



GROUP  
INSURANCE

# ADMINISTRATION GUIDE





# Contact Information

iA Financial Group (Industrial Alliance Insurance and Financial Services Inc.) has developed this guide to facilitate the administration of your group insurance plan.

It describes the procedures that should be followed in the day-to-day administration of your plan.

If you require more information, please contact one of our Customer Service agents.

## Customer Service

### Phone numbers

Toll-free: 1-877-422-6487

Toronto region: 416-585-8921

Montreal region: 514-499-3800

## Administrative Centres

### Toronto

#### Administration or Disability Claims Department

522 University Avenue, Suite 400  
Toronto, Ontario M5G 1Y7

#### Health & Dental Claims Department

PO Box 4643, Station A  
Toronto, Ontario M5W 5E3

#### Fax numbers

Administration: 1-888-781-0924

Disability Claims: 1-877-781-1583

Health and Dental Claims: 1-877-780-7247

### Montreal

#### Administration or Disability Claims Department

PO Box 790, Station B  
Montreal, Quebec H3B 3K6

#### Health & Dental Claims Department

PO Box 800, Station Maison de la Poste  
Montreal, Quebec H3B 3K5

#### Fax numbers

Administration: 1-888-780-2376

Disability Claims: 1-877-799-6691

Health and Dental Claims: 1-855-884-9811

#### Website

iA Financial Group  
[ia.ca](http://ia.ca)

Group Insurance  
[ia.ca/business](http://ia.ca/business)

Secure messaging  
via My Client Space

## **Thank you for choosing iA Financial Group for your group insurance needs**

**We offer financial protection to companies of all sizes and from all industries.** Our dedicated workforce and solid partnerships with our representatives allow us to provide our clients with the utmost quality of service and products.

With an administrative centre in both Montreal and Toronto, and regional sales and service offices across Canada, iA Financial Group provides clients with personalized service in line with the regional characteristics of each market.

To make sure we keep offering you the quality of service and products you expect, we regularly measure our clients' degree of satisfaction. Your participation in these short surveys is extremely valuable and helps us meet your needs.

This document provides all the information you need to administer your group insurance plan.

If you have any questions, your service representative will be happy to assist you and make sure you have everything you need.

For your online administrative needs, please refer to the My Client Space Administration Guide.

Thank you again for choosing iA Financial Group.



**We are proud to have you as a  
client and hope to build a strong  
and lasting relationship with you.**

# Table of Contents

<b>Contact Information</b>	<b>1</b>
<b>ia.ca: A complete document and information centre to help you manage your plan</b>	<b>4</b>
<b>Premium</b>	<b>5</b>
<b>Administrative Procedures</b>	<b>6</b>
1 New Plan Member	6
2 Change of Coverage	6
3 Change of Name or Address	8
4 Appointment or Change of Beneficiary	8
5 Coordination of Benefits	9
6 Termination of Employment	10
7 Return to Work	11
8 Salary Change	11
9 Change in Class	12
10 Transfer of Division	12
11 Leave of Absence	12
<b>Claims</b>	<b>13</b>
1 Supplemental Health Insurance	13
2 Dental Care	13
3 Short-Term Disability Income Insurance	14
4 Long-Term Disability Income Insurance	14
5 Waiver of Premiums	15
6 Life Insurance	15
7 Accidental Death and Dismemberment Insurance	16
<b>E-Services</b>	<b>17</b>
<b>Appendix A</b>	<b>18</b>
— Prorating Examples	
<b>Appendix B</b>	<b>19</b>
— Forms Glossary	
<b>Appendix C</b>	<b>20</b>
— Disability Checklists (administrator and plan member)	

## A complete document and information centre to help you manage your plan

You can easily download and print the forms you need directly from our website!


### What to do:

- Go to **ia.ca/business/forms**
- Locate the form you wish to order and select the quantity
- Click on **Submit order** to complete your request

You can also order any form you need by fax or by telephone (see page 1 of this guide for the Customer Service numbers).

You can also use our website to find other useful information, including:

- Communiqués
- Infobulletins
- Billing calendar
- Information about drug management
- Information about fraud prevention
- PDF version of this guide



Our website provides access to My Client Space, your secure client platform for the online administration of your plan and for access to your personal group insurance plan.

