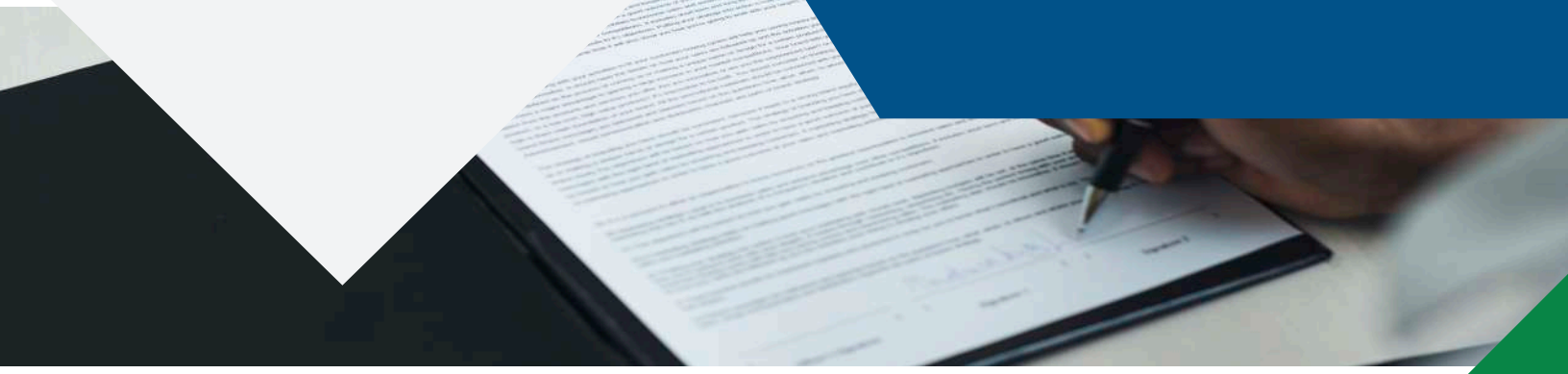
OVER the WIRE

March 2019



VALUABLE INCOME TAXATION FEATURES OF YOUR HEALTH AND WELFARE PLAN

As Plan Members, are you aware of the valuable tax free features of your benefit Plan? Such features include:

TAX FREE BENEFITS:

- Contributions made to the Plan on your behalf by Employers are considered non-taxable benefits;
- Life Insurance payments made to Beneficiaries/Estates upon your passing;
- Premiums paid for benefits such as Accidental Dismemberment, Weekly Disability, Long Term Disability, Vision, Dental, and Prescription Drugs;
- Payments of claims for Accidental Dismemberment, Vision, Dental, and Prescription Drugs benefits.

TAXABLE ITEMS:

- Premiums paid by the Plan for you and your Dependent's Life Insurance and the Plan Member's Accidental Death benefit are added to your taxable income. However, because life insurance is provided on a group basis, you don't need to go through a medical exam to determine whether or not you are eligible for coverage (100% insurability);
- Weekly Disability and Long-Term Disability, when receiving these benefits. Disability benefits are designed to replace a portion of your income when you are disabled.

Therefore, by using the Health and Welfare Plan to pay for the various benefits provided, the special income tax provisions associated with the Plan saves the Plan Member considerable income tax that otherwise would have been paid if the Plan Member received a higher income and used after tax money to pay for their benefits.

Using our current full benefit monthly costs of **$345.00** per Plan Member, only **$50.08** (the Life Insurance and Accidental Death premiums) would be added to your taxable income! The balance of **$294.92** represents the value of the benefits that are provided to a Plan Member on a tax free basis.

