CHAMBERS OF COMMERCE GROUP INSURANCE PLAN®

Administration and Claims Guide

WELCOME!

You've joined Canada's leading employee benefit plan for small business. This booklet is designed to help you get your Plan up and running smoothly.

This package contains everything you will need to administer your benefit program. This guide outlines the general operation of the Plan and provides details of the forms you'll use most often. The *Group Insurance Benefit Guide* provides you details of the benefits chosen by your firm.

YOUR ROLE AS PLAN ADMINISTRATOR

As the Plan administrator for your firm, you have an important role to play. You must gather all initial employee information, and any subsequent changes, on a timely basis to ensure accurate premium billing and so claims can be paid quickly and accurately. We highlight the most often used forms later in this guide. However, if you are ever uncertain, please do not hesitate to call us at 1 800 665-3365 and a Customer Service Representative will be happy to assist you.

YOUR LOCAL MARKETING AGENCY

Should you wish to change your benefits, your advisor's guidance can be very useful in helping design a plan to meet your firm's needs today and into the future. The name of your local Marketing Agency is located in the upper right-hand corner of your *Employee Benefit and Premium Summary*.

PLAN ADMINISTRATOR

Johnston Group Inc. administers the Plan's day-to-day operations and any inquiries can be directed to:

CHAMBERS OF COMMERCE GROUP INSURANCE PLAN
582 King Edward St., Winnipeg MB R3H 0P1
Toll Free Phone: 1 800 665-3365
Toll Free FAX: 1 800 457-8410
In Winnipeg Phone: 204 774-6677
In Winnipeg FAX: 204 774-6698
info@chambers.ca

INSURANCE COMPANY

Where Plan documents refer to the insurance company, they mean the organization which "underwrites" (insures) the benefit. Your Plan is underwritten by Desjardins Financial Security Life Assurance Company and ACE INA Insurance and / or Western Life Assurance Company.

GET MORE WITH A CHAMBERS PLAN

Every Chambers Plan program also includes Best Doctors® services and Business Assistance Service at NO ADDITIONAL COST.

BEST DOCTORS SERVICES

Helping you take control of your healthcare

Best Doctors recognizes people with serious illnesses may lack the guidance and support essential to successfully access the best medical care. By connecting individuals and their treating physicians with world renowned specialists, Best Doctors provides answers that mean a correct diagnosis and treatment recommendations, fewer invasive procedures, and better outcomes.

Insureds don't have to leave home or incur any additional cost, and every step of the way a dedicated Member Advocate (all Best Doctors Member Advocates are Registered Nurses) is available for one-on-one support and guidance. Best Doctors services are proudly provided to every individual covered under the Chambers of Commerce Group Insurance Plan. Best Doctors provides Plan participants with the support and assistance they need to make informed decisions about their healthcare when it matters most.

A detailed description of Best Doctors services can be found in the Life section of each *Employee Booklet*.

BUSINESS ASSISTANCE SERVICE (BAS)

Providing owners the resources to help manage their business more efficiently

MANAGEMENT SERVICES | Provides up to six hours of Legal, Accounting and Specialized Human Resource services combined, per calendar year.[1]

Legal Advice | When faced with a legal dilemma, this service provides practical and current interpretations of company, partnership, taxation and insolvency law, plus all relevant aspects of common and civil law. Receive answers to questions concerning shareholders, directors, employees, creditors and other stakeholders, including consumers, the community and the environment.

Accounting Advice | When the numbers don't add up, advice from a professional enables owners and managers to strengthen management and control functions through expert counsel. Obtain answers and recommendations to solve business accounting challenges, make informed compliance decisions and better manage company finances.

Specialized Human Resource Services | When facing a technical human resource issue, from termination processes and overtime pay to legislative / labour law concerns, this service provides you answers confidentially, via telephone.

HUMAN RESOURCE COACHING | Confidential telephone coaching helps address a wide range of challenging people issues, including performance management, absenteeism, conflict and difficult behaviour. The coaching service provides up to 30 minutes of service per call, to a maximum of two hours per issue, for unlimited issues per calendar year.

[1] Time used after six hours is contracted directly with the professional and is the sole responsibility of the individual or organization.

