

November 27, 2013

Ms. Marlene Sabourin / Kirsten Rasevych
Financial Controller
Nishnawbe-Aski Legal Services Corp.
150 City Road Fort William First Nation
Thunder Bay, ON P7J 1J7

Dear Ms. Kirsten Rasevych:

RE: Zelda Watt
NISHNAWBE-ASKI LEGAL SERVICES
Group Plan Number 106790

Attached is a copy of a letter that has been sent out regarding Ms. Watt's disability claim.

If you have any questions, please call me.

Sincerely,



Debbie P.
Case Manager

REF: 973078825-120416575 / Watt02436C

November 27, 2013

Ms. Zelda Watt
102 170 W Donald St
Thunder Bay, ON P7E 5X9

Dear Ms. Watt:

~~RE: NISHNAWBE-ASKI LEGAL SERVICES~~

Group Plan Number: 106790
Employee ID Number: E 130
Portfolio ID: 120416575

We were pleased to learn that you will return to work on December 9 2013.

Your final disability benefit payment will be issued to December 8 2013.

We wish you success on your return to work.

If you have any questions, please call me at 866-325-6413, Ext 7739.

Sincerely,



Debbie P.
Case Manager

Copy: Marlene Sabourin / Kirsten Rasevych
Financial Controller
NISHNAWBE-ASKI LEGAL SERVICES

REF: 973078825-120416575 / Watt02436L

Application for Group Short Term Disability Benefits - Employer's Statement

Important:

The completed Employer's and Employee's Statements are required before claim assessment can commence. These forms should be completed in their entirety and submitted to Great-West Life within 5 days of the onset of the disability. Great-West's Privacy Guidelines and applicable law allow employees to have access to personal information in their files. Please be aware that any information you provide us in connection with this claim may be subject to access by the employee.

Ensure all sections and both pages are completed as lack of information will cause delays in claim assessment.

A. EMPLOYER IDENTIFICATION

Name Nishnawbe Aski Legal Services Corp.	Plan Number 106790	Division Number (if applicable) 1	Class (if applicable)
Address: Street & Number 150 City Road	P.O. Box	City Thunder Bay	Province ON Postal code P7J 1J7

B. EMPLOYEE IDENTIFICATION

Name: First ZELDA	Initial	Last WATT	Employee I.D. Number	Social Insurance Number 472 327 865	Date of Birth 04/13/60
Address: Street & Number #102-170 Donald Street	P.O. Box		City Thunder Bay	Province ON	Postal Code P7E 5X9
Telephone Number 807-475-7958	Cell Number		Fax Number		

C. EMPLOYMENT INFORMATION

Effective date of hire (MM/DD/YY) 11/08/10 Date last worked (MM/DD/YY) 09/27/13 Number of hours 35

Reason for absence Medical Leave of Absence Strike Dismissed Work related accident or sickness
 Quit Retired Other Temporary Lay-off Paid Vacation

Is the employee: Full time: Number of hours worked per week 35 Part time: Number of hours worked per week _____

Is the employee: Permanent Temporary Seasonal Contract

Is the employee: Hourly Salaried Commissioned

Please attach copies of all correspondence from Workers Compensation or similar coverage received to date regarding this condition.

Has employee returned to work? If no, is a return to work date known? Has employment terminated?

Yes _____ (MM/DD/YY) No Yes _____ (MM/DD/YY) No Yes _____ (MM/DD/YY) No

D. INSURANCE INFORMATION

Date employee became insured under the Short Term Disability Plan. (MM/DD/YY) <u>02/08/11</u>	When did the employee apply for insurance? (MM/DD/YY) _____	Effective date of excess insurance, if applicable: (MM/DD/YY) _____
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Is the employee covered for Guaranteed Standard Issue Program Insurance with Great-West Life? Yes _____ Plan Number No

E. EARNINGS AND BENEFIT INFORMATION

Please answer the following questions. If any do not apply, put N/A in the blank.

Employee's Gross Weekly Earnings: \$ <u>757.05</u> per week	Average monthly commissions earned in the 24 months ending on the last day worked:	Employee benefit amount (according to your records):	TD-1 Federal personal tax credits (Dollar amount):	For Quebec residents, tax deductions according to the latest TP-1015.3:
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Has it been determined that the employee's earnings are tax exempt under the Indian Act (CRA form TD1-1N)? Yes No

If yes, percentage of employment income that is tax exempt: 100 %

DECLARATION

I HEREBY DECLARE THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE ACCURATE AND COMPLETE.

