

TotalGUARD

ADMINISTRATION GUIDE



Answers to questions such as:

- » How do I add or remove an employee from our plan?
- » How soon do I let Western Financial Group Insurance Solutions know about changes to salary or hours worked?
- » What's my coverage?
- » What's a late applicant?
- » Who do I call if I have questions?
- » What forms do I use?
- » How do I pay my invoice?



TotalGUARD

Administration Guide

**Employee Benefits exclusively designed with your needs in mind.
This plan is administered by Western Financial Group Insurance Solutions.**

Western Financial Group Insurance Solutions has prepared this guide to assist you in the day to day administration of your group insurance program. It will provide you with the information you need regarding our administrative procedures and processes.

For your convenience, this binder has been divided into six sections marked by tabs:

- 1. Administration:** Contains information on administrative procedures for your group insurance program and a detailed contact listing for Western Financial Group Insurance Solutions' Employee Benefits Administration Department.
- 2. Claims:** Contains information on the coordination of benefits and how to file a benefit claim.
- 3. Billings:** Contains information on the billing process and payment schedules.
- 4. Communications:** Contains information on the Privacy Act and the communication materials Western Financial Group Insurance Solutions will send to you throughout the plan year.
- 5. Forms:** Contains copies of Western Financial Group Insurance Solutions' various administrative and claim forms.
- 6. Applications:** This section is where you will keep copies for your records of all completed Employee Enrollment forms.

You will note that throughout the guide, we use the terms “member” and “employee” interchangeably to refer to any employee who is eligible for coverage under your group plan.

This guide is for administration purposes only. The terms and provisions of the group insurance contract will apply to all situations. At Western Financial Group Insurance Solutions, we can answer any questions you may have about your company's employee benefits program. Please call us at 1-800-665-8990 or refer to the detailed Contact Listing under the *Administration* tab.

Index

Administration

- Your Role as Plan Administrator 1
- Enrolling New Members 2
- Late Applicant 4
- Refusal of Coverage 5
- Beneficiaries 6
- Updating Employee Information 7
- Over-Age Dependents 8
- Applying for Excess Insurance 9
- Termination 10
- Conversion Privilege 11
- Return to Work 12
- Maternity, Parental and Adoptive Leave 13
- Temporary Lay-Off 14
- Waiver of Premium Due to Disability 15
- Survivor Benefits 16
- Termination of Your Firm's Group Plan 17
- Western Financial Group Insurance Solutions Contact Listing 18

Claims

- Making Claims 1
- Extended Health Care 2
- Dental Care 4
- Short Term & Long Term Disability 5
- Life, Dependent Life, and Accidental Death & Dismemberment 7

Billing

- Monthly Billing Statements 1

Communications

- Web Site & Print Materials 1
- Privacy Act 2

Forms

This section contains samples of various forms referenced throughout the various sections in this binder.

Applications

In this section you can keep copies of Employee Enrollment Forms and other materials for your reference and records.

Your Role As Plan Administrator

What are my responsibilities?

As a plan administrator, you have an important role to play. You must gather all member information and forward it to Western Financial Group Insurance Solutions, so that claims can be paid quickly and accurately.

Please send Western Financial Group Insurance Solutions all initial member information and any subsequent changes on a timely basis to ensure accurate premium billing.

All forms used for plan administration include instructions. However, if you are ever uncertain, please do not hesitate to call us at 1-800-665-8990, and a Customer Service Representative will be happy to assist you. Refer to the detailed Contact Listing at the end of this section for a complete phone directory.

Enrolling New Members

How do you enroll an employee?

Eligible employees (see definition below) can be enrolled in the plan by completing an Employee Enrollment Form (found under the *Forms* tab).

Definition of eligible employees

All employees under the age of 70, working on a full-time and full-pay basis for a minimum of 20 hours per week, for at least 9 months of the calendar year.

In order to participate in the benefits program, each firm must meet the following enrollment requirements:

- 1-4 employees – 100% must join
- More than 5 employees – 80% must join

Full medical underwriting is required for employees and their dependents if the firm has less than 5 employees insured and/or the employee is a late applicant.

Complete an Employee Enrollment Form

As soon as a new employee is hired, have him complete an Employee Enrollment form. Before you submit the form to Western Financial Group Insurance Solutions, ensure that:

- It is fully completed and signed and dated by the employee in ink.
- The beneficiary designation section is signed and dated in ink by the employee. If the beneficiary is a minor, a trustee must be appointed and the trustee's legal name and relationship to the insured must be indicated.
- You are submitting the ORIGINAL Employee Enrollment Form and not a copy. For life and disability purposes, facsimiles or photocopies cannot be accepted.
- You have made a copy of the complete Employee Enrollment Form for your records and have filed it under the *Applications* tab in this binder.
- Please ensure that the form is completed in its entirety as an incomplete form will cause delays in processing the application.

Enrolling New Members

Effective date of insurance

The employee's coverage is effective upon the completion of the waiting period as noted under your policy. The Employee Enrollment Form must be signed and dated within 31 days from the employee's effective date of coverage, otherwise, the employee will be considered a *Late Applicant*.

