



Les services à l'enfance

Grandir ensemble

GUIDELINES

Plans A and B

for EMPLOYERS

participating in the group insurance plan

Les services à l'enfance Grandir ensemble

insured with Desjardins Insurance

Contract number 440303

Les services à l'enfance Grandir ensemble

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In the event of a conflict between these guidelines and
the Desjardins Insurance contract, or in the absence of guidelines,
the Desjardins Insurance contract shall prevail.

Employers are responsible for obtaining the appropriate legal advice
according to the circumstances of a given employee file, particularly
in regard to compliance with the *Employment Standards Act, 2000*
or any other applicable legislation.

Where the masculine is used in this publication, it is entirely without
prejudice and strictly for the sake of conciseness.

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Glossary

Desjardins	Desjardins Insurance
Les services à l'enfance Grandir ensemble	Grandir ensemble and/or plan administrator
Participating employer	An employer who has signed a service agreement with Grandir ensemble and is a member of the group insurance plan. The term "employer" is also used.
Employee	An employee of a participating employer, residing in Canada, with an employment contract for an indeterminate period, whose normal weekly hours of work are 20 hours or more, is eligible under the plan. The terms member and participant are also used on certain forms to designate such employees.
Common-law partner	A person cohabiting with the employee in a conjugal relationship from the first day of cohabitation.
Child	<p>A person residing in Canada who, at the time of the event leading to the payment of benefits, has no spouse and depends on the financial support of the member or the member's spouse to provide for his needs. The child may be the biological child of the member or of the member's spouse, or adopted. The child must be:</p> <ol style="list-style-type: none">1) under 22 years of age;2) under 26 years of age and enrolled in school full-time; <p>or</p> <ol style="list-style-type: none">3) of legal age with a physical or mental disability that started when he met one of the conditions indicated in points 1) or 2) above. <p>A child is deemed disabled if he cannot hold employment that will earn him enough, and because of his physical or mental disability, he depends entirely on the financial support of the member or the member's spouse to provide for his needs. In addition, he lives with the member or the member's spouse, who would exercise parental authority or be a legal guardian if the child were a minor.</p>
Signature of the employer	Means a person authorized by the employer to sign the documents pertaining to the group insurance.

Contact Information

Plan Management - Grandir ensemble

Dianne Stables, Coordinator, Group Insurance Plan



dianne.stables@grandirensemble.ca



613-789-3020, extension 225
1-800-981-8383, extension 225 toll-free in Ontario only

Coverage - Desjardins

Client contact centre



1-800-463-7843



www.desjardinslifeinsurance.com/planmember

Claims - Desjardins



Desjardins Insurance
P.O. Box 3950
Lévis, Quebec G6V 8C6

Life insurance conversion – Group Insurance Advisor

Jacinthe Choquet, Group Insurance Advisor



613-833-9170



jchoquet@jcbenefits.ca

Introduction

As the administrator of the group insurance plan insured by Desjardins Insurance, we are pleased to have you as a participating employer. The term “employer” is used in this document to designate participating employers.

These guidelines for employers contain information and terms and conditions to help employers manage the group insurance plan within their organization. In the event of a conflict between these guidelines and the Desjardins Insurance contract, or in the absence of guidelines, the Desjardins Insurance contract shall prevail.

The guidelines for employees are for employees, and provide information about the application for enrolment, the steps to follow to make changes to their group insurance coverage, claims and other things. In the event of a conflict between these guidelines and the Desjardins Insurance contract, or in the absence of guidelines, the Desjardins Insurance contract shall prevail.

The booklet entitled *Your Group Insurance Plan* contains information for employers and employees. It includes a description of the insurance coverage, and describes the benefits provided under the group insurance contract offered by Desjardins. Consult it for information about the protections and the administrative terms and conditions to which participants are subject. If any clarification is required about matters of coverage, contact the Desjardins Insurance Client contact centre at the contact information provided in this document.

Please note that the forms, including those used for enrolment, designation of beneficiary, changes and life insurance, **must be submitted to Grandir ensemble by email**. All information must be communicated by email, so originals are no longer required by Grandir ensemble or Desjardins, unless otherwise indicated. However, we strongly encourage employers to retain original forms and communications with employees for future reference.

Employers are responsible for collecting the premiums payable by their employees, whether they are actively working or not, for instance if they are on maternity leave, sick leave, leave during the summer or any other type of leave.

Eligibility

Employees residing in Canada, with an employment contract for an indeterminate period, whose normal weekly hours of work are 20 hours or more, are eligible under the plan.

The following employees are not eligible under the plan:

- employees with a contract for a fixed term, whether or not it is renewable;
- temporary employees; and
- seasonal employees.

