

BOMBARDIER

Employee Benefits

Unionized Employees
Permanent Full Time

Unifor Local 62



INTRODUCTION

Your benefits constitute an important part of the total compensation you receive from Bombardier. The present document has been prepared to allow you to become familiar with the various parts of each of the plans offered to you. We invite you to read this document. Should you have any questions, please contact the Employee Service Centre.

- HEALTH AND DENTAL CARE 1**
 - Health Care 2**
 - Vision care 5**
 - Dental Care 5**
 - Limitation and exclusions 7**
 - Other information 9**

- IN CASE OF EMERGENCY WHEN TRAVELLING 12**
 - Medical coverage in case of emergency 12**
 - Limitations and exclusions 16**

- LIFE AND ACCIDENT INSURANCE 18**
 - Life insurance 18**
 - Accident insurances 19**
 - Exclusions 20**
 - Other information 21**

- DISABILITY BENEFITS 23**
 - Short term Disability 23**
 - Long term Disability 24**
 - Exclusions and limitations 25**
 - Other information 26**

- RETIREMENT PLAN 27**

- VACATION, HOLIDAYS AND OTHER APPROVED ABSENCES 31**
 - Vacation 31**
 - Statutory Holidays 31**
 - Approved Absences 31**
 - Other Approved absences 33**

HEALTH AND DENTAL CARE

Eligibility for you and your dependents

As a full-time permanent unionized employee, you are covered once you have completed **three months** of continuous service, provided that you are not absent from work due to an illness or injury on that day. If you are absent due to an illness or injury, coverage starts on the date you return to active work.

Once you are covered, you may choose to cover your eligible dependents for health and dental care. Your eligible dependents include your spouse, including a common-law spouse¹, your unmarried dependent children under age 18, or under age 26 if a full-time student at a recognized educational institution, your totally disabled children over age 17 who are fully dependent on you for support, provided they qualified as an eligible dependent child when their disability began.

You may opt out of the health and dental care plan if you participate in another such plan, for example, that of your spouse's employer. For Quebec residents however, the *Loi sur l'assurance médicaments du Québec* (Quebec Prescription Drug Insurance) requires that you submit proof in writing from the sponsor of the other plan indicating that you are in fact covered by that plan.

That same law also calls for spouses and dependent children to be covered by an insurance contract for health care. They must therefore be covered either by your spouse's plan or by yours. Please contact the Employee Service Centre ((514) 855-7474 or at Cse_canada@aero.bombardier.com) for more information.

Please note that you can change coverage or add your spouse as a dependant only if there is one of the following changes in your family situation. In these cases, you **must** contact the Employee Service Centre within **30 days** following the change.

- you got married, or your common-law spouse became eligible (12 months)
- your first child was born or adopted/leaves of absence
- your last dependent died, making family coverage unnecessary
- your spouse or your children lost their coverage following loss of employment, divorce or separation.

Cost

The health and dental care plan is fully paid by Bombardier. However, under current Quebec tax laws, employer-paid premiums for group health and dental benefits are considered taxable income for the employee for provincial income tax purposes.

Deductible

A deductible of \$75 per person, maximum of \$200 per family is applied every calendar year to eligible expenses.

The deductible does not apply to vision care expenses, nor hospitalization care. Expenses incurred in the last three months of a calendar year that were used to satisfy the deductible for that year will automatically be carried over and used toward satisfying the deductible of the following year.

¹ With whom you have been living with in a conjugal relationship continuously for at least one year, or less if you have a child.

Health Care

Eligible expenses

The plan pays, after the application of the deductible, **80%** (except otherwise mentioned) of the cost of reasonable and customary charges medically recommended by a physician or other registered professional.

Drugs

Eligible drugs

Drugs, including methadone, vaccines, anesthetics and oral contraceptives, available in Canada, which can only be obtained with the written prescription of a healthcare provider who is legally licensed to prescribe drugs and dispensed by a pharmacist.

After application of the deductible, the percentage of reimbursement of eligible drugs is the following:

- Original drugs in which there exists an equivalent generic drug are reimbursed at 95% of the lowest priced interchangeable drug;
- Original drugs without equivalent generic drugs are reimbursed at 80% of the original drug;
- Generic drugs are reimbursed at 95% of the lowest priced interchangeable drug

Maximum annual out-of-pocket expense

Regardless of the amount of your claims for drugs the maximum amount you will pay for this type of expenses is **\$800** per adult. When your expenses reach these amounts, drugs will be reimbursed at 100%.

Laboratory test, X-rays and audiogram

Laboratory test, X-rays and audiogram made in a private laboratory for diagnostic purposes when prescribed by a physician.

Physiotherapist and psychologist

The services of a physiotherapist and a physical rehabilitation therapist are subject to a combined maximum reimbursement of **\$1,500** per person per calendar year.

The services of a psychologist, psychotherapist, social worker, family therapist, marriage counselor, clinical counsellor, and guidance counsellor, are subject to a combined maximum reimbursement of **\$3,000** per person per calendar year. Psychological assessments are excluded.

Specialists must have graduated and be duly registered members of a recognized professional association. To validate if a professional or association is covered by the plan, please contact Industrial Alliance before incurring the applicable fees at 1-888-295-6555.

Other specialists

The services of chiropractor, naturopath, osteopath, speech therapist, podiatrist, massage therapist, occupational therapist, kiotherapist, dietician, and acupuncturist, are subject to a maximum reimbursement of **\$650** per person per calendar year;

X-rays by a chiropractor, a naturopath, an osteopath and a podiatrist are reimbursed at **100%** up to a maximum of **\$25** per calendar year.

Specialists must have graduated and be duly registered members of a recognized professional association. To validate if a professional or association is covered by the plan, please contact Industrial Alliance before incurring the applicable fees at 1-888-295-6555.

Hospitalization care and ambulance

Hospitalization care

The plan reimburses **100%** of the cost of the hospitalization care, engaged in the province of residence of the employee, which are in excess of the amount reimbursed by the government health plan, up to a maximum of the cost of the semi-private room.

Furthermore, the plan reimburses **80%** of the cost of a semi-private room in a convalescent or rehabilitation institution, up to a maximum of **\$20** per day and **\$30,000** in a lifetime, subject to the following conditions:

- 1) transfer to this institution must happen after a hospitalisation of at least **three days**;
- 2) stay in this institution must be prescribed by a physician;
- 3) stay must start within **14 days** after the end of the hospitalisation.

Ambulance

Licensed ambulance service for emergency transportation to the nearest hospital when the physical condition of the covered person precludes the use of any other means of transportation.

The first **\$60** is reimbursed at **100%**, excess charges are reimbursed at **80%**.

Closed treatment

Expenses processed following a therapy to treat addiction to alcoholism, gambling or drug, for a closed treatment in an establishment approved by the insurance company (including the cost of the room, meals and nursing care) are reimbursed at **100%** to the amount of \$3,500 lifetime.

Orthopaedic shoes

Purchase of orthopaedic shoes is reimbursed at **50%**. Mass-produced and off-the-shelf orthopaedic shoes that are regularly stocked are excluded.

Orthopaedic appliances

Purchase of arch-support, orthopaedic soles, splint of Dennis Browne and shoes bought and used for those splint wearing, as well as alterations made to orthopedic shoes are reimbursed at **80%**.

Miscellaneous expenses prescribed by a physician

Dental surgeon

Dental care given out of hospital by a dentist, in accordance with the normal suggested fee for a general practitioner, and required a result of accidental injury to whole, healthy and natural teeth. Only care received within 12 months of the accident is covered. All other dental expenses are excluded.

Home nursing care

Prescribed services rendered at the covered person's home by a registered nurse up to a maximum of \$25,000 per calendar year.

The nurse cannot be a close relative. Furthermore, domestic help, companion, nursemaid or custodial services are not covered.

