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National Association  
of Federal Retirees  
Association nationale  
des retraités fédéraux

# SAGE

THE NATIONAL ASSOCIATION OF FEDERAL RETIREES MAGAZINE

## THE HEALTH ISSUE

### CODE BLUE

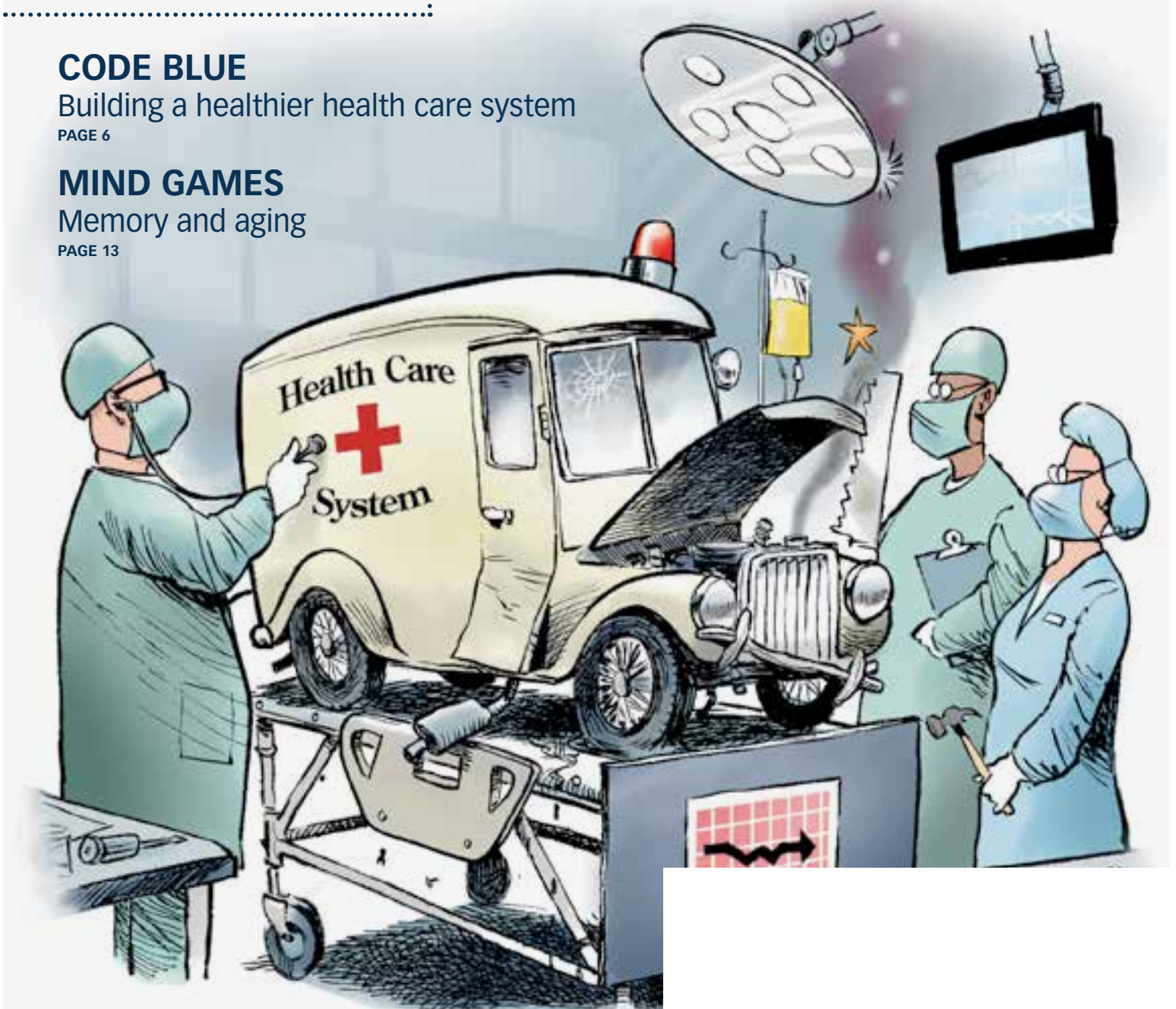
Building a healthier health care system

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Memory and aging

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# SEASON OF RENEWAL

A Canadian spring heralds a long-awaited rise in temperatures, remarkable growth and the anticipation of great things to come.

We also have a new government that has raised great expectations and laid out an ambitious agenda with a series of ministerial mandate letters. While not one of them specifically designates a mandate for seniors policy, they do take aim at issues that affect our members.

The letter for the minister of Veterans Affairs puts a focus on reopening nine closed service offices and re-establishing lifelong pensions as an option for injured veterans. The letter to the minister of Families, Children and Social Development tasks him, in conjunction with the minister of Finance, with improving the income security of lower-income seniors living alone by increasing the Guaranteed Income Supplement (GIS) by 10 per cent, indexing Old Age Security (OAS) and GIS payments to a new Seniors Price Index, cancelling a planned increase in age-of-eligibility for OAS from 65 to 67, and working with provinces to ensure adequate and co-ordinated support programs to address seniors' poverty.

We welcome these proposed directions and expect them to be converted into reality. With our targeted advocacy strategy, we will remind the government of its promises and hold it accountable. We also will continue our court challenge of the unilaterally imposed Public Service Health Care Plan (PSHCP) cuts, which is scheduled to be heard in the fall of 2016.

We will continue to leverage the power of our new website — [federalretirees.ca](http://federalretirees.ca) — and customer relationship management (CRM) system to better serve and profile our members and recruit new ones. Couple that with a commitment to improving and enhancing our social media presence, and our voice will be stronger than ever.

We are in the process of hiring a new CEO with the assistance of global headhunters Odgers Berndtson, and hope to have a new hire in place by late spring. Shortly thereafter, the national office will move to our new location at 865 Shefford Road in Ottawa.

At the 2016 Annual Meeting of Members, we will present our proposed strategic plan, developed after seeking and receiving extensive input from our branches. Hopefully, our plan is firmly aligned with the purposes of our Association and the values of our 185,000 members. With the support of our dedicated volunteers and staff, and the guidance this plan provides, I am confident that the next few years will move us closer to the achievement of our key goal: ensuring that all federal retirees enjoy dignity and security in their retirement.

Speaking of the 2016 annual members' meeting — it's important that we continue to recruit leaders from our



exceptional volunteer network, with a particular focus on the Association's board of directors. There are several positions up for election, and I hope you'll consider proposing nominations to help solidify our leadership team. You can find more information on the application process in Federal Retirees news on pages 40 and 41 of this magazine.

Finally, to make sure you get the latest information and news updates, log in at [federalretirees.ca](http://federalretirees.ca) to create your profile.

Wishing you an uneventful winter and a splendid spring.

Sincerely,

**Konrad von Finckenstein**  
*Chairman of the Board*



# SAGE

THE NATIONAL ASSOCIATION OF FEDERAL RETIREES MAGAZINE

**PUBLISHER**  
Sayward Montague  
Director, Advocacy  
Nathalie Trépanier  
Director, Communications and Marketing

**EDITOR**  
Doug Beazley

**CFO**  
John Butterfield

**EDITORIAL COORDINATORS**  
Karen Ruttan and Angela Johnston

**CREATIVE CONSULTANT**  
Sally Douglas

**CONTRIBUTORS**  
Sharon Kirkey, Kim Covert, Janice Dickson,  
Sue McGarvie, Mike Bruce and John Waters

**TRANSLATION SERVICES**  
Annie Bourret, Célyne Gagnon, and Angélique Bernard

**GRAPHIC DESIGN**  
Two Blonde Chicks Inc. Design + Marketing Group

**COVER ART**  
Patrick Corrigan

**PRINTING**  
St. Joseph Print Group

Letters to the Editor or to contact the National Association of Federal Retirees:

613.745.2559 (toll-free 1.855.304.4700)  
1052 St. Laurent Boulevard, Ottawa ON K1K 3B4  
sage@federalretirees.ca

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Michelle Brennan: 613.789.2772  
michellebrennan@ipolitics.ca

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# DEAR SAGE

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

National Association of Federal Retirees, 1052 St. Laurent Boulevard, Ottawa, ON K1K 3B4

Or you can email us at [sage@federalretirees.ca](mailto:sage@federalretirees.ca)

I am so thrilled to be receiving *Sage* magazine. My late husband was a federal retiree and I benefit as the surviving spouse. This magazine provides me with helpful information in pension news, retirement, travel, health and insurance. I wish to thank each and every one of you who put together this information and present it in this wonderful publication.

— Dorothy Chapman

*(Our pleasure, Dorothy.)*

The recent issue of *Sage* contained the article 'Square One' by Susan Delacourt, which I found very interesting as well as clearly and pleasantly written. My sincere congratulations to her.

Obviously, in an article on this subject, practically everyone has points of view somewhat different from those of the author ... I am not an exception, but the only point I would like to add are the two great changes which affected *inter alia* the characters and priorities of the people (and both civil servants and ministers are people) and government issues involved.

I worked in the federal civil service twice: ten years between 1954-1964 as a young economist — advancing reasonably fast, but dreaming about a university career — and through 1973-1981 as a senior director of research at the Canadian Transport Commission. I found the change in atmosphere and the character of people both in the civil service and the cabinet very important.

In the 1950s and early 1960s, both politicians and senior civil servants had experience of the Great Depression and the Second World War, which made them trust and be loyal to

each other, and search for reasonable and practical solutions (such characteristics win wars) rather than arguing to prove one's superiority. People argued with each other while searching for solutions to problems, and everybody who had something sensible to say was welcome to do so, as long as that person avoided being verbose. Even as a young economist I could disagree with a very senior person and keep good relations.

It was helpful that, at the time, most of the fundamental policy objectives were shared by everyone. Canada proved herself and contributed to victory in a difficult war, post-war reconstruction required obvious actions and, with memories of the Great Depression still fresh, nobody wanted to return to the past.

The 1970s were different. The country became rich, but her problems became more complicated. People, especially "baby boomers", became more individualistic and more interested in their careers. Further, the rising complexity of (Canada's) problems required an increase in (the size of the) civil service. Given the general prosperity of the country, finding good candidates was not easy and the quality of civil servants — at least the ones I had to deal with — ranged from superior to barely acceptable.

I am giving these examples to indicate the differences made by people with different experiences, maturing under the right conditions and facing the problems of a changing society. Ms. Delacourt was absolutely right in writing that it may be misleading to expect too much in government/civil service relations from the change in government. I agree, but I would not expect that it would be all the government's fault, but rather the result

of all (involved) — government, electorate, public servants and scholars — having had no experience in dealing with the consequences of demographic changes and environmental deterioration.

No experience means trial-and-error. Trial-and-error means at least *some* errors. Some errors means the temptation to blame someone else.

— Konrad Studnicki-Gizbert

*(They called it the 'Greatest Generation' for a reason.)*

Hi, I really like reading your magazine — especially the diversity offered to retirees, whatever the topic.

Some time ago, you published an article about the Treasury Board of Canada's calculations on the cost-of-living. What leaves me puzzled is that the cost-of-living adjustment was calculated at 1.3 per cent for 2016.

Where I live, in 2015 my municipal taxes increased by 25 per cent, chicken by 36 per cent, beef by 28 per cent, etc. Yesterday, I was listening to the local news and they say that the cost of living here is 1.9 per cent for the current year!

So, can someone at the Treasury Board explain to me yet again how they came up with 1.3 per cent? Is this all based on the price of oil?

I believe all Canadians are in the same boat. Is this another low blow from the Harper government?

— André Roussel, retiree.

*(Worthwhile questions, André — and perhaps a topic for a future issue of Sage.)*



# CODE BLUE

Our health system is built to  
treat symptoms, not people.  
We can do better.

**SHARON KIRKEY**



Days after being sent home from a Toronto hospital, where surgeons cut away a sizeable piece of his colon, Sholom Glouberman contracted septicemia — blood poisoning that kills if untreated, and quickly.

His fever spiked. He began shivering and shaking violently. “Let me tell you,” he says. “When you get septicemia, you know it.” Except no one had warned Glouberman he was at risk for blood poisoning. In fact, he says, when he was sent home after surgery for a precancerous polyp, he was assured that “everything would be fine.” He spent a week in hospital recovering from a *B. fragilis* infection — gut bacteria that leaked out after his colon resection.

Glouberman, 70, spent his career working in hospitals; as an “insider,” he thought he couldn’t be better prepared for being a patient. He was wrong.

“It was all rather dreadful,” Glouberman says of his 2005 surgery, which would later inform his book, *My Operation*, and lead to the founding of the lobby group Patients Canada. He tells a story of confused communication between doctors, conflicting diagnoses and prognoses and inconsistent nursing care after he was sent home. Once the emergency passed, he says, the doctors seemed to lose interest in him entirely.

Glouberman, philosopher-in-residence at Baycrest Centre for Geriatric Care, says he believes care has improved greatly since then. “I think people are more capable of engaging with patients than they were 10 years go,” he says. “(But) I still think our health care system is distorted.” And Patients Canada has heard hundreds of similar stories that back him up.

Like the 85-year-old diabetic grandfather of five who spent a month in hospital after his blood sugar spiked dangerously and he couldn’t get in to see his doctor (his body ‘de-conditioned’ so badly in hospital, he lived the last 18 months of his life an invalid). Or the woman with advanced Alzheimer’s who fell in her nursing

home and was sent by taxi at 3 a.m. to the local hospital — where emergency staff, thinking she was homeless and drunk, put her in a straightjacket and tied her to a gurney. Or the elderly, arthritic woman who became a full-time caregiver for a husband with such severe ankle problems they’re now considering asking a doctor to amputate; she says she feels overwhelmed, as if she’s “drowning.”

Canada’s population is getting older. The number of those aged 65 and up is set to double over the next 20 years; the number of over-85s will triple by 2056. Politicians and lobby groups are sounding the alarm about a looming ‘demographic bomb’ they say could bankrupt the health system — catastrophe rhetoric that calls up images of people dying in the streets and the end of medicare as we know it.

That sort of ‘disaster hype’ frustrates gerontologists and sociologists, who say today’s seniors are, on average, living longer and healthier lives than members of any generation before them. “Aging isn’t a disease. It’s a triumph of medicine,” says noted geriatrician Samir Sinha. “We’re aging healthier than ever before. We have one of the longest life expectancies in the world.” More and more hospitals are

.....

Canada’s population is getting older. The number of those aged 65 and up is set to double over the next 20 years; the number of over-85s will triple by 2056.

.....

developing ‘elder-friendly’ care pathways that treat seniors on a holistic basis — not just as a collection of diseases. Ontario and other provinces are working to increase the availability of house calls and other services for seniors. And while our aging population is expected to increase health costs by an average of about one per cent per year between now and 2036, McMaster University health economist Michel Grignon argues that the true “tsunami” is the ever-rising cost of doctors’ fees, prescription drugs, tests and expensive technologies for everyone — young and old.

But even he and other, more moderate voices say they worry that, without significant changes, we may be heading towards serious trouble in public health care. Observers say the system is so fragmented, the handover between care providers so inefficient and home and community support so wanting that mistakes are being made and treatments delayed — leaving too many seniors in the worst places possible for old and fragile patients: hospitals.

Some argue the entire system needs a do-over. Canada’s modern, post-Second World War health system was built on two pillars: doctors and hospitals. It began in 1947, when Saskatchewan introduced its universal hospital care plan. At the time, the age of the average Canadian was 27 and most of us didn’t live beyond our 60s.

