

Guide to Canadian
Benefits Legislation

2015

Supplement



THE
WILLIAMSON
GROUP

introduction

forward

The Williamson Group is pleased to include this Supplement with the latest edition (2015) of our Guide to Canadian Benefits Legislation. This Supplement is intended to provide readers with a quick summary of major legislative updates that occurred in 2014, or are expected to occur in 2015.

The Supplement is not intended to provide a comprehensive explanation of all the details of the complex legislation governing programs. If expert advice is required, contact a TWG consultant to discuss the matter further.

It should be understood that this Supplement does not include standard informational or generally accepted basic guide updates (minor changes to dates, charts, percentages, numbers—min/max, dollar amounts, or basic wording updates). All of the aforementioned standard and basic updates have been made within the full Guide to Canadian Benefits Legislation, and should be reviewed on an as needed basis to ensure your organization remains up-to-date.

This Supplement is current and up-to-date to the time of drafting; however, given the number of stakeholders involved, details are continuously under review and may change. As changes occur, pertinent details will be communicated by The Williamson Group to clients and partners. Please check the websites provided within the Guide to obtain full details of programs and services, including any recent updates.

We hope you find this Supplement useful. Please tell us if you think it is, and where you see any opportunities to improve. Your comments will help us develop the Supplement and Guide into an even more valuable tool for you and your organization.

Errors & Omission Statement:

Whilst every reasonable effort has been made to ensure the accuracy of the information supplied herein, The Williamson Group cannot be held responsible for any errors or omissions. Unless otherwise indicated, opinions expressed herein are those of the author of the various sources referenced and do not necessarily represent the corporate views of The Williamson Group Inc.

To the best of our knowledge, the information contained herein is accurate and up-to-date only to the time of draft. For further clarity, information provided is a consolidation of various information sources, which are subject to regulatory and legislative changes, as such is the case, this document is intended for general information purposes and The Williamson Group makes no representations or warranties as to its accuracy or completeness.

employment standards

leave of absence

The following Leave of Absences apply to employees in the according provinces.

All leave provisions are unpaid unless otherwise indicated.

compassionate care leave		
province	provision	qualification
Federally regulated employees	8 wks	Not specified
British Columbia	8 wks	0 wks
Alberta	8 wks consecutive or broken into segments of 1 wk	52 wks employment
Saskatchewan	8 wks	0 wks
Manitoba	8 wks	30 days employment
Ontario (Family Care Giver LOA)	8 wks	0 wks
Quebec (Extended Family Absence)	Up to 12 wks/yr for family responsibility owing to serious illness/accident	3 months employment
Newfoundland & Labrador	8 wks	30 days employment
Nova Scotia	8 wks	3 months employment
New Brunswick	8 wks	0 wks
Prince Edward Island	8 wks	0 wks
NWT	8 wks	0 wks
Yukon	8 wks	0 wks
Nunavut	8 wks	0 wks

For more information on this leave of absence, please see the following links:

Federal: http://www.servicecanada.gc.ca/eng/ei/types/compassionate_care.shtml

British Columbia: <http://www.labour.gov.bc.ca/esb/facshts/ccl.htm>

Alberta: <http://work.alberta.ca/documents/compassionate-care.pdf>

Saskatchewan: http://www.servicecanada.gc.ca/eng/ei/types/compassionate_care.shtml

Manitoba: <http://www.gov.mb.ca/labour/standards/doc,compassionate-leave,factsheet.html>

Ontario: <http://www.labour.gov.on.ca/english/es/pubs/guide/family.php>

Quebec: http://www4.gouv.qc.ca/EN/Portail/Citoyens/Evenements/DevenirParent/Pages/cong_evenm_fam1x.aspx

Newfoundland & Labrador: http://www.gov.nl.ca/lra/faq/ls_compassionatecare.html

Nova Scotia: <http://novascotia.ca/lae/employmentrights/compassionatecarefaq.asp>

