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National Association
of Federal Retirees
Association nationale
des retraités fédéraux

SAGE

SAGE IS THE VOICE OF FEDERAL RETIREES

COTTAGE COUNTRY: A REFUGE FROM COVID

Retirees have realized that life at the cottage isn't just quiet and calming, it's also far more COVID-free. Many are setting themselves up permanently at their one-time summer retreats.





PAGE 6





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BACK TO THE FUTURE

JEAN-GUY SOULIÈRE

We are on our way to some kind of “back to the future,” with many of us having been vaccinated and our country safely opening up again. Here is my take on the word vaccine:

V	A	C	C	I	N	E
is for victory over the pandemic.	is for the actions taken by the Association to keep us vibrant and dynamic during difficult times.	is for the confidence our Association placed in our scientists and medical experts.	is for consistency that your board of directors demonstrated in making its decisions relating to the governance of the Association.	is for the enormous amount of factual and accurate information that was provided to all our members over the past year.	is for the national office staff who seamlessly provided exceptional services while working from home.	is for the energy we all demonstrated to keep safe and healthy during this period.

I am writing this article just after having received the first dose of the vaccine on March 29. Many of our members are in the same age group, so we should all receive the two doses by early July. Although there have been some glitches in the distribution process, my experience was a pleasant one. There was no waiting and my vaccine was professionally administered. The process was seamless and I would wager that has been the case for the majority of us. It is public servants who are administering all of this, albeit at the municipal level. As former public servants, we should always openly recognize the enormous services of public servants at all levels of government who have been there for the Canadian public from the beginning of the pandemic. Our Association has been praising their contributions and encouraging our members, and all Canadians for that matter, to follow safety protocols and get the vaccine.

We will, before year's end if everything goes well, be able to resume face-to-face meetings at the branch level, the

district level and national level. I thank all the volunteers across the country who have maintained their membership in the Association. The “what’s in it for me” attitude of some members who have left us will always remain. However, the pandemic has demonstrated more than ever before that our Association must remain strong, vibrant and important to its members and seniors in general. It is time to resume “moving forward,” keeping in mind all of the lessons learned from the past 18 months.

As soon as it is safe to travel again, I hope that I will have the opportunity to visit as many branches as possible, to thank you for the support of the Association and its mission. Have a very good summer and keep following the safety protocols. After all, these protocols have been developed by public servants — the generation that has replaced us.

I also hope to have the pleasure of meeting many of our volunteers if it is possible to have a national meeting early this fall. ■



National Association of Federal Retirees president Jean-Guy Soulière



SAGE

SAGE IS THE VOICE OF FEDERAL RETIREES

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DEAR SAGE

Keep those letters and emails coming, folks. Our mailing address is:

National Association of Federal Retirees,
865 Shefford Road, Ottawa, ON, K1J 1H9

Or you can email us at
sage@federalretirees.ca

Note that letters have been edited for grammar and length.

Dear Sage,

As a retired government employee and now a cattle rancher, I was somewhat shocked to see a noxious weed featured in the article titled, "Our Home and Native Blossoms." Your readers should be aware that this weed can cause real damage to grazing animals such as cattle, horses, sheep goat and others. The problem is that this and other foxtails can become lodged in the mouth membranes and work their way into tissue. I also raise and sell hay to animal owners; however, they wisely won't buy hay containing this foxtail. It is definitely a weed and not a pretty decorative grass.

Ed Schmalz, Oliver, B. C.



Dear Sage,

In the Spring 2021 issue of *Sage*, on page 7, in an advertisement from the relocation group RSG, there is a misspelling in the main question: Ready to live your best life in a new home? The article suggests the word "house" is masculine when it is, in fact, feminine. Please correct it in a future issue.

Genevieve Flahault

Thank you for bringing this error to our attention. We have worked out a solution with Relocation Services Group that will ensure this type of insertion error will not happen again.

Dear Sage,

I just read the recent issue and agree with letter writer Jean Cameron of Halifax when she talks about support for seniors. I was the service officer at the local branch of the Legion for more than five years, and attempted to have Veterans Affairs provide funding for some veterans under the Veterans Independence Program. With a little money for snow clearing, lawn maintenance and domestic work, a veteran can remain in his or her own home, saving the government money in the long run. Not to mention remaining much safer during a pandemic. I now find myself unable to do those things as well, and pay extra to have them done. I am hopeful that VA will eventually see that this is a much better option.

Duncan MacIsaac, Windsor, N.S.

Dear Sage,

I am a federal retiree and I want to caution all those involved in a family dispute over the family cottage in a provincial park that Mom and Dad built before they passed away. The main issue is what are the applicable legalities when the cottage comes out of the estate particularly as most family lawyers — certainly here in Manitoba — are not knowledgeable about such legal

issues. Bottom line: Whether the relationship between the beneficiaries of the estate is tenants-in-common or joint tenants, a legal agreement has been established when the cottage comes out of the estate. Quite often, if this legal agreement is not to the liking of a beneficiary, this person will try to get the others to sign an over-riding agreement that's more appealing to that person.

With a tenants-in-common agreement, there is no such thing as exclusive access for one of the tenants-in-common and, if a tenant-in-common passes away, his or her interest is distributed according to his or her will. With a joint-tenant legal agreement, if one of the joint tenants passes away, his or her interest becomes the interest of the remaining joint tenants(s).

Garry Parker, Winnipeg, Man.

Dear Sage,

I do miss the live in-person meetings but *Sage* magazine helps keep us updated on current issues. Regarding the article titled "Dreams of Downsizing," if you are considering a move to a high-rise condominium building, avoid the penthouse floor as you may be bothered by noise and vibration from the rooftop HVAC equipment. People say the older buildings have larger units and better sound insulation than those built more recently. But newer buildings have in-unit washer and dryers as well as dishwashers. There are advantages and disadvantages involved.

F.J. Psutka

Correction: On page 38 of the spring 2020 edition of Sage, we published the wrong rates for the 2021 Public Service Health Care Plan. The correct rates are, in fact, lower than what was published and can be found on our website at www.federalretirees.ca/2021PSHCPrates. Please accept our apologies for any inconvenience this error may have caused.



COVID AND THE COTTAGE

Many retirees are either fleeing to cottages they own and grew up with, or buying new ones as a way to avoid the risks the pandemic poses and the stresses it imposes on everyday life.

HOLLY LAKE



Credit: John White



The view from Gus and Maggie Munoz's beach chairs.

Maggie Munoz was just five years old when her mom pulled her out of kindergarten and headed to their family's cottage on Lake Huron.

It was 1955, there was a polio outbreak in Ontario, and a Toronto school was not an ideal place for a young child to be as a contagious virus circulated in the community.

"There were other children whose families came from Toronto as well," Munoz recalls. "I remember that we had to be very careful at the beach. We knew we weren't going to be back in school until after Thanksgiving that year. We spent four and a half months there."

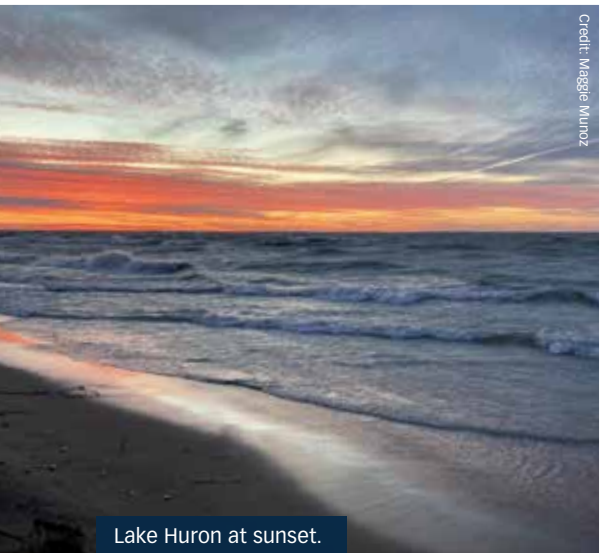
Sixty-five years later, history repeated itself. As the COVID-19 pandemic upended life, she and her husband, Gus, left their condo in Waterloo, Ont., and headed to the same cottage on Lake Huron. In normal times, they split their time between the two places in the summer. With regular barbecues, happy hours, guest speakers and card games in their social condo building, there were plenty of reasons for the retirees to spend time in Waterloo, too.

PHOTO Gus and Maggie Munoz left their condo in Waterloo and took off to their cottage on Lake Huron when COVID-19 upended their lives. Credit: John White



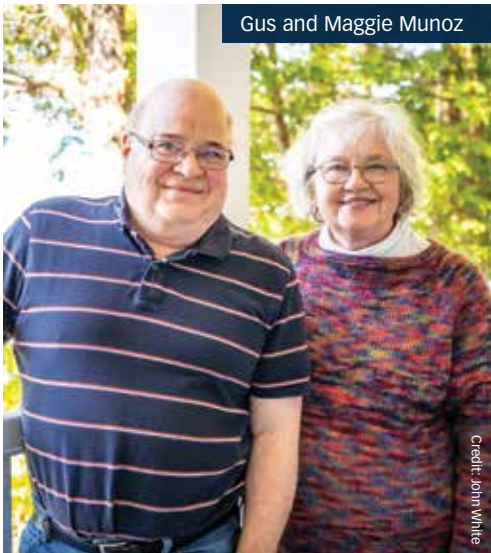
This drone photo of the Munoz cottage captured it in full swing one summer.

Credit: Andrew Munoz



Credit: Maggie Munoz

Lake Huron at sunset.



Gus and Maggie Munoz

Credit: John White

Cottage life trending

Across the country, retirees have flocked to their cottages to ride out the pandemic, while countless others have been busy searching for a happy place of their own away from home.

"From coast to coast, the line between primary residence and recreational property is blurring," says Phil Soper, president and CEO of Royal LePage. "The trend began last summer when the option of travelling abroad was taken away."

Royal LePage's 2021 spring recreational property price forecast predicts the aggregate price of a house in Canada's recreational regions will increase 15 per cent this year to \$502,730, as demand continues to rapidly outpace inventory.

The recreational property markets in Ontario and Atlantic Canada are expected to see the highest gains, rising 17 per cent, while Quebec and British Columbia's recreational markets are forecast to increase 15 per cent and 13 per cent, respectively.

"In the 50 years I've been doing this, I have never seen anything quite like it before," says Rich Osborne, president of LandQuest Realty in New Westminster, B.C. "It's a whole new ballgame."

A year ago, his company, which focuses on the rural real estate market, averaged 2,000 visits a day on its website. Now there are 4,500. On Sidney Island, between the mainland and Vancouver Island, he'd normally sell three or four properties a year.

"Since COVID happened, there was nothing to keep us here, so we basically moved up to the cottage and stayed," says Munoz, who, along with her husband, joined the National Association of Federal Retirees in 2014. Last year, they spent eight months at the lake, staying well into November. After spending the winter at home, they moved back to the cottage again in late March.

Munoz says in a condo they can't walk out their back door, sit in the garden or watch the birds. Instead, there's an elevator to contend with, and busy sidewalks to navigate with a walker — neither of which is ideal in a pandemic.

Their cottage, however, certainly is. It's a safe refuge, a place she's come to since she was

three months old. And even though there were none of the usual barbecues or golf tournaments, and socializing involved waving to others walking on the beach, Munoz says just seeing friends from a distance — some of whom she's known since Grade 3 — and knowing someone else is thinking about you helped with the isolation.

"This is a place I have loved my whole life," she says. "Being near the water is very important to me. It's really peaceful."

Their son lives in Vancouver and has made it clear they're not to visit until the pandemic is over. Their other holiday destinations are also a no-go, Munoz says.

"We might as well be in our happy place."

"They're coming from all over the place. It's pretty universal — everywhere here the market is strong. People want to have a place to get away to."

This past year he's sold 20. The common thread is people fleeing big cities. Osborne just sold a ranch to a woman from Ontario who saw it online, jumped on a plane and bought it.

"They're coming from all over the place. It's pretty universal — everywhere here the market is strong. People want to have a place to get away to."

On Nova Scotia's south shore, realtor Bobbi Maxwell says 80 per cent of her buyers are from other provinces and many are buying sight unseen.

"I haven't physically shown a property to anyone from Ontario because they haven't been able to come," she says, noting plenty more buyers are from as far west as B.C. "But 60 per cent of my buyers are from [Ontario] now. They're selling everything, retiring and living the dream."

After 20 years away, she returned to the province in 1994 and sees the draw for others. The winters are getting milder, there are white sandy beaches and often the water looks Caribbean blue. The pace is slower and real estate dollars go further.

"I feel like I'm on vacation here all year," Maxwell says. "It's why people want to retire here."

Instead of the coast, retirement brought Dan Strasbourg north, back to Kirkland Lake, Ont., where he grew up.

"When I was a kid, I couldn't wait to get out of northern Ontario because I didn't have the appreciation at the time for the beauty, the tranquility, the peace or seeing the stars at night," he says.

But after spending his career working in Toronto, he retired in 2018 and moved home to be closer to family and friends he'd known since childhood. "I got really tired of spending my days in an office. The city had served its purpose."

He bought his off-grid cottage north of town that fall, but didn't open it the following summer as he was preoccupied with getting his mother into long-term care. But last year



Credit: Rob Parsons Construction



Credit: Rob Parsons Construction



Credit: Rich Osborne

Realtor Rich Osborne recently sold this Sidney Island, B.C., property, shown in this photo and the two above. The husband is a corporate executive and the wife is a teacher — both were looking for a quiet retreat.



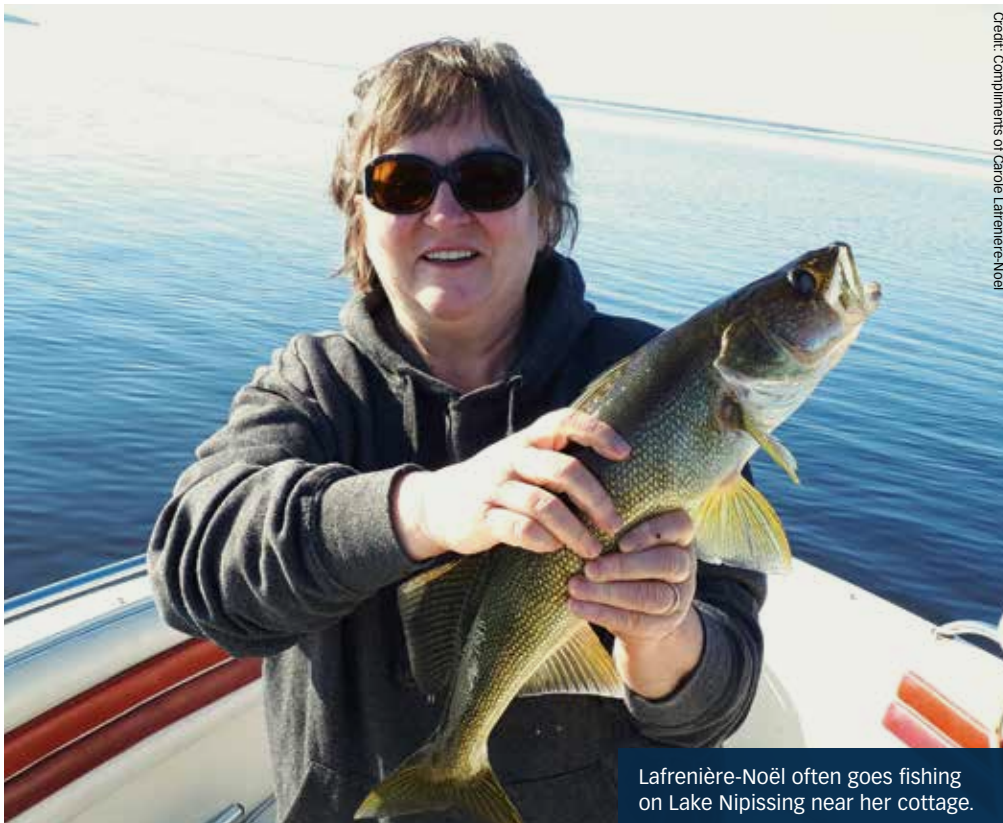
Credit: Bobbie Maxwell

Realtor Bobbi Maxwell recently sold this cottage on Lake Deception in Shelburne County, N.S.



