

AECOM Canada Benefits

For your world.

Make sure you have the coverage you and your family need to be well and thrive.

2025 Canada Benefits Guide

2025 Benefits Open Enrolment is November 4 – 22, 2024

Your AECOM benefits

AECOM offers a comprehensive benefits program as a valuable part of your total rewards package, and we pay the majority of the costs for you and your family.

All of the current benefit options and plan designs continue in 2025. While Module A will continue to be offered with \$0 employee contributions, employee contributions for Module B and C are increasing after being held flat for the last six years. For other benefits, employee contribution amounts will also remain the same as they are now except that your costs for Short-Term Disability (STD) coverage are decreasing for the third year in a row.

Our benefits program offers a wide variety of plan choices so you can pick and choose the options that best fit your needs and budget. Use this Benefits Guide to review details of coverage and options, and to learn more about the other benefits that AECOM provides. You can also learn more about all your AECOM benefits and resources at benefitsatAECOM.com, your first stop for all things benefits.

SEB manages our enrolment website (links in box at bottom right), which has been enhanced with a more user-friendly interface and easier navigation, and the AECOM Benefits Service Centre. You can call the Service Centre if you have questions during Benefits Open Enrolment or at any time during the year.

Benefits Open Enrolment

Each year, you have the opportunity to revisit and reselect your health care, life, AD&D, disability, and spending account options. You can stay with your current selections or make changes for the year ahead. If you do not make any changes, your current selections will roll over to 2025 (see [page 19](#) for default coverage). You must enrol if you want some or all of your spending account contributions deposited into your Personal Spending Account (PSA). Otherwise, it will automatically be contributed to your Health Spending Account (HSA), and changes cannot be made after November 22.

Are you a new hire?

If you are a new hire after Benefits Open Enrolment and before year end (November 22 – December 31, 2024), you must enrol in your AECOM benefits twice — once for 2024 and again for 2025. Please note that the site is closed for any transactions December 19, 2024 – January 1, 2025. If you are hired during this time, you may enrol in early January. Follow the prompts at the AECOM Benefits Service Centre enrolment website (links at right) to make sure you complete both enrolments.

2025 Benefits Open Enrolment is November 4 – 22, 2024.

If you want to change your coverage and direct your spending account allocation for 2025, you can do so through the AECOM Benefits Service Centre enrolment website during Benefits Open Enrolment:

- Go through [Okta single sign on](#) (if you already have an AECOM Benefits Service Centre account).
- Or visit AECOMBenefitsOnline.com and log in with your Access ID (Workday ID) and password.

Employee contributions and rates

For 2025, employee contribution amounts for Module B and Module C will increase after being held flat for the last six years.

	2025 biweekly employee contributions		
	Module A	Module B	Module C
Employee Only	\$0	\$17.04	\$34.81
Employee + 1	\$0	\$34.44	\$66.16
Employee + 2 or More	\$0	\$45.68	\$85.73

You can find rates for disability options, optional life and AD&D insurance, and critical illness insurance on the AECOM Benefits Service Centre enrolment website.

Benefits resources

Benefits Website

Our benefits website, benefitsatAECOM.com, pulls all your benefits information and resources together in one mobile-friendly place. No login is required, making it quick for you and your spouse to find what you need — on your phone, tablet or computer. Make benefitsatAECOM.com your first stop for all things benefits, including plan details, helpful checklists, carrier contact information, and the latest news.

AECOM Benefits Service Centre

If you need additional information after reviewing benefitsatAECOM.com, the **AECOM Benefits Service Centre**, administered by **SEB**, is your primary point of contact for benefits enrolment, changes, and inquiries. To speak with a benefits expert, call 833.411.5520, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time.

To enrol in or make changes to your benefits online, visit the AECOM Benefits Service Centre enrolment website (available 24/7 except for site maintenance on Sundays before 1 p.m. Eastern Time):

- Go through **Okta single sign on** (if you already have an AECOM Benefits Service Centre account).
- Or visit AECOMBenefitsOnline.com and log in with your Access ID (Workday ID) and password.

Sun Life Financial

Sun Life Financial provides our group benefits services — medical and dental benefits, life insurance, spending account administration, and management of our prescription drug pre-authorization process. Go to mysunlife.ca/aecom to submit and track claims, view your claims history, verify your maximums and limits, and track your spending account balance.

Health care benefits

You have a choice of three health care modules, each providing different levels of medical and dental coverage. This means you get to pick which coverage best meets your needs.

Module A includes basic medical coverage with a \$1,000 per person per year deductible but no dental benefits. The company pays the full cost of coverage.