“We didn’t need things like homecare in a robust way,” says Sinha, director of geriatrics at Toronto’s Mount Sinai Hospital and one of the country’s most passionate advocates for seniors’ health. “We didn’t really need nursing homes on any significant level. We never really thought about prescription drug coverage.” The system’s focus was on acute, sometimes catastrophic illnesses. And it was very good at it. Medicine has cut death rates from heart attack, stroke and other conditions that once meant certain death.

But while medicine keeps pushing longevity forward, it’s still mostly “maintenance measures and patch jobs,” says surgeon, writer and public health researcher Atul Gawande. “We reduce the blood pressure here, beat back the osteoporosis there,” Gawande writes in his book *Being Mortal*. But older people on the “downhill”, he says, are largely seen by the health system as “uninteresting ... unless he or she has a discreet problem we can fix.”

Most of the conditions that afflict us in old age are chronic. “And they’re chronic because medicine can’t fix

them,” says Neena Chappell, Canada Research Chair in social gerontology at the University of Victoria.

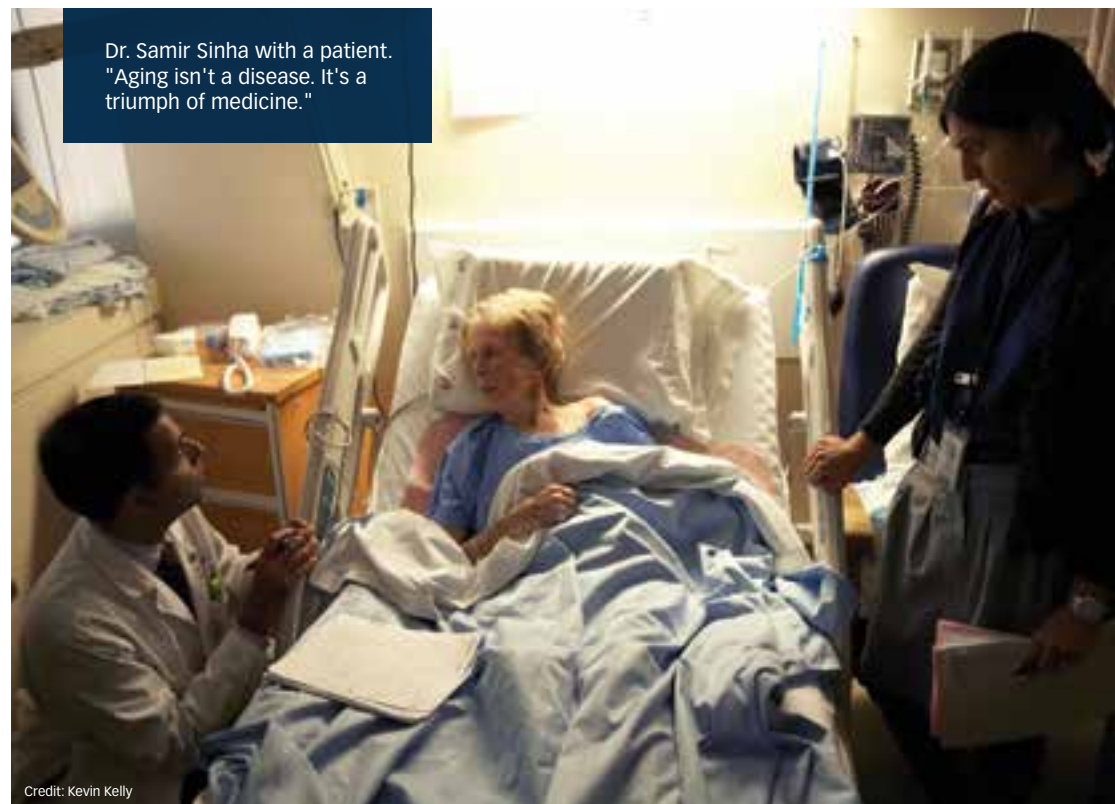
In 2014, Canadians aged 65 and up numbered more than six million — 16 per cent of the population. By 2030, seniors will number more than 9.5 million and make up 23 per cent of the population. By 2036, the average life expectancy at birth for women will rise to 86.2, from 84.2 today, and for men to 82.9 from 80.

By the time many seniors reach their eighth and ninth decades, they’re dealing with multiple health problems, including high blood pressure, arthritis, diabetes,

.....

With too little home support, the burden increasingly falls on unpaid caregivers — often spouses who are frail and chronically ill themselves, or grown sons and daughters with their own families who are now being asked to take on more, and more complicated, medical tasks.

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Dr. Samir Sinha with a patient. “Aging isn’t a disease. It’s a triumph of medicine.”

Credit: Kevin Kelly



respiratory problems, lung disease, kidney insufficiency, stroke and dementia. People can cope with one disease at a time, says Dr. John Muscedere, an intensivist at Kingston General Hospital and associate professor of medicine at Queen’s University. Ask us to cope with multiple illnesses, he says, and we start losing “functional capacity”, meaning our ability to walk, bend, stoop, prepare meals — the core activities of daily life.

And because medicine has become so highly specialized, no one in the health system is looking at the patient as a whole. People end up with multiple prescriptions from multiple doctors who don’t talk to one another, says Michael Decter, one of Canada’s leading health policy pundits. “It’s not unusual for elderly patients to have five, 10 or, in some cases, 20 or 30 different medications.”

Dr. Jenny Basran says some seniors are so over-drugged they can’t remember what some of their pills were prescribed for. Often their medications are no longer needed, may never have been needed or were prescribed at dangerously high doses, says Basran, head of geriatric medicine at the University of Saskatchewan and the province’s only Royal College certified geriatrician.

Decter, chair of the board of Patients Canada, knows of one woman whose mother experienced both a stroke and a heart attack. She was put on strong blood-thinners for one problem — and the opposite medication for the other. Either medication could have killed her if the problem hadn’t been detected in time. New guidelines call for less stringent blood sugar targets in diabetic seniors. But a recently published study in the *Journal of the American Medical Association* shows many older diabetics are still being told to control their blood sugars so tightly they’re slipping into hypoglycaemia and suffering seizures and falls.

In fact, 26,000 Canadians over 65 are hospitalized every year because of drug reactions, says the Canadian Institute

.....

## The CMA is calling for a national seniors’ strategy; it says the system could save \$2.3 billion per year by getting seniors out of hospital and into community-based care.

.....

for Health Information. Other seniors end up in hospital when the emergency department becomes the last resort. “They can’t get in to see their family doctor, or their support networks are falling apart,” Decter says.

Simply being in a hospital can make older people sicker. Patients get ‘deconditioned’; Basran says the frail elderly lose five per cent of muscle mass for each day spent in a hospital bed. Sometimes they fall, or develop hospital-acquired infections from unnecessary catheterization. The constant lights can cause confusion and delirium — which means more drugs, more time in bed.

“And then after they spend three, four or five days in bed, someone decides, ‘Ok, it’s time, you can go home, let’s start getting up.’ And lo and behold, they can’t walk, and now all of a sudden they’re an ALC patient,” Basran says, referring to ‘alternate level care’ — for patients who no longer need hospital care but have nowhere else to go.

“We can’t send them home, so what do we do? Send them to rehab? Give them a couple more days? Do they have to get more homecare in?” Basran says. “It’s called an iatrogenic disability. We created that. We created that as a health system.”

The alarming number of ALC patients in Canadian hospitals — 7,500 on any given day — leads to gridlock. Emergency patients can’t be admitted because there



Writer and surgeon Atul Gawande: Older patients are seen as “uninteresting” by the health system, he says.



Dr. Sholom Glouberman of the Baycrest Health Centre. “I think our health care system is distorted.”

are no free beds. Non-urgent surgeries are cancelled. Ambulances are told to bypass gridlocked facilities for all but the most life-threatening cases. One Thunder Bay hospital once spent seven straight weeks in gridlock, according to the Canadian Medical Association. The CMA is calling for a national seniors’ strategy; it says the system could save \$2.3 billion per year by getting ALC seniors out of hospital and into community-based care.

“When I ask people, ‘What’s important to you? What is it you want to keep happening in your life?’ — they don’t ask for the moon,” says Basran. “I don’t get people saying, ‘Make sure I live to 120.’ They say, ‘I want to make sure that I can go to the mall and have coffee every day and that I can stay in my own place and do the things I want to do.’ And we need to figure out how to help them do that.”

A one-day hospital stay costs roughly \$1,000. One day in a long-term care bed costs \$150. One day of supported home or community care: \$55. Sinha says Denmark closed thousands of hospital beds and hasn't built a single long-term care bed in more than two decades — a feat it managed by investing more heavily in home and community care.

In Canada, in some provinces, funding for home care has actually gone down.

Ontario's auditor general recently warned that, despite a 42 per cent increase in spending on home-care services — from \$1.7 billion in 2008/09 to \$2.5 billion in 2014/15 — people still face long waits for personal support services and receive different levels of support based not on need, but on where they happen to live. The province's audit of its Community Care Access Centres — the first point of contact for patients who leave hospital — found those with the highest needs can wait days, sometimes weeks, for care.

One CCAC had more than 2,000 people on its waiting list; the wait times ranged from 12 to 198 days.

With too little home support, the burden increasingly falls on unpaid caregivers — often spouses who are frail and chronically ill themselves, or grown sons and daughters with their own families who are now being asked to take on more, and more complicated, medical tasks.

"All of a sudden you've got a person who is becoming a 24/7 health care aide and that becomes incredibly burdensome, very quickly, and makes that person a very high risk of burnout," Sinha says.

Before the October federal election, Justin Trudeau's Liberals pledged to invest \$3 billion over the next four years on "more" and "better" home care — without explaining what, exactly, that means.

Sinha knows what it should mean: ample community and home nursing care, integrated electronic medical records,

breaking down silos and improving communication between doctors, hospitals, specialists and community supports. His hospital was the first in the country to open a multi-disciplinary ACE (Acute Care for Elders) unit, which treats the patient as a whole person, focusing on mobility and function in order to help seniors maintain independence and return home.

The hospital has been able to close beds, despite a 50-per-cent overall increase in the older population it serves. Average lengths of stay and readmission rates are down. The use of catheters has fallen by 80 per cent. Mount Sinai also partnered with community agencies and the agency House Calls, which delivers care to homebound seniors. Across Eastern Ontario, geriatric nurses working in nine different emergency departments are identifying frail elderly at high risk of readmission and co-ordinating their care before and after discharge.



.....

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Sinha and others say that, despite pockets of excellence, much more needs to be done. Canada has just over 75,000 doctors. Only 250 of them are geriatricians. No medical school in the country mandates training in geriatrics for medical students. House calls, once routine for family doctors, are becoming extinct. According to the 2010 National Physician Survey, fewer than half — 42 per cent — of family doctors reported offering to visit patients too sick to come to the office.

The CMA and other lobby groups are calling for more support for caregivers, including refundable tax credits and safe, affordable housing for seniors. One of Sinha's patients, an 85-year-old veteran, was too embarrassed to open his door to homecare nurses because his community-housing apartment was infested with rats.

Glouberman sees hopeful signs. Last year, he had a second surgery, this time for a cancerous growth. It was a 'Whipple



Dr. Jenny Basran: "When I ask people, 'What's important?' — they don't ask for the moon."

procedure' — a major operation that involves the pancreas, small intestine and other organs. He says he felt as if he were being treated more as a "human being ... not just a disease or body." But he says

far more is needed to support seniors before they become "acute" and need to be admitted to hospital.

For example, he asks, why do we reserve cardiac 'rehab' for those who already have had a heart attack? "Why don't we have rehab for people in the early stages of heart disease?"

Decker says he's encouraged by the growing focus on "patient-centred" care. But he warns that if the system doesn't adapt, "we're going to have a very dissatisfied group of patients." Boomers are the best-educated generation in our history. "They've grown up with big expectations for customer service," he says.

"We're not looking to be patted on the head and told not to worry." ■

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How do we stay sharp as we get  
older? Turns out it's a no-brainer.

**KIM COVERT**

Healthy is as healthy does, as our grandmothers might have told us — eat right, get plenty of exercise, don't smoke, drink in moderation and remain mentally active. All the things we think of as good for the body and soul are also key factors in maintaining brain health as we age.

But while we can mitigate their impact on our cognitive function, even staying healthy won't stop structural changes in parts of the brain related to memory that are an unavoidable part of the inexorable aging process.

"In particular, the region of the brain that helps us to learn information, or encode it, and then helps us retrieve it is one area that is most vulnerable to aging," says Nicole Anderson, a senior scientist with the Rotman Research Institute, Baycrest, in Toronto, who studies whether and how cognitive interventions help brain function.

That region, the hippocampus, "undergoes a lot of atrophy or shrinkage as we get older," she says. "The other major area that changes as we age is the pre-frontal cortex, up at the front of your head, and that helps more with the controlled aspects of memory — helping to organize information well when you're getting into memory in the first place, and coming up with an effective way of retrieving that information later on. That's more controlled by the frontal lobes and those also shrink as we get older. Most likely, these are the biggest reasons why our memory changes as we get older."

Memories are not all created equal, notes Shayna Rosenbaum, an associate scientist at the Rotman Research Institute who studies how different types of memory are organized. 'Episodic' memory dealing

with specific past personal events is particularly vulnerable to aging and various neurological conditions, she says, "but there are other types of memories that seem to remain stable with age and, if anything, might even improve with age." Semantic memory, for example — facts about the world and ourselves that aren't tied to a particular context — seems to remain stable.

The hippocampus seems to hold episodic memory, while the frontal lobes regulate the brain's 'executive' functions, such as problem-solving and reasoning. The decline in the frontal lobes makes it harder to retrieve information, says Rosenbaum. "It's not that the information is no longer stored. It's just more difficult to access

and it's difficult to generate the types of strategies that we would need to access that type of information."

Have a word or a name on the tip of your tongue but can't recall it? Blame your frontal lobes.

So what the experts call "cognitive decline" — slips in memory, a diminished ability to make decisions, to take care of one's finances, or just to pay attention to things — is a normal part of aging. And even then it's not so much a loss of ability as a loss of speed; you can still do things, just not as quickly as before, says Laura Middleton, a scientist at the University of Waterloo who studies the relationship between physical exercise, cognition and brain function.

.....

Even staying healthy won't stop structural changes in parts of the brain related to memory that are an unavoidable part of the inexorable aging process.

.....



Middleton says cognitive decline is not the same as dementia, which happens “when the changes in cognitive function ... and it can be memory, or it can be other types of thinking abilities ... reach the point where 1) it is a significant decline from a higher state, and 2) it also affects your ability to go through daily life. So if you’re working it affects your work. If you’re retired it just affects the activities that you do on a daily basis.”

Alzheimer’s disease is the most common type of dementia, accounting for about 60 per cent of cases, says Middleton.

The older you get, the more likely you are to have some form of cognitive decline, she adds. “From 65 to 75, maybe three per cent of people have it, so the prevalence is quite low at the beginning. Once you get over 85, estimates vary but ... probably anywhere from 25 to 50 per cent of people at least have some sort of significant cognitive decline, whether it’s mild cognitive impairment or dementia. I’d say everyone is at risk.”