If an employee is absent from work on the effective date of the policy, they must provide Western Financial Group Insurance Solutions with a completed employee enrollment form within 31 days of their return. Failure to do so will result in the employee being a late applicant, and medical evidence will be required.

Occasionally an employer extends a probationary period by an extra month or two to further assess the employee's position and contribution to the company. This may be looked at by an Insurance carrier as anti-selection and medical evidence may be requested with the application for coverage. However, if it was established that the employee was NOT considered full-time until the completion of their probationary period, they could then be eligible for benefits once the probationary period is complete.

For consideration, a letter advising Western Financial Group Insurance Solutions of this extension will be required IN ADVANCE prior to the completion of the original specified waiting period. This letter is mandatory and failure to provide this may result in the employee being a *Late Applicant*. Therefore, medical evidence will need to be provided for consideration of coverage, and if approved a dental restriction of \$250/calendar year would be applied.

Late Applicant

When an employee is a late applicant

If an employee submits their Employee Enrollment Form more than 31 days after being eligible for benefits, the employee and any dependents are considered to be *Late Applicants* and satisfactory proof of good health is required for the employee and any dependents. In addition, the reduced annual Dental Care maximum will apply (\$250 per insured for the first 12 months).

Completing the Declaration of Health Condition Form

Late applicants must complete a Declaration of Health Condition Form. This form must be completed for the employee and for each dependent for whom they are applying for coverage. Once the Declaration of Health Condition Form has been completed and signed, the original can be mailed to Western Financial Group Insurance Solutions. You should keep a copy for your files.

Please ensure that the employee has completed the entire form, as an incomplete form will cause delays in processing the insurance application.

Once the form has been reviewed, if eligibility cannot be determined based on the information provided, the insurance carrier will request additional medical information, through a questionnaire, or a paramedical examination may be required.

Refusal Of Coverage

Employee options

All refusal of coverage by employees must be documented in writing for future reference. This must be done by having the employee complete a Waiver (Refusal) of Group Insurance Benefits form found under the *Forms* tab. This represents proof that coverage was offered to the employee and subsequently declined. This form must be completed whether the employee is waiving all benefits or Extended Health Care and Dental Care only.

Waiving Extended Health Care (EHC) and Dental Care coverage

An employee who is covered for EHC and Dental Care benefits under a spouse's plan can waive these benefits under this program. The employee must provide proof of similar coverage by providing the name of the spouse's insurance company and the spouse's plan policy number on the enrollment form or the application for change form.

If employee's spouse loses coverage

An employee whose coverage terminates under the spouse's plan can re-apply for coverage under this group plan. The request must be made in writing within 31 days following the date coverage terminated under the spouse's plan, otherwise, the employee and all dependents will be considered *Late Applicants*.

Can an employee completely opt out of the plan?

In order to maintain the participation levels outlined in the contract and to avoid anti-selection of benefits, we recommend that enrollment in the group insurance program be mandatory and a condition of employment.

What if the employee refuses coverage and then requests coverage at a later date?

If an employee refused coverage at their date of eligibility and now wants coverage, the employee is considered a *Late Applicant* and satisfactory proof of good health is required for the employee and any dependents. In addition, a reduced annual maximum of \$250/insured for the first 12 months will apply to the Dental Care coverage.

Beneficiaries

Appointing a beneficiary

A beneficiary is the person or persons designated by the employee to receive the employee's death benefits.

How to designate a beneficiary

At the time of enrollment, the employee must designate a beneficiary, stating the full name and relationship to the employee. This can be done by completing the *Beneficiary Designation* section of the Employee Enrollment Form.

The beneficiary designation is a legal agreement. Therefore, the aforementioned *Beneficiary Designation* section, must be completed, signed and dated in ink by the employee.

Appointing a minor as a beneficiary

If the beneficiary is a minor, a trustee must be appointed. If a trustee is being named, the trustee's legal name and relationship to the insured must be indicated.

What if the employee does not designate a beneficiary?

If a beneficiary is not designated, the benefits will be paid to the employee's estate.

Can an employee change their beneficiary designation?

Yes, a beneficiary designation may be changed at any time upon notice to Western Financial Group Insurance Solutions. The beneficiary designation form must be completed, dated and signed by the employee. Once completed, the original must be sent to Western Financial Group Insurance Solutions and you must keep a copy for your files.

Note: Where Québec law applies and the employee designates their married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless they check the box marked "Revocable" on their enrollment form.

Updating Employee Information

Employee changes

It is very important that employee information is kept current. This ensures that your monthly premiums are calculated based on the most recent changes and it ensures the life, disability, health and dental claims are paid quickly and accurately.

The following employee changes must be reported to Western Financial Group Insurance Solutions within 31 days from the date of their occurrence: salary change, marital status change, name change and the addition or termination of employee coverage or dependent coverage. These changes can be reported by having the employee complete an Application for Change Form (found under the *Forms* tab in this binder).