New Brunswick: <https://www.als.ca/sites/default/files/files/CCB%20across%20Canada.pdf>

Prince Edward Island: <http://www.gov.pe.ca/labour/index.php3?number=1022358&lang=E>

NWT: http://www.servicecanada.gc.ca/eng/ei/types/compassionate_care.shtml

Yukon: http://www.community.gov.yk.ca/pdf/es_faq.pdf

Nunavut: http://www.servicecanada.gc.ca/eng/ei/types/compassionate_care.shtml

employment standards

leave of absence — continued

death, disappearance, or critical illness of a child		
province	provision	qualification
Federally regulated employees	Critical illness - 37 wks Disappearance due to crime - 52 wks Death due to crime - 104 wks	30 days employment; child under the age of 18
Saskatchewan	Critical illness - 37 wks Disappearance due to crime - 52 wks Death due to crime - 104 wks	13 wks
Manitoba	Critical illness - 37 wks Disappearance due to crime - 52 wks Death due to crime - 104 wks	30 days' employment, child under the age of 18
Ontario	Critical illness - 32 wks Disappearance due to crime - 52 wks Death due to crime - 104 wks	6 months employment
Newfoundland & Labrador	30 days	Critical illness: 37 wks Death or disappearance: 52 wks
Nova Scotia	Critical illness- 37 weeks Death or disappearance - 52 weeks	3 months employment
New Brunswick	37 wks	0 wks
Yukon	Critical illness: 37 weeks Death or disappearance: 35 weeks	12 months employment

For more information on this leave of absence, please see the following links:

Federal: http://www.labour.gc.ca/eng/standards_equity/st/leave.shtml

Saskatchewan: <https://www.saskatchewan.ca/work/employment-standards/vacations-holidays-leaves-and-absences/leaves-family-medical-and-service/family-leave>

Manitoba: <http://www.gov.mb.ca/labour/standards/doc,leave-related-to-the-death-or-disappearance-of-a-child,factsheet.html>

Ontario: <http://www.labour.gov.on.ca/english/es/pubs/guide/disappear.php>

Quebec: http://www4.gouv.qc.ca/EN/Portail/Citoyens/Evenements/DevenirParent/Pages/cong_evenm_fam1x.aspx

Newfoundland & Labrador: <http://novascotia.ca/lae/employmentrights/Crime-relatedChildDeathDisappearanceLeave.asp>

Nova Scotia: <http://novascotia.ca/lae/employmentrights/compassionatecarefaq.asp>

New Brunswick: <http://www2.gnb.ca/content/dam/gnb/Departments/petl-epft/PDF/es/FactSheets/OtherLeaves.pdf>

Yukon: http://www.community.gov.yk.ca/pdf/es_faq.pdf

employment insurance

maximum pensionable earnings

Canada Revenue Agency — maximum pensionable earnings for 2015

The Canada Revenue Agency announced on **November 3, 2014**, that the maximum pensionable earnings under the Canada Pension Plan (CPP) for 2015 will be \$53,600—up from \$52,500 in 2014. The new ceiling was calculated according to a CPP legislated formula that takes into account the growth in average weekly wages and salaries in Canada.

Contributors who earn more than \$53,600 in 2015 are not required or permitted to make additional contributions to the CPP based on earnings exceeding this amount.

The basic exemption amount for 2015 remains \$3,500.

The employee and employer contribution rates for 2015 will remain unchanged at 4.95%, and the self-employed contribution rate will remain unchanged at 9.9%.

The maximum employee and employer contribution to the plan for 2015 will be \$2,479.95 each and the maximum self-employed contribution will be \$4,959.90. The maximums in 2014 were \$2,425.50 and \$4,851.00.

For more information, please visit:

<http://news.gc.ca/web/article-en.do?mthd=index&ctr.page=1&nid=899339>

employment insurance

regular & special benefits

increase to the Employment Insurance Maximum

The Federal Government recently announced an increase in the Employment Insurance (EI) Maximum Insurable Earnings amount and an increase to the EI weekly maximum benefits.

