



Ford Motor Company of Canada, Limited  
Ford du Canada Limitée

Dear Member,

**Re: Ford Health Care Contribution (Ford H/C CTB)**

As you may be aware, Ford of Canada and the CAW recently completed an addendum to the 2008 Collective Agreement which extends the current collective agreement by one year to September 17, 2012.

As part of this addendum, effective January 1, 2010 a Health Care Contribution came into effect as follows:

- Employees and retirees under age 65 will pay \$30.00 per month
- Employees and retirees who are 65 or older will pay \$15.00 per month
- Surviving spouses will pay \$15.00 per month

The Provinces of Ontario and Quebec charge sales tax for health care contributions. Residents in Ontario will be subject to an 8% Retail Sales Tax, and residents in Quebec will be subject to a 9% Quebec Sales Tax.

Collection of this contribution will begin on March 15, 2010. Your first contribution in March will include the contributions for January, February and March. In April, your contribution will be the regular monthly amount.

For your convenience, a pre-authorized debit from your bank account will be used to collect your Health Care Contribution on or about the 15th of each month. To sign up, please complete the enclosed Pre-Authorized Debit (PAD) Agreement and ensure it is received by the Ford Benefits Centre by February 16, 2010.

There are two ways to return the Agreement to the Ford Benefits Centre:

- Fax to 1-877-891-5369
- Mail to the Ford Benefits Centre:

Ford Benefits Centre  
895 Don Mills Road, Suite 700  
One Morneau Sobeco Centre  
Toronto, ON M3C 1W3

Please note that failure to make the required contributions will result in cancellation of health care coverage.

Additional information regarding pre-authorized debits is enclosed. Should you have any questions regarding your contributions, please contact the **Ford Benefits Centre at 1-866-376-9501**.

Sincerely,

**Ford Benefits Centre**  
**1-866-376-9501**

## Pre-Authorized Debit (PAD) Agreement

I/we authorize the Ford Benefits Centre to begin deductions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Ford Benefits Centre account(s). The regular monthly payments for the full amount indicated on this form will be debited from my/our specified account on the 15<sup>th</sup> day of each month.

I/we will notify the Ford Benefits Centre promptly in writing if I/we move the account from one bank or branch to another, or if there are any other changes in the account.

I/we may revoke this authorization at any time, subject to providing notice to the Ford Benefits Centre. This notification must be received at least fifteen (15) business days before the next debit is scheduled at the address below. I/we understand that if we cancel this authorization, it does not mean that our contract obligations to the Ford Benefits Centre have ended. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement visit [www.cdnpay.ca](http://www.cdnpay.ca).

I/we are authorized to sign on behalf of the account listed on this form.

Please note that failure to make the required contributions will result in cancellation of health care coverage.

Customer Information	
<b>Name:</b>	
<b>Company Name:</b>	
<b>Employee Number:</b>	
<b>Mailing Address:</b>	
<b>City:</b>	<b>Province:</b>
<b>Postal Code:</b>	<b>Telephone No:</b>
<b>These services are for:</b> <b>Personal</b> <input checked="" type="checkbox"/> <b>Business use</b> <input type="checkbox"/>	

Pre-Authorized Debit (PAD) details <i>(please print clearly inside the boxes with black ink)</i>													
<b>Financial Institution:</b>													
<b>Branch Address:</b>													
<b>City:</b>	<b>Province:</b>												
<b>Postal Code:</b>	<b>Telephone No:</b>												
<b>Debit Amount:</b>													
<b>Transit Number:</b> <i>(5 digits)</i>	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table>												
<b>Financial Institution Number :</b> <i>(3 digits)</i>	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>												
<b>Account Number:</b> <small>(no spaces or dashes)</small>	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table>												

<b>Signature</b>

<b>Date Signed</b>

**Signature**  
*(for a joint account, all depositors must sign)*

**Date Signed**

I/we understand that I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we understand that I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on recourse rights, contact a financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

When the form is complete, mail or fax to:  
 Ford Benefits Centre  
 895 Don Mills Road, Suite 700  
 One Morneau Sobeco Centre  
 Toronto, ON M3C 1W3  
 Telephone: 1-866-376-9501 Fax: 1-877-891-5369

