threshold. The contractor is 100% responsible for the supply, maintenance and repairs for all of their own equipment, for the duration of the contract.

7. The contractor is responsible for the provision of all safety equipment including signage.

8. Yes, see Annex A para 11 c) iv)

9. See Annex B Basis of Payment, Part II, Table 3, Item 1a and 1b Estimated usage column.

10. No, According to the Ministry of labour (Ontario) Regulation 287 only stipulates that the information must be provided. There is no audit mechanism.

11. PSPC will not tell bidders how to bid. In terms of the wage increases, the increases after expiry of the current agreement will be the responsibility of the successful contractor. Future year prices are based on escalation percentages specified by the Bidder in the RFP (table 4), the percentage escalation is where the bidder would consider their potential employee wage structure for future years.

12. Part A. Item 19 "Sanitary supplies and consumables" is an annual all-inclusive lot price for the provision of paper towel, toilet paper, liquid and bar hand soaps, and garbage bags, as necessary for all Functional Models; see Annex A 4) e) i), ii); and  
Part B. Item 1 through 18 are annual costs for the contractor to provide, all-inclusive routine janitorial services, in accordance with the contract and SOW, which include the required cleaning products/chemicals and equipment.

13. The contractor must establish their own expected cost(s) that may be necessary in order to be compliant with all items under Section 8 Deliverables, on an annual basis.

14. Typical room and suite sizes were demonstrated during the site visit. Item 1 c) and d) have been deleted from the pricing basis in a previous amendment.

15. PSPC will not tell bidders how to bid. The intent was for it to only be included once on page 71 under Item 1 but you can also spread it out over all of your pricing.

16. The contractor must establish their own expected cost(s) that may be necessary in order to initiate/implement and be compliant with all of the requirements of Section 8, one time, within 30 days of contract start-up.

17. The following is the Hourly Benefits with the employees names removed.

Rate	Avail.	Position	Work group description	Benefits Plan Name	Benefits Coverage	B/LFE	AD&D	HEA	DEN	MONTHLY BENEFITS COST (incl. tax)
\$ 14.50	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 17.25	Active	S	FULL-TIME	CFB Petawawa Hourly Supervisors	FAM	Y	Y	Y	Y	\$147.77
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18

\$ 17.25	Active	S	FULL-TIME		CFB Petawawa Hourly Supervisors	IND	Y	Y	Y	Y	\$62.29
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	\$70.44
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 14.50	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Inactive	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.50	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 17.50	Active	S	FULL-TIME		CFB Petawawa Hourly Supervisors	FAM	Y	Y	Y	Y	\$147.77
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 14.50	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	\$72.18

\$ 14.75	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 15.50	Active	HD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$70.44
\$ 14.75	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 14.50	Active	LD	FULL-TIME	Not yet eligible for benefits						
\$ 14.75	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 14.75	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.50	Active	HD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18

\$ 14.75	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.50	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.50	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 14.75	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.50	Active	LD	ON-CALL/TEMP	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 14.75	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41
\$ 14.50	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.50	Active	LD	FULL-TIME	Not yet eligible for benefits						
\$ 15.00	Active	LD	FULL-TIME	CFB Petawawa	IND	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME	CFB Petawawa	FAM	Y	Y	Y	Y	\$169.41



\$ 15.00	Inactive	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 14.50	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 17.75	Inactive	S	FULL-TIME		CFB Petawawa Hourly Supervisors	IND	Y	Y	Y	Y	Y	\$62.29
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND-EXE	Y	Y	Y	Y	Y	\$3.48
\$ 17.25	Active	S	FULL-TIME		CFB Petawawa Hourly Supervisors	FAM	Y	Y	Y	Y	Y	\$147.77
\$ 14.50	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 15.50	Active	HD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18

\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 15.50	Active	HD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 14.50	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 14.50	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	FAM-EXE	Y	Y	Y	Y	Y	\$3.48
\$ 14.50	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 14.50	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 17.50	Active	A	FULL-TIME		CFB Petawawa Hourly Supervisors	FAM	Y	Y	Y	Y	Y	\$147.77
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	Y	\$169.41
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	Y	\$169.41
\$ 14.50	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 17.50	Active	S	FULL-TIME		CFB Petawawa Hourly Supervisors	FAM	Y	Y	Y	Y	Y	\$147.77

