

GROUP INSURANCE

GUIDELINES

for Employees

(January 2018)



Les services à l'enfance

Grandir ensemble

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TABLE OF CONTENT

Introduction	3
Definitions	3
Eligibility.....	4
Enrolment Form	6
Coverage	7
Claim	8
Coordination of Benefits.....	8
Updates and Changes	8
Coverage during a Maternity or Parental Leave	10
Coverage During the Summer.....	10
Coverage During a Leave of Absence Without Pay.....	11
Converting Group Life Insurance Upon Termination of Employment	11
Sick leave / Long-Term Disability Leave.....	11
Continuation of Coverage while an Employee Receives Long-Term Disability Benefits or Other Income	13
Optional Life Insurance	14
Contact Information	15

INTRODUCTION

This document provides the information pertaining to enrolment form claims as well as the procedures to make claims and to make changes to your group insurance coverage. All the necessary forms will be provided by your employer, for example, change form, beneficiary designation, trustee appointment, etc.

The booklet “**Group Benefit Plan**” contains important information. It provides the information you need about the group benefits available through your employer’s group contract with Great West Life. Please refer to this booklet to obtain information regarding your group benefits and administrative guidelines that you must adhere to.

If additional information is required, please contact Great West-Life’s Client Services at 1-800-957-9777, as outlined on the last page of this document.

DEFINITIONS

Common law: :	partner of the opposite or of the same sex who is publicly represented as your spouse, from the first day of cohabitation
GWL	Great-West Life
Participant	the employee
Participating member	a childcare center participating in the group benefit plan
Dependent	spouse, common law spouse and/or unmarried children under age 22, or under age 26 if they are full-time students
Employee	Employees with an indeterminate employment contract working at least 20 hours or more per week in a participating childcare center.

ELIGIBILITY

The employer will ask the employee to fill out a group benefits program enrolment form. The employee must make sure that all sections are completed in **print style**.

Eligibility criteria in the group benefit plan

Employees with an indeterminate contract working at least 20 hours or more per week in a participating childcare center are eligible.

The following employees are not eligible for coverage:

- An employee who signed a contract for a fixed duration (renewal or non-renewable fixed duration)
 - The employees with a fixed duration contract include:
 - temporary employees, and,
 - seasonal employees

All eligible employees **must** enrol in the group insurance program by completing the “Enrolment form”. The mandatory benefits are:

Mandatory benefits

- Life insurance
- Dependent life insurance (if applicable)
- Accidental death and dismemberment
- Long-term disability
- Extended health care (single coverage) **
- Dental care (single coverage) **

**** The employee can refuse the single extended health care and dental care if he is covered under his spouse’s insurance group plan.**

Employees residing in Québec: If an employee resides in the province of Québec, it is mandatory for the employee and his dependents to be covered under this plan, unless covered elsewhere.

Optional Coverage:

- Extended health care (family coverage)
- Dental care (family coverage)

If the employee refuses this option at the time of enrolment and the employee requests family coverage at a later date, this is considered a *late enrolment* and the insurer will request a “*Evidence of insurability*” form (at the employee’s expense). For more details, please refer to the section entitled “*Late enrolment*” below.

Late enrolment

If the application is received more than **31 days** after the employee has become eligible for insurance, for his spouse and/or dependents, or a change in the family situation, the application will be considered late. Employees and/or his dependents will have to submit evidence of insurability form (medical questionnaire), at their cost, to Great-West Life in order to determine if they are eligible for insurance. The coverage could be accepted or declined. Coverage will start once Grandir ensemble has received a written confirmation from Great-West Life. In addition, should the application be accepted by GWL, certain restrictions will apply, for example, the dental care will be reduced to a maximum of \$100 per person for the first year. See the Group Benefit Plan booklet – “*Dental Care Limitations*”.

Eligibility date

The waiting period in the plan is 3 months of continuous service for all new employees. The eligibility date is 3 months from the first day of employment. In order for the coverage to become effective, the employee must be actively at work on the date of eligibility.

Full time student – Refusal of coverage

If you have any employees who meet the eligibility criteria but are also full time student, they can refuse the coverage offered by the employer and maintain their coverage through their parent's plan as a dependent. If this is the case, the employee must refuse **ALL BENEFITS**.

The employee must complete the form "*Refusal Form – Full-time Student*". The employer must forward the completed form to Grandir ensemble.

