

## **N.D.T. INDUSTRY PENSION PLAN**

### **MEMBER APPEAL PROCESS**

#### **INTRODUCTION**

The N.D.T. Industry Pension Plan is funded by contributions made under collective agreements. Pensions and ancillary benefits of the Plan are the result of contributions paid to the Plan plus net investment income.

The benefits of the Plan are determined by the Board of Trustees after having taken into consideration applicable legislation. Plan Administration Office staff interpret Plan provisions and legislation but cannot change the terms of the Plan. The Plan must remain compliant with all applicable legislation at all times.

Members have the right to appeal any decision made by the N.D.T. Industry Pension Plan.

#### **HOW TO APPEAL**

Here's a summary of the appeal process:

1. Contact the Plan Administration Office by email to [pension@ndtbenefits.org](mailto:pension@ndtbenefits.org) to relay your concern. Your concern will be reviewed to determine if there was an error made in the calculation of your pension benefit. The result will be communicated to you within 10 business days. Please encrypt your email or do not include any personal information in your email to protect your privacy.
2. If you are not satisfied, outline your concerns and the basis of your appeal in a letter addressed to the Recording Secretary. Please encrypt your letter or do not put any personal information in your letter to protect your privacy.
3. Send your letter to the Recording Secretary in care of the Plan Administration Office using the address [sbird@mcateer.ca](mailto:sbird@mcateer.ca).
4. The Recording Secretary will review your appeal and respond to your appeal, perhaps via a delegate at the Plan Administration Office.
5. If you are not satisfied with the Recording Secretary's response to your appeal, you can ask the Board of Trustees to consider your appeal. If you wish to take this step, please consider whether there is any new information that the Board should have that was not shared earlier. Please end this appeal to the Board of Trustees in care of the Recording Secretary at the Plan Administration Office. Please encrypt any email communication to protect your privacy.

## **DEADLINES**

You must contact the Plan Administration Office to appeal a decision no later than 90 days after the initial decision about your pension benefit.

## **CONFIDENTIALITY**

All personal information you submit is treated as confidential in accordance with the Plan's Privacy Policy. If your appeal is presented to the Board of Trustees, your name and other identifying information is not disclosed.

## **BOARD OF TRUSTEES' DECISIONS**

Decisions by the Board of Trustees are final.

If your appeal is allowed, a Plan Administration Office staff member will contact you within 60 days of the Board's decision.

If your appeal is not allowed, a Plan Administration Office staff member will contact you within 60 days of the Board's decision.

## **CONTACTS**

For Pension Plan Appeals:

**Doreen Dehaney**

1-888-278-9003

[ddehaney@mcateer.ca](mailto:ddehaney@mcateer.ca)

**Recording Secretary**

**Susan Bird**

1-905-946-9700 (ext. 244)

[sbird@mcateer.ca](mailto:sbird@mcateer.ca)



REF# \_\_\_\_\_

### MEMBER APPEAL APPLICATION FORM

Please complete the following information with respect to appeals to be addressed by the Board of Trustees. Appeals will be addressed at the next Board Meeting following the receipt of your completed Member Appeal Application Form and relevant documents.

**This form must be password-protected if sent over email. Advise the Plan Administration Office of the password over the phone or in a separate email.**

**Privacy Statement:** I authorize the NDT Industry Health Benefit and Pension Plans (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator to collect, maintain, use and disclose my personal information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose my personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Please indicate:

1. The individual for whom the appeal is being made:
  - Self
  - Dependant Spouse
  - Dependant Child

Please indicate:

2. The persons, companies and Union Representatives you contacted with respect to this appeal (if any):

Contact with (please give complete name): \_\_\_\_\_

Date: \_\_\_\_\_ Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact with (please give complete name): \_\_\_\_\_

Date: \_\_\_\_\_ Details: \_\_\_\_\_

**HEALTH BENEFITS**

3. The date(s) the claim was incurred (date of service): \_\_\_\_\_
4. The date the claim or benefit request was submitted: \_\_\_\_\_
5. Type of benefit (e.g. drug, medical service, dental, disability, life insurance): \_\_\_\_\_

**PENSION BENEFITS**

6. Type of benefit (e.g. termination, death, disability, marriage breakdown): \_\_\_\_\_

**FOR HEALTH AND/OR PENSION BENEFIT APPEALS:**

7. Please detail the nature of your appeal, why you are making this appeal, information you have received or reviewed on this matter, etc.:  
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\* List documents or records you are attaching to the Member Appeal Application Form.

I, \_\_\_\_\_, grant the Trustees of the NDT Industry Health Benefit and Pension Plans permission to make such enquiries as they deem necessary to verify the statements I have made or which have been made on my behalf with respect to this appeal. I acknowledge that the Trustees may make inquiries and the inquiries may be with any, or all, legal counsel, institutions, investigative agencies, insurers, re-insurers, regulators, auditors and health professionals.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please forward this Form and all relevant documentation to support your appeal to the administrator, NDT Industry Plan Administration Office at the address shown below. The administrator will arrange to have your appeal reviewed by the Board of Trustees. Thank you.***

**Red Text:** *This form must be password-protected if sent over email. Advise the Plan Administration Office of the password over the phone or in a separate email.*

**NDT Industry Health Benefit and Pension Plans**

**45 McIntosh Drive**

**Markham, Ontario**

**L3R 8C7**

**Phone:** **1-888-278-9003**

**Fax:** **905-946-2535**

To be completed by the administrator: Reference Number \_\_\_\_\_