Modules B and C provide comprehensive medical coverage with no deductible, including vision care, paramedical services, and dental benefits. You share in the cost of this coverage.

The chart on the next page provides details of the coverage you receive under each module.

Sun Life Health Plan Extras

The AECOM Sun Life health plans give you access to information on a variety of topics to help you be well, including fitness, nutrition, weight management, mental health, quitting tobacco, pregnancy, preventive care, conditions such as heart disease and diabetes, and [more](#).

Pre-authorization for certain prescription drugs

To manage costs, our medical plan covers the least-costly alternative prescription drug, which will often be a generic. In addition, some costly prescription drugs require prior authorization (pre-approval) before they can be dispensed. This pre-approval step affects certain drugs and biologic therapies which have been identified based on cost and on medical criteria.

If your doctor recommends a drug that requires pre-approval, contact Sun Life and submit a completed prior authorization form for approval before filling the prescription. Sun Life will reply in writing within five business days. If the request is approved, the drug cost will be reimbursed according to the coverage provided in your health care module. If Sun Life does not approve the request, you can still obtain the drug but it will not be reimbursed by the plan.

Prior authorization is required for some, but not all, of the drugs used to treat certain inflammatory conditions, asthma, blood disorders, cancer (oral drugs), cholesterol disorders, diabetes, heart disease, hepatitis, HIV, lupus, multiple sclerosis, muscle-nerve disorder, osteoporosis, pulmonary arterial hypertension, and some rare diseases. Biologics used to treat conditions such as rheumatoid arthritis, Crohn's disease, psoriatic arthritis, ankylosing spondylitis, and plaque psoriasis also require pre-approval.

See the [Prior Authorization Drug List and Forms](#).

Health care benefits	Module A <i>AECOM pays the full cost of the plan</i>	Module B <i>You share the cost of the plan with AECOM</i>	Module C <i>You share the cost of the plan with AECOM</i>
Medical Plan			
Deductible (the amount you spend out of pocket before the plan pays)	\$1,000 per person per year (does not apply to out-of-province/country emergency medical coverage, or travel assistance)	No deductible	No deductible
Prescription drugs (generic substitution required); up to \$10,000 per lifetime for eligible fertility drugs	After the deductible has been met: • 100% reimbursement • \$10 dispensing fee limit	<ul style="list-style-type: none"> • 80% reimbursement • \$10 dispensing fee limit • \$10,000 out-of-pocket limit per family per year 	<ul style="list-style-type: none"> • 90% reimbursement • \$10 dispensing fee limit • \$10,000 out-of-pocket limit per family per year
Vision care	No coverage	80% reimbursement of eligible expenses (glasses, contact lenses, surgery) up to \$250 per person every 24 months; 80% for contact lenses for the treatment of specific medical conditions up to \$150 per person per lifetime	90% reimbursement of eligible expenses (glasses, contact lenses, surgery) up to \$350 per person every 24 months; 90% for contact lenses for the treatment of specific medical conditions up to \$150 per person per lifetime
Eye exams (if not covered under your provincial plan)	After deductible has been met: 100% reimbursement up to \$85 per person every two years	80% reimbursement up to \$85 per person every two years	90% reimbursement up to \$85 per person every two years
Hearing aids	No coverage	80% reimbursement up to \$450 per person every five years	90% reimbursement up to \$550 per person every five years
Paramedical services*	No coverage	80% reimbursement up to \$500 per practitioner per person per year except for mental health practitioners which is \$1,000	90% reimbursement up to \$700 per practitioner per person per year except for mental health practitioners which is \$1,500
Orthotics	No coverage	80% reimbursement up to \$400 per person every three years	90% reimbursement up to \$400 per person every three years
Orthopedic shoes	No coverage	80% reimbursement up to \$200 per person per year	90% reimbursement up to \$200 per person per year
Hospital accommodation	After deductible has been met: • Semi-private room • 100% reimbursement	<ul style="list-style-type: none"> • Semi-private room • 100% reimbursement 	<ul style="list-style-type: none"> • Semi-private room • 100% reimbursement
Medical supplies and ambulance services	After deductible has been met: 100% reimbursement	80% reimbursement	90% reimbursement
Out-of-province/country medical emergency	<ul style="list-style-type: none"> • 100% reimbursement for trips up to 180 days • \$1,000,000 lifetime maximum 	<ul style="list-style-type: none"> • 100% reimbursement for trips up to 180 days • \$1,000,000 lifetime maximum 	<ul style="list-style-type: none"> • 100% reimbursement for trips up to 180 days • \$1,000,000 lifetime maximum
Dental Plan			
Basic (diagnostic, preventive, restorative, endodontics)	No coverage	80% reimbursement up to \$2,000 per person per year for basic and major services combined	100% reimbursement up to \$2,500 per person per year for basic and major services combined
Major (bridges, crowns, dentures, periodontics)	No coverage	50% reimbursement up to \$2,000 per person per year for basic and major services combined	50% reimbursement up to \$2,500 per person per year for basic and major services combined
Orthodontics (for children up to age 19)	No coverage	50% reimbursement up to \$2,000 per person per lifetime	50% reimbursement up to \$2,500 per person per lifetime
Recall exam frequency	No coverage	Nine months for adults and six months for children	Six months for children and adults
Spending Accounts			
Health or Personal Spending Account (money can be split between the two accounts)**	\$175 per year (Employee + 1 or Employee + 2 or More) \$150 per year (Employee Only)	\$175 per year (Employee + 1 or Employee + 2 or More) \$150 per year (Employee Only)	\$175 per year (Employee + 1 or Employee + 2 or More) \$150 per year (Employee Only)