Reporting salary changes

Since premiums for disability (and possibly life insurance) are based on earnings, all salary changes must be reported immediately. Also, failure to submit salary changes on a timely basis could result in a reduced benefit being paid in the event of a life or disability claim.

Adding dependent coverage

An employee can request dependent coverage in the event of marriage, 12-month co-habitation, the birth of a child, or termination of a spouse's group insurance plan. As soon as the date of the event is known, the employee must complete an Application for Change Form and send it to Western Financial Group Insurance Solutions. If more than 31 days from the date of the event has passed when the Application for Change Form is received, Western Financial Group Insurance Solutions will request evidence of insurability and apply restrictions to the dental care benefit.

Name change

When one of your employees changes their name due to marriage, separation or divorce, or a legal name change approved by law, an Application for Change Form must be completed, signed by the employee and sent to Western Financial Group Insurance Solutions.

Terminating dependent coverage

An employee can remove dependents after a divorce, death and once a dependent child is over-age and therefore no longer eligible for benefits. As soon as the date of the event is known, an Application for Change Form must be completed by the employee and sent to Western Financial Group Insurance Solutions.

Over–Age Dependents

Your group policy provides coverage for dependent children who are over age 21 and up to age 25, provided they are attending an accredited school, college or university on a full-time basis.

If your dependent will be a full-time student after they turn age 21, please complete the Over-Age Dependent Form and return it to Western Financial Group Insurance Solutions with proof of registration in order to extend coverage. Proof of registration can be a copy of their student card, (which must include start and end dates of enrollment), formal Confirmation of Enrollment from the educational institution or a letter on school letterhead confirming dates of enrollment for the student.

When the form along with proof is returned, coverage will continue for the period of time for which proof has been provided, until your dependent is no longer a full-time student, or until reaching age 25, whichever is earliest.

Then, as long as your dependent remains eligible for coverage, an Over-Age Dependent Form along with proof will be required before the beginning of each school year, to ensure uninterrupted coverage until your dependent is no longer a full-time student, or reaches the termination age of 25.

Applying For Excess Insurance

What is excess insurance?

Excess coverage is additional Life Insurance or Disability Insurance coverage above your plan's Non-Evidence Limit (NEL). Insurance coverage is based on the employee's salary and if the employee is eligible for excess coverage, Western Financial Group Insurance Solutions will advise you and the employee by letter.

An example of Long Term Disability (LTD) excess coverage is:

- Employee's annual salary = \$40,000
- If the LTD benefit is 60% of the employee's monthly salary, the calculation is:
 $\$40,000 \div 12 \text{ (months)} \times 60\% = \$2,000$
- If the NEL were \$1,500, the member would receive \$1,500 with no questions asked. However, if the member is interested in applying for the additional \$500, a Declaration of Health Condition Form must be completed and submitted to Western Financial Group Insurance Solutions. Until the additional coverage is approved, the member will be insured for a maximum of the NEL amount.

When an employee applies for excess insurance

Once the Declaration of Health Condition Form has been received and reviewed, if eligibility cannot be determined based on the information provided, the insurance carrier or Western Financial Group Insurance Solutions will request additional medical information.

If the application is approved: A letter will be sent to you (the plan administrator) advising of the decision. Please note that the additional coverage will result in a change in premium, so you must look at the monthly invoice and deduct the premium from the employee accordingly.

If the application is declined: A letter will be sent to you (the plan administrator) advising only of the decision. A personal letter from the insurance carrier will be sent directly to the employee marked "private and confidential" which states the exact reason for the decline.

If additional information is required: A letter from the insurance carrier will be sent directly to the employee marked "private and confidential" requesting the required information. Once the insurance carrier receives this additional information, a decision to approve or decline excess coverage will be made and notification sent accordingly.

Termination

When does an employee's coverage terminate?

Benefits terminate the earlier of age 70, retirement, or on the employee's last day of employment due to resignation or termination of employment. If the employee's last day at work was June 15, 2002, the effective date of termination will be June 15, 2002 at midnight.

Outstanding claims

Please note that any outstanding claims must be submitted to Western Financial Group Insurance Solutions within 90 days from the date of termination, otherwise, reimbursement will not be made. It is important that you notify Western Financial Group Insurance Solutions of any terminations immediately to avoid any claims from being paid after the employee's termination date. Premiums will not be refunded for a period exceeding three months from the date the written notice of termination is received by Western Financial Group Insurance Solutions.

Note: If notice of termination is provided to Western Financial Group Insurance Solutions after the employee's date last worked, and any claims have been paid after the termination date, Western Financial Group Insurance Solutions has the right to collect additional premium from the employer.

Cards

Please collect any drug card(s) from the terminating employee and destroy them immediately.

Extension or conversion of benefits

If group insurance benefits are being extended to a terminated employee as part of their separation agreement, please discuss with Western Financial Group Insurance Solutions **before** such an agreement/offer is made, as some benefits **cannot** be extended beyond an employee's termination date.

When an employee terminates, please explain to him/her the procedures they must follow to take advantage of the conversion privilege (see the following page for more details).

Conversion Privilege

Who is eligible for conversion?

Any employee, whose group coverage is cancelled due to termination of employment, is eligible for conversion.