If the employee decides to participate in the plan at a later date, he will have to submit (at his own expense) satisfactory evidence of insurability to the insurer and the late enrolment terms and conditions will apply.

Change in employer / Reinstatement

When an employee changes employer, or comes back to work for the same employer, and this employer participates in the group insurance plan administered by Grandir ensemble, the employee can be reinstated in the plan. The reinstatement must be within a delay of 6 months. In this case, the 3-month waiting period is waived and the eligibility date is the same as the date of hire and the claims history will remain on the employee's file. The employer must check the "*Reinstatement*" and indicate the ID number of the participant on the enrolment form. The coverage offered to the employee will be the one offered by the new employer, i.e. Plan A or B.

However, if the employer's policy states that all new employees must satisfy the 3-month waiting period, the employee will be considered as a new participant and will receive a new certificate from the insurer at the eligibility date (3 months following the date of hire).

Effective date of coverages

For the employee

The insurance for the employee will begin on the date of eligibility. However, if the employer omits to forward the enrolment form to Grandir ensemble within the prescribe delay, a maximum of 12 months of retroactive premiums will be invoiced. Premiums will be adjusted retroactively to the date that the employee should have been enrolled and the employer and employee must pay the retroactive premiums. The employee will not have to submit evidence of insurability if the enrolment is done within 12 months of the date of eligibility. However, if the enrolment is done more than 12 months following the date of eligibility, the employee's enrolment will be considered as a late enrolment and may be refused by the insurer.

For the spouse and dependent children

Within 31 days of the date of eligibility, the employee must enrol his dependents (spouse/common-law spouse and/or children) to the extended health and dental benefits without evidence of insurability. However, if the application is made after 31 days, they will be considered as late applicants and the employee will have to complete the "*Evidence of insurability*" form required by the insurer, see appendix N. The insurer could refuse the request. You can refer to the "*Late enrolment*" section in this document.

ENROLMENT FORM

The enrolment form must be completed by the employee and the employer, dated and signed in ink as this represents a legal document. The use of correction fluid will not be accepted. The participant and/or the employer must initial all changes made to the form.

As soon as a new eligible employee is hired, the employer must give a copy of the “*Group Insurance Guidelines for Employees*” the “*Enrolment form*”, the “*Trustee appointment*” and the insurer’s booklet (available in PDF format). When the employee signs the enrolment form, he also confirms that he has read those guidelines and will adhere to them.

The employee must verify the enrolment form to make sure that it is properly filled out and signed. The employee must initial all changes made to the form. The use of correction fluid will not be accepted.

Identification of the Participant

The employee must make sure that all questions are completed under this section.

Coverage requested

Life Insurance, Accidental Death and Dismemberment, Long Term Disability: As these benefits are mandatory, they are not indicated on the enrolment form.

Life insurance for Dependents: If the employee has a spouse and/or dependent children, he must check the “Yes” box even if they are not covered under the extended health and dental benefits. If the employee has no dependents, he must check the “No” box.

If the employee checked the “yes” box, it is important to complete the section “Information on your Spouse and Dependents” for the life insurance benefits.

Extended Health and Dental: This benefit plan offers two types of coverage, single or family. The single coverage for extended health and dental benefits is mandatory **unless** the employee is covered by his spouse, see “*mandatory benefits*” in this document. The employee who refuses medical and dental coverage must provide the name of his spouse as well as the name of his insurer with his employer. The employee must complete the sections “*Coverage Requested*” and “*Information on the spouse and dependents*”.

If the employee ceases to be covered under his spouse’s plan, he may request to modify his insurance coverage within **31 days** following the termination of coverage under his spouse’s plan. If the request is made after **31 days** following the termination of coverage under the spouse’s plan, the request will be considered a late enrolment and the terms and conditions related to late enrolment will apply.

Information on the Spouse and Dependents

The employee must complete this section if he checked “yes” for life insurance for dependents.

Spouse

The employee must indicate the name of his spouse, gender, date of birth and indicate whether the spouse is covered for extended health or dental coverage with his employer. If yes, the employee must indicate the name of the insurer and the type of coverage (single or family).

Dependent Children

The employee must indicate the name, date of birth, and the gender of his children. Children are covered up to age 22 unless they are a full-time student or disabled. If the dependent is a full-time student, the employee must indicate “yes – *student*” column (see below).

