Standard Life

Administration of your group insurance plan

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Standard Life

www.standardlife.ca

The Standard Life Assurance Company of Canada

GE10811D GL 09-2013

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Introduction

We know that your time is valuabe and that getting the answers to employees' specific questions and unique situations can be complicated.

This guide is meant as a reference tool. It has been prepared to help you with the daily management of your group insurance plan. It contains useful information on the various situations that may arise regarding your employees as well as answers to the most frequently asked questions. The guide also provides detailed explanations of the various types of insurance claims.

We recommend that you refer to your group insurance policy for a comprehensive description of the types of benefits offered under your plan as well as the related terms of application.

Please do not hesitate to contact us if you require additional information.

For the purposes of simplicity, the masculine gender is used throughout this guide.

Role and responsibilities of the plan administrator

As the plan administrator, you play a leading role in the management of the various requests made by the participants in your group insurance plan.

Your role is particularly important as the speed and precision with which insurance claims are processed as well as the accuracy of the premiums invoiced hinge on the information that we receive.

You are responsible for collecting and transmitting to Standard Life all information on each participant starting from the effective date of their insurance benefits, and any changes that have to be made to their records. This information must be provided within the delays indicated in your group insurance policy.

It is also your responsibility to ensure that each participant is aware of his rights and obligations under the plan.

Lastly, you must submit the exact amount of all insurance premiums payable under the plan on or before the due date.

Role and responsibilities of Standard Life

Standard Life is responsible for the payment of insurance benefits in accordance with the provisions of the group insurance policy.

Standard Life must also provide the plan administrator with the forms required to manage the plan.

Standard Life is responsible for producing and issuing invoices for insurance premiums and, where applicable, for producing and issuing individual coverage certificates.

Protection of personal information

Standard Life is committed to maintaining the strictest standards in its business. As a group insurance customer, you can rest assured that we will protect all the information you provide to us about yourself, your members and their dependents. We will make every effort to ensure that this information remains strictly confidential.

For more information on confidentiality, please read our guidelines on the safeguarding of personal information, which are available on our public Web site at **www.standardlife.ca** or contact our **customer services department**.

How to obtain forms

You can order print versions of all administrative and claims forms by completing **Order form – PC GB1306**, which you may return to us by regular mail at the following address or fax at **1 877 536-4666**.

Purchasing department
Standard Life
1245 Sherbrooke Street West
Montréal, Québec H3G 1G3

The **Order form** is available in our public Web site at **www.standardlife.ca**. There you may also view or print our most frequently used administrative or claims forms.

Payment of premiums

Premiums payable under your group insurance policy, as well as any adjustments that may be required, must be paid to Standard Life on or before their due date (generally the first day of each month).

Premiums must be forwarded to the head office of Standard Life or a designated regional office.

Premium management
Standard Life
P.O. Box 4002, Postal Station B
Montréal, Québec H3B 4M2

In order to ensure that your members' insurance benefits remain in effect, premiums must be received before the end of the grace period stipulated in your contract. Additional information is provided in the **General Provisions – Premiums – Premium Payment** section of your policy.

Premiums stemming from any increase, decrease, cancellation or implementation of an insurance policy after the policy comes into effect are calculated based on the effective date of the change. Premiums are calculated pro rata.

However, no premiums will be refunded for any period preceding the three months following the date of receipt of a written notice informing us of a modification to a participant's file and (or) that of his dependents.

Insurance certificate

Standard Life issues an insurance certificate for each of the participants when their insurance policy comes into effect and when changes are made to their files (for instance, name change). The certificate is forwarded to the participant or the employer who must hand it over to the participant.

The certificate contains information on the types of coverage to which the participant is entitled under your group insurance plan. The participant's policy number and certificate number also appear on the document. In the event of a discrepancy between the certificate and coverage currently in effect under your group insurance plan, the latter will prevail.

Please contact our **customer services department** if a participant loses his certificate. We will issue a new one.

Enrolment of a new participant

Evaluating the eligibility of a new employee

In order to verify that the new employee is eligible to participate in your group insurance plan, please check to ensure that he meets the following three criteria:

- He is a permanent employee of your company.
- The employee works the minimum number of hours specified in the policy.
- The employee has completed the eligibility period required under the policy.

If the employee does not meet all the above criteria, he is not eligible for the benefits offered under your group insurance plan.

The eligibility period must be continued and completed without interruption. If interrupted, the eligibility period must be applied once again.

Please consult the **General Provisions – Definitions** section under **Actively at Work**, as well as **Summary of Benefits** under the **Eligibility Period** section of your policy for additional information.

Enrolling a new participant

When the employee's eligibility has been verified, the new participant will simply have to complete and sign the **Application form – GE8000** and return it to us within the delay specified in your policy.

The information may be forwarded to us by mail or by electronic data transfer, depending on your plan type.

If the information regarding the enrolment of a new participant is received by Standard Life after the delay specified in your policy, we will require evidence of insurability (for additional information, see the section in the guide entitled **Special cases for which evidence of insurability is required**).

Please contact us if you do not know your group insurance plan type or if you have any other related questions.

Use of a social insurance number as a certificate number

By signing the **Authorization** section that appears on the **Application form**, the participant authorizes Standard Life to use his social insurance number as his identification number under your group insurance plan.

Please notify us if the new participant does not want this information to be used. We will assign a certificate number, which will be generated by our administrative system and will have no reference to the participant's social insurance number.

Effective date of the participant's insurance

Insurance policies for employees and their eligible dependents come into effect as specified in your policy under **General Provisions – Insurance – Effective date of insurance**.

However, in the event the employee is not actually at work on the date on which the insurance was to come into effect, the insurance will become effective on the date of the employee's return to work provided the eligibility period was not interrupted. Otherwise, the eligibility period will have to be satisfied.

Waiver of the eligibility period

When negotiating terms of employment, the employer may wish a new employee's insurance benefits to come into effect as soon as he starts work. In this event, the eligibility period would not apply. This special situation is known as **"Waiver of the eligibility period"**.

To waive the eligibility period for a new employee, please send us a written request as soon as possible after the employee has started work. Standard Life will evaluate the request and confirm the decision to you in writing.

Eligibility of dependent children

Confirmation of school attendance

A participant with family protection must submit a confirmation of school attendance for all dependents eligible under the group insurance plan.

Children who have reached the first age limit (usually between 18 and 21 years of age) under your policy's **General Provisions – Definition – Child**, must be registered as full-time students in a recognized educational institution to be eligible for insurance. Information on the child's school attendance must be forwarded to Standard Life.

To do so, the participant must answer the questions regarding school attendance in the administrative forms **(Application form - GE8000 or Confirmation of school attendance - G2228)**. This evidence of enrolment must confirm that the child was a full-time student for the period during which the medical or dental expenses were incurred.

Each year during the month of July, the participant must provide confirmation of full-time attendance in an educational institution. This confirmation must cover the period from September to August for the following year. While Standard Life accepts information provided by the participant, it reserves the right to validate the student's status directly with the institution attended.

For example:

If expenses for drugs are incurred in September, the confirmation of school attendance must cover the fall semester. If the expenses are spread out over more than one semester, the confirmation of attendance must cover all semesters in which expenses were incurred.

Confirmation of disabled status

A participant with a disabled dependent who has reached the first age limit (usually between 18 and 21 years of age) must submit a confirmation to verify the dependent's eligibility under the group insurance plan.