Conversion options

The employee and his/her spouse can convert their Life Insurance to an individual life policy without having to provide medical evidence, within 31 days of their termination and may convert their active EHC/Dental plan within 60 days of their termination. Call 1-800-647-5433 to inquire.

When Western Financial Group Insurance Solutions has been advised of an employee termination, a letter from Western Financial Group Insurance Solutions is sent to you, the plan administrator, advising of the conversion privilege. If the ex-employee is interested in this benefit, they must refer to the contact information provided in the letter. Please note that once the conversion has been granted, an agent from the insurance carrier will contact the individual directly to explain all possible options and their respective costs.

Return to Work

Effective date of coverage

The effective date of benefit coverage will be determined by the employee's return to work date.

Return to work within six months

Employees who return to work within six months of their termination date may have coverage automatically without having to satisfy the waiting period again. This rule can only be applied if the Employee Enrollment Form is completed and returned to Western Financial Group Insurance Solutions within 31 days of the employee's return to active employment. If the form is not completed within the required period, the member will be considered a *Late Applicant*, and a Declaration of Health Condition Form for the employee and each dependent must be completed and submitted to Western Financial Group Insurance Solutions.

Returning to work after six months

Employees who return to work more than six months after their termination date will be treated as a new employee. As such, the waiting period as per your contract will apply.

Maternity, Parental & Adoptive Leave

Continuing benefits during leave

An employee on maternity, parental or adoption leave is entitled to keep all benefits under their group insurance plan for a maximum of 52 weeks. It is understood that the continued coverage during this period also means that premium payments must continue. You, as the plan administrator, must make all necessary arrangements to collect the employee's premium contributions during their leave, such as post-dated cheques payable to your organization. Western Financial Group Insurance Solutions does not require any reporting from you regarding employees who choose to continue coverage.

Please note that the employee must keep all benefits during a leave. They cannot pick and choose which coverages to keep in effect, and which to discontinue.

If the employee chooses to not return to work after their leave, you must notify Western Financial Group Insurance Solutions of this cancellation so that we can process the member termination.

Discontinuing benefits during leave

The employee may request to discontinue their benefits during maternity, parental or adoption leave. Should they choose to do so, ALL benefits are cancelled, and once again, they cannot pick and choose the coverages they wish to keep in effect. Coverage can only be cancelled if the employee completes an Application for Change Form and it is returned to Western Financial Group Insurance Solutions. Please retain a copy of this form for your records as well.

Once the employee returns to work after their leave, it is important that an Application for Change Form is completed within 31 days of return to active employment. If the form is not completed and returned to Western Financial Group Insurance Solutions within the required period, the employee will be treated as a *Late Applicant*, and a Declaration of Health Condition Form for the employee and each dependent must be completed and submitted to Western Financial Group Insurance Solutions.

For more information on the above, please contact your local Labour Standards office.

Temporary Lay-Off

Effective date of temporary lay-off

The effective date of lay-off should be the day following the employee's departure date from the company. For example, if the employee was given notice on June 15, 2002 that the temporary lay-off begins July 1, 2002, the effective date of the temporary lay-off would be July 1, 2002.

Once notice of a temporary lay-off has been given to the employee, please submit the Application for Change Form to Western Financial Group Insurance Solutions immediately.

Which benefits continue during temporary lay-off?

An employee who is on a temporary lay-off would be eligible to receive the following benefits for a maximum of 120 days following the effective date of lay-off (provided that the policyholder continues to pay any applicable premiums):

- Life
- Accidental Death & Dismemberment
- Dependent Life
- Extended Health Care
- Vision Care
- Dental

If notice of temporary lay-off was given to the employee prior to commencement of disability, the disability payments will cease on the effective date of the lay-off.

If notice of temporary lay-off was given to the employee after commencement of disability, please advise Western Financial Group Insurance Solutions.

When a temporary lay-off occurs, it is mandatory that all employees have the same conditions of cancellation, and there should be no individual selection.

Return to work following temporary lay-off

Western Financial Group Insurance Solutions must be notified within 31 days following any return to work, otherwise the employee will be considered a *Late Applicant*. Once Western Financial Group Insurance Solutions receives the Application for Change Form, the employee will be reinstated with the same coverage prior to lay-off taking effect.

Waiver Of Premium Due To Disability

Premium waiver due to disability

Employees who become disabled due to an accident or sickness may be eligible for waiver of premium for certain benefits. The waiver of premium is applied even if the employee is receiving disability benefits from another source such as Workers' Compensation Board (WCB), Employment Insurance (EI) or Canada Pension Plan/Quebec Pension Plan (CPP/QPP).

To be eligible for waiver of premium, the medical information must support that the disability is severe enough to render the individual totally disabled from performing the duties of their occupation.