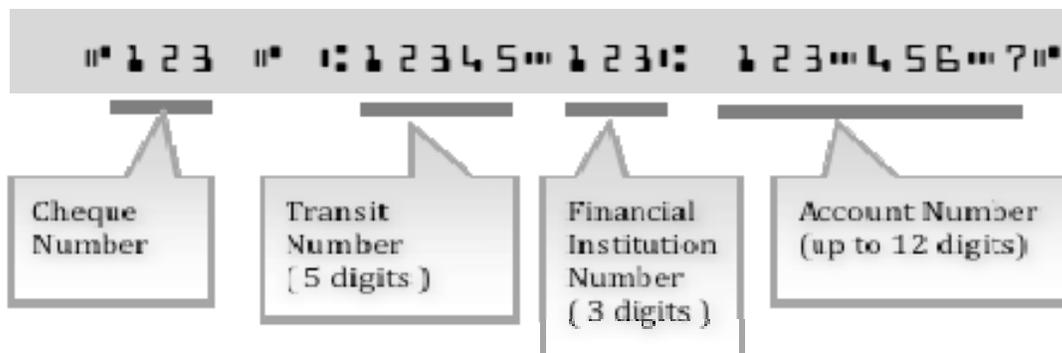
## Hourly and Salaried Bargaining Unit Health Care Contribution Frequently Asked Questions

### 1. How does Pre-Authorized Debit work?

Upon receipt of the enclosed Pre-Authorized Debit (PAD) Agreement, the Ford Benefits Centre (Morneau Sobeco) will electronically transfer your monthly contribution from the chequing or savings account you identify for payment of your negotiated Health Care Contribution. This automatic debit transaction will happen on the 15th day of each month.

### 2. What information do I need to complete the Pre-Authorized Debit Agreement?

Please complete your financial institution details requested on the form. A void cheque is not required. The diagram below shows you how to read the transit number, financial institution and account number on your cheque. Please fill this information in the boxes indicated on the form. To ensure that the information you write on the form is read properly, it is important to write clearly within the boxes and in black, permanent ink (do not use pencils or gel pens). Please do not write outside the boxes on the form. The transit number, financial institution number, and account number is the only information from your cheque that is required on the form. The cheque number is not required on the form. Do not include dashes or spaces in the account number on the form.



### 3. How will this contribution appear on my personal bank statement?

Depending on your financial institution, you may be able to see the contribution appear on your bank statement abbreviated as Ford H/C CTB.

### 4. What will happen if I miss the date to sign up?

If we receive your Pre-Authorized Debit (PAD) Agreement by February 16th, your contribution will begin March 15th. If you miss the February 16th sign up date, please send your form in by March 1st to have your contribution start on April 15th. The April 15th contribution will include the contributions for January, February, March and April.

### 5. How will I know that the Ford Benefit Centre received my Pre- Authorized Debit (PAD) Agreement and the necessary Health Care Contributions will be deducted from my account?

If we do not receive any information from you by March 1st, we will contact you.

**6.If I do not make the necessary contribution in a timely manner, how will the Ford Benefits Centre notify me that my Health Care coverage has been discontinued?**

If you fail to make the necessary Health Care Contributions in a timely manner, you will receive a letter in the mail, from the Ford Benefits Centre indicating the date your coverage will be discontinued.

**7.If the funds in my account are not sufficient on the date of the debit, what should I do?**

The Ford Benefits Centre will attempt a debit for the outstanding contribution on the next month's scheduled contribution date (in addition to the current month's contribution). Any NSF or other banking charges may also be debited from your account. Failure to pay your Health Care Contribution will result in cancellation of your health care benefits and other associated benefit programs which require enrollment in the health care benefit program.

**8.What if my debit date falls on a weekend or holiday?**

We will debit the payment from your account the next business day.

**9.What if my financial institution or banking information changes?**

If your bank account information changes, you must notify the Ford Benefits Centre and submit a new Pre-Authorized Debit (PAD) Agreement. Please contact the Ford Benefits Centre at 1-866-376-9501 to obtain the form and notify us of the change. It's important you notify us as soon as possible, as it may be necessary for us to suspend a pending transaction in order to prevent a debit from an inactive account and avoid NSF or other charges to you.

**10. How do I cancel or discontinue coverage?**

If you would like to cancel or discontinue enrollment in your health care benefits plan, please contact the Ford Benefits Centre at 1-866-376-9501 for more information. Cancellation of coverage may result in a waiting period being applied before re-enrollment is permitted.

**11. Will I be charged Sales Tax (RST/QST) for my Health Care Contributions?**

If you are a resident of Ontario, you will be subject to an 8% Retail Sales Tax which will be added to your monthly contribution. If you are a resident of Quebec, you will be subject to a 9% Quebec Sales Tax which will be added to your monthly contribution. Residents outside of the provinces of Ontario and Quebec will not be subject to sales tax. The below table outlines your Health Care Contribution including sales tax.

<b><u>Employee Group</u></b>	<b><u>Monthly Contribution for Ontario Residents (including 8% RST)</u></b>	<b><u>Monthly Contribution for Quebec Residents (including 9% QST)</u></b>	<b><u>Monthly Contribution for Residents of all other provinces</u></b>
Employees/retirees < age 65	\$32.40	\$32.70	\$30.00
Employees/retirees age 65 or greater	\$16.20	\$16.35	\$15.00
Temporary part time employees (TPT)	\$16.20	\$16.35	\$15.00
Surviving spouses	\$16.20	\$16.35	\$15.00

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