CONFIDENTIAL EMPLOYEE REFERRAL | When an employee is consistently absent from work, or underperforming, there is a strong probability a personal issue is the cause. You now have the resources available to help employees deal with the four most common situations affecting performance:

- Work-related problems
- Marital and family problems
- Dependency problems
- Personal problems

Help your staff get back on track, and back to work, through face-to-face counselling with a trained professional. This referral service includes up to 12 hours of counselling per insured employee, per calendar year.[2]

Bereavement Counselling | The survivor bereavement benefit provides counselling for up to three months for the dependents of an insured employee who dies.

Counselling Extension | Employees undergoing counselling at the time of termination of their group policy will be offered a further two hours of consultation. This ensures adequate time to transfer to another professional.

ACCESS IS SIMPLE

The Chambers Plan has retained Arete® Human Resources Inc. as the independent service provider of Business Assistance Service.

To access the Management Services and Human Resource Coaching, call Arete's toll-free number 1 877 922-8646 and have your Firm number and your organization's name, as shown on your policy, on hand. A trained specialist will ask some basic questions to identify how best to help you. Contact with a professional lawyer, Certified Accountant or Certified General Accountant, or Human Resource specialist will be arranged for your telephone counselling services.

To access the Confidential Referral to assist employees, please provide your employee with the *Business Assistance Service Referral for Employees* handout. This document can be found on the chambers.ca website (*http://www.chambers.ca/existing-clients/employers/forms-and-resources.html*). Please have your employee call Arete's toll-free number 1 877 922-8646, and ensure they have their Firm and Certificate number handy. A representative will assist them in connecting with a counsellor for their specific need.

[2] If the firm also has Arive® EAP, the total number of hours available to employees will not exceed 12 hours in a given calendar year. Physical health conditions and issues are not covered by this benefit.

PLAN BASICS

CHAMBER / BOARD MEMBERSHIP

Remember your business (or one of its principals) must maintain a membership in a participating Chamber of Commerce or Board of Trade in order for your firm to remain eligible for the Chambers Plan.

COVERAGE DETAILS

Your Plan guide and booklets explain the principal features of the Plan, but the Master Contracts held by the Chamber Insurance Corporation of Canada apply in all cases in the event of any discrepancy.

BILLINGS

Premiums are due and payable on the first of each month, but 31 days grace are provided so your payment can reach the Plan Administrator. If your premiums are not paid by the end of the grace period, **insurance coverage automatically terminates**.

Firms who pay their premiums monthly by cheque will be mailed a premium statement on the first of each month. Firms on the pre-authorized payment option will only be sent a premium statement whenever there is a change in the billing amount (such as the addition of an employee), unless otherwise requested.

The Plan requires the firm to pay at least 50% of the total premiums. Employees may, however, pay 100% of any disability premium, to ensure any disability benefits received are not subject to income tax. If your company's coverage includes Weekly Indemnity disability coverage, your company can apply for an Employment Insurance (EI) reduction on eligible employees.

ANNIVERSARY DATE / COVERAGE RENEWAL

Premiums are reviewed each April 1st (the Plan anniversary) for all Chambers Plan groups. At this time you will see rate adjustments for Life and other coverages based on individuals' ages and salaries, as well as Health and Dental rate adjustments to reflect provincial fee guide changes and health care inflation. Early each calendar year, renewal packages are sent to each firm with details of how the rate review affects their firm.

TERMINATION OF COVERAGE

The Member Firm may terminate its coverage "as of" the first of any month. The Plan Administrator must be notified in writing of the Member Firm's intent to terminate coverage at least 30 days prior to the requested date of termination.

The Insurance Company can terminate the Member Firm's coverage only for:

- non payment of premium;
- a drop below the minimum required level of employee participation in the Plan;
- failure to have a membership in a participating Chamber of Commerce or Board of Trade; and
- termination of the Group Policy for all participating firms.

ELIGIBILITY AND COVERAGE

ELIGIBLE INDIVIDUALS

Sole proprietors, partners and employees are all eligible to apply for benefits as long as they are under age 75 and Canadian residents. They must be considered **full-time** employees, work two-thirds or more of the company's normal hours and not less than 20 hours per week. Individuals must be employed for a minimum of eight months per year. Seasonal employees are not eligible for coverage.