All eligible employees **must** enrol in the group insurance plan by filling out the “*Enrolment Form*”, Annex A. The employer must forward the duly completed and signed “*Enrolment Form*” to Grandir ensemble no later than **fifteen (15) days** before the eligibility date.

Mandatory coverage

The mandatory coverages that employees must enrol in are:

- Basic Life insurance
- Dependent life insurance, where applicable
- Accidental death or dismemberment
- Long-term disability insurance
- Health care –individual coverage: employees may waive health care coverage, but only if they are covered under a spouse’s plan.
Health insurance coverage is mandatory for employees and their dependents when the employees are residents of the province of Quebec, unless they are covered for it elsewhere.
- Dental care – individual coverage: employees may waive dental insurance, but only if they are covered under a spouse’s plan.

If an employee does not list dependents when he enrolls, unless there is a life event, adding a dependent will be considered a late application. Evidence of Insurability will be required by the insurer, and the employee will have to fill out the “*Evidence of Insurability Report*” form at his expense, Annex B. The terms and conditions for late applicants apply, and are addressed in the “Late applicant – Evidence of insurability required” section in this document.

Eligibility date and waiting period

- The waiting period for eligible employees is **three (3) months** of continuous service from the hire date.
- The eligibility date starts at the end of that waiting period.
- An employee must be actively working on the eligibility date for the coverage to come into effect.
- The waiting period does not apply in certain circumstances. Refer to the “*Change of participating employer and reinstatement*” section in this document.

Effective date of coverage

For employees, spouses and/or dependents

The insurance comes into effect on the date they become eligible.

Employers must submit the Enrolment Form to Grandir ensemble no later than **fifteen (15) days** before the eligibility date. If the employer does not submit the “Enrolment Form” on time to Grandir ensemble, the employer will be billed for retroactive payments for up to **six (6) months**. The premium will be adjusted retroactively to the date when the employee should have been enrolled in the plan, and that retroactive premium must be paid by the employer and the employee.

An employee is not required to provide evidence of insurability in the first **six (6) months** after the eligibility date. However, **if more than six (6) months**, the employee will be treated as a late applicant. The terms and conditions for late applicants apply, and are addressed in the “*Late applicant – Evidence of insurability*” required section in this document.

Late applicant – Evidence of insurability required

Evidence of insurability is required in the following circumstances:

- An employee’s enrolment is submitted **more than six (6) months** after the hire date.
- The application for a change in family situation is submitted **more than sixty (60) days** after a life event such as a birth, separation or loss of coverage with the spouse.

An employee and/or his dependents must provide evidence of insurability to the insurer at his own expense. After review by the insurer, the coverage may be approved or refused. The coverage takes effect as soon as Grandir ensemble receives written approval from Desjardins. The approval is communicated to the employer, to be forwarded to the employee. In the case of a late application for an employee or his dependents, reimbursement for dental care is limited to \$250 per eligible person in the first twelve (12) months of coverage.

Full-time student – Waiver of coverage

If an employee meets the eligibility criteria while a full-time student, he may opt to waive coverage under the plan offered by the employer and remain covered under his parent’s plan as a dependent. In that case, the employee must waive **all coverage**.

The employee must fill out the form entitled “*Full-time Student – Waiver of Coverage*”,-Annex C. The employer must forward this form to Grandir ensemble.

However, if the employee subsequently decides to apply for coverage under his employer’s plan, he will have to submit evidence of insurability that meets the insurer’s criteria, at his expense, and the terms and conditions for late applicants will apply.

Change of participating employer and reinstatement

When an employee goes to work for another participating employer **or** returns to work for the same employer, that employee is reinstated under the plan with the same certificate number, and his claim record is kept on his file. The employer must indicate “*Reinstatement*” on the “*Enrolment Form*”. The coverage offered to the employee is the one held by the current employer, that is to say plan A or B. The following terms and conditions apply:

If the length of interruption in employment between the two employers is **less** than six (6) months:

- The same certificate number is used, and the claim record is kept on file.
- The pre-existing provision for long-term disability insurance coverage does not apply if it was previously met.
- Application of the three (3) month waiting period is entirely at the employer’s discretion.
- The insured person is not covered between the termination date with one employer and the hire date with the other employer. If the employee dies, the life insurance is payable if the event occurred within the first thirty-one (31) days after the termination date, as stipulated in the insurer’s conversion provision.

If the length of interruption in employment between the two employers is **more** than six (6) months:

- The same certificate number is used, and the claim record is kept on file.
- The pre-existing provision for long-term disability insurance coverage applies.
- Application of the three (3) month waiting period is entirely at the employer’s discretion.
- The insured person is not covered between the termination date with one employer and the hire date with the other employer. If the employee dies, the life insurance is payable if the event occurred within the first thirty-one (31) days after the termination date, as stipulated in the insurer’s conversion provision.