* Paramedical services include chiropractic, osteopathic, speech therapy, podiatry, massage therapy, dietetics, acupuncture, naturopathy, physiotherapy and mental health (psychologist, social worker, psychotherapist, marriage and family therapist, psychoanalysts, clinical counsellors). Practitioners must be provincially licensed and registered.

** Funds directed to your Health Spending Account or Personal Spending Account cannot be moved once allocated. The spending account allocation is pro-rated for new hires based on hire date.

Choosing your health module

When choosing your health care module, consider the following:

Module A:

- AECOM pays the full cost.
- Includes out-of-country medical emergency coverage for up to 180 days.
- Includes semi-private hospital accommodation (after deductible has been met)
- Covers prescription drugs and eye exams only after you've met the \$1,000 deductible for the year.
- Does not include dental benefits.
- Intended for people who typically have low health care expenses or who have access to health care coverage under their spouse's benefits plan and can coordinate their benefits to minimize costs (see [page 7](#)).

Modules B and C:

- You and AECOM share the cost (AECOM pays the majority).
- Both cover a wide range of medical and dental expenses, including vision care and paramedical services.
- There is no deductible.
- Costs are based on the module you choose and the coverage you select (Employee Only, Employee + 1, Employee + 2 or More). See [page 3](#) for costs.
- Module C is more expensive as it offers a higher level of co-insurance for many services, a lower out-of-pocket limit, and other enhancements.

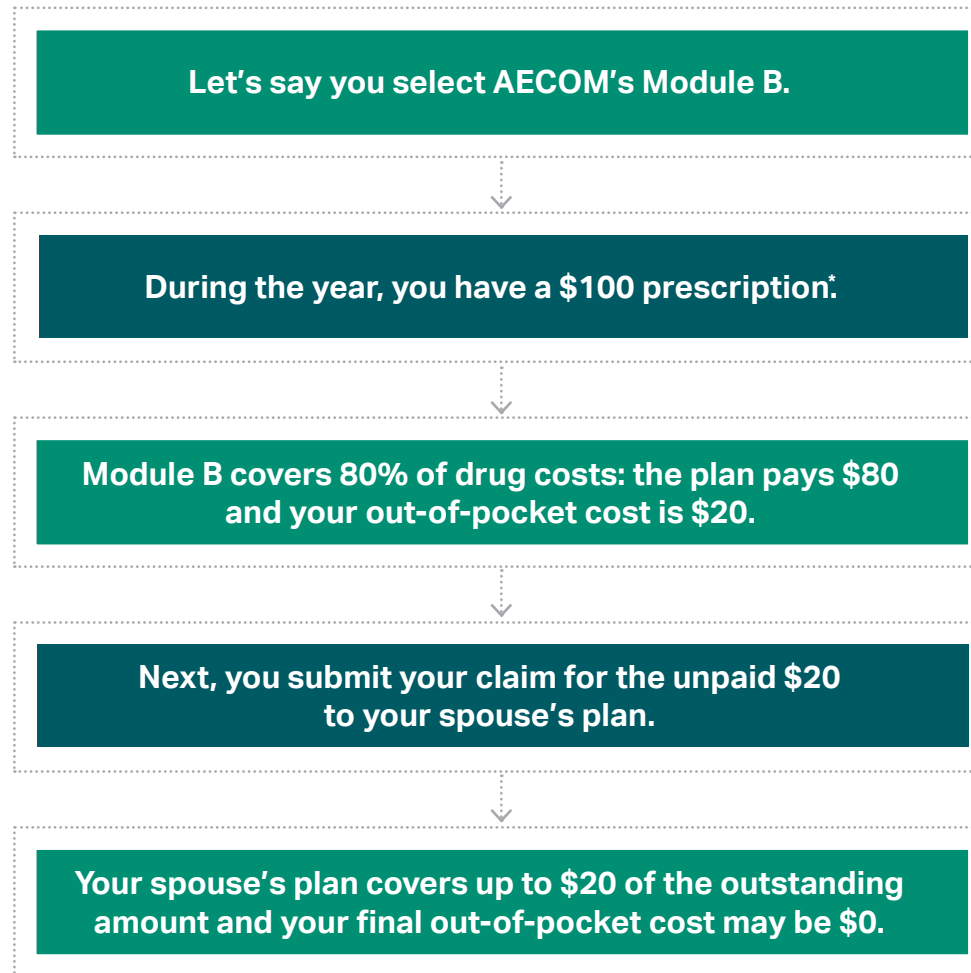
5 steps to make your decision:

- 1. Determine what you spend on items like prescription drugs, paramedical services and dental care.** You can access your claims history on the Sun Life website at mysunlife.ca/aecom.
- 2. Estimate your expenses for next year.** While some of your expenses may be the same from year to year, you may also have some upcoming "one-time" expenses. For example, you may need major dental work or your child may need braces. Only Modules B and C cover these expenses.
- 3. Look at the coverage provided under each module and decide if you'd be better off staying with your current module or making a change.** Which module offers the best coverage for the types of expenses you expect to have?
- 4. Consider the cost of each module.** If you're debating between Modules B and C, determine whether it's worthwhile to pay a little extra through payroll deductions for the enhanced coverage included in Module C.
- 5. If available, consider coverage under your spouse's benefits plan.** If you have coverage under your spouse's plan, determine what kind of coverage the plan offers and at what price. You might consider electing Module A, which is fully paid for by AECOM.

Once you've selected your benefits, they will remain in effect for a full year. You cannot change your selection until the following Benefits Open Enrolment, unless you experience a qualifying life event (see [page 18](#) for more details).

Coordinating benefits with your spouse

Coordinating benefits with your spouse's health care coverage is a great way to maximize the value of both benefits plans. By coordinating benefits, you and your spouse may be able to have up to 100% of your eligible expenses reimbursed without using your HSA. To do this, you each enrol as dependents in the other's benefits plan, along with your dependent children. Here's how it works:



* Equal to the reasonable and customary cost of the expense.

For your dependent children, send the claim first to the insurance company of the spouse who has the earlier birth month in the year. If both spouses have the same birth month, then send claims to the one whose birth date is earlier. Then send any unpaid portion to the other spouse's plan.

Log in at mysunlife.ca/aecom for coordination of benefits guidelines and examples.

Supplemental health care benefits

Telehealth

All employees (and their dependents) enrolled in health care benefits through Sun Life have automatic access to **telehealth** services through Lumino Health Virtual Care. With telehealth, you can access care from the comfort of your home:

- Chat with a nurse or doctor through secure video, at no cost to you
- Renew prescriptions
- Connect with mental health specialists
- Consult with other health care professionals (e.g., nutritionists and psychologists) for a fee (any additional fees are communicated up front and can be paid through the app).

Learn more and get started today, so you're all set up to access care when you need it.

Expert Medical Advice and Second Opinions

All employees (and their dependents) enrolled in health care benefits through Sun Life have FREE access to **expert medical advice and second opinions** for critical health concerns from some of the country's leading medical providers. Our partner for this benefit is Teladoc Medical Experts.

Well-Being at AECOM

AECOM's Sun Life health plan includes well-being resources and programs, and AECOM offers additional well-being resources through our other benefits partners and our **Global Well-Being program**.

Spending accounts

No matter which health care module you choose, AECOM will contribute to a spending account that you can use to pay for health and well-being expenses for yourself and your dependents:

- \$175 annually if you choose Employee + 1 or Employees + 2 or More coverage*
- \$150 annually if you choose Employee Only coverage*

**Amount is the total contribution for the employee and all covered dependents (not per dependent). Amount is pro-rated for new hires, based on their new hire date.*

You can choose to direct the money toward a Health Spending Account (HSA) or a Personal Spending Account (PSA), or you can split the balance between the two. You must enrol each year if you want some or all deposited into your PSA. Otherwise it will automatically be contributed to your HSA and cannot be changed after Open Enrolment.