Authorized Signature: Marlene Sabourin Date: Oct. 10/13

Name (please print): Marlene Sabourin Title: Financial Controller

Phone: 807-474-4377 Fax: 807-622-1096

F. JOB INFORMATION

Employee's job title as of last day worked Talking Together Program Assistant	How long has the employee worked in this position? Years 2 Months 10
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COMPLETE THIS SECTION ONLY IF THE EMPLOYEE HAS NOT YET RETURNED TO WORK OR THE EMPLOYEE'S MEDICAL ABSENCE IS EXPECTED TO BE FOUR WEEKS OR LONGER. If you have a prepared job description, please include it with this submission.

What are the duties in this job, and what percentage of time does each take per week?

Duties	Percentage of time per week
See attached job description	

To ensure proper management of this claim, more detailed job information may be requested at a later date.

When did the employee's disability first appear to affect his/her work? (MM/DD/YY) 09/20/13	In what ways did performance on the job change as a result of the disability? N/A
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Were any changes made in the employee's job duties as a result of the disability? Yes No
If yes, please explain what the changes were and when they were made:

If the employee could return to part-time or less demanding work, would such work be available? Yes No
If no, please explain.
Position is full time and requires an individual working at all times assisting staff with programming.

ADDITIONAL INFORMATION

Please provide any additional information that you believe should be considered in assessing this employee's claim.
Employee's last day worked was September 18th. Employee has chosen to use vacation, lieu and sick leave and has been paid up to September 27th/13.

DECLARATION

I HEREBY DECLARE THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE ACCURATE AND COMPLETE.

Supervisor or Authorized Signature: Marlene Sabourin Date: October 10/13
Name (please print): Marlene Sabourin Title: Fin. Controller
Phone: 807*474-4377 Fax: 807-622-1096



NISHNAWBE-ASKI LEGAL SERVICES

Talking Together Program- Administrative Clerk Job Description

DESCRIPTION:

The Talking Together Administrative Clerk provides clerical and administrative support to the Talking Together Program Manager for all administrative duties undertaken by NALSC. At times, the Assistant may be required to assist other departments of the corporation or take on additional duties where the Corporation assumes additional projects.

DUTIES & RESPONSIBILITIES:

1. Assist in the dissemination of information and the preparation of information materials concerning the Programs in the Talking Together Program. The Administrative Clerk will provide information upon request to the community members and as needed.
2. The Administrative Clerk will liaise with the Talking Together Program staff/facilitators and assist them with their administrative needs.
3. Assist in the maintenance of a central filing system of all clients, circles and other matters relating to the program as well as other reports submitted by the staff.
4. Assist in the planning and coordination of Training Workshops for applicable staff.
5. Assist in any evaluations of the program by distributing and collecting questionnaires, and liaising with consultants as needed.
6. Organize video and telephone conference calls as required.
7. Prepare correspondence and other reports as required.
8. Ensure that information required for the data base for Talking Together is gathered and entered, and other documents are prepared as required.
9. Ensure that all circle reports, activity reports, weekly/monthly task plans are submitted on time by the staff under the Talking Together Program Manager.
10. Provide general clerical and administrative support to the Talking Together Program Manager and staff as required. Other related duties as required, including filling in at reception when needed.

ACCOUNTABILITY:

The Administrative Clerk is responsible to the Talking Together Program Manager for day to day activities and for overall work performance.

QUALIFICATIONS:

Ideally, the Administrative Clerk should have postsecondary education and up to five years experience as an administrative assistant in a professional office setting such as a law office, political organization, or the public sector.

This position requires advanced computer skills (MS Word, Outlook, Excel, PowerPoint, Internet, and ability to use Data Bases), superior typing, excellent writing and communication skills. Professionalism and discretion and strong organizational abilities are required.



PLAN ADMINISTRATOR'S EXPLANATION OF BENEFITS

RE: ZELDA WATT
 GROUP COVERAGE WITH
 NISHNAWBE ASKI LEGAL SERVICES
 DIVISION 1
 PLAN NUMBER 106790
 I.D. NUMBER E000000130

THE SHORT TERM DISABILITY BENEFIT FOR THE PERIOD NOVEMBER 4-10, 2013 IS:

\$ 552.00 WEEKLY FOR 1 WEEK	\$ 552.00
PAYMENT	\$ 552.00

.....
 62115421 FOR \$ 552.00 PAID TO ZELDA WATT

BENEFITS FOR THIS CLAIM HAVE NOW BEEN PAID FOR 6 WEEKS AND 3 DAYS

PLEASE KEEP ALL INFORMATION CONTAINED HERE SECURE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GREAT-WEST LIFE ASSURANCE COMPANY, LONDON DISABILITY, MANAGEMENT SERVICE, 255 DUFFERIN AVENUE, LONDON, ON., N6A 4K1, OR CALL 519-432-5281.