There are genetic factors and lifestyle factors that make some people higher risks for dementia. Type 2 diabetes and other metabolic risk factors — such as high cholesterol, for example — compound the normal decline in the ability to multi-task and pay attention to what’s important, and increase the risk of dementia, says Anderson. Depression may also be a risk factor — or an early symptom, says Suzanne Tyas of the University of Waterloo, an epidemiologist whose research goal is to increase the likelihood of healthy aging.

And these are also some of the areas where physical activity can help. “It seems to have some role in (dementia) prevention,” says Middleton. “I don’t think we completely understand it yet, but I’d say that the best evidence for prevention is physical activity.”

One fascinating thing studies have shown is that not everybody with dementia *experiences* dementia. Some brains, studied after death, show all the changes expected in people with Alzheimer’s disease — while the subjects themselves displayed no

memory loss or other dementia symptoms while they were alive, says Tyas.

“A large piece of my research program goes to look into how these individuals avoid symptoms of Alzheimer’s disease even though they have all these changes in their brain, and that’s a phenomenon we call cognitive reserve, or cognitive resilience — this ability to be able to maintain cognitive function despite the fact of having brain changes that are generally associated with cognitive impairment.”

Tyas and her research team are working from the results of the Nun Study, a longitudinal study begun in 1986 that spans the lives of 678 nuns, from early childhood to death; the nuns donated their brains to the study. The data include everything from high-school grades to how many languages they spoke, whether they’d experienced strokes, and whether their brains showed signs of atrophy. They’re looking at the group that showed the brain changes linked with Alzheimer’s, and studying what in these nuns’ backgrounds predicted an ability to resist showing signs of dementia.



Anderson compares building brain function by playing games to becoming physically healthy by lifting one dumbbell over and over. “That one bicep might get very strong but nothing else on my body would benefit.”



.....

What the experts call “cognitive decline” — slips in memory, a diminished ability to make decisions, to take care of one’s finances, or just to pay attention to things — is a normal part of aging.

.....

Research has established that people with higher levels of education have a reduced risk of developing Alzheimer’s disease, says Tyas — something that may indicate cognitive reserve at work.

“When we talk about cognitive reserve there’s this sense that people with higher cognitive reserve might be processing information in more efficient ways. If Alzheimer’s damaged one part of the brain they might be better at compensating for that, or recruiting other pathways so that they can still maintain their cognitive function.”

There are strategies we can all use to improve brain function as we age — but Baycrest’s Anderson warns against the kinds of ‘games’ marketed as improving brain function, such as those sold by the company Lumosity, which was fined \$2 million in January by the U.S. Federal Trade Commissioner for “deceptive advertising practices.”

“People are forking over so much money for these products that have no solid evidence behind them,” she says.

Middleton suggests that staying mentally active — learning new things, challenging yourself — promotes cognitive resiliency in the brain.

“The biggest challenge around cognitive training is that the results seem to be very specific — you improve in what you do. So you think of Lumosity, you may improve your cognitive abilities, but you probably just improve how you do the game. So it’s not very generalizable.

“Some of the ways they’ve looked in longitudinal studies (where activity shows improvement) is they’ve looked at people doing leisure activities that are cognitively demanding. It’s not as simple as sitting with a smartphone — they’re going and playing bridge or they’re going to participate in

clubs and they volunteer ... People who participate in those types of activities seem to have lower risk (of cognitive decline).”

Anderson compares building brain function by playing games to becoming physically healthy by lifting one dumbbell over and over. “That one bicep might get very strong but nothing else on my body would benefit.”

For her part, she plans to remain as active as possible, because “it prevents so many things it just makes sense to be active. And for dementia, it doesn’t seem to matter as much what you do as doing a physical activity (at all).”

Tyas and Rosenbaum both point to stress reduction as important for maintaining brain health as we age. The hippocampus, says Rosenbaum, is vulnerable to cortisol, a stress hormone.

“We also know that exercising more decreases stress but also increases our physical condition and also helps improve, for instance, our heart function and other things that might affect our brain function, or that might put us at greater risk for having stroke or other kinds of neurological disorders,” says Rosenbaum. “And then, of course, just keeping our minds busy. There isn’t strong evidence, or it’s still open for debate, whether crosswords or other types of mental games help us improve our cognitive function. But they certainly don’t hurt.” ■





# SAVED BY A DOG

Sometimes, the best therapists are the four-legged kind.

**JANICE DICKSON**

Dan Drapeau with Kenya. "She's my angel." Source: Matthew Usherwood

He calls her his "little angel." To Dan Drapeau — military veteran, trauma survivor — Kenya is more than a service dog, far more than a pet. She's his lifeline.

"Come here girl, come here baby girl," he tells the three-year-old Golden Lab retriever, who pads across the living room in Dan's cozy home in Orleans, just outside of Ottawa, to where he's sitting with his hand outstretched at the dining

room table beside his wife, Celine. He scratches Kenya's head and smiles as he shows off some of the 80 commands she's memorized, proud as any father.

Dan has Post Traumatic Stress Disorder (PTSD), acquired during his United Nations mission service in the Middle East and Cyprus in the 1970s. He got Kenya from the Kansas-based Canine Assistance Rehabilitation Education and Services (CARES) after hearing about the program from another veteran.

Before Kenya came into his life, Dan was — as he puts it — "down the hole." Night terrors, flashbacks to his experiences in war, kept him sleepless and suffering. He didn't go out. His health deteriorated.

Kenya changed all that. Now, when the nightmares start, she licks his hand to wake him. If he forgets to keep tabs on his diabetes, she senses that he's beginning to feel faint and nudges him a reminder to check his blood sugar. She's his nurse, his therapist, his best friend.

"If he goes for a walk with her and for some reason he gets lost, he tells her 'go home' and she'll bring him home," says Celine, adding that Kenya's influence seems to have allowed her husband to shed some of the darkness he brought back from abroad.

"It's been two years that we've had her, and the kids have seen a big difference with their dad. His humour's changed. He's more relaxed than he used to be."

Animals have the power to transform the lives of people damaged by crisis and grief. And the most remarkable thing about 'pet therapy' is its universality — just about everyone, everywhere, responds to an animal.

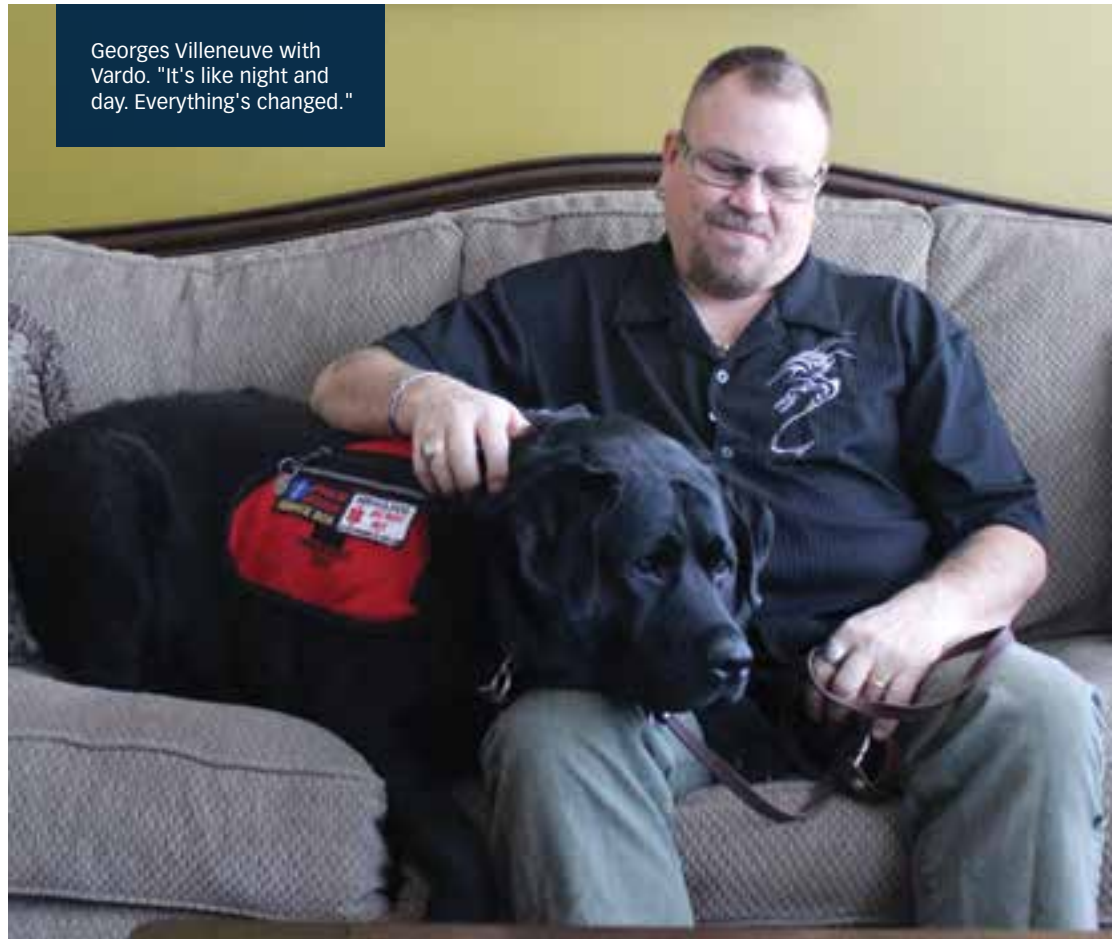
"Pet therapy can decrease anxiety, loneliness, boredom," says Karen Hirshfeld, a professional practice chief in therapeutic recreation at Baycrest Health Sciences in Toronto, which specializes in elder care and dementia. Baycrest has offered a pet therapy program to its clients for over 20 years. Volunteers bring dogs (and one cat) to Baycrest for weekly sessions with the tenants.

The animals, says Hirshfeld, have a way of bringing her clients out of their shells.

"We see a lot of things that happen in the moment, like improved mood. We see more interaction ... people have a chance to socialize and reminisce. We see people who don't necessarily engage in any other kind of activity engage with the dog.

"We see things like better social skills, people being able to communicate better."

How do animals make connections with those who, due to trauma or neurological conditions, won't — or can't — talk about what's hurting them? It's the same reason behind how people have been connecting with pets since the first dog was domesticated tens of thousands of



"It's like night and day. Everything's changed. Before I used to lock myself down in the basement and not bother with anything. My sons come now and they bring their families here. My wife and I do things together. It's all because of Vardo."

years ago — animals take language out of the equation, allowing people to cope without necessarily talking about it. Think of it as 'quiet therapy.'

A few years back, Georges Villeneuve was standing on a bridge in Montreal, thinking about throwing himself off. Unable to deal with the PTSD he brought back from his military service in the

Gulf War and Cyprus, his days were spent staring at passing cars in a fog of depression, punctuated by sudden rages that saw him smashing items around his house.

"I had lots of nightmares with sweat and everything — the bed would literally be wet," he says, sitting on the couch in his Ottawa home with his service dog,



Pet therapy at Soeurs Filles de la Sagesse in Ottawa.



Vardo, a handsome English lab. "I was always yelling ..."

He saw the usual array of psychologists and therapists. But talking to professionals, he says, meant reliving the events that made him ill in the first place, which sometimes left him feeling even worse.

Two weeks after his low point on the bridge, he heard from another veteran asking him if he'd be willing to take a service dog. Soon he was flying down to Kansas to take part in a CARES training course with Vardo, learning the commands and getting to know him.

"When he first saw me, he jumped on me and kissed me," Georges says, grinning.

"It's like night and day. Everything's changed. Before I used to lock myself down in the basement and not bother

with anything. My sons come now and they bring their families here. My wife and I do things together. It's all because of Vardo."

Service dogs are special. CARES runs a breed-for-purpose facility; their dogs, mainly Labs and Golden Retrievers, are trained through positive re-enforcement. It's a long process and it starts — oddly enough — in prison.

"We work with inmates who do foundation work with the puppies," says Sarah Holbert, CEO and founder of CARES. "Then we have a group of social homes where puppies live, and after that they come to CARES and they do our final training. Every step is very critical."

The training takes a little over a year, she says, and every dog has to meet specific requirements. Dogs like Vardo and Kenya

are trained to notice signs of stress and to interrupt nightmares. Diabetic clients like Villeneuve and Drapeau are paired with dogs trained to spot symptoms of hypoglycemia and remind their owners to check their blood sugar levels.

In Cambridge, Ontario, National Service Dogs (NSD) trains dogs individually for

.....

Animals take language out of the equation, allowing people to cope without necessarily talking about it. Think of it as 'quiet therapy.'

.....

specific clients. They're taught to pick up on cues suggesting anxiety — such as foot-tapping or nail-biting — and to distract their owners from gloomy thoughts.

"The dogs are trained to deal with those situations by nudging them with their head and redirecting their attention onto the dog, bringing them back to reality," says Danielle Forbes, executive director of NSD.

NSD dogs also work with children with autistic spectrum disorder — kids who are often anxious in public spaces and find it easier to be with dogs than with adults they don't know. Trained NSD dogs can keep their charges safe by preventing them from bolting into dangerous spaces — a constant risk with some autistic children. They can keep them calm in stressful situations,

such as a visit to the dentist, and help them with socialization by giving them something to talk about with people they don't know.

Animals also can help people suffering from nothing worse than loneliness and boredom. The Ottawa Humane Society sends teams of volunteers out to hospitals and retirement homes with a motley assortment of rabbits, cats and dogs. One team visits a convent called Soeurs Filles de la Sagesse. Elderly sisters who tend to keep to their rooms always brighten up when the animals arrive, taking turns petting the bunny or snuggling with the cats and dogs. It's "therapeutic", says convent rehabilitation aid Julie-Ann Girimonte, because no matter how ill the women feel, they never lose the need to take care of something small and cute.

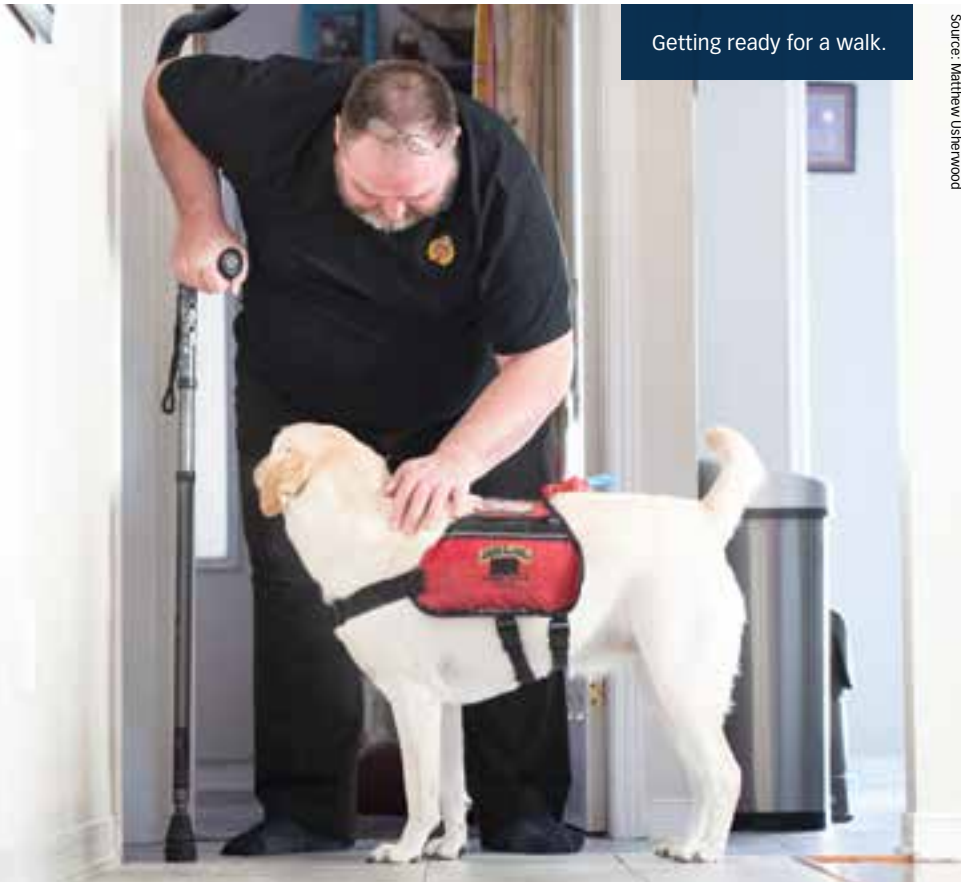
Animals have the power to transform the lives of people damaged by crisis and grief. And the most remarkable thing about 'pet therapy' is its universality — just about everyone, everywhere, responds to an animal.