\$ 15.50	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	Y	\$169.41
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	Y	\$169.41
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	Y	\$169.41
\$ 15.50	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	Y	\$169.41
\$ 15.50	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y	Y	\$169.41
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y	Y	\$72.18
\$ 17.25	Active	S	FULL-TIME		CFB Petawawa Hourly Supervisors	IND	Y	Y	Y	Y	Y	\$62.29

\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y		\$72.18
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y		\$72.18
\$ 17.25	Active	S	FULL-TIME		CFB Petawawa Hourly Supervisors	FAM-EXE	Y	Y				\$2.56
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y		\$72.18
\$ 14.75	Inactive	LD	FULL-TIME		No benefits coverage							
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	FAM	Y	Y	Y	Y		\$169.41
\$ 14.75	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y		\$72.18
\$ 14.50	Active	LD	FULL-TIME		CFB Petawawa	IND	Y	Y	Y	Y		\$72.18
\$ 15.00	Active	LD	FULL-TIME		CFB Petawawa	FAM-EXE	Y	Y				\$3.48

18. No, Canada will not be renegotiating these rates. Also see question 11 and the corresponding answer.

19. No, Canada will not be renegotiating these rates.

20. The letter of Understanding is on the bottom of page 37 and the top of page 38 in the collective agreement which was provided at the site visit. Please note the Insurance Company is now Manulife. Standard Life Assurance Company was acquired by Manulife. The coverage & limits remain the same. Attached are the Benefits booklets in English only. There is no translated copies.

# **GDI Services (Canada) L.P.**

**Plan Document Number:** G0632920

**Group Policy Number:** G0632922

**Plan AE:** CFB Petawawa Hourly Supervisors

**Employee Name:** \_\_\_\_\_

**Certificate Number:** \_\_\_\_\_

## **Welcome to Your Group Benefit Program**

**Plan Document Effective Date:** June 1, 2016

**Group Policy Effective Date:** June 1, 2016

This Benefit Booklet has been specifically designed with your needs in mind, providing easy access to the information you need about the benefits to which you are entitled.

Group Benefits are important, not only for the financial assistance they provide, but for the security they provide for you and your family, especially in case of unforeseen needs.

Your employer can answer any questions you may have about your benefits, or how to submit a claim.

This booklet produced: March 14, 2017

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This Benefit Summary provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

### **Employee Life Insurance**

**The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.**

**Benefit Amount** - \$10,000

**Termination Age** - your benefit amount terminates upon age 70 or retirement, whichever is earlier

### **Employee Optional Life Insurance**

**The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.**

**Benefit Amount** - increments of \$10,000, to a maximum of \$250,000

**Termination Age** - your benefit amount terminates at age 65 or retirement, whichever is earlier

### **Dependent Optional Life Insurance**

**The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.**

**Benefit Amount**

- Spouse - increments of \$10,000 to a maximum of \$250,000

**Termination Age** - employee's or spouse's age 65 or retirement, whichever is earlier

### **Accidental Death and Dismemberment**

**The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0632922.**

**Benefit Amount** - \$10,000

**Termination Age** - your benefit amount terminates upon age 70 or retirement, whichever is earlier

## **Benefit Summary**

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### **Extended Health Care**

#### ***The Benefit***

**Overall Benefit Maximum** - Unlimited

**Deductible** - \$50 Individual, \$100 Family, per calendar year(s)

Not applicable to:

- Drugs
- Medical Services and Supplies (Ambulance, Dental Accident)
- Out-of-Province/Canada Emergency Medical Treatment
- Out-of-Canada – Referrals

**Note:** *The deductible is not applicable to Emergency Travel Assistance.*

**Drug Dispensing Fee Maximum** - \$10.00 per prescription

#### **Benefit Percentage (Co-insurance)**

80% for

- Hospital Care
- Drugs (Provincial Formulary)
- Vision
- Professional Services
- Medical Services and Supplies

