

Contact information

- Manulife Customer Service Centre 8 a.m. to 8 p.m. 1-800-268-6195.
- Manulife Plan Member Site www.manulife.ca/groupbenefits.
- Employee and Family Assistance Program 1-800-572-0039.
- The Personal Home and Auto Insurance 1-888-597-3673 or www.thepersonal.com.
- Human Resources and Pension Office worksite visits – details, dates and locations of worksite visits will be available via TTC-TV.



The HR newsletter

It's To Your Benefit

Change in compression/surgical stockings claims administration effective Jan. 1, 2016

Effective Jan. 1, 2016 employees will be required to provide additional information to Manulife Financial when submitting claims for compression/surgical stockings. To be eligible under the Benefit Plan, compression/surgical stockings must be medically necessary. The additional information will ensure that only eligible claims are paid by our group benefit plan. More information will be released in an Employee Benefit Bulletin posted on the Manulife Plan Member site in December. The following is a summary of the information that will need to accompany a completed and signed Extended Health Care Claim Form and paid invoice for compression/surgical stockings:

From the supplier

- Make, model and style of the stockings (knee high, full length).
- Confirmation if the stockings are custom-made or off-the-shelf.
- Gradient factor (compression factor at a minimum level of 20mmHg).
- Confirmation of Provincial Plan Funding, if applicable.

From the physician/specialist

- Referral including the diagnosis necessitating the stockings.
- Description of the activities the stockings will be used for.

In addition, reimbursement for compression/surgical stockings will be limited to reasonable and customary allowable limits established by Manulife Financial. As a result of these changes, obtaining a pre-determination of benefits is recommended by submitting the information requested above, along with the proposed costs or estimate, to Manulife Financial prior to making any purchase. Manulife will use this information to determine if the claim is eligible, and if so, the amount you will be entitled to receive in advance of payment.

Group Life Insurance beneficiary designation

Your Group Life Insurance Beneficiary Card (GLIBC) is an important record and it is vital that you routinely review and update all of your beneficiary designations. Your beneficiary is the person, or persons, who you decide will receive any benefits payable from your Group Life Insurance after your death.

The Human Resources Department encourages all employees enrolled in Group Life Insurance plans to make sure their beneficiary information is current. This is especially important when you have a major change in your personal circumstances (i.e. marriage, divorce, birth of a child, adoption or death of a spouse or other close relative). We recently mailed your personal Compensation and Benefit Statement to your home. This statement shows who is listed as your current beneficiary(ies).

Should you need to update your Group Life beneficiary, the cards are available at all work locations, and must be signed and dated (it's not valid unless signed). Original completed cards must be returned to the Human Resources Department, Benefit Services, Hillcrest, Attention: Benefit Specialist. Keep a copy for your records. If you haven't completed a GLIBC, your Group Life Insurance benefits will be paid to your estate and could be subject to probate and unnecessary taxation.

Please note that designating a beneficiary for your TTC Group Life Insurance is different from designating a beneficiary for your TTC pension.

A will is another very important document that must be given serious consideration. A will allows you to:

- Exercise control over the distribution of your assets.
- Express your wishes for guardianship and care of your under-age children.
- Reduce your tax liabilities after your death.

For more information about powers of attorney, living wills and qualified lawyers, please visit www.attorneygeneral.jus.gov.on.ca.



Student status reminder for child over age 21 attending school

Children turning age 21

Every month, Benefit Services staff issue letters to all employees who have a child who will soon be turning age 21. The letter is to request confirmation that their child is still enrolled in school on a full-time basis. If you receive this letter, and your child is still attending school on a full-time basis, please ensure you return the reply confirmation in a timely manner so that your child's benefit coverage is not affected. Confirmation must be returned to: Finance Department, Payroll and Benefit Accounting, McBrien Building.

Annual student campaign for children between ages 21 and 25

Every July/August, employees who have a child who is between the ages of 21 and 25 will receive a letter requesting reply confirmation that the child will be attending school on a full-time basis for the upcoming school year. If you receive this letter, and your child will be attending school on a full-time basis, please ensure that you return the reply confirmation in a timely manner so that your child's benefit coverage is not affected. Annual confirmation must be returned to: Human Resources Department, Benefit Services, Hillcrest, Attention: Benefit Specialist.

Child between ages 21 and 25 re-entry to school – Form #803114

If your child between the ages of 21 and 25 was removed from your coverage because they were not a full-time student, but has since registered in full-time attendance, you may enrol your child for coverage. Complete a Healthcare and Dental Coverage/Dependents Change of Information Form #803114 to add your child to your coverage. This form is available from your work location or the HR intranet site. The completed form needs to be mailed to: Finance Department, Payroll and Benefit Accounting, McBrien Building.

Disabled dependents

Should your child have a continuous physical or mental disability and be incapable of self-support (i.e. relies on your financial support) you may qualify to continue the child's healthcare coverage beyond age 21. Contact Manulife Financial at 1-800-268-6195 to request an application for over-age disabled dependents coverage prior to your child turning age 21. In these cases, continued coverage would be dependent upon a medical review process by the insurance carrier. If the application is approved, your disabled dependent will be covered under your benefit plan.