Waiver of premium under the Short Term and Long Term Disability (LTD) plans

The waiver of premium is not available during the Short Term Disability period. It is available during the LTD period. Once the insurance carrier receives the LTD claim, and it has been approved, the waiver of premium is also approved. The effective date of the waiver of premiums is the same date of the LTD effective date, for the following benefits:

- Life
- Accidental Death & Dismemberment (AD&D)
- Dependent Life
- Short Term Disability
- Long Term Disability
- Optional Life & AD&D

Please note that the Extended Health Care, Vision Care and Dental Care premiums for that employee must continue to be remitted to Western Financial Group Insurance Solutions.

Waiver of premium while on WCB, EI or CPP/QPP

The employee must still submit a disability claim and a copy of any other supporting documents to Western Financial Group Insurance Solutions concurrent with their application for WCB, EI or CPP/QPP. This ensures that the application will be received on time, in the event that benefits are declined or discontinued.

Also, if WCB and CPP/QPP benefits are approved, the group insurance premium for the benefits listed above will also be waived, even if the insurance carrier is not paying the disability benefit. Copies of all correspondence from WCB and CPP/QPP must be submitted to Western Financial Group Insurance Solutions for processing waiver of premium.

Survivor Benefits

Benefits after a plan member passes away

When a plan member passes away, if he/she had family coverage prior to death, the Extended Health Care, Dental Care and Vision Care benefits, if applicable, will continue to the surviving family to a maximum of 24 months from the date of death, without payment of premium. Once a Life claim has been filed with Western Financial Group Insurance Solutions, we will update our system to reflect the survivor benefit. When our system has been updated, new drug cards will be issued with the surviving spouse's name printed on the cards. If the deceased member did not have a spouse insured under their policy, the drug cards will bear the name of the eldest child.

If the surviving spouse re-marries or obtains similar coverage elsewhere within the 24-month period described above, Western Financial Group Insurance Solutions must be notified in writing immediately, as coverage will need to be terminated.

Termination Of Your Firm's Group Plan

Terminating your group plan

If you wish to terminate your firm's group insurance coverage with Western Financial Group Insurance Solutions, you must send the request in writing. Please send a letter to:

Attention: Manager, Employee Benefits Service Centre
Western Financial Group Insurance Solutions
777 Portage Avenue
Winnipeg, MB R3G 0N3

What information and how much notice is required?

In the letter, please specify the effective date of termination. To avoid any additional charges, such as the monthly processing fee or NSF charges, please ensure that **a minimum of 30 days notice is provided**.

Claims incurred prior to termination

All claims incurred prior to the termination date must be submitted for reimbursement within 90 days from the date of termination.

In determining the rights and obligation of both the employer and the employees, the provisions of the master policy and plan document shall apply.

Making Claims

Submitting a claim

To ensure that claims are paid promptly, it is important that the claim form be fully completed, signed and dated and that the original receipts are attached to the claim form before submitting it to the claims provider. The plan members should keep copies of all receipts as the originals will not be returned. All claims incurred must be submitted for reimbursement no later than 12 months from the date of service. Refer to the *Forms* tab in this binder for samples of the claim forms to be used for each benefit.

Co-ordination of benefits

If the plan member is covered by more than one Extended Health Care, Vision Care or Dental Care plan, the member can co-ordinate benefits between both plans. The co-ordination of benefits allows the member to receive a reimbursement up to 100% of expenses incurred.

Claims for the plan member

As the plan member insured under the TotalGUARD program, submit all necessary claim forms and original receipts to the claims provider. Once the claim has been processed outlining the outcome, and if there is any balance outstanding, this portion can be sent to the spouse's plan for further consideration of payment.

Claims for the plan member's spouse

All necessary claim forms and original receipts are sent for reimbursement to the spouse's plan provider (not TotalGUARD). Once the claim has been settled, the spouse will receive an Explanation of Benefits (EOB). If there is any balance outstanding, that portion can be sent to the claims provider, along with a completed claim form, for further consideration of payment.

Claims for a dependent child

The claim must be submitted to the plan covering the parent whose birthday (month/day only) is earlier in the calendar year. That is, if a TotalGUARD plan member's birthday is June 5 and the spouse's birthday is March 19, the claim for the dependent child must be sent to the spouse's plan first. Please note that the year is not taken into consideration. If both birthdays fall on the exact same day and month (e.g. June 5), the claim must then go to the parent whose first name begins with the earlier letter in the alphabet.

Extended Health Care

Overview of Health Care coverage

Health Care coverage provides members and their dependents with financial assistance for medical expenses incurred, which are not covered by the provincial healthcare plan. Each member will be provided with a wallet card once we receive their completed Employee Enrollment Form.

Hospital and Ambulance

In order to avoid paying for hospital or ambulance expenses out of their own pocket, the member should present their wallet card to the hospital and/or ambulance service. By doing so, the claim will be sent directly to the claims provider for processing. The reimbursement cheque will be issued directly to the hospital and/or ambulance service, with a letter being sent to the member's attention providing details of the claim. If part of the payment is not covered, the hospital and/or ambulance service will notify the member directly.

