

AT A GLANCE ...

Compassionate Care Leave Increased to 26 Weeks.....	1
Tax-Free Savings Account Annual Contribution Amount for 2016 Returns to \$5,500.....	2
Additional Details on the Ontario Retirement Pension Plan	2
New Filing Standards for Statement of Investment Policies and Procedures (SIPP)	3
Addition of 59 New Medications to Manitoba's Pharmacare Program.....	3
Income Tax Cuts for the Middle Class	3
Ontario Offering Government-Funded Fertility Clinics.....	4
Nova Scotia Seniors' Pharmacare Program is Changing.....	5
Ontario Passes Legislation on Police Record Checks.....	6
Increase in B.C. Health Premiums.....	6
People Corporation: My Wellness..	7
Fast Facts	8
PPN Update	8

Compassionate Care Leave Increased to 26 Weeks

In June 2015, the Government of Canada passed a bill to amend the *Employment Insurance Act* to increase the maximum number of weeks for the Employment Insurance (EI) compassionate care leave benefit. However, the changes didn't take effect until 2016.

As of January 3, 2016, EI compassionate care leave for the care of a gravely ill family member increased from six to 26 weeks and the period within which these benefits may be paid was extended to 52 weeks. Eligibility for compassionate care benefits remain the same.

Corresponding changes were also made to the *Canada Labour Code* to ensure that the jobs of employees in federally regulated

businesses remain protected while they are on compassionate care benefits under the EI program. This amendment to the *Canada Labour Code* provides an increase in the maximum duration of compassionate care leave from eight weeks to 28 weeks and extends the period within which the leave can be taken to 52 weeks. The *Canada Labour Code* establishes minimum standards that federally regulated employers and employees must follow.

Compassionate care benefits are EI benefits. They are paid to people who have to be temporarily away from work to provide care or support to a family member who is gravely ill with a significant risk of death within 26 weeks (six months). 

Source: www.servicecanada.gc.ca



Tax-Free Savings Account Annual Contribution Amount for 2016 Returns to \$5,500

The Government of Canada announced changes to the Tax-Free Savings Account (TFSA) annual contribution on December 7, 2015. According to the proposed legislation, starting on January 1, 2016, the TFSA annual contribution for 2016 will decrease from \$10,000 to \$5,500. For future years, the TFSA annual contribution limit will be indexed to inflation and rounded to the nearest \$500. The proposed legislation is subject to parliamentary approval. 🇨🇦

Source: www.cra-arc.gc.ca



Additional Details on the Ontario Retirement Pension Plan

The Government of Ontario has released further design details of the Ontario Retirement Pension Plan (ORPP), which is modelled on the strengths and principles of the Canada Pension Plan (CPP).

The ORPP is mandatory for employees without a comparable workplace pension plan. When a plan member retires, their ORPP benefit would be calculated using their average earnings over the years they contributed to the plan.

The new design details include:

- Pre-retirement and post-retirement indexation information to ensure sustainability in the long term.
- Structure of the survivor benefit so that single employees can choose a beneficiary for their pension.
- Religious exemption that mirrors the CPP.
- Voluntary participation by on-reserve First Nation employers and their employees as long as both opt in.
- Definition of employment in Ontario to help employers determine which employees are eligible for the plan.
- Details on the comparability test to help employers determine whether they currently offer a comparable workplace pension.
- Comparability test for Multi-Employer Pension Plans (MEPPs).
- Addressing of the waiting period for employees who are employed in a workplace with a comparable plan.
- Voluntary workplace pension plan contributions not being applicable when determining if a defined contribution plan is comparable to the ORPP.
- Opt-in for employers who have comparable workplace pension plans in wave four of the ORPP enrolment schedule or at any time thereafter. Wave four enrolments take place on January 1, 2020 and is for employers with a workplace pension plan that is not sufficiently enhanced, modified or adjusted to meet the comparability test.

ORPP would begin paying benefits in 2020. The Government of Ontario has delayed the launch of the first phase of contribution to January 1, 2018.

The following example illustrates a person who earns \$45,000 a year, contributes to the CPP and ORPP for 40 years, retires at age 65 and aims to replace 60% of their income. 🇨🇦



The example is based on the Old Age Security (OAS) and Canada Pension Plan (CPP) benefits in 2014 and on the estimated ORPP benefits.

Source: www.news.ontario.ca/mof/en/2016/01/ontario-retirement-pension-plan-additional-design-details.html

New Filing Standards for Statement of Investment Policies and Procedures (SIPP)

The Government of Ontario implemented additional requirements to the statement of investment policies and procedures (SIPP) that came into effect on January 1, 2016. Administrators of Ontario registered pension plans must file their SIPPs and SIPP amendments with the Financial Services Commission of Ontario (FSCO) according to the following deadlines:

- Plans registered before January 1, 2016 must file their SIPP by March 1, 2016.
- New plans registered on or after January 1, 2016 must file their SIPP within 60 days after the plan registration.
- Amendments to a SIPP must be filed within 60 days after the date the amendment is made.