Personal information changes affecting your benefit plans

It's important that your personal and dependent information is up-to-date. Inaccurate information will affect the benefit administration and delay claim processing or reimbursement.

Some life changes (i.e. marriage, divorce, child birth, etc.) may require you to update dependent information, particularly when there is:

- Marriage, divorce or separation.
- Birth, adoption or granting of legal guardianship of a child(ren).
- Death of a dependent spouse or child.
- Spouse or dependent obtains provincial health insurance coverage (i.e. OHIP coverage).
- Change to your spouse's healthcare or dental insurance coverage.
- Change to your name, dependent's name or your address.

Address, name or marital status change – Form #803113

Complete an Employee Information Change Form #803113, available at your work location or the HR intranet site. The completed form must be mailed to: Human Resources Department, Benefit Services, Hillcrest.

Adding/removing a dependent from your plan coverage – Form #803114

Complete a Healthcare and Dental Coverage/Dependents Change of Information Form #803114 to add or remove a spouse or child from your coverage. This form is available at your work location or the HR intranet site. The completed form is to be mailed to: Finance Department, Payroll and Benefit Accounting, McBrien Building.

Spouse with his/her own benefits coverage – Form #803114

Complete a Healthcare and Dental Coverage/Dependents Change of Information Form #803114 to add Co-ordination of Benefits (COB) to your plan. This form is available at your work location or the HR intranet site. The completed form must be mailed to: Finance Department, Payroll and Benefit Accounting, McBrien Building. The same form can be used to remove COB for a spouse who no longer has his/her own benefit coverage or when other COB updates are required.

Update former spouse co-ordination of benefit information – Form #803114

To update Co-ordination of Benefits for a former spouse who is not a covered dependent under your plan, complete Part 3, Question #3 of the Healthcare and Dental Coverage/Dependents Change of Information Form #803114. This form is available at your work location or the HR intranet site. The completed form must be mailed to: Finance Department, Payroll and Benefit Accounting, McBrien Building. Manulife will require this information in order to process your dependent children claims correctly.

Please be sure to advise all your health and dental providers of any changes to your information, so that their systems are brought up to date.

Guidelines on benefit plan vigilance

Be vigilant with your benefit plan and apply the following precautions:

- Check all receipts and insurance statements for accuracy.
- Do not accumulate your claims until they add up to a significant amount. Submit your expenses as they are incurred.
- Never sign a blank form – a service provider could use it to charge for services you didn't receive.
- Beware of providers who encourage you to purchase supplies for your entire family (orthopaedic shoes, orthotics, stockings, dental services) BEFORE they have assessed each family member's medical needs. Proof of medical diagnosis (medical necessity) for each member of your family is required before any item can be approved for reimbursement.
- Never submit claims before receiving and paying for the item or service. Under your Benefit Plan, you must pay for the item or service before submitting a claim.
- Avoid special deals and discounts. This is a sure sign that something isn't right.
- Orthopaedic shoes prescribed for the sole purpose to accommodate orthotics (where the orthotic is placed in the orthopaedic shoe) are not eligible under the Benefit Plan.
- Report these and any other unusual situations to the Integrity hotline at 1-866-840-5217 or at www.clearviewconnects.com.

Your Benefit Plan and your accountability

A major problem plaguing businesses today is the misuse and abuse of employee benefit plans.

A benefit plan is an integral part of an employee's overall compensation package. The purpose of employee benefits is to aid and protect the employee should a need or emergency arise, unforeseen or not. The expenses for items and services covered under your TTC Benefit Plan are set aside for the treatment of an illness or injury as recommended by a physician or specialist physician.

The Benefit Plan does not contain frivolous entitlements. It's for medically necessary needs. Manulife Financial defines "medically necessary" as "broadly accepted and recognized by the Canadian medical profession as effective, appropriate and essential in the treatment of a sickness or injury, in accordance with Canadian medical standards."

Every employee has a responsibility to protect the Plan.

For example, a common benefit that the Plan covers is eyeglasses. The purpose of this benefit is to help employees who need eyeglasses to help pay for them. Someone who doesn't need prescription glasses wouldn't purchase them just because the benefit exists. The same principle applies to orthotics, orthopaedic shoes, compression stockings, arm and knee braces, or other items covered under the Benefit Plan.

It's important to be aware that some clinics out there encourage employees to bring in the whole family and submit a shopping list of claims just because the items are covered under the Plan. If you're ever faced with this situation, think like a responsible consumer and ask yourself: "Is this truly medically necessary? Would I pay for this out of my own pocket if I didn't have coverage?" The honest response will guide you in making the right decision.

Some clinics are in the practice of preparing and submitting employee benefit claim forms on the employee's behalf. Even though the clinic may complete the form, once an employee signs it, he or she has committed to acknowledging receipt and payment for items and services rendered. Having the clinic prepare this for you does not remove the responsibility from the employee in ensuring the information is accurate. A good practice is for employees to complete and submit claim forms themselves rather than to leave this crucial task to someone else.