To do so, the participant must complete the **Participant statement** section of the **Application for total and permanent disability status for a dependent child – PC GE10352**, and ask the child's physician to complete the **Attending physician's statement section**.

On receipt of this form, Standard Life will analyze the request and confirm the eligibility of the dependent to the participant.

Employee refusal to participate in the plan

To determine whether an employee may opt not to participate in the plan, you will first have to verify the minimal participation required under your plan. In order to do so, please refer to the **General Provisions – Particulars** section of your group insurance policy under the heading **Renewal**.

Any employee who does not wish to participate in the plan must complete and sign the **Refusal to join – PC GE8004** form which must be forwarded to Standard Life so that, in the event of a lawsuit, there is proof that he was offered and declined coverage.

- **Participation is compulsory for all eligible employees (100% participation rate)**

  In such a case, it is **compulsory** that new employees subscribe to the plan. This is one of the **terms of employment**. All new employees must complete and sign **Application form – GE8000**.

  In the event an employee refuses to sign the Application form, please return it to us accompanied by the **Refusal to join – PC GE8004** form.

- **Participation of eligible employees is optional (Participation rate under 100%)**

  - **Minimum conditions for participation have been met:**
    The employee may refuse to join the plan*. In this event, the employee will have to complete and sign the **Refusal to join – PC GE8004** form. Please keep this form in your files and send a copy to Standard Life. If the employee wishes to join the plan at a later date, he will have to provide evidence of insurability.
  - **Minimum conditions for participation have not been met:**
    Contact your Manager, Business Development to discuss the various options open to you.

* Employees residing in Québec are required to subscribe to the plan if your policy provides for the reimbursement of the cost of prescription drugs.

Following the adoption of the **Act respecting prescription drug insurance** by the government of Québec, all employees who are eligible to join a group insurance plan must have drug insurance coverage unless they are covered by a health insurance plan provided by their spouse's insurance company or any recognized group insurance plan. For additional information, you may contact our **customer services department**.

Updating information regarding participants and their dependents

As the plan administrator, you are required to inform Standard Life of any events that may affect the coverage and insured amounts of the participants and their dependents. This information must be provided on the appropriate forms and within the established deadlines.

Up-to-date information helps ensure accuracy, speed and confidentiality in the processing of the various applications submitted by participants covered under your plan. This also helps us ensure that the premiums are calculated based on the most recent information.

In addition to all the forms required, we recommend that you provide a duly completed and signed copy of the **Notice of change – G1285** form. This will enable you to provide a more accurate description of the change required. You may also keep a copy for your records. Where necessary, the form also specifies which documents must be attached to the application. Detailed information on the forms to be used as well as the procedure to follow can be found in the **Changes that affect the participant's coverage** section of this guide.

You must also inform us if there are any changes to be made to the participant's personal information. These changes are described in the **Changes that do not affect the participant's coverage** section of this guide.

Changes that affect the participant's coverage

Please refer to the **General Provisions – Definitions – Income** and **General Provisions – Insurance – Change in Coverage** sections in your policy for any additional information.

The various changes described in this section generally have an impact on the insured amounts, premiums and coverage type.

Salary change

It is important that salary information be kept up to date and that Standard Life be notified of any salary changes.

The calculation of insured amounts in respect of benefits provided under group insurance plans is frequently based on participant income. Death and disability benefits are also calculated based on the most recent salary information accepted by Standard Life as of the date of the loss.

For the definition of salary under your group insurance plan, we invite you to consult the **General Provisions – Definition – Income** section of your policy.

How to notify us

Please notify us in writing as soon as possible of any salary changes in a participant's file and specify the following:

- The new salary.
- The frequency (hourly, weekly, monthly, annually, etc.).
- The effective date of the salary change.

You can also send us the information:

- By completing and signing the **Notice of change – G1285** form. The form, which must include the change code **"S"**, can be returned to us by mail.
- In the form of a detailed list by e-mail, fax or regular mail.

Effective date of salary change

The new salary will take effect on the actual date of the change if Standard Life receives the written notice within the delay specified in your contract. After this delay, Standard Life will make the change as of the date the notice is received.

In the event the employee is not actually at work on the date of the salary change, the new salary will take effect as of the date on which the employee returns to work.

Please refer to the **General Provisions – Insurance – Eligibility** and **Dental Care Benefit** sections under the **Calculation of the Amount Reimbursable – Maximum Benefit** section of your policy for any additional information.

Change in coverage

During the lifetime of a plan participant, several events may require that his coverage be changed.

Below are the most frequent changes requested as well as the procedure for notifying us.

Application for dependent coverage

A participant may request coverage for his eligible dependents under the following circumstances:

- Marriage or civil union;
- Common-law marriage (please refer to the section entitled **General Provisions – Definitions – Dependent** of your policy to determine if the spouse is eligible and if the required period of cohabitation has been completed);
- Birth of a first child (if a child is born to a common-law couple, the participant's partner is automatically eligible for coverage regardless of cohabitation period requirements);
- Adoption of a first child (children adopted outside Canada are eligible for coverage as of their arrival in Canada);
- Termination of the spouse's group insurance policy.

If none of the above-mentioned events applies, the participant may submit evidence of insurability regarding his dependents to Standard Life for evaluation. For more information, please see the **Special cases for which evidence of insurability is required** section of this guide.

How to notify us

Please notify us in writing as soon as possible:

- By completing and signing the following forms and returning them to us by mail:
  - **Notice of change – G1285**. The change code **"C"** as well as the effective date of the change must be indicated on the form.
  - **Request for change (I) – GE8001**. Where appropriate, **Sections 1,2,3,4** and **5** (as applicable) must be duly completed and signed.

If the participant has coverage for his dependents, each child who subsequently becomes a "dependent" is automatically covered. In this particular case, you will have to send us the **Request for change (I) – GE8001** form, indicating the dependent's personal information.

Effective date of coverage

Coverage for dependents will take effect on the actual day of the event if Standard Life receives the written notice in the delay specified in your policy.

After this delay, Standard Life will require evidence of insurability and, where applicable, will restrict dental coverage.

Cancellation of coverage for a dependent

A participant may request that coverage for one dependent be terminated, while maintaining coverage for other dependents for any of the following reasons:

- Dependent child who no longer meets the definition of a dependent in your contract (see **General Provisions – Definitions – Dependent**);
- Separation from a common-law partner;
- Divorce or annulment of marriage;
- Death.

How to notify us

You can send us this information:

- By completing and signing the **Request for change (I) – GE8001** form. The form can be returned to us by mail. **Sections 1** and **2** must be duly completed. The name of the dependent to be removed must be indicated in **Section 4**.

Effective date of cancellation

Coverage for the dependent will be cancelled on the actual day of the event if Standard Life receives the written notice in the delay specified in your policy.

If the notice is received after this delay, the coverage for the dependent will be cancelled on the date on which Standard Life receives the written notice.

Cancellation of coverage for dependents

A participant may request to have coverage for his dependents cancelled at any time*.

How to notify us

Please notify us in writing as soon as possible:

- By completing and signing the following forms and returning them to us by mail:
  - **Notice of change – G1285**. The change code **"C"** as well as the effective date of the change must be indicated on the form.
  - **Request for change (I) – GE8001**. **Sections 1,2** and **3** (where applicable) must be duly completed and signed.

Effective date of cancellation

Individual coverage will take effect on the date requested if Standard Life receives the notice within the delay specified in your policy.

If the notice is received after this delay, the change in coverage will only take effect on the date on which Standard Life receives the written notice.

