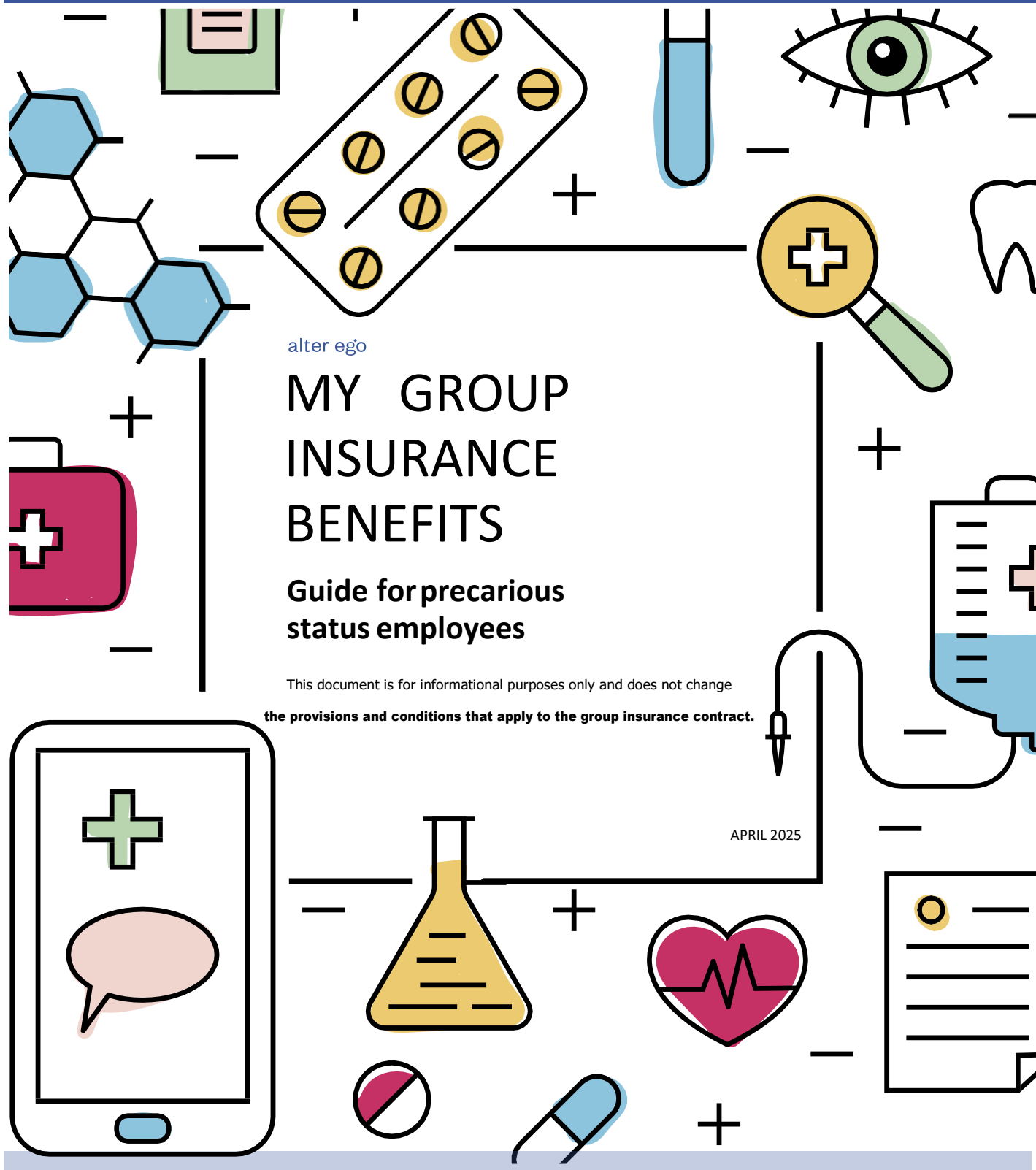


UPDATED VERSION



alter ego

MY GROUP INSURANCE BENEFITS

Guide for precarious
status employees

This document is for informational purposes only and does not change
the provisions and conditions that apply to the group insurance contract.