"The animals just seem to bring something out in people that we don't always bring out as humans," says Michael Sowerby, a volunteer with the humane society.

In fact, bonding with an animal seems to help people who, because of trauma or isolation, have lost the ability to bond with other people — toning up the emotional muscles they need to form relationships.

For former Ontario Provincial Police officer Jim Thomas, winters were always hardest — a time when the weather gave him and his PTSD an excuse to stay home and hide from the world.

He was afraid of crowds, afraid of being put in situations where he'd have to talk to people. He couldn't go out to a restaurant, couldn't tolerate noise. His NSD dog Vitus gives him a 'safety barrier' between himself and others, easing his dread of public spaces. And when his nightmares wake him up in the middle of the night, Vitus is by his side.



Getting ready for a walk.

Source: Matthew Usherwood



Jim Thomas and Vitus.

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In fact, bonding with an animal seems to help people who, because of trauma or isolation, have lost the ability to bond with other people — toning up the emotional muscles they need to form relationships.

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“I can’t call my psychologist at four in the morning and say, ‘I had a horrible dream, can you come and hug me?’” he says.

“When I met (Vitus) for the first time ... right away we had an instant

connection, we bonded. Now I have somebody I have to take care of, so it helps me not only emotionally, but physically as well. He just lays beside me, no one even knows he’s there

half the time. Just to have that head nearby and put my hand on his head ... it’s a grounding.”

Service dogs, like the rest of us, have to retire eventually. Dan Drapeau’s dog will work with him for about another eight years, after which she’ll either leave his home to become someone’s pet, or stay with Dan as he introduces a new service dog to the household.

Either way, it promises to be a wrenching experience for both of them. Introducing a new dog would be difficult for Kenya, Dan says — she simply “won’t understand.” But he can’t abide the idea of losing the friend who saved him from himself.

“We haven’t faced it yet and that’s the last thing we want. In our heart we want to keep her for all of her life. She’s going to stay with us.” ■







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# ARE WE THERE YET?



## Keeping your pets healthy while travelling.

Whether it's two weeks at the cottage or just a day at the beach, holidays mean travel. While we're planning and packing, many of us forget to think about how travel can affect our pets.

There are many options for caring for pets when we have to travel without them. If you're planning to bring your furry family members along for the ride, however, you need to remember their special travelling needs.

### Safety first

Start by thinking about how you're going to keep your pet safe in the car. Without a restraint of some kind, a pet can become

a dangerous distraction — or worse, a projectile — in the event of an accident.

The size and weight of your cat or dog determine which kind of safety mechanism will work best. Many pets prefer crates to restraints or harnesses, which can attach to any seat belt. When choosing a crate for your cat or dog, ensure that it is well ventilated and large enough to allow your pet to turn around and stand inside. Harnesses or restraints should fit your dog snugly around the chest and back.

It's never a good idea to keep a pet on your lap while driving. If your pet is new to travel, take short practice trips around the neighbourhood to acclimatize them to the system you've chosen and to driving in general.

### Watch the temperature

Never underestimate how quickly the heat can rise inside a vehicle. There can even be a noticeable temperature difference between the front of the vehicle and the rear — where many pet crates are kept — that you may not know about. Keep the temperature inside the car in mind when stopping for refreshment breaks — and never leave pets in the car when it's hot. Heatstroke can be a silent killer.

### Take breaks

Stopping regularly to let your pet out of the vehicle can help relieve the animal's stress when travelling. Signs of stress include vocalization (barking or whining), dilated pupils, excessive drooling or lip-licking, and heavy or increased breathing. Ensuring your pet is comfortable and feeling safe helps keep them from becoming overwhelmed. Bring along some comforting items from home, like a favourite chew toy or a blanket. Some pets may be affected by motion sickness; check with your veterinarian to find out whether a mild travel anti-nauseant might help.

### Flight tips

Pet travel planning is particularly important if you're flying. As you can imagine, the cargo area of a plane can be noisy, crowded and full of unfamiliar scents. Even for smaller pets that can travel in the cabin, the situation can be very stressful.

Ensuring your pet is comfortable during a plane trip takes preparation. Make sure your airline is accustomed to dealing with pets and plan your flight for times when extreme weather (with its associated turbulence) is not expected. Many airlines do not allow owners to leave food or water in their pet's crate when flying, so consider leaving ice cubes in the crate,

which still allows your pet to drink in small amounts. Having water and something in the crate that smells like home can help calm your pet. And unless your veterinarian specifically tells you to, it's not a good idea to sedate your pet before flying, as this can pose a health risk.

### When you get there ...

Once you've arrived at your destination, it's a good idea to have plans for your pet. Whether you're staying in a campground or a hotel, make sure you know the host's policies on pets in advance. Ensure your pet has up-to-date vaccinations and veterinarian records; your vet can fax or email them to you if you request them ahead of time.

Bring a supply of your pet's favourite treats and the food he or she is used to having at home. Changing a pet's diet on vacation can result in an upset stomach or flu-like symptoms, which can be made worse by travel stress. And remember — responsible pet owners clean up after their pets, wherever they are.

### Staying behind

If you decide not to travel with your pet, a boarding kennel can offer quality pet care and peace of mind. When looking for a local boarding kennel, ask your veterinarian or dog trainer for recommendations. Be sure to visit the kennel before booking, so you can answer these questions:

- Does the facility look and smell clean?
- Is there enough natural light and ventilation?
- Is each room at a comfortable temperature?
- Does the staff seem knowledgeable and caring?
- Are all pets required to have up-to-date vaccinations, including for kennel cough (Bordetella)?
- Is each pet given a large enough run with access to both the indoors and out?
- Are cats housed away from dogs? Are all pets housed away from aggressive pets?

- What veterinary services are available on site?
- Are other services available, such as grooming, training and bathing?
- What is the exercise schedule (if any)?

When you arrive with your pet at the boarding facility, remind staff of any medical or behavioural problems your pet has, such as a fear of larger dogs. Once you've done your homework, you can relax and enjoy your trip — knowing that your pet is in good hands and will be happy to see you when you return. ■

*This article is courtesy of **Pets Plus Us**, a pet insurance company providing accident and accident & illness coverage, along with Canada's only stand-alone Wellness Care plan. More information about Pets Plus Us at [www1.johnson.ca/pet-insurance](http://www1.johnson.ca/pet-insurance).*

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# AT YOUR SERVICE


We know navigating Canada’s pension and health services can be daunting at the best of times — so we’ve put together this handy directory to assist you in getting the answers you need.


## PUBLIC SERVICE PENSION OFFICE

### Pension Centre:

 Public Works and Government Services Canada  
Government of Canada Pension Centre – Mail Facility  
P.O. Box 8000, Matane, QC G4W 4T6

 [tpsgc-pwgsc.gc.ca](http://tpsgc-pwgsc.gc.ca)

 Toll-free in Canada: 1-800-561-7930  
Outside Canada and the United States: 506-533-5800


 [pensioncentre.centredespensions@pwgsc-tpsgc.gc.ca](mailto:pensioncentre.centredespensions@pwgsc-tpsgc.gc.ca)


## PSHCP and PDSP coverage eligibility


Only pension centres can determine if you are eligible for the PSHCP and PDSP benefits in retirement.



## CANADIAN FORCES PENSION OFFICE

 Public Works and Government Services Canada  
Specialized Services Division  
1451 Coldrey Ave., Ottawa ON K1A 0S5

 [forces.ca](http://forces.ca)


 National Capital Region: 613-952-9933  
Toll-free in Canada and the United States: 1-800-267-0350


 [PensiondesForces.ForcesPension@tpsgc-pwgsc.gc.ca](mailto:PensiondesForces.ForcesPension@tpsgc-pwgsc.gc.ca)

Note: Contact information to change in summer 2016.

## PENSIONERS SUBJECT TO THE JUDGES ACT


 Office of the Commissioner for Federal Judicial Affairs  
99 Metcalfe Street, 8th Floor Ottawa, ON K1A 1E3

 [fja-cmf.gc.ca](http://fja-cmf.gc.ca)


 National Capital Region: 613-995-5140  
Toll-free from outside National Capital Region: 1-877-583-4266

 [info@fja-cmf.gc.ca](mailto:info@fja-cmf.gc.ca)

## RCMP PENSION OFFICE

 Public Works and Government Services Canada  
Government of Canada Pension Centre – Mail Facility  
PO Box 8500, Matane, QC G4W 0E2

 [rcmp-grc.pension.gc.ca](http://rcmp-grc.pension.gc.ca)


 Toll-free in Canada and the United States: 1-855-502-7090  
Outside Canada and the United States: 506-533-5800


Note: Public Services and Procurement Canada (formerly referred to as Public Works and Government Services Canada or the Department of Public Works and Government Services) is now providing administration services for RCMP Pension Plans as well as pensioner medical and dental insurance plans.



**PUBLIC SERVICE HEALTH CARE PLAN (PSHCP)**


For coverage and claims questions on the Public Service Health Care Plan call Sun Life.


 [pshcp.ca](http://pshcp.ca)  
**For appeals:** [pshcp.ca/appeals.aspx](http://pshcp.ca/appeals.aspx)

 Toll free in Canada and the United States: 1-888-757-7427  
 National Capital Region: 613-247-5100

**PENSIONERS' DENTAL SERVICES PLAN (PDSP)**


For coverage and claims questions on the Pensioners' Dental Services Plan call Sun Life.

 [sunnet.sunlife.com/signin/csi/pdsp/e/home.wca](http://sunnet.sunlife.com/signin/csi/pdsp/e/home.wca)

 Toll free in Canada and the United States: 1-888-757-7427  
 National Capital Region: 613-247-5100

**MEDOC TRAVEL INSURANCE**

For coverage and claims questions on MEDOC travel insurance.


 Toll-free: 1-855-772-6675


**PROFESSIONAL ASSOCIATIONS**

We get a lot of inquiries asking for advice that is best left to those with specialized expertise. Here's a list of professional associations and government agencies to help you in your search for solutions.


**CANADIAN BAR ASSOCIATION**


For the public section and FAQs.

 [cba.org](http://cba.org)       [info@cba.org](mailto:info@cba.org)

 National Capital Region: 613-237-2925 or 613-237-1988  
 Toll free: 1-800-267-8860

**CANADIAN LIFE AND HEALTH INSURANCE ASSOCIATION**

 [clhia.ca](http://clhia.ca)

 Toronto: 416-777-2221    Ottawa: 613-230-0031  
 Montreal: 514-845-9004

**FINANCIAL ADVISORS ASSOCIATION OF CANADA**

For retirement planning, estate planning, taxes, etc.


 [ouradvisor.ca](http://ouradvisor.ca)       Toll free: 1-800-563-5822

**GOVERNMENT OF CANADA — SENIORS**


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 [seniors.gc.ca](http://seniors.gc.ca)

**REVENUE CANADA**


 [cra-arc.gc.ca](http://cra-arc.gc.ca)

Individual income tax and trust enquiries

 Toll-free in Canada and the United States:  
 1-800-959-8281

**SERVICE CANADA/GENERAL PENSION INQUIRIES**

 [servicecanada.ca](http://servicecanada.ca)

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# SEXUAL HEALING

Turns out love and health are two sides of the same coin.

**SUE MCGARVIE**



Ask most people why they work out and they'll give you the usual answers: staying healthy, coping with stress and losing weight. If they're being honest, they'll admit they also want to look good — to themselves and to members of the opposite sex.

Good health lets us stay active sexually. (Personally, I expect to be sexually active until they take me away in a box. That's a powerful motivation to stay away from the chocolate.)

But here's the thing — staying sexually active is *good* for you too, both physically and mentally. Think of it as a virtuous cycle. Good health means a more robust libido, better orgasms, more endurance and flexibility, more confidence in the bedroom. And an active, happy sex life is a positive tonic for your body and mind.

I used to talk about how good sex improves the emotional connection between long-term partners; now I also talk about how it's good for long-term health. I know of one neurologist who puts it like this: "If your partner denies you sex then they should be charged with attempted murder." It's *really* that important.

Sex provides emotional and psychological benefits — boosting mood and releasing negative tension. It promotes cardiovascular health. Making love releases endorphins that actually ease pain.

Can more and better sex lead to a longer life? Could be. In a study of British adult males, researchers found evidence of a 50 per cent reduction in overall mortality among the men who reported experiencing the most orgasms. The more fun you have, the healthier you are. The healthier you are, the more fun you can have.

Poor health prevents us from being our authentic sexual selves. And I'm not just talking about eating your veggies and talking a walk every now and then — I'm also talking emotional well-being. Stress, anxiety and depression can affect your interest in sex — your *ability* to get interested in sex and to connect with your partner. If you're finding that the yen just isn't there, it might be time for a chat with a therapist. You may have a mental block that can be overcome.

At the very least, a good therapist can suggest things you can do to spark up the romantic drive that used to give you goosebumps. If you prefer not to see a therapist, I suggest sitting down with your partner and creating a 'bucket list' of sexual ideas. The list can cover new bedroom activities or visits to new locations. Anything you do with your partner that takes you outside your comfort zone can bring you closer together and boost your desire.

Low libido also can be a sign of a physical problem — one requiring a doctor's advice. A decrease in sexual desire is one of the first things doctors look for when they're screening for diabetes, high blood pressure and hormonal imbalances.

Dietary supplements also can promote overall health and, with it, sexual activity. Always consult your physician first, but I recommend a standard multivitamin, an abundance of Omega 3 and at least 500 mg of magnesium a day. Balancing minerals like zinc, magnesium and chromium is essential for great sexual health.

Basically, it all comes down to this: Your physical, mental, emotional and sexual health are all linked together, each one affecting the others. So make time for a little 'workout' with the one you love. Your body, mind and heart will thank you for it. ■

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**Sue McGarvie** has been a clinical sex and relationship therapist since the early 1990s. She is founder of the Ottawa Sex Therapy and Libido Clinic. She was the host of *Sunday Night Sex with Sue* on Astral Media in various markets across Canada for over a decade. She now hosts a radio feature called *The Three Minute Therapist*. Find her waxing poetic on her blog at [www.sexwithsue.com](http://www.sexwithsue.com).

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## ASK THE PHARMACIST

# LISTEN TO YOUR HEART

Lower your risk of cardiovascular disease with these tips from Shoppers Drug Mart.

