



Les services à l'enfance

**Grandir ensemble**

## **GUIDELINES**

**Plans A and B**

**for EMPLOYEES**

**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**

Phone: 613-789-3020 or 800 981-8383 (Ontario) • Fax: 613-789-3022

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

[www.grandirensemble.ca](http://www.grandirensemble.ca)

This guide is the property of ***Les services à l'enfance Grandir ensemble.***  
Any reproduction or dissemination of any part of this document  
without the agency's written permission is prohibited.

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.

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

## TABLE OF CONTENTS

Glossary .....	4
Contact Information .....	5
Introduction .....	6
Eligibility .....	7
Employees Aged 65 and Over Residing in Quebec .....	10
Enrolment Form .....	10
Change Form .....	12
Updates .....	14
Change in Status .....	14
Termination of Employment and Group Insurance Protection .....	15
Coverage During Maternity or Parental Leave .....	15
Coverage During the Summer .....	16
Coverage During Leave Without Pay .....	16
Conversion of Life Insurance in Case of Employment Termination .....	17
Sick Leave, Long-Term Disability Insurance, WSIB or Other Benefits .....	17
Extension of Health and Dental Care Coverage While an Employee is Receiving Long-Term Disability Benefits .....	19
Optional Life Insurance .....	20
How to File a Claim with Desjardins Assurances .....	20
Taxable Benefits .....	21

## 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"><li>1) under 22 years of age;</li><li>2) under 26 years of age and enrolled in school full-time;</li></ol> <p>or</p> <ol style="list-style-type: none"><li>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.</li></ol> <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

### Coverage - Desjardins

---

Client contact centre



1-800-463-7843



[www.desjardinslifeinsurance.com/planmember](http://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](mailto:jchoquet@jcbenefits.ca)

### Your employer

---

Employees are responsible for providing to their employer all of the information related to the management of their file.

## Introduction

As the administrator of the group insurance plan insured by Desjardins Insurance, we are pleased to have you as a participating employee. This document provides information about eligibility criteria, the enrolment form, the steps to follow to make changes to group insurance coverage, claims, benefit extensions during absences, and lots more. 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 a description of the insurance coverage, and describes the benefits provided under the group insurance contract offered by Desjardins. Employees may consult it for information about the coverages and the administrative terms and conditions to which participants are subject. If any clarification is required about matters of coverage, employees should contact the Desjardins Insurance Client contact centre using the contact information provided in this document.

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*”. The employer must forward the duly completed and signed enrolment form to Grandir ensemble **fifteen (15) days** before the eligibility date. Once the employee has enrolled, the insurer’s information is provided to the employer to be shared with the employee.

### Mandatory coverage

---

The mandatory coverage 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 insurance, 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*” form at his expense. 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. Employees should 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 that the employee, spouse and/or dependents become eligible.

Employers must submit the enrolment form to Grandir ensemble no later than **fifteen (15) days** before the eligibility date. If the enrolment form is not submitted on time, 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 employee is informed by his employer. 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”*.

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 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 18 months) 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 the public plan (RAMQ) 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 asks the employee to fill out a group insurance plan enrolment form. The employee must fill out every section of the form using ink and print lettering. The employee's signature attests to the fact that he has read the guidelines for employees and agrees to comply with them.

Once the employee has been enrolled, 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

---

This section is filled out by the employer.

### Section 2: Identification of the employee

---

The employee must ensure that all of the requested information is filled in.

### 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 benefits coverage under the employer's plan. If yes, the insurer's name must be provided, as well as 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 disability. 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 disability, he must request to fill out the form entitled "*Confirmation of a Dependent Child's Functional Impairment*". The employee can obtain this form through the employer. 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 Web site. 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*". 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 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*".

Employees are responsible for communicating changes as events occur in order to avoid potential consequences resulting from late applications, hence on eligibility for coverage for an employee and his dependents.

### **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

## **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 employer must indicate whether the employee's group insurance coverage is to be reinstated following his return to work or a change in employer. Employees should 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 care 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 disability.

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

---

Employees must sign and date the change form.

### 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*”, which they can obtain from their employer.

#### Change in salary

---

Employers must immediately notify Grandir ensemble of any change in an employee’s 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 (61<sup>st</sup>) 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 (61<sup>st</sup>) 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.

## 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 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” 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 extended health and dental care products that require no proof of insurability.

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

## 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 that 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 retain all coverage during the employee’s 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.

Employees must indicate their choice, sign the form entitled “*Coverage During Maternity/Parental Leave*” and return it to their employer.

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.

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*”. 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. Employees should 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 over the summer for a maximum of three (3) months because of shutdown due to work shortage may maintain their coverage for that period, at the employer’s discretion. Employers must fill out the form entitled “*Coverage During the Summer*”, and the employee must indicate their choice, sign it and submit it to their employer.

Employees who **waive** the coverage over the summer will be reinstated when they return, with the same certificate number and record with Desjardins.

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.

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.

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

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

Employees must maintain group insurance coverage during sick leave, and 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*".

### 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 (120<sup>th</sup>) 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.

To that end, an employee must contact the employer after an eight (8) week absence to obtain the “*Application for Disability Insurance Benefits*” forms and to find out about the steps he should pursue with the insurer in regard to submitting a claim for long-term disability benefits.

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 for Ontario residents) or any other source, including auto insurance. 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*" 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. 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 protection, employees or their spouse must fill out the forms entitled "Optional Life Insurance" and "Evidence of Insurability Report". 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.

### How to File a Claim with Desjardins Assurances

There are several ways to file a claim:

#### Online

Claims for eligible expenditures incurred can be submitted online through the secure site provided for members.

#### Mobile app

The Omni app can be used to claim expenditures related to most services covered under the group insurance plan. Download Omni through the App Store (iOS) or Google Play (Android).

#### Payment card

Present your payment card to a participating pharmacist or dentist. They will forward the information about the claim directly to Desjardins.

#### Health care provider

Certain health care professionals can file claims on your behalf. Go to <https://www.desjardinslifeinsurance.com/en/claims-enabled-service-providers> for the list of participating health care professionals.

**By mail**

The forms can be downloaded from the Desjardins website. Claims can also be sent to the mailing address indicated in the “*Contact information*” section of this document.

**Coordination of benefits**

Coordination of benefits occurs when claims for health and dental expenses are submitted to more than one insurer. If any family member is covered under more than one insurance plan, a claim can be filed with more than one insurer depending on the coverage. For details, go to

<https://www.desjardinslifeinsurance.com/en/group-insurance-plan-members/need-help/how-to/coordinate-benefits-with-another-plan>

## 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. Your employer is responsible for checking the different government guidelines or with their advisor to determine how to handle taxable benefits.