Effective January 1, 2015, the Maximum Insurable Earnings will increase to \$49,500 per annum and the new Maximum EI benefit amount will increase to \$524 per week (fifty-five per cent of \$49,500, divided over 52 weeks). Please note that Short Term Disability (STD) plans—including The Williamson Group's Return to Health program—that have a maximum set at the EI max will automatically increase to the new rates per the effective date.

For more information, please visit:

http://www.servicecanada.gc.ca/eng/sc/ei/sew/weekly_benefits.shtml

Ontario

special benefits — three leave of absences introduced

On October 29, 2014, Ontario introduced three new leaves of absence: Family Caregiver Leave; Critically Ill Childcare Leave and Crime-Related Child Death and Disappearance Leave.

- Up to 8 weeks of leave per calendar year are available to an employee who needs to provide care to a family member with a serious medical condition. "Family" includes grandparents or grandchildren of the employee, or their spouse, the spouse of an employee's child and an employee's siblings, or a relative of the employee who is dependent on the employee for care. A certificate from a qualified medical practitioner is required.
- Up to 37 weeks of leave are available to employees who have been employed for at least 6 consecutive months to provide care to a critically ill child, stepchild or foster child. A certificate must be issued by a qualified medical practitioner. Additional leave may be taken if a child remains critically ill after the 37 weeks ends - if more than 52 weeks has elapsed since the date of either the first day of the week that the certificate was issued or the date the child became critically ill - whichever is earlier.
- Up to 52 weeks of leave are available to an employee who has been employed for at least 6 consecutive months and who is the parent of a missing child.
- Up to 104 weeks of leave are available if a child dies as a result of a crime. This leave includes children, stepchildren and foster children who are under 18 years of age.

On October 12, 2014, the Federal Government expanded access to Employment Insurance Sickness Benefits— if necessary—to employees already in receipt of Compassionate Care, or Parents of Critically Ill Children benefits. This means that claimants who become sick while already receiving these benefits can interrupt the Compassionate Care or Parents of Critically Ill Children benefits, in order to take sick leave or work-related illness/injury leave. Once they recover, however, claimants will revert back to receiving the original benefits.

For more information, please visit:

<http://news.ontario.ca/mol/en/2014/10/job-protection-for-caregivers.html>

human rights

discrimination in employment

discrimination in employment

On June 18, 2014, the Ontario Human Rights Commission released its Policy on Preventing Discrimination Based on Mental Health Disabilities and Addictions Policy aimed to protect Ontario residents with mental health disabilities and addictions from discrimination and harassment under the grounds of “disability” – in particular, regarding the five social areas: employment; joining a union, professional association or other vocational association; receiving goods and services and using facilities; housing; and when entering into a contract.

The OHRC’s Policy on preventing discrimination based on mental health disabilities and addictions is intended to provide clear, user-friendly guidance on how to assess, handle and resolve human rights matters related to mental health and/or addictions. All of society benefits when people with mental health or addiction disabilities are given equal opportunity to take part at all levels.

For more information, please visit:

<http://www.ohrc.on.ca/en/policy-preventing-discrimination-based-mental-health-disabilities-and-addictions>

retirement income

pension benefits & QPP

Quebec

changes to QPP that impact pension benefits

Pension benefits are normally payable at age 65. However, a contributor may elect to receive a retirement pension as early as age 60 or as late as age 70. Effective January 1, 2014 contributors do not need to have stopped working to receive a retirement pension. If either early or deferred retirement benefits are elected, the amount of pension is reduced—or increased—between the date the benefits actually commence and age 65. **Effective January 1, 2015**, the adjustments made to the pension benefit for either early or deferred retirement benefits are as follows:

Persons born before January 1, 1954
Persons born after December 31, 1953
If taken after age 65

Reduced by 6% per year
Reduced by 6.0-6.72% per year*
Increased by 8.4% per year to maximum of 42%

*depending on the amount of pension

For more information, please visit:

<http://www.tbs-sct.gc.ca/pensions/sources-eng.asp>

health insurance plans

Alberta

increase in preferred hospital room charges

The Alberta government has confirmed it is increasing daily charges for private and semi-private hospital rooms each year over the next three years. The first rate increase took effect Sept. 1, 2013, with further increases planned for **April of each of the next two years**, as outlined in the table below.