When it comes to heart health, there are factors we can control — and others we can't.

"A family history, previous heart condition, age and ethnicity are all risk factors that you can't change, but maintaining a healthy lifestyle is very important in preventing heart disease," says Bhavika Prajapati, pharmacist-owner of a Shoppers Drug Mart in Vaughan, Ontario. For these "non-modifiable risk factors", discuss your family history with your doctor to help you understand your risk and identify factors that you can change — by quitting smoking, for example.

Cardiovascular disease has serious consequences, such as heart attack and stroke. Stroke can result in speech impairment, brain damage, hospitalization and death. Preventing heart attacks and strokes requires early recognition and management of "modifiable risk factors" over which we have some control — through maintaining a healthy diet, being physically active, quitting smoking, controlling cholesterol and blood sugar, managing high blood pressure and maintaining a healthy weight. All that may sound easier said than done — but your doctor and pharmacist are there to help you with advice and support.

### Here are some tips to get you started:

1. Reduce your stress with yoga. In fact, Harvard researchers have found that yoga lowers blood pressure, cholesterol, heart rate and other cardiovascular risk factors at a level comparable to aerobic exercise.



2. Lower your sodium intake. Too much salt causes your body to retain water, which increases blood pressure and makes your heart work harder. Processed foods, fast food and foods with preservatives have more sodium than whole foods.
3. Consider taking supplements. Omega-3 fatty acids have been shown to improve heart health, and you can ask your pharmacist if a supplement is right for you. Just remember that supplements are no replacement for prescription medication and don't treat high blood pressure, hypertension or heart disease.
4. Aspirin (ASA) isn't for everyone. While it thins blood and prevents clotting, it can also increase the risk of bleeding. That's why you should only take regular aspirin therapy under the supervision of a doctor or a pharmacist.

While most signs of early heart disease are silent and are diagnosed in a doctor's office, your local Shoppers Drug Mart pharmacist can also help. "You can monitor your heart health at home with a Hypertension Canada-approved blood pressure monitor, which is available at Shoppers Drug Mart. Taking your blood pressure can help evaluate your risk of heart disease, hypertension and high blood pressure," says Ms. Prajapati.

Finally, taking your medication exactly as prescribed is crucial to managing your heart health. If you have any questions or concerns about side effects, or need tips on how to manage your medications, your pharmacist can help. ■

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# STATS & STAMINA

Do fitness trackers work?  
Do you need one?

MIKE BRUCE



Sometimes it feels like we live by statistics. They tell us what we ought to eat, how much sleep we should be getting, how much household debt is too much and how long (give or take a decade) we're going to live.

Ask any professional trainer, however, and he or she will tell you to ignore the 'big picture' articles you read in magazines that are supposed to tell you what you ought to be doing at any given age. Everyone's different. It's your body, mind and spirit that ultimately decide what you can do — what *you* want to do.

So be realistic about your fitness goals; start slow, then build. "OK Mike," (you're asking). "What's 'realistic'?" How do we know when we're hitting our potential?

No surprise — there's a gadget for that. So-called 'activity trackers' are the hottest things in fitness tech these days. While activity trackers typically monitor your heart

rate, steps taken throughout the day and how many calories you've burned, a couple of them have added some nifty new features.

Recently, fitness gear maker Under Armour came out with something called HealthBox — three linked devices that pack a serious punch. The first device is the traditional wristband, which fits and feels like a lightweight wristwatch and measures your resting heart rate, sleep cycles and activity. One helpful feature of the new UA band: it's water-resistant. Most of these wristbands also tell time, so you can ditch your watch.

The HealthBox system includes a chest strap that monitors your heart rate — useful for avid runners, power walkers and folks who prefer not to wear the wristband while working out. The chest strap is linked wirelessly to your smartphone or tablet, which tracks your progress with a downloadable app.

The third gizmo in the HealthBox system is a "smart" scale. Once you program it with your target weight, it tracks your progress and calculates your body fat percentage. (Might make you a tiny bit more nervous about stepping on the scale, but it never hurts to know how you're doing.)

So, do such technological tools work? Sure they do. Do you need one? That depends. Many people don't need anything more than music and a clock when they're working out. In my professional opinion, however, there's a lot to be gained from tracking how well you're doing in achieving your fitness goals.

But as with any piece of information tech, the rule is: garbage in, garbage out. In order for these devices to work accurately for you, you need to program them with

such information as your age, weight and resting heart rate. Without that data, the device can't accurately calculate how many calories you've burned and how hard you're working based on your heart rate (remember, everyone's different). If a product doesn't require this information, chances are the feedback it's going to give you won't be accurate. Avoid it.

If you're looking to get a fitness tracker, here are two things to remember:

Firstly, I highly recommend seeing your doctor first, to determine what your maximum heart rate should be. Don't try to figure it out on your own. That old method of subtracting your age from 220 simply doesn't work. So ask your doctor to tell you your maximum healthy heart rate at your next physical.

Second, don't trust the device more than you trust yourself. These tools can do a wonderful job of tracking how hard you're working, but nobody knows your body better than you do. Don't ignore how you feel, physically, just because the tracker is telling you to go another 20 minutes.

The rewarding part of using a fitness tracker is seeing evidence that your exercise regime is working, long before it shows up on the bathroom scale. But your body will never lie to you. ■

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**Mike Bruce** is an Ottawa-based personal trainer who works with pro athletes, fitness enthusiasts and weekend warriors. He is a Certified Physical Preparation Specialist and specializes in helping clients with strength and conditioning, weight loss and mobility.

# Your 2016 taxation TIP SHEET



## JOHN WATERS

Spring is busting out all over (or it will be pretty soon). That means tax season. So when you're completing your 2015 tax returns, be aware of some 2016 changes to personal taxes introduced by the federal government that took effect Jan. 1.

Here's what you need to know:

### TFSA contribution limit

The Tax-Free Savings Account contribution limit has been reduced to \$5,500. The TFSA contribution limit was increased from \$5,500 to \$10,000 in the last government's April 2015 budget; the Liberal government subsequently reverted the contribution limit back to its old level for 2016 and future years. The TFSA contribution limit will be indexed to inflation, increasing in \$500 increments. The 2015 TFSA contribution limit will remain at \$10,000 and can be carried forward as part of an individual's lifetime TFSA contribution limit for use in future years.

### Personal federal tax rates

In keeping with its campaign promise, the Liberal government lowered the federal income tax rate for Canadians earning between \$45,282 and \$90,563 in 2016, from 22 per cent to 20.5 per cent. This reduced rate will translate into a maximum tax saving of about \$679 per person. Ottawa also introduced a new top federal tax rate of 33 per cent for taxable income over \$200,000 in 2016 — an increase of 4 per cent over the previous top federal personal tax rate.

### Personal Federal Income Tax Brackets and Rates

Taxable Income	2016 Rate	Previous Rate
Up to \$45,282	15.0%	15.0%
\$45,282-\$90,563	20.5%	22.0%
\$90,563-\$140,388	26.0%	26.0%
\$140,388-\$200,000	29.0%	29.0%
Over \$200,000	33.0%	29.0%

It's important to remember that the 4 per cent rate hike for 2016 does not automatically translate into a 4 per cent increase for incomes exceeding \$200,000 in all provinces. That's because some provinces have their own tax rate adjustments scheduled for 2016. Most notably, top-rate taxpayers in Alberta will face a combined tax increase of 7.75 per cent on ordinary income (such as salaries and interest) resulting from provincial and federal tax increases for 2016.

### Donation Tax Credits

The government also announced some consequential tax changes — effective in 2016 — associated with the new 33 per cent top federal rate. These changes affect the tax rates for trusts and estates, Canadian private corporations earning investment income, and the 'kiddie-tax' on certain income-splitting arrangements.

Canadians can now claim a higher donation tax credit on qualifying charitable donations over \$200. A federal tax credit equal to the former top federal marginal tax rate of 29 per cent is available for donations exceeding \$200. This calculation is being amended for 2016 to allow higher-income donors to claim a 33 per cent federal tax credit — but only on the portion of donations made from income that is subject to the new 33 per cent top marginal tax rate. This 33 per cent donation tax credit rate will be available only for donations made after 2015 — not for donations carried forward from a year prior to 2016.

### Possible future tax changes — the Canada Pension Plan and Old Age Security

The Liberals' election platform outlined some other potential tax changes and pledges that may take effect in the future — possible changes to taxation of stock options, more flexibility for the RRSP Home Buyer's Plan, and the introduction of a new Canada Child Benefit.

The new government also has promised to review the current CPP program, along with the provinces and territories, with a view to enhancing it. Ottawa also has pledged to keep the OAS age of eligibility at 65. The former government had proposed increasing it to 67.

All of these changes to federal taxation — the ones that have been implemented, the ones that may be coming — are complicated and may have a real impact on your own tax status. To get the full picture, talk to your tax advisor. ■

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**John Waters is vice president and head of tax and estate planning at BMO Wealth Management.**

The comments included in this article are not intended to be a definitive analysis of tax law. The comments contained herein are general in nature and professional advice regarding an individual's particular tax position should be obtained in respect of any person's specific circumstances.

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# PLAN BETTER, LIVE BETTER

How much help will you need as you grow older? Know your options.

**SZU-YU TINA CHEN AND  
ERIKA DEMPSEY, MD, FRCPC**

As we age, day-to-day activities can become harder to manage. There are many choices available across Canada for seniors needing support — but with all the options out there, it's easy to get overwhelmed.

You're not alone. As of 2013, 15.3 per cent of the population of Canada was 65 years or older — a demographic that's expected to expand to 24 per cent by 2038. With a rising number of seniors comes an increased demand for supported living, either in the home or in a more structured setting.

Here is a brief summary of available resources, definitions of some common

terms, and some tips on how best to navigate the system.

Most Canadians prefer to remain in their homes as long as possible. If you're looking for community support, seniors groups and community centres frequently offer a variety of programs to help you manage your fitness, health and leisure. Even downsizing to an apartment or condo can help a great deal with mobility, maintenance and neighbour support.

Consider home care and home health care services. Home care is private, non-clinical care provided by trained home care aides, offering such services as housekeeping, personal care and companionship, and some assistance with medication. Home health care involves clinical care provided by registered nurses, occupational therapists and physiotherapists that does not need to be done in a hospital or clinic. For caregivers who may need temporary relief, respite-care options provide services in community support groups, home care and short-term residential care.

If, on the other hand, you think it's time to move out of your home, you still have many options, depending on your needs and how much you're able to pay. Options for assisted or supportive living begin with independent living, retirement homes and family care homes, offering basic services such as meal preparation and medication provision. Seniors with complex needs might consider long-term residential care facilities such as nursing homes, where 24-hour nursing care and assistance with daily activities are provided. Customized care plans are also available for those with Alzheimer's disease or dementia, and for those in need of end-of-life care.

Now that you know the options available, how do you choose? Think about your needs right now and what you'll need in the near future. If you're concerned about affordability, know that most provinces have some sort of subsidized support for low-income seniors. Contact your local health authority to set up an assessment.

Your family doctor or local health authority also can help get you in touch with the right resources, to help you decide which housing options best fit your needs. Your choices may go by different names in different provinces, so ask questions and do your research — make sure the option you choose provides you with the level of support you need. ■

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**Szu-Yu Tina Chen** is co-chair of the National Geriatrics Interest Group for Medical Students and attends the University of British Columbia.

**Erika Dempsey** is a staff geriatrician in the Calgary Zone of Alberta Health Services and a clinical assistant professor at the Cummings School of Medicine, University of Calgary.

This article is courtesy of The Canadian Geriatrics Society — [canadiangeriatrics.ca](http://canadiangeriatrics.ca)





# Plan ahead to protect the PEOPLE YOU LOVE

## ANDY SILBERMAN

We all need to make plans to make sure our loved ones are protected financially after we pass on. When should we start? As soon as possible.

First, consider life insurance. If you have a family, you need enough insurance to pay off the mortgage, fund your kids' education and help your surviving spouse meet daily living expenses.

It's never too soon to draft a will and name an executor, to allow for the distribution of your assets after death. Wills can always be revised to reflect new children, remarriage and other important life changes.

And it's also a good idea to get an early start on other important legal documents. Trusts can help your estate avoid probate, and a 'living will' (sometimes referred to as a Power of Attorney for Personal Care) can provide instructions regarding medical care in the event you become incapacitated.

Pre-paying for your funeral arrangements is not only a sound way to avoid future price increases associated with burial or cremation, it also spares your grieving loved ones a financial burden.

No one can predict the future — so plan ahead to protect the people who matter most. They deserve it.

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Andy Silberman is a freelance writer for Arbor Memorial.



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# ASK THE HEALTH OFFICER

**QUESTION:** I recently had to stay in hospital for a few days. I asked for a semi-private room and the bill for the room was sent directly by the hospital to Sun Life. Imagine my surprise when I received an invoice in the mail from the hospital billing me for the amount not covered by the Public Service Health Care Plan. I was sure that I was covered for a semi-private room. What gives?

**ANSWER:** Unfortunately, some members find themselves in the same situation after a hospital stay — and I frequently get calls from those who are surprised by the charges.

The Public Service Health Care Plan covers the customary and reasonable cost of semi-private or private rooms. A set amount is reimbursed for hospital rooms, which is contingent on the level

of hospital coverage that is paid every month for the Public Service Health Care Plan.

## Public Service Health Care Plan — Hospital room coverage

- Level I Hospital Coverage  
Reimbursement: \$60
- Level II Hospital Coverage  
Reimbursement: \$140
- Level III Hospital Coverage  
Reimbursement: \$220

There are no standard rates for hospital rooms in this country. Hospitals use the earnings from room charges (along with parking fees) to cover their administrative costs. Different hospitals charge different rates for semi-private or private hospital rooms — so it's important to ask about the rates before occupying a semi-private or private room.

Make sure you know beforehand the level of hospital coverage you have, because you will be responsible for any sums not covered under the Public Service Health Care Plan. Unfortunately, for some this can be a very expensive revelation.

For more information on hospital coverage and changing your hospital coverage level, please visit the Public Service Health Care Plan website at <http://www.pshcp.ca/coverage/hospital-provision.aspx> ■



# ASK THE PENSION OFFICER

**QUESTION:** A friend mentioned that he gets Canada Pension Plan Disability Benefits. What are they and who can apply?



**ANSWER:** The Canada Pension Plan Disability Benefits is a long-term disability insurance program. It's not the same as the retirement-focused Canada Pension Plan (CPP)/Quebec Pension Plan (QPP)\* — and you cannot receive both disability benefits and CPP/QPP at the same time.

The CPP Disability Benefit program is designed to provide financial assistance to those who cannot work because of a severe and prolonged mental or physical disability. To be eligible you must be under age 65 and have a long-term disability that stops you from doing any type of substantial, paying work. The program

also requires a minimum level of earnings and CPP contributions, and the amounts are adjusted yearly. Applicants also must have contributed to the CPP in four out of the last six years.\*\*

Generally, those who apply do so when they develop a severe long-term or terminal medical condition that prevents them from working. Service Canada recommends that if you're aged 60 to 64 and you think you may qualify for CPP Disability Benefits, you should apply for both it and a retirement CPP. You can't receive both at the same time — but you may receive a CPP retirement pension

while waiting for your CPP Disability Benefits. Remember, though — if you're approved for a disability benefit and you've already received payments under the CPP/QPP retirement plan, those payments must be repaid. Retroactive CPP Disability Benefits payments are available, depending on the date of the application.

