

**GROUP INSURANCE**  
**GUIDELINES**  
**for Employers**  
**(January 2018)**



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## INTRODUCTION

In our capacity as plan sponsor of one of Great West Life's group insurance program, we are pleased to count you as a "participating member". The term "employer" will be used throughout the document.

The present document "**Group Insurance Guidelines for Employers**" contains the information that the employer will need as a participating member in order to properly manage their employees' group insurance program.

The document "**Group Insurance Guidelines for Employees**" is intended for employees and provides the information pertaining the enrolment form, to claims as well as the procedures regarding changes that they may want or need to do in their policy coverage.

The booklet "**Group Benefit Plan**" contains important information for the employer and their employees. It provides the information relative to the group benefits available through the employer's group contract with Great West Life. Please refer to this booklet to obtain information regarding your group benefits and administrative guidelines that the participants must adhere to. If additional information is required, please contact Great-West-Life's customer service 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 centre participating in the group benefits plan
Dependents:	spouse, common law spouse and/or unmarried children under age 22, or under age 26 if they are full-time students
Employee:	Employee with an indeterminate employment contract working at least 20 hours or more per week in a participating childcare center.  Employees with an indeterminate employment contract

## ELIGIBILITY

### 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*” in appendix A. 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 the plan, unless covered elsewhere.

#### Optional Coverage:

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

It is possible for the employee to enrol in family coverage on an optional basis. Please note that 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, see appendix N (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.

## **Annual salary calculation**

### **Enrolment form**

The employer must indicate the annual salary on the enrolment form and inform Grandir ensemble of any future change to the salary as it could have an impact on the Long Term Disability and Life Benefits.

If an employee works 20 hours per week during 10 months and 40 hours per week during 2 months, the salary should be calculated as follows:

Example: The employee earns \$2,000 per month when he works 20 hours per week and earns \$4,000 per month when he works 40 hours per week. The average salary is calculated as follows:

$$[(2000 \times 10) + (\$4,000 \times 2)] = \$28,000 \text{ per year}$$

If the employee becomes disabled the benefit will be calculated based on a \$28,000 salary no matter if the employee was working 20 or 40 hours at the time of disability.

## **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*", appendix B. 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*" to the eligible employee and he must complete the "*Enrolment Form*", appendix A and "*Trustee appointment*", appendix D, 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 employer must verify the enrolment form to ensure that it is properly filled out and signed. The employer must complete the section entitled: "*To be completed by the Childcare Center*".

### **To be completed by the Childcare Center**

The employer must indicate the annual salary. Please refer to the section "*Annual salary calculation*" in this document.

The eligibility date is 3 months from the date of hire. However, it is possible that the waiting period be more or less than 3 months. For example, if an employee is hired on January 1<sup>st</sup> but did not meet the eligibility criteria until March 15<sup>th</sup>, the eligibility date would be June 15<sup>th</sup>. In this case, this is not considered a late enrolment. The employer must indicate the reason in the "*comment*" section, ex indeterminate contract, maternity leave return, etc.

### **Identification of the participant**

The employer must make sure that all requested information is completed by the employee.

### **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 employer’s insurer. 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 his 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 22<sup>nd</sup> 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, appendix C-1. 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*”, appendix C-2.

**For the residents of Quebec:** The designation of a spouse (by marriage or common-law) as a beneficiary is irrevocable. If the employee wishes the designation to be revocable, he must check the “*Revocable*” box on the enrolment form.

### **Trustee Appointment**

In Ontario, when 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 in appendix D. 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

### **Mailing of the Enrolment form**

Once completed, the employer must mail the **original** enrolment form to Grandir ensemble no later than 2 months after the date of hire of the employee. The employer must keep a photocopy of the form for their records. Once Grandir ensemble receives the original form, the employee will be added to the system.

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 employee.

## **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.

The employer should encourage the employees to register online at [www.greatwestlife.com](http://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 an extended health and/or a dental claim, please ask your employees to refer to the booklet 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 it 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 services rendered. 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 employer and employee must complete the “*Change Form*”, appendix E for all changes to the employee’s file.

Once completed, the employer will forward the form to Grandir ensemble by mail, fax or email and keep a copy for their files.