Employees must apply for all benefits elected by the firm. An employee may only opt out of Health or Dental if covered under another plan.

If a part-time employee (working less than 20 hours per week) becomes a full-time employee, the individual's three-month waiting period starts when full-time work begins.

DEPENDENTS

Eligible employees must apply for coverage based on their current family status. Employees must choose family coverage when they have dependents in any of the following categories unless the dependent is covered through another plan:

- a legal spouse by virtue of a civil or religious ceremony;
- a common-law spouse as soon as the couple has cohabited for a continuous period of 12 months;
- unmarried children, at least 14 days old but under 21 years of age, unemployed and wholly dependent on the employee;
- unmarried children age 21 and over but under age 25 (age 26 in Quebec), in full-time attendance at an accredited school or university and wholly dependent on the employee;
- unmarried children age 21 and over, suffering from a functional impairment, that are living with and are financially dependent on the Plan member or the Spouse of the Plan member. The functional impairment must have existed continuously from a time when the child was otherwise a dependent under this policy.

The definitions of children include natural, adopted, step- and common-law children, but not foster children, wards, or grandchildren.

EARNINGS

For Employees: Where an employee receives a T4 – T4A from the company, income for group insurance purposes is the same as the T4 – T4A income. This amount reflects all amounts paid to the employee including salary, fees, bonuses and taxable benefits.

For Owners / Shareholders / Key Employees of Incorporated Firms: The insurable income includes all T4 / T4A amounts (salary / commissions, management fees, and bonuses) as well as T5 amounts (dividends are averaged over the last two years from T5 totals).

For Commissioned Individuals and / or Owners of Unincorporated Proprietorships and Partnerships: Insurable income is based on the "Net Income" shown under Self Employment Income on line 135 of the T1 General Return. Take the current and prior years' amounts, and base the amount of coverage on the average of the two.

PROOF OF INCOME

At time of claim, individuals may be requested to confirm their income by providing copies of current T1, T4, or T5 income tax forms. If income has been overstated, coverage will be adjusted and premiums will be refunded on the excess amount.

WHEN COVERAGE STARTS

New insurance and increases in coverage begin on the "effective date", which is **always the first day of a month**. This applies to all employees who, on the effective date, are at work and to those who are away on paid vacation or statutory holiday.

NEW EMPLOYEES

Full-time employees starting after the Plan's effective date become eligible for insurance once they have been continuously employed for three months. The completed *Employee Application* must be received in our office **within 120 days of the date full-time employment began.**

For firms with four or fewer individuals, where employees must be underwritten, coverage for eligible employees takes effect on the first of the month following the date the individual's application is approved by the Insurance Company.

For firms with three or more individuals, coverage up to the guaranteed level takes effect on the first of the month following receipt of the eligible employee's completed application. Higher amounts of coverage take effect the first of the month following the date the excess is approved by the Insurance Company.

ABSENT EMPLOYEES

If an individual is absent from full-time work on the effective date because of accident or sickness, coverage takes effect on the first of the month following the date the individual returns to active full-time work. For firms with four or fewer individuals, where employees must be underwritten, coverage will commence the first of the month following approval. The Plan Administrator must receive the application within **31 days** of the individual's return to active full-time work or the employee will be considered a 'Late Entrant'.

OPTING OUT OF COVERAGE

When an employee's spouse has group insurance through another firm, the employee in your company may opt out of your Health and Dental benefits. To do so, the employee must provide details of the spouse's insurance including the name of the other insurer.

When an employee's spouse loses their group insurance, employees may elect any Health and Dental benefits you offer to continue their coverage under these benefits. To do so, the employee must apply for Health and Dental benefits within 60 days of the end of the spouse's benefits. Coverage will be effective the first of the month following the date the spousal coverage was lost.

If the employee misses the 60 day deadline, any request for benefit changes will be treated as a 'Late Entrant'.

REINSTATED EMPLOYEES

Coverage for an employee who has been laid-off, terminated or taken a leave of absence may be reinstated provided that employee returns within six months of the termination date and we are notified of the return in writing within **31 days**. Coverage is effective on the first of the month following the date of return.

