



Les services à l'enfance

**Grandir ensemble**

## **GUIDELINES**

**Plan C**

**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**

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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.

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 a term employment contract for a minimum of ten (10) months, whose normal weekly hours of work are twenty (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 impairment 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 impairment, 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

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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

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Jacinthe Choquet, Group Insurance Advisor



613-833-9170



[jchoquet@jcbenefits.ca](mailto:jchoquet@jcbenefits.ca)

### Your employer

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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 the 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 protections 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 at 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, or any other type of leave.

## Eligibility

Employees residing in Canada, with a term employment contract for a minimum of 10 months, whose normal weekly hours of work are 20 hours or more, are eligible under the plan.

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

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The types of mandatory coverage that employees must enrol in are:

- Basic life insurance
- Accidental death or dismemberment
- 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 eligibility will be required by the insurer, and the employee will have to fill out the “*Evidence of Eligibility Report*” 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

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- 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

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### 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

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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

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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

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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 C. 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.
- 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.
- 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 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 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 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 three (3) month waiting period may apply at the employer's discretion.

## 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 Web site to print out his payment card and verify his profile.

#### Section 1: To be completed by the employer

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This section is filled out by the employer. The employer indicates the start date and end date of the employment contract. Coverage terminates on the contract end date.

#### Section 2: Identification of the employee

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

#### Section 3: Requested coverage

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##### **Life insurance, accidental death and dismemberment insurance, and long-term impairment 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.

##### **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 section entitled "*Mandatory coverage*" 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

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Employees who checked “*family*” coverage for health and dental care 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 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*”. 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

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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

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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

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

## Section 8: Management of personal information

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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

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

## Section 2: Reinstatement following authorized leave

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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

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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

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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

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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

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Employees may apply to change their extended 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

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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

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Employees must sign and date the change form.

### 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 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 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 coverage. The employer is responsible for obtaining the appropriate legal advice in given circumstances, such a termination of coverage while the employee is on statutory or other leave pursuant to labour standards legislation or non-payment by 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 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 for the periods indicated below or until the end of the employment contract, whichever occurs first.

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 may choose between the following two options:

1. Maintain all coverage
2. Waive all coverage. However, employees residing in Quebec must maintain their extended health coverage unless they are covered under another plan.

Employees must fill out the form entitled "*Coverage During Maternity/Parental Leave*".

If an employee **chooses option 2, 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. 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 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 or the end of the employment contract date, if earlier.

**Health and dental insurance:** thirty-one (31) days or the end of the employment contract date, if earlier.

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*" 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, WSIB or Other Benefits

Employees must maintain group insurance coverage during sick leave, and must pay their portion of premiums to the employer. The coverage must be maintained until the end of the sick leave or until the end of the employment contract, whichever occurs first.

The employer and the employee must fill out the form entitled "*Agreement – Coverage While Receiving Sickness, WSIB or Other Benefits*".

Employees on sick leave may be eligible for employment insurance sickness benefits. It is up to the employee to undertake the necessary steps.

Employees must inform their employer if they are receiving WSIB (Workplace Safety and Insurance Board) or other benefits, such as auto insurance, etc. Employers must then forward that information to Grandir ensemble. Employees must then submit an application for life insurance waiver of premium with the insurer. The insurer may terminate the coverage twelve (12) month after the date of onset of disability if the employee does not apply for the life waiver of premium.



## How to File a Claim with Desjardins Insurance

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. For details, 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.

### **Benefits coordination**

Benefits are coordinated through the extended health or dental expenditures claims 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.