The change form must be received by Grandir ensemble at the latest the 22<sup>nd</sup> of each month in order for the changes to be reflected on the GWL invoice (current period). For example, for the change to be reflected on the March invoice, the change must be received by February 22<sup>nd</sup>. If the request for change is received later than the 22<sup>nd</sup>, a retroactive adjustment premium will appear on the next month’s invoice.

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. If the change affects the premium charged, the change will be reflected on the monthly invoice.

### **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 evidence of insurability **ONLY** if there is a change in their family circumstances, (ex, new spouse, children or change to the spouse’s coverage)
- Name change
- Dependent information change

### **Section 1: Participant information**

The employer must indicate the employee’s name, his identity 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*”, appendix A.

### **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 evidence 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 becomes 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 between the age of 22 and 26, the employee must provide a proof from the post-secondary institution with 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 employer must ensure the employee has completed the change form accurately, signed and dated 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*”, appendix F. The employer must ensure that the form is signed and must send the **original** to Grandir ensemble.

#### **Change in salary**

When the employer wants to change an annual salary for one or more employees, the employer must send the request by email to Grandir ensemble by indicating the name of the employee(s), GWL member ID number, the effective date of the change as well as the new annual salary. It is important that the salary be kept up to date in the insurer system as it can have an impact on the benefits payable (life insurance, accidental death and dismemberment, long-term disability).

### Acting position

If an employee is acting in another occupation temporarily having an impact on his salary, an adjustment to the annual salary can be made once the employee has performed that occupation for at least 6 months. Once the employee returns to his own occupation, the employer must adjust his salary accordingly.

## CHANGE IN STATUS

The employer must inform Grandir ensemble of any employment status change by writing the name of the employee, his member ID, date of the leave, date of expected return to work, reason for the leave.

- Termination of employment
- Maternity / Parental leave
- Temporary interruption of work during the summer
- Leave without pay
- Temporary interruption of work (illness, work-related accident, etc. - after 60 days = LTD)

### **Termination of employment**

When an employee leaves the organization, his coverage will end on the last day of work. The employer must inform Grandir ensemble by email before or at the latest on the last day of work by indicating the name of the employee, his member ID number as well as the termination date.

The employer must inform their eligible employees of their right to convert their group life insurance to an single life policy. See form "*Converting Life Insurance upon Termination of Employment*", appendix G. The employer must give a copy to the employee and keep the original on file. It is not necessary to send this form to Grandir ensemble.

Within **31 days** after the termination of his group insurance, the employee can make a request to Great-West Life to convert his group life insurance into a single life policy without having to provide a evidence of insurability. The employee may contact our Benefits Consultant to obtain additional information regarding this matter. The details are indicated on the form.

### Termination of employment and group insurance coverage

There may be situations where the employer wishes to extend coverage for certain benefits beyond the usual benefit termination date, as part of a severance agreement.

If the employer wishes to prolong the benefits as part of a severance agreement, the employer should consult the GWL "*GroupLine 14-11*", appendix H. It is important not to prolong the benefits beyond the accepted period by the insurer.

The employer must inform Grandir ensemble if they wish to extend benefits after the termination of employment.

## COVERAGE DURING MATERNITY OR PARENTAL LEAVE

The maternity and parental leave guidelines are outlined according to the Employment Insurance Maternity and Parental benefits. For more information, you can visit <http://servicecanada.gc.ca>. 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.

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 employer must ask the employee to complete the form entitled "*Coverage during a Maternity/Parental Leave*" appendix I. The employer keeps the original in the employee's file and sends a copy 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*", in appendix G.

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.

When the employee who maintained his coverage returns to work, the employer must inform Grandir ensemble of the return to work date and the current annual salary.

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 her 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*", appendix E. The employer must send the form to Grandir ensemble.

## COVERAGE DURING THE SUMMER

Employees who 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 must ask the employee to complete the form entitled "*Coverage during the summer*", appendix J, and 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 employer must complete a "*Change form*" and send it 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 her coverage and becomes disabled during this period, the employee will not be eligible to receive long term disability benefits as her 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:** No continuation. Coverage terminates on the last day worked.

The employer must advise Grandir ensemble by email of the request of continuing coverage by providing the following information:

- Name of employee and GWL ID number
- First day of the leave of absence
- Expected date of return to work
- Choice of coverage during the leave

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 65<sup>th</sup> 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.

