BENEFITS
ENROLLMENT

GORDON FOOD SERVICE CANADA LTD.®

BENEFITS.

Have peace of mind. Informed benefit decisions take the guesswork out of your health and economic security.

Guide to Your 2027 Flexible Benefits Plan

Enroll online at **https://workday.gfs.com**
Please keep this guide handy for future reference!

Gordon® FOOD SERVICE

BENEFITS ENROLLMENT

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Please note:

This guide describes the Flexible Benefits Plan for eligible Gordon Food Service employees. It does not contain all the details in the official documents that legally govern the operation of each of the benefit plans within the Gordon Food Service Flexible Benefits Plan. These plans are subject to change from time to time. In the event of any discrepancy or misunderstanding, benefits will be paid according to the applicable contracts, policies, plan documents, and legislation. Gordon Food Service reserves the right to suspend, amend, or terminate any of the benefits, flex credits, or price tags at any time. | **November 2026.**

WELCOME TO YOUR FLEXIBLE BENEFITS PLAN, GORDON FOOD SERVICE.

It's all about choices

We're all different—age, marital status, have kids, don't have kids—and our benefits needs are different. The Flexible Benefits Plan offered by Gordon Food Service helps you tailor a benefits package that meets your specific needs.

It sounds complicated, but it's not. Every single day you make choices. You make choices about what clothes to wear or what to eat for dinner. You also make "bigger" choices—such as where to live and what car to buy. Selecting the right benefits is no more complicated than many other choices you make every day. Just as you would if you were shopping, you need to:

1 | Know what you need

It might take a little research. If you were buying a car, you would do some work ahead of time to decide on your needs and preferences. Even if you are simply shopping for groceries, you're better off having a list of items that you know you need before you start. To get ready to select your benefits you should:

- Gather information on how much you and your family normally spend for medical, prescription drugs, and dental supplies and services.
- Check to see if you have benefits through your spouse and, if so, what your spouse's plan covers. The Gordon Food Service Flexible Benefits Plan gives you several ways to combine two benefit plans cost-effectively.
- If you have any private insurance coverage, such as life insurance for you or your spouse, you should review that coverage.

2 | Review your options

Next step—you need to know what's available to you. In this case, you should review all the material about the Gordon Food Service Flexible Benefits Plan, such as this guide and the Total Rewards Website available on Gordon Grove.

3 | Decide on your selection

You select one option in each benefit that best meets your needs and your family's needs.

4 | Finalize enrollment and sign off

You make your selections online.
Be sure to enroll before the deadline.
Go to https://workday.gfs.com.

Have questions? Help is a phone call away.

If you need some help deciding on your selections or about how to use your flexible benefit plan, please contact your local HR team or Gordon Food Service Canada Benefits team at (888) 529-5270.

HOW THE GORDON FOOD SERVICE FLEXIBLE BENEFITS PLAN WORKS.

Your choices

Every employee is unique and benefit needs vary. So, the Gordon Food Service Flexible Benefits Plan offers you different levels of coverage, called ***options***, for each of these benefits:

- Medical
- Prescription Drugs
- Dental
- Health Care Spending Account (HCSA)
- Lifestyle Spending Account
- Life Insurance for employee, spouse and children
- Accidental Death & Dismemberment (AD&D) Insurance for employee, spouse and children
- Critical Illness Insurance
- Long-Term Disability Insurance (LTD) for employee

You will also choose the eligible family members to be covered by selecting a **coverage level** for your medical, prescription drug, and dental options from among these three:

- Employee only;
- Employee plus one dependent (spouse or child); or
- Employee plus two or more dependents.

Your flex credits

Each year, Gordon Food Service provides an amount of flex credits. One flex credit equals one dollar. The **flex credits** can be allocated to either the lifestyle spending account and/or healthcare spending account. Please see page 24 for further details.

Enrolling

If you do not enroll on time, your family will not be covered and you will be assigned the default package, which is:

- Single Coverage Option 3 for Medical, Dental and Drug.
- Option 1 for AD&D, Life Insurance and LTD.
- Flex credits will be deposited in your healthcare spending account.

Take full advantage of the plan and enroll on time.

Changing your choices

You can change your benefit choices and dependents each year during annual enrollment. You also can change your choices during the year if you have an eligible **life event**, such as a marriage, birth, or adoption, or your spouse loses his or her benefits coverage (see page 7). You will have **30 days** after a life event to make your changes in Workday. Otherwise, you can change your benefits and update your dependents only during the next annual enrollment period.

Benefits Open Enrollment

Enroll online at **https://workday.gfs.com**.

COVERING YOUR FAMILY.

Eligible dependents

You may cover "eligible dependents" under some benefits. However, only those dependents you enroll will have coverage. Throughout this guide, the term dependent includes spouse and children who meet the following criteria:

SPOUSE

Benefit coverage is available for your legal spouse or your common-law spouse (same or opposite sex) if you and your common-law spouse have been living together for at least 12 months before the coverage is effective. The 12-month period is waived if you and your common-law spouse have a child together. Please note some provinces have different terminology and rules concerning coverage for partners. If you have any questions about coverage for your partner, please contact your local Human Resources team.

CHILDREN

Under the Gordon Food Service Flexible Benefits Plan, your children (natural, adopted, or stepchildren) are eligible to be covered if they are unmarried, not in a common-law relationship, are financially dependent on you, and are:

- Under the age of 21, **or**
- Under the age of 26 if they are in full-time attendance at a recognized educational institute, **or**
- Any age if they became totally disabled before the age of 21 or age 26 if they were a student.

COORDINATION OF BENEFITS.

If your spouse has benefits coverage from an employer, you can usually **coordinate** the two benefit plans. This means you may submit your receipts to both plans and get up to 100 percent of your eligible expenses reimbursed.

Insurance industry guidelines (described below) determine where to send claims ***first***—to the Gordon Food Service Flexible Benefits Plan or your spouse's plan. The order is important!

After submitting your receipts to the ***first*** plan, you will receive a reimbursement and Statement of Claim (or Explanation of Benefits). Next, submit the Statement of Claim/Explanation of Benefits along with a new claim form to the ***second*** plan to claim the balance of your expense.

These are the insurance industry guidelines for where to send claims first:	
Your claims	Submit them to the Gordon Food Service Flexible Benefits Plan first.
Your spouse's claims	Submit them to your spouse's plan first.
Children's claims	If your birthday is earlier than your spouse's in the calendar year, submit them to the Gordon Food Service Flexible Benefits Plan first. If your spouse's birthday is first in the calendar year, submit them to your spouse's plan first. For example, if your spouse's birthday is July 18 and your birthday is November 18, then any expenses incurred by your children should be submitted to your spouse's plan first.