# Premium Statement

Your monthly premium statement is made up of three documents: an in-force list of plan members, a list of changes and adjustments (if applicable) and the premium notice.

Changes received prior to the 15th of the month will appear on the next premium statement.

## In-force List of Plan Members

The list indicates each plan member's name, insurance benefits, type of protection (individual or family), insurance volumes, class, contractual premium amount (generally monthly), and sales tax.

## Changes and Adjustments

This document contains any changes received before the 15th of the month that result in a debit or credit. If the change results in a credit, it will appear as a negative amount on the list of changes and adjustments. Adjustments are pro-rated according to the number of days of insurance (1/30 daily).

For more information and examples about pro-rating adjustments for 2016, refer to Appendix A of this guide.

## Premium Notice

The premium notice shows the summary of volume of insurance and the number of plan members by benefit in your plan. It also summarizes the amounts received, the amounts invoiced and the total premiums to be paid. You will receive two copies of the premium notice: one to retain in your files and the other to be returned with your cheque payment, if applicable.

iA Financial Group offers you three options for paying your monthly premium: pre-authorized withdrawals (PAW), Internet or cheque. If you opt for the Internet or cheque payment methods, premiums are due on the first day of the month after your statement is generated. If you opt for the pre-authorized withdrawal payment method, premiums will automatically be withdrawn from your bank account on the date you selected on the *Policyholder Pre-Authorized Withdrawals* (PAW) form (F54-863A).

If the entire premium payment for your group insurance policy is not received by the end of the allocated period, a letter reminding you that your payment is overdue will be sent to you. If the entire payment has still not been received within 45 days of the due date, health and dental claim reimbursements for all plan members under the group insurance policy will be suspended.

# Administrative Procedures

## 1 – New Plan Member

All new plan members must join the group insurance plan if they meet the following criteria:

- They meet the definition of eligible plan member as specified in your group insurance policy
- They have completed the eligibility waiting period described in your group insurance policy
- They are in a class that is eligible for coverage

### Enrolment Request

You and the eligible plan member must complete and sign in ink the Enrolment Request form (F54-018A).

If you use My Client Space to enrol a plan member, please complete the enrolment within 31 days of the eligibility date for the group insurance plan and keep the form for your records.

If you do not use My Client Space, please submit a copy of the form to iA Financial Group within 31 days of the plan member's eligibility date and make sure to keep the original form in your files.

For a waiver of benefits, see section 5 on page 15 of this guide.

Note: The basic dependents' life insurance coverage will be automatically applied if your plan includes this benefit and your dependents (spouse and children) are eligible. This requirement applies regardless of the coverage chosen for the health and dental benefits (individual, family, single parent, couple or exempted coverage).

### Evidence of Insurability

If the *Enrolment Request* form is submitted more than 31 days after the eligibility date, evidence of insurability may be required.

If so, attach the completed and signed in ink *Evidence of Insurability* form (F54-002A) to the *Enrolment Request* form (F54-018A).

## 2 – Change of Coverage

### 2.1. Individual to Family

A plan member with individual coverage can request family coverage if he/she has eligible dependents. You and the eligible plan member must complete and sign in ink the *Change Request* form (F54-070A) within 31 days after one of the following events:

- Marriage or civil union
- Permanent cohabitation with a common-law spouse during the period stipulated in your group insurance policy (generally one year)
- Termination of the spouse's group insurance
- Birth or adoption of a first child

Please indicate any change of class on the form, if applicable.

If you use My Client Space to process a change of coverage and other modifications, please complete them within 31 days of the event and keep the form for your records.

If you do **not** use My Client Space, please submit a copy of the form to iA Financial Group within 31 days of the event and retain the original form for your files.

## Evidence of Insurability

If a dependent is not added to the plan within 31 days of the effective date of the dependent's eligibility, evidence of insurability may be required. Attach the completed and signed in ink *Evidence of Insurability* form (F54-002A) to the *Change Request* form (F54-070A).

