

SCHEDULE "C"

COMPULSORY BENEFIT	DESCRIPTION	WAITING PERIOD		PREMIUM PAYMENT	
		CONTRACT EMPLOYEE	FULL TIME EMPLOYEE	EMPLOYER	EMPLOYEE
GROUP LIFE INSURANCE	2x annual earnings to a maximum of \$250,000	6 MONTHS	IMMEDIATE	100	
ACCIDENTAL DEATH AND DISMEMBERMENT	Matches life benefit	6 MONTHS	IMMEDIATE	100	
LONG TERM DISABILITY	60% of earnings to a maximum of \$5000.00/month	6 MONTHS	3 MONTHS		100
EMPLOYEE ASSISTANCE PROGRAM		IMMEDIATE	IMMEDIATE	100	

VOLUNTARY BENEFIT	DESCRIPTION	WAITING PERIOD		PREMIUM PAYMENT	
		CONTRACT EMPLOYEE	FULL TIME EMPLOYEE	EMPLOYER	EMPLOYEE
EXTENDED HEALTH CARE	Prescription drugs; semi-private hospital care	IMMEDIATE	IMMEDIATE	80	20
VISION CARE	\$400/24 months, including eye examination	IMMEDIATE	IMMEDIATE	100	
DENTAL COVERAGE	Basic Dental Services at current ODA rates	IMMEDIATE	IMMEDIATE	100	
VOLUNTARY ACCIDENT	Available through payroll deductions in units of \$25,000 to a maximum of \$250,000	6 MONTHS	IMMEDIATE		100
VOLUNTARY LIFE	Available through payroll deductions in units of \$10,000 to a maximum of \$250,000 (subject to approval by insurance company)	6 MONTHS	IMMEDIATE		100

Please refer to the employee benefit handbook for further explanation of available coverage. Any coverage disputes will be resolved by way of the benefit handbook.