COPY TO: ZELDA WATT



PLAN ADMINISTRATOR'S EXPLANATION OF BENEFITS

RE: ZELDA WATT
 GROUP COVERAGE WITH
 NISHNAWBE ASKI LEGAL SERVICES
 DIVISION 1
 PLAN NUMBER 106790
 I.D. NUMBER E000000130

THE SHORT TERM DISABILITY BENEFIT FOR THE PERIOD NOVEMBER 25 - DECEMBER 1, 2013 IS:

\$ 552.00 WEEKLY FOR 1 WEEK	\$ 552.00
PAYMENT	\$ 552.00

.....
 62290816 FOR \$ 552.00 PAID TO ZELDA WATT

BENEFITS FOR THIS CLAIM HAVE NOW BEEN PAID FOR 9 WEEKS AND 3 DAYS

PLEASE KEEP ALL INFORMATION CONTAINED HERE SECURE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GREAT-WEST LIFE ASSURANCE COMPANY, LONDON DISABILITY, MANAGEMENT SERVICE, 255 DUFFERIN AVENUE, LONDON, ON., N6A 4K1, OR CALL 519-432-5281.

COPY TO: ZELDA WATT



PLAN ADMINISTRATOR'S EXPLANATION OF BENEFITS

RE: ZELDA WATT
 GROUP COVERAGE WITH
 NISHNAWBE ASKI LEGAL SERVICES
 DIVISION 1
 PLAN NUMBER 106790
 I.D. NUMBER E000000130

THE SHORT TERM DISABILITY BENEFIT FOR THE PERIOD NOVEMBER 11-17, 2013 IS:

\$ 552.00 WEEKLY FOR 1 WEEK	\$ 552.00
PAYMENT	\$ 552.00

.....
~~62158984 FOR \$ 552.00 PAID TO ZELDA WATT~~

BENEFITS FOR THIS CLAIM HAVE NOW BEEN PAID FOR 7 WEEKS AND 3 DAYS

PLEASE KEEP ALL INFORMATION CONTAINED HERE SECURE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GREAT-WEST LIFE ASSURANCE COMPANY, LONDON DISABILITY, MANAGEMENT SERVICE, 255 DUFFERIN AVENUE, LONDON, ON., N6A 4K1, OR CALL 519-432-5281.

COPY TO: ZELDA WATT



PLAN ADMINISTRATOR'S EXPLANATION OF BENEFITS

RE: ZELDA WATT
 GROUP COVERAGE WITH
 NISHNAWBE ASKI LEGAL SERVICES
 DIVISION 1
 PLAN NUMBER 106790
 I.D. NUMBER E000000130

THE SHORT TERM DISABILITY BENEFIT FOR THE PERIOD NOVEMBER 18-24, 2013 IS:

\$ 552.00 WEEKLY FOR 1 WEEK	\$ 552.00
PAYMENT	\$ 552.00

.....
 62226148 FOR \$ 552.00 PAID TO ZELDA WATT

BENEFITS FOR THIS CLAIM HAVE NOW BEEN PAID FOR 8 WEEKS AND 3 DAYS

PLEASE KEEP ALL INFORMATION CONTAINED HERE SECURE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GREAT-WEST LIFE ASSURANCE COMPANY, LONDON DISABILITY, MANAGEMENT SERVICE, 255 DUFFERIN AVENUE, LONDON, ON., N6A 4K1, OR CALL 519-432-5281.

COPY TO: ZELDA WATT

London Disability Management Services
255 Dufferin Ave, L1H04
London, Ontario
N6A 4K1

Tel: (519) 432-7229 / 866-325-6413
Fax: (519) 435-7000

October 28, 2013

Ms. Zelda Watt
102 170 W Donald St
Thunder Bay, ON P7E 5X9

Dear Ms. Watt:

RE: NISHNAWBE-ASKI LEGAL SERVICES
Group Plan Number 106790
Employee ID Number E130
Portfolio ID 120416575

We are writing to let you know that your claim for short-term disability benefits has been accepted. This letter will help explain your benefits, including:

- Your benefit payments
- Definition of disability
- Your responsibilities
- Long term disability benefits

Your benefit payment

You will receive a weekly benefit of \$552.00. This is based on 75% of your basic weekly salary of \$735.00.

Under your short-term disability plan, there is a 7 day waiting period before benefits begin. This waiting period starts on September 20, 2013 and ends on September 26, 2013. Your benefits will begin on September 27, 2013.