ENROLMENT

It is the employer's responsibility to ensure employees are enrolled in the Plan at the correct time.

For firms with four or fewer employees, all eligible employees must participate in the Plan.

For firms with five or more employees, 75% of eligible employees must participate in the Plan (Quebec firms: Because of legislative requirements, all eligible employees must apply). If an employee does not want to join the Plan, the firm should have the employee sign a *Group Benefit Plan Waiver* to lessen the possibility of future problems if, for example, the employee's subsequent application for coverage is declined (*http://www.chambers.ca/existing-clients/employers/forms-and-resources.html*).

LATE ENTRANTS

A 'Late Entrant' is any eligible employee who did not complete an *Employee Application* when your firm applied for coverage, or any employee who did not enrol in the plan within 120 days of the date full-time employment began. Medical evidence of insurability will be required on the employee and dependent(s) and no coverage takes effect until the first day of the month after the Insurance Company approves the application. If accepted into the Plan, 'Late Entrants' are subject to a $250 Dental benefit maximum in the first 12 months of coverage.

TIP

It's easy to lose track of deadlines for submitting insurance paperwork, so to protect your firm and your employees, we recommend submitting enrolment applications as soon as employees are hired. This way, there's no need to "remember" to enrol the employee at a later date and premiums will only be billed when the employee's coverage begins.

ENDING COVERAGE

When an employee leaves your firm, is granted a leave of absence, is laid off or goes on strike, all benefits except Disability stop at the end of the month in which the event takes place. Disability benefits stop on the day the employee stops working. (Exceptions may be considered for employees on a leave of absence or temporary lay-off. Please contact the Plan Administrator for details). Employees leaving the firm mid-month are required to pay the entire month's premiums. If the Plan Administrator isn't immediately notified of an employee termination, your premium can be adjusted (backdated) to a maximum of 30 days, so long as no benefits were paid during that time.

CONVERSIONS

An individual terminating his / her employment may convert the group Life and Accidental Death and Dismemberment (AD&D) insurance.

The Life insurance may be converted before age 65 upon reduction or termination of coverage, in whole or in part to a one year non-renewable term to age 65 or whole life policy. Employees must complete a *Group Life Insurance Conversion* form and submit it, along with a premium deposit, to Desjardins Financial Security within 31 days of termination.

The AD&D insurance may be converted before age 70 to an individual accidental loss of life policy within 90 days of the termination of coverage, and is effective the date the application is received by ACE INA Insurance.

Applying does not mean simply contacting the Plan Administrator. The process involves:

- contacting the Plan Administrator, advising their intent to convert their group Life and / or AD&D insurance. (*Intent to Convert* forms are available on *chambers.ca*);
- a conversion application being sent to the employee, listing plan descriptions and options, as well as rates; and
- the employee returning the completed application and premium to the Insuring Company.

ADMINISTER YOUR PLAN WITH my-benefits.ca

REGISTER ONLINE

Through the ***More Information*** link at *www.my-benefits.ca*, provide your Chambers Plan Firm number plus information about the person you want to designate to use ***my-benefits*** on your firm's behalf. We'll send your Plan administrator an identification number and a first-time password by mail. Your authorized user can then log onto ***my-benefits*** to access your plan records online.

my benefits basics®

Manage your group benefits under *Firm Data* tab

Contact Information	Questions about your Plan? Contact your local Chambers Plan advisor.
Benefit Overview	Click on any ***insurance benefit*** to get a summary of the coverage.
Employee Benefit & Premium Summary	Print a ***current*** *Employee Benefit & Premium Summary* or download the data into a spreadsheet .
Billing Statements	Find any monthly *Billing Statement* or sign up to receive your *Billing Statement* online.
Employee Deduction Calculator	Do you share the cost of the Plan with your employees? The *Employee Deduction Calculator* can make your payroll deduction calculations a snap.
Taxable Benefit report	This report will assist you in reporting taxable benefit amounts required for an employee's T4 and Relevé 1.