* Employees residing in Québec are required to subscribe to the plan if your policy provides for the reimbursement of the cost of prescription drugs.

Following the adoption of the **Act respecting prescription drug insurance** by the government of Québec, all employees who are eligible to join a group insurance plan must have drug insurance coverage unless they are covered by a health insurance plan provided by their spouse's insurance company or any recognized group insurance plan. For additional information, you may contact our **customer services department**.

Please refer to **Dental Care Benefit** in the **Calculation of the Amount Reimbursable – Maximum Benefit** section of your policy for any additional information.

Exemption from one or more benefits

A participant may apply to be exempt from, in other words may refuse to participate in, health insurance benefits and/or dental benefits **only** if he is already covered as a dependent under his **spouse's group insurance plan** or any recognized group insurance plan. For additional information, you may contact our **customer services department.**

How to notify us

Should the above be the case, please inform us in writing as soon as possible:

- By completing and signing the following forms and returning them to us by mail:
  - **Notice of change – G1285**. The change code **"EB"** and the effective date of the change must be indicated on the form.
  - **Request for change (I) – GE8001**. **Sections 1, 2, 5** and **6** (as applicable) must be duly completed and signed. The name of the spouse's group insurance carrier as well as the policy number must be indicated to enable Standard Life to evaluate the participant's application.

Effective date of the exemption

The exemption will take effect on the requested date if Standard Life receives the notice within the delay specified in your policy.

If the notice is received after this delay, the change in coverage will only take effect on the date on which Standard Life receives the written notice.

Reinstatement of benefits following an exemption

A participant who is no longer covered under his spouse's group insurance plan due to termination of the spouse's employment, termination of the spouse's plan by the insurer, or separation or divorce, may apply to have exempted benefits reinstated.

How to notify us

Please notify us in writing as soon as possible:

- By completing and signing the following forms and returning them to us by mail:
  - **Notice of change – G1285**. The change code **"EB"** as well as the effective date of the change must be indicated on the form.
  - **Notice of change (I) – GE8001**. **Sections 1, 2, 5** and **6**(as applicable) must be duly completed and signed. The name of the spouse's group insurance carrier as well as the policy number must be indicated to enable Standard Life to evaluate the participant's request.

Effective date of reinstatement

The reinstatement of benefits will take effect on the actual date of the event if Standard Life receives the written notice within the delay specified in your policy.

If the notice is received after this delay, Standard Life will require evidence of insurability and will restrict dental coverage, where applicable.

Class transfer

A class can be defined as a group of participants who are subject to the same conditions with respect to:

- Benefit eligibility;
- Types of coverage offered;
- Premium rates;
- Benefit payments.

The various classes in your plan are outlined in the **Summary of Benefits** section of your policy.

For instance:

	Benefits		
Class	**Life**	**Health care**	**Dental care**
Managers	$50,000	Yes	Yes
Sales staff	$30,000	Yes	Yes
Other employees	$30,000	Yes	Yes

How to notify us

Please notify us in writing as soon as a participant must transfer to a new class due to a change in his situation. Please include the following information:

- The number of the class to which the participant must be transferred;
- The effective date of the transfer.

You may send us this information:

- By completing and signing the **Notice of change – G1285** form. The form, which must include the change code **"CP"**, can be returned to us by mail.
- In the form of a detailed list by e-mail, fax or regular mail.

A transfer of class may entail a transfer of division. Please refer to the **Summary of Benefits** section of your policy to check the relationship between classes and divisions under your group insurance plan.

Effective date of the class transfer

The class transfer will take effect on the requested date if Standard Life receives the written notice within the delay specified in your policy.

If the notice is received after this delay, the transfer of class will take effect on the date on which Standard Life receives the written notice.

Division transfer

For invoicing and underwriting purposes, a division is defined as a group of participants covered under the same policy.

Your Manager, Business Development will provide you with a list of the division names and numbers established by Standard Life for your group insurance plan.

For instance:

Division number	Division name
001	Montréal branch
002	Toronto branch

How to notify us

Please notify us in writing as soon as possible when a division transfer is required. Please include the following information:

- The number of the division to which the participant will be transferred;
- The effective date of the transfer.

You can send this information:

- By completing and signing the **Notice of change – G1285** form. The form, which must include the change code **"DT"**, can be returned to us by mail.
- In the form of a detailed list by e-mail, fax or regular mail.

A division transfer may entail a class transfer. Please refer to the **Summary of Benefits** section of your policy to check the relationship between classes and divisions under your group insurance plan.

Effective date of division transfer

The division transfer will take effect on the requested date if Standard Life receives the written notice within the delay specified in your policy.

If the notice is received after this delay, the transfer of division will take effect on the date on which Standard Life receives the written notice.

Temporary lay-off

At the time your group insurance policy came into effect, a decision was made with respect to the clause regarding the temporary lay-off of one or several participants. The clause can be found in the **General Provisions – Insurance – Termination of Insurance** section of your policy.

All participants who are temporarily laid off must be subject to the **same** insurance cancellation or continuation **terms**, as applicable. **The choice cannot be made on an individual basis**.

How to notify us

Please notify us in writing as soon as possible:

- **If the policy provides for the cancellation of all insurance benefits**
  - By completing and signing the **Notice of change – G1285** form. The form, which must include the change code **"M1"** (with cancellation of insurance) as well as the effective date of the change*, can be returned to us by mail.
  - In the form of a detailed list by e-mail, fax or regular mail.
- **If the policy provides for continued benefits (excluding disability insurance benefits where applicable)**
  - By completing and signing the **Notice of change – G1285** form. The form, which must include the change code **"M2"** (with continuation of insurance excluding disability benefits) and the effective date of the change*, can be returned to us by mail.
  - In the form of a detailed list by e-mail, fax or regular mail.

Please note that if the participant does not return to work following the leave, you must cancel his group insurance benefits. We invite you to consult the **Departure of a participant** section of this guide for additional information.

* The effective date of the change to be indicated on the **Notice of change** form should correspond to the day following the participant's actual date of departure (for instance, if the participant leaves on a Friday, the date of the Saturday should be indicated).

Effective date of the lay-off

The application will come into effect on the requested date if Standard Life receives the notice within the delay specified in your policy. If the notice is received after this delay, the application will become effective on the date on which Standard Life receives the written notice.

Return to work following a temporary lay-off

When a temporarily laid-off participant returns to work, his benefits may be reinstated under the same terms as at the date he was laid off.

If the participant returns to work within the timeframe set out in the **General Provisions – Insurance – Reinstatement of Insurance** section of your policy, the participant's benefits will be reinstated in accordance with the coverage held at the time he was temporarily laid off.

After the above-mentioned deadline, the employee will be deemed a new participant and will have to satisfy the eligibility period provided for in the **Summary of Benefits** section of your policy under **Eligibility Period**.

How to notify us

Please notify us in writing as soon as possible:

- By completing and signing the **Notice of change – G1285** form. The form, which must include the change code **"W"** (reinstatement of coverage) as well as the effective date of the change, can be returned to us by mail.
- In the form of a detailed list by e-mail, fax or regular mail.

Effective date of the reinstatement of insurance benefits

The reinstatement will come into effect on the requested date if Standard Life receives written notification within the delay specified in your policy.

If the information is sent to us after this delay, we will require evidence of insurability.

Departure of a participant

When a participant resigns, is fired or retires, his benefits must be cancelled unless special arrangements have been made*.