Check out Option 2 in medical, prescription drugs and dental—they are designed specifically for coordination of benefits.

A coordination of benefits example, how you can save money!

Let's consider a fictional Gordon Food Service employee named Tom and his spouse, Sally, who has medical, prescription drug and dental coverage through another employer.

- Tom has selected Prescription Drug Option 2. Tom fills a prescription for a drug that costs $100.
- Since Tom chose Option 2, the Gordon Food Service plan will pay 20% (or $20) of the claim. The pharmacist using the prescription drug card receives the $20 directly. Tom pays $80 and obtains a receipt.
- Tom then submits the $80 receipt to Sally's plan to have the other $80 reimbursed.
- If Sally's plan does not pay all of the $80 and Tom has funds in his Health Care Spending Account (HCSA), he can submit the balance to his HCSA. Please refer to page 25 for further information on the HCSA.

ENROLLING AND CHANGING YOUR COVERAGE.

The Gordon Food Service Flexible Benefits Plan is designed to let you make changes as your needs change over time.

Changing your choices during annual enrollment

Your Gordon Food Service Flexible Benefits Plan choices will apply for one calendar year. Each fall you will have an opportunity to re-enroll and change the options and coverage for yourself and your dependents for the next year.

Changing your choices as a result of an eligible life event

During the year, you may enroll and/or change your options if one of the following events occurs:

- Marriage or the 12-month anniversary of a common-law relationship;
- Divorce, separation, or end of a common-law relationship;
- Birth or adoption of a child;
- Loss of a child's status as a dependent (marriage, age limit, leaves school, etc.);
- Recent division transfer/return to work;
- Your spouse gains or loses benefits coverage;
- Death of a spouse or child; or
- Job change.

Increasing life insurance or long-term disability coverage

There are some limitations on increasing life insurance and long-term disability coverage. You, your spouse or your child will be asked to complete an evidence of insurability form (a medical questionnaire) if you:

- Increase your employee life insurance from the previous year;
- Increase your spouse's optional life insurance;
- Increase your child's optional life insurance; or
- Increase your long-term disability coverage. Option 1 does not require evidence of insurability.

The insurance company must review the form and approve the increased coverage before it takes effect.

Coverage will be based on the eligible compensation.

Eligible Compensation Definition

When a benefit is based on eligible compensation (e.g. LTD or Employee Life insurance) it refers to the employees' salary as of **August 31 of the previous year.**

YOUR BENEFIT CHOICES: MEDICAL.

Enter this Information when you enroll

My medical choice is Option #: _____

The medical plan offers a range of options to supplement coverage provided by your provincial health plan. You can choose one of five levels of medical coverage. Prescription drugs are not included in the medical plan—you choose your prescription drug coverage separately. See page 10 for your prescription drug plan choices.

The following provides a summary only and as such cannot contain all of the details. Benefits will be paid according to the applicable contracts, policies, plan documents, and legislation.

Benefit	Option 1	Option 2	Option 3	Option 4	Option 5
Out-of-country Emergency Medical Coverage	100%	100%	100%	100%	100%
Medical Supplies and Services	No Coverage	20%	70%	85%	95%
		See benefits listed below for specific maximums. Maximums shown are per person.			
In-province hospital		No coverage	100% semi-private room rate; $100 maximum per day	100% semi-private room rate; $150 maximum per day	100% private room rate; no maximum
Vision (contacts, glasses)		$150 every 24 months (12 months for children)	$250 every 24 months (12 months for children)	$350 every 24 months (12 months for children)	$450 every 24 months (12 months for children)
Eye exams		1 exam every 24 months (12 months for children)	1 exam every 24 months (12 months for children)	1 exam every 24 months (12 months for children)	1 exam every 24 months (12 months for children)
Private-duty nursing		$10,000 per year	$15,000 per year	$20,000 per year	$25,000 per year
Hearing aids		$300 every 3 years	$400 every 3 years	$500 every 3 years	$600 every 3 years
Orthopaedic shoes and orthotics		No coverage	No coverage	$250 combined per year	$500 combined per year
Mental Health[1]		Covered at 60%/ $500 per year	$1,000 per year	$1,200 per year	$1,200 per year
Physiotherapist/ Chiropractor		No coverage	$800 per year	$1,000 per year	$1,200 per year
Paramedical Services[2]		No coverage	$500 combined per year	$650 combined per year	$800 combined per year

[1] *Mental health practitioners include psychologists, social workers (those with a Master of Social Work), registered clinical counselors, Canadian certified counselors, registered psychotherapist and speech therapists.*

[2] *Paramedical services include: acupuncturists, dietitians, massage therapists, osteopaths, naturopaths, occupational therapy and podiatrists.*

THINGS YOU NEED TO KNOW: MEDICAL.

Out-of-province/country emergency medical coverage

This is coverage for medical emergencies while traveling outside your province of residence or outside of Canada. Benefits are paid at 100 percent less any amount paid or payable by your provincial healthcare plan. This coverage includes a travel-assist benefit.

In-province hospital charges

This includes the user fee for a standard or semi-private (or private in Option 5) room at an acute-care facility.

Medical services and supplies

This includes a wide range of medical services (e.g., emergency ambulance service, various lab tests) and services (e.g., casts, wheelchairs) that are not covered, or only partially covered by your provincial health plan.

Covering your dependents

When you enroll, you may choose one of three coverage levels:

- Employee only;
- Employee + one—coverage for you and one dependent (spouse or child); or
- Employee + two or more—coverage for you and two or more dependents.

End of coverage

Medical coverage ends when your employment ends. Should you die while actively employed by Gordon Food Service, coverage for your dependents will continue for 12 months with no annual premiums charged to your dependents.

Reminder about enrolling your dependents

You will need to register your dependents and select a coverage level that includes them in order to have your dependents covered under your medical option.

THINGS TO THINK ABOUT WHEN CHOOSING MEDICAL COVERAGE.

- Consider how much you and your family usually spend on such things as glasses or contacts, eye exams, chiropractors, and other paramedical practitioners. Will you or a family member have any special medical needs in the next year? Remember that you can change your medical option every year at annual enrollment.
- When you choose an option, you are selecting all the various features and level of coverage within that option.
- You can elect different options and different dependents for medical, prescription drugs, and dental benefits. For example, you can elect Option 3 for yourself (employee only) under medical and elect Option 4 with employee plus 1 dependent under dental.
- Get the most from dual coverage. If your spouse has coverage, think about how best to coordinate your benefits. You can get up to 100% of your claims paid between the two plans. It may mean you can select a lower, less-expensive option such as Option 2 that has been specifically designed for coordination of benefits.
- The Health Care Spending Account can pay for items that are not covered or only partially covered by your medical option. (See page 25.)

