

ADMINISTRATION MANUAL FOR GROUP INSURANCE



Assumption Life

INTRODUCTION

This manual has been designed to assist you in the proper administration of your Group Insurance Program. It contains a description of the different types of benefits, which may or may not apply to your policy; please refer to your Schedule of Benefits.

Although the manual gives a detailed outline of all procedures required to administer your plan, if you have any questions regarding any of these procedures, do not hesitate to contact your representative or our office, at the following address:

ASSUMPTION LIFE
Group Insurance
P.O. Box 160
Moncton NB E1C 8L1

Telephone: (506) 869-9797
Toll-free: 1-888-869-9797
Fax Number: 1-855-401-9068
E-mail address: group@assumption.ca

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ENROLLMENT

1) Enrolling a new employee in your plan

Each new employee meeting the eligibility requirements to this group insurance plan is eligible for these benefits. This employee must respect the eligibility period set forth in the contract.

We recommend that eligible participants be asked to sign the *Application for Group Insurance form no. 3613-00A-FEB21* on the day they are hired, and that it be forwarded to us immediately. Please ensure that the card is filled out completely before submitting to insurer.

Insurance is effective upon completion of the waiting period indicated in your policy if the employee is actively at work on a full-time basis. Proof of health may be required if the amount of insurance exceeds the non-evidence limits. The insurance will be effective on the date that proof of insurability is accepted by the insurer.

2) Enrollment for dependent insurance

If the application is made within 31 days of the date of the addition of a first dependent an employee who has eligible dependents may apply for insurance on their lives without providing proof of insurability. The employee need apply for dependent insurance only once; all future dependents will automatically be insured.

Dependents whose insurance ceases because they have reached the age limit may qualify as over aged dependents (a child 21 years of age and under 26) if they still remain legal dependents (i.e. are in attendance as a full-time student at an accredited school/college/university). A new form must be completed by August 31 of each year if the dependents child re-enrolls as a full-time student. To insure over-aged dependents, the employee must fully complete the application form for over-aged dependency coverage:

- *Application for Over-aged Dependency Coverage no. 3725-00A-OCT17*

3) Late enrollment

If an employee fails to apply for life insurance or for dependent insurance within 31 days of eligibility, evidence of insurability is required – *Statement of Health no. 4502-00A-DEC20*

The insurance will be effective on the date that this proof of insurability is accepted by the Insurer.

Dental Care Coverage

For any person who is insured more than 31 days following his or her date of eligibility for expenses incurred will have access to dental benefits; these are however limited to a \$250 maximum for the first year only.

4) Procedures to obtain Optional Life Insurance

The employer may wish to have Optional Life Insurance added to his group plan. This benefit gives a participant the option to add additional life insurance to his basic protection.

The employer must make a written request to add this benefit to his group insurance contract.

The employee who elects the Optional Life Insurance must complete a *Statement of Health no. 4502-00A-DEC20*. If other proof is required (medical exam, etc), you will be notified. The Optional Life Insurance for an eligible employee will become effective on the date that proof of insurability is accepted by the insurer.

5) Certificate

The insurer will provide the policyholder with insurance certificates and pamphlets and the policyholder must distribute them to the participants.

GENERAL ADMINISTRATION

1) Contract Holder Roles and Responsibilities

As the Group Insurance Plan Administrator, your role is to be the main point of contact between the employees and the insurer. However, it is important that your role be of an informant and not an advisor to the employee. In these situations, it is best to refer your employees to the insurer directly, through customer service, for advice. If you are unsure of what information to share with your employees, do not hesitate to contact us at 1-888-869-9797.

2) Mandatory information to share with your employees

If you are located in Quebec, as an administrator, it is important and mandatory to apply the requirements of the *Autorité des marchés financiers* (AMF) by sharing your group insurance plan information with all your employees.

If you are located outside of Quebec, it is strongly recommended that all administrators of all Canadian provinces apply these same requirements.

When enrolling, you must provide your employees with the following information:

- Overview of the insurance coverage
- Benefit formula
- Definition of disability
- Exclusions
- Pre-existing conditions
- All the information about their disability plan

It is important that you **provide the plan information to your employees**, while ensuring that this share of information is not in the form of advice.

When a certificate is available, you must give it to the employee upon receipt.

If they have any questions about their insurance needs and/or disability rules, please direct them to our team at 1-888-869-9797.

3) Name Change

We must be informed of changes in the names of employees resulting from marriage, divorce or separation *Group Insurance – Policy Service Request no. 5101-00A-SEP13*. In addition, the employee must advise us if there is a change in his dependents. *Dependents* refers to the spouse and children younger than 21 years of age (or 26 years of age if a student) or stricken with a physical and mental disability, as specified in your group insurance contract.

4) Change of beneficiary

When an employee wants to change his beneficiary, he must complete *Group Insurance – Policy Service Request no. 5101-00A-SEP13*. This form must be returned to Assumption Life.

5) When an employee wishes to decline insurance

Any employee who does not wish to participate in your Group Insurance Plan must complete the correct section in the *Group Insurance – Policy Service Request no. 5101-00A-SEP13*. This form must be forwarded to Assumption Life.