In such a case, please refer to the **Continuation of insurance following a participant's departure** section of this guide for more detailed information.

Following his departure, your group insurance policy may allow the participant to convert his group insurance benefits into an individual life policy. Please refer to the **Conversion privilege** section of this guide for further information and to inform your participant of the procedures, where applicable.

How to notify us

Please notify us in writing as soon as possible:

- By completing and signing the **Notice of change – G1285** form. The form, which must include the change code **"T"** as well as the effective date of the change**, can be returned to us by mail.
- In the form of a detailed list by e-mail, fax or regular mail.

Effective date of the cancellation of the participant's insurance benefits

The participant's benefits will be cancelled on the date requested if Standard Life receives the written notice within the delay specified in your policy.

If the notice is received after this delay, the participant's benefits will be cancelled on the date on which Standard Life receives the written notice.

* Some plans provide for benefits to remain in effect after a participant retires. Please refer to the **General Provisions – Insurance – Termination of Insurance** section of your policy for any additional information.

** The effective date of the change to be indicated on the **Notice of change** form must correspond to the day following the participant's date of departure (for instance, if the participant leaves on a Friday, the date of the Saturday should be indicated).

Please refer to the **General Provisions – Insurance – Termination of Insurance** section of your policy for any additional information or contact our **customer services department**.

Continuation of insurance following a participant's departure

You may wish to conclude a separation agreement with a departing employee. Under a separation agreement, the employee's benefits, excluding disability benefits, may be extended for a maximum period of three months following the actual date on which employment was terminated.

Please inform Standard Life before confirming any such agreement with the employee.

How to notify us

Please notify us in writing as soon as possible:

- By completing and signing the **Notice of change – G1285** form. The form, which must include the change code **"X"** as well as the reason for and duration of the extension, can be returned to us by mail.
- In a detailed letter sent by e-mail, fax or regular mail.

Effective date of continuation of the participant's benefits

The benefits will be continued as of the requested date if Standard Life receives the written notice within the delay specified in your policy.

If the notice is received after this delay, it will not be granted and the participant's benefits will automatically be cancelled.

Please refer to our public Web site at **www.standardlife.ca** or contact our customer services department for any additional information.

Conversion privilege

A participant whose group insurance is cancelled as the result of termination of employment or coverage and who has not reached the age limit stipulated in the Conversion Privilege clause, which can be found under the sections on life insurance benefits in your policy, may convert his group life insurance coverage to an individual life insurance policy without submitting evidence of insurability. Individual life insurance premiums can be higher than those payable under a group insurance plan. We recommend that you urge the employee to visit our conversion Web site at **www.standardlife.ca/conversion/en** to ensure that he is aware of and comfortable with the individual life insurance premiums.

How to notify us

If the participant wishes to exercise this right, please notify us as soon as possible by:

- Completing and signing the **Request for conversion of group life insurance – G1223** form. Note this only needs to be completed and signed by the employer and can be sent to us in the form of a detailed list by e-mail, fax or regular mail.

Upon receipt of the form, a representative of Standard Life or a broker will contact the participant directly to discuss the type of policy that we can offer and the associated costs.

Effective date of the application

Standard Life must receive the application for conversion no later than thirty-one (31) days following the termination of the participant's group insurance policy.

Any applications received after this deadline will not be accepted.

Return to work or rehiring of a former participant

In the event a former participant returns to work or is rehired, his benefits will be reinstated under the conditions prevailing at the departure date. However, the employee must return to work within the delay specified in the **General Provisions – Insurance** section of your policy under the **Reinstatement of Insurance** clause.

If the employee returns to work or is rehired after this delay, he will be regarded as a new participant and will have to complete the eligibility period indicated in the **Summary of Benefits** section of your policy under **Eligibility Period**, and work the number of hours indicated in the **General Provisions – Definitions – Actively at Work** section of your policy.

How to notify us

Please notify us in writing as soon as possible:

- By completing and signing the **Notice of change – G1285** form. The form, which must include the change code **"W"** (reinstatement of coverage) as well as the effective date of the return to work or rehiring, can be returned to us by mail.
- In the form of a detailed list by e-mail, fax or regular mail.

Effective date of the reinstatement of benefits

The reinstatement will take effect on the requested date if Standard Life is notified in writing within the delay specified in your policy.

Evidence of insurability will be required if the information is sent to us after this delay.

Maternity, parental and adoption leave

Two options are available to participants entitled to maternity, parental or adoption leave:

- They may request that **group insurance benefits be cancelled during their leave** if they decide not to pay their premiums*. In this instance, all benefits, not only those for which the employee makes regular payments, will be cancelled.
- They may request that **group insurance benefits continue during their leave**. In this event, the leave is subject to the terms and conditions of provincial Employment Insurance.

  It is understood that the continuation of coverage during an authorized absence is subject to uninterrupted payment of group insurance premiums. The plan administrator is responsible for forwarding premium payments to Standard Life. The plan administrator must make the necessary arrangements to obtain payment covering the period of the leave prior to the participant's departure.

Please note that if the participant does not return to work following the leave, you must cancel his group insurance benefits. We invite you to consult the **Departure of a participant** section of this guide for additional information.

For the purposes of refunding premiums, any elimination period due to a disability suffered during the leave will be calculated from the start date of the disability. Disability benefits will be paid from the later of the following dates: the expected date of return to work or the end of the elimination period.

How to notify us

Please notify us in writing as soon as possible:

- By completing and signing the following forms and returning them to us by fax or regular mail:
  - **Notice of change – G1285**. The change code "**K**" must be indicated on the form.
  - **Request for change (II) – GE8003**. **Sections 1** and **2** must be duly completed and signed.

Effective date of the continuation or cancellation of benefits

Continuation of benefits will take effect on the date requested if Standard Life is notified in writing within the delay specified in your policy.

If notice is received after this delay, cancellation of benefits will take effect on the date on which Standard Life receives the written notice. Retroactive cancellation is not available.

* Employees residing in Québec are required to subscribe to the plan if your policy provides for the reimbursement of the cost of prescription drugs.

Following the adoption of the **Act respecting prescription drug insurance** by the government of Québec, all employees who are eligible to join a group insurance plan must have drug insurance coverage unless they are covered by a health insurance plan provided by their spouse's insurance company or any recognized group insurance plan. For additional information, you may contact our **customer services department**.

Compassionate leave

Compassionate leave and compassionate care benefits are social policies adopted by the federal government in January 2004 and by certain provincial governments between January and June 2004.

A compassionate leave period allows an employee to provide care and support to a family member who is gravely ill with a significant risk of death. Compassionate leave also enables the employee to be absent from work without pay for a legislated or agreed upon period of time, during which his job is protected. Compassionate care benefits are paid by Employment Insurance (EI).

Two options are available to employees on compassionate leave:

- They may request that **group insurance benefits be cancelled during their leave** if they decide not to pay their premiums*. In this instance, all benefits, not only those for which the employee makes regular payments, will be cancelled.
- They may request that **group insurance benefits continue during their leave**. In this event, the leave is subject to the terms and conditions of provincial Employment Insurance.

It is understood that the continuation of coverage during an authorized absence is subject to uninterrupted payment of group insurance premiums. The plan administrator is responsible for forwarding premium payments to Standard Life. The plan administrator must make the necessary arrangements to obtain payment covering the period of the leave prior to the participant's departure.

How to notify us

In cases involving compassionate leave, please notify us in writing as soon as possible:

- By completing and signing the **Request for change (II) – GE8003** form and returning it to us by fax or regular mail. **Sections 1** and **2** must be duly completed and signed.