Credit: Compliments of Carole Lafrenière-Noël

The view of Lake Nipissing from Carole Lafrenière-Noël's family cottage near Sturgeon Falls, Ont.



Credit: Compliments of Carole Lafrenière-Noël

Lafrenière-Noël often goes fishing on Lake Nipissing near her cottage.

during the pandemic? "I spent the entire summer there and it was heaven. I didn't want to leave."

If it were winterized, he wouldn't have left, content to have just the squirrels and blue jays for company. It's not that Strasbourg doesn't like people, but in 2009 he contracted the H1N1 virus and nearly died of congestive heart failure. He now lives with chronic heart disease, so COVID-19 poses a real risk.

"I feel lucky I had a cottage I could run to and not worry about bumping into people," he says. "I felt free there. It not only helped keep infection at bay, I got to enjoy life. I didn't have to stay indoors. In a lot of ways [!] was able to escape the pandemic."

Returning to childhood roots

For Carole Lafrenière-Noël, this year has also brought things full circle. She grew up playing with her cousins at the family cottage on Lake Nipissing near Sturgeon Falls. This past year has been spent doing exactly the same thing. In all, she has 25 cousins with homes and cottages on the lake. "I don't even have to go looking for fun," she says. "It finds me."

Although she lived and worked in Ottawa for 40 years, the cottage remained a fixture in her life. This past winter, however, was the first she'd spent there. She thought it would be cold and grey, but in addition to fishing and snowshoeing, her husband's purchase of a new snowmobile kept them outside and exploring areas they could never reach by boat. She's convinced the fun now has him aging in reverse.

"Once you play together as kids, you remain kids," Lafrenière-Noël says of her relatives. "We were cautious. We saw people outside. People were concerned about COVID, but not stressed out as they were in bigger cities."

She thinks that's why so many people are making their home at the cottage or buying one to escape to. "As they retire, they're coming back home, they're reconnecting. In a small town like this, you quickly meet up with your old high school friends."

An Association member since 2019, Lafrenière-Noël spent her career working in communications for the federal government, and now retired, volunteers with the economic development committee in Sturgeon Falls. In recent years, it has worked to market itself as an ideal bedroom community, courting seniors and retirees to encourage them to move to the area.

West Nipissing Mayor Joanne Savage, who is also a federal retiree, says they have reaped the benefits of those efforts in the last year, as, in addition to people buying homes, she has seen a trend of cottage owners coming back and making it their year-round home. Just four hours from Toronto and linked with good highways and high-speed internet, the area has hospitals, care homes, shopping, as well as a low cost of living. And, it offers access to every outdoor activity imaginable in the woods and on the water.

"Our location is so ideal. We have some beautiful jewels in our backyard," Savage



Lafrenière-Noël's cottage is a family place. As many as 25 of her cousins have cottages on the same lake.

Credit: Carole Lafrenière-Noël

says. "As far as balance, you couldn't ask for a better place."

No one has to convince Lafrenière-Noël. These days, she and her husband come back to Ottawa for errands and medical appointments, then rush back to the lake. She doesn't see that changing any time soon.

"Our house will get lonely, but so be it."

They also used to travel south for the winter, but she expects from here on, they'll travel for a few weeks in the fall and then spend

the rest of the year at the cottage. For her, it's a feeling, as well as a lifestyle.

"Once you love the lake, it's part of who you are," Lafrenière-Noël says.

"We don't need to go to Costa Rica. We've got it right here at home." ■

Holly Lake is an award-winning journalist from Newfoundland and Labrador, based in Ottawa. She is currently studying law at the University of Ottawa.

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GETTING YOUR ZZZZZs

Anxiety and stress play into a poor night's sleep, but there are other factors, too, and unfortunately, age is one of them.

PATRICK LANGSTON



You're retired. You have a pension. Chances are, you're no longer burdened with a mortgage. So, why don't you sleep soundly every night and awaken perky as a puppy? Simple. You're no longer a puppy.

Our sleep patterns change as we age, according to Charles Samuels, medical director of the Centre for Sleep & Human Performance in Calgary. Babies require the most sleep, children less, adolescents a lot and adults, including seniors, seven to nine hours of shuteye.

Unfortunately, while we usually have more time to sleep once we've retired, our sleep "stability" also diminishes, and we don't always get the deep rest we need. The aches and pains of an aging body, a tendency for noises to awaken us easily and needing to urinate more often because of bladder and prostate problems can all disrupt seniors' sleep stability. Stress is another disturber, Samuels says. "It raises the state of arousal physiologically, and when you raise the state of arousal you put at risk the brain's ability to normally sedate and enter into a sleep state."

All these disruptors mean we need to distribute our sleep a bit differently than we once did, Samuels says.

He encourages napping to help with that distribution and nurture sleep health. "Many people resist it because it's 'non-productive' or 'I'm lazy.' If you're retired, you've earned the right to nap."



Dr. Samuels, CSHP

Has the pandemic murdered sleep?

As if we seniors didn't already have enough to contend with on the sleep front, then the pandemic arrived.

A wide-ranging study at the Royal Ottawa Institute of Mental Health Research is showing just how seriously COVID-19 has affected the general population's mental well-being, including soaring rates of anxiety and depression. The study has also identified sleep disruption, itself a contributor to troubled mental health, as a consequence of the pandemic.

Early in the pandemic, Rébecca Robillard, who leads clinical sleep research at the Royal, led an online survey of 5,500 Canadians aged 16 to 92. Her published findings show a jump in insomnia during the first wave of the pandemic, with one in two survey respondents reporting trouble sleeping. That's double the pre-pandemic rate of one in four Canadians reporting dissatisfaction with their sleep in a 2018 Statistics Canada study.

Like other sleep experts, Robillard distinguishes between acute and chronic insomnia (her study focuses on the former).

Acute insomnia is often triggered by a stressful event such as the death of a loved one and lasts up to three months.

Chronic insomnia, ignited by a stressful situation, poor sleep hygiene or other causes, means you have trouble falling or staying asleep at least three nights a week for three months or more. About one in 10 Canadians suffer from chronic insomnia, according to the Centre for Sleep & Human Performance.

Acute insomnia, which appears to occur more often among women than men, can become chronic.

On the plus side, Robillard says many of us should eventually bounce back from pandemic-related sleeplessness. “I want to refrain from stressing people more. If you’re having trouble sleeping right now, don’t freak out; it’s part of the game.”

What happens when we don’t get enough sleep?

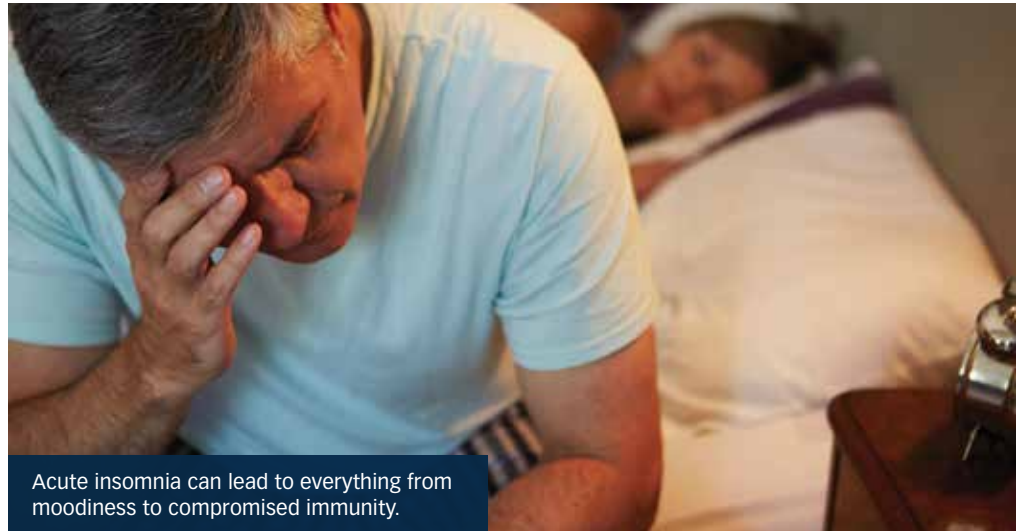
Acute insomnia can lead to everything from moodiness to compromised immunity, while chronic insomnia’s possible effects range from depression and diabetes to stroke, according to the Centre for Sleep & Human Performance. The Mayo Clinic tacks on other cheery outcomes, including slowed reaction time and a higher risk of accidents.

About one in 10 Canadians suffer from chronic insomnia.

Adds Robillard, “When you struggle to sleep, the emotional parts of the brain get disrupted versus the more rational part. So, we’re struggling to make sense of our experience during the day and to regulate our emotions. All to say, we’re not best-equipped to face daytime challenges... when we haven’t slept well.”

Sleep and memory are also connected, although the relationship isn’t always clear cut. Sleep allows what we’ve learned during the day to move from short-term to long-term memory, explains Thanh Dang-Vu, Research Chair in Sleep, Neuroimaging and Cognitive Health at Montreal’s Concordia University.

“Insomnia does affect people when they’re trying to perform cognitive tasks. Insomniacs in general tend to have a poorer memory than non-insomniacs,” he says. At the same time, “Not all insomniacs will be affected with a poor memory” and



Acute insomnia can lead to everything from moodiness to compromised immunity.

while less sleep adversely affects brain health in some people, it may not be universally the case.

He also cautions that while sleep health should be pursued and chronic insomnia treated, worrying excessively about sleeplessness creates anxiety, which can produce its own problems, including self-isolation and less activity.

Getting a good night’s sleep

Non-medical sleeplessness remedies range from a bowl of porridge before bed — apparently even more efficacious if sprinkled with nutmeg — to dosing yourself with CBD oil.

Alas, there’s little evidence these or many other strategies work.

That doesn’t mean nothing’s effective.

An old trick is to pick a random number, say, 289, and count backwards. Hitting zero rarely happens and the tactic generally succeeds. Says Samuels, “The brain wants to sleep; the mind won’t let it. What you do with that number game is distract the mind and the brain does its work.”

He, like others, counsels avoiding alcohol to bring on sleep, in part because alcohol reduces the amount of time we spend in the restorative REM stage of sleep.

Samuels is also adamant that digital devices disrupt sleep because of the light

they emit and our interaction with them arouses us. “Screens are bad. End of story. TVs are fine, but screens are bad and there’s a host of research that supports that.” To foster sleep, Samuels says shut off devices by 6 p.m.

Others, including Robillard and Dang-Vu, recommend regular exercise, sunshine (which helps regulate our circadian rhythms) and a daily bedtime and wake-up routine. Over-the-counter melatonin, a natural hormone that helps regulate our sleep-wake cycle, can be helpful, but check with your doctor first.

Sleeping pills, both prescription and non-prescription, carry their own risks as we age, including constipation, dizziness and an increased chance of falling if we get up in the middle of the night.

For those suffering from chronic insomnia, CBT-I (Cognitive Behavioural Therapy for Insomnia) looks like the best bet. Offered by sleep clinics, it helps identify and change the beliefs, worries and behaviours that create insomnia.

In the end, Samuels advises the seriously sleepless to contact their doctors. “Patients who are struggling with their sleep should get help, and there is help.” ■

Patrick Langston is an Ottawa writer who sleeps well, but wishes he could find time for the occasional afternoon nap.



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ENSURE YOUR INSURANCE AGES WELL

As you age, your insurance conditions can change. We offer a primer on getting the best coverage for your buck.

LAURA NEILSON BONIKOWSKY

Insurance is an ancient concept. The first written insurance policy was included in the 1755 BC Hammurabi Code, which was inscribed into a four-ton slab of diorite. Today's insurance policies are not quite as carved in stone.

LIFE INSURANCE

Life insurance originated in 16th-century England, becoming an industry in the 17th century when astronomer and mathematician Edmund Halley (namesake of Halley's Comet) developed mortality tables.

People buy life insurance mainly to provide income to their survivor(s), pay debts or leave an inheritance. Your goal determines the type you buy; the basic types are permanent and term.

Permanent insurance

- Policies do not expire.
- This type includes whole life and universal insurance. Whole life covers the insured's lifetime and may provide a guaranteed savings option. Typically, premiums rise each year. Universal insurance combines insurance with investment; premiums vary and earnings are based on market performance.

- The insurer may allow the policy owner to access cash through a loan or by partially or wholly withdrawing from the policy. Cash values vary.

Term insurance

- Has a set number of years with fixed premiums paid for the entire term. It has no cash value.
- Term insurance seems less expensive than permanent insurance, but it's not the best option for people over the age of 70; premiums are based on age and will be dramatically higher at 70 than at 60 and even higher if you want to renew after the 10-year term.



- This type pays face value if the policy holder dies before the policy expires. If the term expires before the policy holder dies, then there is no payout.
- The provider may allow the policy to be extended or renewed, but the new monthly premium is based on the insured's age and health at the time of renewal, so premiums could be higher.

Insurance and health

There may be situations in which seniors need extra life insurance. If you're in good health, premiums reflect your actual age. Otherwise, you may be uninsurable. Some companies offer guaranteed plans issued with no medical questions. Typically, guaranteed policies are worth up to \$25,000 for people aged 50 to 75.

Critical illness insurance pays a lump sum, to spend as you like, for covered conditions. Otherwise, people suffering a lengthy or terminal illness with high health-care costs may receive a partial pre-payment of their death benefit.

Insurers usually have a two-year suicide clause, with the claim paid if the policy is older than two years. If suicide occurs within two years of issuing the policy, insurers return the paid premiums. According to the Canadian Life and Health Insurance Association, medical assistance

in dying (MAID) is not considered suicide for life insurance purposes if it occurs "in accordance with the rules and processes set out by the government(s)."

