



LIVING IN

Retirement

Your Retirement, Your Life

In this issue of *Living in Retirement*, we review the importance of having a will and a power of attorney. We also summarize the Church-provided Post-Retirement Benefits you may receive as a retiree.

Having a will and power of attorney in place will help your family and trusted friends make decisions on your behalf. You'll also potentially help them avoid any expensive court costs.

A living will by any other name?

Depending on where you live in Canada, a living will may be known by several names, for example, power of attorney for personal care, mandate, advance health care directive or proxy, advance directive or representation agreement.

Wills – two types

Wills are legal documents outlining your wishes during your life and after your death. You can update or revoke your wills at any time.

- 1 A **will** outlines how your assets should be distributed after your death and appoints your estate trustee. It allows you to assign money, documents, family heirlooms and personal treasures to the people you choose.
- 2 A **living will** outlines how you wish to be treated if you become mentally or physically incapacitated.

If you don't have a will, your assets will be distributed according to provincial law, which may not reflect your wishes.

Power of attorney – three types

Power of attorney is a legal relationship where you give someone the right to make financial or health decisions on your behalf. You can update or revoke your power of attorney at any time.

- 1 **Continuing power of attorney for property** makes financial decisions on your behalf while you are well, but perhaps not physically able to carry out your usual tasks.
- 2 **Non-continuing power of attorney for property** makes financial decisions on your behalf, however it is no longer valid if you become mentally incapable or die.
- 3 **Power of attorney for personal care** makes health decisions on your behalf while you are well and if you become physically or mentally incapacitated.

If you are incapable of making decisions regarding your personal care, the power of attorney for personal care will be responsible for:

- Making your health arrangements, including nutrition decisions
- Taking control of your living arrangements to ensure your safety and comfort
- Enacting your wishes regarding medical treatments

Do I have to register my will or power of attorney with the government?

No. However, you'll want to advise people in your life that you have these documents in place, and provide them with a copy or let them know where to get a copy.

Do I have to use a lawyer to make my will or power of attorney?

No. However, you may wish to consider hiring a lawyer, especially if your affairs are complicated.

Who's the right person?

It is a big responsibility acting as the estate trustee of your will or power of attorney. The person you designate for either role is supposed to consider and act upon what you would want. That's why choosing the right person to manage your affairs is important.

You can appoint your spouse, family member, adult child or legal representative. Whomever you choose should be trustworthy, responsible and good at making tough decisions, and also able and willing to carry out the required duties.

We've addressed what your power of attorney for personal care or power of attorney for property will need to do on your behalf, but what about the estate trustee of your will?

The estate trustee of your will is responsible for:

- Making your funeral arrangements;
- Taking control of your estate and making a list of your property;
- Paying all outstanding debts from your estate accounts; and
- Distributing your property according to your wishes.

Should I have a power of attorney for personal care if I have a living will? – *You might want to have both*

Think of it as a partnership: your power of attorney for personal care acts on your behalf and your living will helps ensure your power of attorney for personal care fully understands what you want and has the legal requirements to be able to carry out your wishes.





Post-Retirement Benefits

Now that you are retired, you get to benefit from your Church-provided Post-Retirement Benefits:

- If you had 70 points (age plus service credit) before January 1, 2006, your benefits include your Retirement Allowance, Funeral Allowance and Health and Dental Plan
- If you did not have 70 points before January 1, 2006, your benefits include your Retirement Allowance, Funeral Allowance and Health Allowance

The exact Post-Retirement Benefits you receive depended on your eligibility, your total service credit when you retired, whether you retired from active service, and your specific situation. These benefits, summarized below, are for you and your spouse and are meant to provide you with additional security in your retirement years.

Retirement Allowance

The Retirement Allowance is a one-time, lump-sum amount awarded to you in addition to your monthly pension benefit and is paid when you retire.

When you retired, you were given the choice of taking this benefit as a lump-sum taxable cash payment. If you wanted to defer paying taxes (and had met Canada Revenue Agency eligibility criteria at that time) you may have chosen to transfer your Retirement Allowance directly to a personal registered retirement savings plan (RRSP).

Funeral Allowance

The Funeral Allowance is a one-time lump-sum amount payable to your surviving spouse or estate to help cover funeral expenses when you die. You are also entitled to receive a Funeral Allowance if your spouse dies, provided you have a joint and survivor pension.

Retiree Health and Dental Plan or Health Allowance

Your Retiree Health and Dental Plan provides coverage for you and your spouse (if you receive a joint and survivor pension) that reimburses a percentage of your expenses based on your years of service credit. This means you may pay a portion of each expense, out-of-pocket. There are minimum and maximum reimbursement levels for each type of expense, and for each year of service credit you have above 15, you receive an additional 2.5% reimbursement above the minimum levels.

Your Health Allowance provides you and your spouse (if you receive a joint and survivor pension) with a flexible approach to health and dental coverage during retirement. It includes a Protection Plan for major medical needs and a Health Care Spending Account (HCSA). To help offset the rising cost of health and dental care, your Health Allowance is indexed each year.

About the HCSA

An HCSA is like a bank account for health and dental expenses not covered by the Protection Plan. Once you have paid your mandatory Protection Plan premium, your remaining Health Allowance is deposited into a personal HCSA, the balance of which helps you cover the cost of eligible day-to-day health and dental expenses.

