

**PSBT MEMBER SURVEY 2019**

Please answer the questions. **Responses to this Survey are confidential.**

Member's Full Name \_\_\_\_\_

Age Range  under 30  31 to 40  41 to 55  56 to 65  over 65

**PART 1**

1. Are you satisfied with the level of coverage of the existing benefits under the Plan?

Yes  No If no, why not \_\_\_\_\_

**PART 2**

2. Would you like to see an increase to any of the benefits listed below with an increase in the monthly premium that you are currently paying?

Yes  No If yes, mark an X beside the coverage you would like to see improved

What areas would you like to see improved? Mark and X beside your choice:

Increase Life insurance from \$100,000 to \$200,000 -add \$23/month

Increase LTD from \$2500 per month to \$3500 per month -add \$23/month

Increase Dental: children's Ortho from \$2000 to \$3000 and Major restorative from \$2,000 to \$3,000 -add \$8/month

Increase Vision care from \$400 to \$600 every 2 years -add \$8/month

Increase Major medical from \$500 per practitioner to \$1,000 -add \$22/month

Vaccine coverages – costs not known; can approximate -add \$20-\$25/month

Semi-private or Private hospital coverage; can approximate -add \$20-\$25/ month

Hearing Aids and batteries -increase from \$300 to \$600 every 2 years; can approximate -add \$22/month

If you would like to speak to a Trustee regarding this Survey or the Plan:

Name \_\_\_\_\_

Contact \_\_\_\_\_

Please forward your survey to Sharon Tuck via mail, fax or email before March 1, 2020  
sharonlyntuck@gmail.com -fax 416-240-0993 -for the online survey go to psbt.ca

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