Long-term care insurance has arisen with Canada's aging population; such care is not

fully covered by all provincial health-care plans, particularly for more than basic care. It's available for care in a residential facility or at home. Some things to consider:

- Understand what a "facility" is.
- Comparison shop, but be wary of low prices — you get what you pay for.
- Ensure you can cancel without penalty within 30 days of purchase.
- Ensure the policy can't be cancelled because of age or health.
- Spousal discounts: Generally, policies must be identical. If it turns out that a couple's care needs differ, one spouse may require care that is not covered.

Payouts

When you buy insurance, you name a beneficiary — an individual or individuals, your estate or a trust. If you name your estate, your death benefit will be subject to probate, meaning your creditors get first dibs, and if you choose a trust, it may be subject to tax. If you want to provide for an individual, name that person as your beneficiary. If a beneficiary is a minor, a financial guardian is required.

Some agencies let people buy insurance on their parents, but the same conditions apply as if they purchased it themselves.

AUTO INSURANCE

Auto insurance varies provincially. It may increase at 70 depending on your driving history, how much you drive, your past coverage with the company — loyalty has rewards — and bundling. Where you live can affect your rates. Dense populations

mean more risks, accidents and thefts, so you'll pay more in some urban areas. Some companies, such as Federal Retirees' exclusive home, auto and travel insurance partner Johnson Insurance, may offer group discounts for federal retirees and members of particular unions, such as nurses or teachers. Even your alma mater may get you a discount.

People who drive less than what insurers consider the average should ask their insurance agent about usage-based coverage. In general, it's not age, but the quality of the driver that makes the difference. The best thing you can do about car insurance rates as you age is keep your driving record clean.

HOME INSURANCE



Bundling home and car insurance with one company can be cost-effective. To get the most out of your policy, maintain your home well. As Johnson Insurance notes, what reduces your premium is what keeps your home in good condition.

When considering a move, think about insurance. Newer homes are usually less expensive to insure. Location can affect your premiums; if your area has a volunteer fire service, your rates will differ from an area near a fire department. Similarly, if you live in a neighbourhood with high crime or an area that frequently experiences flooding or wildfires, your rates will be higher.

The Insurance Bureau of Canada (IBC) reports that Canada is targeted more by cybercrime than other countries. Seniors are particularly vulnerable.

TRAVEL INSURANCE

Travel insurance is essential protection against medical events or travel disruption, whether your travel is interprovincial or international.

Provincial health care may provide limited coverage outside your home province; it varies by province and length of absence. COVID-19 travel restrictions may impact your provincial health care if you must be away longer than intended; check with your provincial authority.

If you rely on your credit card's travel insurance, ensure you know its terms. Some plans increase premiums when you turn 70 or won't provide coverage for pre-existing conditions. Some provide coverage for a maximum number of days.

COVID-19 has affected many travel insurance plans. As a federal retiree, you are eligible for coverage by MEDOC, which picks up where your PSHCP coverage ends, with insurance for such things as lost baggage and vehicle return. Since Oct. 2, 2020, MEDOC offers medical coverage for travel outside Canada, including emergency benefits for COVID-19 where COVID travel advisories are in place. But if you plan to travel soon, note that, as of the start of the current policy year, coverage for COVID-related trip cancellation, interruption and delay is not available, but it remains available for other travel-related events as detailed in the policy (www.johnson.ca/travel-insurance).

Get a thorough overview of travel insurance from the Travel Health Insurance Association of Canada (www.thiaonline.com).



WEALTH MANAGEMENT

According to RBC Financial Services, insurance can be an asset that can be invested in a tax-sheltered contract. As personal insurance, it may protect assets and avoid probate. If you own a business, it could allow tax-sheltered growth or tax-free proceeds.

Strategies such as Insured Retirement Plans (IRPs) and Corporate IRPs let tax-sheltered funds accumulate inside a life insurance policy and can be accessed in a tax-efficient manner during your lifetime.

Insured annuities are unique vehicles for seniors that give policyholders an “alternative to traditional fixed income investments with less tax payable.” In all of these situations, an experienced insurance professional is your best friend.

Understanding your policy is always important.

INSURANCE FRAUD

The Insurance Bureau of Canada (IBC) reports that Canada is targeted more by cybercrime than other countries. Seniors are particularly vulnerable. Be aware of “ghost brokers,” unlicensed intermediaries selling fake insurance policies with what seem like great offers at low prices. If it seems too good to be true — it is. Deal with established companies.

THE FINAL WORD

Understanding your policy is always important. IBC recommends seniors looking for insurance-related information should call its consumer information centre at 1-844-227-5422. ■

Laura Neilson Bonikowsky is an Alberta writer and former federal employee.



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BUDGET 2021: SOMETHING FOR SENIORS

The budget promised more focus on long-term care, health care and retirement security.

MICK GZOWSKI

April's federal budget was massive. Its English version was 739 pages, its spending unprecedented.

It was full of firsts — the first federal budget in more than two years, the first federal budget for Chrystia Freeland and the first for a female finance minister.

"This budget is about finishing the fight against COVID," Freeland said in her speech.

The COVID-19 recession is the steepest and fastest economic contraction since the Great Depression, Freeland said. She added that Budget 2021 stays within the \$100 billion over three years stimulus spending envelope outlined in the autumn 2020 economic statement.

"We predicted a deficit for 2020-2021 of \$381.6 billion. We've spent less than we provisioned for. Our deficit for 2020-2021 is \$354.2 billion, significantly below our forecast."

Next year's national deficit is projected to be reduced to \$154.7 billion with the hope of a gradual decline to \$30.7 billion in 2025-26.

Paying for such historic government spending depends on a growing Canadian economy. Freeland said Canada's GDP grew almost 10 per cent in the last quarter of 2020. She added that while government borrowing at current historically low levels

makes it affordable, the government has moved much of its bonds into long bonds, locking in the debt at these low rates.

Focusing on long-term care

Freeland apologized for the devastation that the pandemic has caused seniors — particularly those in long-term care.

"Our elders have been this virus's principal victims. We have failed so many of those living in long-term care facilities. To them, and to their families, let me say this: I am so sorry. We owe you so much better than this," Freeland said.

The budget proposes a \$3-billion investment over five years starting in 2022-23 to help provinces and territories ensure standards of care in long-term care facilities are met. Budget 2021 also sets aside \$29.8 million over six years for a palliative care strategy for long-term and supportive care needs.

To keep seniors living at home, the budget offers \$90 million over three years for Employment and Social Development Canada to launch an Age Well at Home initiative. This initiative would aim to assist community-based organizations that provide practical support — meal preparation, home maintenance and transportation — to help seniors age in place.

"I've already shared congratulations with Seniors Minister Deb Schulte for

making long-term care a priority," said Association president Jean-Guy Soulière. "While the budget does not specify how we will achieve national standards while respecting jurisdictions, we look forward to governments getting on with what Canadians are demanding, and urgently: committing to national standards tied to

"This budget is about finishing the fight against COVID"

funding that will make a real difference to the quality of long-term care."

Boosting retirement security

The budget increases Old Age Security for Canadians aged 75 and older, which will provide up to \$766 more for eligible seniors in the first year, and that will grow with indexation, but the increased payments don't start until July 2022. It also provides a one-time payment of \$500 in August 2021, which budget documents note is a "taxable grant payment," to OAS pensioners who will be 75 or over as of June 2022.

The budget provided \$688 million to Public Services and Procurement Canada

PHOTO Finance Minister Chrystia Freeland delivered her first budget in April. There were several considerations for seniors. Credit: Blair Gable/Reuters

to support the workforce dedicated to processing pay transactions. This includes a target of eliminating the Phoenix pay system backlog by December 2022.

“We know that some Phoenix-impacted retirees are still waiting to apply for their damages settlement, and that’s not right,” said Soulière. “We’ll be advocating to ensure that gets prioritized.”

Budget 2021 allocates \$27.6 million over three years to My65+, a group tax-free savings account (TFSA) offered by the Service Employees International Union (SEIU) to personal support workers.

A vague commitment promises changes to the *Pension Benefits Standards Act* as well and is aimed at introducing a new framework for multi-employer, negotiated contribution pension plans that will “strengthen plan governance, transparency and sustainability of benefits.”

“This was a significant win for our advocacy — though the devil is, as always, in the details,” notes Soulière. “We have asked the government to bring better pension coverage to more Canadians, and — depending on those details — that’s what this could do.”

Health care

To support Canadians’ mental health, Freeland said that the Canadian Radio-television and Telecommunications Commission (CRTC) will now start exploring the creation of a three-digit mental health



Jean-Guy Soulière

Credit: Patrick Doyle

hotline, with funds being made available when the service is launched. And to combat the opioid crisis, Budget 2021 proposes to provide an additional \$116 million over two years for harm reduction, treatment and prevention, starting in 2021-22, building on the \$66 million invested last autumn.

Unfortunately, the promised national pharmacare program was punted further downfield, with the government only committing to future study with provincial stakeholders.

One of the biggest new announcements is the fulfilment of a Liberal promise of a National Childcare strategy first made in 1993.

“This budget recognizes the role of caregivers, particularly women who do take on more caregiving duties,” Soulière said. “We would have liked to see measures for the informal caregivers involved in supporting seniors, however.”

When it comes to affordable housing, the budget proposes investing \$2.5 billion and reallocates \$1.3 billion in existing funding to help build, repair and support 35,000 existing affordable housing units. Government officials confirmed to Federal Retirees that this will include housing options for seniors. And, in an interesting twist, they’ve allocated \$300 million to help convert pandemic-vacant office spaces into low-cost housing.

To fight homelessness, the budget wants to maintain funding offered in the fall update and add an additional \$567 million over two years.

Veterans and military

Budget 2021 also proposes to provide \$45 million over two years, beginning in 2022-23, for a pilot program aimed at reducing veteran homelessness through the provision of rent supplements and wrap-around services for homeless veterans such as counselling, addiction treatment and job search assistance.

Funds are targeted to address sexual misconduct and gender-based violence in the military, including an additional



Seniors Minister Deb Schulte

\$74 million over five years to enhance support services for victims, including legal advice and peer support groups, as well as to enhance research and training.

Mention was made of “other initiatives” to boost the military’s capacity to address harassment and violence.

The budget tags \$140 million over five years to Veterans Affairs Canada for programming to cover mental health-care costs for veterans with PTSD, depression or anxiety disorders while their disability benefits application is being processed. An additional \$15 million over three years will be added to the Veteran and Family Well-Being Fund to support veterans through the COVID-19 recovery.

Veterans Affairs will have \$29 million to enhance service capacity — likely to help streamline processes and deal with the benefits backlog that has dogged the department and hurt veterans for years.

“There are good investments in this budget for veterans, but it’s falling short of telling us how the Government of Canada will move its military toward more equitable outcomes and how these measures will address the long-standing gaps serving women have faced,” Soulière said. “We know it’s a government priority — it’s in the veterans affairs minister’s mandate letter — so we’ll have some more work to do here.” ■

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Mick Gzowski covers Parliament Hill for various media outlets.

THE POWER OF VOLUNTEERS



Leslie Gaudette



Deb Nilsen



Marg Smith

These three women are Federal Retirees' secret weapons in the B.C. and Yukon Reach 338 initiative.

MICK GZOWSKI

To get politicians thinking about seniors' issues, Federal Retirees' Reach 338 project aims to lobby members of Parliament from all 338 federal ridings in Canada. So how does one speak with representatives of every region of our vast country during a pandemic, when town halls and in-person meet-and-greets are now prohibited? If you answered "by telephone and online meetings," you'd be correct.

But the B.C./Yukon District also has a secret weapon: Its volunteer advocacy program officer has a background in public health epidemiology, and she puts those skills to excellent use.

Leslie Gaudette spent her working years with the government of Alberta and Health Canada in Ottawa. So not only does she understand the scary realities of the COVID-19 epidemic, she can transfer those skills to an outreach effort to speak truth to government, one politician at a time.

"I really enjoy it," she says. "It allows me to use all my professional background that I have working on chronic diseases and little bits of workers compensation, health and safety and benefits — the Social Security system for Canada — and it all just ties together. It's my hobby."

The Association's national office had tasked all of its 79 branches with Reach 338, with advocacy program officers co-ordinating regional responses. Gaudette liaised with executives from all 15 B.C. branches and they targeted 18 of the 42 B.C. MPs and the single member representing all of Yukon. Her team members succeeded in reaching two-thirds of their elected federal representatives, in a year when they had to adapt by learning online communication methods, and when long-term care catapulted to the top of the issues list, supplanting pharmacare and seniors' equity issues on the front burner.

"We want national standards for long-term care that are developed by a federal-provincial process so both parties buy in," Gaudette says. "I think sometimes people get scared of standards. But really, you have to think of it as an accreditation process that any hospital would have."

In concert, there's a push to increase home care, which is less expensive than long-term care, has better outcomes and better respects the dignity of the aging.

Deb Nilsen's long-term care mission

Deb Nilsen, who finished her career at the Canada Revenue Agency, is president of the Prince George branch. Her northern part of B.C. avoided the virus in the early days. Then, on Dec. 12, Jubilee Lodge long-term care centre announced an outbreak. The building was home to 66 individuals and the virus has now infected 60 people at the home, including 48 residents.

"In 3½ weeks, COVID has taken the lives of 12 residents in the long-term care home," Nilsen says. "It's horrible. That's 25 per cent of their residents."

Nilsen praises the efforts of her vice-president, Rose Bowker, who helped the group reach all three MPs in its geographically massive northern ridings: Conservatives Bob Zimmer and Todd Doherty and the NDP's Taylor Bachrach. Bachrach was elected in 2019 and listened

Statistics Canada projects that by 2031, 23 per cent of Canadians will be seniors.

carefully, but the Federal Retirees team already knew the two Conservatives well from previous outreach efforts and found them especially receptive.

"They were really happy to meet with us again, on long-term care issues," Nilsen says of the Tories. "They both agree we do need to have some kind of national oversight on long-term care issues. Just to make sure stuff like this doesn't happen again. It's just been devastating."

Gaudette's role is to act as a conduit between the national and branch offices, sharing information and keeping everyone on the same page. She says it's fun, and

that the national office has provided great materials that MPs really respond to.

"I think they appreciate talking with us because we have some well-thought-out positions and policies on things they need to understand, and if they understand them, they can do their jobs better."

Marg Smith does it with a smile

Advocating for seniors' issues is becoming more crucial as the Canadian population ages. Statistics Canada projects that by 2031, 23 per cent of Canadians will be seniors, similar to Japan, the country with the oldest people. Representing a well-educated, middle-class section of that group, Federal Retirees has the clout to be a strong voice for seniors in Canada in the years to come.

As a member of her executive committee, Marg Smith co-ordinates advocacy activities for the Nanaimo and Area Branch. This branch was designated to start the Reach 338 program early in 2020.

"We have a really good group of people and excellent support from our president and branch executive," says Smith. "We share responsibilities and we have a few laughs. If we can't do this with a laugh and a smile on our faces, it's not worth doing."

Smith, who holds degrees in law and political science, spent much of her career in Ottawa working in what was then called the Parliamentary Research Service, part of the Library of Parliament.

