UBCM GROUP BENEFITS PLAN
ELIGIBILITY FRAMEWORK

Purpose:

To provide local governments, First Nations, and affiliated associations with flexible, cost-effective group benefits tailored to their unique needs.

Mission:

Our mission is to deliver sustainable, competitive group benefits by leveraging collective purchasing power, expert support, and customizable plan options that serve and strengthen our member organizations.

Oversight:

UBCM serves as the Executive Sponsor, while working as an advocate on behalf of our membership. In this role, UBCM ensures that the administration of the plan remains aligned with our mission and objectives. UBCM works closely with the insurer to oversee plan delivery and service standards. Additionally, the plan's Actuary provides regular reporting, data analysis, and strategic insights to support informed decision-making.

Eligible Members may include:

i. All cities, districts, townships, towns, villages, regional districts, First Nations and other local governments within the Province of British Columbia
ii. Organizations with a mandate to support or provide services to local governments or First Nations as stated above (i).

Criteria for Enrollment:

To ensure fairness, sustainability and financial integrity of the plan, prospective member organizations must meet the following criteria:

- Minimum Group Size:
    - There must be a minimum of three (3) applicants to enroll.
- Experience Assessment
    - All new member admission to the plan is contingent upon prior group benefits experience and the completion of a thorough plan assessment to ensure alignment with established risk management practices.
    - The plan assessment includes a thorough review of the following:

For Groups with Prior Benefits Experience:

- Current plan booklet
- Last renewal report from their insurance carrier or brokerage (if available)
- Claims experience for each coverage lines (minimum of 12 months, preferably more)
- Census file including:
    - Date of birth, gender, status, salary
    - Extended health and dental tier (single, couple, family)
    - Insured coverage amounts
- Confirmation if there are any open Short or Long-Term Disability claims

For Groups Without Prior Benefits Experience:

- Census file including:
    - Date of birth, gender, status, salary
    - Extended health and dental tier (single, couple, family)
    - Insured coverage amounts
- Plan design preferences including:
    - Coverage types, coverage levels, deductibles
    - Disability taxability (taxable vs. non-taxable LTD)

- Additional information may be requested based on each group's unique circumstances.

All prospective members shall be evaluated by the Executive Director considering the criteria outlined above. In all cases, UBCM will consider the impact of the prospective members joining the group benefits plan on the existing participating groups.