Hearing Aids

Initial purchase, replacements or repairs of hearing aids or related devices (excluding batteries) and the professional services given by a hearing aid acoustician following the purchase of the hearing aid provided that they have been prescribed by a physician, an audiologist or a speech therapist up to a maximum of \$550 per period of two calendar years.

Medical certificate

Physician fees for a medical certificate or for additional information, when a sickness occurs, regarding a disability request under short and long term benefits.

Fees are reimbursed at **100%** from the second medical certificate and date on receipt must be different from the date of the beginning of disability.

Other medical cares prescribed by a physician

- Oxygen and rental of equipment necessary for its administration;
- Needles, syringes and other necessary products for diabetics are reimbursed at **100%**;
- Supplies required as a result of colostomy or ileostomy are reimbursed at **100%**;
- Purchase of anti-smoking products according to QHIP parameters are reimbursed at **80%** (95% for a generic drug)²
- Purchase of artificial limbs and eyes, if loss occurred while covered;
- Rental or purchase of a wheelchair (excluding electric wheelchair except for quadriplegics), a hospital bed (excluding electric bed) and any other therapeutic appliances (excluding batteries), conditioning to approval by the insurance company;
- Purchase of an electronic pacemaker;
- Purchase of one pressure monitor or PRES type during **lifetime**;
- Purchase of breast prostheses, up to a maximum of **\$200 per calendar year**;
- Purchase of medical elastic stockings prescribed for the treatment of varicose veins following significant skin burns or following a surgical intervention;
- Purchase of intra-uterine devices;
- Purchase of one diaphragm **per calendar year**;
- Purchase or rental of orthopaedic appliances other than orthopaedic shoes or podiatric orthosis obtained in an approved establishment or laboratory and whose are required following a corporal injury or disease;
- Purchase or rental of crutches and purchase of medical supports, trusses and plaster cast (except for fibre-glass plaster), neck braces and cervical collars;
- Cost of varicose, including fees of the physician;
- Purchase of blood glucose monitor for insulin-dependent diabetes for a period of **two calendar years**;
- Fee for cosmetic surgery needed following an accident, which occurred while the person was insured provided treatments started within **90 days** following the date of the accident.
- Purchase of capillary prosthesis in case of illness up to a maximum of **\$300 for life**.
- Purchase of platelet-rich plasma injections up to a maximum of **\$500 per calendar year**.

² Subject to mandatory generic substitution: if the drug is an original drug which has a generic equivalent, the amount payable (for the reimbursement of the generic drug) will be based on the lowest priced interchangeable drug, if applicable.

Vision care

Eye exam

Cost of one eye exam by an ophthalmologist or an optometrist per person per period of **two calendar years**.

Eyeglasses and contact lenses and laser surgery

Glasses (lenses and frames), contact lenses and laser surgery are covered if prescribed by an ophthalmologist or an optometrist up to the following maximum

Eyeglasses and contact lenses

- \$250 per child under age 18, per year.
- \$250 per adult, per period of two calendar years.

Laser surgery

- \$550 lifetime maximum per covered person.

There is no deductible for vision care and expenses are reimbursed at **100%**.

The waiting period between claims is based on the date of your last purchase.

Dental Care

The Dental plan will reimburse you for the **reasonable and customary** dental expenses for **necessary** services in the following categories: Preventive services, Basic services, Major services, Orthodontic services.

Deductible

A deductible of **\$25 per person, maximum of \$50 per family** is applied every calendar year to eligible expenses.

Expenses incurred in the last three months of a calendar year that were used to satisfy the deductible for that year will automatically be carried over and used toward satisfying the deductible of the following year

Reimbursement

Preventive and basic services	Reimbursed at 90%
Major services	Reimbursed at 80%
Orthodontic services	Reimbursed at 50% (for dependant children only)

A maximum of **\$2,000** per calendar year per person for the entire coverage of Preventive services, Basic services and Major services. A lifetime maximum of **\$2,500** per person (for dependant children only) for Orthodontic services.

Eligible expenses

Maximum eligible expenses are established in accordance with the current fee guide of the dental association in the province of residence of the employee (for generalists and specialists). When several appropriate treatment possibilities exist, reimbursement of eligible expenses will be determined based on the least expensive procedure.

Only expenses that are under way are reimbursable. Expenses are considered as under way only once the treatment is done, even if a treatment evaluation program has been submitted and approved by the plan administrator.

Preventive and Basic services

1) Preventive services³

- a) Examination and diagnostic services
- b) X-rays⁴
- c) Tests and laboratory examinations
- d) Polishing, fluoride application, scaling
- e) Consultations

2) Basic services

- a) Acrylic or composite resin
- b) Minor surgical services and Anaesthesia
- c) Adjustment, rebasing, relining and polishing of removable denture
- d) Endodontic services
- e) Parodontal services
 - i) surgical and non-surgical services
 - ii) occlusal equilibration (up to **8 units** per year)
 - iii) gingival curettage⁵
 - iv) provisional splinting
 - v) occlusal guard (bruxism only)

Major services

1) Restorations

- a) gold restorations
- b) Inlays, metal or porcelain
- c) Inlays deep ⁶

2) Initial removable appliance, full or partial

3) Fixed appliances

- a) crowns
- b) bridge pontics
- c) retainers or post
- d) butterfly bridge

³ Once every 9 months

⁴ Complete series of periapical and panoramic once every 24 months.

⁵ This treatment is covered up to 6 sextants or 4 quadrants or up to 28 teeth per calendar year. The whole treatment must be performed by the dentist and will only be covered if the parodontal pockets have a depth of 4mm and more. In all cases, pertinent x-rays and parodontal chart must be submitted.

⁶ If the treatment is necessary for at least in 3 faces of the tooth and standard restorative material are not suitable.

Orthodontic services

Reasonable expenses processed for orthodontic treatments given by an orthodontist in order to correct dental malocclusion or dental irregularities.

Treatments are covered for dependant children only.

Only expenses that are under way are reimbursable. Expenses are considered as under way only once the treatment is done, even if a treatment evaluation program has been submitted and approved by the plan administrator.

Pre-determination of benefits

When a treatment is expected to cost more than **\$500**, you **must** submit a treatment plan to the plan administrator, along with supporting x-rays and other diagnostic records. The plan administrator will then advise you of the benefits payable on the basis of the treatment plan. This will allow you to identify any expenses that will be your responsibility, as they are not paid by the dental care plan.

A treatment plan is considered valid when treatment starts within **90 days** of the date that the plan was submitted.

Limitation and exclusions

Limitation

- The amount of benefits is reduced by any benefit that is payable or reimbursable under a government plan, a group plan or an individual plan, or that would have been payable had the person submitted a claim.
- Certain drugs known as “exception drugs” in the QHIP list are covered for therapeutic use and under the conditions determined by the applicable regulations of the General Medical Insurance Plan. An “exception drug” is one requiring a pre-authorization from the insurance carrier.
- The health and dental care coverage have been established without anticipating any changes that might be made to Government programs. Should coverage change under the Government programs, we will consider at that time whether the Bombardier plan should be modified in light of these changes.
- Composite restoration (white filling) are not covered for children under age 10;
- Replacement of a temporary bridge or denture is reimbursable if:
 - the appliance is in place for at least **three years** and is irreparable;
 - the appliance is temporary and is replaced by a permanent appliance within **12 months** following the initial installation
 - with the exception of partial dentures, the replacement is necessary for the extraction of one or more additional natural teeth while insured;
- When laboratory fees apply to major services, these fees are limited to 60% of the established fees for this procedure.