Important! For Quebec Residents

If you live in Quebec, you and your dependents must have a minimum level of prescription drug coverage as required by provincial law. This means you must choose Option 3, 4, or 5. You may not choose Option 1 (opt-out) or Option 2 unless you have coverage under another plan. Proof of this coverage must be provided to Manulife, our benefits administrator.

Enter this information when you enroll

My prescription drug choice is Option #: _____

PRESCRIPTION DRUGS.

You can choose no prescription drug coverage (Option 1) or one of four other levels. If you elect prescription drug coverage (Options 2, 3, 4 and 5), you will be reimbursed at the percentages shown below to no maximum except for the lifetime maximums indicated for fertility drugs and smoking cessation drugs.

Benefit	Option 1	Option 2	Option 3	Option 4	Option 5
You first pay (deductible)	N/A	Cost of the dispensing fee	Cost of the dispensing fee	Cost of the dispensing fee	N/A
The plan pays	No Coverage				
• Preferred list of drugs		20%	75%	85%	95% to an annual out-of-pocket maximum* then 100% for the balance of the year
• All other drugs**		20%	55%	65%	75%
• Maximums:					
▪ Fertility drugs		$15,000 lifetime	$15,000 lifetime	$15,000 lifetime	$15,000 lifetime
▪ Smoking cessation		$500 lifetime	$500 lifetime	$500 lifetime	$500 lifetime

** The annual out-of-pocket maximum in Option 5 depends on the coverage level you select. It is $750 for employee only, $1,500 for an employee plus 1 dependent, or $2,250 for employee plus 2 or more dependents. For example, if you elect Option 5 and employee only coverage, the option will pay 95 percent of your prescription drug expenses on the preferred list and you will pay 5 percent until you have spent $750 in one year. Then the option will start to reimburse you 100 percent.*

*** Subject to mandatory generic drug substitution*

IMPORTANT!

Mandatory generic drug substitution

Mandatory generic drug substitution is a common feature in many Canadian employers' prescription drug plans. Mandatory generic drug substitution means that when you have a prescription filled, the pharmacist will dispense the lowest-priced equivalent (usually the generic) version of the drug, if one is available.

If a drug is not on the preferred list of drugs, the Gordon Food Service Flexible Benefits Plan will reimburse up to the cost of the lowest-priced equivalent drug (usually the generic version). This means that even when a doctor writes "no substitution" on your prescription, you will be reimbursed for the lowest-priced equivalent. You can still purchase the higher-priced (usually brand-name) drug, but you will be responsible for paying the difference between the cost of the generic drug and the brand-name drug.

Exceptions

If you, your spouse, or your eligible dependent child must receive a brand-name drug when a generic version exists, you may complete a "Request for Brand Name Coverage" form from Manulife. Once approved, the plan will reimburse you according to the cost of the brand-name drug.

THINGS YOU NEED TO KNOW: PRESCRIPTION DRUGS.

Dispensing fee

Dispensing fees are determined by individual pharmacies and can range widely. Since you pay the dispensing fee (except in Option 5), you should shop around to get the best price in your area.

Lifestyle drugs

Lifestyle prescription drugs, such as smoking cessation and fertility drugs, are covered subject to maximums in the option you select.

Preferred prescription drug list

This is a list of commonly prescribed drugs that are paid at a higher level under Options 3, 4, and 5. The preferred list includes about 85 percent of the drugs that are most commonly prescribed (e.g., generic drugs, brand-name drugs that are as effective as other drugs not on the preferred list but are available at a lower cost). Prescription drugs not on the preferred list are also reimbursed but at a lower level in Options 3, 4 and 5.

Digital drug card

If you choose option 2, 3, 4 or 5, you will be able to view your digital card once you register with Manulife. Eligible expenses are paid directly by the plan- you only pay for the amount not paid by your option. You will receive a card for yourself, your spouse, and any covered dependent children over age 21 attending school.

Covering your dependents

When you enroll, you may choose one of three coverage levels:

- Employee only;
- Employee + one—coverage for you and one dependent (spouse or child); or
- Employee + two or more—coverage for you and two or more dependents.

End of coverage

Prescription drug coverage ends when your employment ends. Should you die while actively employed by Gordon Food Service, coverage for your dependents will continue for 12 months with no annual premiums charged to your dependents.

Reminder about enrolling your dependents

You will need to register your dependents and select a coverage level that includes them in order to have your dependents covered under your prescription drug option.

THINGS TO THINK ABOUT WHEN CHOOSING PRESCRIPTION DRUG COVERAGE.

- Consider how much you and your family usually spend on prescription drugs. Do you or any of your family use prescription drugs on an ongoing basis or do you fill very few prescriptions in a year? Will you or a family member have any special prescription drug needs in the next year? Remember that you can change your prescription drug option every year at annual enrollment.
- When you choose an option, you are selecting all the various features and level of coverage within that option.
- You can elect different options and different dependents for medical, prescription drugs and dental benefits. For example, you can elect Option 3 for yourself (employee only) under medical and elect Option 4 (employee plus 1 dependent) dental.
- Get the most from dual coverage. If your spouse has coverage, think about how best to coordinate your benefits. You can get up to 100% of your claims paid between the two plans. It may mean you can select a lower, less expensive option such as Option 2 that has been specifically designed for coordination of benefits.
- The Health Care Spending Account can pay for items that are not covered or only partially covered by your prescription drug option. (See page 25.)

DENTAL.

Enter this Information when you enroll

My dental choice is Option #: _____

The dental plan offers five choices ranging from no coverage to an option that pays as much as 100 percent of preventative and 90 percent of basic services. The choice is yours!

If you choose to have dental coverage (Options 2, 3, 4 and 5), the plan will reimburse eligible expenses for you and your covered dependents at the percentages shown below to the maximums indicated for each option. Reimbursement will be based on the current dental fee guide.

Benefit	Option 1	Option 2	Option 3	Option 4	Option 5
Basic Services	N/A	20%	90%	90%	100%
• Recall exams covered every...		9 months	9 months	6 months	6 months
Supplementary Basic Services		20%	80%	80%	90%
Dentures/Major Restorative Services		50%	50%	50%	60%
Annual Combined Maximum*		$1,000	$1,500	$1,500	$2,000
Orthodontia		No coverage	No coverage	50% to a lifetime maximum of $1,500 ***Children only***	50% to a lifetime maximum of $3,000 ***Adults and children***

** Annual maximum for preventative, basic and major services combined.*

THINGS YOU NEED TO KNOW: DENTAL.

Basic services

This includes services such as check-ups, cleaning, X-rays, scaling, fluoride treatment and more.

Supplementary basic services

This includes services such as fillings and root canals.

Dentures/major restorative services

Major work includes services such as crowns, bridges, dentures and repairs to bridges and dentures.