Add new Employees under the *New Employee Application* tab

New Employee Application	Click on the tab to open a New Employee Application request. Complete all four sections: • Personal Information • Employment • Insurance • Dependent Information Note any special instructions at the bottom of the form and submit.
Points to remember	• An employee must be enrolled within **120 days of the date full-time employment began**. • The earnings must reflect the frequency you have selected. (i.e. $2,000 bi-weekly, $4,000 monthly, $48,000 annually) • Date of full-time employment is when the employee **began employment with your firm** – this is not the requested effective date of coverage. • Health and Dental coverage can only be waived if the employee has coverage under another plan. • If an employee has more than four dependents, please note the additional dependent information (including name, date of birth & relationship) in the *Special Instructions* section.

To submit salary changes for all your employees click on the *Update Employee Earnings* tab

Update Employee Earnings	Your will see a list of all enrolled employees and their current earnings. Enter the new earnings amount and the earnings period. Earnings can be shown as: • Hourly • Weekly • Bi-weekly • Semi-monthly • Monthly •Annually Click *Submit* and changes will be made as of the effective date shown.

Manage an Employee's coverage under the *Employee Data* tab

Employee List	Click on an **employee's name** to select.
Employee Details	Shows all the employee data on file.
Benefit Overview	Provides a summary of the coverage for which the employee is enrolled.
Certificate of Insurance	Your choice: • Print a new *Certificate of Insurance*, • Email the *Certificate of Insurance* to the employee, or • Request a new *Certificate of Insurance* from our office.
Drug Card	Your choice: • Print an employee's drug card, • Email the drug card to the employee, or • Request a new drug card for this employee from our office. Drug cards can be produced for the employee, the employee's spouse and any overage dependents covered under the Plan.
Employee Booklet	Your choice: • View or print an employee's booklet, or • Request a new booklet for this employee from our office.
Change Request	Select the change you want to make for this employee: • Employee status change (name, address, marital status) • Beneficiary change • Dependent status change • Add benefits • Change employment classification and earnings • Terminate employee's coverage • New *Certificate of Insurance* or *Employee Booklet* Complete the online form and click *Submit*. We will ensure you have submitted all the required information to process the change.
Change History	All change requests you make online will be shown here.

Need to submit a Cost Plus claim? Use the Cost Plus calculator located under the *Forms & Tools* tab.

Cost Plus	Simply select the employee making the Cost Plus claim and enter any Health and Dental expenses to be reimbursed. Indicate if the payment should be made to the Service Provider or the Employee and click *Next*. A Cost Plus claim form will now be generated (PDF). Please print and mail this completed form, along with the appropriate receipts and a cheque for the total amount payable.

CLAIMING BENEFITS

When you need a claim form, you can print a copy from *chambers.ca*, under *Existing Clients*, Employer *Forms & Resources*. Use the Service Centre to make all claims, providing the forms or information described below. Please note claims are not payable for any month in which the Plan has not received your premium.

CLAIM TYPE	FORM / CARD TO USE	SUBMISSION REQUIREMENTS
Prescription – Pay Direct Option	TELUS Assure Card	Employees of firms with a pay-direct option **must use their TELUS Assure card** for prescription drug purchases. If, for any reason, employees do not use their TELUS Assure card for prescription purchases, they must complete an *Employee Reimbursement Form for Drug Claims* and send it **directly to TELUS Health Solutions.**
Extended Health	Extended Health Claim	Submit a completed claim form and original receipts within 12 months of the date of service. Claim forms must be **signed by the employee** (not the employee's spouse).
Dental	Dental Claim	Claim forms must be **signed by the employee**. A second **employee's signature is also required** when benefits payable are assigned to the Dentist. Claims must be made within 12 months of the date of service.
Travel Health	Voyage Assistance Travel Health Claim	Submit ALL travel claim expenses to the Plan using the claim form. The insurance company will coordinate payments on your behalf with your provincial government plan.
Disability Benefits	Contact our Service Centre for the appropriate forms	Employees must be totally disabled and under the regular care and attendance of a licensed physician. Completed forms should be sent to the Service Centre as soon as possible to avoid delays. Weekly Indemnity claims sent more than 90 days after the onset of the disability will be declined. For Long Term Disability claims, the deadline is 150 days.
Critical Illness Benefits	Contact our Service Centre for the appropriate forms	We must receive written notice of a claim not later than thirty (30) days from the date a claim arose. Within ninety (90) days from the date of claim, the Employee must furnish proof of diagnosis of the Critical Illness.
Life Insurance, Accidental Death & Dismemberment	Contact our Service Centre for the appropriate forms	Completed claim forms must be submitted within 90 days of the death or dismemberment.