Exclusions

- Expenses which are or would normally be payable or reimbursable under any workers' compensation act, if a claim had been submitted;
- Expenses resulting from attempted suicide or voluntary self-inflicted injury, while sane or insane;

-
- Expenses resulting from injury or illness caused by civil unrest, insurrection or war, whether war be declared or not, or participation in a riot;
 - Cosmetic surgery or treatment, when determined as such by the plan administrator, unless such surgery or treatment is for accidental injuries and commenced within 90 days of the accident;
 - Any care or treatment included in the protocol of a research and development program for a product whose use has not been recommended by the manufacturer or which does not comply with government standards, or any other expenses incurred for care or treatment that is not recognized as normal, customary and common practice;
 - Any portion of the charge for services in excess of the reasonable and customary charge normally incurred for an illness of the same nature and severity in the locality where the service is provided;
 - Care and services rendered free of charge or which would be free of charge were it not for insurance coverage or which are not chargeable to the insured person;
 - Rest cure or travel for reasons of health;
 - All care or treatment related to fertility or infertility;
 - Purchase or rental of any comfort or massage apparatus, and of domestic accessories that are not exclusively for medical purposes;
 - Expenses incurred for the administration of serums, vaccines and injectable medications;
 - Contraceptives, except if mention is made that these expenses are covered under the present benefit;
 - Purchase of food or nutritional supplements, as well as costs for treatment of obesity, whether or not prescribed for medical reason;
 - Drugs without therapeutic indication aiming to improve the quality of life;
 - Hair growth stimulants, anabolic steroids and growth hormones;
 - Homeopathic products;
 - Annual physical;
 - Vitamins and minerals.
 - Treatment or appliance (including occlusal guard) to correct vertical dimension or any temporomandibular joint;
 - Services rendered by a dental hygienist and not administered under the supervision of a dentist;
 - Dental services covered under the health insurance, if such benefit is part of this contract, or under any other group insurance contract;
 - Care or services related to implants.

Other information

Coordination of benefits

When an insured person satisfies the conditions for receiving benefits simultaneously under this coverage and any other coverage, the benefit payable to such a person follows the order of priority described hereunder:

- 1) The benefits of any coverage that does not include a benefit coordination clause are payable before those which would otherwise be payable under this coverage.
- 2) The benefits of any coverage that includes a benefit coordination clause are payable according to the following order of priority, by the coverage under which the insured person qualifies for benefits as:
 - a) An employee; priority will go to the plan in which the employee participates as
 - i) An active full-time employee, on a permanent or temporary basis;
 - ii) An active part-time employee, on a permanent or temporary basis;
 - iii) A retiree.
 - b) A dependent spouse;
 - c) Dependent child; the priority will be as follows:
 - i) The plan of the parent with the earlier birthdate in the calendar year;
 - ii) The plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same birthdate.
 - d) Dependent child of separated or divorced parents; the priority will be as follows:
 - i) The plan of the parent with custody of the child;
 - ii) The plan of the spouse of the parent with custody of the child;
 - iii) The plan of the parent who does not have custody of the child;
 - iv) The plan of the spouse of the parent who does not have custody of the child;
 - v) In cases of joint custody, see section "C".

At no time will the amount of benefits payable under this coverage, according to the conditions of this article, exceed the amount which would have been payable in the absence of this clause.

When, as a result of this article, the benefits under this coverage are payable after those of another coverage, the benefits payable under this coverage are equal to the lesser of:

- the total benefits that would have been payable in the absence of this article;
- the total covered expenses under the present contract, less the benefits payable under any other coverage.

The benefits payable under any coverage include benefits to which the participant would have been entitled had he duly submitted a claim.

When expenses for dental care are incurred following an injury to natural teeth, these expenses are reimbursable in the first place by any coverage providing reimbursement of expenses incurred in such a case.

The portion of expenses which is not covered by any coverage providing reimbursement of expenses incurred following injury to natural teeth is payable in accordance with the terms and limitations of the present provision.

Obtaining reimbursements

Drug expenses and dental expenses

- You may use your drug card for prescriptions where this system is available;
- Your dental claims may be sent electronically if your dentist has the proper software.

Submit your claims online – Simple and convenient!

- Log in to My Client Space on ia.ca/myaccount; or
- Download the iA free mobile app



- If you have never used My Client Space before, you must create an account. To use iA Mobile, make sure you have first created an account in My Client Space.

Claims form

- You may use the medical forms which are available at the E.S.C kiosk of your division, or for dental fees, the dental claim forms which are available from your dentist;
- Make sure you complete the form properly;
- Attach all original receipts.

On the claim form, make sure you indicate your certificate number, which is your Bombardier employee number (which starts with a B on your access card). When you claim for vision care expenses, make sure the detailed prescription is included.

Your claims can be forwarded to the insurance company by:

- Remitting it at the Employee Service Centre kiosk, in an envelope addressed to Industrial Alliance;
- Sending it by mail;

In the event of absence from work

Coverage under the health and dental care plan in the event of absence from work is as follows:

- In the case of a **maternity, paternity, adoption or parental leave**, coverage is maintained;
- In the case of an **authorized leave of absence without pay**, coverage is maintained for up to **12 months**;
- In the event of **disability**, coverage is maintained for you and your eligible dependents;
- In the event of a **non-authorized absence** from work, coverage is suspended for you and your dependents;
- In the event of a **layoff**, coverage is suspended for you and your dependents for the period's duration;

In the event of death

In the event of your death prior to retirement, coverage is maintained for your eligible dependents for the **three months** following your date of death.

In the event of phased retirement

Health care benefits are maintained for the duration of your phased retirement. However, dental care benefits cease at the effective date of your phased retirement.

In the event of termination of employment and/or full retirement

Health and dental care benefits cease at the time of termination (including retirement).

However, if an insured person receives, within the 30 days immediately following the termination of insurance, dental care listed hereafter, the insurer pays the benefits to which he would have been entitled to if the insurance had not terminated, provided this policy is in force on the date the treatment is rendered:

- Complete or partial removable dentures, provided the initial impressions have been taken before the termination of insurance;
- Fixed dentures, gold foil restorations, inlays and onlays, and crowns, provided the tooth was prepared before the termination of insurance;
- Endodontic treatments provided the tooth was opened for a root canal treatment before termination of insurance.

IN CASE OF EMERGENCY WHEN TRAVELLING

This insurance covers emergency expenses which occur when you or your dependents are travelling outside your province of residence. The cost of this coverage is fully paid by Bombardier. You are eligible for this coverage if you are eligible for the health and dental coverage, i.e. upon hiring. Your dependents are also covered when you are (if you have chosen a family coverage for the health and dental plan) or on the date they become eligible dependents⁷.

To be reimbursed, eligible expenses incurred must first be authorized by the medical assistance service provider.

Travel assistance lines

In the event of a medical EMERGENCY, you or your representative must call the medical assistance service provider as soon as possible at one of the following numbers:

<p>From Canada or the United States: 1-800-203-9024 From anywhere else: (514) 499-3747 (collect)</p>
--

To facilitate the exchange, the caller must identify himself, give the telephone number he is calling from, the group number and the certificate number (employee number).

If calling collect is not possible, Industrial Alliance will reimburse the cost of the call.

Medical coverage in case of emergency

All customary and reasonable expenses and services are covered in **emergency situations** resulting from an accident or sudden illness that occurs outside the province of residence. The insured person must be covered under the hospital and health government programs in his province of residence.

Eligible treatments are those declared necessary to stabilize the insured's medical condition. Benefits are paid over and above benefits granted by government programs.

This coverage applies only to trips outside the province of residence that do not exceed a total duration of 90 days for active employees.

Expenses are reimbursed up to a lifetime maximum of \$5,000,000 per insured person.

Hospital, medical and paramedical expenses

Hospitalization

Cost of hospital services in a semi-private or private room that exceeds the amount refunded or refundable under the government health program in the insured person's province of residence.