50% for

- Drugs (ManuScript Generic Drug Plan 2)

#### **Note:**

*The Benefit Percentage for Out-of-Canada Emergency Medical Treatment is 100%.*

*The Benefit Percentage for Referral outside Canada for Medical Treatment Available in Canada is 100%.*

*The Benefit Percentage for Emergency Travel Assistance is 100%.*

**Termination Age** - employee's age 70 or retirement, whichever is earlier

#### ***Provincial Drug Plan 1***

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- charges for any drug which is included as a benefit in the current Provincial Formulary in which the covered person resides
- oral contraceptives
- preventive vaccines and medicines (oral or injected)
- sclerotherapy

*Charges for the following expenses are not covered:*

- the administration of injectable medications
- drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis



## **Benefit Summary**

- drugs determined to be ineligible as a result of due diligence
- fertility drugs
- anti-smoking drugs
- anti-obesity drugs
- drugs used in the treatment of a sexual dysfunction
- intrauterine devices and diaphragms

### **- Drug Maximums**

Sclerotherapy - up to \$20 per visit

All other covered drug expenses - Unlimited

### **Diabetic Supplies**

The cost of standard syringes, needles and diagnostic aids, required for the treatment of diabetes, including charges for cotton swabs, insulins and rubbing alcohol (automatic jet injectors and similar equipment are not covered).

### **- Payment of Covered Expenses**

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.

Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.

If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.

### **- No Substitution Prescriptions**

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

### **- Payment of Drug Claims**

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

## **Benefit Summary**

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The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

### ***ManuScript Generic Drug Plan 2 - Prescription Drugs***

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist
- oral contraceptives
- injectable medications (charges made by a practitioner or physician to administer injectable medications are not covered)
- life-sustaining drugs
- standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)
- sclerotherapy

*Charges for the following expenses are not covered:*

- drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis
- drugs determined to be ineligible as a result of due diligence
- fertility drugs
- anti-smoking drugs
- anti-obesity drugs
- drugs used in the treatment of a sexual dysfunction
- preventive vaccines and medicines (oral or injected)
- intrauterine devices and diaphragms

## **Benefit Summary**

### **- Drug Maximums**

Sclerotherapy - \$20 per visit

All other covered drug expenses - Unlimited

### **- Payment of Covered Expenses**

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.

Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.

If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.

### **- No Substitution Prescriptions**

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

### **- Payment of Drug Claims**

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a) present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b) pay any amounts that are not covered under this benefit.

## **Benefit Summary**

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You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

### ***Vision Care***

- eye exams, to a maximum of \$50 per 12 consecutive months for persons under age 18 and \$50 per 24 consecutive months for persons age 18 and over

### ***Professional Services***

Services provided by the following licensed practitioners:

- Chiropractor - \$300 per calendar year
- Osteopath - \$300 per calendar year
- Podiatrist/Chiropodist - \$300 per calendar year
- Massage Therapist - \$500 per calendar year combined for acupuncturist and massage therapist
- Naturopath - \$300 per calendar year
- Speech Therapist - \$300 per calendar year
- Physiotherapist - \$300 per calendar year
- Psychologist - \$300 per calendar year combined for psychologist and social worker
- Acupuncturist - \$500 per calendar year combined for acupuncturist and massage therapist
- Christian Science Practitioner - \$300 per calendar year
- Social Worker - \$300 per calendar year combined for psychologist and social worker

### **Dental Care**

#### ***The Benefit***

**Deductible** - \$50 Individual, \$100 Family, per calendar year(s)

**Dental Fee Guide** - Fee Guide for General Practitioners which was in effect 1 year(s) prior to the current Fee Guide for the Province in which the services are rendered

#### **Benefit Percentage (Co-insurance)**

80% for Level I - Basic Services

50% for Level II - Supplementary Basic Services

#### **Benefit Maximums**

\$1,000 per calendar year combined for Level I and Level II

**Termination Age** - employee's age 70 or retirement, whichever is earlier



## **Who Qualifies for Coverage?**

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### ***Eligibility***

You are eligible for Group Benefits if you:

- are a full-time employee of GDI Services (Canada) L.P. and work at least the Required Number of Hours,
- are a member of an eligible class,
- are younger than the Termination Age,
- are residing in Canada, and
- have completed the Waiting Period.