If there is no interruption in employment between the two employers:

- The insured person is transferred to the other employer, and the claim record is kept on file.
- The same certificate number is used.
- The pre-existing provision for long-term disability insurance coverage does not apply if it was previously met.
- The three (3) month waiting period does not apply.
- There is no interruption in group insurance coverage.

If the employee returns to work for the same employer after maternity leave (maximum 78 weeks) and the coverage has not been extended:

- The same certificate number is used, and the claim record is kept on file.
- The pre-existing provision for long-term disability does not apply if it was previously met.
- The three (3) month waiting period does not apply.

If the employee returns to work for the same employer after leave without pay of **less than six (6) months**:

- The same certificate number is used, and the claim record is kept on file.
- The pre-existing provision for long-term disability does not apply if it was previously met.
- The three (3) month waiting period does not apply.

If the employee returns to work for the same employer after leave without pay of **more than six (6) months**:

- The same certificate number is used, and the claim record is kept on file.
- The pre-existing provision for long-term disability applies.
- The three (3) month waiting period may apply at the employer's discretion.

If the employee is covered under the previous employer's plan C and is covered under the new employer's plan A or B, the pre-existing provision applies.

Employees Aged 65 and Over Residing in Quebec

Prescription drug insurance coverage is mandatory in Quebec. At age 65, a person residing in Quebec is automatically registered under Quebec's public prescription drug insurance plan (RAMQ – Régie de l'assurance maladie du Québec). The employee is responsible for paying the premiums under RAMQ's public plan as well as the employee's share determined by his employer for the group insurance plan. The insurer's plan is the secondary payor.

Enrolment Form

The employer and the employee must fill out the form, using ink and print lettering. The employer is responsible for forwarding the form to Grandir ensemble, after ensuring that it has been properly filled out, signed and dated by both parties.

The employer is responsible for submitting the guidelines for employees and the "*Enrolment Form*", Annex A. In signing the "*Enrolment Form*", the employee certifies that he has read the guidelines for employees and agrees to abide by them.

The employer must forward the duly completed and signed "*Enrolment Form*" to Grandir ensemble no later than **fifteen (15) days** before the eligibility date. Enrolment in the Desjardins plan is processed upon receipt of the form by Grandir ensemble. The employer must keep the original of the form in its files. Once the employee has been enrolled, Grandir ensemble notifies the employer of the insurer's decision, and the employer gives the employee the necessary information for him to sign up through the insurer's website to print out his payment card and verify his profile.

Section 1: To be completed by the employer

Annual salary

The employer must fill in the employee's annual salary. The employer must also notify Grandir ensemble of any change in the employee's annual salary as this has an impact on life insurance, accidental death or dismemberment, and long-term disability benefits.

If an employee works twenty (20) hours a week for ten (10) months and forty (40) hours a week for two (2) months in the summer, the annual salary would be calculated as follows:

If the employee earns \$2,000 a month while working twenty (20) hours a week for 10 months and earns \$4,000 a month while working forty (40) hours a week for two (2) months, the average annual salary would be calculated as follows:

$[(2000 \times 10) + (4\,000 \times 2)] = \$28,000$ annually

If the employee becomes disabled, the benefit would be calculated based on an average salary of \$28,000 regardless of whether the employee was working twenty (20) or forty (40) hours a week on the date of onset of the disability.

Eligibility date

The eligibility date is three (3) months after the hire date. However, the eligibility date can vary: for example, if an employee starts work on January 1 but does not meet the eligibility conditions until March 15, the eligibility date is June 15. The employee's application will not be treated as a late application. The employer must indicate the reason in the "Comments" section, as follows: indeterminate contract position, return from maternity/parental leave, etc.

Section 2: Identification of the employee

The employer must ensure that all of the requested information has been filled in by the employee.

Section 3: Requested coverage

Life insurance, accidental death and dismemberment insurance, and long-term disability insurance

This coverage is mandatory for the employee. Given that the employee has no choices to make, the coverage is not listed on the "Enrolment Form".

Dependent life insurance

Employees with dependents (spouse and/or children) must check the "Yes" box even if they are not covered under the health and dental care policies. Employees with no dependents must check the "No" box.

Employees who checked the "Yes" box must fill out the section entitled "Information about spouse and dependents" for dependent life insurance with the insurer.

Health and dental care

Individual health and dental care coverage is mandatory for every employee under this plan. Employees may only waive this coverage when covered under their spouse's plan. Employees should refer to the "Mandatory coverage" section in this document. Employees who waive the health and dental coverage must provide information regarding their spouse and information about the spouse's coverage. Employees must fill out the section entitled "Information about spouse and dependents".