Incidental expenses

Expenses inherent to hospitalization (telephone, television, parking, etc.), with a voucher, up to \$100 per hospital stay.

⁷ Your eligible dependents include: your spouse, including a common-law spouse, your unmarried dependent children under age 18, or under age 26 if full-time students at a recognized educational institution, your totally disabled children over age 17 who are fully dependent on you for support, provided they qualified as an eligible dependent child when their disability began.

Physicians' fees

Difference between the fees charged by a physician and the amount paid under the government health program in the insured person's province of residence.

Medical appliances

Purchase or rental cost of crutches, canes or splints and rental cost of standard manual wheelchairs, orthopaedic devices and other medical appliances, when prescribed by the attending physician.

Nursing care

Fees of a Registered Nurse (other than a relative) for private care while hospitalized and when medically necessary and prescribed by the attending physician.

Diagnostic services

Charges for laboratory tests and X-rays when prescribed by the attending physician.

Drugs

Cost of drugs prescribed by a physician when they are required for an emergency treatment.

Dental care

Fees of dental surgeons for dental treatment required when, as the result of an external injury, natural, sound and previously untreated teeth are damaged or when it is necessary to reduce a fracture or dislocation of the jaw. In all cases, treatment must begin during the period of coverage and end within six months of the accident. The maximum refund is \$2,000 per accident per insured person.

Fees of a dental surgeon for any other emergency treatment required to relieve pain are reimbursed up to a maximum of \$200 per insured person.

Transportation expenses

The following services must be approved and planned by the medical assistance service provider.

Ambulance service

Cost of ground or air ambulance for transportation to the nearest qualified medical facility including inter-hospital transfer, when the attending physician and the medical assistance service provider determine that existing facilities are inadequate to treat or stabilize the patient's condition.

Repatriation to the province of residence

The cost of repatriating the insured person to the province of residence by means of appropriate transportation to receive immediate medical attention, with the authorization of the attending physician and the medical assistance service provider.

The cost of simultaneously repatriating a travelling companion or any member of the insured person's immediate family who is also covered, if the person is unable to return to the departure point by means of the transportation initially planned for such return.

Transportation to visit the insured person

Economy class round trip fare for transportation of a family member

- going to the hospital where the insured person has been confined for seven days or more (requires the attending physician's certificate attesting that such attendance was necessary), or
- to identify the deceased, where required, prior to transportation, cremation or burial.

Return of the vehicle

Cost of returning the insured person's vehicle, either private or rented with a commercial agency, to the insured person's residence or nearest appropriate vehicle-rental agency, when the insured person is unable to drive due to an illness or an accident, subject to a maximum refund of \$1,000. A medical certificate is required from the attending physician in the locality where the incapacity occurred, stating that the insured person is incapable of using the vehicle.

Disposal of the remains

In the event of death, up to \$7,500 for the cost of preparing and transporting the mortal remains to the departure point in the province of residence (excluding the cost of a coffin), or for the cost of cremation or burial at the place of death.

Subsistence allowance

Accommodation and meals in a commercial establishment when the insured person's return must be delayed due to illness or bodily injury to himself or to an accompanying member of his immediate family or to a travelling companion, up to \$3,000 (maximum of \$150 per day for up to 20 days).

Medical assistance

Toll-free emergency hotline, 24 hours a day, seven days a week to assist an insured person who must consult a physician or requires hospitalization following an accident or sudden illness. The medical assistance service provider will intervene where required and provide the following support services:

- Guide the insured person to a physician or appropriate hospital if the insured person is not in a capable position to do so;
- Organize consultations with general physician and specialists to obtain the best medical care available in the area, at the request of the insured person;
- Assist with admission into the hospital;
- Confirm the medical insurance coverage to spare the insured person a substantial monetary deposit;
- Repatriate the insured person to his province of residence, when necessary;
- Co-ordinate the safe return home of dependent children, if the parent is hospitalized;
- Make the necessary arrangements for transporting a family member to the patient's bedside if the insured person is hospitalized for at least seven days and if the attending physician prescribes such attendance;
- Co-ordinate the return of the insured person's vehicle if he is unable to bring it back due to an illness or accident.

General assistance

- Toll-free assistance lines available 24 hours a day and seven days a week;
- Transmittal of urgent messages;
- Co-ordination of claims;
- Services of an interpreter for emergency calls;
- Referral to legal counsel in the event of a serious accident;
- Settlement of formalities in the event of death;
- Assistance in the event of loss or theft of identity papers;
- Information regarding embassies and consulates;

- Pre-travelling information with regard to visas and vaccines.

If you are absent from work

Maternity, paternity, adoption or parental leave

Coverage is maintained at no cost for an employee who is not actively at work because of a maternity, paternity, adoption or parental leave.

Authorized leave of absence without pay

Coverage is maintained for up to 12 months for an employee who is on an authorized leave of absence without pay.

In the event of disability

Coverage is maintained for an employee who is absent from work due to an accident or sickness.

In the event of a layoff

Coverage is suspended in the event of a layoff for the period's entirety.

In the event of termination of employment or retirement (including phased retirement), and termination of coverage

Coverage ceases on the earliest of the following dates:

- Termination of employment or retirement (including phased retirement);
- Termination of coverage under the government health program in his province of residence.
- Attainment of age 70 while still actively at work;
- If the case arises, the day the insured person commits a fraudulent act against the insurer.

Individual travel insurance

Trips exceeding 90 days (for active employees)

If the insured person plans a trip that exceeds 90 days, the insured may purchase an individual Travel Insurance coverage with Blue Cross for the number of days exceeding the group insurance coverage period. This coverage must be purchased before departure.

This individual travel insurance coverage would begin once the group insurance coverage terminates at the end of the aforementioned period. This individual coverage would remain active for the period in which the premium has been paid prior to departure.

For more information or to purchase an individual travel insurance for the number of exceeding days, please contact one of the following numbers:

514-906-4923
888-906-4923

Submitting a claim

For reimbursement purposes, eligible expenses must be incurred with the **prior approval of the medical assistance service provider**. The insurer reserves the right to deny a claim if the insured person has failed to communicate with the medical assistance service provider in case of medical consultation or hospitalization.

Detailed invoices for hospital, medical or other services are required as well as an attending physician's statement confirming that all services for which a claim is submitted were rendered. The insurer will make necessary arrangements with government plan authorities.

Claim forms are available at the following address:

**Industrielle Alliance
Claims / Travel insurance
Postal box 800, Station Maison de la Poste
Montreal (QC) H3B 3K5**

Duly completed claim form must be filed with the insurer no later than 12 months after the date expenses are incurred.

Coordination of benefits

Reimbursements from all sources may reach up to 100% of actual expenses. Expenses incurred by the spouse covered as an employee under another plan are first reimbursed by the spouse's plan and then by this plan for the remainder.

Expenses incurred by children covered as dependents of the two parents are first reimbursed by the insurance plan of the parent with the earliest birth date in the calendar year.

Limitations and exclusions

Limitations

Repatriation

In the absence of medical contraindication, the insurer may require repatriation of any insured person or transfer to their medical facilities. Refusal by the insured person cancels all rights to benefits.

Automatic extension

This coverage will be automatically extended at no cost at the end of the maximum period of 90 days per trip:

- Up to 24 hours when return home is postponed due to a delay of the carrier or as the result of a traffic accident or mechanical failure of the insured person's private vehicle returning to the departure point (claim must be supported by vouchers); or
- During the hospitalization period and the 24 hours following the insured person's discharge from hospital; or
- Up to 72 hours when return home is delayed due to an insured person's illness that begins within 24 hours of the anticipated return date and requiring emergency medical care.