Orthodontia

This includes services to maintain, restore or establish a functional alignment of upper and lower teeth (e.g., braces and retainers).

End of coverage

Dental coverage ends when your employment ends. Should you die while actively employed by Gordon Food Service, coverage for your dependents will continue for 12 months with no annual premiums charged to your dependents.

Covering your dependents

When you enroll, you may choose one of three coverage levels:

- Employee only;
- Employee + one—coverage for you and one dependent (spouse or child); or
- Employee + two or more—coverage for you and two or more dependents.

Reminder about enrolling your dependents

You will need to register your dependents and select a coverage level that includes them in order to have your dependents covered under your dental option.

THINGS TO THINK ABOUT WHEN CHOOSING DENTAL COVERAGE.

- Think about your regular dental needs and your family's needs. Do you go for regular check-ups and cleanings? Will you or any other family member need to have major dental or orthodontic work done next year? Remember that you may change your dental option every year at annual enrollment.
- You can elect different options and different dependents for medical, prescription drugs and dental benefits. For example, you can elect Option 3 for yourself (employee only) under medical and elect Option 4 (employee plus one dependent) under dental.
- When you choose one of the dental options, you are selecting all the various features within that option. For example, you cannot select Option 5 for orthodontic coverage and Option 3 for basic and major coverage. In addition, you and your eligible dependents are always covered under the same option.
- Get the most from dual coverage. If your spouse has coverage, think about how best to coordinate your benefits. You can get up to 100% of your claims paid between the two plans. It may mean you can select a lower, less expensive option such as Option 2. (See page 6 for more information on coordination of benefits.)
- Since very young children often have little need for dental care, consider whether your child needs dental care this year. You can add or remove dependents at each annual enrollment as your child's dental care needs change.

LIFE INSURANCE.

The Gordon Food Service Flexible Benefits Plan gives you the opportunity to purchase life insurance coverage for yourself and your dependents. There is a minimum required amount of life insurance for employees—the rest is optional.

This type of insurance is called term life insurance. It pays a benefit to the beneficiary if you die of accidental or natural causes and has no cash value (i.e., there is no savings component and there is no cash value when you leave Gordon Food Service). You also may choose AD&D insurance, which pays an additional benefit if you are killed or suffer various severe injuries in an accident. See page 16 to read more about AD&D insurance.

Enter this information when you enroll

My employee life insurance choice is $25,000 or _____ times my pay

My spouse life insurance choice is $ _____

My child life insurance choice is $ _____

Employee Life Insurance

Gordon Food Service gives you multiple options for your life insurance coverage. There is a minimum requirement of $25,000. You will see a payroll deduction for this coverage.
Your choices for life insurance are:

$25,000 (minimum requirement); or increments of pay from one times your pay to nine times your pay in whole increments (one times pay, two times pay, three times pay, etc). The maximum coverage is capped at $1,500,000.

Spouse Life Insurance

Gordon Food Service provides you with $10,000 in spousal life insurance. You may also choose to purchase additional coverage in the following amounts:

$5,000;	$100,000;
$10,000;	$150,000;
$25,000;	$200,000; or
$50,000;	$250,000.
$75,000;	

Child Life Insurance

Gordon Food Service provides you with $5,000 in child life insurance. You may also choose to purchase additional coverage in the following amounts:

$5,000;	$15,000; or
$10,000;	$20,000.

All your eligible dependent children are covered for the same amount of insurance.

THINGS YOU NEED TO KNOW: LIFE INSURANCE.

Beneficiaries

You are the beneficiary for spouse and child life insurance. When you enroll, you must designate a beneficiary for your employee life insurance. To designate or change your beneficiary, you must review and sign your benefit enrollment in workday in order for your designation to take effect. You are able to add or edit your beneficiaries at any time by contacting the benefits line or logging into Workday.

Evidence of insurability

This simply means proof of good health. Some levels of employee, spouse, and child life insurance will not be approved until the insurance company has reviewed and approved evidence of insurability. When you enroll, you, your child or your spouse may be asked to complete and return an evidence of insurability form, if required. This form must be reviewed and approved by the insurance company before the higher levels of coverage will be effective. In future enrollments, if you apply for more employee, child or spouse life insurance than you have at the time, you will be asked to provide evidence of insurability at that time.

Smoker status

Some life insurance rates are based on smoker status. When you enroll, you must indicate if you and/or your spouse or children are smokers. To be considered a nonsmoker, you must not have used any tobacco product for at least 12 months. Indicating the true smoking status is important to ensure that beneficiaries receive the benefit. If you (or your spouse or child) indicate that you are a nonsmoker and after your death it is determined that you were smoking, the plan may not pay any benefit to the beneficiary. It's very important to keep this status up-to-date if there are smoker status changes.

End of coverage

Your and your spouse's life insurance coverage ends when your employment ends or you or your spouse reach age 70—whichever happens first. Child life insurance also ends when your employment ends or you reach age 70, or when your child reaches the age at which they no longer qualify as an eligible dependent—whichever happens first.

THINGS TO THINK ABOUT WHEN CHOOSING LIFE INSURANCE.

- The number and age of your dependents and your annual expenses are factors to consider when deciding on how much life insurance to select. If you have a spouse and children, consider how your family would manage without your income.
- If you do not have dependents, you may wish to leave a bequest to other family, friends or charities. Or, you may wish to ensure that your estate has sufficient funds to pay any obligations such as debts or funeral expenses.
- If your spouse works and has life insurance through their employer, consider if you need to purchase additional spousal life insurance through the Gordon Food Service Flexible Benefits Plan.
- Consider how much private life insurance or mortgage life insurance you may already have and compare the costs of your private insurance to the cost of insurance under the Gordon Food Service Flexible Benefits Plan.
- Your optional employee and spouse life insurance cost is determined based on gender, smoking status, and age. If you move age brackets mid year, your cost will increase. Please reach out to the benefit team for further details.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE.

AD&D insurance is completely optional. If you elect coverage the plan pays a benefit if you, your spouse, or child are killed or seriously injured in an accident. Coverage is provided 24 hours a day, 7 days a week.