	Semi-private	Private
Sept. 1, 2013 to March 31, 2014	\$48.00	\$80.00
April 1, 2014 to March 31, 2015	\$96.00	\$120.00
April 1, 2015 to March 31, 2016	\$144.00	\$180.00

Previous charges were \$24 for semi-private accommodation and \$40 for private rooms.

For more information, please visit:

<http://www.health.alberta.ca/services/continuing-care-forms.html>

Alberta Government announces a new funding model for pharmacy reimbursement

Effective April 1, 2014, the Alberta government announced a four-year pharmacy reimbursement model. The model includes:

- A new fee and markup structure for prescription drugs
- Expanded services offered by Alberta pharmacists will include helping diabetes patients manage their medications and performing customized drug assessments; these services will be covered by the government budget even if the patient has a private plan

	April 1, 2014 to March 31, 2015	April 1, 2015 to March 31, 2016	April 1, 2016 to March 31, 2017	April 1, 2017 to March 31, 2018
base price	Manufacturer List Price (MLP)			
dispensing fee	\$12.30	\$12.30	\$12.30	\$12.30
allowable upcharge #1	3%	3%	3%	3%
allowable upcharge #2	5.5% (\$100 max)	6% (\$100 max)	6.5% (\$100 max)	7% (\$100 max)

For more information, please visit:

<http://www.health.alberta.ca/services/pharmacy-fee-reimbursement.html>

health insurance plans

provincial

Saskatchewan

pharmacists to administer vaccines and drugs

On October 30, 2014, amendments to allow for pharmacists to administer vaccines and drugs—such as flu shots and vitamin B12 injections—as well as gaining access and use of laboratory tests, have been proposed.

At the time of publication, this is still pending.

<http://www.saskatchewan.ca/government/news-and-media/2014/october/30/pharmacy-act>

see page 74

Quebec

Bill 20 & insured services under RAMQ

Effective November 28, 2014, Bill 20 restricts coverage for access to in-vitro fertilization to women between the ages of 18 and 42; and, with the exception of artificial insemination services, assisted procreation activities will no longer be covered under the public health insurance plan.

Fertility preservation services will be covered.

<http://www.assnat.qc.ca/en/travaux-parlementaires/projets-loi/projet-loi-20-41-1.html>

see page 93

Quebec

features in effect for July 1, 2014 to June 30, 2015

RAMQ reviews the plan features annually on July 1st. The following features are in effect for the period July 1, 2014 to June 30, 2015.

These adjustments will affect Quebec residents between the ages of 18 and 64, as well as seniors 65 years and older not receiving the Guaranteed Income Supplement (GIS) or receiving the GIS at the rate of one per cent to 93 per cent.

Here are the highlights:

- the maximum annual out-of-pocket for members increases from \$ 992 to \$1,006
- the monthly deductible increases from \$16.25 to \$ 16.65
- the co-pay increases from 32 per cent to 32.5 per cent
- the maximum monthly out-of-pocket annual increases from \$82.66 to \$83.83
- the premium increases from \$607 to \$611

These changes will affect group plans that cover QC residents in the following ways:

- the plan's reimbursement level for drugs will move to 100% once a plan member reaches the out-of-pocket maximum listed above
- the plan's co-pay must be equal to or better than the RAMQ co-pay listed above

see page 97

health insurance plans

Quebec

Quebec

reduction in reimbursement coverage of smoking cessation products

In previous years, RAMQ has increased the plan member coverage and reimbursement of smoking cessation products from \$665 in 2012 to \$725 on January 1, 2013. **For the 2014 calendar year**, the Régie de l'assurance maladie du Québec (RAMQ) announced a reduction of the maximum amount for smoking cessation aids and products to \$700. This reduction takes into account current drug therapies and also reflects the decrease in cost for these products. Please note that the \$700 amount is the total eligible amount within RAMQ. Therefore if a plan reimburses at 80%, the maximum that the plan will reimburse, beginning in the 2014 calendar year, is \$560.

Like other drugs listed within the RAMQ formulary, smoking cessation products are covered only when obtained through a prescription in Quebec. In addition, coverage is limited in terms of duration and in quantity). Smoking cessation products that are covered include skin patches, nicotine gum and lozenges, and two types of tablets.

	2012	2013	2014
Max. Amount Reimbursed Coverage of Smoking Cessation Aids and Products in Quebec	\$665	\$725	\$700

duration of coverage

Skin patches are covered for a maximum of 12 consecutive weeks per 12-month period. During those 12 weeks, the plan reimburses a maximum of 840 lozenges or pieces of gum.

The tablets are also covered for 12 consecutive weeks per 12-month period, whether or not they are used at the same time as the nicotine patches, gum, or lozenges. Coverage of one-type of table may be extended an additional 12 weeks, provided that you have stopped smoking.

The coverage period of smoking cessation products is calculated from the date of purchase said products, not from the date one begins usage.

health insurance plans

provincial

Quebec

RAMQ and announcement for new reimbursement rules for prescriptions marked “do not substitute”

On **February 12, 2015**, Quebec’s Minister of Health and Social Services, Gaéтан Barrette (the Minister), announced new rules regarding the use of the instruction “do not substitute” on innovator drugs prescribed to patients insured by the Régie de l’assurance maladie du Québec (the RAMQ).

Beginning on April 24, 2015, the instruction “do not substitute” on a prescription for an innovative drug will have to be accompanied by a reason code indicating [translation] “a recognized therapeutic consideration specific to a patient’s condition in order to be recognized by the RAMQ. In other words, prescribing physicians will now have to justify the use of “do not substitute” on their patients’ prescriptions when an equivalent generic version is available. The new rules will apply to new prescriptions only. Renewed prescriptions already bearing the instruction do not substitute will be reimbursed until June 1, 2015, even if the physician does not indicate a reason.

It is important to understand, however, that the decision as to which drug they receive (innovator or generic) still lies with the patient. If patients request the innovator version when a generic version is available, they will have to pay the difference in price.

For more information, please visit:

<http://www.msss.gouv.qc.ca/documentation/salle-de-presse/ficheCommunique.php?id=878>

Nova Scotia

maximum reimbursable price for generic solid oral dosage forms

In an effort to better align the pricing of generic drugs in the Pharmacare program, **effective November 1, 2014**, the maximum reimbursable price for generic solid oral dosage forms is now 25%—a decrease of 35% from the manufacturer’s list price.

For more information, please visit:

http://novascotia.ca/dhw/pharmacare/pharmacists_bulletins/Pharmacists_Bulletin_Oct_14-06.pdf

health insurance plans

New Brunswick drug plan

Prescription And Catastrophic Drug Insurance Act

On December 10th, 2013, New Brunswick introduced their Prescription and Catastrophic Drug Insurance Act. This act provides citizens with access to a government-sponsored prescription drug insurance plan (the New Brunswick Drug Plan), which is administered by Medavie Blue Cross. The plan will be jointly funded by the government and plan participants in accordance with their ability to pay. The New Brunswick Drug Plan is designed to ensure all New Brunswickers have access to drug coverage without barriers such as waiting periods, medical exams or pre-existing exclusions.

a brief overview

Phase 1 - Voluntary - Effective May 1, 2014 to March 31, 2015:

