**BENEFIT PLAN QUESTIONS?**

You are a member of the Ontario Teamsters Benefit Plan and as a member of the plan, you are entitled to a booklet that outlines the benefits that you are covered for. There may also be access to your benefit coverage on the Local Union 879 website at [www.teamsters879.ca](http://www.teamsters879.ca).

If you have not received a copy of the coverage booklet, or have any questions pertaining to your benefits please call the Local Unions Health & Welfare Administrator at 1-800-528-8879 ext. #1

**DO I HAVE RETIRMENT BENEFITS?**

As a current member of the Ontario Teamster Benefit Plan you may be eligible to participate in the Local Unions Retiree Benefit Plan. To qualify you must:

* Been an active member of Teamsters Local 879 prior to retirement for at least 5 years
* Be at least 55 years of age at retirement and not working full-time when retiring
* Agree to pay the monthly self-pay contribution rates as prescribed by the Local Union
* Apply for benefits no later than thirty-one (31) days from the date you retire

If you meet these requirements and want to participate in the reduced rate that the Local Union charges for retiree benefit coverage then please contact the Local Union Health & Welfare Administrator at 1-800-528-8879 ext. #1 no later than thirty-one (31) days from the day you retire in order to qualify for the plan.

**BENEFIT PLAN QUESTIONS?**

As an employee you maybe eligible to participate in the employers Health & Welfare Benefit Plan and as a member of the plan, you are entitled to a booklet that outlines the benefits that you are covered for. If you have not received a copy of the coverage booklet, or have any questions pertaining to the benefits please contact Human Resources.

**DO I HAVE RETIRMENT BENEFITS?**

As a current member of Teamsters Local Union 879 you may be eligible to participate in the Local Unions Retiree Benefit Plan. To qualify you must:

* Been an active member of Teamsters Local 879 prior to retirement for at least ten (10) years
* Have participated in your workplaces benefit plan for at least ten (10) years
* Be at least 55 years of age at retirement and not working full-time when retiring
* Agree to pay the monthly self-pay contribution rates as prescribed by the Local Union
* Apply for benefits no later than thirty-one (31) days from the date you retire

If you meet these requirements and want to participate in the reduced rate that the Local Union charges for retiree benefit coverage then please contact the Local Union Health & Welfare Administrator at 1-800-528-8879 ext. #1 no later than thirty-one (31) days from the day you retire in order to qualify for the plan.