### 2.2. Family to Individual

A plan member with family coverage can request individual coverage if the family coverage is no longer required. The *Change Request* form (F54-070A) must be completed and signed in ink and the reason for the change indicated. **The change will be effective from the date that the plan member's status changed, if the request is received within 31 days following the change.**

If you use My Client Space to process the change, please keep the form for your records.

If you do **not** use My Client Space, submit a copy of the form to iA Financial Group and retain the original.

Note: If there is no longer an eligible dependent, remove the Dependent Life for the plan member, if applicable.

### 2.3. New Spouse

Even if the plan member is insured for family coverage, he/she must submit the name of the new spouse within 31 days of his/her marriage, civil union or 31 days after the end of the permanent cohabitation period for common-law spouses stipulated in your group insurance policy.

The plan member must complete and sign in ink the *Change Request* form (F54-070A).

If you use My Client Space to add a spouse and modify the coverage, please keep the form for your records.

If you do **not** use My Client Space, submit a copy of the form to iA Financial Group and retain the original.

If a spouse is not added to the plan within 31 days of the marriage, civil union or 31 days after the end of the permanent cohabitation period for common-law spouses stipulated in your group insurance policy, evidence of insurability may be required. Attach the completed and signed in ink *Evidence of Insurability* form (F54-002A) to the *Change Request* form (F54-070A).

If a new spouse is added, you need to add the Dependent Life benefit to the plan member.

### 2.4. New Dependent Child

To add a dependent child, the plan member must submit the name of the dependent child within 31 days of his/her birth or adoption date.

The plan member must complete and sign in ink the *Change Request* form (F54-070A).

If you use My Client Space to add a child and modify the coverage, please keep the form for your records.

If you do **not** use My Client Space, submit a copy of the form to iA Financial Group and retain the original.

If a dependent child is not added to the plan within 31 days of his/her birth or adoption date, evidence of insurability may be required. Attach the completed and signed in ink *Evidence of Insurability* form (F54-002A) to the *Change Request* form (F54-070A).

If a new dependent child is added, you need to add the Dependent Life benefit to the plan member.

## 3 – Change of Name or Address

### 3.1. Change of Name

Complete the *Change Request* form (F54-070A) specifying the new name and have the plan member sign the form in ink. Please attach a copy of an official document (e.g. health card, marriage certificate, etc.) as proof.

### 3.2. Change of Address

To make a change of address along with other modifications to a plan member's file, complete the *Change Request* form (F54-070A), specifying the new address and other modifications, and have the plan member sign the form in ink.

If you use My Client Space to process the changes, please keep the form for your records.

If you do **not** use My Client Space, submit a copy of the form to iA Financial Group and retain the original.

For a simple change of address, you can process it in one of the two following ways:

- Via My Client Space, if you have **transactional access** to our secure web platform, or
- By completing the *Notice of Change* form (F54-020A), indicating "24" in the "Code" column and the new address(es), including the postal code

## 4 – Appointment or Change of Beneficiary

To appoint, change or revoke a plan member's beneficiary or change a beneficiary's status (revocable/irrevocable), have the plan member complete and sign in ink either one of the following forms:

- The *Appointment or Change of Beneficiary* form (F54-887A), or
- The "Appointment or Change of Beneficiary" section of the *Change Request* form (F54-070A)

According to the law, the beneficiary designation is only valid if no prior irrevocable beneficiary designation exists. If the status of the beneficiary previously designated is irrevocable, refer to the "Revoking a Beneficiary" section below to learn about the legal provisions that apply.

### Revoking a Beneficiary

- Minors designated as irrevocable beneficiaries cannot renounce their beneficiary rights.
- If the designation replaces a deceased irrevocable beneficiary, proof of death must be provided.
- If the designation replaces an irrevocable beneficiary following a divorce, proof of divorce must be provided.
- In all other cases, the irrevocable beneficiary's signature must be obtained.

### Reminder Regarding Beneficiary Appointments

- Sections for the beneficiary appointment, the signature and the date must be completed in ink.
- The plan member cannot appoint himself/herself as a beneficiary.
- If the beneficiary appointment has been crossed out or altered with correction fluid or tape, the plan member must initial the change.