APRIL 2025

alter ego

L'AVANTAGE CSQ

Sécurité
sociale



Centrale des syndicats
du Québec

The best coverage for your needs

The CSQ group insurance plan offers four categories of insurance coverage:

COVERAGE		PARTICIPATION
Health insurance	Basic plan	Mandatory (with right of exemption)
	4 optional complementary packages available	Optional (minimum participation period of 24 months for each package selected)
Dental care insurance		Optional (minimum participation period of 48 months when selected)
Long term disability insurance		Mandatory (with waiver privilege)
Life insurance	Participant's basic life insurance	Mandatory \$10,000 (with the right to opt out) \$25,000 optional
	Participant's optional life insurance	Optional 9 additional increments of \$25,000
	Dependents' basic life insurance 3 types of coverage and 2 options offered (see page 7)	Optional
	Spouse's optional life insurance	Optional

Mandatory health insurance, but...

Any group insurance plan that provides accident, health, or disability coverage must also offer drug insurance coverage.

If you are eligible for such a plan, the *Act respecting prescription drug insurance* requires you to enroll in it and protect your dependents (spouse, children, persons with functional impairment).

· Your right of exemption

You can claim a **right of exemption** by showing that you are covered by another group insurance plan offering similar benefits, for example, your spouse's plan or your professional association's plan.

Before claiming your right of exemption, compare the coverage offered by the two plans (make sure to go beyond a simple cost comparison).

Eligibility for the group insurance plan

The conditions and eligibility requirements for the group insurance plan are provided for in the collective agreement.

Your dependents are eligible on the same date as you or on the date they become a dependent.

Choice of coverage

You must send your selections to your employer within 60 days of eligibility. If you miss this deadline, your coverage may be delayed or even denied in the case of life insurance.

Effective date of your insurance coverage

For your insurance to take effect on any of the dates specified in the following tables, you must be on duty or able to perform the usual duties of your employment on that date.

If not, the insurance will take effect on the date you return to work.

· Retroactive contract

If your employment is confirmed and you sign your employment contract after your eligibility date, the 60-day and 180-day deadlines (as indicated in the following tables) apply from the date of signature of your contract of employment.



Effective dates of health, dental, and long-term disability insurance

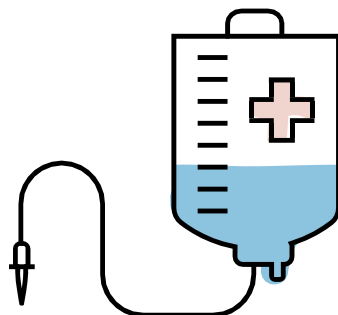
DATE OF RECEIPT OF INSURANCE APPLICATION		
Plan	Within 60 days of the date of eligibility	More than 60 days after the date of eligibility
Health insurance	<ul style="list-style-type: none"> · The insurance comes into effect on the date of eligibility, depending on the coverage requested (compulsory basic plan, optional complementary packages) and the coverage status requested (individual, single-parent or family). · If you claim your right of exemption, the exemption comes into effect on the date of eligibility. 	<ul style="list-style-type: none"> · The compulsory basic plan is assigned an individual status by default from the date of eligibility. · If you apply for single-parent or family coverage, it will come into effect on the first day of the pay period following the date the employer receives your application. · If you want to claim your exemption right, the exemption comes into effect on the first day of the pay period following the date the employer receives your application.
	<p>Note:</p> <p>You must participate in the compulsory basic plan to participate in one or more of the optional compulsory packages.</p> <p>Do you want to change your choice or the one assigned to you by default? See section “Changing your health insurance coverage” on page 8 of the brochure.</p>	
Dental insurance	<ul style="list-style-type: none"> · The insurance comes into effect on the date of eligibility, according to the coverage status requested (individual, single-parent or family). 	<ul style="list-style-type: none"> · The insurance comes into effect on the first day of the pay period following the date the employer receives your application, depending on the coverage status requested (individual, single-parent or family).
	<p>Note:</p> <ul style="list-style-type: none"> · You can opt for a coverage status (individual, single-parent or family) different from the one chosen for the health insurance plan. · If you claim your right of exemption for the health insurance plan, you can still participate in the dental insurance plan. 	
Long-term disability insurance	<p>The insurance comes into effect on the date of eligibility.</p>	