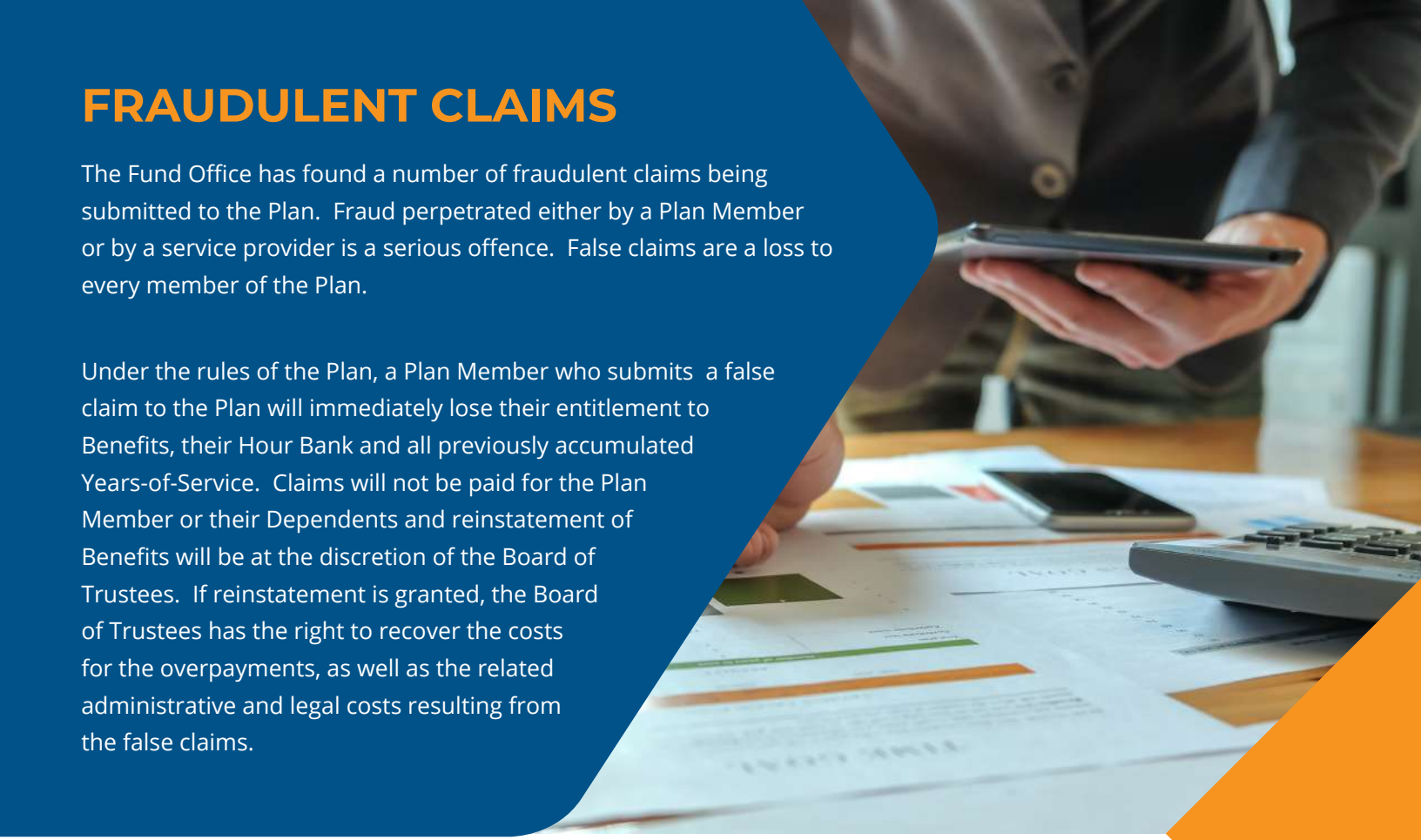
Electrical Workers' Benefits Plan ALBERTA

Electrical Workers' Pension Plan ALBERTA

FRAUDULENT CLAIMS

The Fund Office has found a number of fraudulent claims being submitted to the Plan. Fraud perpetrated either by a Plan Member or by a service provider is a serious offence. False claims are a loss to every member of the Plan.

Under the rules of the Plan, a Plan Member who submits a false claim to the Plan will immediately lose their entitlement to Benefits, their Hour Bank and all previously accumulated Years-of-Service. Claims will not be paid for the Plan Member or their Dependents and reinstatement of Benefits will be at the discretion of the Board of Trustees. If reinstatement is granted, the Board of Trustees has the right to recover the costs for the overpayments, as well as the related administrative and legal costs resulting from the false claims.



DIABETIC SUPPLIES

The Board of Trustees is always looking out for the best interests of our Plan Members as well as ensuring that they manage the Plan as effectively as possible. In January 2017, the Board implemented a Lowest Cost Alternative drug coverage to control costs within the Plan.

LOWEST COST ALTERNATIVE

The Plan will pay for the lowest cost alternative drug. For example, if a generic drug is substituted for a brand name drug, the Plan will only cover the eligible cost of the generic substitute with the lowest price. However, if the prescription states 'no substitute,' you can still purchase the brand name drug, but the Plan will only reimburse you up to the amount of the lowest cost alternative drug which is the generic.

Starting July 1, 2018, the Board of Trustees also applied the same principle to diabetic supplies. Diabetic supplies will continue to be reimbursed at 100%, however, the lowest cost alternative pricing will be applied.

The New FreeStyle Libre System, (Reader and Sensors) is not covered under the Plan. A glucose meter can vary in price depending on the features and brand you select. The meters cost between $40 to $60. Diabetes test strips can cost around $100 a month. Test strips are pricey, but you must have them in order to have an accurate reading.

Speak to your pharmacist and advise them of your Plan's provisions to ensure they dispense the lowest cost alternative product to you. You can still purchase the brand if you prefer, but the Plan will only reimburse you up to the amount of the lowest cost alternative.