Overage dependents studying full-time in a post-secondary institution

When coverage must be maintained for a dependent beyond age 22 (maximum age of 26) because the dependent is a full-time student (at least 15 hours per week), the employee must present a written proof from the post-secondary institution to the employer who in turn must advise Grandir ensemble for the change to be reflected in the employee's file. If the proof is not submitted, the dependent's coverage will automatically terminate on the 22nd birthday.

Beneficiary Designation and Signature

The employee must complete this section, date and sign the form in ink, as it is a legal document.

For the residents of Ontario: The beneficiary designation is automatically revocable. Employees who want to make an irrevocable designation must complete the "*Irrevocable beneficiary designation*" form. Irrevocable means that the beneficiary cannot be changed without the consent of the named irrevocable beneficiary by completing the form "*Consent to change of Irrevocable Beneficiary*".

For the residents of Quebec: The designation of a spouse (by marriage or common-law) as a beneficiary is irrevocable, unless the employee indicates that it is revocable. The employee must check the "*Revocable*" box on the enrolment form.

Trustee Appointment

In Ontario, if designating a beneficiary who is a **minor** or who lacks legal capacity, the employee may wish to appoint a trustee/administrator. The employee must complete the "*Trustee Appointment*" form. This nomination may not suit all situations. If the employee is designating a trustee/administrator, the insurer recommends that the employee consult a legal advisor and the proposed trustee/administrator.

Authorization and Declarations

The employee must date and sign this section in ink as it is a legal document

Return of form

The employee must submit his enrolment form to the employer. The employer must mail the **original** form to Les Services à l'enfance Grandir ensemble no later than 2 months after the date of hire of the employee.

Grandir ensemble will forward a benefit summary sheet and the drug card to the employer. The employer must give these documents along with the benefit booklet, pdf format, entitled "*Group Benefit Plan*" to their employees.

COVERAGE

Employees can contact Great West Life's Customer Service at 1 800 957-9777 for any questions relating to the coverage and their claims or consult the "*Group Benefit Plan*" booklet.

Employees are encouraged to register online at www.greatwestlife.com. Employees can also access their personal information, submit claims online, print claims forms and identification cards on this site.

CLAIMS

Forms

To file a extended health and/or a dental claim, the employees can refer to the booklet “*Group Benefit Plan*” or visit the web site as it describes the procedures.

Treatment plan

When dental expenses are expected to exceed \$200, employees should ask their dental service provider to complete a treatment plan and submit to Great West Life prior to the start of the treatment so the employee will know in advance the approximate portion of the cost they will have to pay.

Deadline for filing claims

Claims must be submitted to Great-West Life no later than 15 months from the date of the claim. However, the deadline is 3 months in the event that the contract is terminated.

COORDINATION OF BENEFITS

Employees and their spouse who are covered under the Extended Health and Dental benefits under this policy and another group insurance coverage can refer to the section “*Coordination of benefits*” of the “*Group Benefit Plan*” to determine the order in which claims should be submitted.

UPDATES AND CHANGES

The employee must complete the “*Change Form*” for all changes to their file.

Once completed and signed by both the employee and the employer, the employer will forward the form to Grandir ensemble. The employee can keep a copy for their files.

A new medical card may be reissued, depending on the nature of the change, in which the case, Grandir ensemble will forward such to the employer as soon as it is received from the insurer.

Change form

Example of changes:

- Reinstatement
- Refusal of benefits
- Addition of benefits : change from single or family (an employee can change this type of coverage without proof of good health ONLY if there is a change in their family circumstances, (ie. new spouse, children or change to the spouse’s coverage)
- Name change
- Dependent information change

Section 1 : Participant information

The employee must indicate their name, the identification number and the effective date of the change.

Section 2 : Reinstatement

The employer can reinstate coverage for an employee returning to work following an approved leave of absence of **less than 6 months** or from a summer leave (maximum 2.5 months).

If the employee returns to work **more than 6 months**, he will be considered a NEW applicant upon his return and will have to complete an “*Enrolment form*”.

Section 3 : Name change

An employee who changes name must complete section 3, indicate the effective date of the change and sign the form.

Section 4: Refusal of benefits

An employee who is covered with his spouse can refuse the coverage for himself and/or dependents. The employee who loses his coverage with his spouse has **31 days** to join this plan without providing evidence of insurability.