"One thing I would like to add — I just want to say thanks to Leslie Gaudette, who has been absolutely wonderful and so, so helpful," says Smith. "And to the advocacy team at national office, because they certainly have produced some very useful materials for the branches to use. Without their work, we couldn't do this or do it as well as we'd want to do it." ■

Mick Gzowski, a writer based in Aylmer, Que., has been inspired to look for more volunteer opportunities.



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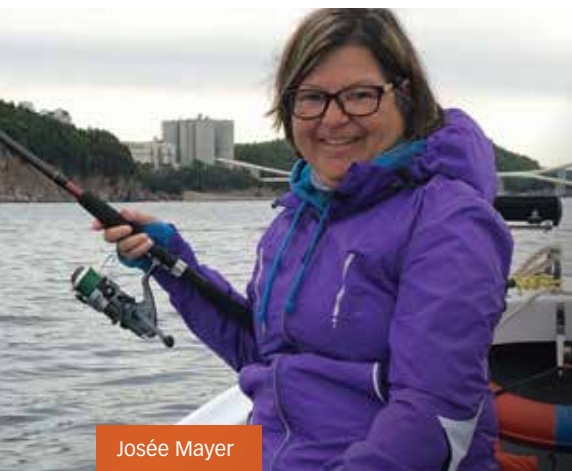
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A VOLUNTEERING SPIRIT

Josée Mayer volunteers for her branch of Federal Retirees, but she also volunteered for a COVID study when she had the virus in early 2020.

JENNIFER CAMPBELL

Josée Mayer was likely one of Canada's first COVID patients — and one of the lucky ones.



Josée Mayer

Mayer and her husband, Alain, were in Puerto Vallarta, Mexico, when they contracted the virus. They were taking a short trip south and no sooner had they arrived when she developed symptoms. Two days later, her COVID test returned positive.

It was late March 2020 and Canadian travellers abroad were being told to come home, so she and Alain got back on a plane and returned. They wore masks during travel, arranged to have their son leave a car for them at the airport and had a friend shop for and deliver their groceries before they arrived. All this to follow the rules and also ensure they would not infect any friends or family members.

Her symptoms included no sense of taste or smell, a cough and a fever. Alain had initially tested negative, but when he, too, started to have symptoms, he was tested again and his test came back positive.

Mayer immediately volunteered to take part in a study being conducted by the Montreal Institute of Cardiology that was investigating whether a cardiac medication would effectively treat COVID. She believes it did. Just once during the course of her illness she started to have some trouble breathing and her daughter-in-law, a respiratory therapist, endorsed her proposal of trying her husband's Ventolin inhaler. After that, she had no problems. Alain, by contrast, was sicker. He had muscle aches and pains everywhere and was having trouble getting up the stairs at home. He was never hospitalized, but his COVID symptoms turned into pneumonia that eventually cleared up with antibiotics.

"He didn't have to go to the hospital, but the recuperation was hard because it was pneumonia," Mayer says. "He didn't take the pills I did."

Because of her relatively easy experience with COVID, she believes she had the actual medication rather than the placebo in the study. She says she was motivated to take part because she believes in science and because she was familiar with the drug as it's used for other conditions.

"I knew it wasn't a new pill — it was known," she says. "I knew it could possibly give me a better chance of recovery. I think it saved me from pneumonia."

When one looks at how she spends her time, it's no surprise that she volunteered for the COVID study. Volunteering appears to be in Mayer's DNA as she's an active volunteer with the Mauricie branch of Federal Retirees.

"I'm the director of activities for the branch," she says.

Every month before the pandemic, she and her team organized a breakfast, and she also organized day trips, the annual general meeting and the Christmas banquet.

In 2019, back when travel was allowed, Mayer organized a day trip to Saint-Jean-Port-Joli, about three hours northeast of Mauricie.

And lately, she's been organizing virtual events. The branch's annual general meeting was its first virtual event and she organized an online Christmas party that included Bingo and trivia.

"We lifted our glasses and we toasted Christmas," she says.

On Valentine's Day, they did another Zoom meeting and they're hoping to organize some outdoor activities as soon as the association allows in-person events to take place again.

"If we can do it, it would be a walk in the park in Trois-Rivières," she says of the first tentatively planned activity.

When she was working, Mayer spent her entire career at the Canada Revenue Agency, having started as a tax clerk in Shawinigan. She then moved to Montreal as an agent in a call centre, became a technical adviser, and, eventually a team leader. She also did a short stint as an agent in the "recovery" department, which was charged with collecting taxes that were in arrears.

"At the end of my career, I was a team leader in Montreal and I was also a team leader in Trois-Rivières," she says. ■

Jennifer Campbell, a native New Brunswicker who lives in Ottawa, is the editor of *Sage*.



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FROM THE PENSION DESK

In their drive for profit and sustainability, Canadian pension plans have become some of the largest and most influential in the world.

PATRICK IMBEAU

In the past couple of years, Canadian pension plans and their investments have been under increased scrutiny — for purchasing everything from infrastructure (such as the 407 Express Toll Route in Ontario) and for-profit long-term care homes (including Revera and Chartwell) to U.S. surveillance companies (Palantir) and private prisons (CoreCivic and Geo Group). Canadians have been shocked by some of the investments that are made to increase profits for their pension plans. This has led many of our members to ask: why are our pension plans invested in these sorts of assets?

You don't have to be that old to remember a time when pension plans in Canada did not take part in these types of investments. Prior to the 1990s, public pension plans were subject to regulatory restrictions that constrained their investments. These plans exclusively held low-risk government bonds and were dominated by passive investments.

Beginning in the early 1990s, plans such as the Ontario Teachers' Pension Plan (OTPP) and the Canada Pension Plan Investment Board (CPPIB) could invest in assets other than government securities, such as real estate, private equity, derivatives and even the Toronto Maple Leafs. (Yes, the OTPP owned that franchise.)

Prior to the 1990s, tax-assisted pension funds were also prevented from having more than 10 per cent of their assets in "foreign property." This restriction was removed in 2005, allowing these funds to invest anywhere, and it led Canadian pension plans to become some of the largest and most influential in the world (the CPPIB currently stands at ninth by total assets in the world, with the Caisse de dépôt et placement du Québec running just behind in 13th place and PSP Investments in 28th). All of this has

happened in a financial environment in which interest rates have plummeted.

Pension plans seek out maximum returns and secure long-term investments that can provide sustainable revenues. With low interest rates, the most secure assets (such as investment grade low-risk AAA bonds) aren't bringing in the same money they used to, making it harder for pension plans to meet return targets without taking on significantly more risk. A new RBC Investor & Treasury Services poll recently reported that low interest rates continue to be ranked as the biggest challenge for defined-benefit pension plan administrators.

While fixed income investments and investment-grade bonds continue to be part of pension plan portfolios, they have taken on active investment strategies to chase higher returns in stocks and long-term investments such as real estate (mostly commercial), infrastructure (power, water, roads, energy, etc.) and private equity (such as PSP Investments' 2006 purchase of Retirement Residences Real Estate Investment Trust, now known as Revera.) These plans often take part in quantitative investment strategies that take human

decisions out of the equation, instead using algorithms to decide which investments can bring the highest returns.

This quest for higher returns and leaning on algorithms can lead pension plans into some ethically dubious territory. In the case of quantitative investment strategies, the pension plans may not even be aware of what they've been buying, owning or selling. In the case of privatized infrastructure, pension plans are profiting from basic utilities such as water (OTPP in Chile), transit (La Caisse in Mexico) and essential services such as hospitals (CPPIB in the United States). These investments, and many others like them, bring up ethical questions that some pension plans are trying to address through the use of environmental, social and governance (ESG) investment principles, but the pursuit of better returns will continue to be a driving force for these financialized pension plans — especially in an environment where defined-benefit pension plans, and the funds that allow them to operate, are increasingly rare and considered an unnecessary expense by employers. ■

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Patrick Imbeau is an advocacy and policy officer for the National Association of Federal Retirees.

Home appliances: repair or replace?

At some point, you need to do the math to determine whether it makes more sense to pay to repair an appliance or replace it.

Your refrigerator, stove, clothes washer and dryer. Where would you be without these household conveniences? Your home appliances work hard every day to keep your food fresh, or cooked, and your clothes clean and dry.

Ultimately, they make your life easier overall. But like anything, there will likely come a point when they're stretched beyond their limit and you'll have to decide whether to repair or replace. When exactly should you call the repairman, or bite the bullet and buy that new appliance? Here are some things to keep in mind.

Key questions

Many guidelines state that if a major appliance breaks down, or is anywhere from eight to 15 years old, you should replace it. However, not all appliances have the same lifespan and they could last longer (or shorter) depending on the brand, how well you treat them and a number of other factors. As you're considering whether to repair or replace, you'll need to ask yourself some important questions. These include:

- How old is the appliance?
- Is it still under warranty?
- Has it caused any hassle before?
- How do potential repair versus replace costs compare?
- Can you do the repairs yourself?
- If you take the repair route, how much longer will your appliance last?

You should also consider the 50/50 rule, which states that if the appliance is halfway through its lifespan, and the repair cost is more than



50 per cent of the price of a new appliance, you should consider buying a new one.

Be energy-efficient

As you're deciding whether to repair or replace your appliance, you also need to factor energy consumption into the equation. Of course, an energy-efficient home is better for the environment, and your wallet. Sometimes, it may be cheaper in the long run to shell out for a new appliance rather than trying to keep your old one going, especially if you invest in an EnerGuide or ENERGY STAR-certified model. (For instance, Natural Resources Canada states that an ENERGY STAR-certified clothes washer uses 25 per cent less energy, on average, than a standard model, and 33 per cent less water.) If your appliance is more than a decade old, consider replacing it with a new, energy-efficient model.

Keep a watchful eye

Your appliances are like your car in that if you don't perform regular maintenance, they could bite the dust. By doing things such as regularly cleaning the coils of your refrigerator to maintain airflow, not

overloading your washing machine and removing lint from your dryer vent and trap (and using a clothesline or drying rack instead when possible), you'll save money on your bills and help your appliances last longer.

Just as it shows when we get sick, there are tell-tale signs that our appliances might be on their way out. For instance, if your washing machine or dishwasher is leaking water, you might want to tackle the issue as soon as possible as it can lead to bigger problems down the road, including flooding. You should also keep a lookout for signs such as rust around your oven, "sweat" around your refrigerator and excessive noise or a burning smell from your dryer. If you're in the position to replace the appliance now, it could save you a lot of heartache — and money — in the future. ■

Article courtesy of Johnson Inc. ("Johnson"). Johnson is an insurance intermediary specializing in home, auto and travel insurance, as well as group benefits. For more information about Johnson, go to www.johnson.ca (Quebec residents please visit: www.johnson.ca/quebec).

This article is provided for your general information only. Nothing in this article alters the terms or conditions of any insurance policy. Read your policy for a complete description of coverage and contact your insurance provider or intermediary for coverage and policy details.

Selecting the best hearing aid: A 2021 GUIDE

There are several factors that can determine which hearing aid is the right model for you. This three-step guide will help you understand how to find the best hearing aid for you.

Step 1: Compare the available hearing aid styles

Start out by using the overview below to understand the differences between the types of hearing aids.

A. Invisible devices

These are devices with limited built-in technology, not suitable for severe hearing loss. Invisible in-ear models have fewer bells and whistles and are best suited for mild hearing loss. These are considered entry-level hearing aids.

B. In-the-ear-canal devices

These are discreet, but not invisible. They are slightly larger in size and can accommodate an optional button that allows you to manually control settings for different environments.

C. Mini RITE devices

These more advanced models feature the latest technologies. This type of behind-the-ear (BTE) aid is more visible and puts the receiver directly into the ear canal. Instead of the clear tube, it has a hair-thin wire that connects a tiny speaker to the hearing aid, allowing the sound to be transmitted closer to the ear drum.

D. Ultra hearing aids

These are the most advanced hearing aids, which can tackle the most severe hearing loss. This allows you to hear background noises more easily, while clearly hearing the sounds that you need to hear (such as voices) through the hearing aid. They include

sophisticated built-in technologies such as Bluetooth™ helping you wirelessly connect to a range of devices to do more than “hear.”



Invisible and in-the-ear canal devices



Mini RITE and ultra hearing devices

Step 2: Technological factors you should consider when choosing the best hearing aid

Today's advanced technology provides a more natural sound experience by allowing you to experience an open, 360-degree sound experience with tinnitus support, all while providing higher sound clarity with less effort.

Device connectivity

Thanks to Bluetooth™ technology, your hearing aid can connect to

smartphones, tablets or smart TVs. Hear music, video or take phone calls directly from your hearing aid with high-quality sound. No need to crank the volume on the TV anymore; your hearing aid can adjust your personal volume to as loud (or quiet) as you'd like, so everyone in the family can enjoy the TV at a comfortable volume.

Step 3: Try hearing aids for free at a hearing clinic

This guide helps you understand how to get the most out of your hearing aid, but you'll need to try on what fits and feels right for you.

Do you want to try HearingLife's new futuristic hearing-aid technology for free?

- Try them at home for 30 days without obligation.
- For a free trial, visit HearingLife.ca/NAFR or call the toll-free number at 1-888-904-2501.*

Exclusive benefits for Federal Retirees members

HearingLife and its network partners have more than 300 clinics across the nation and form the largest network of hearing health-care providers in Canada. Your membership with Federal Retirees makes you and members of your household eligible to receive exclusive benefits. Visit hearinglifeadvantage.ca/fedr or contact HearingLife toll-free at 1-888-904-2501.

Members in Quebec can receive benefits through local affiliate Groupe Forget. Visit legroupeforget.com for details.

*not available in Quebec

NATIONAL PUBLIC SERVICE WEEK
JUNE 13 TO 19, 2021



Thank you

for protecting the health and safety of Canadians

— from one generation to another

Now it's our turn to give back. Check with your local public health authority and get a COVID-19 vaccine. It's the best way to say thank you.

For membership information, contact our membership team at 1-855-304-4700, ext. 300, or in Ottawa at 613-745-2559. We will be pleased to serve you.

federalretirees.ca



National Association
of Federal Retirees

Association nationale
des retraités fédéraux

ADVOCACY IN ACTION

A federal election is likely coming sooner rather than later.

AMY BALDRY

THE LANDSCAPE

Following the 2019 election, the Liberals ended up with a minority government, with 154 out of 338 seats. The Conservatives are the official opposition with 120 seats. The Bloc Québécois holds 32 seats and the NDP holds 24. There are five seats currently held by independents, and the Green Party holds three.

Under the Canada Elections Act, the next election must be called prior to Oct. 16, 2023. While that date may seem far off, there are other factors that determine when an election is called. Although a minority government has the same role as a majority, minority governments need the opposition's support to get things done — and stay in power. This makes a minority government traditionally less stable over the long-term.

Most minority governments have lasted fewer than two years. On average, minority governments in Canada last approximately one year and 140 days. Based on historical patterns, and with the current political landscape, including the COVID-19 pandemic and vaccine rollout, as well as ballooning national debt, a federal election is likely coming sooner rather than later.