Should the employee decide at a later date to elect coverage, he will be considered as a late applicant to the plan and must submit proof of insurability as specified in the *Late enrollment* section.

6) Change in amount of insurance

Any change in an employee's insurance classification which entails a change in his amount of insurance will become effective on the day he becomes eligible for it, provided that the employee is actively working full-time, unless otherwise stated in the application.

If the employee is not actively at work on the date the change in amount of insurance would otherwise be effective, the coverage is not increased until the employee resumes active full-time employment for full pay. Notice of change must be given within 31 days.

7) Change in salary

If a variation in salary entails a change in the amount of coverage with respect to a participant, the policyholder will immediately notify the insurer in writing of this change by filling the *Group Insurance – Policy Service Request no. 5101-00A-SEP13* and provide the insurer with all necessary information for carrying out this change. This change takes effect on the latest of the following dates:

- the date variation or change, if the written notice is received by the insurer within 31 days following this date; or
- the date the insurer receives written notice if it is received more than 31 days following the date of variation or change; or
- the date the insurer receives the last item of proof of insurability required, subject to acceptance by the insurer of such items relating to and required by the coverage or any part of it thereof.

8) Waiver of the waiting period

If you have hired an employee who has group insurance benefits with his previous employer and you wish to offer him uninterrupted coverage, you may request that we waive the waiting period for coverage under this plan.

You must submit to your group insurance service the employee's completed enrollment form and a letter indicating that you want us to waive the waiting period for that particular employee. The effective date will be the permanent date employed or the date of the last proof of insurability.

9) Termination of employment

The conditions and the effective date for termination of an employee's insurance are indicated in your group insurance contract.

The employer must complete a *Group Insurance – Policy Service Request no. 5101-00A-SEP13* and forward it to us immediately.

PLEASE NOTE: PAY DIRECT DRUG PLAN (ClaimSecure)

You are responsible for retrieving all invalid ClaimSecure identification cards under the following conditions:

- *Termination of group contract*
- *Termination of the employee*
- *Change in employee 's status*
- *Termination of eligibility as defined under the terms of your Master Contract*

Failure to retrieve invalid identification cards and returning them to us may result in your being billed for any claims incurred fraudulently. All lost or stolen ClaimSecure Identification Cards must immediately be reported in writing to Assumption Life.

10) Rehired employees

An employee who is rehired within six months after termination of employment may have the insurance reinstated without serving a waiting period. The employee is entitled to the reinstatement of the insurance, provided a written request is submitted within 31 days of the date of return to work.

11) Conversion privilege

Any insured employee terminating his group coverage has a conversion privilege. The life insurance may be converted within 31 days of termination, in accordance with the terms of the conversion privilege set forth in the life insurance provision of your group insurance contract.

12) Waiver of Premium for Life when an employee becomes disabled

An employee who becomes disabled is entitled to a Waiver of Premium benefit provided that he is totally disabled as described in your group contract. We must receive the claim forms before the expiration of the Waiting Period specified in the contract.

Complete the following form:

- *Disability Claim – Initial Request no. 5115-00A-JAN21*

NOTE: The premiums must be paid during the elimination period. The premiums will be waived after the waiting period, if the disability is accepted by the claims department.

CLAIMS

1) Submitting a claim

A) *Claims for Life Insurance and Accidental Dismemberment*

When an employee who is covered for life insurance under your Group Insurance Plan dies, you should submit the following items immediately to the Group Insurance Claims Department.

Life Insurance Claims

- Birth certificate;
- *Life Insurance Claim form no. 5139-00A-JAN21*
- Coroner's or police statement (if accidental death)

NOTE

A letter describing the circumstances of death and any available newspaper clippings or other similar evidence would be useful. A copy of the autopsy report may be requested.

Dismemberment

- *Accidental Dismemberment Claim Form - Attending Physician's Statement form no. 5137-00A-OCT16*
- *Accidental Dismemberment Claim Form - Employee's Statement form no. 5125-00A-OCT17*

B) *Submitting Short Term Disability Claims*

In order to ensure speedy claim service, it is essential that both you and the employee fully complete the following claim forms and forward them to the Claims Department.

- *Disability Claim – Initial Request no. 5115-00A-JAN21*

Employees should be made aware that at various times during the disability period, it might be necessary for the Claims Department to request supplementary medical reports.

Please advise *ASSUMPTION LIFE* as soon as an employee returns to work by *Group Insurance – Policy Service Request no. 5101-00A-OCT16*

C) Submitting Long Term Disability Claims

In order to ensure speedy processing, it is essential that all the information requested on the form be fully completed by both you and the employee.

Please forward the following forms one month before the expiry date of the waiting period stated in the contract.

- *Disability Claim – Initial Request no. 5115-00A-JA21*

Please advise us as soon as an employee returns to work by completing *Group Insurance – Policy Service Request no. 5101-00A-OCT16*

On all claim forms, please enter the policy and certificate numbers. This is essential for proper identification.

Health and Dental claims can be submitted through ClaimSecure's eProfile™ account. The steps to create an eProfile account are described in the employee's booklet.