Section 5: Refusal of benefits – for dependents even if they are not covered by spouse’s plan

An employee can opt out of the extended health and dental benefits for his dependents even if they are not covered elsewhere. However, if the employee wants to add them at a later date, he will have to submit proof of insurability to the insurer, at his cost, and the coverage could be declined and/or accepted, the late enrolment restrictions will apply. See “*Late enrolment*” section in this document.

Section 6: Addition of Group Extended Health and Dental Benefits

An employee can request to have coverage for himself and/or his dependents if he loses his coverage with his spouse. This request for change must be made within **31 days** of the loss of coverage. If not, the late enrolment restrictions will apply. See “*Late enrolment*” section in this document.

Section 7: Dependent Information change

The employee must complete this section if he wants to add, delete or change the information regarding his dependents. The employee must indicate the effective date of the change and the reason (birth or adoption, marriage, divorce, common-law).

When an employee requests that his policy become a family policy, he must provide the name(s) of the dependent(s), their date of birth, the gender, and indicate whether or not they are an overage student or disabled. If the dependent is a full time student overage 22, the employee must provide a proof and attach to the change form.

This change in coverage must be done within **31 days** following the change in family circumstances, otherwise, the request will be considered as late enrolment and the terms and conditions related to late enrolment will apply. See “*late enrolment*” section in this document.

Authorization and Declarations

The employee must complete the change form accurately, sign and date the form. The employer must complete the information regarding the childcare center, sign and return the form to Grandir ensemble.

Change in revocable Beneficiary designation

When an employee wishes to change the name of their revocable beneficiary on his life insurance, he must complete the form entitled “*Beneficiary Designation*” The employer will send the **original** form to Grandir ensemble.

COVERAGE DURING MATERNITY OR PARENTAL LEAVE

Maternity / Parental leave

All coverages should be maintained during a maternity and parental leave. However, the employee can choose to maintain or refuse to participate in the plan while on maternity/parental leave. It is strongly recommended to keep the coverage. The employer must make the necessary arrangements prior to the start date of the leave to collect any premiums required from the employees according to the employer's internal policy.

The coverage can be maintained with the insurer during a maternity leave for a **maximum period of 12 months** after the date of birth of the baby.

The employer and the employee must complete the form entitled "*Coverage during a Maternity/Parental Leave*". The employer will send the signed form to Grandir ensemble.

If the employee does not wish to maintain his coverage or **refuses** to pay his share of the premium during the leave, the employer will terminate all benefits. It is important to mention that if an employee chooses this option and becomes disabled during this period, the employee would not be eligible to receive long-term disability benefits. As the coverage would terminate, the employer is responsible to inform the employee of their life conversion privilege and have them sign the form "*Converting Life Insurance upon Termination of Employment*".

When an employee terminates all coverage during the maternity/parental leave and meets the eligibility criteria upon his return to work, he must complete a new enrolment form upon their return to work. The eligibility date will be the first date back to work and the insurer will issue a new certificate number. The terms and conditions of a new enrolment will apply.

If the employee had single coverage before the leave and maintained coverage during the leave, she will have **31 days** from the date of birth of the child to change the coverage from single to family without having to fill out a medical questionnaire. If the employee already has family coverage and maintains coverage during his leave, the employee only needs to add the name, sex and date of birth of the child in order for the child to be covered by completing the "Change Form". The employer will send this form to Grandir ensemble.

COVERAGE DURING THE SUMMER

Employees with an indeterminate employment contract and are currently covered under the group insurance plan and do not work during the summer months, because the daycare center or the program is closed, have two options during the summer period (maximum 2 ½ months).

The employer will ask the employee to complete the form entitled "*Coverage during the summer*" and will forward a copy of the signed form to Grandir ensemble.

If the employee wishes to **continue** to participate in the plan, the employer must take the necessary steps to collect the portion of the premium that should be paid by the employee according to the employer's internal policy.

An employee who **refuses** the coverage must be reinstated without a waiting period. The employee must complete a "*Change form*" and the employer must send the **original** to Grandir ensemble. The employee will keep the same ID number and his claim history.

Refusal of coverage

It is important to note that if the employee elects to terminate his coverage and becomes disabled during this period, the employee will not be eligible to receive long term disability benefits as he was not covered at the time of disability.

COVERAGE DURING A LEAVE OF ABSENCE WITHOUT PAY

Employees currently covered under the group insurance plan that will be absent from work because of an authorized leave of absence, **subject to the approval of the employer according to their internal policies**, can continue the coverage following the maximums listed below:

Life insurance and Accidental Death and Dismemberment: 31 days

Extended Health and Dental: 31 days

Long Term Disability: Coverage cannot be continued during a leave of absence. Coverage terminates on the last day worked.