Exclusions

- Expenses incurred after the insured person has been repatriated by the insurer for medical reasons;
- Expenses incurred due to pregnancy or complications arising from it within eight weeks prior to the expected date of delivery;

- Accident occurring while participating in a sport for remuneration, any kind of motor-vehicle or speed contest, gliding or hang-gliding, mountain climbing (trails graded 4 or 5 according to the *Fédération québécoise de la montagne et de l'escalade*), parachuting or skydiving, bungee jumping;
 - Abuse of medication or use of drugs, and driving a motor vehicle, an aircraft or a boat while under the influence of drugs or with an alcohol level exceeding 80 milligrams per 100 millilitres of blood;
 - Suicide, attempted suicide or voluntary injury, whether the insured person is sane or not;
 - War (declared or not), invasion, acts or attacks of foreign enemies, hostilities or conflicts between nations, civil war, guerrilla warfare, military campaign or operation, revolt, rebellion, insurrection, riot, public commotion or upheaval, public disorder, mutiny, piracy, coup d'état, terrorism, threat of terrorism, attacks of all natures, violence with the aim of achieving a political goal;
- Notwithstanding the preceding paragraph, the events described above are covered for employees travelling on business for Bombardier, subject to an overall maximum of \$600,000 per event for all insured persons impacted by the event;
- Trip in any country for which the Canadian government has issued a recommendation to the effect that Canadians should not travel in such country, when the recommendation has been issued before the insured person's departure;
 - However, if the employee travels on business for Bombardier, the trips described above are covered, subject to an overall maximum of \$600,000 per trip for all insured person concerned;
 - Perpetration or attempt to perpetrate a criminal act, whether directly or indirectly, as defined under any legislation;
 - Charges for any care, treatments, products or services other than those that appropriate medical authorities have declared necessary to treat the injury or disease or to stabilize the medical condition;
 - Nurses' fees for custodial care or services rendered mainly for the patient's convenience;
 - Expenses incurred for cosmetic purposes;
 - Expenses incurred outside the insured person's province of residence when such expenses could have been incurred in the province of residence without endangering the life or health of the insured person, with the exception of expenses for treatment that is immediately necessary following an emergency due to an accident or sudden illness. Under this exclusion, the fact that the treatment available in the province of residence could be of lesser quality than the treatment available outside the province of residence does not constitute a danger for the insured person's life or health;
 - Without restricting the generality of this exclusion, no benefits are available under this plan for any insured person travelling outside the province of residence primarily or incidentally to seek medical advice or treatment, even if such a trip is on the recommendation of a physician;
 - Medical or hospital costs incurred outside the insured person's province of residence that are not covered under the government health program in such province;
 - The following products are not covered under this plan, even when obtained with a prescription:
 - Processed food for infants,
 - Dietary or food supplements or substitutes of any kind, including proteins and "natural products",
 - Multivitamins and over-the-counter drugs;
 - Antacids, digestives, laxatives, anti-diarrhoeas, decongestants, cough syrups, expectorants and any other flu or cold medications, gargles;
 - Oils, shampoos, lotions, soaps and all other dermatological products;
 - All expenses refunded or liable for refund through the government health program in the insured person's province of residence;
 - All expenses incurred during a trip exceeding 90 days (for active employees) or 60 days (for eligible retirees).

LIFE AND ACCIDENT INSURANCE

Life insurance

Eligibility

As a full-time permanent unionized employee, you become eligible for coverage under the Basic Life and Basic Accidental death and dismemberment (AD&D) insurance plans once you have completed **three months** of continuous service.

You must be actively at work full time on the day you become eligible for coverage to begin. Otherwise, coverage begins on the date you return to work full time.

If you are on disability (including progressive return) at the time there are changes to the collective agreement, the changes will take effect at the time of your return to work full time

Cost

Bombardier pays the full cost of your Basic Life and Basic AD&D insurance coverage. However, under current tax laws, company-paid premiums are considered taxable income for the employee.

You pay the cost of Optional life and Optional AD&D insurance. The premiums for Optional Life for you and your spouse will be based on the amount elected, age and whether you are a smoker or not. The premiums for child coverage is a flat rate and **not dependent on the number of children**. The premium for Optional AD&D insurance is based on the coverage elected

Basic Life insurance

Participant	\$60,000
Spouse	\$3,000
Children ⁸	\$1,500

Optional Life insurance

You may also elect Optional Life insurance for you and for your dependents. Your Optional Life insurance plan allows you to increase your life insurance coverage at low cost as long as you remain a permanent employee of Bombardier and up to **age 70**. For your spouse's optional life insurance, coverage is maintained until the earliest of the following dates: your 70th birthday, your spouse's 70th birthday, or your retirement.

Employee	Up to \$300,000 in increments of \$5,000
Spouse	Up to \$200,000 in increments of \$5,000
Dependent children⁹	Up to \$50,000 in increments of \$5,000

⁸ Not applicable for a child under 24h.

⁹ See note 8.

Proof of insurability

No proof of insurability is required for Basic Life insurance. Proof of insurability will not be required for Optional Life insurance for amounts below the maximum available without proof of insurability (which is equal to **\$40,000** for yourself and for your spouse and **\$20,000** for children), if:

- a) You join the Optional Life insurance plan within **31 days** following the eligibility of the Basic Life insurance, or
- b) A change is requested as a result of one of the following events and the request is made within **31 days** of the event:
 - Your marriage or acquisition of a common-law spouse (living together for **12 months**);
 - The birth of your first child;

If you elect to join after this period, you will be required to submit proof of insurability.

In the event of terminal illness

Your life insurance plan allows, with the approval from the insurance company, for payment of part of the basic life insured amount when the insured person is terminally ill. This amount is deducted from the amount payable to the beneficiary. This feature allows an insured person with a very short life expectancy to use a portion of his or her basic life insurance for immediate financial needs.

Accident insurances

Accidental death and dismemberment insurance (AD&D)

This insurance provides unrestricted 24-hour protection whether you are at work, at home or on vacation.

Employee Same amount of coverage as provided under the Basic Life insurance plan.

Optional AD&D insurance

Participant	Up to \$350,000 in increments of \$5,000
Spouse	Up to \$250,000 in increments of \$5,000
Dependent children ¹⁰	Up to \$50,000 in increments of \$5,000

Accident insurance is payable in the event of accidental death and is paid in addition to the life insurance.

¹⁰ Not applicable for a child under 24h.

Payment of benefits

If you lose a limb or the use of a limb as the result of an accident, you are entitled to a compensation based on the seriousness of the loss and the insurance policy schedule (examples of level of compensation are illustrated below). To obtain more information, please contact the Employee Service Centre. All benefits are payable to you, except in the event of your death.

Loss	% of coverage
Loss of life	100%
Loss of both hands or both feet	100%
Loss of sight of both eyes	100%
Loss of one arm or leg	75%
Loss of an hand or foot or sight of one eye	66 2/3%

If you suffer more than one loss as a result of the same accident, the total benefit payable will not exceed **100%** of coverage, except in the event of hemiplegia, paraplegia or quadriplegia where the maximum is **200%**. However, if there is more than one injury to the same limb, only one benefit (the largest) is payable.

Exclusions

Under the AD&D insurance, no indemnities are payable for losses resulting from:

- suicide or self-inflicted injuries, while sane or insane;
- sickness, disease or medical treatment, except infections caused by an accidental cut or wound;
- war or any act of war, whether declared or not, including resistance to armed aggression, except for employees classified by Bombardier as being on "Special Foreign Mission";
- injury sustained while serving on full-time active duty in the armed forces of any country or international authority.

Example:

Mr. Smith has elected \$100,000 in Optional Life insurance and \$100,000 in Optional AD&D insurance. The following table shows the benefits payable to his beneficiary, in the event of his death.