Effective date of the application

The application will take effect on the date requested if Standard Life is notified in writing within the delay specified in your policy.

Standard Life will accept applications to extend insurance for the duration of a leave for family reasons if such applications are received within the delay specified in your policy, and on the condition that premiums, including disability insurance premiums, continue to be paid.

If the required information is received after this delay, the application will be accepted on the date on which Standard Life receives the written notice.

* Employees residing in Québec are required to subscribe to the plan if your policy provides for the reimbursement of the cost of prescription drugs.

Following the adoption of the **Act respecting prescription drug insurance** by the government of Québec, all employees who are eligible to join a group insurance plan must have drug insurance coverage unless they are covered by a health insurance plan provided by their spouse's insurance company or any recognized group insurance plan. For additional information, you may contact our **customer services department**.

Special cases for which evidence of insurability is required

When the requests listed below are submitted after the delays specified in your policy, Standard Life will require evidence of insurability to assess eligibility:

- **Application for new enrolment**
- **Application for dependent coverage**
- **Application for benefit reinstatement**
- **Application for insured amounts that exceed the maximum without evidence of insurability** (Please refer to the **Summary of Benefits** section of your policy for further information)
- **Application to add or increase optional benefit insured amounts** (Please refer to the **Summary of Benefits** section of your policy for further information)

Documents required to assess the application

Please provide the employee with the **Evidence of insurability – G1053** form. The employee must ensure that:

- **Sections 2** and **4** are duly completed and signed.
- An answer is provided for each question in **Section 2**. Details must be provided for each question to which the employee answers "Yes". If this requirement is not met, the form will be returned to the employee, which will delay the application process.
- The dates of all the **annual** or **periodic tests**, in addition to the names and addresses of the attending physicians, must be clearly indicated on the form.
- **Sections 3** and **4** of the form are duly signed by the employee, his spouse and any children over 18 years of age.
- The Notice concerning the Medical Information Bureau (MIB Inc.), at the bottom of the form, is detached and kept.
- The original of the form, duly completed and signed, is submitted to Standard Life. The employee should keep a copy of the form for his own records.

If additional medical information is required, Standard Life will inform the participant by confidential letter. We will also send you notice in writing informing you that we have sent a letter to the participant.

Effective date of application

Standard Life will confirm with you in writing if the application submitted by the participant and (or) the participant's dependents has been accepted. As a result, until you receive approval from Standard Life, the premiums deducted from the participant's salary must be based on the coverage held prior to the application.

If accepted, the application will take effect on the date on which Standard Life receives the last medical document required for assessment of the eligibility of the individuals concerned.

Reasons for refusal of application

A participant who wishes to know why his application was refused may send us the **Authorization to provide information – PC GE1057** form. Given the confidential nature of this information, the reasons for refusal will be sent directly to the attending physician designated by the participant on the form.

Optional benefits

Optional benefits are additional benefits that can be chosen by the participant and that are added to the policy's basic life insurance coverage.

Please refer to the **Summary of Benefits** section of your policy to see if these benefits are offered under your group insurance plan. Coverage clauses and the maximum amounts that can be chosen by the participant are also included in the **Summary of Benefits** section.

How to notify us

In cases involving optional coverage benefits, please notify us in writing as soon as possible:

- By completing and signing the following forms and returning them to us by regular mail:
  - **Notice of change – G1285**. The change code **"OB"** must be indicated on the form.
  - **Optional benefits – GE8002**. The participant must indicate the total amount he wishes for each benefit.
  - If the participant wishes to apply for optional benefits, or to increase his existing coverage, he must also submit a duly completed and signed **Evidence of insurabilty – G1053** form, unless your policy specifies that participants may obtain or increase optional benefits without submitting evidence of insurability.

Effective date of the application

Standard Life will confirm with you in writing if the application submitted by the participant and (or) the participant's dependents has been accepted. As a result, until you receive approval from Standard Life, the premiums deducted from the participant's salary must be based on the coverage held prior to the application.

If accepted, the application will take effect on the date on which Standard Life receives the last medical document required for assessment of the eligibility of the individuals concerned, unless otherwise indicated in the **Summary of Benefits** section of your policy.

Changes that do not affect the participant's coverage

As a plan administrator, you are required to notify Standard Life in writing of any changes to be made to the personal information of the participants covered under your plan. This section of the guide describes these changes.

Name change

A participant may request a name change following one of the following events:

- Marriage or civil union
- Separation
- Divorce
- Decision to return to maiden name
- Legal name change (approved by a court of law)

The participant must provide you with legal documents attesting to any change of first or last name. A name change which is not supported by legal documents could result in litigation with respect to beneficiary designations in the event of the participant's death.

How to notify us

Please notify us in writing as soon as possible:

- By completing and signing the following forms and returning them to us by mail:
  - **Notice of change – G1285**. The change code "**NC**" must be indicated on the form.
  - **Request for change (I) – GE8001**. **Sections 1, 2** and **10** (as applicable) must be duly completed and signed.
- By sending us a detailed letter by e-mail, fax or regular mail.

Effective date of name change

The participant's name change will take effect on the date on which Standard Life receives notice of the change.

Change of address

To enable Standard Life to process the various requests of participants in your plan in an accurate and timely manner, it is important that you notify us as quickly as possible of any change to the participant's primary address of residence. Maintaining correct information regarding the primary address of residence is essential to ensuring the confidentiality of all documentation mailed to the participant.

How to notify us

In cases involving a change of address, please notify us in writing as soon as possible:

- By completing and signing the **Address confirmation – GE8033** form and returning it to us by mail.
- By sending us a detailed letter by e-mail, fax or regular mail.

Effective date of change of address

The change of address will take effect on the date indicated on the form or, if no date is indicated, on the date on which Standard Life receives the request.

Designating a beneficiary

What is a beneficiary?

A beneficiary is the person designated by the participant to receive the capital or benefits payable under the group insurance policy upon the participant's death.

Designating a beneficiary

Given its legal value, the beneficiary must be designated in a detailed manner, i.e. the participant must write, in ink, the full first and last names of the beneficiaries on the appropriate forms. Any modifications made by the participant on the forms must be initialled by the participant; liquid paper cannot be used.

If the participant designates his dependents or legal heirs as beneficiaries, no name or family relationship must be written on the form with the designations.

The participant may also designate a trustee (if the designated beneficiary is under legal age) and a contingent beneficiary, who will receive the insured amounts in the event of the death of the designated beneficiaries.

For the most common examples of how to designate a beneficiary, please refer to the chart entitled **How to designate a beneficiary** included in this guide.

Participants may carry out two types of designation:

- **Designating a revocable beneficiary:**

  When a participant designates a revocable beneficiary, he may modify that decision at any time.

- **Designating an irrevocable beneficiary:**

  When a participant designates an irrevocable beneficiary (willingly, based on a court order, or following a divorce), he gives the beneficiary he has designated as irrevocable the acquired right to his life insurance benefits. The participant cannot modify his designation without the consent of the irrevocable beneficiary.

Designating a beneficiary in Québec

Participants living in Québec who designate their spouse as a beneficiary must complete the section on the form regarding Québec participants in order to specify if they wish their designation to be revocable or irrevocable.

In Québec, the designation of the spouse is irrevocable unless otherwise stated. If the participant does not specify the revocability of his designation, the designation will be considered irrevocable.