Effective date of life insurance

DATE OF RECEIPT OF INSURANCE APPLICATION BY THE EMPLOYER			
Coverage	Within 60 days of the date of eligibility	Between 61 and 180 days after date of eligibility	More than 180 days after date of eligibility
Participant's basic life insurance and participant's optional life insurance	<ul style="list-style-type: none"> You are allocated a basic life insurance amount of \$10,000. The insurance comes into effect on the date of eligibility, subject to the right of withdrawal. You can (without having to provide evidence of insurability): <ul style="list-style-type: none"> replace the basic life insurance amount of \$10,000 by an amount of \$25,000. The amount chosen comes into effect on the date of eligibility; add an additional life insurance amount of \$25,000 or \$50,000 (for a total of \$50,000 or \$75,000). The amount chosen comes into effect on the date of eligibility. You can request to increase the amount of life insurance (in increments of \$25,000) up to a maximum of \$225,000. Evidence of insurability is required and this amount of insurance comes into effect on the first day of the pay period following the date your evidence of insurability is accepted by the insurer (BENEVA). 	<ul style="list-style-type: none"> You are allocated a basic life insurance amount of \$10,000. The insurance comes into effect on the date of eligibility, subject to the right of withdrawal. You can (without having to provide evidence of insurability): <ul style="list-style-type: none"> replace the basic life insurance amount of \$10,000 by an amount of \$25,000. The coverage chosen comes into effect on the first day of the pay period following the date the employer receives your application; add an additional life insurance amount of \$25,000 or \$50,000 (for a total of \$50,000 or \$75,000). The coverage chosen comes into effect on the first day of the pay period following the date the employer receives your application. You can request to increase the amount of life insurance (in increments of \$25,000) up to a maximum of \$225,000. Evidence of insurability is required and this amount of insurance comes into effect on the first day of the pay period following the date your evidence of insurability is accepted by the insurer (BENEVA). 	<ul style="list-style-type: none"> You are allocated a basic life insurance amount of \$10,000. The insurance comes into effect on the date of eligibility. You can request to increase the basic life insurance amount of \$10,000 to a greater amount, but you must provide evidence of insurability. Your coverage comes into effect on the first day of the pay period following the date your evidence of insurability is accepted by the insurer (BENEVA).
	<p>Note:</p> <p>You have a maximum period of 180 days from the effective date of the coverage to request to opt out of the benefit of \$10,000 of life insurance.</p>		

Effective date of life insurance (cont.)

DATE OF RECEIPT OF INSURANCE APPLICATION BY THE EMPLOYER			
Coverage	Within 60 days of the date of eligibility	Between 61 and 180 days after date of eligibility	More than 180 days after date of eligibility
Dependents' basic life insurance	<ul style="list-style-type: none">· Insurance is offered without evidence of insurability.· Insurance comes into effect on the date of eligibility.	<ul style="list-style-type: none">· Insurance is offered without evidence of insurability.· Insurance comes into effect on the first day of the pay period following the date the employer receives your application.	<ul style="list-style-type: none">· Insurance is offered with evidence of insurability.· Insurance comes into effect on the first day of the pay period following the date your evidence of insurability is accepted by the insurer (BENEVA).
	<p>Note:</p> <p>You can participate in the dependents' basic life insurance coverage even if you have exercised your right to opt out of the participant's basic life insurance.</p> <p>Three types of coverage status are offered:</p> <ul style="list-style-type: none">- Coverage for spouse- Coverage for dependent child or children- Coverage for spouse and dependent child or children <p>Two options are available:</p> <p>1- \$10,000 for spouse / \$5000 per dependent child</p> <p>2- \$20,000 for spouse / \$10,000 per dependent child</p>		
Spouse's optional life insurance	<ul style="list-style-type: none">· Participation is only possible if option 2 of the spouse's basic life insurance is in effect.· You can request 1 to 10 increments of \$10,000 in life insurance.· You must provide evidence of insurability.· Insurance comes into effect the first day of the pay period following the date your evidence of insurability is accepted by the insurer (BENEVA).		
<p>Note:</p> <p>You can participate in or increase the various life insurance coverage (for the member and dependents) up to the maximum amounts without evidence of insurability when a life event occurs and you apply within 180 days of the event. Eligible life events: eligibility of a new dependent, end of a dependent's eligibility, or obtaining a regular employment status according to the applicable collective agreement.</p>			



Changing your health insurance coverage

You can increase your health insurance coverage at any time without evidence of insurability and without a life event.

You cannot increase your plan if you are completely disabled on the date the change comes into effect.