The Termination Age and Waiting Period may vary from benefit to benefit. For this information, please refer to each benefit in the section entitled Your Group Benefits.

Your dependents are eligible for coverage on the date you become eligible or the date you first acquire a dependent, whichever is later. You must apply for coverage for yourself in order for your dependents to be eligible.

### ***Required Number of Hours***

Full-time employee - 25 hour(s) per week

### ***Medical Evidence***

Medical evidence is required for all benefits, except Dental, when you make a Late Application for coverage on any person. Medical evidence is required when you apply for coverage in excess of the Non-Evidence Limit.

### ***Late Application***

An application is considered late when you:

- apply for coverage on any person after having been eligible for more than 31 days, or
- re-apply for coverage on any person whose coverage had earlier been cancelled.

If you apply for benefits that were previously waived because you were covered for similar benefits under your spouse's plan, your application is considered late when you:

- apply for benefits more than 31 days after the date benefits terminated under your spouse's plan, or
- apply for benefits, and benefits under your spouse's plan have not terminated.

Medical evidence can be submitted by completing the Evidence of Insurability form, available from your employer. Further medical evidence may be requested by Manulife Financial.

### ***Late Dental Application***

If you apply for coverage for Dental for yourself or your dependents late, the benefit will be limited to \$125 for each covered person for the first 12 months of coverage.





# GDI Services (Canada) L.P.

Plan Document Number: G0632920

Group Policy Number: G0632922

Plan M - CFB Petawawa

Employee Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

## Welcome to Your Group Benefit Program

Plan Document Effective Date: June 1, 2016

Group Policy Effective Date: June 1, 2016

This Benefit Booklet has been specifically designed with your needs in mind, providing easy access to the information you need about the benefits to which you are entitled.

Group Benefits are important, not only for the financial assistance they provide, but for the security they provide for you and your family, especially in case of unforeseen needs.

Your employer can answer any questions you may have about your benefits, or how to submit a claim.

This booklet produced: October 21, 2016

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## Benefit Summary

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This Benefit Summary provides information about the specific benefits supplied by Manulife Financial that are part of your Group Plan.

**This version of the Benefit Summary produced:** October 21, 2016

### Employee Life Insurance

**The Employee Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.**

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#### Benefit Amount

\$10,000

#### Benefit Reduction

On attainment of age 65, your benefit amount is reduced by 50% of the amount in effect immediately prior to age 65

#### Termination Age

Your benefit amount terminates at age 70 or retirement, whichever is earlier.

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### Employee Optional Life Insurance

**The Employee Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.**

#### Benefit Amount

increments of \$10,000, to a maximum of \$250,000 (minimum of \$10,000)

#### Termination Age

Your benefit amount terminates at age 65 or retirement, whichever is earlier.

### Dependent Optional Life Insurance

**The Dependent Optional Life Insurance Benefit is insured under Manulife Financial's Policy G0632922.**

#### Benefit Amount

Spouse: increments of \$10,000, to a maximum of \$250,000

#### Termination Age

Spouse: employee's or spouse's age 65 or employee's retirement, whichever is earlier

## Benefit Summary

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### Accidental Death and Dismemberment

The Accidental Death and Dismemberment Benefit is insured under Manulife Financial's Policy G0632922.

#### Benefit Amount

\$10,000

#### Benefit Reduction

On attainment of age 65, your benefit amount is reduced by 50% of the amount in effect immediately prior to age 65

#### Termination Age

Your benefit amount terminates at age 70 or retirement, whichever is earlier.