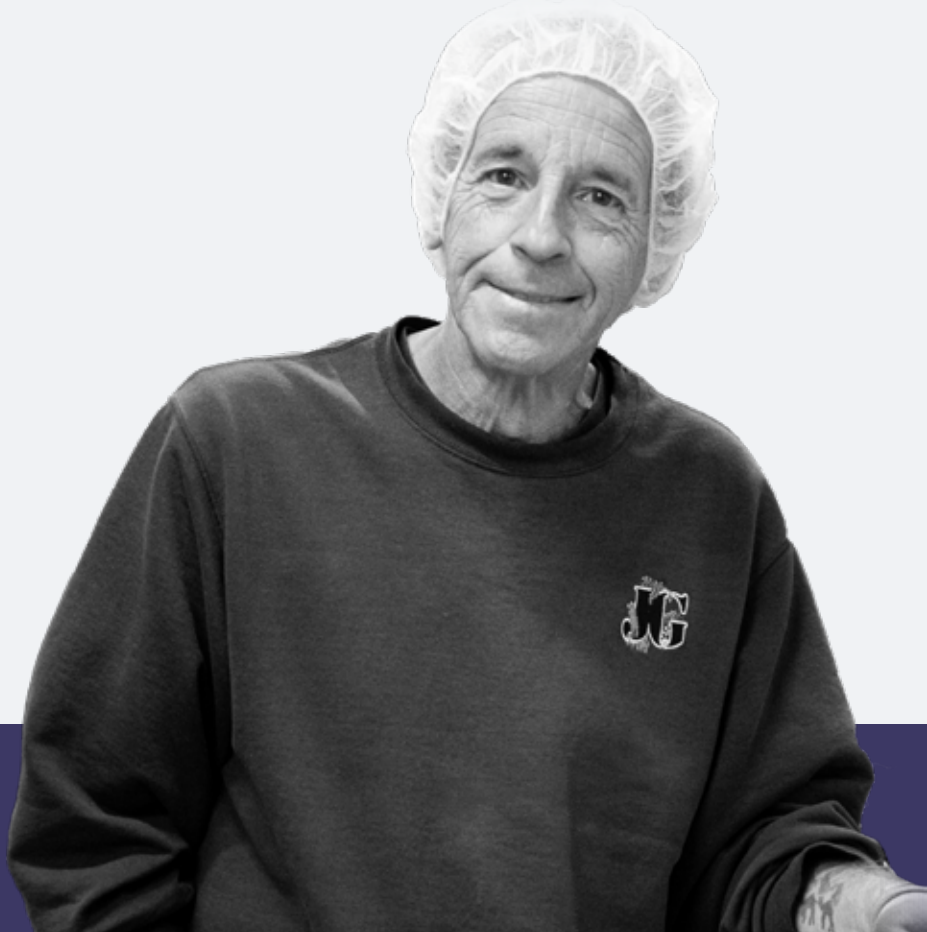
Enter this information when you enroll

My employee AD&D insurance choice is $25,000 or _____ times my pay

My spouse AD&D insurance choice is $ _____

My child AD&D insurance choice is $ _____

Employee AD&D Insurance	Spouse AD&D Insurance		Child AD&D Insurance	
Coverage is 100 percent optional. You may choose:	Spouse AD&D insurance is 100 percent optional. You may choose:		Child AD&D insurance is 100 percent optional. You may choose:	
No coverage; $25,000; or Increments of pay from one times your pay to nine times your pay in whole increments (one times pay, two times pay, three times pay, etc.) The maximum coverage is capped at $1,500,000.	No coverage; $5,000; $10,000; $25,000; $50,000;	$75,000; $100,000; $150,000; $200,000; or $250,000.	No coverage; $5,000; $10,000;	$15,000; or $20,000.



THINGS YOU NEED TO KNOW: AD&D INSURANCE.

Beneficiaries

If you, your spouse, or child suffer a qualifying injury in an accident, benefits are paid to you.

If your spouse or child dies in an accident, benefits are paid to you (i.e., you are the beneficiary for spouse and child AD&D insurance). If you die in an accident, benefits are paid to your beneficiary. When you enroll, you must designate a beneficiary for your employee AD&D insurance. To designate or change your beneficiary, you must review and sign your benefit enrollment in workday in order for your designation to take effect.

Payments are based on loss

AD&D insurance will pay a percentage of your option if you sustain certain injuries in an accident. These usually involve loss of limbs, sight, hearing, or mobility.

If you or your dependents die in an accident, the benefit will be 100 percent of the option you select. AD&D insurance benefits are paid in addition to life insurance benefits, but are not a replacement for life insurance since they are payable only in the event of an accidental death.

If you are seriously injured, your benefit will be a percentage of your option coverage according to a detailed table of eligible injuries and benefits.

Confirm evidence of insurability

Evidence of good insurability is not required for AD&D insurance.

End of coverage

Your and your spouse's AD&D insurance coverage ends when your employment ends or you or your spouse reach age 70—whichever happens first. Child AD&D insurance also ends when your employment ends or you reach age 70, or when your child reaches the age at which he or she no longer qualifies as an eligible dependent—whichever happens first.

THINGS TO THINK ABOUT WHEN CHOOSING AD&D INSURANCE.

- AD&D insurance is not a replacement for life insurance. Life insurance pays a benefit if death is from illness or injury. Accident insurance only pays a benefit if death or injury results from an accident.
- AD&D insurance is not a replacement for disability insurance. AD&D insurance pays a lump sum for a qualifying injury in the event of an accident (and only in the event of an accident, not illness). This lump sum helps offset increased or unexpected expenses if you are disabled but is not designed to replace income.
- Life insurance pays a benefit only in the event of death while AD&D insurance will pay a benefit in the event of an eligible loss.

COMPREHENSIVE CRITICAL ILLNESS INSURANCE.

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs. You may still be responsible for out-of-pocket expenses. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Comprehensive Critical Illness Insurance helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's how it works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting your needs

- Guaranteed Issue, meaning no medical questions to answer at initial enrollment. Enrolling after your initial enrollment period requires evidence of insurability.
- Coverage available for dependents.
- Covered dependents receive 50% of your Basic Benefit Amount.
- Benefits paid regardless of any other medical or disability plan coverage.
- Premiums are affordable and conveniently payroll deducted.
- Coverage may be continued.
- 100% of your Basic-Benefit Amount is paid for advanced Alzheimer's Disease and advanced Parkinson's Disease.

Employee Critical Illness Insurance Coverage						
Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
No Coverage (Default)	Coverage $10,000	Coverage $20,000	Coverage $30,000	Coverage with Spouse $10,000	Coverage with Spouse $20,000	Coverage with Spouse $30,000

**Children are included in all options if covered on employees benefit plan.*

Did you know?

Heart disease and stroke are the second leading cause of death in Canada.

On average, 524 Canadians will be diagnosed with cancer every day.

COMPREHENSIVE CRITICAL ILLNESS BENEFITS.

Benefit paid upon diagnosis
of one of the following conditions

- Heart Attack
- Stroke
- Major Organ Failure (Transplant or Waiting List)
- Kidney Failure
- Carcinoma In Situ
- Invasive Cancer
- Alzheimer's Disease
- Parkinson's Disease
- Coronary Artery Bypass Surgery
- Multiple Sclerosis
- Paralysis
- Deafness
- Aortic Surgery
- Benign Brain Tumour
- Coma
- Severe Burns
- Loss of Speech
- Waiver of Premium (employee only)

USING YOUR CRITICAL ILLNESS CASH BENEFITS.

