

# LABORERS' HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

## Request for Appeal to the Board of Trustees

- Step 1:** Contact the Ellement Consulting Group Call Centre to provide an explanation for the reason of the claim denial. If you have new information that may not have been provided previously, please forward it to the agent who was working on your claim.
- Step 2:** Request a review only if you have already completed step one, and if you still have concerns. You may ask for the Board of Trustees to review the information by submitting the appeal. To commence the appeal process you must complete this form. The appeal will be dealt with by the Board of Trustees at the next regular Board meeting scheduled not earlier than 21 days after the Request for Appeal has been received by the Board of Trustees.
- Step 3:** In completing this Request for Appeal, you acknowledge that you have received and have read a copy of the Appeals Policy.

To the Board of Trustees:

1. What is the decision you wish to have reviewed? (please provide as much detail as possible)


2. What is the date of the letter sent to you that explains the decision? (please attach a copy)


3. What are your reasons for requesting a review of the decision? Please include any information you feel is relevant for the Board of Trustees to consider the appeal. For example, notes or a prescription from a medical practitioner, information relating to a specific product or service for which he or she is seeking coverage, evidence of any extenuating circumstances that have a direct impact on the complaint. Should you require more than the space provided below, please attach up to five (5) additional pages excluding any supplementary documents in support of your Appeal.


4. Please outline what you want from this appeal.


\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

Please return to the Board of Trustees, in care of:

Ellement Consulting Group  
10154 108 Street  
Edmonton, AB T5J 1L3  
Phone: (780) 452-5161 Toll Free: 1-800-770-2998

# LABORERS' HEALTH & WELFARE TRUST FUND OF WESTERN CANADA

## APPEALS POLICY

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### PREAMBLE

The Board of Trustees of Laborers Health & Welfare Trust Fund of Western Canada (the “**Trust Fund**”) and its Administrator, Ellement Consulting Group (“**ECG**”), are committed to treating the members, dependents, and beneficiaries (collectively the “**beneficiaries**”) of the Trust Fund with respect and consideration. Nevertheless, situations may arise where beneficiaries may feel that they have not been treated fairly. It is important that these matters are resolved in a timely and effective manner.

### 1. THE COMPLAINTS RESOLUTION PROCESS

- 1.1 All complaints should first be directed to the Client Call Centre at ECG. In most circumstances, ECG employees should be able to resolve the situation promptly.
- 1.2 If the situation cannot be remedied at the time of the initial call, the Client Call Centre employee is expected to gather as much information as necessary to investigate the situation, and respond to the complainant within three (3) working days, regardless of whether there has been an answer to the complaint. It is understood that, even if more time is required to develop an appropriate resolution, beneficiaries appreciate being updated on the progress of their complaint.
- 1.3 If the complaint involves the denial of a benefit under the benefit plan of the Trust Fund (the “**Plan**”), or a denial of eligibility under the Plan, the complaint is to be provided to the ECG employee designated from time to time by FAS to act as the complaint resolution administrator (the “**Complaint Resolution Administrator**”).
- 1.4 All complaints proceeding to the Complaint Resolution Administrator **should be in writing**.
- 1.5 The complainant may include any information he or she feels is relevant for the Complaint Resolution Administrator to consider in his or her application, including:
  - (a) Notes or a prescription from a medical practitioner;
  - (b) Information relating to a specific product or service for which he or she is seeking coverage; and
  - (c) Evidence of any extenuating circumstance(s) that have a direct impact on the complaint.

- 1.6 The Complaint Resolution Administrator will review the application and make a decision. The decision will be provided to the complainant in writing, with such reasons as, the Complaint Resolution Administrator thinks necessary.
- 1.7 The Complaint Resolution Administrator will not review any applications that have not previously been considered by the claims department.
- 1.8 In certain circumstances, the product or service for which reimbursement is sought may not be an eligible expense under the terms of the Plan. If the basis of the complaint is to expand the scope of coverage offered by the Plan to include such product or service for all beneficiaries (as opposed to the basis being an exception due to individual circumstances), the Complaint Resolution Administrator may elect to present the request to the Board of Trustees without a Notice of Appeal.