- All New-Brunswickers with a valid Medicare card may access the public plan
- Plan members who are currently insured for drugs, but are impacted by exclusions or overall drug caps in their private group plan, may access supplemental coverage through the public plan

Phase 2 - Mandatory - Effective April 1, 2015:

- New Brunswickers with a valid Medicare card must have the minimum level of drug coverage outlined by the Act, whether through a private or public plan
- Private plans will be required to meet the minimum standards outlined by the Prescription and Catastrophic Drug Insurance Act
- One of the following co-pay caps must be in place for the drugs listed on the legislated NB drug formulary:
 - A maximum out-of-pocket for each participant of \$2,000 per year, OR
 - No deductible, and a co-payment that is no more than \$30 per prescription
- Plan Sponsors who offer flexible benefit plans to their members must offer at least one option that meets the minimum level of drug coverage, and members must be allowed to change that option within one year, or after a life event (such as birth, death or marriage)
- Private group plans cannot refuse coverage on the basis of age, gender, or state of health of any eligible participants
- Private group plans cannot have annual or lifetime limits
- Private plans offering vision, dental, medical insurance, or Health Spending Accounts must offer drug coverage
- Private group plans must offer dependent coverage to the age of 19, and for a child over 19 years of age, but under 26 years of age, who is a full-time student at a secondary or post-secondary educational institution

Who is eligible?

On May 2nd, 2014, the New Brunswick Drug Plan became available to citizens who have a valid New Brunswick Medicare Card and fall into one of two categories:

- 1) Do not have private prescription drug plan coverage
- 2) Do have private prescription drug plan coverage and meet one of the following criteria:
 - a) Have already reached their annual or lifetime drug coverage maximum; OR
 - b) Require a specific drug that is on the New Brunswick Prescription Drug Program (NBPDP) formulary but is not on their current prescription drug plan(s).

The plan will cover approved drugs that are on the NBPDP formulary which coincides with a national evidenced-based drug review process currently in use by public drug plans across Canada.

To view the full Prescription and Catastrophic Drug Insurance Act, please visit:

<http://www.gnb.ca/legis/bill/file/57/4/bill-27-e.htm>

health insurance plans

provincial

New Brunswick

provincial drug plan dispensing fee increase

Effective April 1, 2014, the New Brunswick Provincial Drug Plan dispensing fee increased from \$10.50 to \$11.00. This slight increase reflects the amount the pharmacists negotiated for one year.

For more information, please visit:

<http://www.gnb.ca/0212/NBPharmaCheck-e.asp>

Prince Edward Island

drug cost assistance act

The Drug Cost Assistance Act, which became **effective July 1, 2014**, includes legislation which restricts the ability of private plans to coordinate with the public plan and, therefore, has the potential to affect all of PEI's public drug programs.

The Act was prepared following the introduction of the Catastrophic Drug Program in October 2013 and states that the province will be the payer of last resort for individuals with private insurance, who are eligible for coverage under one of the drug cost assistance programs—Catastrophic Drug Program, Seniors Drug Program, etc. Individuals with private insurance must pay the lesser of 20% of the drug cost and dispensing fee, and the balance owing after the claim has been reimbursed by the individual's insurance plan.

For more information, please visit:

http://www.gov.pe.ca/ordersincouncil/pdf/20140619_366-408.pdf

Prince Edward Island

diabetes strategy and insulin pump program for children

Effective July 1, 2014, the government introduced an insulin pump program which covers up to 90% of the cost of insulin pumps and supplies for children under the age of 19 with Type 1 diabetes.