If the employee is absent for **less than 6 months**, the employer will complete a change form once he is back to work. The employee will be reinstated in the plan without a waiting period with the same certificate number and the claims history will remain on the employee file.

If the employee is absent for **more than 6 months**, the employee will be considered as a new participant and will need to complete an enrolment form. The employee will receive a new identification number from the insurer at the eligibility date.

CONVERTING GROUP LIFE INSURANCE UPON TERMINATION OF EMPLOYMENT

If any or all the life insurance (basic or optional) terminates on or before the 65th birthday, the employee may be eligible to apply for a single conversion policy without providing evidence of insurability. The employee must apply and pay the first premium no later than **31 days** after the group insurance terminates. Please note that the premium will not be the same as the current one and will be determined by Great-West Life.

When an employee has decided not to continue the benefits during a maternity/parental leave, the employee will have the right to convert. The employer must advise the employee of that right.

Employees can find out more information about the conversion option by contacting our Benefits Consultant; details are indicated on the form.

SICK LEAVE / LONG-TERM DISABILITY LEAVE

Coverage will be maintained while an employee is on sick leave and the employee will continue paying his portion of the premium. The employee will complete the form « *Agreement - Coverage while on Sick Leave/Disability* ». The employer will send a copy of the completed form to Grandir ensemble.

Policy:

This policy applies to all employees who participate in the group benefit plan offered by the employer and who are absent from work due to sick leave or are receiving long-term disability. This policy is set in accordance to the terms and conditions of the group benefit insurance policy, which governs the right to long term disability benefits of the employees.

Notwithstanding the employee's right to the long-term disability benefits per the group benefit plan offered by the employer, the employee who is absent from work due to illness could be eligible for employment insurance benefits. It is the employee's responsibility to take the necessary steps towards the application for Employment Insurance benefits.

If the sick leave is longer than 119 days, the employee may benefit from long term disability benefits starting on the 120th day of sick leave absence. It is the employee's responsibility to take the necessary steps with his employer to submit a long-term disability application to the insurer.

If the employee chooses not to apply for long-term disability benefits with the insurer, or his request for long-term disability benefits is refused by the insurer, and does not return to work before the waiting period has expired, 4 months after the beginning of the sick leave, the employer would have the right to terminate the employee's group insurance coverage.

The employee must contact his employer after an 8-week absence to obtain the forms entitled: "*Disability Income Benefits*" and to enquire about the necessary steps that must be followed to apply for the long term disability benefits with the insurer.

The employee must complete the forms "*Disability Income Benefits*" and send by fax or mail to:

Great West Life
Long Term Disability Department
1600, Scott Street, Suite 302
Ottawa, ON K1Y 4N7

Telephone : 613 761-3940
Fax : 613 725-0388
Toll free : 1 800 283-5375
Fax : 1 844 569-3133

The employee should keep copies of his long term disability application and all correspondence with the insurer and the employer for his files.

The insurer will confirm to the employee receipt of the application and will contact the employee for any missing or additional information, as needed.

Once the insurer has completed the review of the application, the employee will receive a letter indicating one of the following decision:

- The claim has been accepted and the period for which the employee will receive the benefits;
- The claim has been refused, or
- Additional information is required before a decision can be taken.

Eligibility for long term disability benefits is determined solely by the insurer per the insurance policy, in accordance to the terms and conditions of the insurance policy, and the employer's only obligation is to remit the premium to the insurer. The employer is not responsible in any way of the insurer's decision.

Other absence related to a sick leave or other income

The employee must inform his employer, who will inform Grandir ensemble, if he is receiving WSIB (Workers Compensation Insurance Board) or any other income (ex. auto insurance etc.). This will allow the insurer to determine, in accordance to the insurance policy or the group insurance guidelines, if this income will have an impact on the employee's coverage or on the insurance premium (for example waiver of premium, etc.). The employer will take the necessary action and will inform the employee and Grandir ensemble of any changes.

CONTINUATION OF COVERAGE WHILE AN EMPLOYEE RECEIVES LONG-TERM DISABILITY BENEFITS OR OTHER INCOME

Policy:

This policy applies to all employees who participate in the group benefit plan offered by the employer and who are absent from work due to sick leave or are receiving long term disability. This policy is set in accordance of the group benefit insurance policy which governs the right to group benefits of the employees.