Employees who cease to be covered under their spouse's plan may apply for a change in insurance coverage within **sixty (60) days** after the date when they ceased to be covered under their spouse's plan. If the application is made more than sixty (60) days after the coverage ceases, it will be treated as a late application, and the late application terms and conditions will apply.

Section 4: Information about the spouse and dependents

Employees who checked “Yes” for dependent life insurance must fill out this section.

Spouse

Employees must indicate their spouse’s name, gender and date of birth, and whether their spouse has health and dental care coverage under the employer’s plan. If yes, the employee must provide the insurer’s name, the policy number and whether the spouse has individual or family coverage.

Dependents - children

Employees must indicate each child’s name, date of birth and gender. A dependent child can be covered until age 22, unless the child is still a full-time student or has a functional impairment. Refer to the glossary for the definition of “child”. Where applicable, the employee may check “yes” in the appropriate boxes. If the employee checked that the child has a functional impairment, he must request to fill out the form entitled “*Confirmation of a Dependent Child’s Functional Impairment*”, Annex D. The employee must submit the form directly to Desjardins, at the address on the form. The insurer will notify the employee of the decision, and will update the system.

When the coverage of a dependent child **who is a full-time student** is to be maintained from age 22 to the maximum age of 26, the employee may change his profile online through the Desjardins website. If the employee no longer has any eligible dependents, he must so inform his employer, who will submit the request for amendment to Grandir ensemble so the coverage can be changed from “family” to “individual”.

Section 5: Designation of beneficiaries

For **Ontario residents**: the designation of beneficiaries is revocable. An employee who wishes to make an irrevocable designation must fill out the form entitled “*Request for Designation of Beneficiaries or Change in Beneficiaries, Contingent Beneficiaries or Trustee*”, Annex E. Irrevocable means that the employee may not change the designation without the written consent of the irrevocable beneficiary using that same form.

For **Quebec residents**: the designation of a formally married, or civil-union, spouse as a beneficiary or as a contingent beneficiary is **irrevocable** unless the employee checks the “Revocable designation” box on the form. Irrevocable means that the employee cannot modify the designation without the written consent of the irrevocable beneficiary using that same form.

Beneficiaries

Employees must indicate the last name, first name, relationship with the member and the percentage for each beneficiary named.

Contingent beneficiaries

Employees may designate a contingent beneficiary, that is to say a person designated to receive the insured amount if the primary beneficiary is deceased at the time when the insured amount becomes payable.

Section 6: Designation of a trustee

In Ontario, if the person designated as a beneficiary is a **minor** or does not have the necessary legal capacity, a trustee must be designated, and the employee must fill out this section. Such a designation may not be suitable for every situation.

Section 7: Declaration and authorization - Guidelines for employees

Employees must sign and date the form using ink, because it is a legal document.

Section 8: Management of personal information

This section contains information for the employee. No action is required.

Change Form

With any change to an employee's file, the employer and the employee must fill out the "*Change Form*", Annex F.

We encourage employers to submit changes as they arise throughout the month. The deadline for communicating updates and changes is the 25th day of each month. After that, any changes will be reflected in the monthly billing for the following month, with retroactive adjustments, as applicable.

The following are some examples of changes:

- Change in name
- Reinstatement
- Exemption of coverage
- Addition of group coverage, from individual to family
- Change in information about dependents

Employers must provide the form to the employee, who must fill in the employer's name and the effective date of change at the top of the form. The employee must then fill in the sections applicable to the change in their group insurance file.

Section 1: Information about the employee

Employees must provide their first and last names and their Desjardins certificate number.

Section 2: Reinstatement following authorized leave

The employee's group insurance coverage may be reinstated following his return to work or a change in employer. Refer to the "*Change of participating employer and reinstatement*" section in this document.

Section 3: Change of name of employee

Employees who change their name as a result of marriage or any other reason must fill out this section, indicating the date the change came into effect at the top of the form, and sign it.

Section 4: Exemption of coverage

Employees who are covered under their spouse's plan may waive the coverage for themselves and/or their dependents. Employees who lose their coverage under their spouse's plan have **sixty (60) days** to apply for protection without evidence of insurability. If the application is not submitted on time, the employee must provide evidence of insurability deemed acceptable by Desjardins to be covered. Upon the insurer's approval, dental benefits may be limited.

Section 5: Waiver of coverage – for dependents even if they are not covered under the spouse's plan

Employees may waive health and dental coverage for their dependents even if the latter are not covered elsewhere. However, health coverage is mandatory for employees residing in Quebec and their dependents unless they have coverage under another plan. Employees must indicate on their *"Change Form"* that they are covered under another plan, and provide the insurer's name.