Medical, Paramedical and Vision Care

Original receipts are required for all claims. These receipts must be attached to a completed claim form, signed, dated and sent to the claims provider for processing. Please note:

- **Massage Claims:** A massage referral from an attending physician indicating the reason for this treatment is required once/year. Without the referral, the claim will be returned to the member. Please note, Bronze coverage does not include this benefit.
- **Custom Knee Braces & Private Nursing:** A pre-authorization claim form must be submitted for these services. The forms are Authorization Form for Custom Braces and Authorization Form for the services of Private Duty Nursing respectively.
- **Custom Foot Orthotics:** Member must submit a Claim Form for Custom Foot Orthotics.

Out-of-country

Emergency travel assistance is insured through a third party, which means that Western Financial Group Insurance Solutions is not responsible for processing out-of-country claims. In the event that a member and/or any insured family member is travelling outside the province and an emergency occurs, this benefit is available to them 24-hours/day, 7 days/week, anywhere in the world. For information and confirmation of eligibility, the member and any dependents travelling outside the province must bring with them their travel card and booklet, which provides the name and phone number of the travel insurance company. Upon notification of the necessity for treatment of an accidental injury or medical emergency, the patient **must** contact the claims provider within 48 hours of commencement of treatment.

Extended Health Care

Prescription drugs

The pay-direct drug card is used for prescription drugs and is accepted at most drug stores across Canada. The card allows the member to pay only their portion of the drug cost directly to the pharmacist. This eliminates the need to pay the full cost of the prescription up front and then submit a claim to the claims provider for processing and reimbursement.

Each member will be provided with a drug card once we receive their completed Employee Enrollment Form. If the member has single coverage, they will receive one card. If they have family coverage, they will receive two cards. If the member has an over-aged dependent, they will receive an additional card with the dependent's name on it to accommodate situations where the dependent is attending College or University outside the province.

For claims to be adjudicated accurately at the pharmacy, member information, including all eligible dependent information must be provided accurately and promptly to Western Financial Group Insurance Solutions. Following are some examples of why a drug card may not work:

- Pharmacists must key in the date of birth manually, so they may be typing it incorrectly;
- A date of birth has been reported to Western Financial Group Insurance Solutions incorrectly;
- The employee is set-up with co-ordination of benefits and the drug should be filed under the spouse's plan first;
- The dependent is over the age of 21, and Western Financial Group Insurance Solutions has not been provided with the proper information to indicate that the dependent is an over-aged student;
- The prescription is being filled for a spouse or a dependent but the pharmacist does not enter the proper dependent code.

If any of your employees experience a problem using their drug card, please contact one of our Customer Service Representatives at 1-800-665-8990. They are available Monday to Friday from 8:00 a.m. to 5:00 p.m. CST.

Claim forms

Health Care, Dental Care, Vision Care and any special claim forms can be found under the *Forms* tab in this binder. These forms can also be downloaded from Western Financial Group Insurance Solutions' web site at www.westernfgis.ca.

Dental Care

Overview of Dental Care coverage

Dental Care coverage provides members and their dependents with financial assistance for reasonable dental expenses. Please refer to the co-ordination of benefits section on page one of this section for further information on filing claims for dependents.

Electronic claims submission

Most dental offices have access to electronic claims submission direct to the insurance provider. If the member assigns the benefits to the dentist, the cheque from the insurance provider will be issued to the dentist. Note that cheques are issued bi-monthly to dental offices. If the member does not assign the benefits to the dentist and pays for the service(s) out-of-pocket, the cheque will be issued to the member and these cheques are issued daily by the insurance company.

Paper claims submission

Both the dentist and the member must sign and date the Dental Care Claim Form prior to submitting it to the insurance provider for processing. Claim forms that are missing any information will be returned to the member and must be re-submitted to the insurance provider once corrected.

Pre-authorization

If the total cost of the treatment exceeds \$300, the dentist should submit a pre-authorization form, along with pertinent x-rays before the treatment begins. An Explanation of Benefits, confirming what will be paid, will be sent to the dentist and a copy to the member.

Dental Care following an accident

When dental work is required to natural teeth following an accident, a Dental Care Claim Form can be submitted to the insurance provider for processing.

If the dental work is provided within 12 months of the accident, the claim will be processed under the Extended Health Care plan.

If the dental work is provided more than 12 months following the accident, the claim will be processed under the Dental Care plan.

Short Term & Long Term Disability

Filing a disability claim

To file a disability claim with Western Financial Group Insurance Solutions, all three sections/statements of the disability form must be completed in full: (1) the employee's, (2) the Plan Administrator's and (3) the Attending Physician's. Copies of the disability forms can be found under the *Forms* tab in this binder. If all three sections of the disability form are not completed, the claim cannot be processed. Proof of claim must be submitted within 90 days from the end of the waiting period. The waiting period is the date indicated on the Certificate of Insurance. Note that any fees incurred for completion of the Attending Physician's Statement is the responsibility of the member.

Once the insurance carrier has made a decision to approve, decline or pend the claim for further medical information, a letter is sent to the member, with a copy to Western Financial Group Insurance Solutions and the plan administrator.

Frequency of claim payments

Cheques are issued weekly for Short Term Disability and monthly for Long Term Disability. The payment is either sent directly to the member, or if they have provided the insurance carrier with a void cheque, the payments are deposited directly into their bank account.

