



Boilermakers' National Benefit Plans (Canada)

Summary of Benefits for Temporary Foreign Workers

January 2016

Temporary Foreign Workers (TFWs) are provided benefits under the Boilermakers' National Pension Plan (Canada) as follows:

1. TFWs earn benefits in the Pension Plan at the same rate as Canadian Plan members as per the collective agreement. Contributions are remitted monthly to a defined contribution (DC) benefit managed by Manulife Financial.
2. TFWs' contributions are deposited to the DC account in the TFW's name. TFWs will receive periodic statements from Manulife Financial and the Plan showing the activity in their DC account.
3. TFWs may select the type of investment for their contributions. If no selection is made the contributions are automatically deposited to a balanced fund in the TFW's name. TFWs can change their investment options at any time.
4. TFWs may withdraw the contributions made to the DC account and net investment income once they have ceased employment for a minimum of 30 days. DC accounts must be closed and all funds withdrawn by December 1st of the year the TFW turns age 71.

Temporary Foreign Workers (TFWs) are provided benefits under the Boilermakers' National Health and Welfare Plan (Canada) as follows:

1. Health and Welfare contributions remitted for the TFW are deposited to a Health Care Spending Account (HCSA) in the TFW's name.
2. The TFW may use the money in the HCSA to pay for a variety of health care expenses such as: hospital, vision care, dental, drugs, hearing aids. Expenses may be incurred in Canada or the TFW's home country.
3. The maximum amount that can be retained in the HCSA at any time is CAD \$4,500. Contributions earned in one year must be used by the end of the second year or they are forfeited (this is a requirement of the *Income Tax Act*, Canada). For example, if contributions of CAD \$3,600 are earned in 2015, CAD \$3,600 must be used for health care expenses by December 2017.
4. TFWs may file claims with the Benefit Administration Office or on-line by using their electronic Benefit Card.

All Temporary Foreign Workers (TFW) are required to complete the Plans' Enrollment Form and submit it to the Benefit Administration Office. The Enrollment Form is attached. The Plans need the Enrollment Form to identify the worker, communicate with the worker for the purposes of recordkeeping, accepting claims and regulatory compliance.

TFWs have a dedicated section on the Plan's website where further information can be found, including Frequently Asked Questions.

For more information please contact the Boilermakers' National Benefit Plans (Canada) Benefit Administration Office:

45 McIntosh Drive, Markham, Ontario, Canada L3R 8C7

Phone: **1-800-668-7547** | Fax: **1-905-946-2535** | Email: **questions@boilermakersbenefits.ca**.

Web: **www.boilermakersbenefits.ca**



BOILERMAKERS' NATIONAL BENEFIT FUNDS (CANADA)

Administration Office
45 McIntosh Drive, Markham, Ontario L3R 8C7

Boilermakers' National Pension Fund (Canada) Plan Registration Number 0366708 and Boilermakers' National Health and Welfare Fund (Canada)

TEMPORARY FOREIGN WORKERS

**IMPORTANT: THIS ENROLLS YOU IN THE BOILERMAKERS' NATIONAL BENEFIT PLANS (CANADA)
TEMPORARY FOREIGN TRAINED WORKER BENEFITS AND PENSION ENROLLMENT**

Return this Form by Fax (00-1-905-946-2535), or email: questions@boilermakersbenefits.ca

Note: The purpose of this form is to inform the Plans about a Temporary Foreign Trained Worker who is employed by an Employer which remits to the Plans. The Plans will use this document to determine benefits for the Temporary Foreign Trained Worker. The completion of this form helps to ensure that the Pension Plan receives the information necessary to provide benefits under the *Employment Pension Plans Act*, Alberta or other applicable legislation.

TEMPORARY FOREIGN WORKER BASIC INFORMATION (PLEASE PRINT)

Your Name:			
Temporary Canadian Social Insurance Number (This is also the number which Employer will use to report Contributions to the Plans paid on your behalf)			
Boilermakers' Union Registration Number			
Your HOME Address (out of Canada) (provide full address, city/town, county, Country)			
Your Email address:			
Your Date of Birth:	Month	Day	Year
Your Marital / Family Status: (Single, Married, Common Law, Separated, Divorced, Widowed)			
Name of Spouse (if applicable)			
Employer's Name			
Employment Date(s) with Employer (First date of employment)	Month	Day	Year
I agree to have my pension account invested in the daily interest savings account. I understand that I can change this option later by completing the necessary forms.	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Date this Form was completed	Month	Day	Year
Name of person who completed this Form			

Your signature

Date

PRIVACY STATEMENT: THE PLANS WILL COLLECT, MAINTAIN AND COMMUNICATE ONLY THE PERSONAL INFORMATION CONSIDERED NECESSARY FOR THE ADMINISTRATION OF THE PLANS. PERSONAL INFORMATION WILL BE PROTECTED PURSUANT TO THE RELEVANT LEGISLATION. THE PLANS MAY USE AND EXCHANGE INFORMATION WITH RELEVANT PERSONS OR ORGANIZATIONS (INSTITUTIONS, INVESTIGATIVE AGENCIES, THE UNION, TRUSTEES, INSURERS, RE-INSURERS, AUDITORS, REGULATORS) IN ORDER TO MANAGE THE PLANS AND ENTITLEMENT TO THE BENEFITS OF THE PLANS. QUESTIONS RELATED TO THE PRIVACY POLICY SHOULD BE DIRECTED TO THE PLANS' ADMINISTRATION OFFICE.