Any unused balance in your HSA or PSA at the end of one year will automatically carry over to the next year. You must use the carry-over amount by December 31 of the second year or you will lose it. Sun Life must receive your HSA or PSA claim no later than 90 days after the end of the benefit year during which you incur the eligible expense or 90 days after the end of your HSA or PSA coverage, whichever is earlier.

Health Spending Account

The HSA allows you to pay for health and dental expenses not covered under your provincial health plan, your AECOM benefits plan, or your spouse's benefits plan. Your HSA allocation is not a taxable benefit, except in Quebec. Eligible expenses include:

- Your share of the cost to belong to Module B or C, or the premiums your spouse pays for his or her medical or dental plans
- The portion of pharmacy dispensing fees above \$10
- Coinsurance payments (the percentage of medical or dental costs that you would normally pay out of pocket, e.g., the 20% of medical expenses that are not covered by Module B)
- Expenses in excess of annual benefit maximums
- Expenses for grandchildren, parents, and other relatives who live in your household and are financially dependent on you for support as defined by the Canada Revenue Agency (CRA)
- And more. Go to the [CRA website](#) to see the complete list of **eligible medical expenses**.

Personal Spending Account

The PSA allows you to pay a wide range of eligible expenses for you and any of your dependents covered under your plan, including:

- Fitness services and equipment
- Health products and services
- Education and personal development
- Green living
- Work-life balance
- Safety initiatives
- Professional services
- Insurance premiums
- Financial contributions

The PSA is fully digital. You can submit claims through the [my Sun Life Mobile app](#) or through mysunlife.ca/aecom. Claims are usually processed in less than 48 hours.

Log in to your Sun Life account at mysunlife.ca/aecom to see the complete list of eligible PSA expenses.

Claims paid using the PSA are taxable as income.

Disability insurance

Disability insurance provides financial support if you become ill or injured and unable to work for an extended period of time. You will receive a percentage of your income, as long as you qualify for disability leave under the AECOM plans.

- Short-term disability (STD) insurance and long-term disability (LTD) insurance are both **mandatory** for all AECOM employees.
- You have a choice between two levels of STD and two levels of LTD coverage.
- You pay the cost of STD and LTD insurance through regular payroll deductions, which **provides a significant tax advantage**: If you become ill or injured and qualify for STD or LTD benefits, your benefits will not be subject to income tax.

Short-term disability plan

If you've been ill or injured for five consecutive business days and are unable to perform your normal work, you may qualify for STD benefits for up to 16 weeks (after a one-week waiting period). You have two choices for coverage:

- **Option 1** — Replaces 67% of your base pay
- **Option 2** — Replaces 75% of your base pay

Your cost for each option is based on your base annual earnings. You can find your personal costs on the AECOM Benefits Service Centre website.



DECISION TIP

Consider other sources of income you'd have if you were unable to work for four months. Is Option 1 enough to help cover your expenses, or do you need the additional income provided by Option 2?

As a reminder, if you qualify for STD benefits, your payments will not be taxed like your regular pay.

Long-term disability plan

If you qualify, LTD benefits start once your STD benefits have run out, which is after 17 weeks of disability. LTD benefits continue for as long as you are totally disabled (up to age 65) and under the care of a medical doctor. LTD benefits are paid as follows:

**70% of the first
\$2,000 of your
monthly pre-
disability base pay**



**55% of the next
\$1,500 of your
monthly pre-
disability base pay**



**45% of the balance of
your base pay, up to
a maximum monthly
benefit of \$12,000**

You have two choices for LTD coverage:

- **Option 1** — Basic coverage paid according to the formula above
- **Option 2** — The same basic coverage as Option 1 with an up to 3% annual cost-of-living adjustment (the benefit is adjusted annually by the change in the Consumer Price Index, to a maximum annual increase of 3%)

Your cost for each option is based on your base annual earnings. You can find your personal costs the AECOM Benefits Service Centre website.



DECISION TIP

LTD benefits end when you no longer meet the definition of disability, when you recover or when you reach age 65. If you are already close to that age, the annual cost-of-living adjustments, also known as inflation protection, may not be beneficial to you. However, if you are younger, and could potentially receive disability benefits for many years, inflation protection is a valuable feature.

LTD, Life and AD&D insurance — what's the difference?

- **LTD insurance** — Replaces a portion of your income for an extended period of time, when disability is due to a non-work-related illness or injury.
- **Life insurance** — Pays a lump-sum benefit to your beneficiary if you die.
- **AD&D insurance** — Pays a benefit only if your death is accidental. It is paid in addition to life insurance. It also pays a benefit based on specific injuries.

