

Feel better.



Feel better about additional coverage
when you need it most.

Municipal Retirees Organization Ontario



Helping you focus on getting well.

During your retirement years, it's important to prepare for those unexpected events that can affect you financially.

The onset of an illness or sudden accident could happen anytime and leave you facing lengthy recuperation. Many convalescent services are not covered under your provincial health care plan and the costs of recuperating at home add up quickly. This can cause undue financial pressure at a time when your focus should be on getting well.



Feel better. MROO's working for you.

The Municipal Retirees Organization Ontario (MROO) was established in 1977 to give municipal retirees a voice in pension and health issues that directly affect you.

MROO's Convalescent Care Plan provides affordable financial assistance for the many costs associated with recovering at home, such as home nursing, transportation and medical equipment. It's designed to take the pressure off you financially so you can return to your active lifestyle as soon as possible.

Organizations that support MROO.

MROO is recognized and endorsed by a diverse cross-section of municipal associations including: Ontario Municipal Human Resources Association, Association of Municipal Managers, Clerks and Treasurers, The Association of Municipal Tax Collectors of Ontario, Association of Ontario Road Superintendents, Canadian Union of Public Employees (Ontario Division), Ontario Association of Children's Aid Societies, Ontario Association of School Business Officials, Ontario Public School Boards' Association, Ontario Separate School Trustees' Association, Ontario Association of Fire Chiefs and the Police Association of Ontario.



*Keep control of your health care
with MROO.*

YOU'RE WELL PREPARED WITH THESE COMPREHENSIVE BENEFITS.

CONVALESCENT BENEFIT AFTER HOSPITALIZATION

Up to \$400 per month for up to six months

The plan pays when you are continuously confined indoors on the advice of a physician immediately following hospitalization of three days or more. Visits to your physician or treatment centre and occasional outings for therapeutic purposes are permitted under the plan.

CONVALESCENT BENEFIT AFTER OUTPATIENT SURGERY BENEFIT

Up to \$100 per week for up to four weeks

It pays for convalescence indoors on the advice of a physician immediately following outpatient surgery. Visits to your physician or treatment centre and occasional outings for therapeutic purposes are permitted under the plan.

HOME NURSING AND HOME CARE BENEFIT

Up to \$2,000 for each Accident or Illness

The plan covers 100% of the reasonable costs for home and nursing care recommended by a physician and provided by a VON Nurse, Red Cross Homemaker, Practical Nurse or Home Service Worker (a non-registered person with formal training in providing home care to the sick) who is not a family member.

TRANSPORTATION BENEFIT

Up to \$600 for each Accident or Illness

You can claim up to \$300 for the cost of scheduled bus, train or air travel to and/or from the hospital or physician's office following a period of hospital confinement or outpatient surgery, when the necessary treatment is unavailable locally.

When you are hospitalized for seven days or more in a location that is more than 150 km from your home, the plan pays up to \$300 for the cost of scheduled bus, train, air travel or private automobile expenses, incurred by an immediate family member (legal or common-law spouse, parents, grandparents, children over 18, brother or sister) to visit you.

FRACTURE BENEFIT

Up to \$350 for each Accident

The plan pays a cash benefit, depending upon which bone is fractured. If you fracture more than one bone in a single accident, you will be paid for the most severe fracture.

You do not have to be hospitalized to receive this benefit.

Here are some examples of the amounts you will be paid for various fractures*:

Pelvis	\$350	Femur	\$300
Forearm	\$250	Collarbone	\$200
Ankle	\$200	Hip	\$200

* Additional fractures are listed in the plan's insurance certificate, which is issued upon enrollment.

CATARACT BENEFIT

Up to \$100 per eye per Policy Year

You can claim for the cost of prescribed pre- and post-operative medical supplies, including medications, sunglasses, lenses, frames and eye patches.

IN-HOSPITAL COMFORT BENEFITS

Up to \$600 for each Accident or Illness

While you are recovering in hospital, the plan pays you up to \$30 per day for the cost of non-medical "comfort" items such as TV and telephone rental, hairdressing, reading material and in-hospital long-distance telephone charges.

AMBULANCE AND TAXI BENEFIT

Up to \$135 per Policy Year

For each accident or illness, the plan pays you up to \$45 toward the cost of a taxi and/or ambulance to and/or from hospital confinement or outpatient surgery.

PATIENT TRANSFER BENEFIT

Up to \$135 per Policy Year

The plan covers the cost of a private ambulance to and/or from one hospital to another hospital following a period of hospital confinement and/or outpatient surgery, when recommended by a physician.

PHYSICIAN VALIDATION EXPENSE BENEFIT

Up to \$50 per Accident or Illness

If a physician must validate or complete a claim form as the result of a covered accident or illness, the plan will pay up to \$50 toward this cost.