For more information, please visit:

http://www.gov.pe.ca/photos/original/hpei_inslp_qa.pdf

health insurance plans

generic drug pricing chart

generic drug pricing as percentage of brand

province	2010	2011	2012	2013	2014		
British Columbia	60%	42% - 50% Effective July	40% Effective July	35% Effective April	25% Effective April	20% Effective April	
Alberta	45%	35% Effective July					
Saskatchewan	60%	40% - 45% Effective April	35% Effective April				
Manitoba	Lowest generic price match						
Ontario	60%	50% Effective April	35% Effective April	25% Effective April			
Quebec	45%	37.5%	30% Effective April	25% Effective April			
Newfoundland & Labrador	60%			45%	40% Effective July	35% Effective April	25% Effective July 1, 2013
Nova Scotia	60%		45% Effective July	40% Effective Jan.	35% Effective July		
New Brunswick	50% - 70%			40% Effective April	35% Effective January	25% Effective June 1, 2013	
Prince Edward Island	60%			35% Effective April			
North West Territories	Information not available						
Yukon	Information not available						
Nunavut	Information not available						

impact to plan sponsors

The management of drug pricing is critical to the sustainability of drug benefit plans. For groups that have opted for a generic pricing plan, claims for a brand name drug will be reimbursed at the lowest cost alternative. As such, groups with generic pricing in place will benefit the most from provincial drug pricing reforms. For more information about converting to a generic plan, please contact your TWG consultant.

taxation

provincial

Quebec premium tax increase

Effective December 3, 2014, the Quebec premium tax rate was increased from 2.3 per cent to 3.48 per cent.

This move was in accordance with the Quebec Economic Statement—Update on Quebec’s Economic and Financial Situation—that was released by the Quebec Minister of Finance on December 2, 2014. This premium tax change was applicable to Group Insurance and ASO plans containing Quebec content and was only applied to the Quebec content portion of the plan. Group Retirement plans are not affected.

Also effective December 3, 2014, the Quebec compensation tax was temporarily increased from 0.3% to 0.48%. The compensation tax should decrease from 0.48% to 0.3% on April 1, 2017 and should be eliminated as of April 1, 2019.

For more information, please visit:

<http://www.finances.gouv.qc.ca/en/page.asp?sectn=2&contn=323>

taxability status of premiums and benefits

In the past, CRA allowed taxes on Short and Long-Term Disability income to be paid upon the filing of a claimant’s annual income tax return – that is, it was not necessary to deduct tax payments when they were issued – and many insurers deducted small amounts at a rate lower than required.

Effective January 1, 2015, the CRA requires that appropriate income tax be deducted from taxable STD/LTD benefits as they are issued.

Effective September 1, 2014, the Manitoba Government requires plan sponsors who offer members “uninsured” short or long term income-replacement benefits as a result of sickness or disability, must disclose that the benefit is an unsecured financial obligation, not underwritten by an insurer regulated under the Insurance Act.

general legislation

federal updates

amendments increasing fines and requiring federal employers to insure LTD plans

Effective July 1, 2014, there will be CLC amendments to sections 434 to 439 of the Jobs, Growth and Long-term Prosperity Act ("JGLPA"). increase fines and also require Federal employers to insure LTD plans. The JGLPA is omnibus legislation giving effect to certain initiatives contained in the federal Budget 2012.

Sections 434 to 439 amend the Canada Labour Code ("Code") to, among other things: require every federal employer that provides benefits under a long-term disability plan to its employees to insure the plan, on a go-forward basis, with an entity that is licensed to provide insurance under the laws of a province, subject to any prescribed exceptions; and increase the maximum fines for violations of the minimum standards established under Part III (Standard Hours, Wages, Vacations and Holidays) of the Code.

Nursing Act Amendment

Effective January 1, 2014, section 4.5 of the Nursing Act, 1991 will come into force, adding "dispensing a drug" to the list of authorized acts a member, other than a member described in section 5.1 of the Act ("certain authorized nurses"), is conditionally authorized to perform in the course of engaging in the practice of nursing.

To view amended section of the Nursing Act, 1991, please visit:

http://www.e-laws.gov.on.ca/html/source/statutes/english/2009/elaws_src_s09026_e.htm

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