Life and AD&D insurance

Basic life insurance

AECOM automatically provides you with company-paid life insurance equal to one times your annual salary. Coverage reduces by 50% at age 65 and terminates when you retire.

Optional life insurance

You can buy additional optional life insurance for yourself and your family as follows:

- **You** — Units of \$10,000 to a maximum of \$750,000, subject to evidence of insurability
- **Spouse** — Units of \$10,000 to a maximum of \$500,000, subject to evidence of insurability
- **Children** — Units of \$5,000 to a maximum of \$25,000

Evidence of Insurability (EOI) is proof of an individual's good health, which the insurance company requires before approving optional life insurance. EOI is normally required for all optional life insurance for employees and their spouses. You provide it by completing a Sun Life Statement of Health form.

Optional employee coverage ends when the employee retires or reaches age 70. Optional spouse coverage ends when the employee retires or reaches age 70 or when the spouse reaches age 70, whichever happens first. Optional child coverage ends when the employee retires or reaches age 70, whichever happens first.

The cost of optional life insurance for you and your spouse is based on age, gender, and smoker status. You must declare your smoker status when you buy optional life insurance — if you do not, your rates will be calculated as if you were a smoker. The cost for children is a flat amount no matter how many children you cover.

You can find costs on the AECOM Benefits Service Centre website. You pay for this coverage through regular payroll deductions.



DECISION TIP

Life insurance benefits are paid in a tax-free, lump-sum payment. Here are some questions to ask yourself when deciding whether to buy optional life insurance:

- How much money would your family need if you, your spouse or your child were to die?
- Are there alternate sources of income that your family could rely on if you or your spouse died?
- Are there significant long-term expenses in your family's future, such as a mortgage or school tuition?
- Are there resources to pay for a funeral if you or a family member dies?
- Do you and your spouse have other individual or group life insurance coverage? If so, is that coverage adequate for your needs, and is it competitively priced?

You can also check out the [**life insurance calculator**](#) offered through Sun Life to determine how much life insurance is right for you.

Basic AD&D insurance

AECOM automatically provides you with company-paid AD&D insurance equal to one times your annual salary. Coverage reduces by 50% at age 65 and terminates when you retire.

Optional AD&D insurance

You can buy optional AD&D insurance as follows:

- **You** — Units of \$10,000 to a maximum of \$500,000
- **Spouse** — Units of \$10,000 to a maximum of \$500,000 or the amount of the employee coverage, whichever is lower.
- **Children** — Units of \$5,000 to a maximum of \$100,000

Optional employee coverage ends when the employee retires or reaches age 70. Optional spouse coverage ends when the employee retires or reaches age 70 or when the spouse reaches age 70, whichever happens first. The cost of AD&D insurance is based on the level of coverage you choose. You can find costs on the AECOM Benefits Service Centre website. You pay for this coverage through regular payroll deductions.

How AD&D insurance works

- AD&D pays a lump-sum, tax-free benefit if you die or are seriously injured as a result of an accident. It applies around the clock, not just while you're at work.
- If you die, the AD&D benefit is paid in addition to life insurance.
- Benefits are only paid as the result of an accident, so evidence of insurability is never required.
- The AD&D benefit is paid to your beneficiary if you die. It's paid to you if you're seriously injured.

Protect your loved ones by updating your beneficiaries

Protect your financial well-being by designating your beneficiary(ies) — the person or persons you want to receive your life and AD&D benefits and retirement account balances if you die. You can change beneficiaries at any time. Review and update your beneficiary information to make sure it is complete and up to date. If you die and have no beneficiaries on file or if your beneficiary information is outdated, there could be a significant delay in payment (or no payment at all) during an already challenging time for your loved ones. Learn more at benefitsatAECOM.com.



DECISION TIP

- Consider the costs you may need to cover if you or a family member is seriously injured. This could include renovations to your home or car to accommodate a disabled person, loss of income and rehabilitation expenses.
- Consider how much life insurance coverage you have — and whether you need AD&D coverage in addition to that amount. AD&D is not a replacement for life insurance, which protects you even if your death is not accidental.

Voluntary benefits

You can elect home, auto, pet, and identity restoration coverage at reduced group rates offered to AECOM employees. These voluntary benefits are administered by Marsh, and you can enrol in them at any time during the year.



Home and Auto Insurance

With Marsh home and auto insurance, you get broad coverage at low group rates. Program features include:

- Preferred group discounted rates
- Monthly payment plan with no service fees
- 24-hour emergency claims service
- Optional accident forgiveness

Call **877.476.6727** for more information and to get a quote.