More information?

For details about any of your retirement plans, contact the Retirement Department directly.



Where to send claims:

Health Benefits Administrator
1148 King Street East
Oshawa, ON
L1H 1H8

What is your primary plan?

If you are a member of the Church Plan, the Church Plan is your primary plan. This means the Church Plan reimburses you for your claims first, and any plan that covers you as a dependent pays any remaining eligible balance.

What do you think?

If you have any comments or suggestions about this newsletter, contact us:

- Marilyn Pazitka, Director,
(905) 433-0011, ext. 2071,
pazitka.marilyn@adventist.ca
- Charisma Hodgins,
Retirement Specialist,
(905) 433-0011, ext. 2070,
hodgins.charisma@adventist.ca

Please visit
www.adventist.ca/retirement
for more information.

We appreciate your feedback!

Making Claims

Submitting your claims correctly and in a timely fashion — *within the one year time frame* — ensures you get reimbursed as quickly as possible.

If you are a member of the Retiree Health and Dental Plan:

To make a claim, send your receipts to the Health Benefits Administrator and make sure your name, address and purchase item and amount are legible on your receipt.

If you are submitting a claim from outside of Canada, please ensure the receipt is in English. If not, send in a translated version. You'll also want to submit your credit card bill showing the exchange rate used at the time (you can black out other personal credit card items listed).

And, finally, submit your claims as soon as possible. The sooner you make your claim, the sooner you get reimbursed, and the less likely you are to misplace important receipts (or forget to make the claim at all!).

If you have Health Allowance:

To make a claim, submit a Post-Retirement Health and Dental Claims Form and your receipts to the Health Benefits Administrator by March 31 of the calendar year following the time your expense was incurred.

Step 1: If you have coverage under your spouse's plan, you should make your claim under your primary plan first.

Step 2: If you do not have coverage under your spouse's plan (or if you have an unpaid balance from your spouse's plan), please submit your health and dental expenses to the Health Benefits Administrator. The Administrator will adjudicate your claim considering your available HCSA balance and/or your Protection Plan coverage, as described in your retirement package.

Step 3: If you have not met your deductible, you can submit your claim under your HCSA (up to your balance amount).

Seventh-day Adventist Church in Canada
Post-Retirement Benefits Health and Dental Claims Form

How to Make Your Claim

- If you have coverage under your spouse's plan, you should make your claim under your primary plan first. After you have considered your spouse's plan, health and dental expenses can be claimed under the Church's plan.
- Complete all required sections.
- Attach the original receipt for each expense claimed and keep photocopies for your records.
- Sign on page 1 and mail your claim to the address at the bottom of page 2.

Please print clearly and include all sections. An incomplete claim delays in processing your claim.

1. RETIREE INFORMATION

Last name: _____ First name: _____ Middle: _____
Date of birth: _____
Street address: _____
City: _____
Province: _____
Postal code: _____

2. EMPLOYER INFORMATION

Name of employer: _____
Address: _____
City: _____
Province: _____
Postal code: _____

3. INFORMATION ABOUT YOUR CLAIM (cont.)

Are you attaching receipts for out-of-Canada expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Departure date: _____	Out-of-Canada expenses claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming an expense for a motor vehicle accident? If yes, did you submit your claim to the automobile insurance plan in your province (if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are any of the expenses you're claiming the result of any other accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of accident: _____	

4. AUTHORIZATION AND SIGNATURE

I certify that all goods and services being claimed have been received by me and/or my spouse or dependent(s), if applicable. I certify that the information on this form is true and complete and does not contain a claim for any expense previously paid for by me or any other plan.

If the claim is being made on behalf of my spouse and/or dependent(s), I am authorized to disclose information about them. For the purposes of understanding, administering and adjusting claims.

I authorize HBA to use and exchange information about me, and if applicable, my spouse and/or dependent(s) needed for understanding, administering and adjusting claims under the Plan with any other organization who has relevant information pertaining to the claim including health professionals, institutions, investigative agencies and insurers. I also understand that information pertaining to the claim may be reviewed in the event the Plan is audited.

If there is an overpayment, I authorize the recovery of the full amount of the overpayment from any amount payable to me under my benefit plan(s), and the collection, use and disclosure of information about this claim to other persons or organizations.

If I am making a claim under my Health Care Spending Account, I certify that these expenses qualify for reimbursement. I also acknowledge that the person for whom I am making a claim is eligible and includes myself, my spouse and any dependent(s) as defined under the Health Care Spending Account coverage. I understand that any amount that exceeds the consequences arise from reimbursement of those expenses. I am responsible for payment of such taxes. I also understand that my plan sponsor may have access to a summary of the total amount claimed by me under my Health Care Spending Account for the purpose of tax or administrative reporting.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original, and may remain in effect for the continued administration of this Plan.

Signature: _____ Date: _____

Note that in some instances our employees, service providers, agents, ministers and any of their service providers may be located in jurisdictions outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions.

Send your completed form, along with your receipts) to the address below. Once your claim has been processed, you should receive a statement of your claim.

Health Allowance Administrator
Joanna Longmore
1148 King Street East
Oshawa, ON L1H 1H8
(905) 433-0011 ext. 2068
Attn:retiree@adventist.ca

-2-