After the initial filing of a SIPP in accordance with the deadlines stated above, only amendments to the SIPP need to be filed.

Prior to these new regulatory changes, plan administrators did not have to file a SIPP with the regulator even though every pension plan registered in Ontario was required to have a SIPP.

According to the new requirements, administrators must also submit SIPP filings electronically through FSCO's Pension Services Portal starting in 2016. If SIPP was filed before January 2016, administrators will have to re-submit them electronically through the portal.

Also effective on January 1, 2016 is the requirement that all SIPPs must include information about whether environmental, social and governance (ESG) factors are incorporated into the plan's investment policies and procedures. It must include a description of how those factors are incorporated in the plan's investment strategy.

The assets of the plan must be also invested in accordance with the SIPP.

Effective on July 1, 2016, administrators must include prescribed information about the SIPP in the statements to members, former members and retired members. The annual statements to members will be required to include specific statements concerning the SIPP, as prescribed in section 40 of the Regulation under the Pension Benefits Act, R.S.O. 1990, c. P.8. 📌

Source: www.fSCO.gov.on.ca/en/pensions/legislative/Pages/sipp.aspx

Addition of 59 New Medications to Manitoba's Pharmacare Program

Patients now have access to an additional 59 new drugs through the Manitoba Pharmacare program. Out of the 59 new drugs added, 47 are generic medications.

Some of the new drugs added to the formulary include:

- Aptiom for the treatment of epilepsy
- Firazyr for the treatment of hereditary angioedema
- Imbruvica for the treatment of lymphocytic leukemia
- Xalkori for the treatment of lung cancer
- Xtandi for the treatment of prostate cancer. 📌

Source: www.gov.mb.ca

Income Tax Cuts for the Middle Class

The Government of Canada's proposed tax changes took effect on January 1, 2016. For the 2016 and subsequent tax years, the federal personal income tax rate on taxable income of \$45,282 to \$90,563 (middle class) is reduced from 22% to 20.5%. This tax relief would result in single individuals receiving an average tax reduction of \$330 every year, while couples would receive an average tax reduction of \$540 every year.

To help pay for the middle class tax cut, the federal personal income tax rate on taxable income greater than \$200,000 has been increased from 29% to 33%. An estimated 319,000 Canadians in this upper tax bracket will be affected.

According to the Government of Canada, the middle class tax cut will provide around \$3.4 billion in annual tax relief to about 9 million Canadians. 📌

Sources: www.cra-arc.gc.ca and www.fm.gc.ca

Ontario Offering Government-Funded Fertility Clinics

The Government of Ontario's new Fertility Program provides government funding for fertility treatments at 52 fertility clinics across the province. Announced in October 2015 but not effective until December 2015, the \$50 million in funding will help cover the cost for families trying to conceive a child.

"It is estimated that one in six Ontario couples is affected by infertility at some point in their lives," stated the Government of Ontario.

The new Fertility Program covers the following for eligible people at fertility clinics across the province:

- Artificial insemination (AI), including intra-uterine insemination (IUI).
- One in vitro fertilization (IVF) cycle per eligible patient per lifetime.
- One fertility preservation (FP) cycle, including sperm and egg freezing for medical reasons, per eligible patient per lifetime.

Ontarians of any sex, gender, sexual orientation or family status with a valid Ontario Health Insurance Plan (OHIP) card are eligible under the new Fertility Program. For the one-time IVF cycle, women under the age 43 are eligible. To be eligible for the one fertility preservation cycle, you must also have a medical reason.

The Government of Ontario is removing IVF as an insured service under OHIP. Instead, it is funding IVF through contracts with 52 fertility clinics in the province.

Even though the Government of Ontario is paying for the costs of AI, IUI, IVF and FP treatments under the new Fertility Plan, the cost of fertility drugs is the responsibility of the individuals undergoing the fertility treatment. Fertility drugs could cost around \$1,000 per cycle of AI and \$5,000 per cycle of IVF.

The Ontario Government has left the responsibility of deciding who will receive treatment under the Fertility Plan to the individual fertility clinics and their doctors. They will be monitoring the waiting lists across the 52 eligible fertility clinics throughout the year. 🇺🇸

Source: www.health.gov.on.ca/en/public/programs/ivf/

“ Infertility is a serious issue that affects thousands of Ontarians who have dreams of starting their own families. Children are our future and, by creating a more equitable and accessible fertility program, the government is supporting family-building for those who couldn't otherwise have the opportunity to have children. ”

- Dr. Eric Hoskins, Minister of Health and Long-Term Care

Nova Scotia Seniors' Pharmacare Program is Changing

The Nova Scotia Seniors' Pharmacare Program is a provincial drug insurance plan aimed at helping eligible seniors with the cost of their prescription drugs. The program pays for drugs and devices which are indicated as benefits in the Nova Scotia Formulary.