Pet Insurance

Marsh has teamed up with Petsecure to provide broad coverage for unexpected pet illnesses and accidents, at discounted rates.

Call **888.920.7176** for more information or visit petsecure.com/marshcanada to get an online quote.



Identity Restoration

Marsh has partnered with Trisura to offer you this identity restoration insurance product. For an annual premium of \$30, this coverage provides:

- Education and awareness services you can access anytime to help protect you against the crime of identity theft
- A Personal Risk Assessment Survey designed to identify areas where your personal identity information is vulnerable and recommend corrective measures to help protect you from identity theft
- Assistance in the event that your identity is stolen.

For more information and to enrol directly with Marsh, visit shop.marsh.ca/.

Critical illness insurance

Critical illness insurance is a voluntary benefit that provides a tax-free lump-sum cash payment if you or your spouse is diagnosed with a covered critical illness, and meets the condition-specific criteria for survival or persistence, ranging from 14 to 90 days. The money can be used any way you see fit: to help with medical expenses, pay for nursing or childcare expenses, or make modifications to your home or vehicle. The insurance covers 40 different conditions, including heart attack, cancer, and stroke. Coverage is available up to age 70.

Your options are:

- **You** — Units of \$5,000 to a maximum of \$550,000 (evidence of insurability is required for amounts over \$60,000 or any amounts elected in the future)
- **Spouse** — Units of \$5,000 to a maximum of \$550,000 (evidence of insurability is required for amounts over \$40,000 or any amounts elected in the future)

You pay 100% of the cost of coverage through regular payroll deductions. Your cost depends on the level of coverage you choose and your age, gender and smoker status. You can find the cost for coverage on the AECOM Benefits Service Centre website.



DECISION TIP

- Consider the financial impact on your family if you or your spouse were to become critically ill.
- Understand the terms and conditions of this insurance so that you know which illnesses are covered and how payments are made for that illness. Details are on the AECOM Benefits Service Centre website.
- All critical illness coverage is subject to a pre-existing condition limitation.

Other benefits

Holidays and Flexible Time Off (FTO)

Take time away to **celebrate holidays** with loved ones, get **rest and renewal** and take care of yourself and others with **leaves of absence**.

Retirement and Savings Plan

AECOM offers a Retirement and Savings Plan, administered by Sun Life Financial, that includes:

- **A Defined Contribution Pension Plan** — AECOM contributes 2% of your base annual earnings, whether or not you contribute. Employees can contribute up to 4% and receive a 50% match, which adds up to an additional 2% of base annual earnings.
- **A Group Registered Retirement Savings Plan (RRSP) and/or a tax-free savings account (TFSA)** — Employee contributions only, up to maximum allowed by the *Income Tax Act* (Canada).

Employee Stock Purchase Plan (ESPP)

Administered by Merrill, the **Employee Stock Purchase Plan (ESPP)** allows you to purchase company stock at a 12% discount.

Employee Assistance Program (EAP)

You and eligible members of your household have 24/7 access to confidential counselling to help you address issues such as relationship difficulties, drug and alcohol abuse, financial hardship, and general stress or depression. You can also turn to the EAP for help in obtaining financial services, legal support, and resources to assist you with work-life balance. The EAP is available 24 hours, seven days a week by calling ComPsych at 800.497.9096 (English) or 877.616.0509 (French) or visiting **guidanceresources.com** (Company ID: AECOM) and selecting the Canada flag. You don't need to enrol — your coverage is automatic and AECOM pays the full cost of this benefit.

On-Demand Mental Health Support

This resource through **Koa Care 360** uses computerized cognitive behavioral therapy to help you build resilience, improve your sleep, manage your health and cope with your emotions.

Business Travel Benefits

You (and your spouse and dependent children who are travelling with you) are eligible for the [Business Travel Benefits Program](#). This program provides travel assistance, travel risk information, business travel accident (BTA) insurance and travel abroad medical insurance. You don't need to enrol — your coverage is automatic and AECOM pays the full cost of this benefit.

Global Mental Health Allies

Connect with a specially trained colleague at AECOM for [support](#) when you or someone you love is facing a mental health challenge.

Canada Fitness Discounts Program

The [Canada Fitness Discounts Program](#) provides you and your family with the resources and support to maintain a healthy lifestyle.

Kudos

AECOM's [global service award and social recognition program](#) lets you celebrate professional contributions and personal achievements — for yourself and your colleagues around the world.

Training Activity Assistance (formerly Education Assistance) and First-Time Licensure

AECOM's [Training Activity Assistance](#) and [First Time Licensure](#) programs help you further your career by enhancing your job-related skills and expertise.

