Support Staff Group (Actives & Grandparented Early Retirees) 50834

Benefit		<u>Current Premium</u> <u>Rate</u>	New Premium Rate Effective Feb 1/18
Basic Life		\$0.14 per \$1,000	\$0.15 per \$1,000
Accidental Death & Dismemberme	nt	\$0.02 per \$1,000	\$0.02 per \$1,000
Supplemental Life Insurance		\$0.11 per \$1,000	\$0.11 per \$1,000
Dependent Life Insurance		\$3.10 per unit	\$3.10 per unit
Spousal Supplemental Life		\$0.22 per \$1,000	\$0.20 per \$1,000
Employee Optional Life Insurance	35-39yr 40-44yr 45-49yr 50-54yr 55-59yr	\$0.057 per \$1,000 \$0.079 per \$1,000 \$0.109 per \$1,000 \$0.164 per \$1,000 \$0.285 per \$1,000 \$0.562 per \$1,000 \$0.895 per \$1,000	\$0.057 per \$1,000 \$0.079 per \$1,000 \$0.109 per \$1,000 \$0.164 per \$1,000 \$0.285 per \$1,000 \$0.562 per \$1,000 \$0.895 per \$1,000
Extended Health Care	_	\$84.45 \$186.86	\$97.96 \$216.76
Vision Care	_	\$11.10 \$28.30	\$11.10 \$28.30
Hearing Care		\$0.72 \$1.97	\$0.72 \$1.97
Dental Care		\$43.34 \$123.59	\$48.97 \$139.66
Long Term Disability (Benefit not available to Early Retirees)	\$3.77	per \$100*	\$3.77 per \$100*

^{*}Note: Insurable earnings under the LTD plan are the employee's regular earnings based on the hourly rates shown in Appendix E of the Collective Agreement <u>and includes</u> the Special Allowance when applicable.