



Participating  
Employers  
of the Plan

# Survey of Plan Members

**Date:**

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**Union Local Number (mandatory):**

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**Mill Location (mandatory):**

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Your health and welfare benefits are provided through the collective agreement. The health and welfare Plan is governed by a board of Trustees, two union Trustees and two management Trustees. The Trustees select companies to provide the different benefits outlined in the Plan. A copy of the Plan Text, which explains all the benefits, is available on the PPWC national website at [www.ppwc.ca](http://www.ppwc.ca).

One of the tools the Trustees use to assist the local health and welfare committees and to monitor the performance of the various benefit providers is this confidential survey. You are asked to provide your union local number and your mill location so that the results may be shared with your local committee. Any information you provide will only be used by the Trustees and shared with the local health and welfare committees and benefit providers to improve the delivery of the negotiated benefits.

1. Are you aware that your benefits are governed by a board of Trustees?
- Yes       No
- 2a. Are you aware of a local health and welfare committee in your mill?
- Yes       No
- 2b. Have you ever used the resources available through the committee? (i.e., help with claims problems or return to work programs, etc.)
- Yes       No
- 2c. Please comment about the assistance received from the committee:
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3. Please number in which order you address any benefit problems to:
- \_\_\_\_\_ Local committee  
\_\_\_\_\_ Company rep  
\_\_\_\_\_ Benefit Provider  
\_\_\_\_\_ Other

- 4a. Are you aware that Pacific Blue Cross (PBC) is the supplier of the extended health and dental benefits?
- Yes       No
- 4b. If you have used this benefit, how did PBC handle your claim?
- Poor  
 Acceptable  
 Outstanding

Comments:

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- 5a. Are you aware that Desjardins is the current supplier of your weekly indemnity (Non-Occupational Accident and Sickness) and long term disability benefits?
- Yes       No
- 5b. If you have used this benefit, how did the insurance carrier handle your claim?
- Poor  
 Acceptable  
 Outstanding

Comments:

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6. Please confirm if you would like to receive a response from the Trustees.     Yes       No
- If yes, please provide your email address below. Please note that the Trustees meet three times per year and the surveys are reviewed at the Trustee meetings prior to a response being issued, so some time may pass before you receive a response.
- Email: \_\_\_\_\_

Please return the completed survey to: B. MacLeod, Trust Secretary  
via email at [brianmacleod@shaw.ca](mailto:brianmacleod@shaw.ca)  
via fax c/o Mercer (Canada) Limited, Attn: Giovanna at 604 683 4639  
via mail c/o Mercer (Canada) Limited, Attn: Giovanna, 900 – 550 Burrard Street, Vancouver, BC V6C 3S8