THE ISSUES

Retirement security: More than two million seniors qualify for the Guaranteed Income Supplement, meaning their annual income is less than \$19,000 a year.

Pension plan coverage has declined, with only about 37.1 per cent — or 6.3 million Canadians — covered by any kind of registered retirement plan in 2018. Defined-benefit plan coverage has decreased significantly in the private sector, moving from 21.9 per cent in 1997 to 9.2 per cent in 2017. Household savings rates are the lowest they have been in modern memory, and household debt continues to soar. Canadians are increasingly relying on the Canada Pension Plan and Old Age Security to support their retirement.

With record levels of government spending during the COVID-19 pandemic, older adults in Canada cannot be left behind.

Given that, Federal Retirees is calling for government to:

- Commit to keeping retirement security, a pillar that will contribute to strong economic recovery and the health status of aging Canadians, a priority by ensuring that pensions will not be adversely affected by future austerity measures;
- Ensure long-term retirement income security is available for low-income seniors who qualify for Old Age Security and the Guaranteed Income Supplement;
- Protect pensions over the long-term by creating a strong policy environment that encourages innovation and makes defined-benefit plans more available to Canadians; and
- Address gaps in direct funding programs for those whose income has been affected by COVID-19.

National seniors strategy, including long-term and home care: By 2030, adults aged 65 or older will number 9.5 million and make up 23 per cent of Canada's population. Older adults represent the fastest growing segment of the population,



With record levels of government spending during the COVID-19 pandemic, older adults in Canada cannot be left behind.

but gaps in Canada's health care and social policies are putting barriers in the way of their independence and undermining their role in maintaining vibrant, healthy communities and economies.

A co-ordinated national seniors strategy, with dedicated funding and accountability goals, will meet the evolving needs of older Canadians. Federal Retirees has long called for a national seniors strategy focused on enhancing older Canadians' quality of life through income security, access to affordable and appropriate housing and transportation, age-friendly communities and quality health care, including improved long-term, home and community care.

The COVID-19 pandemic has exposed the unacceptable conditions in many long-term care homes across the country, issues that experts and advocacy organizations — Federal Retirees included — have been raising for years. People with serious health conditions have been required to live in

deplorable conditions for decades and governments at all levels have done little to address this.

Home care can improve health outcomes and reduce costs, but continuously fails to be recognized and properly funded.

Canada can no longer ignore the need for a new approach to older adult care. As such, Federal Retirees is calling for government to address this by:

- Reforming older adult care by implementing a national seniors strategy, which includes national standards tied to funding for long-term care and home and community care, and investments to expand home and community care and address the social determinants of health;
- Assuring a continuum of health care closer to home;
- Promoting and funding innovation in home and community care; and
- Developing and implementing policy solutions to address ageism, elder abuse and social isolation.

Veterans: Veterans served Canada and were willing to risk their lives to do so. Now it's Canada's turn to support veterans of the Canadian Armed Forces and the Royal Canadian Mounted Police, to ensure they and their families have equitable outcomes and the well-being, care and benefits they deserve.

Transition to civilian life can be especially challenging for those dealing with illness, injury or trauma. The move into the civilian medical system is often marked by difficulty finding family doctors, long waits and incomplete or missing medical records. These challenges can mean that ill or injured veterans are unable to access financial, health and other benefits and services from Veterans Affairs Canada.

As more women enter the military, they continue to suffer injuries and illnesses, and resultant medical releases, at higher than expected rates, making women a growing segment of Veteran Affairs Canada's clients.



20 per cent of Canadians don't have adequate coverage to meet their needs

Federal Retirees is calling for government to address this by:

- Ensuring a seamless, supported and successful transition and release from service;
- Ensuring the most vulnerable ill and injured veterans and their caregivers are supported with adequate planning and programming, including financial supports; and
- Investing in and being accountable for achieving equitable outcomes for military and veteran women.

Pharmacare: Canada is the only country in the world with a universal health-care system that does not also provide universal prescription drug coverage. As a result, Canadians consistently pay among the highest prices for prescription drugs and 20 per cent of Canadians don't have adequate coverage to meet their needs.

All Canadians should have access to the medications they need, given the important role medication plays in preventing and treating illnesses. A universal public pharmacare program would help Canadians better manage their health, decrease medication costs and improve monitoring of the effectiveness and safety of medications. It would reduce the burden on other parts of the health-care system at

a time when the system is overloaded, and save the health-care system an estimated \$4 billion to \$11 billion annually.

Federal Retirees is calling for government to address this by:

- Implementing a national pharmacare program so that all Canadians have access to the medications they need.

GET INVOLVED

As we ramp up for the next federal election, join Federal Retirees in calling for:

- Better retirement-income security policies;
- A comprehensive national seniors strategy, which includes national standards for long-term and home care;
- A policy framework for improved outcomes for veterans; and
- A universal, public pharmacare program.

Join the call by signing up to be part of Reach 338 — the Federal Retirees' nationwide network of advocates focused on reaching all 338 federal ridings. Help ensure every sitting member of Parliament — and candidate — is aware and supportive of these priorities.

To join Reach 338, visit federalretirees.ca/joinreach338.

By signing up to be part of Reach 338, you will hear about upcoming campaigns, gain access to special training opportunities, be able to participate in exciting advocacy surveys and challenges and connect with other Reach 338 members in your area.

There are lots of ways for Reach 338 supporters to be involved in advocacy. You'll have the training and support you need to meet (virtually) with your MP, call your MP, send an email or a letter to your representatives, or lend your support to Federal Retirees campaigns. ■

Amy Baldry is advocacy co-ordinator for the National Association of Federal Retirees.

HEALTH CHECK

It's difficult to argue the system is protecting and promoting health when medication isn't part of what's covered.

JEAN-SÉBASTIEN CÔTÉ

Out of all the Organization for Economic Co-operation and Development (OECD) countries, Canada's the only one with a universal, single-payer health system that does not also have a universal insurance program for prescription drug coverage.

Canada's fragmented drug coverage, availability and procurement systems also mean Canadians spend more on drugs per capita than any other OECD country with Medicare.

Drug coverage is available while in a hospital setting, but once out of the hospital, it stops there — unless you have drug coverage through a private or employer plan, or as part of a provincial plan. According to the Angus Reid Institution, in 2015, 20 per cent of Canadians reported paying out of pocket for most of their prescriptions because they are uninsured or underinsured.

It could be argued that not providing coverage to allow equitable, universal access to medication goes against the primary objective of Canada's health-care policy as stated in the *Canada Health Act*:

"It is hereby declared that the primary objective of Canadian health-care policy is to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers."

It's difficult to argue that a system is protecting, promoting and restoring the physical and mental well-being of the population if medication isn't part of what's

Canada's fragmented drug coverage, availability and procurement systems also mean Canadians spend more on drugs per capita than any other OECD country with Medicare.

covered. Without going down the rabbit hole of explaining why dental care, vision care, physiotherapy and mental-health care were also left out of our public health system, let's take a look at how Canada ended up here.

Since the early 1970s, Canadians in every jurisdiction have had access to public health insurance for physician services and hospital care. In short, the federal *Canada Health Act* guarantees the access and provides cash transfers from federal to provincial coffers. Provinces manage and provide the services and manage the funds as they see fit, while respecting the standards defined by the federal act.

The federal government provides drug coverage for a small portion of the population considered federal patients, namely, eligible refugees, federal prisoners, military members, veterans and Indigenous people. Provinces vary in how drugs are covered for different population groups, with a variety of premiums, deductibles and co-insurance scenarios. Most provinces cover prescription drugs (often with premiums and deductibles) for very low-

income people, young children, seniors, people with chronic diseases or high-cost prescriptions, but overall, drug coverage is an inconsistent, poorly planned patchwork full of holes, depending on what your postal code is.

A number of commissions, committees and researchers have recommended pharmacare for decades. The 1964 Royal Commission on Health Services (the Hall Commission), which provided the blueprint for our nationwide health insurance, was also recommending the creation of parallel drug insurance.

Years later, in 1997, the National Forum on Health, chaired by then-prime minister Jean Chrétien, recommended that provinces and the federal government work together to establish universal public coverage of prescription drugs, based on comparative cost-effectiveness data.

Five years later in 2002, the Royal Commission on the Future of Health Care in Canada (the Romanow Commission) also recommended laying the groundwork for the full integration of prescription drugs under the *Canada Health Act* by implementing a series of policies. Fast forward to 2019 and the Hoskins report on the implementation of national pharmacare recommended establishing a universal, single-payer public pharmacare system, phased in from 2022 to 2027. And in 2021, private member's bill C-213, the *Canada Pharmacare Act* was proposed. It provided the framework to implement the Hoskins recommendations, but was defeated in the Commons by 295 votes to 32.

It's not just experts and commissions who are in agreement. According to various polls in recent years, 80 to 90 per cent of Canadians support pharmacare, or at least





In 2015, 20 per cent of Canadians reported paying out of pocket for most of their prescriptions because they are uninsured or underinsured.

believe no one in Canada should struggle to pay for medication.

If experts, commissions, periodically some political parties (namely, the Liberals, the NDP and Greens), and most Canadians support the implementation of pharmacare, why isn't it already done?

The first and most obvious obstacle is domestic politics, or the usual tensions over policy jurisdiction between the federal and provincial governments. Although the Constitution does not assign or specifically mention health care, the tradition has been that provinces have jurisdiction over health-care services, regulation of health-care

professionals, hospitals and clinics and long-term residential care, while the federal government's bargaining chip is financial power.

This means intergovernmental relations are key to bringing about systemic health-care change — and it's an area rife with politics focused on party goals.

Provincial governments have used jurisdictional disagreements for political gain, potentially blocking or preventing the federal government from even trying to implement nationwide health policies. For example, in December 2020, Québec's Premier François Legault, chairman of the Council of Provinces and Territories, adamantly rejected any federal "interference" regarding the implementation of national standards tied to funding for long-term care.

The Hall Commission, the National Forum on Health, the Romanow Commission and the Hoskins report were all launched under Liberal governments, but federal will and ideological alignment are only part of the equation. Provincial alignment and willingness to negotiate on federal-provincial jurisdiction are also crucial. At the time each of the reports mentioned was presented, the two biggest provinces, Ontario and Québec, were respectively under Progressive Conservative and Parti Québécois governments, neither of which would have been the strong ally the federal government needed, nor a usual suspect in relinquishing provincial authority.

According to interviews with senior government officials, another barrier to implementation was the early belief among the bureaucracy, not necessarily grounded in evidence, that pharmacare would become a perpetual money pit once implemented. Implementing such a complex policy without the support of government officials would indeed be a hard task to accomplish.

More Canadians have gained coverage from private or employer sponsored drug benefit plans over the decades, but that coverage is fragile. Benefits usually depend on full-time, permanent employment — increasingly rare for younger generations, and affordability

of benefit plans as drug prices escalate is becoming a bigger concern.

While polls indicate the vast majority of Canadians support pharmacare, and it has appeared in party platforms come election time, it's never been a crucial election issue that's galvanized voters or moved the needle on election results. Something might be the right thing to do in principle, but if it doesn't help win elections, there's little political imperative to implement it.

Pharmacare has, over time, become more a question of principle than anything. Considering the latest failed attempt to put a framework in place to enable pharmacare with Bill C-213 (although by an opposition party), it seems that implementing a popular, well-supported values and principles-based policy is not part of Canada's political culture. Or at least, not yet — and not in one fell swoop.

In the fall 2020 Throne Speech and supplementary mandate letters, we saw a renewed commitment to moving ahead with parts of pharmacare. The ministers of health and of seniors were mandated to work with "provinces and territories that are willing to move forward without delay, accelerate steps to achieve a national, universal pharmacare program, including establishing the Canada Drug Agency and implementing both a national formulary to keep drug prices low and a rare-disease strategy to help families save money on high-cost drugs."

Slowly laying the stones to build a national pharmacare program seems to be the current government's approach. Pharmacare is no simple policy to develop and implement and a phased approach might actually make some gains on this file without compromising other priorities that are vote gainers. Whether it will all come together soon enough for what Canadians need today remains to be seen. ■

Jean-Sébastien Côté is the provincial-territorial government relations officer for the National Association of Federal Retirees.

THE VACCINATION BOSSES

The National Advisory Committee on Immunization is behind recommendations on policies related to vaccine distribution.

JESSICA SEARSON

In an ideal world, everyone would have access to a COVID-19 vaccine at the same time. But we know there is a staggered supply of vaccines, and some groups are at higher risk, so some populations must be vaccinated earlier than others.

The National Advisory Committee on Immunization (NACI) makes evidence-based recommendations on the use of authorized vaccines in Canada. It also recommends immunization program factors that inform provincial/territorial decision-making as those governments are ultimately responsible for their own areas' vaccine rollouts.

NACI has published guidance on prioritizing key populations for early vaccination, recommendations on the use of COVID-19 vaccines, as well as COVID-19 research priorities. Its guidance is based on the latest

evidence available and is updated as the evidence evolves.

In February 2021, NACI published guidance on the prioritization of key populations for COVID-19 immunization. Information about the key populations and vaccine sequencing can be found on our website: federalretirees.ca/vaccinerollout.

Vaccine rollout policy

What's the logic behind who's getting vaccinated and when? Given the circumstances we've seen during the COVID-19 pandemic, there's an obvious need to ensure vaccine rollout is evidence-informed, equitable, ethical and efficient. The who and when decisions are based on several factors, such as the burden of disease and vaccine characteristics. NACI provides a summary of evidence and rationale for each recommendation.

A population-based risk-benefit analysis considered the risks of exposure,

transmission to others, severe illness and death, and the safety and efficacy of the vaccines in key populations.

There are Canadians who are at higher risk for severe illness and outcomes because of biological factors such as advanced age and pre-existing medical conditions. Social factors such as low socio-economic status and belonging to a racialized group also increase risk for severe disease and outcomes.

We are all at risk of potentially contracting COVID-19, but some are at higher risk of exposure because of their workplace, the inability to physically distance as well as access to health care.

NACI emphasizes that key populations are not mutually exclusive and may overlap.

Recommendations are also based on the vaccine supply, taking into account the number of available vaccines, the number and timing of available doses and how many doses are required, as well as the pandemic conditions when the vaccines are available.

In developing its recommendations, NACI also reviews factors such as ethics, equity, feasibility and acceptability. It applied a published, peer-reviewed *Ethical, Equity, Feasibility and Acceptability Framework* and evidence-informed tools to systematically assess and integrate these considerations into its recommendations.

For instance, it reviewed the evidence to identify inequities associated with COVID-19 as well as the contributing factors, and the intersections, and it provided program guidance to reduce inequities and improve access. It also considered the feasibility of implementing recommendations and their acceptability to the Canadian public and providers.

There are three recommendations NACI has made to guide ethical decision-making and the implementation of immunization programs across all key populations:

- **Equity:** Efforts should be made to increase access to immunization services to reduce health inequities without further

stigmatization or discrimination, and to engage systematically marginalized populations and racialized populations in immunization program planning.