The employer is responsible to inform the employees of his right to convert their group life insurance. The employer must ask the employee to sign the form entitled "*Converting Life Insurance upon a Termination of Employment*", appendix G. The employer keeps the original and gives a copy to the employee. The employer does not have to send this form to Grandir ensemble.

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* », Appendix K. 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 120<sup>th</sup> 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	Telephone :	613 761-3940
Long Term Disability Department	Fax :	613 725-0388
1600, Scott Street, Suite 302	Toll free :	1 800 283-5375
Ottawa, ON K1Y 4N7	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* » appendix K , 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 », appendix L.

### **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. Employee and their spouse are eligible for additional life insurance coverage 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" in appendix N 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.

## INSURANCE POLICY RENEWAL

The insurance policy renewal is done annually in the month of March. This procedure is between Les services à l'enfance Grandir ensemble and Great-West Life with the help of our Benefits Consultant. The insurance company examines all the claims that were submitted by our group then determines our premiums for the following year. Les services à l'enfance Grandir ensemble will then inform the participating day care centers of the new premiums.

## BILLING

### Billing with the listing of employees

Great-West Life's invoice indicates the premium payable for each employee and the letter from Grandir ensemble indicates the total amount (including the administration fees) which will be withdrawn from the employer's bank account. The Daycare Center will receive an electronic copy of the invoice at the latest on the 14<sup>th</sup> of each month.



## **Premium Split**

The premium for long-term disability benefits must be 100% paid by the employees. As a result, if the employee becomes disabled, the benefit received will be non-taxable. It is the responsibility of each Center to determine which of the other benefits will be paid by the employer versus the ones that will be paid by the employees.

Great West's invoice indicates the portion paid by the employer and the portion paid by the employer. The employer must inform Grandir ensemble if the premium split changes as it would have an impact on the invoice. The employer can complete the form entitled "*Premium split*", appendix M.

## **Administrative fees**

Administrative fees of 4.75% of the total amount of the monthly invoice will be charged to cover the management of the group insurance plan by Grandir ensemble. These fees will be revised annually.

## **Taxes**

In accordance with provincial regulations, the tax will be applied to the premium depending on the province of residence of the employees.

## **Premium payment**

All participating members must adhere to the automatic withdrawal. The total amount to be withdrawn on the 24<sup>th</sup> of each month will be indicated on the Grandir ensemble letter which will be sent along the Great West Life's invoice. All changes received by Grandir ensemble later than the 22<sup>nd</sup> of the month will be reflected on next month's invoice. Fees of \$25 will apply for any non-sufficient funds payment.

## **Premium calculation**

For each new enrolment or change in the coverage, including the termination of the coverage, premiums are payable in advance and calculated for entire months only. In other words, the premiums are not calculated for a portion of the month. The following rules apply:

- Premiums will be credited or debited for full months only. There are no prorated rates.
- In all cases, it is the effective or the termination date of the coverage that is considered upon examination of the insurance claims, not withstanding whether or not the premium was paid for that month.

## **TAXABLE BENEFITS**

The taxability of the employer paid portion of the premium for Group Insurance is regulated at the federal and provincial level. The taxable benefits vary from one province to the next. Please refer to the government guides to ensure accurate treatment of the taxable benefits in your pay system.

Taxable benefits: The employer must inform the employees of the taxable benefits

### **Premium paid by the employer, Taxable or not?**

	<b>Federal</b>	<b>Ontario</b>	<b>Québec</b>
<b>Life insurance and Dependant Life</b>	yes	yes	yes
<b>Accidental Death and Dismemberment</b>	yes	yes	yes
<b>Extended Health and Dental</b>	No	No	yes

\*\* The information in the table applies for the year 2014 and could change. Please refer to the Employer's Guide/Taxable benefits by the Revenue Canada Agency to find the details and updates.

## CONTACT INFORMATION

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

### Les services à l'enfance Grandir ensemble

Dianne Stables  
Coordinator  
Group Benefits Plan

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

dianne.stables@grandirensemble.ca

363 Coventry Road, Suite 110  
Ottawa, ON K1K 2C5

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.canadalife.ca

**Mail (Claims forms)**

Canada 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 available).