TERMINATED EMPLOYEES

Individuals who leave your firm have 120 days from their termination date to submit any claims for eligible expenses incurred up to the end of the month in which their employment ceased.

PREDETERMINATION OF DENTAL BENEFITS

Before an individual starts treatment for any significant amount (more than $500), or treatment that includes 'major services' or orthodontics, they should confirm how much the Plan will cover. Write "Treatment Plan" on a regular claim form, then have the dentist outline the proposed work and expected charges. The Plan Administrator will confirm for the employee how much the Plan will cover.

SUBROGATION

The Insurance Company has the legal right to be reimbursed for benefits paid to an insured if that person was reimbursed by another source or party responsible for the loss. The intent of subrogation is to ensure benefit payments do not exceed the actual loss.

COORDINATION OF BENEFITS

If an employee and spouse both have group benefits through their respective employers, insurance companies will pay Health and Dental benefits following a standard procedure.

When the employee is the patient, send the claim to the employee's plan first. When the spouse is the patient, send the claim to the spouse's plan first. When a dependent child is the patient, send the claim to the plan of the parent whose birthday falls earlier in the year.

If the first plan does not pay the whole amount, send the explanation of benefits provided by the first plan along with a claim form to the second plan.

COST PLUS REMITTANCE

Cost Plus is a cost efficient and tax effective means of covering Health and Dental expenses or supplementing existing group insurance benefits. Working with your Chambers Plan group benefit coverage, Cost Plus can:

- cover items not covered or paid for by your group plan;
- reimburse these costs on a tax-free basis to individuals; and
- be paid with pre-tax dollars through your company, creating a business deduction like group insurance premiums.

For more information on how Cost Plus could help your firm, print the Cost Plus .pdf at **chambers.ca**, under *Existing Clients*, Employer *Forms & Resources* under the *General Information* section.

ADMINISTRATION FORMS

When you need an administration form, you can print a copy from *chambers.ca*, under *Existing Clients*, Employer *Forms & Resources*. Copies of most administration forms can also be found on *my-benefits.ca*, under the *Forms & Tools* menu. And, by printing forms from our websites only when you need them, you can ensure you have the most current form, which helps us process your requests more accurately and quickly.

Here are the most commonly used forms and instructions on when to use them.

EMPLOYEE APPLICATION

To be completed for all new, full-time employees. We must receive the forms within **120 days of the employee's date of full-time employment**.

EMPLOYEE TERMINATION

Completed *Employee Termination Request* forms must be received in our office within **30 days of the employee's termination**.

EMPLOYEE STATEMENT OF HEALTH / DEPENDENT'S HEALTH

A completed *Statement of Health* must accompany the *Employee Application*:

- if your firm has one or two individuals enrolled in the Plan,
- for all 'Late Entrants' applying for coverage, and
- for individuals who are applying for coverage above the level guaranteed to their group of three or more individuals.

INTENT TO CONVERT GROUP LIFE / AD&D INSURANCE COVERAGE

To be used by employees terminating coverage under the Chambers Plan and wishing to convert their group Life or AD&D insurance to an individual policy. Send this request to our office **within 10 days of termination**.

EMPLOYEE CHANGE REQUEST

To be completed when an employee's status changes. Forms must be received in our office **within 60 days of the change**. The effective date of change of coverage is the first of the month following the date of the change, not the date the request was signed or received. The following events can affect an individual's coverage:

- employee name change,
- new marital status,
- new beneficiary for Life insurance benefits,
- change in the status of duplicate coverages (the employee's spouse starts or stops similar Health or Dental insurance), and
- dependent coverage changes.

SALARY CHANGES

Disability (and some Life benefits) are based upon an employee's earnings. When you have salary changes, notify our office to ensure your employees receive the maximum benefits available based upon their current salaries.

An *Annual Firm Update* is sent to each firm early in the calendar year listing all current employees and requesting confirmation of their salary. This ensures the Plan Administrator updates your records at least once a year.