### Extended Health Care

#### *The Benefit*

#### Overall Benefit Maximum

Unlimited

#### Deductible

Nil

#### Benefit Percentage (Co-insurance)

100% for

- Vision
- Medical Services and Supplies (Custom-Made Orthopaedic Shoes, Custom-Made Orthotics, Stock-Item Orthopaedic Shoes)
- Out of Province/Out of Canada
- Out of Canada Referral
- Emergency Travel Assistance

80% for

- Hospital Care
- Drugs
- Professional Services
- Medical Services and Supplies (Ambulance, Dental Accident, Hearing Aids, Private Duty Nursing, Surgical Brassieres, Surgical Stockings, Wigs and Hairpieces)

#### Termination Age

employee's age 70 or retirement, whichever is earlier

## Benefit Summary

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### ***ManuScript Generic Drug Plan 2 - Prescription Drugs***

Charges incurred for the following expenses are payable when prescribed in writing by a physician or dentist and dispensed by a licensed pharmacist.

- drugs for the treatment of a sickness or injury, which by law or convention require the written prescription of a physician or dentist
- oral contraceptives
- injectable medications
- life-sustaining drugs
- standard syringes, needles and diagnostic aids, required for the treatment of diabetes (charges for cotton swabs, rubbing alcohol, automatic jet injectors and similar equipment are not covered)
- sclerotherapy

*Charges for the following expenses are not covered:*

- fertility drugs
- anti-smoking drugs
- anti-obesity drugs
- drugs used in the treatment of a sexual dysfunction
- preventive vaccines and medicines (oral or injected)
- intrauterine devices and diaphragms
- the administration of injectable medications
- drugs, biologicals and related preparations which are administered in hospital on an in-patient or out-patient basis
- drugs determined to be ineligible as a result of due diligence

### **- Drug Maximums**

Sclerotherapy - up to \$20 per visit

All other covered drug expenses - Unlimited



## Benefit Summary

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### **- Payment of Covered Expenses**

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

Covered expenses for any prescribed drug will not exceed the price of the lower cost alternative drug that can legally be used to fill the prescription, as listed in the Provincial Drug Benefit Formulary or a lower cost alternative that provides therapeutically similar results as identified by Manulife Financial.

Manulife Financial can limit the covered expense for any drug to that of a lower cost interchangeable drug at the time the drug is purchased.

If there is no lower cost alternative drug for the prescribed drug, the amount payable is based on the cost of the prescribed drug.

### **- No Substitution Prescriptions**

If your prescription contains a written direction from your physician or dentist that the prescribed drug is not to be substituted with another product and the drug is a covered expense under this benefit, the full cost of the prescribed product is covered.

When you have a "no substitution prescription", please ask your pharmacist to indicate this information on your receipt, when you pay for the prescription. This will help to ensure that your expenses will be reimbursed appropriately when your claim is submitted to Manulife Financial for payment.

Payment of your covered drug expenses will be subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for drugs and any maximum.

### **- Payment of Drug Claims**

Your Pay Direct Drug Card provides your pharmacist with immediate confirmation of covered drug expenses. This means that when you present your Pay Direct Drug Card to your pharmacist at the time of purchase, you and your eligible dependents will not incur out-of-pocket expenses for the full cost of the prescription.

The Pay Direct Drug Card is honoured by participating pharmacists displaying the appropriate Pay Direct Drug decal.

To fill a prescription for covered drug expenses:

- a. present your Pay Direct Drug Card to the pharmacist at the time of purchase, and
- b. pay any amounts that are not covered under this benefit.

You will be required to pay the full cost of the prescription at time of purchase if:

- you cannot locate a participating Pay Direct Drug pharmacy
- you do not have your Pay Direct Drug Card with you at that time
- the prescription is not payable through the Pay Direct Drug Card system

For details on how to receive reimbursement after paying the full cost of the prescription, please see your Plan Administrator.

### ***Specialty Drug Care***

The Specialty Drug Care program includes a preferred pharmacy network, pharmacy services, preferred pricing and case management services for Specialty Drugs. Specialty Drugs, as determined by Manulife Financial, are high cost medications used to treat complex chronic and life-threatening conditions; they may require special storage, handling and administration (including injection and infusion), and involve a significant degree of patient education, monitoring and management. The services described below are applicable to covered persons who enroll in this program.

