



Power to Deal with a Third Party on Behalf of an Incapacitated Member Policy

August 2024

www.cupe-ewbt.ca

CUPE Education Workers' Benefits Trust

La Fiducie d'avantages sociaux des travailleuses et des travailleurs de l'éducation du SCFP

Introduction

The CUPE Education Workers' Benefits Trust ("EWBT") is an employee life and health trust providing life, health and dental benefits to eligible CUPE members.

The purpose of this policy is to establish the guiding principles with respect to communications with third parties and instructions from third parties in respect of incapacitated members of the CUPE EWBT ("Member" or "Members"). This policy applies to incapacitated Members who have an entitlement from the CUPE EWBT Plan. The procedures set out in this Policy shall be followed unless the Trustees determine, on the recommendation of the Managing Director, that they should be altered or waived in any circumstance.

Capitalized terms used but not defined herein shall have the meanings assigned to them in the Trust Agreement.

Definitions

"Member" means a Participating Employee and insured, who is covered by an entitled to Benefits under the CUPE EWBT.

"Incapable" means mentally incapable, and "incapacitated" has a corresponding meaning.

Incapacitated Members

The Trustees adopt the following with respect to communications with a third party related to an incapacitated Member:

- a) To communicate with a third party regarding an incapacitated Member, the Trust will require:
 - i. A prior written authorization signed by the Member in the form attached to this Policy;
 - ii. A valid Power of Attorney authorizing the third party to communicate on the Member's behalf; or
 - iii. Any other court order or legal instrument that authorizes the third party to act on behalf of the incapacitated Member.
- b) To receive and act upon instructions from the third party regarding an incapacitated Member, the Trust will require a valid Power of Attorney, or such other court order or legal instrument which authorizes the third party to act on behalf of the incapacitated Member.

Authorization

Board of Trustees of CUPE Education Workers' Benefits Trust

I, _____ hereby direct and authorize employees of the Board of Trustees of the CUPE Education Workers' Benefits, ("CUPE EWBT") to communicate with _____, any and all information concerning my eligibility and coverage for:

- a) Health and dental benefits under Canada Life Group Policy 50210;
- b) Life insurance and global medical assistance under Canada Life Group Policy 172510;
- c) Optional life insurance under Canada Life Group Policy 172511.

I also authorize the CUPE EWBT to receive from _____ and send to _____ where necessary, copies of any and all documentation regarding my coverage noted above.

I acknowledge further that my above-noted direction and authorization may be construed as my full and valid consent to the use or disclosure of "personal information" and "personal health information" within the meaning of the Personal Information Protection and Electronic Documents Act, S.C. 2000 c.5, until such time as my consent to the CUPE EWBT is withdrawn in writing.

Name:

Signature: _____

Date: _____