However, if employees wish to add dependents at a later date, they must provide evidence of insurability to the insurer, at their own expense, on the understanding that the coverage may be approved or refused. The terms and conditions for late applicants apply, and are addressed in the *"Late applicant – Evidence of insurability required"* section in this document.

Section 6: Addition of health and dental group coverage

Employees may apply to change their health and dental insurance coverage to individual or family if they are no longer covered under their spouse's plan.

This change in coverage must be done within **sixty (60) days** after the date when the family situation changed or it will be deemed a late application and the terms and conditions for late applicants will apply. Employees should refer to the *"Late applicant – Evidence of insurability required"* section in this document.

Section 7: Change in information about dependents

Employees must fill out this section if they wish to add, remove or update information about their dependents. Employees must indicate the date when the change is to take effect and the reason for the change, such as the birth or adoption of a child, marriage, divorce, cohabitation or other.

Employees who request a change to family coverage must provide the names of their dependents, along with their dates of birth and gender, and indicate whether a dependent is a full-time student or has a functional impairment.

This change in coverage must be made within **sixty (60) days** after the date when the family situation changed. If the application is not submitted on time, it will be deemed a late application, and the terms and conditions for late applicants will apply.

Section 8: Authorization and declaration

Employers must ensure that the employee has properly filled out, signed and dated the change form. Employers must also sign the form and submit it to Grandir ensemble.

Updates

Change in revocable beneficiary designation

In order to change the revocable beneficiary designation, employees must fill out the form entitled “*Request for Designation of Beneficiaries or Change in Beneficiaries, Contingent Beneficiaries or Trustee*”, Annex E. Employers must ensure that the form is duly filled out and signed, and forward it to Grandir ensemble.

Change in salary

Employers must immediately notify Grandir ensemble of any change in an employee’s annual salary. To that end, employers must send an email with the employee’s name, certificate number, the effective date of change, and the new annual salary. It is important that the salary be up to date in the insurer’s system because the annual salary has an impact on the life insurance, accidental death and dismemberment and long-term disability benefits.

In the case of replacements projected for more than sixty-one (61) days, employers must change the employee’s annual salary on the sixty-first (61st) day.

Notwithstanding the preceding in the case of a projected replacement of sixty (60) days or less, the employee’s annual salary remains unchanged. However, in the event that the initial duration was less than sixty (60) days and the replacement goes beyond sixty (60) days, the salary must be changed on the sixty-first (61st) day.

Change in Status

Employers must notify Grandir ensemble of any change in an employee’s status by indicating the following details: the employee’s name, certificate number, leave start date, projected return date (if known) and the reason for the leave, such as:

- Termination of employment
- Maternity leave or parental leave
- Leave during the summer
- Leave without pay
- Temporary work interruption

If an employee refuses in writing to pay his portion of the group insurance premiums, the employer may terminate all of the employee's coverage. Employers are responsible for obtaining the appropriate legal advice, according to the circumstances, particularly before terminating any insurance coverage during statutory or other leave pursuant to the *Employment Standards Act, 2000* or in the case of non-payment on the part of the employee.

Termination of Employment and Group Insurance Protection

When an employee quits his job or his employment is terminated, the coverage ends on the date when the employment relationship ends.

Employers must notify Grandir ensemble by email to terminate coverage no later than the employment termination date. Employers must also provide the employee's last and first name, certificate number, and date of termination of coverage.

Employers must also notify employees of their right to convert their life insurance coverage into an individual life insurance contract. Employers must fill out the form entitled "*Conversion of Life Insurance Upon Termination of Employment*", Annex G, and forward it to the employee. Employers must retain proof of having forwarded the form to their employee on file.

Employees may, within **thirty-one (31) days** after the termination of employment, apply to Desjardins to convert their group life insurance into individual insurance without having to submit proof of good health.

Employees may also, within **sixty (60) days** after the termination of their group insurance, apply to Desjardins to obtain individual health and dental care products that require no evidence of insurability.

Employees may obtain information about this by contacting our group insurance advisor directly as indicated on the form.

There may be situations where, as part of an employment termination agreement, the employer would like to extend some types of coverage beyond the usual termination date, at their discretion. In those cases, Desjardins may extend the coverage during the statutory advance notice period set by law. Employers are responsible for obtaining the appropriate legal advice, according to the circumstances, particularly in regard to the appropriate statutory advance notice period.

It is important not to extend coverage beyond the timeframes required by law without prior authorization from Desjardins. In order to proceed with the request to extend coverage, employers must fill out the form entitled "*Request for Coverage Extension with Employment Termination*", Annex I, and forward it to Grandir ensemble, which will get back to with the decision in due time.

Coverage During Maternity or Parental Leave

The group insurance coverage can be maintained with the insurer during maternity and/or parental leave, depending on the employee's choice at the beginning of the leave.