Starting April 1, 2016, the co-payment for Seniors' Pharmacare Program members will be reduced to 20% of the cost of their prescription at the counter, to a maximum co-payment of \$382 per year. The current co-payment rate is 30%. After a member's co-payments reach a maximum total \$382, they will no longer make a co-payment until the start of the next fiscal year.

The co-payment rate change means that seniors with lower incomes will no longer be expected to pay the same premiums as other seniors with higher incomes. This change is a fair approach and is good news for low to moderate income seniors. According to Executive Director of Community Links Anne Corbin, *"basing premiums on income is a more equitable funding approach, and reducing the prescription co-pay should help those on fixed incomes to manage their costs."*

The premium rate structure that will be effective on April 1, 2016 is as follows:

PREMIUMS FOR SINGLE SENIORS

Income	Premium
Income below \$22,986	will not pay any premium
Earning \$22,986 to \$35,000	less than \$40/month
Earning \$35,000 to \$75,000	\$40 to \$100/month, based on income
Earning more than \$75,000	\$100/month

PREMIUMS FOR COUPLES

Income	Premium
Combined income below \$26,817	will not pay any premium
Combined income of \$26,817 to \$40,000	less than \$40/month each
Combined income of \$40,000 to \$100,000	\$40 to \$100/month each, based on income
Combined income above \$100,000	\$100/month each

There are approximately 120,000 Nova Scotians enrolled in the Seniors' Pharmacare Program. With these changes, it is estimated that about 12,000 seniors who paid a premium in 2015 will not pay a premium in 2016. It is

also estimated that approximately 47,500 seniors will be exempt from premiums and 29,000 seniors will qualify for a reduced annual premium.

Source: www.novascotia.ca



Ontario Passes Legislation on Police Record Checks

On December 1, 2015, Ontario passed Bill 113, the Police Record Checks Reform Act, 2015 to govern the type of information that can be disclosed by police in response to record check inquiries. The new legislation is the province’s first-ever consistent and comprehensive set of standards and rules to govern how police record checks are conducted in Ontario. It is intended to remove unnecessary barriers to employment, education, volunteering and to applying for a professional license.

Prior to Bill 113, police record check procedures were governed by a system of federal legislation, case law, the Charter, the Ontario Human Rights Code and police guidelines. This caused disparities in disclosed information between police services.

The new legislation will have implications for employers conducting criminal background checks because it applies to the majority of purposes for which such checks are conducted. The Act permits three types of police record checks: (1) criminal record checks; (2) criminal record and judicial matters checks; and (3) vulnerable sector checks.

The legislation does not permit the disclosure of non-conviction information and non-criminal records, such

as mental health information, in response to a criminal record check or a criminal record and judicial matters check. Non-conviction information may be disclosed in response to vulnerable sector checks if they meet a strict set of requirements for the exceptional disclosure as outlined in s. 10(2) of the Police Record Checks Reform Act, 2015.

In addition to limiting the type of information that can be disclosed, Bill 113 also describes the standardized procedure around the disclosure of results, reconsideration and disclosure with consent.

The results of the police record check are disclosed to the individual who is the subject of the check. That individual is given an opportunity to review the results of the check before the information is released to the third party requesting the information (i.e. a potential employer or voluntary organization). Under the legislation, a written consent by the individual is required in order for the police to disclose the police record check information to a third party. An individual would be able to request reconsideration of the release of non-criminal, non-conviction records if the individual believes that information is unjustly included. 

Source: www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=3416

Increase in B.C. Health Premiums

British Columbia is the only remaining province that collects a flat-rate premium for its health care program, called BC Medical Services Plan (MSP). Premiums are based on family size and income. On January 1, 2016, MSP premiums increased by 4.2% from the previous year.

The following table outlines the premium rates as of January 1, 2016. 

Adjusted Net Income	One Person	Family of Two	Family of Three or More
\$0 - \$22,000	\$0.00	\$0.00	\$0.00
\$22,001 - \$24,000	\$12.80	\$23.20	\$25.60
\$24,001 - \$26,000	\$25.60	\$46.40	\$51.20
\$26,001 - \$28,000	\$38.40	\$69.60	\$76.80
\$28,001 - \$30,000	\$51.20	\$92.80	\$102.40
Over \$30,000	\$75.00	\$136.00	\$150.00

Source: www.gov.bc.ca

Avocado

Avocados may just be one of nature's perfect foods. In fact, they are considered a "superfood" and contain nearly 20 vitamins and minerals. Yes, they sometimes get a bad wrap for being higher in calories and fat (138 calories and 14 grams of fat per half an avocado) but they are chock full of healthy properties and have enough fiber and good fats to keep you satiated.