An Explanation of Benefits is sent to Western Financial Group Insurance Solutions for confirmation of the dollar amount paid and the payment period. We ask that when the member returns to work, you notify us of this date by calling the Disability Service Representative at 1-800-665-8990. It is also important that as a plan administrator, you notify us of any changes to the member's employment, such as termination, maternity leave, lay-off, etc.

Claim denial

A claim will be denied if the claimant is not eligible for the coverage, or if the medical evidence submitted does not support that they are totally disabled as per the definition of *disability*.

Taxability

If the plan member pays for their disability premium, the disability payments are non-taxable. If the company pays any portion, or all of the cost of the disability premium, then the disability payments are taxable to the member, and a T4 is issued for income tax purposes.

Extension of disability benefits

If the disability extends beyond the anticipated date of return to work, an Attending Physician's Statement is required in order to determine whether further benefits are payable. The statement can be sent directly to Western Financial Group Insurance Solutions.

Short Term & Long Term Disability

Filing a disability claim if the plan policy does not provide Short Term Disability coverage

If your group does not have Short Term Disability coverage, a disability claim must be submitted to Employment Insurance (EI) for processing. The maximum benefit period under EI is 17 weeks, which includes a two-week waiting period.

Filing a Long Term Disability claim while the member is receiving benefits from EI

If the member has been off work for more than 10 weeks, and you believe that the member will be off work beyond the 17 week EI maximum, a Long Term Disability Claim Form must be completed and submitted to Western Financial Group Insurance Solutions. This will allow the insurance carrier several weeks to collect information in order to make a decision on the claim.

Should the disability claim be approved, the Waiver of Premium will automatically be approved for the following applicable benefits: Life, Accidental Death and Dismemberment, Dependent Life, Short Term Disability and Long Term Disability. For more information, please refer to page 13 of the Administration section in this binder which provides details on the Waiver of Premium.

Filing a Long Term Disability claim while the member is receiving other benefits

In cases where the member is on disability with Workers Compensation Board (WCB), or their auto insurer, a member must still submit the Long Term Disability Claim Form and any other supporting documents to Western Financial Group Insurance Solutions. This ensures that the application will be received on time, in the event that benefits from other sources are declined or discontinued.

If benefits from other sources are being received, the group insurance premiums may be waived for all coverages, with the exception of Extended Health Care, Dental Care and Vision Care. Copies of all letters from the WCB or the auto carrier must be submitted to Western Financial Group Insurance Solutions.

Life, Dependent Life & Accidental Death & Dismemberment

The death of a plan member and/or dependent

Please call Western Financial Group Insurance Solutions when you learn that a plan member and/or their dependent(s) have passed away. The following information will be required at that time:

- Name of deceased
- Date of death for the insured
- Cause of death (natural or accidental)
- Who is handling their affairs
- Address to which forms should be sent

Once Western Financial Group Insurance Solutions has the above information, the necessary claim form(s) will be mailed to the individual handling the affairs.

Completing the appropriate documentation

One of the forms is the Policyholder's Statement. This section must be completed by the plan administrator and mailed to Western Financial Group Insurance Solutions. The other part of the life form is the Physician's Statement. The physician who signed the death certificate must complete this section. Once the physician has completed the form, the original must be mailed to Western Financial Group Insurance Solutions, along with the original death certificate.

Was the plan member's passing an accident?

If the plan member passed away as a result of an accident, an Accidental Death and Dismemberment (AD&D) Claim Form must also be completed in addition to the Life Claim Form. Again, as with all the other forms referenced in this guide, samples can be found under the *Forms* tab in this binder.

Along with both the completed claim forms (Life and AD&D), please submit copies of the police investigation report and the autopsy report.

Once Western Financial Group Insurance Solutions receives the appropriate documentation, if the plan member has family Extended Health Care, Vision Care and/or Dental Care, Survivor Benefits will be extended to the family members insured at the time of passing. Please refer to the Survivor Benefits section for more information.

Monthly Billing Statements

The monthly billing statement includes detailed information at the employee level. Other information includes; the amount of insurance each employee has under each benefit, premiums broken down by benefit, premiums due for the current period / any retro adjustments, and the names of all insured dependents.

You are given a choice whether you would like to receive the monthly billing statement by email or by mail. The billings are printed on the 15th of every month prior to the period it's for. For example, the monthly billing for the period October 1 - 31, 2007 will be emailed or mailed to you on September 15, 2007. Any changes or updates that have been made prior to September 15, 2007 will be reflected on that invoice. If information is received and processed after the 15th of the month it will be reflected on the following months invoice.

Western Financial Group Insurance Solutions' billing statement makes it easy and convenient for you to identify all changes made to the Employee Benefits program. If you are receiving your invoice by Canada Post, all employee additions, terminations and status changes which has an impact to the employee's monthly premiums, are bolded and easily identified so that you may adjust payroll records accordingly.

If you are receiving your invoice by email, the bolding will be replaced with an asterisk.