You can reduce your coverage at any time after the minimum 24-month participation period has ended, for the package in question.

The change in your coverage takes effect on the first day of the pay period following the date of receipt of the application by the employer.

Dental care insurance

Dental care insurance can be requested at any time and comes into effect on the first day of the pay period following the date the employer receives your application, depending on the type of coverage status requested (individual, single-parent or family).

Layoff or termination of contract

During a temporary work stoppage, the *Québec Act respecting prescription drug insurance* requires that you maintain your group insurance coverage if you benefit from such a plan.

· Failure to meet this requirement

Not maintaining your coverage? You will then have to pay the annual premium for the RAMQ¹'s *Public Prescription Drug Insurance Plan* when filing your tax return, without having the possibility to benefit from the protection of this plan.

· Maintaining your coverage: three choices

To maintain your coverage, if you are an employee of a school service centre or school board, you must indicate your choice on the invoice sent by the insurer (BENEVA). Other employees must apply to their employer within 30 days of being laid off or the end of their contract and pay the premium.

You can choose one of the following three options:

1. Maintain all plans held before your layoff or the end of your contract.
2. Maintain only the health insurance coverage held before your layoff or the end of your contract (e.g. compulsory basic plan and optional complementary packages 1 and 4).
3. Maintain the compulsory basic health plan only.

This choice applies for a period of 120 days.²

¹ Régie de l'assurance maladie du Québec.

² The period is 90 days for the Fédération du personnel de soutien scolaire (FPSS-CSQ) and 50 days for the Fédération des syndicats de l'enseignement (FSE).

If during this 120-day³ period your employment contract is renewed or you are offered a new job with the same employer or with a new employer, the applicable plans are reinstated on the date you are re-employed.

If you have not resumed your job or signed a new employment contract during this 120-day³ period, all of your coverage will end. You will then have to register with the RAMQ.



Exceptions for teaching staff FSE-CSQ teachers

School board and school service centre teachers whose contracts end in May, June, and July are covered until August 31. The above-mentioned 50-day period begins on September 1.

Disability followed by layoff or contract termination

If you have become disabled, you have the right to maintain your coverage, even if you are subsequently laid off or your contract is not renewed.

However, you must contact the insurer (BENEVA) to maintain your right to waive premiums, if applicable.



Please note:

If you do not maintain your coverage and become disabled after the date of the layoff or the end of the contract, your disability will not be recognized for the purpose of the plans.

Life insurance plus additional two-year insurance

If you have maintained your participation in the life insurance plan during the 120-day³ period, you can extend it for an additional period of up to two years.

You must send your written request to the insurer (BENEVA) within 31 days of the end of the 120-day³ period and continue to pay the premium.

³ The period is 90 days for the Fédération du personnel de soutien scolaire (FPSS-CSQ) and 50 days for the Fédération des syndicats de l'enseignement (FSE).

Long-term disability insurance

· Start of payment of disability pension (waiting period)

During the first 104 weeks of disability, your disability coverage and the level of coverage are provided for in your collective agreement.

Then, BENEVA's long-term disability insurance takes over. It provides for the payment of a monthly pension that becomes payable on the last of the following dates:

- the end of the first 104 weeks of full disability during the same period of full disability
- the end of disability benefit payments provided for in the collective agreement or an equivalent disability insurance plan
- on September 1 following the end of the disability benefit payments provided for in the collective agreement or by an equivalent disability insurance plan, if you receive your annual salary over a period of less than 12 months and the monthly pension becomes payable during the period when the salary paid by the employer is normally suspended

The pension is paid for as long as your full disability lasts, according to the applicable definition, without exceeding the age of 65. The pension may be reduced when income is collected from other sources, e.g. CNESST,⁴ SAAQ,⁵ RREGOP,⁶ QPP,⁷ etc.

For more information

To find out more about the Alter ego insurance plan, you can consult the following documents:

- *Alter ego, the CSQ advantage: Your plan at a glance*
- *Alter ego insurance – January 2021 booklet*
- *Participant's guide – 2021*

These documents are available online on the CSQ website:
securitesociale.lacsq.org/assurance/.

You can also visit the BENEVA website: BENEVA.ca



⁴ Commission des normes, de l'équité, de la santé et de la sécurité du travail

⁵ Société de l'assurance automobile du Québec

⁶ Government and Public Employees Retirement Plan

⁷ Québec Pension Plan

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