- **Feasibility:** Jurisdictions should ensure close and rapid monitoring of safety, effectiveness and coverage of different COVID-19 vaccines in different key populations, as well as effective and efficient immunization of populations in remote and isolated communities.
- **Acceptability:** Efforts should be made to improve knowledge about the benefits of vaccines in general and of COVID-19 vaccines specifically, address misinformation and communicate transparently about COVID-19 vaccine allocation decisions.

The provinces are in charge

The provinces and territories are in the midst of an unprecedented vaccine rollout.

Because of its unique federalism and division of power between levels of government,

Canada doesn't have a single vaccination rollout strategy.

Provincial and territorial plans follow NACI guidance, but the evolving pandemic and regional differences require flexibility. Vaccine strategies vary across the country because, simply put, populations, logistics and the pandemic itself vary from region to region. That requires some differences in who gets a vaccine and when.


Provinces are still encouraged to align with NACI's recommendations as much as possible, while considering their local situations to ensure the best possible distribution of the COVID-19 vaccines.

Check with your local health authority for the latest updates on the immunization plan in your region. Federal Retirees continues to monitor the vaccine rollout across the country. Visit our website for updates: federalretirees.ca/vaccineplan. ■

Jessica Searson is an advocacy and policy officer at the National Association of Federal Retirees.

After record rebates in 2021
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THE LATEST NEWS



Anthony Pizzino

Federal Retirees welcomes new CEO

Anthony Pizzino is the new CEO of the National Association of Federal Retirees.

“Welcome to Federal Retirees, Anthony,” said president Jean-Guy Soulière, speaking on behalf of the national board of directors. “We are looking forward to building a close and productive working relationship with you and delivering results for our members.”

Pizzino is a seasoned strategic planner with a wealth of executive experience. Before joining the Association, he co-founded Executive Directors Network, which brings together senior management staff from professional associations and unions across Canada to share best practices, engage in professional development and connect through digital collaboration.

From 2014 to 2019, Pizzino served as the inaugural executive director of AMAPCEO, where he defined and delivered direction to the second largest bargaining agent in the Ontario public service. Before that, he spent two years as chief executive officer for Occupational Health Clinics for Ontario Workers Inc. And prior to that, he worked for 23 years with the Canadian Union of Public Employees (CUPE), ending his tenure as a national director.

“I am very excited to begin my mandate with such a fine, long-standing association of retired, dedicated public servants, Canadian Armed Forces and RCMP veterans as well

as their partners and survivors,” said Pizzino, who lives in Ottawa. “I am confident that my background, experience, ability to work in both official languages and my proven leadership will help me make a quick transition.”

Pizzino’s first day was May 10.

Call for email addresses

Communication by email is critical when adapting to life during the coronavirus pandemic. Federal Retirees continues to ensure its members receive accurate information about matters that are most important to them. There are two easy ways you can join our email list: 1. Visit federalretirees.ca/email-capture and type in your membership number (printed on the cover of your *Sage* magazine), your phone number and your email address; or 2. Call 1-866-490-8532, provide your membership number, confirm your phone number and provide your email address.

2021 annual members meeting

The coronavirus pandemic may change the way Federal Retirees connects with members, but it won’t stop us from attending to important Association business. This year’s annual members meeting is scheduled for June 17 and 29 in a virtual format. A follow-up meeting is scheduled for September.

In-person Association events

Federal Retirees’ board of directors continues to monitor Canada’s COVID landscape with its members’ safety in mind. All in-person membership events are cancelled until further notice. Our branches remain open for business virtually. Contact them for information on online events. (See directory pages 41-44).

Abby Hoffman wins Association Apex award

Congratulations to Abby Hoffman, winner of the 2021 APEX Career Contribution award.

Hoffman’s public service career includes contributions in various fields, such as the advancement of women’s rights, the revitalization of Canada’s high-performance sports system, women’s health and health-care policy. She advocates for evidence-based policy, supports vibrant scientific and policy communities and is a role-model in defending Canada’s health-care system.

Throughout her 27 years at Health Canada, Hoffman led many transformational initiatives, including landmark legislation on medical assistance in dying (MAID), modernized *Canada’s Patented Medicine Regulations*, orchestrated multiple federal-provincial-territorial health accords and bilateral agreements and strengthened federal oversight of the Canada Health Act.

An Officer of the Order of Canada, Hoffman is a four-time Olympic athlete and was the first woman to serve as the Director General of Sport Canada.

This is the fourth award the Association has sponsored with APEX.

CAF pay increase

Eligible members of the Canadian Armed Forces (CAF) will receive a general pay increase, effective retroactively to April 1, 2018. CAF members who released after March 31, 2018, will be eligible for a lump sum back payment and adjustments based on the new rates, effective at release on March 31, 2021. Former members who have not received the lump sum back-payment by the end of April 2021 should contact the Release Benefits Administration by email at release_benefits_administration@forces.ca to inquire.



Travel dreams

Preferred partner Collette Travel is showcasing four group tours to members keen to return to travel and want to book early. Three have been rescheduled, while Spain is a new offer. The pandemic may change tour dates at a moment's notice, but this was the plan at press time:

Oct. 10-22, 2021	Exploring Scotland and Ireland
Sept. 4-12, 2021	Western Canada's Rockies, Lakes and Wine Country
March 19 to April 2, 2022	Spain's Classics and Portugal
October 2022	Australia's Outback to New Zealand's South Island

COVID-19 testing, recovery and vaccination requirements apply. Visit gocollette.com for details.

For more information on bookings, contact Brigitte Blais at bblais@expediacruz.com or 613-282-3870. Expedia is serving as Collette's agent; these are land tours, not cruises.

National Public Service Week

National Public Service Week takes place June 13 to 19. Federal Retirees would like to thank all public servants for protecting Canadians during the pandemic.

We also encourage our membership to give back by protecting themselves and others. Check with your local health authority and get a COVID-19 vaccine if you qualify. It's the best way to say thank you.

We've created a poster again this year and encourage readers to share it with younger friends and family. You can access the page at www.federalretirees.ca/npsw2021; and young artists can colour the poster and email it to sage@federalretirees.ca. We'll choose one for publication in a future edition of *Sage*.

Johnson scholarships

Association partner Johnson Insurance is now accepting applications for its 2021 scholarship program. Children and grandchildren of Federal Retirees members may be eligible to apply for one of 50 scholarships worth \$1,000 each. Visit Johnson.ca/scholarship or call toll-free at 1-844-567-1237 for information. Applications are due July 15, 2021.

Canadian residents and their UK state pensions

The British government maintains that those who made mandatory contributions to the U.K.'s national insurance scheme, but now reside in Canada, are entitled to frozen state pensions, not indexed pensions.

For more than 70 years, the British government has maintained that since there is no reciprocal social agreement with Canada, there is no legal requirement to pay an indexed pension. As such, the buying power of these pensions decreases every year.

The Canadian Alliance of British Pensioners, a not-for-profit, is lobbying the government to reverse its current policy. Visit www.britishpensions.com for information.

RCMP medical examination class action

The federal courts recently certified a class-action lawsuit, which alleges systemic negligence and a breach of duty-of-care against the RCMP. Led by plaintiff Sylvie Corriveau, the suit seeks general, punitive and special damages.

Corriveau, who worked as a civilian RCMP employee in the operational communications centre, said she was sexually assaulted by a doctor while applying to the forces back in 1989. She spent years sounding alarms about the RCMP's designated physicians sexually assaulting candidates during mandatory physical examinations.

Justice Ann Marie McDonald, who issued the decision in late March, ruled the suit covered

all people who fell outside the class definition for the historic Merlo-Davidson settlement, who were harassed while working for the RCMP during and after September 1974.

Pension revisions update

On April 30, Federal Retirees met with the national board of directors, all bargaining agents and representatives from the Receiver General and Pension Branch of PSPC for an update on the status of pension revisions triggered by salary increases from retroactive collective agreements in 2014 and 2018. To be eligible for a pension revision, retirees must have been employed during the periods affected by these retroactive collective agreements.

Once the federal pension centre receives all updated salary history and corresponding contributions, it will adjust any associated pension benefits.

There are approximately 8,000 cases remaining from the 2014 agreements, which the pension centre started revising in 2019 on receipt of updated pay records, and 77 per cent have been completed. The rest should be completed in September 2021.

The pension centre began revisions of the approximately 31,000 cases stemming from the 2018 agreements in May 2021. It expects to complete 25 per cent by September 2021; 60 per cent by January 2022 and all cases by April 2022.

While some pension revisions are straightforward recalculations of the average of the best five consecutive years of highest salary, there are many complex cases given there are more than 100 collective agreements involved. Typically, it takes nine to 12 months to complete pension revisions for exceptional cases.

Individuals whose pensions have been revised will receive an updated direct deposit statement. Visit canada.ca/en/treasury-board-secretariat/topics/pension-plan.html for updates. ■

YOUR BRANCH IN BRIEF

Federal Retirees is monitoring the status of planned events during the coronavirus pandemic. At press time, we have decided that all in-person membership events are cancelled until further notice. For the latest updates on upcoming virtual events, watch for emails from your branch, visit its website or call the telephone number listed for your branch in this directory. To add your email to your member profile, visit federalretirees.ca/email-capture. Or, you can contact our member services team at 613-745-2559, ext. 300, or toll-free at 1-855-304-4700. They'll be pleased to serve you.

BRITISH COLUMBIA

BC01 CENTRAL FRASER VALLEY

P.O. Box 2202 Station A
Abbotsford, B.C. V2T 3X8
(778) 344-6499
federalretirees.ca/centralfraservalley
nafrcb1@yahoo.com

BC02 CHILLIWACK

9400 College St.
P.O. Box 463
Chilliwack, B.C. V2P 6J7
(604) 795-6011
federalretirees.ca/chilliwack
nafrchwk@shaw.ca

BC03 DUNCAN AND DISTRICT

34-3110 Cook St.
Chemainus, B.C. V0R 1K2
(250) 324-3211
federalretirees.ca/duncan
duncanfederalretirees@gmail.com

BC04 FRASER VALLEY WEST

P.O. Box 34141
RPO Clover Square
Surrey, B.C. V3S 8C4
(604) 574-2939
federalretirees.ca/fraservalleywest
info@nafrcservalleywest.ca

Volunteers wanted: newsletter/
communications

BC05 NANAIMO AND AREA

P.O. Box 485
Lantzville, B.C. V0R 2H0
(250) 248-2027
ashdown@shaw.ca

BC06 NORTH ISLAND JOHN FINN

P.O. Box 1420
Comox, B.C. V9M 7Z9
1-855-304-4700
nijf.ca

GMM (Zoom): June, details TBD

BC07 CENTRAL OKANAGAN

P.O. Box 20186
RPO Towne Centre
Kelowna, B.C. V1Y 9H2
(250) 712-6213
federalretirees.ca/centralokanagan
kelownanafrc@gmail.com

BC08 VANCOUVER

4445 Norfolk St.
Burnaby, B.C. V5G 0A7
(604) 681-4742
fsvnavan@shaw.ca

Volunteers wanted: contact
branch for more info

BC09 VICTORIA-FRED WHITEHOUSE

c/o Royal Canadian Legion
Branch 292
411 Gorge Rd. E.
Victoria, B.C. V8T 2W1
(250) 385-3393
federalretireesvictoria@shaw.ca

BC10 SOUTH OKANAGAN

696 Main St.
Penticton, B.C. V2A 5C8
(250) 493-6799
fedretirees@telus.net

BC11 OKANAGAN NORTH

206-3808 35 Ave.
Vernon, B.C. V1T 2T9
(250) 542-2268
fsna11@telus.net

BC12 KAMLOOPS

P.O. Box 1397 STN Main
Kamloops, B.C. V2C 6L7
(250) 571-5007
kamloopsoffice@gmail.com

BC13 KOOTENAY

396 Wardner-Fort Steele Rd.
Fort Steele, B.C. V0B 1N0
(250) 919-9348
fsnabc13@gmail.com

BC14 SIDNEY AND DISTRICT

P.O. Box 2607 STN Main
Sidney, B.C. V8L 4C1
(250) 385-3393
federalretirees.sidneybc@gmail.com

BC15 PRINCE GEORGE

P.O. Box 2882 Station B
Prince George, B.C. V2N 4T7
federalretirees.ca/princegeorge
nafrcpg@shaw.ca

General meeting (Zoom):
June 7, 1 p.m.

General meeting (Zoom):
Sept. 13, 1 p.m.

ALBERTA

AB16 CALGARY AND DISTRICT

302-1133 7 Ave. S.W.
Calgary, Alta. T2P 1B2
(403) 265-0773
nafrcgy.ca
federalretirees.ca/calgary
nafrcalg@telus.net

AB17 EDMONTON

865 Shefford Rd.
Ottawa, Ont. K1J 1H9
(780) 413-4687
(855) 376-2336
federalretirees.ca/edmonton
edmonton@federalretirees.ca

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AB18 SOUTHERN ALBERTA

Nord-Bridge Senior Centre
8-1904 13 Ave. N.
Lethbridge, Alta. T1H 4W9
(403) 328-0801
nafr18@shaw.ca

AB19 RED DEER

P.O. Box 25016 RPO Deer Park
Red Deer, Alta. T4R 2M2
(403) 556-3581
reddeerfederalretireesass@gmail.com

AB20 MEDICINE HAT AND DISTRICT

865 Shefford Rd.
Ottawa, Ont. K1J 1H9
(403) 952-7110 (voicemail/text)
fsna.ab20@gmail.com

AB21 BATTLE RIVER

17124 Township Rd. 514
RR2, Ryley, Alta. T0B 4A0
(780) 663-2045
cvhyde@mcsnet.ca

AB92 LAKELAND

P.O. Box 1391, STN Main
Cold Lake, Alta. T9M 1P3
(780) 594-3961
louethel@telusplanet.net

General members meeting:

October, details TBD

Volunteers wanted: treasurer,
membership chair, phone
committee chair

SASKATCHEWAN

SK22 NORTHWEST SASKATCHEWAN

161 Riverbend Cres.
Battleford, Sask. S0M 0E0
(306) 441-1819
tbgs@sasktel.net

SK23 MOOSE JAW

c/o Barry Young, 93 Daisy Cres.
Moose Jaw, Sask. S6J 1C2
(306) 313-7978
nafrmj23@outlook.com

SK24 REGINA AND AREA

112-2001 Cornwall St.
Regina, Sask. S4P 3X9
(306) 359-3762
nafr@sasktel.net

SK25 SASKATOON AND AREA

P.O. Box 3063 STN Main
Saskatoon, Sask. S7K 3S9
(306) 374-5450
(306) 373-5812
saskatoon@federalretirees.ca

SK26 PRINCE ALBERT AND DISTRICT

P.O. Box 333 STN Main
Prince Albert, Sask. S6V 5R7
(306) 314-5644
(306) 763-7973
gents@sasktel.net