In this particular case, Standard Life recommends a revocable designation to facilitate any future changes regarding the beneficiary.

What happens if the participant does not designate a beneficiary?

If the participant does not designate a beneficiary on the **Application form – GE8000**, the insured amounts under his group insurance plan will be paid to his legal heirs.

Can beneficiaries be designated for the life insurance of dependents?

All the insured amounts with respect to the life insurance of dependents (spouse and dependent children) will be paid to the participant in the event of the death of the dependents.

How to designate a beneficiary

The following chart outlines the most common beneficiary designations and the way in which they must be indicated on the forms. This tool may help you in answering the questions asked by the participants in your plan and in accurately assessing which designation will be used in the event of a claim.

The forms that can be used to designate and modify beneficiaries are **Application form – GE8000, Beneficiary designation – GE9874** and **Request for change (I) – GE8001**.

Beneficiaries chosen by the participant	Designation to indicate on the form
Succession **Synonyms:** legal heirs, beneficiaries, heirs	Succession, legal heirs, beneficiaries or heirs
A beneficiary	Jane Martin, spouse
Several beneficiaries, equal amounts. (If no breakdown is specified, the total will be distributed equally.)	Elizabeth and Stephen, my children, in equal amounts
Several beneficiaries, varying amounts (Breakdown expressed as percentages.) This type of designation can be complicated if one of the designated beneficiaries dies before the participant. Moreover, the deceased beneficiary's estate is included in the distribution of the portion of the deceased beneficiary.	Robert Martin, father 70% and Mary Hunter, mother, 30% If the portion of the deceased beneficiary is to be paid to the surviving beneficiaries, the participant must: • Include the following note on the form or in a letter attached to the form: In the event of the death of one of the designated beneficiaries, that designated beneficiary's portion must be paid to the surviving beneficiaries.
Designation of contingent beneficiaries in the event of the death of the beneficiary designated by the participant.	Jane Martin, spouse Contingent beneficiaries in the event of the death of Jane Martin: Elizabeth and Stephen, my children. • The participant must duly complete **Section 3** of the ***Beneficiary designation – GE9874*** form to designate one or more contingent beneficiaries.
Designation of a trustee if the beneficiary designated by the participant is a minor.	Elizabeth and Stephen, my children I hereby designate Mr. Roger Smith as trustee and authorize him to receive any amount payable to a beneficiary who is not of legal age and I declare that the payment of said trustee will constitute a valid discharge for Standard Life with respect to the amount paid. • The participant must duly complete **Section 5** of the ***Beneficiary designation – GE9874*** form to designate a trustee or an administrator.

Modifying a beneficiary designation

- **Revocable designation**

  If the participant has named a revocable beneficiary, the designation can be changed at any time. To do so, the participant must:

  – Duly complete, sign and send us the **Beneficiary designation – GE9874** form or the **Request for change (I) – GE8001** form, on which the new beneficiaries' names must be indicated.

  – When the participant has duly completed and signed the form, please complete the **Notice of change – G1285** form and include it with the form. The change code **"B"** must be indicated on the form and the application must be sent to Standard Life.

- **Irrevocable designation**

  If the participant has named an irrevocable beneficiary, before making any changes, he must:

  – Have the irrevocable beneficiary, who is of legal age, complete and sign the waiver forfeiting the beneficiary rights, which can be found on the **Request for change (II) – GE8003** form.

  – Send us the final divorce decree (if the spouse was the irrevocable beneficiary).

  – Send us a death certificate of the irrevocable beneficiary (where applicable).

  – The participant must then duly complete, sign and send us the **Beneficiary designation – GE9874** form or the **Request for change (I) – GE8001** form, on which the new beneficiaries' names must be indicated.

Effective date of beneficiary change

The change of beneficiary will take effect on the date on which Standard Life receives the information.

Medical and dental claims

Practical advice

The following points address medical and dental claims:

- When Standard Life requires receipts to process a claim, the participant must always send the original receipts with the form and keep copies.

  Original medical receipts sent to Standard Life are returned to the participant only where required by the government health insurance plan.

- If a claim is filed for a dependent child who has reached the first age limit stipulated in the policy (typically between 18 and 21 years old) and who is a full-time student, the participant must duly complete the section of the claim form reserved for information concerning the child's school attendance.

  Please refer to the **Claim for a dependent child – full-time student** section of this guide for further information.

- If the participant indicates all the pertinent information concerning his dependents on the first claim, the information will be kept in our files for any future claims and will not need to be repeated again.

- To ensure that the claims are processed in a timely and accurate manner, the participant must indicate his policy and certificate numbers in the space provided on the claim forms. This information can be found on the participant's insurance certificate.

- The participant must ensure that all the required signatures are included on the necessary forms.

- The frequency with which claims are filed can lead to higher administration costs for a group insurance plan. In some cases, the claim payment received by the participant may total just a few dollars.

  We recommend that you encourage participants to group their claims and to file them when costs represent a total amount of $100 or more, or an amount greater than the deductible specified in your policy.

Claim for a dependent child - full-time student

A participant with family coverage for medical and/or dental care may file a claim for any dependent child who is eligible under the group insurance plan.

However, if the child in question has reached the first age limit (typically between 18 and 21 years old), as stipulated in the **General Provisions – Definitions – Child** section of your policy, and if the child is studying

full-time, the information concerning the child's school attendance must also be sent to Standard Life.

To do so, the participant must answer the questions regarding the dependent child's school attendance included on the various forms required for a medical or dental claim **(Medical and paramedical claim form – GE10468, Dental claim form – GE8228** and **Dental claim form – Accidental injury to natural teeth – G2019)**. A certificate of enrolment must be used to confirm full-time attendance in an educational institution for the period in which the medical or dental costs are incurred.

The participant must submit confirmation of full-time attendance in an educational institution to Standard Life in July of each year. This confirmation must cover the period from September to August of the coming year. While Standard Life accepts information provided by the participant, we reserve the right to verify full-time attendance directly with the educational institution.

For instance:

If medical costs are incurred in September, the school attendance certificate must cover the Fall semester. If costs are spread over more than one semester, the certificate must cover all semesters in question.

How to file a claim for medical and paramedical care

The following charts outline the various types of claims for medical and paramedical care and indicate the documents required to ensure that claims are processed in a timely and accurate manner:

Type de règlement	Comment soumettre une demande	Renseignements supplémentaires
Prescription drugs If your policy allows for the use of a drug card, please refer to the flyer entitled This is all about your drug card for useful information about how to use the card and required forms.	**Form:** ***Medical and paramedical claim form – GE10468*** **The participant must:** • Indicate the total amount claimed for drugs in **Section *Medical expenses*** under ***Drugs***. • Attach original receipts to the form. • Sign **Section *Authorization***. • Duly complete all other sections of the form pertaining to the claim.	The prescription drug receipts: • Must indicate: the name of the patient, the name of the drug and the Drug Identification Number (DIN). • Are kept by Standard Life for 60 days and then destroyed. Copies are only accepted in the case of coordination of benefits. In such cases, the copies must be accompanied with a copy of the Explanation of Benefits provided by the other insurer.
Vision care Corrective lenses, contact lenses, eye examination	**Form:** ***Medical and paramedical claim form – GE10468*** **The participant must:** • Indicate the total amount claimed for expenses in **Section *Medical expenses*** under ***Vision care***. • Attach a receipt indicating costs incurred, as well as the contact information and signature of the specialist. • Sign **Section *Authorization***. • Duly complete all other sections of the form pertaining to the claim.	Receipts for vision care expenses must indicate the following: • The specialist's name and address. • The date of the eye examination. • A detailed breakdown of the costs of contact lenses, corrective lenses, frame and eye examination.
Medical and paramedical care Services provided by health professionals, hospitalization, ambulance services, medical supplies and equipment, laboratory analyses, stays in convalescent homes, nursing care and home-care services	**Form:** ***Medical and paramedical claim form – GE10468*** **The participant must:** • Indicate the total amount claimed in **Section *Medical expenses*** under ***Other medical and paramedical expenses***. • Attach official receipts identifying the professional who provided the care, as well as his or her signature and licence number. • Sign **Section *Authorization***. • Duly complete all other sections of the form pertaining to the claim.	Receipts for medical and paramedical expenses must indicate the following: • The specialist's name and address. • The date of each visit or examination. • A detailed breakdown of the costs related to each visit or examination.