If, on the other hand, you're already collecting a CPP retirement pension when you apply for disability benefits and are approved, your file moves to the CPP Disability Benefits program. This only happens, however, if you're still under 65 and meet the other criteria outlined above (you can take a reduced CPP retirement pension as early as the month after your 60th birthday).

Those receiving CPP Disability Benefits will move to the CPP program when they turn 65. (For more information, visit <http://www.esdc.gc.ca/en/cpp/disability/index.page>)

War service veterans, civilians who have served in close support of the Canadian Armed Forces during wartime, current and former members of the RCMP, and Canadian Armed Forces members and veterans may also qualify for disability pensions. (For more information, visit <http://www.veterans.gc.ca/eng/services/after-injury/disability-benefits/disability-pension>) ■

\*Quebec does not participate in the CPP benefits program. However, there is a disability pension if you are under the age of 65 and have contributed sufficiently to the Québec Pension Plan. For more information please visit <http://www.rrq.gouv.qc.ca/en/invalidite/definition/Pages/admissibilite.aspx>

\*\*There are cases in which these rules may not apply. For more information, visit [servicecanada.gc.ca](http://servicecanada.gc.ca) or call 1-800-277-9914

# ASK THE VETERANS OFFICER

**QUESTION:** I recently heard about a new benefit from Veterans Affairs Canada (VAC) that offers an annual grant to provide a break for informal caregivers who care for veterans at home. What is the benefit and who is eligible?

**ANSWER:** Yes, this is a new benefit. Last spring, the federal government announced the Family Caregiver Relief Benefit (FCRB) to provide eligible veterans with an annual tax-free grant of \$7,238. This grant is meant to ensure that veterans who suffer from a severe and permanent impairment will get the care they need when their informal caregivers take time off or are unavailable.

Informal caregivers are typically spouses, common-law partners, adult children, parents or other family members who support veterans with severe and permanent injuries. They help veterans in a variety of ways, such as assisting with care, co-ordinating household tasks and taking them to appointments.

This new benefit will provide funding so a caregiver can take time off from the constant physical and mental demands of caring for a loved one — while ensuring the veteran's needs are still being met. The grant could be used to pay a professional caregiver to come into the home, or to cover the cost of having another family member or friend travel to the veteran's home to provide respite care.

#### You may qualify for the FCRB if you:

- have a disability award;
- have an informal caregiver who assists you with most of your daily living tasks due to illness or injuries related to your disability award;
- need ongoing care for at least 12 months;
- have an informal caregiver who is 18 years of age or older, and is not paid for providing or co-ordinating your care;
- are not a permanent resident in a nursing home or long-term care facility.

This program is available only to recipients of a disability award. If you have a disability pension or Prisoner of War Compensation of one per cent or more — and if you need help with daily living tasks and are considered totally disabled — you can apply for an Attendance Allowance.

For more information about the Family Caregiver Relief Benefit and Attendance Allowance, please contact VAC by visiting [www.veterans.gc.ca/eng](http://www.veterans.gc.ca/eng) or by calling toll-free at 1-866-522-2122 (English). ■



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

~ Unknown

# Join our VOLUNTEER TEAM!

With your commitment,  
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](mailto:gcurran@federalretirees.ca)



## OPPORTUNITIES

- Branch committees (as a member or Chair)
- Branch Board Director positions
- National Board Director positions (see page 40 for details)
- 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**

## ADVOCACY IN ACTION

# Why building a better health system STARTS WITH SENIORS

### CINDY FORBES, MD

Spring is in the air — a time for growth and renewal. We at the Canadian Medical Association (CMA) will be looking to build on our 2015 achievements and keep health care on the federal agenda, with help from the public and partners such as the National Association of Federal Retirees.

When Prime Minister Justin Trudeau laid out priorities for his cabinet ministers in mandate letters released publicly last November, it was clear that health care would once again be getting the attention it deserves. In fact, the health of Canadians was identified as a priority in the letters of six of his ministers.

The CMA is looking forward to working closely with Health Minister Dr. Jane Philpott in the development of a new multi-year Health Accord and a long-term funding agreement. Canada's population is aging; if there was ever a time for a renewed Health Accord, it's now.

A key part of Dr. Philpott's mandate will be working with provincial and territorial governments to make home care more available, prescription drugs more affordable and mental health care more accessible. Physicians have long recognized the need for improvements in these areas; it's good to see them codified now as official federal deliverables.

We can't forget that protecting Canadians' good health means spending our health dollars wisely. That's why, in order to sustain our health care system, we need a national plan for seniors more than ever before.

Canada's older population is set to almost double over the next 20 years. On our current path, the share of provincial health budgets spent on their care is projected to grow to almost 62 per cent.

The current structure of our health system — its resourcing and capacity — won't be enough to meet these future demands; we're barely meeting these needs today. And our tax base is expected to shrink from five workers per retiree to fewer than three by the year 2030. Keep in mind that these workers also will have caregiving demands of their own at home.

Today, an estimated 8.1 million Canadians are acting as informal caregivers. The hours they spend caring for their families and friends, away from their jobs, represent \$1.3 billion in lost productivity. These numbers will only continue to rise.

The federal government has an obligation to ensure that comparable, high-quality health care is available to every Canadian. The Canada Health Transfer — the CHT — is a key mechanism for achieving this.

CHT funds are distributed to provinces and territories on an equal per capita basis to support their health care systems. The challenge with this model, however, is that it doesn't account for segments of the population that require more care than others — such as seniors.

As a result, many seniors across Canada are struggling to find adequate care. For example:

- Patients skip medication or are unable to fill prescriptions due to cost.
- Patients wait months — sometimes years — for a spot to free up in a long-term care facility.
- Patients want to grow old in their homes and in their communities — the places they know — but don't have the support they need to do so.

In order to even out some of these disparities, the CMA is calling for a "demographic-based top-up" to the CHT — additional health funding to support the provinces in delivering high quality care to their aging populations.

We can't continue to warehouse seniors in hospital beds at \$1,000 a day when they should be receiving long-term or home care at a fraction of the cost. Nor can we expect an army of informal caregivers to perform 1.5 billion hours per year in unpaid work looking after loved ones. If we don't do something soon, Canadians will go without the quality health care they deserve.

But if we improve the way we care for our seniors, we'll go a long way in improving the entire health care system — in terms of quality, access and value-for-money.

Over 29,000 Canadians agree and have shown their support by joining our online campaign at [www.DemandaPlan.ca](http://www.DemandaPlan.ca). If you haven't already, it's not too late for you to join as well.

The CMA would not have seen anywhere near the success we did with our campaign without the help of our partners. Many thanks to the National Association of Federal Retirees, a member of the Alliance for a National Seniors Strategy and contributor to CMA's A Policy Framework to Guide a National Seniors Strategy for Canada.

We look forward to your continued support in 2016 as we build on our efforts to improve the health of Canadians, with a focus on seniors' health. ■

.....  
**Dr. Cindy Forbes** is president of the Canadian Medical Association.



National Association  
of Federal Retirees

Association nationale  
des retraités fédéraux

# FEDERAL RETIRES NEWS

## National Association of Federal Retirees board member opportunities

The Board of Directors of the National Association of Federal Retirees is composed of leaders who are dedicated to the organization's mission — to significantly improve the quality and security of retirement for our members and all Canadians through advocacy and the provision of services. Because the Association is the leading voice for federal retirees and veterans, the calibre of our directors is critical to maintaining the credibility and voice of our members. Serving on the Association's Board of Directors is an extraordinary opportunity for an individual who is passionate about leading an organization that is almost 200,000 members strong, with 82 branches from coast to coast to coast.

Our board champions the importance of retirement security and is committed to working as a cohesive team with a strong voice. In addition to the standard roles and responsibilities of a board member, the Association's board members are active advocates and ambassadors for the organization and are fully engaged in the advancement of its mission.

### Areas of expertise

We are seeking directors to contribute to a dynamic team of people working as a unified leadership body. Competencies in effective teamwork and strategic thinking are required.

Particular skills and knowledge on business law, environmental scanning and information management are also sought to support the work of the Association.

We are also looking to improve the gender diversity of the board and would welcome applications from female nominees.

### Board member responsibilities

Each board member is expected to know what governance is, and to practise it as a board member. Board members are expected to be aware of the Association's current advocacy issues and to remain apprised of

## Administration transition of CAF pension plan

The administration of Canadian Armed Forces (CAF) pension plans will be transferred to Public Services and Procurement Canada (formerly Public Works and Government Services Canada) over the coming year.

In summer 2016, active members will be transferred while pension payments for retired CAF members and survivors will continue to be supported by the Specialized Services Division (SSD) until winter 2016, when they will be transferred to the Government of Canada Pension Centre.

For more information on why this change was made and how it will affect you, visit [www.forces.gc.ca](http://www.forces.gc.ca) or call the CAF pension office at 1-800-267-0350 (toll free from Canada and the United States).

## The Family Program returns

The popular Family Program is back and ready to welcome new subscribers.

Available exclusively for purchase for \$30 by Association members, the Family Program subscription was created to help our members share some of the valuable savings they enjoy with loved ones who are not eligible to join the Association. As a bonus, members who purchase subscriptions will be automatically enrolled for one year at no additional charge in YouRNurse, a one-stop service that provides access to expert help on health and caregiving challenges. To subscribe and to find out exactly who is eligible to join the program, visit [familyprogram.ca](http://familyprogram.ca) or call us toll-free at 1-855-304-4700 (613-745-2559 in the Ottawa area).

## Reminders

We hope you're enjoying our new website and checking in frequently for the latest news. Please make sure you login to create a member profile to access members-only information and to indicate your communications preferences.

A quick note for those who renew their memberships by cheque: While we always appreciate long-term commitments, our regulations state that we can only accept payment for one year at a time. Single memberships are \$39.84 and doubles are \$51.72. Thank you in advance for your consideration.

## Join the 2016 census team

Statistics Canada is looking to tap the Association's talent pool in its push to find 35,000 people to staff the 2016 census. As former members of the public service, chances are you have what it takes to help ensure that the 2016 census is a success. These are temporary, non-office jobs that require staff to work in neighbourhoods and communities in all urban, rural and remote areas in Canada. Anyone interested can follow up with Statistics Canada at [www.census.gc.ca/jobs](http://www.census.gc.ca/jobs)

## We're moving!

The National Association of Federal Retirees' National Office is moving to 865 Shefford Road, Ottawa, Ont., K1J 1H9, in early May 2016. We'll have more details on [federalretirees.com](http://federalretirees.com) in April, and in our next issue of *Sage* magazine.



new developments that affect the Association and its advocacy work.

Board members are expected to read and understand the Association's financial statements and to otherwise help the board fulfill its fiduciary responsibilities.

Board members are expected to attend five in-person board meetings per year, as well as additional teleconference and web meetings as necessary. They are expected to read materials in advance of meetings and come prepared to ask questions and positively participate in discussions.

Board members are expected to serve on one or more committees of the board and to actively participate in committee work.

Board members are expected to responsibly represent the Association as required, and to support the advocacy and policy positions of the Association.

## Application process

There are five three-year positions that will come up for election at the June 2016 Annual Meeting of Members: directors from B.C. and Yukon, Ontario, Quebec and Atlantic districts,

as well as the position of president. There is also a two-year opening to fill the vacancy in the vice-president's position. Nominations for all these positions will close March 24, 2016. President and vice-president nominees can come from any district.

If you are interested in joining the National Association of Federal Retirees' Board of Directors and lending your voice to speak for security of retirement for our members and all Canadians, or if you would like more information, please contact the Nominating Committee by email at [elections@fsna.com](mailto:elections@fsna.com). ■

## IN MEMORIAM

The Association and all of its 82 branches extend their most sincere sympathies to the families, friends and loved ones of members who have recently passed away.

### BC06 North Island-John Finn

Frederick Acton  
Mary Ann Bate  
Neil Black  
Samuel Brown  
Kevin Burns  
Don Connelly  
Shirley Cronan  
Robert Crouch  
Leonard Decosse  
Mervyn Drummond  
Robert Edwards  
Heinz Euteneier  
Celia Evenson  
Eric Fox  
Olive Girard  
Teddy Glover  
Robert Harbidge  
John Hewitt  
George Horner  
Norman Johnston  
Gary Keyes  
Joseph Lapointe  
Doreen MacArthur  
Daniel McMahon  
William Ness  
Jon North  
Jim Orr  
Richard O'Toole  
Rose Pollock  
Douglas Robertson

Sharon Adele Ryan  
Allistair Scott  
Jim Simpson  
Ronald Skiber  
Gordon Stallard  
Roy Swedberg  
Albert Taylor  
Ron Webber  
Anthony Woodman

### AB20 Medicine Hat

Clayton Coffey  
Peg Dudley-Rees  
Joseph Egan  
Doris Greenwood  
Kenneth Meek  
Marie Moore  
Brian Mosing  
Patricia Peterson  
Robert Randall  
Robert Sutherland  
Wish Walters

### SK25 Saskatoon

Ferra Facca  
Emil Agarand  
Reg MacIntosh  
Marjorie Dyok  
John Allan  
Mary Oleynick  
Lloyd Weber  
Harry Ukrainetz  
Sylvan Skarsgard  
Josephine Kiss  
Ruby McLochlin  
Sharon Schmidt

### MB30 Western Manitoba

Robert (Bob) Kissock  
Mary Leganchuk

### MB31 Winnipeg & District

Richard Anderson  
Denis M. Arbez  
Albert Bartley  
Allan M. Bracken  
William Cap  
Ruth V. Carman  
Grace Ann Corder  
Frances Crowston  
Anne Davis  
John Day  
Doris Doyle  
Elsa Dyck  
Beatrice Einarsson  
Glenn Emmerson  
Raphael Glofcheski  
Maurice Godin  
Kathryn Gore  
Marlene Gouge  
Elizabeth Gould  
Michael Guyader  
James Hickling  
T. Jeffrey  
Olive Kandia  
John Keane  
W. Kim  
G. Kuffner  
Sydney Lentle  
Harvey Lockhart  
Andrew R. Lodge  
Sharon Magotiaux  
Bonnie Gaye Martin  
Elizabeth Matkuliak  
Gertrude McDermid  
Gary McElrea  
Patricia McKenzie  
Vernon Leslie McLean  
M. Millward

Kathryn Newcombe  
John Parker  
Betty Peake  
Jean Ringland  
Elsabeth Scaletta  
George Tanner  
Edna Topolnitsky  
John Unger  
Eileen Ward  
George Waters  
Bertha Wilkinson  
William Zabolotny

### MB91 Eastern Manitoba

Frank Barclay  
Frances Booth  
Arthur Burden  
Edward Komadowski  
Manfred Legiehn  
Rosemary Loschiavo  
Jane Sargent  
William Sitar  
John Stermscheg

### ON37 Hamilton

Ralph Peacock  
James Bull  
Alistair W. Dale

### ON38 Kingston

Helen Margaret (née Beulah) Barr  
Charles Edward Benford  
Kathleen Brady  
Audrey (Jake) Crowe  
Joseph (Garry) Guerin  
Roma Danis  
Frederick Easton  
Brenda Eleanor Lazarick