Continuation of Extended Health and Dental benefits

Extended health and dental coverage for employees who are currently covered under those benefits, and are receiving Long Term Disability benefits, will be maintained for a maximum of 28 months of approved sick leave absence, if the employee:

- (1) confirms in writing his intention to continue the coverage to the employer;
- (2) completes, signs, and returns the form « *Agreement: Coverage while on sick leave/Disability* » confirming the employee's obligation to pay his portion of the premium for the duration of his sick leave/long term disability and his agreement to the terms of the continuation of the coverage, and;
- (3) pays his portion of the premium while on sick leave/long term disability.

If the employee receives long term disability benefits, WSIB benefits or from other sources, the employer will inform the employee that the extended health and dental benefits can be continued for a maximum period of 28 months from the date of disability, see « Letter sample – Long Term Disability ».

Premium payment while on sick leave/Long term disability

The employee who wishes to continue to participate in the group insurance plan while on sick leave/long term disability must pay his portion of the premium for the entire period, as determined by the employer's discretion.

Per the employer's policy concerning the group benefit plan, the employer reserves the right to modify the premium split between the employer/employee, modify or cancel the group insurance plan as long as the change/cancellation generally applies to all his employees. When possible, the employer will give a notice to the affected employees of the modification or the cancellation of the group benefit plan.

If the employee does not pay his share of the group benefit premium, the employer will terminate the employee's coverage. In this case, the employee will receive a letter from the employer informing him of the date that the payment must be received to maintain the coverage. If the employer does not receive the payment by the deadline indicated in the letter, the employee will subsequently receive another letter stating the date of termination of the benefits.

OPTIONAL LIFE INSURANCE

The group insurance plan provides basic life insurance to the eligible employees and their spouses. It is possible that this coverage is not sufficient. Employees and their spouse are eligible for additional life insurance if they are under the age of 65.

The premium is 100% payable by the employee.

The optional life insurance is offered in increments of \$10,000 and the maximum coverage for the employee is \$500,000 and \$500,000 for the spouse. In order to benefit from this additional coverage, the employee and/or the spouse must complete a “*Evidence of Insurability*” and the employee must mail the form to Great West Life at the address indicated on the form. Once approved by the insurer, the premium will appear on the employer’s monthly invoice.

The table below indicates an example of the premium payable by increments of \$1,000. For example, a 27 year old non-smoker female, would pay \$2.50 per month for \$50,000 of insurance.

Monthly premium by 1 000 \$ of coverage

Age	Male		Female	
	Smoking	Non-smoking	Smoking	Non-smoking
Less than 35	0.10 \$	0.06 \$	0.07 \$	0.05 \$
35 to 39	0.13 \$	0.07 \$	0.10 \$	0.06 \$
40 to 44	0.21 \$	0.10 \$	0.16 \$	0.09 \$
45 to 49	0.39 \$	0.19 \$	0.27 \$	0.16 \$
50 to 54	0.65 \$	0.33 \$	0.44 \$	0.27 \$
55 to 59	1.12 \$	0.61 \$	0.67 \$	0.43 \$
60 to 64	1.51 \$	0.86 \$	0.84 \$	0.57 \$

* The rates are subject to change

* Rates for the spouse are based on the age, the sex and the smoking habit of the spouse.

CONTACT INFORMATION

For questions regarding the **administration** of your plan, please contact Grandir ensemble :

Les services à l'enfance Grandir ensemble

Dianne Stables
Coordinator
Group Insurance Plan

613-789-3020, ext. 225
1-800-981-8383, ext. 225 (Ontario only)
613-789-3022 (fax)

dianne.stables@grandirensemble.ca

435 St-Laurent Blvd, Suite 202
Ottawa, ON K1K 2Z8

To receive any information regarding your **claim or benefits**, contact Great-West Life's customer service:

Great-West Life Customer Services

Telephone:
Internet :

1 800-957-9777
www.greatwestlife.com

Mail (Claims forms)

Great-West Life
Place Bonaventure, suite 5800
800, de la Gauchetière Street
Montreal, QC H5A 1B9

For questions regarding **Conversion** of life insurance:

Jacinthe Choquet

613 833-9170

Please refer to the employee booklet entitled: "Group Benefit Plan" (PDF format available).