Your first benefit payment for the period September 27, 2013 to November 3, 2013 was issued October 28, 2013. You can expect future payments to be issued at the end of each weekly period on Monday.

If you would like us to deduct federal income tax from your payments for you, please complete a TD1 form available from Canada Revenue Agency (www.cra.gc.ca) and return it to our office.

Definition of disability

The terms of your plan state that:

Ms. Zelda Watt
October 28, 2013
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Disability is assessed on the basis of the duties you regularly performed for your employer before disability started. You are considered disabled if, because of disease or injury, there is no combination of duties you can perform that regularly took at least 60% of your time at work to complete.

You will receive benefits during this period if you satisfy the definition of disability and all other requirements of your plan.

Your responsibilities

Your plan requires your participation and cooperation with reasonable and customary treatment. This treatment may be provided by either your family physician, or a specialist-if appropriate. To help us monitor your condition, we will ask for information from you and your physicians from time to time. Please remember to advise us of any changes in your medical status and treatment so that we can request updated reports at appropriate times.

Additional information

We recommend that you keep this letter for your records. We have provided a lot of information in this letter so if you have any questions or concerns, please feel free to call me at (519)435-7809.

Sincerely,



Lauri P.
Case Manager

Copy: Marlene Sabourin / Kirsten Rasevych
Financial Controller
NISHNAWBE-ASKI LEGAL SERVICES

REF: 973078825-120416575/ Watt02635L

London Disability Management Services
255 Dufferin Ave, L1104
London, Ontario
N6A 4K1

Tel: (519) 432-7229 / 866-325-6413
Fax: (519) 435-7000

October 28, 2013

Ms. Marlene Sabourin / Kirsten Rasevych
Financial Controller
Nishnawbe-Aski Legal Services Corp.
150 City Road Fort William First Nation
Thunder Bay, ON P7J 1J7

Dear Ms. Kirsten Rasevych:

RE: Zelda Watt
NISHNAWBE-ASKI LEGAL SERVICES
Group Plan Number 106790

Attached is a copy of a letter that has been sent out regarding Ms. Watt's disability claim.

If you have any questions, please call me.

Sincerely,



Lauri P.
Case Manager

REF: 973078825-120416575 / Watt02635C



PLAN ADMINISTRATOR'S EXPLANATION OF BENEFITS

RE: ZELDA WATT
 GROUP COVERAGE WITH
 NISHNAWBE ASKI LEGAL SERVICES
 DIVISION 1
 PLAN NUMBER 106790
 I.D. NUMBER E000000130

THE SHORT TERM DISABILITY BENEFIT FOR THE PERIOD SEPTEMBER 27 - NOVEMBER 3, 2013 IS:

\$ 552.00 WEEKLY FOR 5 WEEKS AND 3 DAYS	\$ 2,996.57
PAYMENT	\$ 2,996.57

.....
 62071620 FOR \$ 2,996.57 PAID TO ZELDA WATT

BENEFITS FOR THIS CLAIM HAVE NOW BEEN PAID FOR 5 WEEKS AND 3 DAYS

PLEASE KEEP ALL INFORMATION CONTAINED HERE SECURE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GREAT-WEST LIFE ASSURANCE COMPANY, LONDON DISABILITY, MANAGEMENT SERVICE, 255 DUFFERIN AVENUE, LONDON, ON., N6A 4K1, OR CALL 519-432-5281.

COPY TO: ZELDA WATT



PLAN ADMINISTRATOR'S EXPLANATION OF BENEFITS

RE: ZELDA WATT
 GROUP COVERAGE WITH
 NISHNAWBE ASKI LEGAL SERVICES
 DIVISION 1
 PLAN NUMBER 106790
 I.D. NUMBER E000000130

THE SHORT TERM DISABILITY BENEFIT FOR THE PERIOD DECEMBER 2- 8, 2013 IS:

\$ 552.00 WEEKLY FOR 1 WEEK	\$ 552.00
PAYMENT	\$ 552.00

.....
 62360110 FOR \$ 552.00 PAID TO ZELDA WATT

BENEFITS FOR THIS CLAIM HAVE NOW BEEN PAID FOR 10 WEEKS AND 3 DAYS

PLEASE KEEP ALL INFORMATION CONTAINED HERE SECURE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE GREAT-WEST LIFE ASSURANCE COMPANY, LONDON DISABILITY, MANAGEMENT SERVICE, 255 DUFFERIN AVENUE, LONDON, ON., N6A 4K1, OR CALL 519-432-5281.

COPY TO: ZELDA WATT