Earl Stanley Marlin  
Peter Matassa  
Robin Miller  
Ronald A. Miller  
Douglas Bert Morphy  
Fergus Power  
John Arthur Stewart  
Frank Tucker  
Derrick Albert Turner  
Leslie Reuben Walsh

### ON40 London

Hector Murray,  
*Branch Treasurer*

### ON41 Niagara Peninsula

Edith Corbett  
Joy Osborn

### ON47 Toronto

Michael Adamski  
H. Allen  
D. Armour  
A. Bakir  
Betty Beach  
M. Bowers  
Mary Caird  
John Caldwell  
Robert Dias  
George Dick  
Brian Doyle  
John Etherton  
Howard Ferguson  
Walter Fraser  
Alfred George  
Rita Gray  
Geo H. Greig  
Rudolph Haberfellner  
Sheila Henry  
Earl Hookham

Gunar Lizins  
Samuel Iscoe  
Donald MacMillan  
Lincoln Mah  
D. Mallalieu  
Hilda Marshall  
Wm. Moody  
N. Newman  
Freda Paul  
Gunter Rausch  
Robert Robertson  
A. Santolini  
W. Schneider  
John Sherry  
Agnes Smith  
Lillian Teeter  
Gertrude Treidl  
Samuel Trimble  
Roy Tsuda  
Kung Tu  
Ada Ward

### QC57 Quebec

Anita Bourgeois  
François Gauthier  
Régis Boulianne  
Thérèse Gagnon-Otis  
Jean-Yves Boutet  
Jacqueline Gobeil  
Alphonse Savard  
Marcelle Binet  
Arthur M. Daigle  
A. Delafontaine  
Forbes Déry  
Marguerite Lessard  
Benoît Tremblay  
Alain Simoneau  
Benoît Ross  
Paule Gingras Vallière

### QC58 Montreal

Gilles de la Rochelle

### QC61 Mauricie

René Plante

### NB64 South-East New Brunswick

Ivan Killam  
Ivan Whalen  
John Lee  
Yvonne Falandau

### NS77 Cape Breton

John MacAulay  
Fabian T. Morgan  
Thomas E. Gill  
Mora J. Clarke  
Arther Goyetche  
Ted Kazimer  
James Postlethwaite  
Norman Carmichael  
Frederick Hubble

### NS79 Rex Guy Orchard Valley Branch

Deborah Cleveland  
Eugene C. Howard  
Peter C. Hatch  
Ronald W. "Ron" Keddy

### PE83 Summerside

Denis Dolan  
Blanche Hogg  
Larry Banman  
Lorne Millar  
Reg Eldershaw  
Everett Keough  
Jennie McLure  
Richard Connolly

# BRANCH ANNOUNCEMENTS

## BRITISH COLUMBIA

### BC04 FRASER VALLEY WEST BRANCH

#### BRANCH EVENTS

March 10: AGM at Newlands Golf & Country Club, Langley. Reservations required. Contact Heather Smith at 604-574-1853 or hsmith1853@shaw.ca.

For Quarterly Branch News, send your email address to Steve Sawchuk at s.sawchuk@shaw.ca or call 604-574-2939.

#### CALLS FOR NOMINATIONS & VOLUNTEERS

Seeking volunteers to help with quarterly branch newsletter and branch website administration. Contact Bernd Hirsekorn at b17182h@shaw.ca about these important opportunities.

### BC06 NORTH ISLAND-JOHN FINN

#### BRANCH EVENTS

June 8: Noon luncheon meeting at the Best Western Westerly Hotel, 1590 Cliffe Ave, Courtenay, BC. RSVP by May 22. Cost is \$17 for members and guests. Guest speaker is the deputy seniors advocate for BC. Contact Norma Dean with questions or to RSVP at 250-890-1218 or n-ad-2@hotmail.com.

### BC09 VICTORIA FRED-WHITEHOUSE

#### CALLS FOR NOMINATIONS & VOLUNTEERS

If you are interested in serving as a director on the branch board of directors, please contact Richard Savard, 250-590-8755, or email richard.savard@yahoo.ca. As the board conducts much of its business electronically, it is essential that board members have access to Internet and have basic familiarity with managing electronic documents.

### BC10 SOUTH OKANAGAN

#### BRANCH EVENTS

March 31, 10 am: AGM and lunch at the Days Inn, 152 Riverside Dr, Penticton. Purchase \$5 subsidized lunch ticket between 9:30 am. and 11:30 am. any Wednesday up to March 23 at the office on 696 Main Street, Penticton. For further information, call 240-493-6799 or email fsnabc10@telus.net

If you are not receiving emails from us, please send your address to fsnabc10@telus.net so we can add you to our mailing list.

#### CALLS FOR NOMINATIONS & VOLUNTEERS

Elections will be held at the AGM on March 31. If you are interested in running for a position on the branch board, please contact the chair of the nominations committee at l.french@shaw.ca. Contact us at www.fsnasouthokanagan.ca, 250-493-6799 or at fsnabc10@telus.net

### BC11 OKANAGAN NORTH

#### BRANCH EVENTS

April 14, 10 am: Annual general meeting at Elk's Hall, 3103 30th St, Vernon.

June 5: Regular meeting and spring luncheon at the Elk's Hall. Contact branch at fsna11@telus.net for information.

### BC15 PRINCE GEORGE

#### BRANCH EVENTS

May 12, 10:30 am: General meeting at Spruce Capital Seniors on Rainbow Dr, Prince George. RSVP to Marg Briault at mbriault@gmail.com by May 8. Cost \$5 per member. Guest to be announced, door prizes.

## ALBERTA

### AB16 CALGARY AND DISTRICT

#### BRANCH EVENTS

April 15, 10:30 am: Annual general meeting and luncheon at Fort Calgary, 750 – 9 Ave SE, Calgary, AB. Cost is \$25 for members and guests. Guest speaker TBA. RSVP by April 8 at 403-265-0773 or fsnacal@telus.net

#### CALLS FOR NOMINATIONS & VOLUNTEERS

We are seeking volunteers to perform a variety of duties in the office, which is open Monday to Friday 10 am to noon. We also invite you to submit nominations for our board of directors before March 31. Call 403-265-0773 or email us at fsnacal@telus.net

### AB17 EDMONTON

#### BRANCH EVENTS

May 4: AGM, where we'll hold elections for president, 1st VP and secretary. Nominations may be made from the floor. Doors open at 4:30, dinner is at 6 pm and the meeting begins at 7 pm. All members are welcome; dinner is not mandatory. Dinner is \$25 cash at the door. Register for dinner by contacting Heather-Anne Elliot-Martin at nafrsocial@yahoo.ca or 780-942-2664.

### AB18 SOUTHERN ALBERTA

#### BRANCH NEWS

We've moved to a new office in the Nord-Bridge Seniors Centre (1904 13 Ave N, Lethbridge, AB T1H 4W9). We have new office hours — Tues and Wed 10 am to 2 pm — and a new email address nafr18@shaw.ca.

April 21: AGM at the Country Kitchen. Contact us at nafr18@shaw.ca for more details.

### AB19 RED DEER

#### BRANCH EVENTS

April 12, 1 pm: AGM and elections at the Red Deer Legion, 2810 Bremner Ave, Red Deer, AB.

#### CALLS FOR NOMINATIONS & VOLUNTEERS

The Red Deer branch is seeking nominations for members of the executive to be elected at the AGM on April 12. Positions open are VP, secretary and membership. If you or someone you know is interested in serving on the branch executive, contact Marlynn at c176fsna@telus.net

### AB20 MEDICINE HAT

#### BRANCH EVENTS

April 21, 6 pm: AGM and buffet dinner at the Medicine Hat Golf Club. Email fsna.ab20@gmail.com or contact president Paul Mast at 403-526-4408 for more information.

Note: Our new office phone number is 403-502-8713.

## SASKATCHEWAN

### SK25 SASKATOON AND AREA

#### BRANCH EVENTS

April 13, 6 pm: Members' supper and AGM at Smiley's on Circle Drive. Cost is \$10 per member and \$20 per guest.

June 8: Annual summer BBQ at noon at Floral Community Centre. Cost is free to members and \$5 per guest.

RSVP to Leslie John at 306-373-5812 or Loretta Reiter 306-374-5450.

#### CALLS FOR NOMINATIONS & VOLUNTEERS

The Saskatoon and area branch is seeking nominations for several positions on the board of directors for the AGM in April. Nominees should be in place two weeks prior to the AGM (March 30, 2016). Please contact Anne at sktnpres@saskfna.ca or call 306-242-4835 for more information.

### SK29 SWIFT CURRENT

#### BRANCH EVENTS

Regional conference, which was to be held May 1-2 has been postponed to Oct. 23-24. We are sorry for any inconvenience.

June 9, 5:30 pm: Our spring social will take place at Days Inn, 905 - N. Service Rd E, Swift Current. The menu and cost will be finalized at the annual branch membership meeting on March 10. For more information, contact Albert (Al) Kildaw at SK29.Pres@outlook.com or 306-784-3475.

## MANITOBA

### MB30 WESTERN MANITOBA

#### BRANCH EVENTS

May 10, 11:30 am: AGM luncheon, Seniors for Seniors Co-op, Brandon. If you need a ride in Brandon, call Al Richardson (204-728-4192) or Jac Hiebert (204-728-2438). In Minnedosa, call Barrett Nelson (204-867-3296).

Western Manitoba (MB30) change of address notice: Branch mail should now be sent to NAFR, 311 Park Ave East, Brandon, MB R7A 7A4.

### MB31 WINNIPEG & DISTRICT

#### BRANCH EVENTS

April 12, noon: AGM at the Army, Navy, Airforce Veterans Branch 283, 3584 Portage Ave, Winnipeg. You must register by March 22 by emailing fsnawpg@mymts.net, or by calling the branch at 204-989-2061.

Some stand-alone sessions are being planned in the spring in Winnipeg, and an outreach session in Gimli. If you want to help organize these events, contact Nicky Compton at lemcompton@shaw.ca

#### CALLS FOR NOMINATIONS & VOLUNTEERS

Elections will be held at the AGM to fill the positions of 2nd VP and five directors-at-large. We're also seeking individuals willing to support the branch with their expertise in a variety of areas. For more information, contact Pat Jarrett at 204-832-8642 (patjarr@outlook.com) or Cynthia Foreman at 204-261-5528 (fore5528@mymts.net).

### MB48 LAKEHEAD

#### BRANCH EVENTS

April 12, noon: Our spring general meeting will be held at the Victoria Inn. The cost will be \$7.50 for members. Contact the branch at billmerchel@shaw.ca if you have any questions.

### MB91 EASTERN MANITOBA

#### BRANCH EVENTS

April 14, noon: Branch AMM and luncheon at Pinawa Alliance Church, Bessborough Ave at Burrows Rd, Pinawa. No cost for members, \$10 for guests. Contact Chuck Vandergraaf with questions at 204-753-8402 or ttveiv@mymts.net

#### CALLS FOR NOMINATIONS & VOLUNTEERS

The Eastern Manitoba Branch will hold nominations and elections for the position of VP at its AMM on April 14. Please contact Chuck Vandergraaf at 204-753-8402 or visit ttveiv@mymts.net for more information.

## ONTARIO

### ON34 PEEL-HALTON

#### BRANCH EVENTS

May 5, 10 am: Our AGM will be held at the Mississauga Grand Banquet Hall, 35 Brunel Rd, Mississauga. Our affinity partners will present outlines of the products they offer to members; meeting includes presentation by Ian Gray, our provincial board member. Lunch is \$10 for members who register in advance and \$23 at the door; general attendance (without lunch) is free.

For further information, please contact membership@federalretireesph.com or call 905-599-6151.

### ON36 BLUEWATER

#### BRANCH EVENTS

April 20, noon: AGM to be held in Wallaceberg. Guest speaker to be announced. Cost is \$10 per member. For more details, please e-mail gloriacayea@gmail.com

#### CALLS FOR NOMINATIONS & VOLUNTEERS

The Bluewater branch is seeking volunteers interested in assisting current and future board members. The time commitment is minimal. Please email gloriacayea@gmail.com for details.

### ON37 HAMILTON

#### BRANCH EVENTS

April 25: AGM and membership luncheon. Registration from 11 am to noon; lunch served at 12:15 sharp at Michelangelo's Events and Conference Centre, 1555 Upper Ottawa St, Hamilton. Cost is \$20 for members and \$25 for non-members. Please contact Cathy Tarves at 905-531-7287 or email Gloria Reid at gloriareid900@gmail.com

#### CALL FOR NOMINATIONS & VOLUNTEERS

We will be voting on branch by-laws as well as holding our annual election of executives. If you are interested in a position, please contact Mike Walters at 905-627-3827 before April 1.

### ON38 KINGSTON

#### BRANCH EVENTS

April 12, 5 pm: Annual meeting, Minos Village Restaurant, 2762 Princess St, Kingston. Cost is \$20 for members, \$25 non-members, payable by April 7. For more information, call Sheila Allard at 613-547-6002, Barb Fagg at 613-542-9832 or toll free at 1-866-729-3762, or visit Branches section at www.federalretirees.ca

#### CALL FOR NOMINATIONS & VOLUNTEERS

Nominations and elections for director positions will be held at annual meeting. Please contact Rae Gateley at 613-539-7720 for more information.

The Kingston & District Branch is seeking telephone volunteers. For more information, contact Marilyn Quick at 613-634-1652 or 1-866-729-3762 toll-free.

**ON39 KITCHENER-WATERLOO**

**BRANCH EVENTS**

April 19, 10 am: Annual general meeting. Cost is \$8 for members and \$10 for non-members. The guest speaker will be Deborah Krause, governance manager at the National Office.

For more information on meeting and amended bylaws, contact the branch office at 519-742-9031 or fsna39@gmail.com

**CALL FOR NOMINATIONS & VOLUNTEERS**

Please put your name forward to run for a position on the executive or volunteer to help out your branch. We need some new people on the executive with fresh ideas — especially those with computer skills.

**ON40 LONDON**

**BRANCH EVENTS**

March 15, 1:30 pm: Members meeting at the Victory Legion, 311 Oakland Ave.

April 12, 11 am: AGM at the Best Western Lamplighter Inn at 591 Wellington Rd S, London. Tickets are \$15 for members and \$20 for guests. Cut-off date for tickets is April 4 at 5 pm. Call 519-439-3762 for reservations and information.

May 10, 1:30 pm: Members meeting at the Victory Legion, 311 Oakland Ave, London.

**ON41 NIAGARA PENINSULA**

**BRANCH EVENTS**

May 18: Recognition dinner at the Holiday Inn at 327 Ontario St, St. Catharines. Cost is \$19 per person. Please RSVP for this event with Minda Reyes at 905-937-2982.

**ON43 OTTAWA**

**BRANCH EVENTS**

May 3, 8:30 am: AGM at the Hellenic Centre, 1315 Prince of Wales Dr. The branch general meeting will be followed by a presentation by well-known aging and wellness expert Jennifer Moir, owner of Age Well Solutions. An expanded Infomart will feature local organizations offering community supports to healthy aging.

**ON44 PETERBOROUGH & AREA**

**BRANCH EVENTS**

April 20, 11 am: AGM at The Royal Canadian Legion, 1550 Lansdowne St W, Peterborough. Lunch is at noon. There is no cost for members and a small cost for guests. RSVP to Claudette

Seems at 705-874-6145 cseems@gmail.com or Lynn at 705-743-2551 luffenham67@yahoo.com.