Cash or gift-certificate kickbacks, rebates, two-for-one deals, and other incentives to purchase products are red flags. These schemes should immediately raise concerns that something is shady or too good to be true. Odds are these clinics or service providers intend to overcharge your Benefit Plan to provide that incentive to you.

All employees are reminded to refer to the CEO's Office Human Resources Red Top notices, titled Custom-made Orthotics and Orthopaedic Shoes, recently re-issued to all workplace bulletin boards and the Human Resources intranet site.

Your responsibility as an employee

- Know your Benefit Plan.
- Understand the services and items that you are receiving and getting charged for. If in doubt, question the clinic or service provider.
- If you have concerns about abuse or misuse, use the Integrity hotline at 1-866-840-5217 or www.clearviewconnects.com, the Manulife Financial fraud line 1-877-481-9171, and call the Human Resources Department at 416-393-4370.

The Human Resources Department will be mailing copies of the *TTC Benefit Plan* booklet to all employees and pensioners in the near future.

2015 Healthcare and Dental Claims submission deadline is December 31, 2015



**It's confidential. It's anonymous.
It works.**

INTEGRITY

The TTC's reputation is your reputation. When the TTC's integrity is questioned, your integrity is questioned. Report unethical conduct, fraud and other wrongdoing that harms our reputation and questions our integrity.

**1-866-840-5217 or
www.clearviewconnects.com**

Integrity

When it comes to the safety and security of the TTC, employees are the eyes and ears of the system. The same holds true for the integrity of the TTC and the more than 13,000 men and women who work here. With that in mind, the TTC is encouraging you to act conscientiously and report any suspicion of wrongdoing within the company that involves ethical or policy breaches, and illegal activity that could benefit an individual employee, consultant or contractor. Integrity is the ethics reporting initiative, introduced in 2013, which is designed to protect the TTC's and your reputation.

Why?

We all have a stake in protecting the TTC's reputation. It's our personal integrity, not just the company's, that's at stake when a colleague violates a public trust. That's why the independent service provider, ClearView Strategic Partners, is onboard. Through ClearView's confidential reporting systems, employees are able to submit anonymous and confidential reports about observed or suspected wrongdoing within the organization. Improper activity, such as fraud, business misconduct or unethical behaviour can have serious consequences and penalties.

Employees have been diligent about reporting these types of activities to their department heads or directly to the TTC's Special Investigations Unit. They can, and are encouraged to continue to do so. But through Integrity, employees have an additional, formal reporting network if no appropriate channels exist or if they feel uncomfortable reporting a suspicion to their supervisor.

How to report?

Employees can anonymously report their concerns in several ways:

- Logging in online at clearviewconnects.com.
- Calling toll-free at 1-866-840-5217, and either speaking with a hotline agent or leaving a detailed voicemail message.
- Mailing in a report to ClearView's confidential post office box: PO Box 11017, Toronto ON, M1E 1N0.

If reporting online, or with a hotline agent, you will be assigned a secure login/password to check the status of your report while maintaining your anonymity. Only you and the internal reviewers authorized by the TTC (our investigators), will see the report. Your name and identity will be known to no one. No matter how you report an incident, any attempt by the TTC to trace the identity of a participant will be a breach of contract with ClearView, and is not permitted.

Protecting your anonymity

There are four ways for employees to submit reports using the ClearView Connects™ ethics reporting/whistleblower program. It's important to know that no matter how you choose to submit your report, ClearView has established a secure process to ensure that your anonymity is protected and that the report will be kept confidential.

You can also help to protect your anonymity by ensuring that you do not include information in your report that would identify you (if you don't want to be identified). Please note: when submitting reports using the website, it's important that if you attach any documents (and if you do not want to be identified) that these documents do not contain any personal information in the file properties – click on the Help button within ClearView Connects for instructions on how to remove this personal information.

No matter how you report, ClearView protects your anonymity

Using the ClearView Connects website

- When submitting a report, the online session is fully encrypted (using industry-leading encryption technology).
- The IP address (or unique identifier) of the computer being used is hashed out when it is submitted into the ClearView system (this means that a report cannot be traced electronically).
- All data resides on ClearView's secure servers in Canada.

Calling the ClearView Connects Hotline (and speaking with a ClearView Agent)

- We don't ask for the caller's name, or record the call.
- We don't subscribe to caller ID (so we don't know where the caller is calling from – home, office, cell phone, phone booth etc.).
- Call centres operate in a paperless environment.

Calling the ClearView Connects Hotline (and leaving a voicemail report)

- We transcribe the report as soon as it's received.
- We don't log or track the caller's ID.
- All voice messages are deleted from the IVR after they have been entered into the ClearView Connects system so the voice won't be identified.

Sending a report by regular mail to the ClearView Connects Post Office Box Number

- We remove any personally identifiable information from the report before entering it into the ClearView Connects system (if it's handwritten, we will transcribe it so the handwriting won't be traceable).
- Once the report is entered into the system, ClearView destroys the original hard copy report.
- Only authorized ClearView personnel have access to the P.O. Box.

Source: ClearView Connects

All employees have a responsibility to report misconduct. All reports should be made in good faith and in the spirit of being a conscientious employee.