SK29 SWIFT CURRENT

847 Field Dr.
Swift Current, Sask. S9H 4H8
(306) 773-5068
leyshon@sasktel.net

MANITOBA

MB30 WESTERN MANITOBA

311 Park Ave. E.
Brandon, Man. R7A 7A4
federalretirees.ca/western-manitoba
nafrmb30@gmail.com

Volunteers wanted: contact
branch for more info

MB31 WINNIPEG AND DISTRICT

526-3336 Portage Ave.
Winnipeg, Man. R3K 2H9
(204) 989-2061
nafrwpg@mymts.net

MB32 CENTRAL MANITOBA

163 Wilkinson Cres.
Portage La Prairie, Man. R1N 3R6
(204) 872-0505
colemankamphuis@gmail.com

MB91 EASTERN MANITOBA

P.O. Box 219
Pinawa, Man. R0E 1L0
(204) 753-8402
nafr-mb91@hotmail.com
ttveiv@mts.net

ONTARIO

ON33 ALGONQUIN VALLEY

P.O. Box 1930
Deep River, Ont. K0J 1P0
(613) 584-3242 (president)
(613) 584-3943
fsnaalgonquinvalley.com
kmcDonald@sympatico.ca
avb.on33@gmail.com

ON34 PEEL-HALTON AND AREA

1235 Trafalgar Rd. Box 84018
Oakville, Ont. L6H 5V7
(905) 858-3770
(905) 824-4853
federalretirees.ca/peel-halton
nafrtreasureron34@gmail.com

ON35 HURONIA

80 Bradford St.
Barrie, Ont. L4N 6S7
1-855-304-4700
on35.info@gmail.com

Volunteers wanted: adhoc
volunteers

ON36 BLUEWATER

P.O. Box 263 STN Main
Sarnia, Ont. N7T 7H9
(519) 330-1492
federalretirees.ca/bluewater
bluewaterbranch@federalretirees.ca

Volunteers wanted: contact
branch for more info

ON37 HAMILTON AND AREA

14 Highland Park Dr.
Dundas, Ont. L9H 3L8
(905) 627-3827
hamiltonarea@federalretirees.ca

ON38 KINGSTON AND DISTRICT

P.O. Box 1172
Kingston, Ont. K7L 4Y8
1-866-729-3762
(613) 542-9832 (information)
federalretirees.ca/kingston
nafrkingston@gmail.com

ON39 KITCHENER-WATERLOO AND DISTRICT

110 Manitou Dr.
Kitchener, Ont. N2C 1L3
(519) 742-9031
federalretirees.ca/kitchenerwaterloo
fsna39@gmail.com

ON40 LONDON

865 Shefford Rd.
Ottawa, Ont. K1J 1H9
(519) 439-3762 (voicemail)
londonbranch@federalretirees.ca

ON41 NIAGARA PENINSULA

865 Shefford Rd.
Ottawa, Ont. K1J 1H9
nafrsecretaryniabranh41@outlook.com

ON43 OTTAWA AND INTERNATIONAL

2285 St. Laurent Blvd., Unit B-2
Ottawa, Ont. K1G 4Z5
(613) 737-2199
nafrottawa.com
info@nafrottawa.com

ON44 PETERBOROUGH AND AREA

P.O. Box 2216 STN Main
Peterborough, Ont. K9J 7Y4
(705) 559-9253
brunet.pierre@sympatico.ca

ON45 QUINTE

132 Pinnacle St. (Legion)
P.O. Box 20074
Belleville, Ont. K8N 3A4
(613) 968-7212
fsnaon45@gmail.com

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ON46 QUINTRENT

77 Campbell St.
Trenton, Ont. K8V 3A2
(613) 394-4633
federalsupernet@bellnet.ca

Office temporarily closed. Phone calls, mail and email accepted.

ON47 TORONTO AND AREA

P.O. Box 65120 RPO Chester
Toronto, Ont. M4K 3Z2
(416) 463-4384
fsna@on.aibn.com

Volunteers wanted:
IT/communications

ON48 THUNDER BAY AND AREA

P.O. Box 29153 RPO McIntyre Centre
Thunder Bay, Ont. P7B 6P9
(807) 624-4274
nafrmb48@gmail.com

ON49 WINDSOR AND AREA

628 Commisso Cres.
LaSalle, Ont. N9H 0C2
(519) 970-9048
nafr.on49@gmail.com

General meeting (Zoom):

Oct. 21, 1 p.m., see branch report for details

ON50 NEAR NORTH

P.O. Box 982 STN Main
North Bay, Ont. P1B 8K3
(705) 498-0570
nearnorth50@gmail.com

ON52 ALGOMA

8 Gravelle St.
Sault Ste Marie, Ont. P6A 4Z6
(705) 946-0002
davischuck@yahoo.ca

ON53 OTTAWA VALLEY

P.O. Box 20133
Perth, Ont. K7H 3M6
1-855-304-4700
info@fsnaottawavalley.ca

ON54 CORNWALL AND DISTRICT

141 Markell Cres.
Cornwall, Ont. K6H 6X2
(613) 938-8265
federalretirees.cornwall@gmail.com

ON55 YORK

865 Shefford Rd.
Ottawa, Ont. K1J 1H9
1-855-304-4700 (general)
(905) 505-2079 (branch)
federalretirees.york@gmail.com

ON56 HURON NORTH

34 Highland Cres.
Capreol, Ont. P0M 1H0
(705) 618-9762
federalretirees.ca/huron
huronnorth56@gmail.com

QUEBEC

QC57 QUEBEC

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Quebec, Que. G1H 7L8
(418) 661-4896
anrf-sq.org
facebook.com/
retraitesfederauxquebec

General information meeting (Zoom): Oct. 22, 9:30 a.m., details TBD

QC58 MONTREAL

300-1940 Boul Henri-Bourassa E.
Montreal, Que. H2B 1S1
(514) 381-8824
anrfmontreal.ca
facebook.com/retraitesfederauxmtl
info@anrfmontreal.ca

Virtual meetings (Zoom): details TBD by email, contact branch for more info

QC59 CANTONS DE L'EST

1871 Galt St. W.
Sherbrooke, Que. J1K 1J5
(819) 829-1403
anrf_cantons@hotmail.com

QC60 OUTAOUAIS

115-331 Boul. de la Cité-des-Jeunes
Gatineau, Que. J8Y 6T3
(819) 776-4128
admin@anrf-outaouais.ca

QC61 MAURICIE

C.P. 1231
Shawinigan, Que. G9P 4E8
(819) 375-3394
federalretirees.ca/mauricie
anrf-mauricie.adhesion@outlook.fr

QC93 HAUTE-YAMASKA

C.P. 25 SUCC Bureau-Chef
Granby, Que. J2G 8E2
1-855-304-4700
haute-yamaska@retraitesfederaux.ca

NEW BRUNSWICK

NB62 FREDERICTON AND DISTRICT

P.O. Box 30068 RPO Prospect Plaza
Fredericton, N.B. E3B 0H8
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federalretirees.ca/fredericton
facebook.com/branchnb62
nafrfred.nb62@gmail.com

NB63 MIRAMICHI

P.O. Box 614 STN Main
Miramichi, N.B. E1V 3T7
1-855-304-4700
smithrd@nb.sympatico.ca

NB64 SOUTH-EAST NB

P.O. Box 1768 STN Main
281 St. George St.
Moncton, N.B. E1C 9X6
(506) 855-8349
(506) 386-5836
fsnasenb64@gmail.com

NB65 FUNDY SHORES

P.O. Box 935 STN Main
Saint John, N.B. E2L 4E3
(506) 849-2430
fsna65@gmail.com

NB67 UPPER VALLEY

4-105 Lewis P. Fisher Ln.
Woodstock, N.B. E7M 0G6
(506) 594-1194
gloglaw@gmail.com

NB68 CHALEUR REGION

2182 Ch. Val-Doucet
Val-Doucet, N.B. E8R 1Z6
(506) 764-3495
japaulin@rogers.com

NOVA SCOTIA

NS71 SOUTH SHORE

100 High St., Box 214
Bridgewater, N.S. B4V 1V9
1-855-304-4700
nafnrs71pres@gmail.com

NS72 COLCHESTER-EAST HANTS

12 Harris Ave.
Truro, N.S. B2N 3N2
(902) 893-0543
(902) 957-0545
colchester-easthants@federalretirees.ca

NS73 NOVA SCOTIA CENTRAL

503-73 Tacoma Dr.
Dartmouth, N.S. B2W 3Y6
(902) 463-1431
officemanager@ns.aliantzinc.ca

NS75 WESTERN NOVA SCOTIA

Box 1131
Middleton, N.S. B0S 1P0
(902) 765-8590
federalretirees.ca/western-nova-scotia
nafr75@gmail.com

NS77 CAPE BRETON

P.O. Box 785
Sydney, N.S. B1P 6J1
(902) 562-6541
ve1ars@eastlink.ca

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**NS78 CUMBERLAND**

P.O. Box 303
Parrsboro, N.S. B0M 1S0
(902) 661-0596
gerard.cormier@ns.sympatico.ca
carose@gmail.com

NS79 ORCHARD VALLEY

P.O. Box 815 STN Main
Kentville, N.S. B4N 4H8
1-855-304-4700
tandrcross@outlook.com

NS80 NORTH NOVA

P.O. Box 924 STN Main
New Glasgow, N.S. B2H 5G2
1-855-304-4700
victorfleury@eastlink.ca

PRINCE EDWARD ISLAND**PE82 CHARLOTTETOWN**

P.O. Box 1686 STN Central
Charlottetown, P.E.I. C1A 7N4
1-855-304-4700
pat@ptassociates.ca

PE83 SUMMERSIDE

P.O. Box 1558 STN Main
Summerside, P.E.I. C1N 4K4
(902) 724-2302
cliffpoirier@eastlink.ca

**NEWFOUNDLAND
AND LABRADOR****NL85 WESTERN NF
AND LABRADOR**

2 Herald Ave., P.O. Box 20052
Corner Brook, N.L. A2H 7J5
(709) 639-5350
wayneronaldbennett@gmail.com

**NL86 CENTRAL
NEWFOUNDLAND**

132A Bayview St.
Twillingate, N.L. A0G 4M0
(709) 884-2862
wlkjenkins@personainternet.com

NL87 AVALON-BURIN PENINSULA

P.O. Box 21124 RPO MacDonald Dr.
St. John's, N.L. A1A 5B2
(709) 834-3648
wcombden70@gmail.com

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LEAVING THE FORCE?



STAY WITH
THE TEAM
BRING YOUR
SKILLS
BRING YOUR
EXPERIENCE

JOIN THE
RCMP VETERANS'
ASSOCIATION

- Divisions in all Provinces and the Yukon
- Advocacy Transition
- PTSIVAC



WWW.RCMPVA.ORG



IN MEMORIAM

BC01 CENTRAL FRASER VALLEY

Patricia Hodgson
L. J. Kamp
Lois Stonely
Peter Termehr
Nora Ward
Jean Wilkinson

BC02 CHILLIWACK

Marion G. Barnes
Cecil Caughlin
Stefan Czeck
Margaret Forman
Peter Mushrow
Marion Trebilcock

BC04 FRASER VALLEY WEST

David Barry Jones

BC07 CENTRAL OKANAGAN

David Anderson
Paul Andre Bernard
Patricia Davison
Eugene Harmata
Roger Hostin
George Jaques
Len Novakowski
J. T. A. Stewart

BC08 VANCOUVER

Helen Anderson
Lane Brownell
Mary Chance
Joyce L. Darch
Don Forsyth
Dorothy Haug
Joan Hornall
Pat Lathwell
Marjorie Lynch
Joan E. Marshall
Larry D. Pearce
Jean Valliant
Laurie Vibert
William Gerald Whitley

BC09 VICTORIA-FRED WHITEHOUSE

Norman Anderson
Joan Bates
Gordon Berg
K. A. W. Gaudett
Theodore Hartz
Doris May James
J. E. Lesperance
Gordon Lough

Kenneth MacDonald
Shirley McGregor
Marie-Louise Proulx
William Mackie
Patricia Pittendrigh
Terrance Rogers
Joan Scharf
Shirley Sutherland
Barry Traynor
Wilfred Woychuk

BC11 OKANAGAN NORTH

Thomas Simper

BC14 SIDNEY AND DISTRICT

Lorraine Joyce Broughton

Bruce R. Burley
James Cotter
Elizabeth (Jean) De Costa
Thomas Hubbard
Clive Loader
Robert C. MacLean
Linda Mitchell
Dorias Elaine Ryan

BC15 PRINCE GEORGE

Robert Kreitz

AB20 MEDICINE HAT AND DISTRICT

Norm Hull
Audrey Shirran
Mary Stewart

SK24 REGINA AND AREA

Thomas Paul Richard Needham

SK25 SASKATOON AND AREA

Frank Joseph Danku
Sheridan Gregoire
John David Lapshinoff

MB30 WESTERN MANITOBA

George Bayes
Kathleen Demond
Eugenia Myden

MB31 WINNIPEG AND DISTRICT

Gilbert Dambly
Stanley Dickens
Jacob Enns
George Evans
John Evans
Joseph Fredette
Joan Halaiko
William Hanchakove
Patricia Huebner
Kevin Lunn
Vincent Magnus
Stella Nelson
Eugene Nikitin
Rene Pelletier
Doreen Routley
Anne Toews
Margret Weber
Carl Wozney

MB91 EASTERN MANITOBA

Robert Briercliffe
Judith P. Danbert
Fjola Davidson
Stella Dreger
Barbara Jones

ON36 BLUEWATER

Ruth Aicken
Bill Burch
E. Campbell
Delmar Dark
Rita Rebie
Claudette Deshaies
Olive Ferguson
Bruce Griffith
Mary Hind
Dorothy Kings
Hudson Milburn
Norma Martin
Moyra Obermeyer
E. Powell
Marie Richard
John Rome
Helen Smith
Hazel Vaughan
David Wright
Robert Young

ON38 KINGSTON AND DISTRICT

Colin Cherry
Shelagh Dubois
Donald Gateley
William (Trevor) Harrison
John Gordon Loney

ON41 NIAGARA PENINSULA

Dave Smith

ON43 OTTAWA

Homida (Midy) Nisa Ali
Gray Gillespie
Kenneth Lorne McBride
Ron Reynolds
Beulah Cynthia Searle
Edward Dennis Wicks

ON45 QUINTE

Brenda Freeborn
Alvin Paterson
Shirley Roberts
Faye Wood

ON46 QUINTRENT

Roger Brummell
Kenneth Crocker
Judith Davidson
Dolores Fraser
Jack Harper
Mildred Jackson
Constance MacDougall
Lois McCredie
Wayne McNulty
Ray Michaud
Vern Wieler
Helen Wilson
Roy Wilton

ON47 TORONTO AND AREA

Charles Boyle
J. Carlyle
Doris M. Harris
Donna Lee
Denis Yen Lum
Peter Ng-Yuen
E. Paboudjian
Alan A. Williamson

QC57 QUEBEC

Maurice Bisson
Rita Bolduc
Jean-Louis Cloutier
Alphonse Côté
Gertrude Dorais
Clovis Dorval
Robert Dumas
Denise Ethier
Leda Lambert
Daniel Larivière
Harold Leblanc
Valmont Lessard
Alfred Michaud
Romeo Simard