**CALL FOR NOMINATIONS & VOLUNTEERS**

Our branch is looking for a secretary and volunteers for our board of directors. If you are interested, contact Geoff Arnold gl.arnold@yahoo.ca or Lois Gehan 905-372-6449 for more information.

**ON45 QUINTE**

**BRANCH EVENTS**

April 26, 11:30 am: AGM at the Greek Community Hall, 6550 Harder Dr, Belleville (note the change of location). Doors open at 11:30 am. Noon lunch is no cost for members and \$10 for guests. Our guest speaker will be financial planner & investment advisor Larry Laurendeau. Your registration is required by April 19. For more information, contact the office at 613-968-7212 or fsnaon45@gmail.com

**ON47 TORONTO**

**BRANCH EVENTS**

May 2, noon: General meeting at the St. Andrews United Church conference room, 117 Bloor St E, Toronto. Lunch will be provided at noon, and the meeting commences at 1 pm.

Comments from members who took a Legion bus tour to Port Dover were positive. Contact Dom Capalbo by email at fsna@on.aibn.ca or by phone at 416-463-4384 for more information.

**ON49 WINDSOR**

**BRANCH EVENTS**

April 13, 12:30 pm: AGM and elections. If you plan to attend, contact Sharon McGovern at 519-978-1808 or mcgovernsharon@rocketmail.com

**CALL FOR NOMINATIONS & VOLUNTEERS**

We urgently need volunteers on the board and would love to welcome new telephone operators and public relations specialists onto our team. If you are looking for a way to share your skills and support your fellow retirees, contact Sharon McGovern at 519-978-1808 or mcgovernsharon@rocketmail.com

**ON50 NEAR NORTH**

**BRANCH EVENTS**

May 4, noon: Members' bi-annual luncheon and meeting at The Best Western, 700 Lakeshore Dr,

North Bay. Contact Jackie Craft with questions or to RSVP at 705-497-0204 or Jacklyn.craft@gmail.com

**ON52 ALGOMA**

**BRANCH EVENTS**

May 4, 11:30 am: AGM at Seniors Centre, 615 Bay St, Sault Ste. Marie, ON. Lunch followed by election of officers for 2016-18. Contact Lise Hotchkiss at 705-942-1489 or hotchkiss@shaw.ca for more information.

**CALLS FOR NOMINATIONS & VOLUNTEERS**

The Algoma Branch is seeking nominations for several positions at our AGM. If you are interested in standing for election at the AGM or learning more about these positions, please contact Linda MacDonald at 705-248-3301 or lm.macdonald@sympatico.ca

**ON53 OTTAWA VALLEY**

**BRANCH EVENTS**

April 13: AMM at Perth Civitan Club. Registration from 9-10 am. Details on registration for lunch and guest speaker will be sent to members via email and Canada Post. Additional details will also be posted on the branch website at www.fsnaottawavalley.ca

**CALL FOR NOMINATIONS & VOLUNTEERS**

Your branch board of directors is again searching for new members. The skills you learned while working for the Government of Canada may be just what the branch needs to continue its efforts to protect the interests and enhance the benefits of NAFR members in the Ottawa Valley. Email us at info@fsnaottawavalley.ca for more information.

**ON54 CORNWALL**

**BRANCH EVENTS**

May 5, 10 am: AGM will be held at the Cornwall Legion, 415 Second St W.

May 18, 10 am: Members information meeting will be held at the Kemptville Legion, 100 Reuben St.

**CALLS FOR NOMINATIONS & VOLUNTEERS**

The Cornwall Branch is in serious need of volunteers for the board of directors. A variety of positions, including branch president, will be open for nominations at our May 5 meeting. For more information, contact Gerry Brisson at

613-537-9807 or by email at gerlynbis@bell.net. Our branch cannot exist without volunteers, so please step up to the plate now.

### ON56 HURON NORTH

#### CALLS FOR NOMINATIONS & VOLUNTEERS

The Huron branch is recruiting volunteers for exciting opportunities on our board executive and short-term and/or episodic projects. Our immediate need is to fill our treasurer's position. If you are comfortable negotiating a spreadsheet, crunching numbers and using your computer skills, this may be exactly what you're looking for. Contact Jeannine Blais at janine.blais@gmail.com for additional details.

## QUEBEC

### QC57 QUEBEC

#### BRANCH EVENTS

April 15, 9:30 am: Extraordinary general meeting at the Patro Roc-Amadour, at 2301 1st Ave, Québec. This meeting is to vote on a proposal authorizing the dissolution of the corporation known as the National Association of Federal Retirees (Québec) Inc. You are also summoned to the AGM, to be held after the extraordinary general meeting. A hot meal will be served. Visit [www.anrfsq.com](http://www.anrfsq.com) for more information.

May 5, 10 am: Annual meeting for the Saguenay/Lac St-Jean sub-section at the Centre de Congrès & Hôtel La Saguenéenne at 250, rue des Saguenéens, Chicoutimi. Lunch will be served.

May 12, 10 am: Annual meeting for the Bas St-Laurent/Gaspésie Sub-section at the Centre de Congrès Rivière-du-Loup, at 311 Hôtel-de-ville Blvd. Lunch will be served.

#### CALLS FOR NOMINATIONS & VOLUNTEERS

At the meeting on April 15, there will be elections for three directors positions. Those interested in applying should complete the form for that purpose — available at [www.anrfsq.com](http://www.anrfsq.com) — and forward it to our office.

### QC58 MONTREAL

#### BRANCH EVENTS

April 14, 9:30 am: AGM at Le Rizz, 6630 Jarry St E, Montreal. RSVP before April 1. Members pay \$20 for dinner. If you have questions, please contact the office at 514-381-8824 or [info@anrfmontreal.ca](mailto:info@anrfmontreal.ca). A registration form was sent in early February.

April 14, 11:30 am: Extraordinary general meeting at Le Rizz, 6630 Jarry St E, Montreal. RSVP before April 1. If you have questions, please contact the office at 514-381-8824 or by email at [info@anrfmontreal.ca](mailto:info@anrfmontreal.ca). A registration form will be provided before Feb. 14, to observe the legal deadlines and relevant documents. This meeting is required to complete the process of disincorporation of the section.

### QC59 EASTERN TOWNSHIPS

#### BRANCH EVENTS

April 21, 10 am: AGM at Hotel Le President, 3535 King W. Sherbrooke. Cocktails and a buffet follow the meeting. The cost is \$15 for members and \$20 for non-members. Confirmation and payment before April 15. Additional information can be obtained by calling 819-829-1403 or by visiting <http://pages.videotron.com/cantons/annualmeeting.html>

### QC60 OUTAOUAIS

#### BRANCH EVENTS

April 14: Extraordinary general meeting on the dissolution of incorporation and the AGM of the Outaouais Branch, at Aylmer Cinema, Red Carpet Room, 400 Wilfred-Lavigne Blvd, Gatineau. Members should refer to the branch message inserted in this magazine or to our website at [www.anrf-fsnaoutaouais.qc.ca](http://www.anrf-fsnaoutaouais.qc.ca). Members can also call 819-776-4128 or 1-888-776-4128 for details.

#### CALLS FOR NOMINATIONS & VOLUNTEERS

We're holding a call for nominations for the positions of directors (volunteers) for election at our AGM on April 14. For more information, visit [www.anrf-fsnaoutaouais.qc.ca](http://www.anrf-fsnaoutaouais.qc.ca)

The Outaouais Branch greatly appreciates its volunteers. In order to strengthen and increase services to members of the branch, new volunteers are always needed.

### QC93 HAUTE YAMASKA

#### BRANCH EVENTS

April 13, 10 am: AGM at Casa Grecque Restaurant, 912 Principale St., Granby. A meal will be served, courtesy of the section. Please reply before April 1 at 450-372-1114, toll-free at 1-877-370-1114 or by email at [ANRF.Haute-Yamaska@videotron.ca](mailto:ANRF.Haute-Yamaska@videotron.ca)

## NEW BRUNSWICK

### NB62 FREDERICTON & DISTRICT

#### BRANCH EVENTS

May 3, 5 pm: Spring Dinner/AGM at St. Francis of Assisi Parish Hall, 2130 Route 102 Hwy Lincoln. Cost is \$14 for members, \$18 for guests. To register or for more information, see the branch insert in this edition of *Sage*. Questions to 506-451-2111 or [fsna2.fred@nb.aibn.com](mailto:fsna2.fred@nb.aibn.com).

June 8, 9:30 am: "It's Your Money: A Presentation for Those 55+" at Days Inn Oromocto 60 Brayson Blvd, Oromocto. For more information see the Fredericton and District Branch Insert in this edition of *Sage*. Register by 1 June to 506-451-2111 or [fsna2.fred@nb.aibn.com](mailto:fsna2.fred@nb.aibn.com)

### NB65 SAINT JOHN

#### BRANCH EVENTS

May 12: The AGM will be held at St. Marks Church, 171 Pettingill Rd, Quispamsis. The prime rib dinner will be \$20 per person. The dinner has to be ordered in advance by May 2. For more information, contact [fsna65@gmail.com](mailto:fsna65@gmail.com)

### NB66 SOUTHWEST NEW BRUNSWICK

#### BRANCH EVENTS

May 3, 5 pm: The AGM and dinner will be held at the St. Stephen Legion, 43 Queen St, St. Stephen, NB.

### NB68 CHALEUR

#### CALLS FOR NOMINATIONS & VOLUNTEERS

May: AGM breakfast is in May (date to be determined), when we will call for nominations for a treasurer and a president. If we fail to fill these two positions, we will have no alternative but to discontinue our branch and give the members the choice of joining whichever branch they prefer. This is a great opportunity to help your community and support your fellow retirees!

## NOVA SCOTIA

### NS71 SOUTH SHORE

#### BRANCH EVENTS

April 14: AMM (formally the AGM). Lunenburg Fire Hall, 25 Medway St, Lunenburg. Meet-and-greet at 11:30, meeting at noon, roast beef lunch to follow at \$12 per person. No meal tickets at the door; reservations and payment to be received by April 7.

**CALLS FOR NOMINATIONS & VOLUNTEERS**

Volunteers are urgently required to serve on the branch board of directors. There are several director positions open and more turnover is expected in the near future. The success of the branch depends on having an effective and active executive to serve the membership. Even if you do not want to join the board, we still need you! For more information please contact David Porteous at 902-677-2821 (dmporteous@eastlink.ca)

**NS73 NOVA SCOTIA CENTRAL**

**BRANCH EVENTS**

April 12, 11 am: AMM and spring luncheon to be held at Best Western Plus, 15 Spectacle Lake Dr (Burnside), Dartmouth. Meeting will begin at 11:30 sharp with luncheon to start at 12:30. Tickets are \$15 and can be purchased at the NS Central Branch office.

Change of address: 73 Tacoma Dr, Suite 503, Dartmouth, NS. 902-453-9455

**NS75 WESTERN ANNAPOLIS VALLEY**

**BRANCH EVENTS**

May 10, 11:30 am: AGM at the Kingston Lions Club, 1482 Veterans Lane, Kingston, NS. Tickets \$10 per member and \$13 per guest. Contact Carolyn/Bill at nafr75@gmail.com or 765-8590 for purchase prior to April 25. This will be an important meeting to consider our revised by-laws and to elect a new branch executive. For more information, email us at the above address.

Members are encouraged to deal directly with the National Office for membership renewals. Contact Dorianne Proulx at 1-855-304-4700 ext. 223 or dproulx@federalretirees.ca

**NS77 CAPE BRETON**

**BRANCH EVENTS**

April 22: Spring general meeting at the Steelworkers' and Pensioners' Memorial Hall, corner of Prince and Inglis Streets, Sydney. On the agenda is the election of officers for the coming year and a presentation by Catherine Shepherd from the Cape Breton Branch of the Alzheimer Society of Nova Scotia. The branch also welcomes three new members to our board of directors: Jim Wheelhouse, Bob McNeil and Roland Coombs. Following the meeting, meals will be served at \$12 per person. Call Francis at 902-562-3606 for further information.

**NS78 CUMBERLAND**

**BRANCH EVENTS**

April 15, 12:30 pm: AGM and turkey dinner at Trinity St. Stephen's United Church, Havelock St, Amherst. Cost is \$10 per person at door. Phone soon: Vera (902-667-3255), Gloria (902-667-1524) or Carol Ann (902-661-0596) to reserve your meal.

**CALLS FOR NOMINATIONS & VOLUNTEERS**

Nominations are hereby solicited for the Cumberland Branch Merit Award (CBMA). Contact Gordon Helm at 902-661-7502 or Carol Ann Rose at 902-661-0596.

Nominations are hereby solicited for branch director. Each year the terms of four of our 12 directors expire and need to be filled. Contact president Gerard Cormier at 902-254-2277 or any member of the board.

**NS79 REX-GUY-ORCHARD VALLEY**

**BRANCH EVENTS**

April 14, noon: Our AGM will be held at the Coldbrook & District Lions Club, 1416 South Bishop Rd, Coldbrook, NS. We will be holding election/confirmations for half our branch executive board. There will be a light lunch served. RSVP by April 11 to assist in setup and ensure that the required number of meals can be prepared. Contact Dallas Moore with any questions or to RSVP at 902-365-2189 or dalmoore1@eastlink.ca

**CALLS FOR NOMINATIONS & VOLUNTEERS**

The Rex Guy-Orchard Valley Branch is always accepting new volunteers/nominations for our branch executive board. We have five director positions open on our board. Please contact Vivian Willmets at 902-678-6373 or email at vivsteve@eastlink.ca for more information.

**PRINCE EDWARD ISLAND**

**PE83 SUMMERSIDE**

**BRANCH EVENTS**

Apr. 11, 2 pm: Our annual meeting will take place at the Royal Canadian Legion, 340 Notre Dame St.

May: Our luncheon meeting will be held at a time and location to be announced later.

**CALLS FOR NOMINATIONS & VOLUNTEERS**

The branch is looking for a vice-president. Call Cliff Poirier 902-724-2302.

**NEWFOUNDLAND AND LABRADOR**

**NL87 AVALON-BURIN**

**BRANCH EVENTS**

May 18, 2 pm: General meeting, Royal Canadian Legion, Blackmarsh Rd, St. John's. Members are encouraged to bring a food bank donation. Contact Walter Combden at 709-834-3648 or wcombden@nl.rogers.com

June 8, 11 am: General meeting at St. Gabriels Hall, Marystown. Lunch provided. Members are encouraged to bring a food bank donation. Contact Walter Combden at 709-834-3648 or wcombden@nl.rogers.com

**NB85 WESTERN NEWFOUNDLAND AND LABRADOR**

**BRANCH EVENTS**

Mar. 22, 2 pm: Executive meeting at Sobey's Community Room, 1 Mt Bernard Ave, Corner Brook, NL.

Apr. 28, 12:30 pm: Branch annual meeting at Jennifer's, 48-50 Broadway, Corner Brook, NL.

RSO training in Gander on May 10-11. Contact the branch for details at wdchilds@nl.rogers.com

June 15, 12:30 pm: General meeting at Hotel Port Aux Basques, 2 Grand Bay Rd, Channel-Port aux Basques.

**CALL FOR NOMINATIONS & VOLUNTEERS**

The branch is once again asking for volunteers to serve on our executive. We award two appreciation certificates each year; all branch members are eligible. They will be awarded at our branch annual meeting on April 28. Contact Winston Childs at 394-0101.

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