	Natural death	Accidental death
Basic Life Insurance	\$60,000	\$60,000
Optional Life Insurance	\$100,000	\$100,000
AD&D Insurance	N/A	\$60,000
Optional AD&D Insurance	N/A	\$100,000
Total	\$160,000	\$320,000

Other information

Beneficiary

In the event of your death, all benefits payable under the Basic Life and AD&D insurances plan will be paid to the beneficiary that you have designated on your group life insurance application form, subject to applicable legislation. For Optional Life and AD&D insurances, you may choose a different beneficiary than the one chosen for Basic Life. Regarding Optional Life and AD&D insurances for your spouse and children, you are automatically the beneficiary.

You may later change your designated beneficiary by submitting a written notice of the change. Change of beneficiary forms is available at the E.S.C. kiosk of your division.

In the event of absence from work

Authorized leave of absence without pay

Your basic protections are maintained for a maximum period of **12 months**. Your Optional protections may be maintained during an authorized unpaid leave of absence, for a maximum of **12 months**. You must, however, provide postdated cheque for the period of your leave. In the case of a non-authorized absence from work, coverage is suspended.

Maternity, Paternity, Adoption or Parental Leave

Your basic protections are maintained during the leave. Your Optional protections may be maintained during the leave¹¹. During a paid maternity leave, the premiums will be deducted from your supplemental benefits. However, for the other leaves, you need to provide postdated cheque.

In the event of short term or long term disability

Your basic protections are maintained during a disability leave, provided you are under age 65. Your optional protections are also maintained during a disability leave. During a short-term disability leave, the premiums are taken on your return to work (or when you receive a payment from Bombardier). During a long-term disability leave, you do not have to pay the premiums for your optional protections.

In the event of a layoff

Your basic and optional protections are suspended for the duration of a layoff.

In the event of phased retirement

As of the effective date of your phased retirement, your Basic life insurance is equal to the amount of basic life insurance in effect for full-time employees, reduced according to the proportion of number of days worked.

Your Optional Life insurance and your Basic and Optional AD&D insurance cease at the effective date of your phased retirement.

At retirement

At retirement from Bombardier or when you reach **65 years** of age, your Basic life insurance is reduced to **\$4,000** and remains at that level for life.

¹¹ Coverage is maintained on the condition that the employee continues to pay the premiums.

Your Optional Life insurance and your Basic and Optional AD&D insurance cease when you reach **age 70**, or at retirement (phased or full retirement), if earlier.

Should you leave Bombardier

All your Basic and Optional life insurances are maintained for **31 days** following your departure. Within this period, you may convert your insurance as well as your spouse's insurance to individual policies of equal or lower coverage to maximum of **\$400,000** for your Basic and Optional Life insurance, **\$400,000** for your spouse's Optional Life insurance as well as **\$50,000** for your dependents.

Basic accidental death and dismemberment (AD&D) insurance ends upon termination of employment. Optional AD&D coverage is maintained until the first day of the next month following your employment termination. You may convert your coverage within 90 days of your employment termination. However, coverage is not maintained during this period other than the optional AD&D, which is maintained until the first day of the following month.

Submitting a claim

In the event of death, accidental injury or terminal illness, the Employee Service Centre should be contacted so that the necessary forms can be completed and sent to the insurer as soon as possible for prompt payment.

DISABILITY BENEFITS

Definition

For the purposes of this plan, **disability** means that you suffer from a medically determinable condition such that:

- **during the first 30 months**, you are physically or mentally unable to perform the duties of your own occupation;
- **at the end of the 30 months**, you remain physically or mentally unable to perform any work within the range of your education, training or experience.

Short term Disability

Eligibility

As a full-time permanent unionized employee, you become eligible for coverage under the disability plan once you have completed **three months** of continuous service.

You must be actively at work on the day you become eligible for coverage to begin. Otherwise, coverage begins on the date you return to active work.

Cost sharing

Bombardier pays the full cost of this plan.

Benefits

When a **non-work-related** illness or injury prevents you from working:

- If you have Incidental absence credits in your bank, you will receive your full salary pour the three first days, otherwise, they will be without pay;
- After your third day¹² of absence you will receive **66 2/3%** of your weekly base wage rate at the time where you become disable (including premiums except for the retention premium). Short term disability benefits are payable from the first day of absence, in the event of an accident, surgery or hospitalization for **24 hours** or more.

Reduction of Benefits

- a) The weekly indemnity will be reduced by any disability benefits which are payable or which would have been payable had a satisfactory application been made under:
 - a workers' compensation act;
 - a provincial automobile insurance law if the reduction is acceptable under the Employment Insurance Regulations;
 - the Québec or Canada Pension Plan;
 - any other similar law;
 - a provincial crime victims compensation act, except for the period during which employment insurance benefits would or could have been payable.

¹² 2 days for employees appointed on weekend quarters.

- b) The weekly indemnity will be reduced by any payment received according to the employer's policy regarding continuation of salary, vacation, statutory holidays or sick leave, if the Administrator receives a written notice to this effect at the time of claim and prior to any other subsequent period of paid leave.

For all absences of more than **three days**¹³, you must provide (at your expense) a medical certificate. Short-term disability benefits may be paid for a maximum of **26 weeks** and end when you recover, retire, decease, or leave Bombardier.

Recurrence of disability

If you become disabled for the same reason within **31 consecutive days** following your return to work after a short term disability, the second disability period will be considered a continuation of the first, as if you had not returned to work.

Long term Disability

When your disability continues beyond **26 weeks**, you become eligible for monthly benefits under the long-term disability plan.

Benefits

The plan provides you with a monthly income equal to **60%** of the regular monthly salary you were receiving on your last working day. Benefits may be paid until recovery, **age 65** or death, whichever comes first.

Benefits from other sources

Total benefits received from all sources, including government plans but excluding benefits payable to your dependents or cost-of-living adjustments, may not exceed **80%** of your salary at the time you became disabled.

Rehabilitative employment

You normally stop receiving long term disability benefits once you engage in paid employment.

However, if you return to work through an approved rehabilitation program, you may continue to receive your benefits, reduced by **50%** of the income earned through your participation in the program. The total of your income and your benefits cannot be greater than the salary you were receiving before you became disabled. You may be offered rehabilitative employment during the period you are receiving long-term disability benefits. The program may last for a maximum period of **24 months**.

Should your disability prevent you from continuing with the rehabilitation program, your regular disability benefits will continue to be paid.

Example — Rehabilitative employment

John Doe was earning \$4,200 per month when he became disabled; he now receives a monthly benefit of \$2,520, or 60% of his salary. He participates in a rehabilitation program where he will earn \$3,000 per month. This means he will receive:

➤ Rehabilitation program	\$3,000
➤ Disability benefits \$2,520 - (50% of \$3,000)	+ <u>\$1,020</u>
➤ Total income:	\$4,020

¹³ 2 days for employees appointed on week-end quarters

Recurrence of disability

If you become disabled for the same reason within **six months** of your return to full-time permanent work after a long term disability, the second disability period will be considered a continuation of the first. This means you will immediately begin receiving your long-term disability benefits.

Exclusions and limitations

- 1) The benefit specified herein does not cover any disability resulting from one of the following cause:
 - a) Injury or illness resulting from civil unrest, insurrection or war, whether war be declared or not, or participation in a riot;
 - b) Attempted suicide or voluntary self-inflicted injury, while sane or insane;
 - c) Cessation of work to receive care which is not medically required or which is given for cosmetic purposes, unless such care is for accidental injury and commenced within **90 days** of the accident;
 - d) Injury or illness while committing, attempting to commit, or provoking an assault or criminal offence.
- 2) Weekly indemnity is not payable for any illness or accidental injury:
 - a) During any leave taken in accordance with provincial or federal legislation or during any leave taken in agreement with the employer;
 - b) During any extension of such a leave, if the participant was entitled to and requested such extension.