The choice of coverage must be maintained throughout the leave, for a maximum period of:

- seventy-eight (78) weeks if the employee takes maternity and parental leave; or
- sixty-three (63) weeks if the employee only takes parental leave.

The maternity and parental leave provisions in this document are applied in accordance with the applicable provisions in Canada's *Employment Insurance Act* and Ontario's *Employment Standards Act, 2000*, subject to any respective amendments thereto. For additional information, refer to Employment and Social Development Canada ([EI maternity and parental benefits: What these benefits offer - Canada.ca](#)) and to the [Guide to the Employment Standards Act: pregnancy and parental leave | Ontario.ca](#).

Employees who opt to waive their coverage and become disabled during this period will not be eligible to receive long-term disability insurance because they were not covered on the date of the onset of the disability. Therefore, it is recommended that employees maintain all their coverage during their maternity or parental leave.

Employees aware of the above consequences may choose to:

1. Maintain all coverage
2. Maintain all coverage other than long-term disability insurance
3. Waive all coverage. However, employees residing in Quebec must maintain their health coverage unless they are covered under another plan.

Employers must fill out the form entitled "*Coverage During Maternity/Parental Leave*", Annex I, and forward it to Grandir ensemble.

If an employee **chooses option 3, which is to waive all coverage**, the employer, must terminate all coverage. Employees residing in Quebec who are not covered under another plan must maintain health care coverage. Employees need to be aware that they will not be eligible to receive long-term disability benefits if they become disabled. The form sets out the details about their entitlement to convert.

Employees who terminate all of their coverage during their maternity or parental leave, while meeting the eligibility criteria upon their return to work, will be reinstated under the plan when they return in accordance with the terms and conditions set out in the "*Change of employer / Reinstatement under the plan*" section in this document.

When employees who have maintained their coverage return to work, the employer must notify Grandir ensemble of their date of return and their annual salary on that date.

Employees may change their coverage to family coverage up to **sixty (60) days** following the birth or adoption of a child without having to provide evidence of insurability by filling out the form entitled “*Change Form*”, Annex F. The employer must send that form to Grandir ensemble. Any information provided **after more than sixty (60) days** will be treated as a late application, in which case the insurer requires evidence of insurability. The terms and conditions for late applicants apply. Refer to the “*Late applicant – Evidence of insurability required*” section in this document.

Coverage During the Summer

Employees who are eligible under the plan and do not work during the summer because of shutdown due to shortage of work may maintain their coverage for that period, for a maximum of three (3) months at the employer’s discretion. Employers must fill out the form entitled “Coverage During the Summer”, Annex J, and the employee must indicate their choice, sign it and submit it to their employer, who then forwards it to Grandir ensemble.

Employees who **waive** the coverage during the summer will be reinstated when they return, with the same certificate number and record with Desjardins. The employer must inform Grandir ensemble of the employee’s return date and annual salary at the time.

If an employee **waives the coverage**, the employer must discontinue all coverage. Employees residing in Quebec who are not covered under another plan must maintain health care coverage during the interruption, as required under Quebec’s public prescription drug insurance plan (RAMQ – Régie de l’assurance maladie du Québec).

Waiver of coverage

Employees who opt to waive their coverage and become disabled during this period will not be eligible to receive long-term disability insurance because they were not covered on the date of the onset of the disability.

Coverage During Leave Without Pay

Employees who are currently covered under the group insurance plan and are on approved leave without pay may continue their coverage, as set out below, ***with the employer’s approval***:

Life insurance and accidental death or dismemberment insurance: thirty-one (31) days

Health and dental insurance: thirty-one (31) days

Long-term disability insurance: no extension. The coverage must end on the last day worked.

The employer must inform Grandir ensemble of the request to extend coverage, and provide the following information:

- Employee’s name and certificate number
- Leave start date
- Expected return date (if known)
- Choice of coverage during the leave without pay

Employers must terminate all coverage for employees who **waive coverage**. Employees residing in Quebec who are not covered under another plan must maintain health care coverage for thirty-one (31) days, as required under Quebec’s public prescription drug insurance plan (RAMQ – Régie de l’assurance maladie du Québec).

Upon their return from leave without pay, employees are reinstated in accordance with the terms and conditions set out in the “*Change of employer / Reinstatement under the plan*” section in this document.

Conversion of Life Insurance in Case of Employment Termination

Prior to age 65, employees may, in certain cases, purchase an individual policy in accordance with their entitlement to convert, without evidence of insurability. Employees must apply and make their first premium payment within **thirty-one (31) days** following the expiration of their group insurance. Premiums will not be the same, and will be determined by Desjardins.

Employees who terminate their coverage during their maternity or parental leave are entitled to the conversion.