These programs are offered at the discretion of the company and may vary by business group. You'll find more information about these and all your AECOM benefits at benefitsatAECOM.com.

How to enrol November 4 – 22, 2024

Step 1: Log in to the AECOM Benefits Service Centre website:

- Through **Okta single sign on** (if you already have an AECOM Benefits Service Centre account)
- At **AECOMBenefitsOnline.com** using your Access ID (Workday ID) and password that you have used previously to register your AECOM Benefits Service Centre account.

You can find your Access ID (Workday ID) on your SunLife ID card and by logging into Ecosystem > My Apps Links drop down menu, clicking the Workday link, and viewing your profile page.

Step 2: Confirm your benefits coverage, dependent information, and beneficiaries. **(Open Enrolment is a great opportunity to review and update your beneficiaries, and the new AECOM Benefits Service Centre website makes it easier than ever.)** Choose which dependents to cover and ensure their information is correct.

Step 3: Choose your 2025 benefits and decide how to direct your annual spending account allowance to your Health Spending Account (HSA) and/or Personal Spending Account (PSA). You will see all your benefits options and their related costs. If you do not want to make changes, your current choices will continue in 2025 and your annual spending account allocation will be directed to your HSA. If you want to make changes, you must do so by 11:59 p.m. Eastern Time on November 22, 2024.

New to AECOMBenefitsOnline.com?

If you've never registered on the AECOM Benefits Service Centre website, go to the log in screen, click **First Time User**, enter your **Access ID** (Workday ID), and follow the registration steps.

Questions?

If you have questions or need help, contact the **AECOM Benefits Service Centre** at 833.411.5520. Representatives are available to assist you, Monday through Friday, from 8 a.m. to 8 p.m., Eastern Time.

Can I change my benefits during the year?

Your benefits choices can only be changed during the year if you have a life event:

- A change in family or marital status
- The birth or adoption of a child
- A change in coverage for yourself or your dependents under your spouse's plan
- A change in the eligibility status of your child
- A change in your province of residence
- The death of a dependent

After a life event, you can increase or decrease your health coverage and change your disability insurance option. You must make the change within 31 days of the event. If you miss that date, then you have to wait until the next Open Enrolment to make changes.

You can change optional life and AD&D insurance at any time during the year.

To make a life event change, go to the AECOM Benefits Service Centre website or contact the AECOM Benefits Service Centre at **833.411.5520**.

Default coverage if you don't enrol by November 22, 2024

If you don't make your 2025 benefit selections during Benefits Open Enrolment, you will automatically receive default coverage as follows:

Benefit	2025 default coverage
Health care (medical and dental)	<ul style="list-style-type: none"> You will continue to participate in your current health care module but at 2025 rates. If you live in Quebec and opted out of health and dental coverage, you will remain opted out.
Health/Personal Spending Account	The annual spending account contribution will default to the HSA.
Basic life and AD&D insurance	1x salary rounded to the next higher \$1,000, if not already a multiple of \$1,000.
Optional life insurance	Same as you have today.
Optional AD&D insurance	Same as you have today.
Business travel accident insurance	4x salary rounded to the next higher \$1,000, if not already a multiple of \$1,000 (no enrolment needed).
Short-term disability insurance	Same as you have today but at 2025 rates (which are less than the 2024 costs).
Long-term disability insurance	Same as you have today.
Critical illness insurance	Same as you have today.
Voluntary benefits (home, auto, pet, and identity restoration insurance)	Same as you have today (you can enrol in these benefits at any time during the year).
Other benefits (EAP, telehealth, expert medical advice and second opinions)	Continue in 2025. No enrolment needed.

For more information

For additional information about these all and your AECOM benefits, including contact information, please visit benefitsatAECOM.com.

Questions?

If you have questions or need help, contact the AECOM Benefits Service Centre at **833.411.5520**. Representatives are available to assist you, Monday through Friday, from 8 a.m. to 8 p.m., Eastern Time.

This benefits guide provides brief descriptions of the coverage available. Full details of the coverage, including limitations, exclusions, and termination provisions, are described in the respective policies.

While every effort has been made to provide the essential information in a clear and accurate way, a guide such as this cannot cover everything. If a situation is not covered or if there is a misunderstanding about what this material means, the terms and conditions of official documents and insurance contracts determine your rights. The benefits described in this guide are effective only if you are eligible for coverage, become covered and remain covered according to the provisions of the plans. AECOM reserves the right to amend, modify, terminate, or discontinue any or all of the plans described in this guide at any time.

September 2024