PHYSIOTHERAPY BENEFIT

Up to \$200 per Policy Year

The plan pays for the services of a licensed, professional physiotherapist following a period of confinement in hospital and when recommended by a physician.

EQUIPMENT BENEFIT

Up to \$300 for each Accident or Illness

You will be covered for the rental of walkers, crutches, wheelchairs, hospital beds, adjustable beds, lift chairs or lifting cushions (or purchase of lift chair/ lifting cushions to a maximum of \$300), when recommended by a physician.

ACCIDENTAL DEATH BENEFIT

The plan pays your beneficiary a benefit of \$2,500 should an accident result in the loss of your life within 100 days of its occurrence.

THIS PLAN OFFERS YOU:

GUARANTEED ACCEPTANCE

Acceptance is guaranteed for you and your spouse, provided you are between the ages of 50 and 80 and insured under a provincial health insurance plan. If you currently reside in a facility where health care and convalescent services are included in the residence fee, you are not eligible to apply for coverage.

MONEY-BACK GUARANTEE

Once you have received your insurance certificate, you have 10 days to review it. If you are not completely satisfied, simply return it for a full refund of premiums paid.

PERSONAL PRE-AUTHORIZED DEBIT PAYMENTS

The Personal Pre-authorized Debit Agreement, set up with your bank, trust company or credit union saves you time and the cost of writing and mailing your cheques. It also helps ensure your payments are made on time.

Please note the following important information:

- You may cancel your Personal Pre-authorized Debit Agreement at any time, subject to providing written 30-days notice to ENCON Group Inc. Retiree Benefits, 1900 – 11 King Street West, Toronto ON M5H 4C7.
- You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with your Personal Pre-authorized Debit Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

AFFORDABLE MONTHLY RATES

	Premium
Retiree	\$18.43*
Retiree and Spouse	\$35.18*

*Plus Retail Sales Tax where applicable.

IMPORTANT NOTES AND EXCLUSIONS

- You must enroll in this plan before your spouse can enroll.
- Once enrolled, your coverage is continuous for as long as your premium is paid and you do not reside in a facility where health care and convalescent services are included in the residence fee.
- *Pre-existing Conditions* – You are not covered for any bodily injury or illness for which you have received medical treatment or advice during the three-month period immediately preceding the effective date of coverage. These conditions will be covered after your insurance has been in force for 12 consecutive months.
- *Policy Year* – The policy year is from January 1 to December 31.
- *Exclusions and Limitations* – You are not covered under the MROO Convalescent Care Plan for expenses or loss resulting from self-inflicted injuries, suicide, or attempt thereat; war, declared or undeclared; terrorist activity of any kind; the utilization of Nuclear, Chemical or Biological weapons of mass destruction; active full-time service in the armed forces of any country; alcoholism or drug addiction; cosmetic surgery unless medically necessary as a result of an accident; any dental treatment; or any hospital, medical, dental, or health care services covered by a government/group plan.

PRIVACY AND CONFIDENTIALITY STATEMENT

The MROO Convalescent Care Plan is underwritten by Industrial Alliance Pacific Insurance and Financial Services Inc. (“IAP”) and is administered by ENCON Group Inc. (“ENCON”). The specific and detailed information requested on the Enrollment Form is required to process the application. To protect the confidentiality of this information, a file will be established from which this information will be used to process the application(s), and administer services and claims. Access to this file will be restricted to those employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), administration of services and the investigation of claims, and to any other person that is authorized or as authorized by law. Participation in the Retirees Insurance Program may be made known to the Municipal Retirees Organization Ontario and ENCON in order to bring other products and services offered under the Program to your attention. The use of such information to offer products and services is optional, and if you wish to discontinue such use, please write to ENCON at the address provided below. A copy of your file is secured at ENCON’s office. You may request to review the personal information it contains and make corrections by writing to: **ENCON Group Inc., 1900 – 11 King Street West, Toronto ON M5H 4C7.**

QUESTIONS?

If you have any questions about this coverage, the Personal Pre-authorized Debit Agreement or about completing your enrollment form, please contact our MROO Insurance Specialists at ENCON Group Inc., our program manager. Their toll free number is **1-800-363-7861** or you can send an email to **mroo@encon.ca**.

ENROLL TODAY!

1. Complete, sign and date the attached Enrollment Form. If your spouse is applying, please ensure that the Spousal Information section is completed.
2. Do not send money. All that is required is a blank cheque marked "VOID" to set up the convenient Pre-authorized Debit Agreement for your monthly premiums.
3. Mail your Enrollment Form and your void cheque to ENCON in the postage-paid envelope provided.

Your coverage becomes effective on the first of the month following receipt of your Enrollment Form and your void cheque by ENCON.

Please read the Privacy and Confidentiality Statement.