However, if the participant's benefit is kept in force during such a leave, the elimination period of the disability income benefit begins on the date the participant would have returned to work.
- 3) If disability results from addiction of alcoholism, drug and gambling, the weekly indemnity will be paid provided that the participant is following a closed treatment program approved by the insurer.
- 4) A participant who is out of Canada and the United States for a period of **90 consecutive days** or more will no longer be entitled to the indemnity under the present benefit and such entitlement will be restored only upon the participant's return, subject to all other provisions of the present benefit.
- 5) The insurance provided herewith does not cover any disability resulting from an illness or accidental injury which occurs during a strike, lock-out, layoff or leave of absence without pay, if the participant's benefit is not kept in force during the strike, lock-out, layoff or leave of absence without pay.

However, if the participant's benefit is kept in force, the elimination period of the disability income benefit begins on the date the participant would have returned to work.

Other information

In the event of absence from work

Maternity, a paternity, an adoption or parental leave

If an illness or injury occurs during a maternity, a paternity, an adoption or parental leave, disability benefits will start to be paid on the date you were scheduled to return to work based on the salary paid at the beginning of the absence;

Layoff or leave of absence without pay

In the case of a layoff or an authorized leave of absence without pay, disability coverage is suspended, which means that no disability benefits will be paid for an illness or injury that occurs while you are absent. In the case of **non-authorized absence** from work, disability coverage is suspended.

Benefits coverage during disability

Retirement plan

If you are receiving weekly indemnity or long term disability benefits from Bombardier or Quebec Automobile insurance plan, you continue to accumulate credited service for pension purposes, without having to make contributions. The pension that you accumulate is based on your rate of pay and normal hours at the onset of your disability.

If you are receiving Worker's Compensation, you continue to accumulate credited service for pension purposes for 104 weeks.

Other benefits

Your basic protections are maintained during a disability leave, provided you are under age 65. Your optional protections are also maintained during a disability leave. During a short-term disability leave, the premiums are taken on your return to work (or when you receive an amount of money from Bombardier). During a long-term disability leave, you do not have to pay the premiums for your optional protections.

At retirement (including phased retirement) or termination of employment

Your long term disability coverage ceases on the date of your retirement (including phased retirement), when you reach **age 65** or otherwise terminate your employment.

RETIREMENT PLAN

Eligibility

As a full-time permanent unionized employee, you must join the plan once you have completed **three months** of continuous service. Once you join the Plan, you must remain a participant until your normal retirement age or until you terminate your employment.

Your contribution

The Plan is not contributory since January 1st, 2008.

Before 2008, your annual contributions were equal to **3.1% (2.5% before April 18, 2005)** of your pensionable earnings. Your pensionable earnings are the salary and cash remuneration paid by Bombardier, including, without limitations, base salary and vacation pay, but excluding overtime, premiums, per diem, disability benefits, royalties, vacation redemption, lump sum payment of unused vacation at termination of employment or paid during the year and other such payments.

Bombardier's Contribution

Bombardier contributes to the pension fund all amounts required to ensure that the plan will have sufficient funds to cover the value of all pension and other benefits payable under the plan.

Pension Benefits

As per the collective agreement in effect, at normal retirement, you will receive a monthly pension equal to the rate indicated in the table below multiplied by your years of credited service in the Plan:

Effective date	Rate
January 1 st 2022	\$81
January 1 st 2023	\$85
January 1 st 2024	\$87
January 1 st 2025	\$89

For the service credited before January 1st, 2008, your normal retirement pension cannot be less than the pension calculated under the old formulas. Under the old formulas, your annual pension was calculated as follows:

- **1%** of your final average earnings multiplied by your years of credited service up to December 31, 2004, plus
- **1.25%** of your final average earnings multiplied by your years of credited service from January 1st, 2005.

Your final average earnings corresponds to the annual average of your pensionable earnings during the highest-paid 156 consecutive weeks of credited service over the last 520 weeks before retirement.

Early retirement

You may elect to retire as early as **age 52**. You will have the choice between:

- An immediate pension; or
- A deferred pension payable at the unreduced retirement date.
- If you are under age 55, the transfer of the value of your pension to a locked-in retirement account (LIRA) or to another employer's pension plan, if that plan accepts transfers.

When you elect an early retirement, your pension is normally reduced to account for the longer period over which it is expected to be paid. However, your pension will not be reduced if you retire:

- At age 62 or more, if you have at least 10 years of credited service, or
- At age 55 or more, if you have at least 30 years of credited service.

Otherwise, your pension will be reduced as follow:

Credited service at retirement	Reduction of normal pension
10 years or more	0.5% per month before age 62
Less than 10 years	0.5% per month before age 65

A different reduction may apply to your pension for years prior to January 1, 2008 if the formula in effect before that date applies.

If you retire between the age of 52 and 55, your pension will be reduced based on actuarial factors.

Bridge Benefit

A bridge benefit is a temporary pension, paid to increase the retirement income of a participant. It replaces, in part, benefits payable from Government Plans where full pensions are payable only from age 65. The Bombardier Plan will provide a bridge benefit to participants who elect early retirement and are at least 55 years old with 10 years of credited service.

This temporary pension will be paid until age 65 or the death of the retiree, whichever comes first. As per the collective agreement in effect, the monthly payment of the Bridge Benefit will be calculated as follows:

- **\$25** multiplied by the number of years of credited service (maximum 30 years) under the Plan for employees who retire on or after January 1, 2022.

Please note that the Bridge Benefit is subject to the same early retirement reduction as described above.

Postponed Retirement

You may elect to postpone your retirement beyond **age 65**. Your pension will only be paid when you retire. At the time of your retirement, your pension will be adjusted to account for the period during which it was postponed.

Phased Retirement

An employee who is within 10 years of the normal retirement date (age 65), or who is passed that date and who is at least 55 years of age and not more than 71 years of age, may reduce his or her work time by 2 or

3 days per week if the employee is on a 5x8 shift, or by 1 or 2 days if the employee is on a 4x10 or 4x9 shift.

If this employee is an active member of a pension plan, he or she may receive a payment from this plan to compensate for loss of income. The employee will be able to choose the desired payment, without exceeding the minimum between:

- 70% of the loss of income resulting from the reduction of the employee's hours of work
- 40% of the maximum pensionable earnings (MPE) for the reference year
- The value of your rights within the pension plan

The employee may choose a payment between zero and the maximum calculated according to the above-mentioned conditions. The payment will be made as a single payment for the year, at the time requested by the employee, and the benefits under the pension plan will be reduced by an equivalent amount. However, the employee will continue to accumulate pension entitlements in proportion to the number of days worked, and the calculation of the final average earnings used to calculate the retirement pension at the time of full retirement will be based on the annualized pensionable earnings during the phased retirement period.

Employees will benefit from the same conditions as permanent employees with the following exceptions:

- Work schedule can only occur between Monday and Friday (5x8, 4x10, 4x9);
- Paid vacation in proportion to hours worked;
- Not eligible to overtime;
- Group Insurance (please refer to the respective group insurance sections included within this brochure for more details).

The phased retirement must be authorized by the employer if operational needs are met and there is no impact on operations in any way.

The duration of the phased retirement is one year, with the possibility of a one-time only renewal for the period of one additional year.

Once the employee begins a phased retirement, he will not be able to return to work on a full-time basis.

Form of Pension Payment

Your pension is payable each month starting on the first of the month immediately following your retirement, for as long as you live.

If you have a spouse at the time of retirement, the normal form of pension required by law is a joint and survivor pension, whereby **60%** of your pension is continued to your spouse after your death. To account for this spousal pension, your own pension will be reduced based as follow:

Difference between retiree's and spouse's age	Reduction
Less than 5 years difference	5%
If spouse is more than 5 years younger	More than 5%
If spouse is more than 5 years older	Between 0% and 5%

If you have a spouse at retirement, you may not choose a lower form of pension unless your spouse waives, in writing, the right to such spousal pension.