Cash benefits provide you with options, because you decide how to use them.

Finances

Can help protect savings and retirement plans from being depleted.

Travel

Can help pay for expenses while receiving treatment in another city.

Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.

Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.

CRITICAL ILLNESS INSURANCE CERTIFICATE SPECIFICATIONS.

Dependent eligibility/termination

Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 21, 26 if in full-time attendance at an institution of higher learning. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When coverage ends

Coverage under the policy ends on the earliest of: the date the certificate is canceled; the date the policy is canceled; you stop paying your premium; the last day of active employment or membership; you or your class are no longer eligible; when all benefits have been paid under the policy and riders, if applicable; upon discovery of claim fraud or material misrepresentation.

Portability privilege

You may continue coverage under the Portability Privilege provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

BENEFIT CONDITIONS.

Conditions and limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Each critical illness is only payable provided that we have not previously paid a benefit for that illness. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations outside of Canada will be considered by a Canadian physician on foreign soil or when you return to Canada.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

Exclusions and limitations

Benefits are not paid for: war, participation in a riot, insurrection or rebellion; intentionally self-inflicted injuries; injury incurred while engaging in an illegal occupation or committing or attempting a felony; attempted suicide while sane or insane; injuries while under the influence of alcohol, narcotics, or controlled substances or drugs, unless doctor prescribed; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; alcohol abuse or alcoholism, drug addiction or controlled substance dependency.

DISABILITY BENEFITS.

Enter this information when you enroll

My long-term disability choice is Option #: _____

Disability benefits are important elements of your total benefits package from Gordon Food Service. Coverage for short-term disability/medical leave (the first 17 weeks of disability) is not part of the Gordon Food Service Flexible Benefits Plan (i.e., you do not need to make any choices regarding this coverage) and differs in different divisions. Please see your local Human Resources team for information about your short-term disability/medical leave options.

If approved by the insurance company, long-term disability (LTD) coverage pays a monthly benefit if you are totally disabled and unable to work for more than 17 weeks. In the Gordon Food Service Flexible Benefits Plan, you have five options for coverage. In all cases you will pay for your LTD coverage through regular payroll deductions. This ensures that any LTD benefits you may receive while disabled will be tax-free.

Benefit	Option 1	Option 2	Option 3	Option 4	Option 5
Length of coverage	2 years, or until age 65, which ever comes first	5 years, or until age 65, which ever comes first	10 years, or until age 65, which ever comes first	Until Age 65	Until Age 65
Approximate net income replacement	75%	75%	75%	75%	85%
Monthly benefit* (approximate % of monthly pay)	60% of first $2,000 55% of next $2,250 45% of Balance	60% of first $2,000 55% of next $2,250 45% of Balance	60% of first $2,000 55% of next $2,250 45% of balance	60% of first $2,000 55% of next $2,250 45% of Balance	65% of first $2,600 60% of next $3,000 45% of balance
Indexing	None	None	None	None	CPI** to 3% max
Tax status	Non-Taxable Paid by payroll deduction	Non-Taxable Paid by payroll deduction	Non-Taxable Paid by payroll deduction	Non-Taxable Paid by payroll deduction	Non-Taxable Paid by payroll deduction

**Maximum benefit is $15,000 per month.*

***CPI=Consumer Price Index*

THINGS YOU NEED TO KNOW: DISABILITY BENEFITS.

Approximate net income

Your actual net income will depend on your earnings and your tax rates. The percentages in this table are estimates only.

Evidence of insurability

You will be asked to provide evidence of good health if you go up in coverage for certain levels.

Proof of disability

To be approved for LTD benefits in the first 24 months of your disability, you must supply proof that you are totally disabled from performing the essential duties of your regular occupation. To continue to receive LTD benefits beyond 24 months, you must supply proof that you are totally disabled from performing any job for which you are reasonably suited by your training, education, or experience and at which you could earn at least 60 percent of your pre-disability earnings.

LTD and Canada Pension Plan

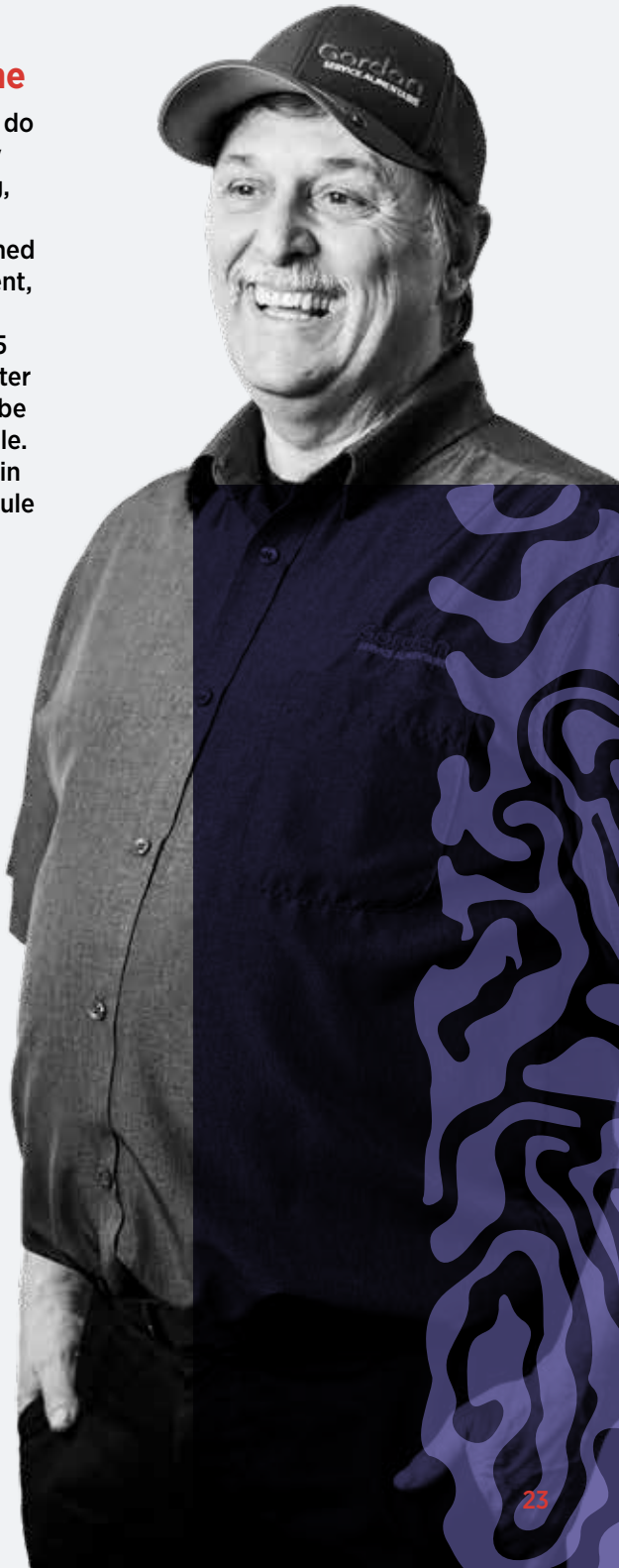
If you are unable to work because of nonwork-related illness or disability, you are required to apply for disability benefits from the Canada Pension Plan (CPP). If you become disabled, your LTD payments will be offset by the amount you receive from the CPP. The tax rules state that CPP disability income is taxable income.

