

# UNITED FISHERMEN'S BENEFIT FUND

## 2023

The UFBF is offering a **Full Benefit Plan** and a **Core Benefit Plan** to eligible Union and Native Brotherhood members. Coverage is from January to December of each year.

**Full Benefit Plan** includes coverage for Dental, Extended Health, Weekly Indemnity, Hospital Benefit, Travel Assistance Benefit, Shipwreck, Loss of Life Benefit or Funeral Benefit.

The annual premium rate shall be:     **\$700 Single**             **\$1400 for Couple or Family**

**Core Benefit Plan** includes coverage for the Hospital Benefit, Travel Assistance, Shipwreck, Loss of Life or Funeral Benefit. The annual premium rate shall be: **\$200**

**CFC Salmon Seine Fishermen** The Union negotiated Benefit Fund coverage for all eligible CFC salmon seine fishermen. CFC will pay ½ of the yearly premiums for the **Full Benefit Plan** or they will pay 100% of the premiums for the **Core Benefit Plan**. If you are a CFC Salmon seine fisherman and are interested in the Full Plan or the Core Plan, please contact Christina at: **778 645 0578**

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### **Plan Rules:**

Members will have the option to enroll for the Full Benefit Plan or the Core Benefit Plan and must register as single, couple or family at the time of enrollment, within 2 years of eligibility.

Late enrollments may be accepted if enrollment was delayed, because of current coverage through another plan.

There shall be no Opting In or Out of either Plan once registered, with the exception of a onetime change from the Core Benefit Plan to the Full Benefit Plan.

Retired members are not eligible for Weekly Indemnity or Shipwreck under either plan.

UFBF Premiums may be paid with post-dated cheques, on the 1<sup>st</sup> of January, April, July, and October of each year or by E transfer.

<p><b>NEW Members</b> who enroll for the "Full Benefit Plan" will have <b>Reduced</b> coverage for the first 6 months of enrollment. Full Plan benefits will be implemented automatically after 6 months.</p>
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**The Reduced Plan** will not pay for the following:

**PBC:** Medical aids and supplies

Standard durable medical equipment

Vision Care

Out-of-Province/Territory Non-Emergency Eligible Expense

**UFBF:** Dental coverage will be reduced to \$500 per family member.

Weekly Indemnity

Hospital Benefit for long term and rehab

Please call if you have any questions: 778 645 0578 or Email: [Benefits@ufawu.org](mailto:Benefits@ufawu.org)

Christina Nelson  
Director UFBF