Please refer to the **Summary of Benefits** section of your policy, under **Health Insurance Benefit**, for any additional information regarding the coverage provided by your policy.

Type of claim	How to file a claim	Additional information
Expenses incurred during an emergency while outside the province or Canada Medical and surgical care	**Form:** ***Medical and paramedical claim form – GE10468*** **The participant must:** • Answer the questions under ***Out of country*** in **Section *Medical expenses***. • Attach **original** drug receipts to the form given that they are not eligible for the provincial plan. • Attach the claim statement from the provincial health insurance plan and copies of receipts for medical and hospitalization care received. • Sign **Section *Authorization***. • Duly complete all other sections of the form pertaining to the claim.	Claims for medical expenses (not including drugs) incurred during an emergency while outside the province or Canada must: • First be filed with the provincial health insurance plan. • Then be sent to Standard Life with the claim statement from the provincial plan and copies of receipts. Receipts for expenses incurred outside the province and Canada must indicate the following: • The name, address and telephone number of the professional who provided the services. • The professional's specialization.
Hospitalization	**Form:** In the event of a hospital stay, the hospital will send us the claim directly. Therefore, the participant does not need to complete any Standard Life form. **The participant must:** • Present his insurance certificate with information about his group insurance plan when he is admitted to the hospital.	The participant must complete certain sections of the claim form at the hospital when he is admitted. • By signing the **"Assignment"** section of the form, the participant assigns the benefits to the hospital. The reimbursement cheque will therefore be sent directly to the hospital. A copy of the claim will be sent to the participant. If a portion of the costs must be covered by the participant, the hospital will notify the participant. • If the **"Assignment"** section is not signed, the cheque will be issued to the participant.

Please refer to the **Summary of Benefits** section of your policy, under **Dental Care Benefit**, for any additional information regarding the coverage provided by your policy.

How to file a dental claim

Treatment plan

If dental expenses are expected to exceed $500, an estimate of the costs related to the dentist's planned treatment should be submitted to Standard Life. The participant will therefore be aware of the reimbursement he will be entitled to receive before the treatment is performed, assuming that the participant's certificate and dental insurance are in effect at the time of the treatment and that the dentist carries out the treatment described in the estimate. It is therefore essential that the estimate includes the codes for the work the dentist intends to carry out.

The following chart outlines the various types of dental claims and indicates which documents are required to ensure that the claims are processed in a timely and accurate manner:

Type of claim	Form	Additional information
Dental care	**Form:** ***Dental claim form – GE8228*** **The participant must:** • Sign the Dentist section of the form according to the desired method of reimbursement (the claim can be paid to the participant or the dentist). • Duly complete and sign **Parts 1** and **2** of the form. • Ensure that the dentist: – Completes the ***Dentist section*** of the form. – Answers all the questions in the sections pertaining to the claim. – Signs the last box on the form.	If the dentist wishes to use the standard form, the participant must provide all information required. We do not encourage participants to assign the benefits to the dentist. • If the participant signs this box on the form, the reimbursement cheque will be issued to the dentist. Therefore, the participant must only sign that box if Standard Life is to send the cheque directly to the dentist. • If this box on the form is not signed, we will issue the claim cheque to the participant, even if the dentist has indicated "pay the dentist" on the form.
Soins dentaires à la suite d'un accident touchant les dents naturelles	**Form:** ***Dental claim form – accidental injury to natural teeth – G2019*** **The participant must:** • Duly complete and sign the ***Participant statement section*** on the form. • Ask the dentist to duly complete and sign the ***Dentist statement section*** of the form. • Ask the dentist for the X-rays taken after the accident and attach them to the form.	Definition of an accidental injury: An injury that results directly and exclusively from an external, sudden, violent and involuntary cause.

For any additional information regarding coordination of benefits, do not hesitate to contact our **customer services department**.

Coordination of benefits

What is coordination of benefits?

Coordination of benefits allows the participant and the participant's eligible dependents who are covered under other health and dental insurance plans (group or government plans) to receive up to 100% in reimbursement of eligible costs incurred.

Coordination of benefits does not allow for reimbursement exceeding costs incurred. Moreover, a group insurance plan will never reimburse more than the amount calculated based on the coverage stipulated in the policy.

In this regard, the Canadian Life and Health Insurance Association Inc. (CLHIA) has established coordination of benefit guidelines that are used by most insurers. The guidelines are designed to divide expenses fairly between various plans covering one individual.

How to file a coordination of benefits claim for medical or dental care

- **If the participant and his spouse both have individual coverage**

  Coordination of benefits does not apply in this case. Each individual must file a claim with his own insurer.

- **If the participant has family coverage and his spouse has individual coverage**

  The spouse must first file his claim with his insurer and then send a copy of the Explanation of Benefits from his insurer to Standard Life, together with copies of receipts for expenses incurred. Standard Life will then take into account the portion of expenses that were not reimbursed by the spouse's insurer. In this case, expenses incurred by the participant will not be reimbursed by the spouse's insurer, since the spouse has individual coverage.

- **If the participant and his spouse both have family protection**

  Each individual must first file a claim with his own insurer.

  Claims regarding the children must first be filed with the insurer of the spouse whose birthdate comes earlier in the year (regardless of the year of birth). Copies of the Explanation of Benefits and receipts for expenses incurred must then be filed with the other insurer for assessment. If the spouses have the same birthdate, claims must be filed based on the first letter of the spouses' first names.

For instance:

Benjamin, who is insured under Standard Life, was born on February 1.

Linda, his spouse, was born on February 1.

In this case, the claims regarding dependent children must first be filed with Standard Life and then with the spouse's insurer for an assessment of expenses that are not reimbursed by Standard Life.

Methods of reimbursement

Useful information has been provided below regarding Standard Life's methods of reimbursement for medical and dental care expenses.

Reimbursements and Explanation of Benefits

When a participant claims expenses for medical or dental care, a direct deposit is made to his bank account or a cheque is sent to the participant. We issue a reimbursment for each of the benefits for which the participant has filed a claim. The participant will therefore receive two separate reimbursements for dental care, and medical care.

An **Explanation of Benefits** is mailed to the employee immediately upon payment. This document provides the participant with details of how the reimbursement was calculated, why the claim was refused (where applicable) or whether additional information is required to process the claim.

A copy of the **Explanation of Benefits** may be enclosed with the claim sent to the spouse's insurer for a coordination of benefits claim. (See the **Coordination of benefits** section of this guide for further information.) The **Explanation of Benefits**, together with copies of receipts for expenses incurred, can also be enclosed in the participant's income tax return for the deduction of medical expenses.