The combination of fat, vitamin E (great for the skin) and polyphenols in avocado help to lower bad cholesterol. In fact, one study showed that adding avocado to a burger can decrease the inflammation and blood vessel constriction that would normally occur after indulging!

Looking to lose weight? Researchers have also found that people who consume avocados have smaller waist sizes and lower body mass index than people who don't. Similarly, avocado consumers have a lower risk of heart disease due to lowered blood pressure and circulating fats.

If that wasn't enough, because many micronutrients are fat-soluble and need fat in order to be absorbed by the body, pairing avocado with other micronutrient rich foods will allow your body to better utilize all the vitamins and minerals.

Need more reasons to love avocados? They are a fantastic source of lutein, an antioxidant that protects against eye disease. They also provide iron and copper, both crucial for red blood cell production. If you overdo it on salt, reach for the avocado... its high levels of potassium can counter the negative effects of excessive sodium intake.

While guacamole is a classic, it is not the only way to eat these guys! The buttery texture makes this one versatile fruit! Try mashing it into a sandwich spread (a squeeze of lemon will prevent it from going brown) or even substitute it for butter into your favorite baking recipes for a heart healthy twist!

February is Psychology Month

The message of Psychology Month is simple: "Psychology is for everyone." One in five Canadians will experience a mental health issue in a given year, with depression and anxiety being the most prevalent. Psychology Month is a national campaign to raise awareness of the role psychology plays in our lives and in our communities. Be sure to attend one of the many free public events and lectures offered by the Canadian Psychological Association and Psychologists across Canada.

Tip of the Month - Munch on Magnesium

Magnesium is a mineral that plays a significant function in our overall health. It boosts heart health and a recent Harvard study showed that diets high in magnesium are associated with a 33% reduced risk of diabetes! Magnesium has also been found to ward off depression, migraines and even control chocolate cravings - who knew? It is best to get magnesium through foods in your diet, rather than supplements so try adding more leafy greens, nut and seeds and whole grains to your diet. 🌱

Source: The My Wellness articles are written by Dana Hurst, Director, Wellness Solutions at People Corporation. All rights reserved. Used with permission from People Corporation.



Fast Facts

- New benefit amounts for the Canada Pension Plan (CPP) and Old Age Security (OAS) came into effect on January 1, 2016. For 2016, the maximum CPP retirement benefit for new recipients at age 65 is \$1,092.50 per month. For the first quarter of 2016 (January to March), the maximum OAS pension amount is \$570.52 per month. The new CPP rates are effective until December 31, 2016. The OAS rates are reviewed quarterly (in January, April, July and October) and are revised as required using the All-Items Index from the Consumer Price Index (CPI) so that benefits correspond with the cost of living.
- The Manitoba Government is spending \$1 million annually on a new tobacco control initiative to help Manitobans quit smoking by providing free nicotine replacement therapy products to eligible smokers. This initiative will provide up to 6,000 eligible Manitobans who join the nicotine replacement therapy program (NRT) with up to eight weeks of NRT each year. There are several products that will be available free of charge, including patches, gum and lozenges.
- eHealth Saskatchewan (eHealth), in partnership with Employment and Social Development Canada (ESDC) and Canada Revenue Agency (CRA), are making it easier for parents to apply for federal and provincial benefits for their newborns. The Bundled Birth Service gives parents in Saskatchewan the option to apply for a Social Insurance Number (SIN) and Canada child benefits for their newborn at the same time they are registering their child's birth. After the birth of a baby, parents will receive a Registration of Live Birth form that will enable them to register the birth of their child and also apply for related government services including: Social Insurance Number through ESDC, Canada Child Benefits (CCB) through CRA, Saskatchewan Health Card, through eHealth, and Saskatchewan Birth Certificate through eHealth. 🇨🇦

PPN Update

The following pharmacies have joined the Coughlin & Associates Ltd. Preferred Provider Network (PPN) of pharmacies throughout Ontario:

- **Sobeys Pharmacy** located at 640 Parkside Drive in Waterloo. They can be reached at 519-746-3821.
- **Carleton Place IDA Drugmart** located at 47 Lansdowne Avenue in Carleton Place. They can be reached at 613-257-1414. 🇨🇦



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Partners: Brian Bockstael, Kirby Watson, Mark Hogan, Michel Quenneville, Brett Becker & Don McLennan

Editor: Kim Kaldis | **Graphic designer:** Victor Lima