QC58 MONTREAL

Stéphane Bédard
André Bergeron
John Clark
Jean-Paul Cloutier
Jean-Yves Dupré
Philippe Duval
Monique Gauvin
Hélène Gingras
Suzanne Joyal
Marie Lamarche
Guy Langlois
Denise Lecomte
R. Lecours
Yvon Levreault
A. W. Mansfield
Marcel Marcotte
Serge Morin
Claude Ouellette
Irene Pelletier
Bernard Pilon
Anne-Marie Prévost
Claude Raymond
Maurice Robert
Liliane St-Arnaud
Jean R. Tellier
Pierrette Therrien
Denis Thibault
Pierre A. Vigneault
J.G. Vincent

QC61 MAURICIE

Jacqueline Bellefeuille
Raymond Larivière
Olyve Laurendeau
Thérèse Lavergne Petit
Yvon Monfette
Réal Normandin

NB62 FREDERICTON AND DISTRICT BRANCH

Barbara Townsend

NB64 SOUTH-EAST NEW BRUNSWICK

Zilla Charlebois
David S. Beach
Anne Boleyn
Herbert T. Cunniff
Anne Marie Davey
Donald A. DeWolfe
Barbara Dionne
Janet Gourley
Anna LeBlanc
J. P. D. Robichaud
Barbara S. Swinamer

NB65 FUNDY SHORES

John Addison
Wayne Anderson
Mary Bender
Bruce McCause
Michaelena McLaughlin
Aubrey Moore
Marie Anita Sisk
Janice Small
Pauline Wood

NB67 UPPER VALLEY

Ivan Johnson

NS77 CAPE BRETON

Maynard Bates
Matilda Leblanc

PE82

CHARLOTTETOWN

Leonard E. Arsenault
Annie E. Bevins
Ivan Bulger
Ivan M. Clow
Archibald Davis
Marilyn Diamond
Allen J. Doucette
Dorothy H. Doyle
William Roy Forsyth
Alice (Grace) Fraser
Kenneth Gallant
William R. Gaudet
Archie Gillespie
John E. (Jackie) Grant
Kenneth Hawkes
Fred E. Lynch
Joyce Lyons
Mary H. MacDonald
Isidoria MacKenzie
Mary Dorothy Clarice McCormick
Blair E. Morrison
George Phillip (Ted) Murphy
Robert Nahrgang
Wendell Nicholson
Bernice J. O'Neill
Phyllis Snowie
Ann Williams

PE83 SUMMERSIDE

Clair Batchelor
Jane A. Curry

Those who can, do.
Those who can do more, volunteer.

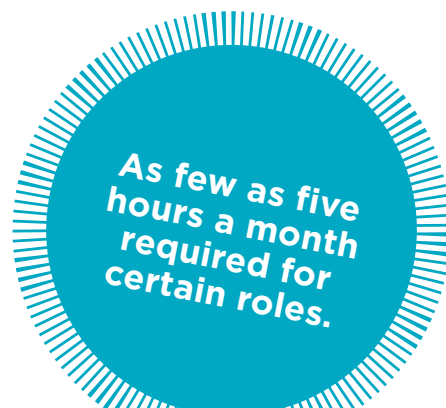
~ Unknown

Join our
**VOLUNTEER
TEAM!**

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we can make a difference!

Are you looking for a meaningful way to share your skills and support fellow retirees? Your expertise and experience are in great demand at the National Association of Federal Retirees.

For more information, contact your local branch or our National Volunteer Engagement Officer, Gail Curran at **613-745-2559, ext. 235** or email gcurran@federalretirees.ca



OPPORTUNITIES

- Branch committees (as a member or Chair)
- Branch Board Director positions
- National Board Director positions
- Advocacy
- Promotional events and member recruitment
- Administrative support and financial management
- Event planning
- Special and/or episodic projects (Branch or National Office)



National Association
of Federal Retirees Association nationale
des retraités fédéraux

Volunteer Bénévole



RECRUITMENT HAS ITS REWARDS

This year's mega-recruitment drive rewarded its hardest working volunteers, including a \$10,000 cash prize.

JENNIFER CAMPBELL

For Terry Davis, becoming a member of Federal Retirees is a no-brainer.

"As a traveller, my big thing is having the MEDOC travel insurance," says Davis, who retired from Transport Canada in 2013 after a long career as a civil aviation inspector. "So I talked to a few of my ex-Transport Canada folks because the regular amount [of travel insurance] you get with the Public Service Health-Care Plan when you retire from Transport Canada — the \$500,000 — doesn't go very far if you get in trouble down in the U.S. I've always pushed that. Another friend who got MEDOC did a lot of investigation beforehand and determined it's a very good plan."

He says his recruitment drive was rather informal as he just told former colleagues about the benefits of MEDOC, as well as the membership bonuses such as *Sage* magazine and regular newsletters that keep members up to date.

"There are some good articles on health and that sort of stuff [in *Sage*]," he says. "I'm happy to have access to National Association of Federal Retirees because it's a great organization. The membership pays for itself."

Davis also likes the fact that his wife, who

happens to also be a federal retiree, could have joined even if she weren't.

Davis's casual recruitment efforts paid off as he won \$10,000 cash — the grand prize courtesy of Johnson Insurance in the 2020 mega-recruitment drive.

"Ten thousand dollars is always a nice little bonus," Davis says. "Once we can travel again, we plan to use it to go to Great Britain — Scotland and Ireland. My wife was there when she was in high school; I've never been."

If they have anything left over from that trip, it may well go to a return to Africa. He loved their 2020 trip to Cape Town, South Africa, which included a couple of safaris. Next, he wants to hit Kenya's safari offerings on the Masai Mara.

"I can't wait till I get back," he says. "The people are friendly; the prices are right and the return airfare from Calgary was \$1,350. We stayed in Airbnbs. South Africa is a beautiful country."

If he does get to travel abroad again, he'll know he's safe with MEDOC. His wife has multiple sclerosis and he has a heart condition that put him in hospital on a trip to Key Largo, Fla. He was in emergency for 13 hours and the bill was \$18,500. An echocardiogram alone cost him \$4,500, but it was all covered by MEDOC.

This year's approach

Although some members haven't renewed their memberships during the pandemic, all things considered, this year's recruitment drive was a success, says Jeff Wolfson, manager of recruitment and member services at Federal Retirees.

Wolfson said one of this year's highlights was a change in the grand prize, which is traditionally a trip, but was switched this year to a \$10,000 cash prize, compliments of Johnson Insurance. Most prizes were randomly drawn from a pool of names — members were given one chance to win for every person they recruited — while a couple of others were awarded based on straight numbers. The latter two prizes went to Kelly McKeown for most new members (\$500 pre-paid credit card courtesy of Arbor Memorial) and the other, for most new referrals, went to Joanne Morrissey (\$250 pre-paid credit card courtesy of Arbor Memorial.)

"We added the other categories so people who clearly worked hard could have a chance to win in other ways than through pure luck," Wolfson says.

An innovative approach

Kelly McKeown, from the Peel-Halton branch in Ontario, hasn't retired yet, but

PHOTO Terry Davis was the grand prize winner, taking home \$10,000 in cash, in 2020's mega recruitment drive. Credit: Neil Zeller

she likes to stay informed on issues that concern her now or will later, so she's a member of Federal Retirees. She also understands how important it is for the association to have strong membership and high numbers are one measure of strength.

To that end, the Canada Revenue Agency employee came up with a new approach to membership recruitment. She suggested to her union — the Union of Taxation Employees — that it give the gift of membership in Federal Retirees to every retiring employee. The union went for it and McKeown now processes all the names and sends them to the membership team at Federal Retirees.

This past year, that amounted to more than 10 new members.

"Federal Retirees is like my own union — they both fight for all our rights," McKeown says. "This might not be the best year to be involved because there are no in-person meetings, but they will also get *Sage* magazine and there's lots of useful information in it."

In letting her recruits know they would be receiving a membership, she also told them about other benefits, including the travel insurance.



Credit: Randall McKeown

McKeown has been a member for more than 20 years, having joined when she started receiving a widow's pension after her first husband's death. She remembers there was an advertisement for membership in the same envelope as that first pension cheque.

The soft sell from rural Newfoundland

Joanne Morrissey, the mayor of North River, Nfld., is a super-recruiter once again this year. A member of the Avalon-Burin branch, she won a \$250 pre-paid credit card, compliments of Arbor Memorial, for having forwarded the most referrals to head office.

Last year, her approach included talking about the great benefits of the MEDOC travel insurance program, but that was a harder sell this year since travel is next to impossible. Instead, she talked about what she anticipates will be a need for strong protection against pension cuts.

"I just said that the way the feds are spending money now, we will need all the protection we can get for our pensions," Morrissey says. "So, we just chatted about that. I don't know where all the money is coming from, but don't think I will live to see it repaid in my lifetime. I think our grandchildren and great-grandchildren will be paying it back."

Morrissey says she didn't feel deserving of a prize because she "only" recruited 20 people. She acknowledges that her pool of potential members is smaller than that of members who live in bigger centres, but she said that also has its advantages.

"Being in a small place might make it easier because people know one another and they're friendly to each other," she says. "I remembered some of the people that I worked with from the Western part of

OTHER WINNERS

Caroline Christiaens – Fraser Valley West
\$5,000 tour anywhere in the world
Collette travels
Courtesy of Collette

Trudy Power – Avalon-Burin
Pietr Haarsma – Ottawa
Lucky draw for Samsung tablet
Courtesy of SimplyConnect

Ann Kolstad – Winnipeg & District
\$250 pre-paid credit card for new member lucky draw
Courtesy of Arbor Memorial

Claudia Curri – Nova Scotia Central
\$250 pre-paid credit card for e-newsletter referral lucky draw

Karen Janke-Curliss – Saskatoon & Area
John Myke – Ottawa
Charles Staples – Ottawa
Diane Fraser – Ottawa
Charles MacLennan – Ottawa
Lucky draw for \$100 pre-paid credit card

Ken Grimes – Red Deer
\$500 pre-paid credit card for early bird draw
Courtesy of SimplyConnect

Newfoundland — people who were in the same position as me when I was working, and I'd meet them at conferences. I also knew some RCMP officers so I asked them if they knew anyone else who might be interested."

She says she's not sure what she'll do with her prize, but "I'll spend it," though spending is a little more challenging in a pandemic. She expects she might use it for a mini staycation. ■



A message from the recruitment and member services team

On behalf of the entire recruitment and member services team, we hope you're all keeping well during these unusual and uncertain times. When we moved to our home offices in March of 2020, I don't think any of us thought we would still be there in the spring of 2021. And yet, here we are. Although our entire team continues to work remotely, we are still passionately serving our members however we can. It is our hope that all members are satisfied with their membership with Federal Retirees. If you have any questions, concerns or require help with your account, please don't hesitate to contact us. We are here for you, and we enjoy connecting with you. We look forward to the days when we'll be able to go back to the national office and meet with our members in person again. Take care and be well.

Warm regards,

Jeff, Melanie, Cynthia, Olga, Sylvain and Sam — the recruitment and membership services team

Back by popular demand: It's time to switch and save

It's back! For a limited time only, any member who makes the switch to the direct deduction from source (DDS) payment method will receive three free months of membership. Here's why it's by far the best way to maintain your membership with federal retirees:

- It's quick, easy, and can be done online or over the phone when renewing;
- With no more renewal notices, the Association economizes by saving paper and postage fees;
- There's no connection to the Phoenix pay system, so there are no associated complications;
- Fees are just \$4.28 deducted monthly for single memberships and \$5.55 for a double;
- You can cancel easily any time.

For questions or assistance in making the switch, contact our recruitment and member services team at service@federalretirees.ca or 1-855-304-4700 (toll-free). They will be pleased to serve you.

Renew your membership

1. Your membership is automatically renewed when you have your dues deducted from your monthly pension cheque (DDS).
2. We send members who pay by credit card or cheque a letter advising them that it's time to renew.

The Association has decided not to raise membership rates. The rates for 2021 are the same as 2020.

To pay by credit card:

Log on to federalretirees.ca

To pay by cheque:

Send cheque payable to National Association of Federal Retirees:

National Association of Federal Retirees
865 Shefford Rd.
Ottawa, Ont. K1J 1H9

For assistance or to change your payment method to DDS, please do not hesitate to call our membership team toll-free at 1-855-304-4700, ext. 300, or in Ottawa at (613) 745-2559.

2021 membership fees

	YEAR	MONTH
Single	\$51.36	\$4.28
Double	\$66.60	\$5.55

How to sign up?

1. Visit federalretirees.ca and click on the Joining Us menu.
2. Call our membership team toll free at 1-855-304-4700, ext. 300 or in Ottawa at (613) 745-2559.

Contact us

Have you moved or changed your email address recently?
Email us your updated information to service@federalretirees.ca or call our membership team toll-free at 1-855-304-4700, ext. 300, or in Ottawa at (613) 745-2559.

Give a gift that keeps on giving – all year long!

**For only \$51.36, you can now give
the gift of a Federal Retirees annual
membership to friends and loved ones
who qualify* (even if they're not retired).**

Each membership supports our work to protect federal pensions and benefits and offers excellent savings through our Preferred Partner program that can be enjoyed throughout the year.

Call us at **1.855.304.4700** to place your order today or visit **federalretirees.ca/gift** for more information.



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*The recipient must be collecting
or paying into a federal pension.

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**PREFERRED
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**Although the world continues to be challenged by the pandemic,
we look to the future when we can travel beyond our own borders.**

With that in mind, Johnson Insurance is pleased to announce that MEDOC's emergency medical coverage includes COVID-19 related incidents, even during a travel advisory, for up to \$10 million² for Federal Retirees.

We strongly encourage customers to review the Government of Canada travel advisories before booking and travelling. Return transportation options and availability of medical care may become very limited outside Canada.

Over 50,000 Federal Retirees have MEDOC® Travel Insurance policies now, taking advantage of the annual, comprehensive travel plan that is often less expensive than paying for multiple trips separately¹.

Johnson Insurance is here for you now and we look forward to being there for you on your future travels.

Visit johnson.ca/coronavirus for updates.

1.855.428.8744

johnson.federalretirees.ca

Johnson Insurance is a tradename of Johnson Inc. ("JI"), a licensed insurance intermediary, and operates as Johnson Insurance Services in British Columbia and Johnson Inc. in Manitoba. MEDOC® is a Registered Trademark of JI. This insurance product is underwritten by Royal & Sun Alliance Insurance Company of Canada ("RSA") and administered by JI. JI and RSA share common ownership. Valid provincial or territorial health plan coverage required. Travel Assistance provided by Global Excel Management Inc. The eligibility requirements, terms, conditions, limitations and exclusions which apply to the described coverage are as set out in the policy. Policy wordings prevail. ¹Based on a comparison of MEDOC's 40-day Base Plan against single trip plans with similar benefits. ²Described coverage and benefits applicable to Public Service Health Care Plan (PSHCP) members.