The employer must fill out the form entitled “*Conversion of Life Insurance in Case of Employment Termination*”, Annex G, and forward it to the employee. The employer must retain proof of having forwarded the form to the employee in its records.

Employees may obtain additional information about their entitlement to convert by contacting our group insurance advisor as indicated on the form.

Sick Leave, Long-Term Disability Insurance, WSIB or Other Benefits

Employers must maintain group insurance coverage during sick leave, and employees must pay their portion of premiums to the employer in accordance with the allocation established by the employer. The coverage must be maintained throughout the sick leave.

The employer and the employee must fill out the form entitled “*Agreement – Coverage While Receiving Sickness, Disability, WSIB or Other Benefits*”, Annex K. The employer must forward the form to Grandir ensemble.

Scope and purpose of the policy

The policy applies to all employees enrolled in the employer’s group insurance plan who are on sick leave or long-term disability leave, subject to the terms and conditions of the insurer’s policy, which governs those employees’ entitlement to long-term disability insurance.

Notwithstanding an employee’s entitlement to long-term disability insurance under the employer’s group insurance plan, if that employee is absent from work due to sickness, he may be eligible for employment insurance sickness benefits. The employee is responsible for pursuing the necessary steps in that regard.

If the sick leave lasts more than one hundred and nineteen (119) days, the employee may be entitled to long-term disability benefits as of the one hundred and twentieth (120th) day of absence from work. The employee is responsible for pursuing the necessary steps with his employer in terms of submitting a claim for long-term disability benefits to the insurer.

If an employee opts not to apply for long-term disability benefits from the insurer, any coverage other than long-term disability benefits may be extended for thirty-one (31) days from the date when the benefits would have started if the claim had been approved. Coverage will end on that date.

If the application for long-term disability benefits is refused by the insurer, any coverage other than long-term disability benefits may be extended for thirty-one (31) days from the date when the benefits would have started if the claim had been approved. Coverage will end on that date.

On the eighth (8th) week of absence, the employer must contact Grandir ensemble to obtain the forms and instructions so that the employee can fill out the form entitled “*Application for Disability Insurance Benefits*”. The employer must forward to the employee the forms to be filled out by the employee and the latter’s doctor.

Employees are responsible for keeping a copy of their claim and of any subsequent correspondence with the insurer and the employer related to the long-term disability leave for their records.

The insurer will contact the employee to acknowledge receipt of the claim for long-term disability benefits and, if applicable, to obtain any additional information or clarification required to process the claim.

When the insurer has completed the review of the claim, the employee will be notified by the insurer of one of the following:

- the claim has been approved for a given period;
- the claim has been refused, or
- additional information is required before a decision can be made.

Eligibility for benefits is determined solely by the insurer, in accordance with the terms and conditions under the group insurance policy, and the employer’s only obligation is to pay its share of the applicable premiums. The employer is not responsible for any omission or refusal by the insurer to approve the employee’s claim.

Other absences related to sick or other leave

Employees must notify their employer when they receive benefits from WSIB (Workplace Safety and Insurance Board) or any other source, including auto insurance. The employer must then forward that information to Grandir ensemble. Employees must then file a claim for long-term disability insurance and the life insurance waiver of premium with Desjardins within twelve (12) months.

If the Long-term Disability application to the insurer is submitted more than twelve (12) months from the onset of the disability, coverage for all benefits, except Long-term Disability will terminate **retroactively** if applicable thirty-one (31) days from the date when the benefits would have started if the claim had been approved. Long-term Disability will terminate **retroactively** if applicable to the date when the benefits would have started if the claim had been approved.

In addition, if the Long-term Disability application is not filed, the insurer will terminate all benefits, except Long-term Disability, **retroactively** if applicable to thirty-one (31) days from the date when the benefits would have started if the claim had been approved. Long-term Disability will terminate **retroactively** if applicable to the date when the benefits would have started if the claim had been approved.

Extension of Health and Dental Care Coverage While an Employee is Receiving Long-Term Disability Benefits

Scope and purpose of the policy

The policy applies to all employees enrolled in the employer's group insurance plan who are on sick leave or long-term disability leave, subject to the terms and conditions of the insurer's policy, which govern those employees' entitlement to coverage under the group insurance plan.

Maintenance of health and dental care insurance

Health and dental care coverage for employees on sick leave / long-term disability who are enrolled in the employer's group insurance plan will be maintained for the first twenty-eight (28) months of approved sick leave, as long as the employee:

- 1) fills out, signs and returns to the employer the form entitled "*Agreement – Coverage While Receiving Sickness, Disability, WSIB or Other Benefits*", Annex K thereby confirming the employee's agreement to pay his share of the group insurance premiums for the duration of his sick leave / long-term disability and acceptance of the terms and conditions governing the right to maintain the employee's group insurance coverage; and
- 2) pays his share of the insurance premiums throughout his sick leave / long-term disability.