Other forms of payment

If you do not have a spouse at the time of retirement, or if your spouse has waived the right to a joint and survivor pension at **60%**, other forms of pension payment are available to you. They are:

- A normal pension (**100%** of your accumulated pension), with a guarantee of **3 years for your service before January 1st, 2008**;
- A pension reduced based on actuarial factors, with a guarantee of **10 years**;
- A pension reduced based on actuarial factors, with 60% of the amount continuing to your spouse after your death and with a guarantee of 10 years;
- A pension reduced based on actuarial factors, with **100%** of the amount continuing to your spouse after your death.

The Bombardier Retirement Plan defines a spouse according to the rules and regulations of the Provincial Law.

In the event of disability

If you are receiving weekly indemnity or long term disability benefits from Bombardier, you continue to accumulate credited service for pension purposes, without having to make contributions. The pension that you accumulate is based on your rate of pay and normal hours at the onset of your disability.

If you are receiving Worker's Compensation, you continue to accumulate credited service for pension purposes for 156 weeks.

If you leave Bombardier

If you leave Bombardier before retirement (that is before age 55), you may:

- Leave the value of your pension in the plan and receive a pension starting at **age 65** (or a reduced pension, based on actuarial factors, starting any time after **age 52**); or
- Transfer the value of your pension to a Locked-in Retirement Account (LIRA); or
- Transfer the value of your pension to the pension plan of another employer, if this plan accepts transfers.

In the event of death before retirement

Should you die before retirement, your surviving spouse, or your children under **age 18** if you do not have a surviving spouse, will receive a pension equal to **50%** of your accumulated pension at your date of death. Instead of this pension, your spouse may elect to receive a cash refund of the value of your pension, with interest. If you do not have a spouse or children under **age 18** at the time of your death, your beneficiary will receive a cash refund of the value of your pension, with interest.

Death during retirement

Upon your death during retirement, the death benefit payable will be based on the form of pension payment you have elected at the time of retirement.

Minimum Benefit

Following your death and the death of your surviving spouse or contingent annuitant, your beneficiary will receive, when applicable, the amount of your contributions, with interest, that exceed the amount of benefits paid.

VACATION, HOLIDAYS AND OTHER APPROVED ABSENCES

Vacation

During your first year of service as a full-time permanent unionized employee, you are entitled to one day of vacation for each complete month of service, up to a maximum of **10 days and 4%** of your earnings during the vacation year. Once you have completed one year of service, vacation entitlements are as follows:

Service as of May 1 st	Vacation	Earnings
1 year but less than 3 years	2 weeks	4%
3 years but less than 9 years	3 weeks	6%
9 years but less than 18 years	4 weeks	8%
18 years but less than 25 years	5 weeks	10%
25 years and more	6 weeks	12%

Service for vacation calculation purposes is determined at the end of the last reference year. The reference year is from **May 1st to April 30th** or the closest pay period.

Statutory Holidays

Bombardier observes the following holidays each year:

Good Friday	Canada Day
Patriotes Day	Labour Day
Saint-Jean Baptiste Day	Thanksgiving Day

In addition, during the Christmas season, a paid holiday is granted for the period from December 24th to January 2nd inclusively.

Approved Absences

Parental Insurance leave

As of January 1st, 2006, the Parental Insurance leave will be administered, for employees living in the province of Québec, by the Provincial government. For employees from other provinces, the Parental Insurance Plan is still administered by the Federal Plan.

Maternity leave

Any female employee may request a maternity leave not to exceed **18 consecutive weeks**.

Maternity Benefits Supplement:

Bombardier offers a Supplementary Maternity Benefits Program. The program allows you to receive **90%** of your base salary¹⁴ less any Parental Insurance benefits payable during the first **17 weeks** of your maternity leave.

Eligibility:

- Work on a permanent full-time basis;
- Be eligible for and receiving Parental Insurance benefits;
- Be eligible to participate in the Bombardier Employee Benefits Program;
- Have worked at least **600 consecutive hours** before your maternity leave.

Paternity leave

For employees residing in Québec, new fathers are entitled, upon the birth, to a Paternity leave of three or five consecutive weeks (this approved absence cannot be split up). The amount of government benefit is determined by the choice of regime the mother chooses for her own Maternity leave.

Adoption or Parental Leave

Any employee may request an adoption parental leave lasting up to **52 weeks**. This approved absence can be split up in two periods, which must be taken within 70 weeks following the birth or the adoption of the child. This leave applies to the father or the mother of a newborn child, or to someone who has adopted a child under **age six**. This leave is not available to someone who adopts the child of his or her spouse.

A request for parental Insurance leave must be submitted on the appropriate form and accompanied by official documents specifying the child's date of birth. In the case of an adoption, this is the date on which the child will come in your custody or the date on which you will leave Quebec to take custody of the child. The request must be submitted to the Employee Service Centre (department 670-CA) at least **three** weeks before the leave is to begin. You do not receive your salary while on paternity, adoption or parental leave.

¹⁴ Base salary excludes bonus, commission, and overtime.

Other Approved absences

Bombardier recognizes that you may have personal and family obligations and may grant you a leave upon request when a situation **out of your control** arises. The days indicated in the following table are event related rather than a yearly maximum, as are family obligations. The reference year is from **April 1st to March 30th** or the closest pay period. If you have any Incidental Absence Credits in your bank, you may use them to replace a leave of absence without pay in the following table:

Type of leaves	Notes	Remunerated by Bombardier	Without pay
Birth (for the father only) Adoption		2 days ¹⁵	3 days
Marriage	If the employee gets married on a regular scheduled workday.	1 day	
	Marriage of a member of your family on a regular scheduled workday		1 day
Bereavement Leave (the day of the funeral must be included in these days)	Father, mother, spouse, children	5 days ¹⁶	
	Parent-in-law, brother, sister, stepbrother, stepsister	3 days ¹⁷	
	Brother and sister-in law, grandparent, grandchild	1 day	
Termination of pregnancy (from the 20 th week on)	Woman	Maternity leave	
	Man	2 days	3 days
Family obligations	Obligations related to the care and education of a minor child or to the health of a member of your family ¹⁸		10 days (per year)
Court duties	Jury duty or witness - Payment of the difference between your regular pay (excluding premium) and any amount you may receive from the court	Duration of duty	
Citizenship	Employees absent on the day they obtain their Canadian citizenship will be paid for that day	1 day	
Candidate to an election	From the decree up to the 30th day following the election		See notes

¹⁵ This holiday may be divided and must be taken within a 15 day period following the arrival at home of the child.

¹⁶ 3 consecutive days for the weekend shift and 4 consecutive days for the 4 X10 shift.

¹⁷ 2 consecutive days pour the weekend shift and for the 4X10 shift.

¹⁸ Family: spouse, children, father, mother, brother, sister, grandparents.

Incidental Absence Credits¹⁹

The Incidental absence Credits are accounting as follow:

- When you start at bombardier you receive, after your probation is completed, some Incidental Absence credits calculated on the basis of four hours per month (but not exceeding 40 hours for the period between your hiring date and the end of the reference period;
- Thereafter, if you are active at work, you will be entitled to 40 hours

The reference year for Incidental Absence Credits is from begins on April 1st, to March 31st.

This document describes the main features of your employee benefits. While every effort has been made to provide you with complete and accurate information about your benefits, this document does not cover every detail. All rights and interpretations will be governed by the official documents and contracts, government legislation and Bombardier policy. These documents are available for consultation on request at the Employee Service Centre This document is in no way intended to constitute a contract of employment. Bombardier reserves the right to amend these policies at any time. If you have any questions, please contact the Employee Service Centre.

¹⁹ The Accidental absences credit will rise up to 40 hours on April 1st, 2011.