

THIS COLLATERAL AGREEMENT made this 21<sup>ST</sup> day of JUNE, 2016

**BETWEEN:**

**THE HANOVER SCHOOL DIVISION**  
(hereinafter referred to as the "*Division*")

OF THE FIRST PART,

- and -

**THE HANOVER TEACHERS' ASSOCIATION OF  
THE MANITOBA TEACHERS' SOCIETY**  
(hereinafter referred to as the "*Association*")

OF THE SECOND PART.

**WHEREAS** pursuant to a certain collective agreement dated Nov 3, 2015, made between the Division and the Association, the Division has agreed to participate in the administration of the Manitoba Public School Employees Dental & Extended Health Benefits Plan (the "*Plan*") for all of the eligible employees (the "*Employees*") as described by the Manitoba Public School Employees Dental & Extended Health Benefits Plan Trust (the "*Trust*") in the employ of the Division; and

**WHEREAS** the Division and the Association desire to set forth the terms and conditions under which the Division shall so participate in the administration of the Plan; and

**WHEREAS** pursuant to a certain agreement made between the Manitoba School Boards Association, the Manitoba Teachers' Society and the Trust, the Trust is responsible for the formulation, implementation and operation of the Plan.

**NOW THEREFORE THIS AGREEMENT WITNESSETH** that in consideration of the premises and the mutual covenants herein contained, the parties hereto hereby agree as follows:

1. The preamble hereto shall form an integral part hereof.
2. The terms and conditions of the Plan shall be as formulated by the Trust.
3. Subject to the terms of the Agreement, the Division and the Association shall comply with any administrative or underwriting requirements in respect to the Plan stipulated by the Trust and/or by the insurer appointed by the Trust to administer the Plan.
4. The Division shall make the following payments:
  - a) Subject to paragraph (b) which follows, for September, 2016 the Division shall pay monthly \$115.00 on behalf of each Employee in respect of the Dental plan and/or \$112.50 on behalf of each Employee in respect of the Extended Health plan, and \$16.25 on behalf of each employee in the Vision plan. Said \$115.00, \$112.50, and \$16.25 being the monthly rates for family coverage under each plan. Such payments shall be made to the Trust or to such party as the Trustees shall designate in writing.

- b) Where an Employee is entitled to and has so elected for reduced coverage, as permitted under the terms of the Plan, that is, coverage for Employee and one dependent (spouse or child) only, or for Employee only, or for no coverage in the event of the Employee having alternate employer-sponsored group dental or health coverage, as the case may be, the Division shall pay to the employee the difference in the monthly rate under each plan between family coverage and the coverage elected by the Employee.
  - c) For each year thereafter, the Division shall pay monthly on behalf of each Employee an amount not to exceed the amount payable by the Division for each Employee in the preceding year (taking into account payments referred to in both sub-paragraphs (a) and (b) of this paragraph 4) increased or decreased by a percentage equivalent to the percentage negotiated or awarded on average for the salary schedule of the Employees in the current year.
5. It is understood and agreed by the Association that any eligible Employees employed on or after the effective date of the implementation of the Plan shall be required to participate in the Plan unless entitled to elect out of the Plan as may be permitted under the terms thereof.
  6. This Agreement may be terminated by either of the parties hereto effective the first day of September of a particular calendar year provided that not less than 12 months written notice of such termination is given by the party terminating this Agreement to the other party hereto.
  7. Any notice required or permitted to be given hereunder shall be deemed to be effectively given if mailed by registered mail, postage prepaid or delivered by bonded carrier to the parties at the following addresses:

To the Division:

**HANOVER SCHOOL DIVISION  
5 Chrysler Gate  
Steinbach MB R5G 0E2**

To the Association:

**HANOVER TEACHERS' ASSOCIATION  
34 Purcell Avenue  
Winnipeg MB R3G 1A1**

and if mailed as aforesaid, shall be deemed to have been given on the fifth business day next following that upon which the letter containing such notice was posted.

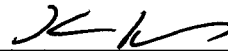
8. Time shall be of the essence of the Agreement which Agreement shall be governed by the laws of the Province of Manitoba.
9. This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and assigns.

**IN WITNESS WHEREOF** the Division has caused its Corporate Seal to be hereunto affixed duly attested by the signatures of its proper officers in that behalf, the day and year first above written.

**THE HANOVER SCHOOL DIVISION**



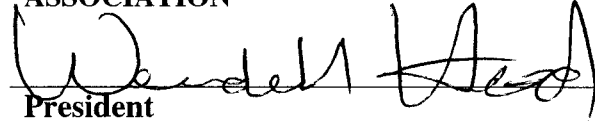
\_\_\_\_\_  
**Chairperson**



\_\_\_\_\_  
**Secretary - Treasurer**

**IN WITNESS WHEREOF** the Association has caused this Agreement to be executed as duly attested by the signatures of the proper officers of the Association.

**THE HANOVER TEACHERS'  
ASSOCIATION**



\_\_\_\_\_  
**President**



\_\_\_\_\_  
**Secretary**

**LETTER OF AGREEMENT**  
**Manitoba Public School Employees Dental and Extended Health Plan**

Between

The Hanover School Division

and

The Hanover Teachers' Association

of the

Manitoba Teachers' Society

**RE: Sept 2016 Salary grid net of Dental and Extended Health**

The Division administers the Manitoba Public School Employees Dental and Extended Health Plan as per the Collateral Agreement dated June 21/16 for the members of the Hanover Teachers' Association. Teachers who are participants in the Dental Plan and Extended Health shall be paid according to article 4 in the Collateral agreement. The following salary schedule reflects the provisions of article 4 of the Collateral Agreement for September 2016.

<b>Year 3: 2016-17</b>							
<b>Years Exp.</b>	<b>Class 1</b>	<b>Class 2</b>	<b>Class 3</b>	<b>Class 4</b>	<b>Class 5</b>	<b>Class 6</b>	<b>Class 7</b>
<b>0</b>	35,098	38,988	43,907	52,753	56,424	59,580	62,966
<b>1</b>	36,705	41,174	46,249	55,740	59,554	62,826	66,298
<b>2</b>	38,318	43,365	48,593	58,728	62,682	66,065	69,634
<b>3</b>	39,930	45,552	50,934	61,715	65,813	69,314	72,971
<b>4</b>	41,545	47,737	53,275	64,701	68,939	72,554	76,306
<b>5</b>	43,157	49,920	55,621	67,687	72,073	75,802	79,641
<b>6</b>	44,767	52,111	57,962	70,675	75,200	79,041	82,977
<b>7</b>	46,379	54,291	60,309	73,661	78,330	82,287	86,317
<b>8</b>			62,641	76,653	81,458	85,527	89,648
<b>9</b>				79,638	84,592	88,775	92,985
<b>10</b>				82,628	87,710	92,017	96,308

\$2,925  
Annual  
Benefit  
Premium

Dated at STANBROOK, Manitoba this 21<sup>st</sup> day of JUNE, 2016

Signed on behalf of the Hanover School Division:

Ben Falk

**Chairperson**

[Signature]

**Secretary – Treasurer**

Signed on behalf of the Hanover Teachers' Association:

Wendell Head

**President**

[Signature]

**Secretary**