If the employee receives benefits other than long-term disability from the insurer, such as WSIB, the employer will notify employees of the period for which their health and dental care coverage can be extended, up to a maximum of twenty-eight (28) months from the date of onset of the disability. The employer can refer to "*Sample letter – Long-term disability*". A long-term disability claim must be filed for an extension of up to twenty-eight (28) months.

The employee must submit the application for long-term disability to the insurer within twelve (12) months.

If the Long-term Disability application to the insurer is submitted more than twelve (12) months from the onset of the disability, coverage for all benefits, except Long-term Disability will terminate **retroactively** if applicable thirty-one (31) days from the date when the benefits would have started if the claim had been approved. Long-term Disability will terminate **retroactively** if applicable to the date when the benefits would have started if the claim had been approved.

In addition, if the Long-term Disability application is not filed, the insurer will terminate all benefits, except Long-term Disability, **retroactively** if applicable to thirty-one (31) days from the date when the benefits would have started if the claim had been approved. Long-term Disability will terminate **retroactively** if applicable to the date when the benefits would have started if the claim had been approved.

Employees aged 65 and over

The insurer will allow extensions of all coverages, including accidental death and dismemberment, for up to **thirty-one (31) days** after the first day of absence on sick leave.

Premium payments while receiving sickness / long-term disability benefits

Employees receiving sickness / long-term disability benefits must pay their share of premiums throughout their leave, as determined by the employer, at the latter's full discretion.

As stated in the group insurance plan policy, the employer is entitled to change the employee's share of premiums or to change or terminate the group insurance plan at its full discretion as long as the change or termination applies generally to all employees. The employer will notify the affected employees of the proposed change or termination of the group insurance plan.

Optional Life Insurance

The group insurance plan provides life insurance coverage for employees and their families. If the coverage is not enough, employees can get additional coverage as long as they are under 65 years of age.

The premium is 100% payable by the employee.

Optional life insurance is offered in units of \$10,000, and the maximum coverage for an employee is \$500,000, and \$500,000 for the employee's spouse. The minimum coverage is \$20,000.

To apply for this additional coverage, employees or their spouse must fill out the forms entitled "*Optional Life Insurance*", Annex M and "*Insurability Report*", Annex B. Employees must mail the forms directly to Desjardins at the address indicated on the forms. If approved by Desjardins, a letter will be emailed directly to Grandir ensemble, which will forward the letter to the employer, who in turn is responsible for informing the employee.

Insurance Policy Renewal

The insurance policy is renewed annually on June 1. This procedure is handled by Grandir ensemble and Desjardins, in collaboration with our group insurance advisor. The insurer reviews the claims that were made over the past year by the participants in Grandir ensemble's policy and determines the premiums for the coming year. Grandir ensemble then informs the employers of the premiums for that coming year.

Billing

Monthly billing

Desjardins' billing shows the premiums payable for each employee, and the letter from Grandir ensemble indicates the total amount, including administrative fees, that will be withdrawn from the employer's bank account. Grandir ensemble submits the bill to the employer no later than the fifteenth (15th) day of each month.

Administrative fees

Administrative fees are set at 4.75% of the total monthly bill. Those fees are reviewed every year by Grandir ensemble, at its discretion.

Taxes

The tax is calculated on the total premiums paid depending on the province where the employee resides and as determined by Desjardins.

Premium payments

Employers enrolled in the group insurance plan must set up automatic withdrawals for their monthly premium payments. The full amount is withdrawn on the twenty-fourth (24th) day of each month. The full withdrawal is indicated in the letter from Grandir ensemble that accompanies the Desjardins bill. Employers will be charged a twenty-five dollar (\$25) fee for insufficient funds or late payments.

Calculating premiums

For employees who enrol or terminate their coverage in a given month, Desjardins will do a pro rata calculation of the number of days of actual coverage. Barring any change in coverage, premiums remain the same for every month throughout the year.

Allocating premiums

According to the terms and conditions of our group insurance plan and the Canada Revenue Agency, premiums for long-term disability insurance must be one hundred percent (100%) paid by the employee. If an employee becomes disabled, the benefits he receives are not taxable.

For all other types of coverage, the employer is responsible for determining the allocation of group insurance premiums between the employer and the employee.

Taxable Benefits

Federal and provincial rules apply to the taxability of premiums paid by employers for group insurance plans. The taxability of benefits varies from province to province. Check the different government guidelines or with your advisor to determine how to handle taxable benefits to ensure that they are properly processed in your pay systems and for tax payments. The employer is responsible for processing any taxable benefits in accordance with Canada Revenue Agency guidelines.