Direct deposit service

Standard Life has chosen the direct deposit service as its primary method of reimbursement. With this service, health insurance, dental care and disability insurance claims are deposited directly in the participant's account with his financial institution.

To register for the service, the participant must duly complete and sign the **Direct deposit form – PC GE8289**, and attach a personalized void cheque to ensure that we obtain the accurate banking information. A new Direct deposit form must be sent to us if any changes are made to the participant's banking information.

Claims involving disability or accidental death and dismemberment

Please refer to the **Summary of Benefits** section of your policy for additional information regarding disability or dismemberment coverage.

How to file a disability or accidental dismemberment claim

The following chart outlines the various types of disability and accidental dismemberment claims and indicates which documents are required to ensure that claims are processed in a timely and accurate manner:

Type of claim	How to file a claim	Additional information
Short- or long-term disability Employee is absent due to sickness, a work-related accident or an accident that is not related to work **Accidental dismemberment** Accidental dismemberment or loss of use of a limb	**Form:** ***Disability claim form – initial assessment – GE10342*** **The participant begins by:** • Completing and signing the ***Participant statement section*** of the form. • Providing a copy of the form to the plan administrator. **The plan administrator must:** • Duly complete and sign the ***Policyholder statement section*** of the form. **The participant then:** • Provides a copy of the ***Participant statement section*** to the attending physician, thereby authorizing the physician to submit the ***Attending physician statement*** to the Standard Life Assurance Company of Canada. **The attending physician must:** • Complete and sign the appropriate ***Attending physician statement section*** of the form according to the nature of the primary condition – physical or psychological. **In order to protect the privacy of personal medical information, the participant may then submits all three sections of the duly completed claim form to Standard Life as follows:** • **Short-term disability and accidental dismemberment claim** – claim should be submitted as soon as possible. • **Long-term disability claim** – see timeframes listed on the instructions page of ***Disability claim form – initial assessment – GE10342***.	Please note that: • Claims that are not received within 90 days following the date on which the participant initially became eligible to receive benefits may be declined. • Any costs incurred to have the form completed are at the expense of the participant. • If the participant has submitted a claim to a government body following a work-related accident (CSST, WCB, WSIB) or a motor vehicle accident (SAAQ, provincial automobile insurance plans), he must also submit a claim to Standard Life for waiver of premium. (See ***Waiver of premiums*** section of this guide for further information.)

Please refer to the **Summary of Benefits** section of your policy for any additional information regarding the coverage provided by your policy.

How to file a claim in the event of death

The following chart outlines how to file a claim in the event of the death of a participant or dependent, and indicates the documents required to ensure that claims are processed in a timely and accurate manner.

Type of claim	How to file a claim	Additional information
Death Life insurance, optional life insurance, accidental death and dismemberment for the participant and his dependents.	**Form:** ***Death claim – G2007*** **The plan administrator must:** • Duly complete and sign the ***Policyholder statement section*** of the form. • Attach to the claim the original ***Application form – GE8000*** or a copy if the original form has already been sent to Standard Life. Any subsequent beneficiary designation must also be attached to the form. • Remit the form to the beneficiary and inform the beneficiary of the documents which must be attached to the death claim – copy of the will, coroner's inquest report, as applicable* **The claimant must:** • Duly complete and sign the ***Claimant statement section*** of the form. • Attach all required documents to the claim – copy of the will, physician's report, coroner's inquest report, as applicable* • For claims in excess of $100,000, the claimant must have the attending physician complete and sign the ***Physician statement section***** of the form. • Submit the duly completed ***Death claim – G2007*** form, together with all supporting documents, to Standard Life.	Please notify us of the death as soon as possible, by phone or in writing, and provide us with the following information: • Policy and certificate numbers • The name of the deceased • The date of death • The cause of death (natural or accidental) • The insured amounts claimed for each benefit • The participant's last day of work • The reason for the participant's absence from work, where applicable • The name of the beneficiary, if a minor, and his relationship to the participant • If the participant's beneficiary is his estate, whether or not he has a legal Will.

* If the **participant did not designate a beneficiary**, please attach a copy of the will to the **Death claim** form.

** If the **policy includes accidental death and dismemberment (AD&D) or optional life insurance**, please attach the attending physician's report or the report issued by the physician who certified the death, to the **Death claim** form. A claim cannot be filed with only the death certificate.

Please refer to the **General Provisions** section of your policy, under the heading **Benefits**, for any additional information.

Payment of insurance benefits

Short- and long-term disability

For all approved short- and long-term disability benefit claims, payments are made as follows:

- Short-term disability benefit payments (cheque or direct deposit) are issued at the beginning of each week. They cover the period from Monday to Sunday of the current week.
- Long-term disability benefit payments (cheque or direct deposit) are issued in the latter half of each month. This is to ensure that the participant receives payment on or before the date it is actually due, which is the last business day of each month for which the participant is eligible to receive benefits. Payments are calculated based on a 30-day month, even in months with more or less than 30 days.

The document entitled **Explanation of Benefits** explains how the participant's benefit is calculated. Upon approval of a disability claim, a detailed explanatory letter outlining the disability periods accepted and (or) additional information required, may be enclosed with the **Explanation of Benefits**.

The benefit payments generally end on the date on which the participant is expected to return to work. However, if the participant's disability is extended, please notify us as soon as possible.

Life Insurance and Accidental Death and Dismemberment (AD&D)

In the case of a claim for life insurance or accidental death and dismemberment benefits, a benefit cheque will be issued with an explanatory letter. In general, both the cheque and the letter are sent directly to the employer.

Please refer to the **Participant's Life Insurance Benefit** section of your policy, under **Waiver of Premiums**, for any additional information.

Extension of disability

If the disability is prolonged beyond the date on which the participant is expected to return to work, or at the request of Standard Life, the **Attending physician's supplementary statement – G2277** form, or any other form related to the nature of the disability, may be sent to the participant by Standard Life in order to assess the participant's eligibility to continue receiving disability benefits.

The participant must then complete and sign the **Patient authorization** section and ensure that his physician completes and signs the **Attending physician's statement** section of the form. The participant must return the form by the date requested by Standard Life.

Returning to work following a disability

Please notify us as soon as possible of the exact date of the participant's return to work following a disability, so that we can accurately process his file and determine the premiums owed for his coverage.

Waiver of premiums

What is a waiver of premiums?

When Standard Life approves a participant's long-term disability claim, the participant may be able to continue some of his insurance coverage through Standard Life, without paying premiums. Waiver of premium may continue until the earlier of the end of the recognized disability or the maximum coverage age under the policy.

When a long-term disability claim is submitted, Standard Life automatically assesses the participant's eligibility for waiver of premium and informs both the participant and the Plan Administrator of our decision in writing.

When a participant is absent from work following a work-related accident (CSST, WCB, WSIB) or a motor vehicle accident (SAAQ, provincial automobile insurance plans), a waiver of premium claim must be filed using **the Disability claim form – initial assessment – GE10342**.

Conclusion

We hope that this guide meets your expectations and provides you with answers to many of your questions.

Please do not hesitate to send us your comments and suggestions to ensure that this document, which is designed to assist you in your work, continues to meet your needs and reflect your ideas.

How to reach us

Do not hesitate to contact us for any question you may have or for additional information regarding the administration of your group insurance plan.

To contact us, please refer to the Standard Life contact list distributed with this guide.

We are pleased to have you as our client and we look forward to assisting you in any way that we can.