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#### **- Case Management**

Case management services may include but are not limited to:

- program introduction;
- arrangement for medication dispensing and distribution;
- disease and medication education;
- therapy optimization;
- coordination of efficacy tests to ensure therapy is working;
- health coaching in 4 areas: nutrition, physical activity, smoking cessation and stress;
- assistance locating and in applying for alternative sources of funding, which may include patient assistance programs or provincial funding;
- coordination and transfer of prescriptions to the network pharmacy;
- medication adherence monitoring; and
- support with side effect management.

The amount of health case management services will vary depending on the diagnosis, Drug, and recommended treatment plan.

#### **- Specialty Drug Care Pharmacy Services**

Specialty Drug Care pharmacy services include:

- Preferred pricing;
- Specialty medication management and expertise;
- Drug delivery to the location of choice – home, infusion clinic, or doctor's office;
- Access to a 24/7 pharmacist hotline for consultation;
- Expertise in cold chain (temperature sensitive) drug management and shipping; and
- Expertise in managing infusions, injections, education and high touch oncology and biologic medication management.

Due to current regulations in Quebec, Manulife Financial is unable to offer a preferred provider network in this province. At such time as the regulations change, Manulife Financial will make these services available.

## Benefit Summary

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### **- Payment of Specialty Drugs**

Where a Drug has been determined to be eligible under the Plan, and where other Drugs will provide therapeutically similar results, the program will provide and reimburse the Lower Cost Alternative Drug. In cases where the Physician provides medical evidence that the alternate Drug cannot be tolerated, or is ineffective for the patient, the prescribed Drug will be eligible for consideration.

The amount payable is subject to any Drug Deductible, any Drug Dispensing Fee Maximum, the Benefit Percentage for Drugs and any maximum, as shown in the Benefit Schedule.

Manulife may require the covered person to apply to and participate in any patient assistance program to which the covered person is entitled. Manulife will co-ordinate benefits payable under this Plan with any benefits payable through a patient assistance program.

### ***Vision Care***

- eye exams, to a maximum of 1 exam(s) per 24 consecutive month(s)
- purchase and fitting of prescription glasses or elective contact lenses, as well as repairs, or elective laser vision correction procedures, to a maximum of \$150 per 24 consecutive month(s)

### ***Professional Services***

Services provided by the following licensed practitioners:

- Acupuncturist: \$300 per calendar year(s)
- Chiropractor: \$300 per calendar year(s)
- Christian Science Practitioner: \$300 per calendar year(s)
- Massage Therapist: \$300 per calendar year(s)
- Naturopath: \$300 per calendar year(s)
- Osteopath: \$300 per calendar year(s)
- Physiotherapist: \$300 per calendar year(s)
- Podiatrist/Chiropodist: \$300 per calendar year(s)
- Psychologist: \$600 per calendar year(s) combined for services of a(n) psychologist, social worker
- Social Worker: \$600 per calendar year(s) combined for services of a(n) psychologist, social worker
- Speech Therapist: \$300 per calendar year(s)



### **Dental Care**

#### ***The Benefit***

##### **Deductible**

\$50 Individual, \$100 Family, per calendar year(s)

##### **Dental Fee Guide**

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Fee Guide for General Practitioners which was in effect 1 year(s) prior to the current Fee Guide for the Province in which the services are rendered

If the services are rendered in Alberta, the current Fee Guide is considered to be the 1997 Alberta Dental Association Fee Guide for General Practitioners plus inflationary adjustment as determined by Manulife Financial.

##### **Benefit Percentage (Co-insurance)**

80% for Level I - Basic Services

50% for Level II - Supplementary Basic Services

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##### **Benefit Maximums**

\$1,000 per calendar year(s) combined for Level I and Level II

##### **Termination Age**

employee's age 65 or retirement, whichever is earlier



Solicitation No. - N° de l'invitation  
W6889-180010/A  
Client Ref. No. - N° de réf. du client  
W6889-180010

Amd. No. - N° de la modif.  
003  
File No. - N° du dossier  
PET-8-49003

Buyer ID - Id de l'acheteur  
PET906  
CCC No./N° CCC - FMS No./N° VME

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**All other terms and conditions of this Request For Proposal remain unchanged.**