Payment Options

Pre-Authorized Checking

You can schedule your monthly premiums to be withdrawn directly from your account on the first billing day of each month. You can obtain this form by contacting our office at 1-800-665-8990 or by visiting our web site www.westernfgis.ca.

Internet Banking

You can pay your invoice through most financial institutions' online banking services. Click on "Add Payees" and search for "Western Financial Group Insurance Solutions" as the company name.

TelPay

You can access your chequing or savings account from most financial institutions via Electronic Funds Transfer (EFT). Visit www.telpay.ca to register to pay by TelPay.

Communications

Web site

Please visit our Web site at www.westernfgis.ca and use it as a valuable resource and reference tool. In addition to the forms and information applicable to our Group Insurance/Employee Benefits program, you will find information on the other products and services offered by Western Financial Group Insurance Solutions. Copies of our marketing and communication tools such as bulletins and newsletters can be found online as well.

Software requirements to access group forms online

In order to open forms on our Web site, you will require Adobe Acrobat, as all forms are in PDF format. If you do not have this software you can download it for free by using the link provided on our Web site. You will see the link when you follow the instructions below for accessing the forms.

Accessing group forms online

You will find Western Financial Group Insurance Solutions' claim forms and administration forms on our Web site. Once you've entered the site, simply follow these three easy steps:

- Look for the menu item titled Claims,
- Click on Forms,
- On the rollout menu, click on the form you require.

Emailing forms to yourself or a plan member

For your convenience, you can send forms to yourself or your plan members, by following these instructions:

- Following the instructions above, open the form you wish to send.
- From the File menu, select the Send option
- Choose the page by email
- Type in the email address of the recipient and click Send.

Newsletter, bulletins and mail inserts

Western Financial Group Insurance Solutions creates and distributes a client newsletter three times annually. We also distribute bulletins on various employee benefits topics throughout the year.

You will also find a mail insert enclosed with your monthly billing on topics of general interest.

For future reference, you may wish to file copies of these communication pieces in this binder. Please also share this information with your employees.

Communications

Privacy Act

By Act of Parliament, the Federal Government of Canada passed the Personal Information Protection and Electronic Documents Act (PIPEDA), commonly referred to as Bill C-6, to deal with the issue of protecting personal information. Initially the Act applied to federally regulated private sector businesses (e.g. federal corporations, banking and telecommunications). Effective January 1, 2004 the Act applied more broadly (other than where provinces and territories have passed substantially similar legislation), to every private sector organization engaged in commercial activities in respect to how personal information is collected, used and disclosed in the course of its regular business activities.

What does this mean?

An organization must comply with a series of obligations and be accountable for compliance to ten principles set out in Schedule 1 of the Act (www.privcom.gc.ca). The office of the Privacy Commissioner is empowered to receive, investigate and remedy complaints where warranted.

Western Financial Group Insurance Solutions' commitment to Privacy Protection

Protecting the privacy and confidentiality of personal information has always been fundamental to the way we do business and is the responsibility of every employee of Western Financial Group Insurance Solutions during the course of providing products and services to our clients. The range of products and services we offer our groups and benefit plan participants continues to expand along with the technology we use for their delivery and storage. No matter how our business changes, we remain committed to protecting and respecting your right to privacy and confidentiality.

With particular reference to PIPEDA, we have reviewed and where needed, revised our current privacy policies and information handling procedures, having developed a Privacy Code which appears below. This to further safeguard the use and handling of essential personal information obtained with the express consent of our clients and only for the purpose for which consent was granted when this information was collected.

You are assured that Western Financial Group Insurance Solutions is focused on respecting your privacy and maintaining confidentiality of information to the extent we have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the PIPEDA (www.privcom.gc.ca).

Principle 1 - Accountability

Principle 2 - Identifying Purposes

Principle 3 - Consent

Principle 4 - Limiting Collection

Principle 5 - Limiting Use, Disclosure and Retention

Principle 6 - Accuracy

Principle 7 - Safeguarding Customer Information

Principle 8 - Openness

Communications

Principle 9 - Customer Access

Principle 10 - Handling Customer Complaints and Suggestions

The collection of personal information is important; it is limited to the details that are needed to provide our programs and services that best meet your needs and to assess your future needs. Most of that information is obtained from you, but it might also come from other third parties. For example, information about you may be used:

- For ongoing customer service and other contact matters
- In connection with our offering and delivery of products and services
- To obtain claims history
- To prevent fraud
- To share or exchange reports and information with any corporation or enterprise with whom you have a financial relationship
- For billing and accounting services related to your business activity with Western Financial Group Insurance Solutions
- To comply with legal and regulatory requirements

Personal information is collected only for its intended purpose and is not disclosed to any other parties without consent of the individual. If you would like further information about privacy and security, please contact us at privacy@westernfgis.ca.

In addition you may request this information by writing to our corporate office at the following address:

Attn: Privacy Officer; Western Financial Group Insurance Solutions; 777 Portage Avenue Wpg., MB R3G ON3

There is no charge to access your information unless you request copies of records, in which case you will be advised in advance. If you find that your information is inaccurate or incomplete, we will make changes to our records accordingly.