OTHER RETIREE BENEFITS PLANS OFFERED BY ENCON:

HEALTH AND DENTAL CARE / ANNUAL TRAVEL INSURANCE



Our most popular choice. MROO has carefully selected health and dental care benefits that will be useful to you and your spouse. Our plans are designed to offer valuable benefits at a reasonable cost, including:

- Semi-private hospital, prescription drugs, vision care, paramedical services
- Dental care (basic and major restorative)
- Optional 30-day Annual Travel Insurance

If you are 50 to 75 years old, you can enroll today and take advantage of our comprehensive coverage, convenient claims handling and excellent rates.

GUARANTEED ISSUE LIFE INSURANCE



Complete your retirement planning with the MROO Guaranteed Issue Life Insurance Plan — guaranteed enrollment, no medical questions.

- The Plan includes a living benefit, an accidental death benefit, and joint and survivor coverage for couples.

Contact our retiree insurance specialists toll free at **1-800-363-7861** or via email at mroo@encon.ca for brochures with Enrollment Forms. Or, visit our website at www.encon.ca/mroo.

TRAVEL INSURANCE



In addition to the Annual Travel Insurance Plan mentioned above, you have access to a wide range of individual plans from our travel insurance provider, **etfs**.

- No age limit
- Top ups and extensions

For more information, please call this toll free number, set up exclusively for MROO: **1-877-762-9207**. Get an online quotation at www.encon.ca/mroo.

MROO CONVALESCENT CARE PLAN ENROLLMENT FORM

RETIREE INFORMATION

Retiree's Name (last)	(first)
Address	
Unit No.	City/Town
Province/Territory	Postal Code
Phone (area code)	
Email	
Birthdate (YYYY/MM/DD)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Name of Beneficiary (last)	(first)
Relationship of Beneficiary	

Are you an OMERS pensioner? Yes No

SPOUSAL INFORMATION (IF APPLYING)

Name (last)	(first)
Birthdate (YYYY/MM/DD)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Name of Beneficiary (last)	(first)
Relationship of Beneficiary	

PLEASE CHECK

	Premium
<input type="checkbox"/> Retiree	\$18.43*
<input type="checkbox"/> Retiree and Spouse	\$35.18*

*Plus Retail Sales Tax where applicable.

Enrollment Form continued on next page

PAYMENT OF PREMIUM – PERSONAL PRE-AUTHORIZED DEBIT AGREEMENT

I/We authorize ENCON Group Inc. to withdraw my/our monthly premium (as determined by the total coverage requested on the previous page of this Enrollment Form) from my/our bank, trust company or credit union account on the first banking day of every month and have enclosed a blank personal cheque marked "VOID". **I/We have read and understand the Personal Pre-authorized Debit Payments section on page 6 of this brochure.**

Monthly withdrawals are to be made from this Account Number

Signature of Account Holder	Date
Signature of Joint Account Holder (if applicable)	Date

DECLARATION (PLEASE READ AND SIGN)

I/We acknowledge that the statements contained herein are true and together with any other forms signed by me/us in connection with this Enrollment form the basis for my/our coverage. I/We have read and agree with the Privacy and Confidentiality Statement on page 7 of this brochure. I/We understand my/our coverage will begin on the first of the month following receipt of my/our Enrollment Form and void cheque by ENCON. If hospitalized on that date, coverage will not begin until the date of discharge from hospital.

Signed at	City/Town	Province/Territory
Retiree's Signature		
Date signed (YYYY/MM/DD)		
Spouse's Signature (if applying for coverage)		
Date signed (YYYY/MM/DD)		

HOW DID YOU HEAR ABOUT OUR PROGRAM?

- Employer
 OMERS
 MROO mailing
 Word of mouth
 Union
 MROO event/newsletter

MROO'S INSURANCE PROGRAM MANAGER

As the program manager for MROO's insurance program, **ENCON Group Inc.** has been providing post-retirement benefits services, including plan design, distribution and administration, for over 25 years. Our retiree insurance specialists are readily available to answer your questions and advocate on your behalf.



ENCON Group Inc.

1900 – 11 King Street West

Toronto ON M5H 4C7

Toll free phone number: 1-800-363-7861

Facsimile: 416-860-9303

Email: mroo@encon.ca

Website: www.encon.ca/mroo



This brochure is intended to provide a brief summary of the MROO Convalescent Care Plan. It contains some information about coverages but it does not list all of the conditions and exclusions that apply to the described coverages. The actual wording of the policies governs all situations.

The products described are subject to change without notice at any time.

Underwriting and claims management for the MROO Convalescent Care Plan is provided by Industrial Alliance Pacific Insurance and Financial Services Inc.

TMTrademark of Industrial Alliance Insurance and Financial Services Inc., used under license by Industrial Alliance Pacific Insurance and Financial Services Inc.