Maximum disability income

In order to make sure that individuals do not end up earning more on disability than they were earning while working, the insurance industry has set an overall maximum limit on the combined disability benefits from all government, employer, and other group plans. Under all LTD Options, that limit is 85 percent of your pre-disability net (after taxes) income. Your LTD benefit will be reduced, if necessary, to meet this rule. Depending on your choice of option in combination with your income, this rule may apply.

End of coverage

Your LTD benefit ends depending on which option you selected, or if you leave, retire, or reach age 65- whichever happens first.



THINGS TO THINK ABOUT WHEN CHOOSING DISABILITY BENEFITS.

- How much income would you need if you became disabled and unable to work? You should consider:
  - » Your monthly expenses,
  - » Other income sources you may have (such as income from your spouse), and
  - » The number and age of any dependents.
- Option 5 has an indexing benefit. This will help protect your LTD income from inflation. The annual cost-of-living adjustment is based on the increase in the Canadian Consumer Price Index (CPI) to a maximum of 3% per year.

FLEX CREDITS.

Each year, Gordon Food Service provides an amount of flex credits to each employee. The last step of enrollment is to allocate where you would like your flex credits to go. You have the option of putting them all into healthcare spending, or lifestyle spending account, or share it between the two. If you do not allocate, the default is healthcare spending.

Health Care Spending Account (HCSA)	Deposit your flex credits into your HCSA to help pay for health-related expenses that aren't covered by your medical, prescription drug, or dental options. The HCSA is not taxable except for provincial income tax in Quebec. (See page 25 for more information.)
Lifestyle Spending Account	Deposit your flex credits into your Lifestyle Spending Account to help pay for personal wellness expenses. The Lifestyle Spending Account is taxable—both federally and in all provinces. (See page 26 for more information.)

Read on to learn more about both accounts.

HEALTH CARE SPENDING ACCOUNT (HCSA).

The HCSA is a tax-effective* way to spend your flex credits. When you assign your flex credits to the HCSA, they will be deposited in a lump sum into your HCSA at the beginning of the year. You then have two full calendar years to use this balance to pay for your out-of-pocket medical, prescription drug and dental expenses.

The HCSA enables you to use tax-free flex credits to pay for many medical and dental expenses that are not paid elsewhere.

THINGS YOU NEED TO KNOW:

Funding your HCSA

Tax rules state that you may allocate unused flex credits to your HCSA. You may not deposit your own money.

Eligible expenses

You may cover many expenses under your HCSA. The list of eligible expenses is defined under the Income Tax Act. For a complete list of eligible expenses, see the Canada Revenue Agency's website. Some examples of eligible expenses are:

- The portion of any medical, prescription drug, or dental claim that is not paid in full by your medical, prescription drug, or dental option. This includes the dispensing fee on prescription drugs, any co-payments (where the option pays less than 100%), and expenses over the maximum allowed in the options you chose (e.g., paramedical services above the annual maximums, eyeglasses over the limit in your option, dental fees in excess of the fee guide, and dental expenses over your annual maximum).
- Any other expenses covered by the Income Tax Act that may not be paid by any of your flex plan options including corrective eye surgery, adaptive devices (i.e., for a computer or a telephone) for hearing- or sight-impaired individuals, cosmetic surgery performed by a physician, and cosmetic dental services performed by a dentist.

Eligible dependent claims

You may submit claims for yourself and dependents who are eligible under the Gordon Food Service Flexible Benefits Plan. You may also submit claims for other relatives (such as a parent or grandchild) if they are:

- Financially dependent on you;
- Eligible to be claimed as a dependent on your income tax return; and
- Residents of Canada.

HCSA and coordination of benefits

If you have benefit coverage through your spouse, all claims must first be submitted to the Gordon Food Service Flexible Benefits Plan and to your spouse's benefit plan before submitting the balance to the HCSA.

Tax rules

The Canada Revenue Agency gives you a tax break on this account, but it does set some rules:

- You have two years to use any credits allocated to your HCSA or they are forfeited. As a result, when you are deciding how to allocate your remaining credits each year during annual enrollment periods, take a moment to check any existing HCSA balance you might have, and then determine if you should allocate more credits into the account. Please note that when you submit an HCSA claim, your oldest credits are used first to pay your claim.
- It's important to note that you cannot transfer credits from the HCSA to the Lifestyle Spending Account and you cannot cash them out. Once allocated to your HCSA, your flex credits can be used only to reimburse eligible medical, prescription drugs and dental expenses.

End of access to your HCSA

Your access to your HCSA ends when your employment ends. You may submit claims incurred before your termination or retirement date. These claims must be submitted within 90 days after the end of the year in which the claim was incurred. Any funds left in your HCSA are then forfeited.

THINGS TO THINK ABOUT:

- Will you or your eligible family members have medical-related expenses that would not be paid or only partially paid by your medical, prescription drug, or dental options?
- Remember that you must use the flex credits in your HCSA within two years or they are forfeited.

*** In Quebec, provincial taxes apply on the value of claims reimbursed from the HCSA but not federal taxes.**

LIFESTYLE SPENDING ACCOUNT.

The Lifestyle Spending Account is another way to use your flex credits. You may deposit flex credits into this account and be reimbursed for a variety of personal wellness expenses. Flex credits deposited in this account are taxable in the year they are used. These credits do not expire while you are an employee at Gordon Food Service.