Employee Benefit Funds Administration
ALBERTA

YEARS-OF-SERVICE BANK

In October 2002 the Trustees introduced a new Health and Welfare Benefit called the "Years-of-Service Bank" to the Plan. When a Plan Member retires and is no longer active in the electrical industry, he/she may qualify for 1.5 months of Health and Welfare Coverage for each year of Plan Membership since April 1, 1971, up to a maximum of 60 months. Currently, there is no cost for this Benefit.

In order to qualify for a Years-of-Service Bank, a Plan Member must maintain eligibility through Hours or Self-Payments each and every month after January 2004. If a Plan Member loses eligibility, even for one month, the Plan Member's Years-of-Service Bank accumulated prior to the break in membership is lost. Please note that there is no effect on the Plan Member's pension Benefits.

A one-time calculation will be performed by the Fund Office when the Plan Member retires. Calculations are performed to the Plan Member's age 55, or his/her retirement date, whichever is the later. Should a retired Plan Member return to Covered Employment, the Plan Member's Years-of-Service Bank will be temporarily frozen and will resume when his/her Hour Bank expires. After retirement, additional hours reported to the Plan will not increase the Plan Member's Years-of Service Bank.

For further details regarding this Benefit, please contact the Fund Office.

NEW MONTHLY SELF-PAYMENT RATES

EFFECTIVE MARCH 1, 2019

MEMBERS/RETIREES	AMOUNT	ONTARIO RESIDENTS	ADMIN CODE
Active Age 16-64	312.00	336.96	2
Active Over 65	234.00	252.72	D
Active on LTD	156.00	168.48	8
Retirees on LTD	145.00	156.60	J
Retirees Age 50-54	312.00	336.96	T
Retirees Age 55-64	289.00	312.12	R
Retirees Age 65 & Over	217.00	234.36	B

EFFECTIVE APRIL 1, 2019

Dental Benefits will be paid on the 2019 Schedule of Fees

ACTUARIAL VALUATION REPORTS FOR PENSION PLANS

The Electrical Industry Pension Trust Fund of Alberta ("Plan") is required to have an Actuarial Valuation Report ("AVR") completed every three years.

AVRs for pension plans are used to monitor the financial position of the Pension Plan. Each time an AVR is completed, the Plan's Actuary values the total amount of assets available in the Plan and compares these assets to the liabilities taken on by the Plan. The greater the excess of assets over liabilities, the stronger the financial position of the Plan. As at December 31, 2015, the Plan's funded ratio was above 100% and it is anticipated that as at December 31, 2018, the funded ratio will remain above 100%. The results of the AVR will be known later this year.

The continuity and sustainability of the Plan have been reinforced by the change in the assumptions used to calculate commuted value payouts effective December 31, 2017. On November 30, 2017 the Government of Alberta amended the Employment Pension Plans Regulation ("Regulation") to establish a new commuted value payout option. The amended Regulation allows the Plan to pay out commuted values on the same basis that the Plan is funded, known as the "going concern basis". The Board of Trustees received approval to calculate commuted values on this basis. Valuing commuted values using the going concern basis is a more accurate representation of the purpose of the Plan. This amendment will contribute to Plan Members' pension benefit security.

The Board of Trustees of the Plan will continue to work with the Plan's Actuary to ensure that the Plan is monitored appropriately and that the decision-making process takes Plan Members' benefit security into consideration. The priority of the Board of Trustees is to ensure that the Plan is able to fund the pension benefits that have been earned.

MAXIMUM POSTPONED RETIREMENT DATE

A Maximum Postponed Retirement Date ("MPRD") is the last date in which a Plan Member must commence their pension. In the Plan's Rules and Regulations, the Maximum Postponed Retirement Date for a Plan Member is December 1st of the year the Plan Member turns age 69.

If the Plan Member has not applied for his pension prior to December 1st of the year he/she turns age 69, the Pension Plan must automatically commence the pension in a normal form on that date.

After a Plan Member's MPRD, no advance pension application is required. If the Plan Member has not submitted an application to the Plan and the Plan Member has a Pension Partner, the normal form of pension will commence as a Joint & 60% Survivor option. If the Plan Member does not have a Pension Partner, the normal form of pension will commence as a 5 Year Guarantee option. Plan Members who have reached their MPRD under the Plan are considered pensioners for income tax purposes.

It is important that all Plan Members eligible for a pension benefit maintain their current mailing address and telephone number with the Fund Office at all times. If you know of any former Plan Members that may be entitled to a pension benefit from the Plan, please have them contact the pension department at the Fund Office directly.

Plan Members who are reaching their Maximum Postponed Retirement Date should contact the pension department in the Fund Office prior to October of the year they turn age 69.