## **2. APPEAL POLICY**

- 2.1 A beneficiary may appeal a decision made by the Complaint Resolution Administrator by delivering to the Board of Trustees a Notice of Appeal which should describe:
  - (a) the details of the decision of the Complaint Resolution Administrator from which the appeal is taken;
  - (b) the grounds for the appeal;
  - (c) the relevant allegations in support of the appeal; and
  - (d) the relief sought by the beneficiary.
- 2.2 A Notice of Appeal should be received by the Board of Trustees not later than thirty (30) days after the Complaint Resolution Administrator has sent notice of his or her decision to the complainant.
- 2.3 The Notice of Appeal should not exceed five (5) pages in length, excluding any supplementary documents in support of the Appeal.
- 2.4 Subject to section 2.17, the decision of the Board of Trustees regarding the issues under appeal shall be whether the decision of the Complaint Resolution Administrator was not consistent with the provisions of the Plan. In the event the Board of Trustees determines the decision is inconsistent, then the Board of Trustees will advise the beneficiary and the Complaint Resolution Administrator of the Board's decision and the reasons for the Board's decision.
- 2.5 The decision of the Board of Trustees regarding the issue under appeal shall be final and binding on the beneficiary and the Complaint Resolution Administrator. There is no appeal from a decision of the Board of Trustees.

- 2.6 The determination of the Appeal is not invalid by reason only of a defect in the Notice of Appeal.
- 2.7 If a Trustee becomes aware of circumstance(s) that may give rise to a reasonable apprehension of bias in respect of a particular appeal, that Trustee shall promptly disclose the circumstance to the Board of Trustees, and shall not take part in that appeal.
- 2.8 The appeal will be dealt with by the Board of Trustees at the Board's regular meeting scheduled not earlier than twenty-one (21) days after the Notice of Appeal has been received by the Board of Trustees.
- 2.9 The beneficiary and Complaint Resolution Administrator will be notified of the date that the Board of Trustees will deal with the appeal. Notification of the Board of Trustees' decision will be sent in writing to the beneficiary no later than one week from the date of the meeting.
- 2.10 If either the beneficiary or the Complaint Resolution Administrator:
  - (a) fail to comply with a time limit or schedule prescribed by the Board of Trustees or this Appeal Policy;
  - (b) fail to carry out a direction given by the Board of Trustees under this Appeal Policy;
  - (c) fail to comply with this Appeal Policy;

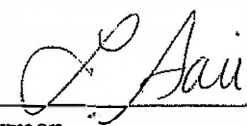
the Board of Trustees may do one or more of the following:

- (d) give directions to the non-complying party to rectify the failure;
  - (e) dismiss the appeal; or
  - (f) impose conditions.
- 2.11 Except where the Board of Trustees determines that an appeal must be heard on an expedited basis, all appeals will be dealt with at regularly scheduled meetings of the Board of Trustees.
  - 2.12 All evidence in support of an appeal must be in written form. No oral argument is allowed.
  - 2.13 The Board of Trustees may request from Ellement Consulting Group or the beneficiary request additional documentation if the Board of Trustees considers it appropriate to do so.
  - 2.14 All deliberations of the Board of Trustees shall be in confidence and the matter and substance thereof shall remain confidential.

- 2.15 The Trustees shall review appeals in a manner that is just and convenient in the particular circumstances of the case before it.
- 2.16 The Trustees shall:
- (a) treat the beneficiary and the Complaint Resolution Administrator equitably and fairly; and
  - (b) subject to section 2.12, give the beneficiary and the Complaint Resolution Administrator an opportunity to present their position if either so chooses.
- 2.17 The Trustees shall exercise all other powers conferred by the Trust Agreement, the Plan, and this Appeals Policy.
- 2.18 The Trustees shall review this Policy from time to time as required, and in any event every three (3) years.

APPROVED BY THE BOARD OF TRUSTEES this 27 day of September, 2006.

  
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Chairman

  
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Co-Chairman

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