THINGS YOU NEED TO KNOW:

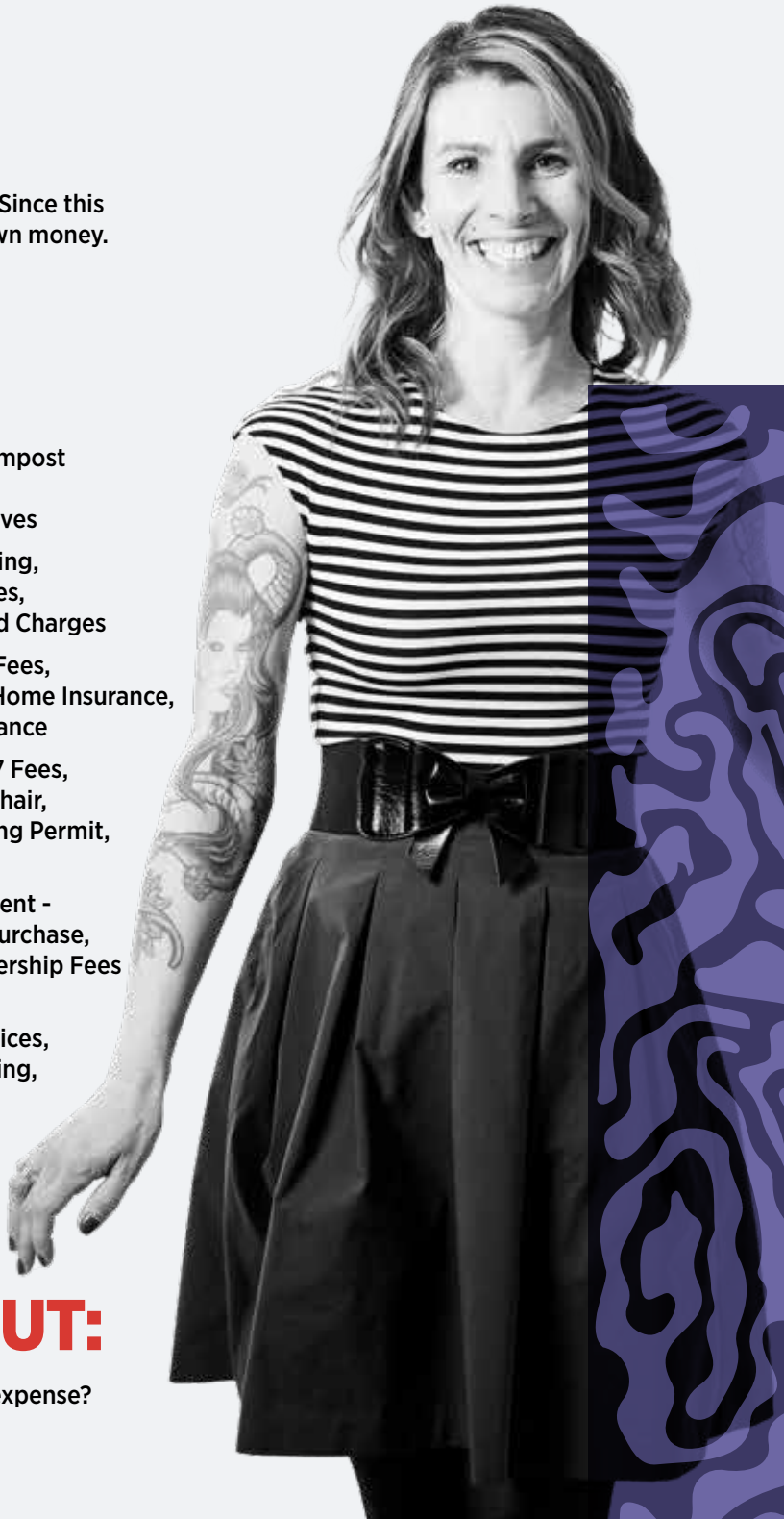
Funding your Lifestyle Spending Account

Your Lifestyle Spending Account is funded by your flex credits. Since this is a taxable account, there is no advantage to putting in your own money.

Eligible expenses

You may receive reimbursement for the following items:

- Fitness Centre Membership
- Personal Trainer Fees
- Smoking Cessation
- Health Risk Assessment
- Stress Management
- Lifestyle / Weight Management
- Prenatal Classes
- Sports Club / Sports Team Membership / Registration
- Fitness Equipment
- Wellness Related Health & Stress Management Programs
- Golf & Country Club Fees
- Instructional Learning Tools - Self Development Books, Fitness Videos
- Vitamins / Minerals / Supplements / Natural Health Products
- Online Fitness Classes
- Meditation Apps - eg. Calm, Headspace
- Daycare Expenses
- Environmental - Air Conditioner, Compost Bin, Dehumidifier, Green Home Initiatives
- Financial - Accounting, Bank Fees, RIFF Fees, RRSP Premiums and Charges
- Insurance - Broker Fees, CAA Membership, Home Insurance, Other Vehicle Insurance
- Miscellaneous - 407 Fees, Ergonomic Office Chair, Handicapped Parking Permit, Travel Expenses
- Personal Development - Books, Computer Purchase, Professional Membership Fees
- Personal Wellness - Groceries, Spa Services, Sports Shoes/clothing, Fitness Watch



THINGS TO THINK ABOUT:

Do you or your family use any of the items listed as an eligible expense?

MAKING CLAIMS.

Submit all your claims to Manulife.

Prescription drug card online through Manulife

You can access the electronic drug card online or on the Manulife app. Use the card to have eligible expenses billed directly to your Gordon Food Service Flexible Benefits Plan option. Your pharmacist will only charge you for any amounts that are not covered under your option.

Electronic dental claims

If your dentist has the ability to submit claims electronically, he or she may be able to bill your dental expense directly to the Gordon Food Service Flexible Benefits Plan. Check your Check your Benefits Resource website for the policy number you need to give to your dentist.

Printable claim forms

To claim other out-of-pocket expenses, you can obtain claim forms from Your Benefits Resource website, Manulife, or from your local Human Resources team.

Claims deadlines

Claims to your Health Care Spending Account and your Lifestyle Spending Account must be submitted within 180 days after the end of the calendar year in which the expense was incurred. Extended health and dental claims must be submitted within 15 months from the date the claim was incurred.

CONTACT INFORMATION:

Who to Call for:

Enrollment *AND* Changing Your Benefits Following Life Events	Claims including Forms, Claims Status, Dental Pre-Treatment Plans *AND* Questions about Covered Expenses	Critical Illness Claim Forms
Workday	Manulife	Blue Cross (previously allstate)
https://workday.gfs.com	https://www.manulife.ca/personal/sign-in.html	www.allstatebenefits.ca/gfs
Click: My Group Benefits > Sign in	Get access to your benefit details, claims submission and history, easily view healthcare services specific to your needs and get fast answers to your questions using the secure online chat.	Print and fax or mail form.
English and French: 1 (888) 529-5270 benefitscanada@gfs.com	English and French: 1 (833) 206-1906	1 (519) 725-7118 or 1 (844) 455-6255
Representatives available Monday through Friday 8:30 a.m. to 5:00 p.m. EST	Representatives available Monday through Friday 8:00 a.m. to 8:00 p.m. EST	Representatives available Monday through Friday 8:00 a.m. to 8:00 p.m. EST or at www.rwam.com

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