- The total allocation must be equal to or less than 100% (if less than 100%, the balance will be payable to the estate).
- In Quebec, if the plan member does not indicate that the designation of his/her spouse is revocable, the designation is considered irrevocable.
- This beneficiary designation applies to the plan member's life insurance and, if applicable, accidental death insurance.
- If you appoint or have appointed an irrevocable beneficiary, his/her written consent will be required in order to make further changes to the designation (see the table below). The beneficiary must have reached the age of majority to give his/her consent.

It is important for you to retain the originals of the appointment or change of beneficiary forms as you may have to provide them to iA Financial Group upon request.

## 5 – Coordination of Benefits

If a plan member or dependent is covered by another group insurance plan, they can also be covered by your group insurance policy to maximize reimbursement (see the Canadian Life and Health Insurance Association Inc. (CLHIA) guide). When coordination of benefits applies, the plan member must complete and check the appropriate boxes in:

- The *Enrolment Request* form (F54-018A), under the "Spouse Information" section and the "Dependent Children Information" section, or
- The *Change Request* form (F54-070A), under the "Change of Coverage" section

Please submit a copy of the form to iA Financial Group and retain the original.

### 5.1. Waiving (Cancelling) Benefits Due to Coordination of Benefits

A plan member insured as a dependent on his/her spouse's group insurance plan can waive the Health Insurance and/or Dental Care benefits under your group insurance policy. The plan member must complete and check the appropriate boxes in:

- The *Enrolment Request* form (F54-018A), under the "Spouse Information" section and the "Choice of Coverage" section, or
- The *Change Request* form (F54-070A), under the "Change of Coverage" section and under the "Waiver of Benefits" section

If you use My Client Space to waive the plan member's health and dental benefits, please keep the form for your records.

If you do **not** use My Client Space, submit a copy of the form to iA Financial Group and retain the original.

### 5.2. Reinstatement of Benefits Following the Termination of Coordination of Benefits

If the spouse's group coverage has been terminated (employment or group insurance termination), the plan member may request the reinstatement of Health Insurance and/or Dental Care benefits.

You and the eligible plan member must complete and sign in ink the *Change Request* form (F54-070A).

If you use My Client Space, please complete the reinstatement within 31 days of the date of the spouse's group coverage termination and keep the form for your records.

If you do not use My Client Space, please submit a copy of the form to iA Financial Group within 31 days of the date of the spouse's group coverage termination and make sure to keep the original form in your files.

If the reinstatement is requested for a reason other than the spouse's group coverage termination, evidence of insurability may be required. If so, attach the completed and signed in ink *Evidence of Insurability* form (F54-002A) to the *Change Request* form (F54-070A).

## 6 – Termination of Employment

### 6.1. Employment Terminated (cancellation of insurance)

Following a termination of employment, you can terminate the plan member's and his/her dependents' coverage in one of these two ways:

- Via My Client Space, if you have **transactional access** to our secure web platform, or
- By completing the *Notice of Change* form (F54-020A), indicating "40" in the "Code" column and the last day of work in the "(6) Additional Information" section

### 6.2. Conversion of Group Life Insurance to an Individual Policy

Basic and/or Optional Life coverage of a plan member or of his/her dependents may be converted to an Individual Policy at termination of employment, subject to the conversion privilege.

The Life coverage can be converted **only if applied for within 31 days of the date the coverage is terminated and prior to age 65**. Make sure the plan member or spouse is aware of this time limit.

#### How does it work?

- 1 Determine whether the conversion privilege is applicable under the terms of the *Plan Member's Life Insurance Benefit* and the *Dependents' Life Insurance Benefit* provisions in your group insurance policy.
- 2 Have the plan member or spouse complete and sign in ink a *Request for Conversion – Group Life Insurance* form (F54-030A) if the conversion privilege is applicable.
- 3 Have the plan member mail the completed form to the specified address on the form.

### 6.3. Conversion of Group Medical and Dental Insurance to an Individual Policy

A plan member's Group Medical and Dental coverage may be converted to an Individual Policy at termination of employment, subject to the conversion privilege.

The medical and dental coverage can be converted only **if applied for within 60 days of the date the coverage is terminated**. Make sure the plan member is aware of this time limit.

#### How does it work?

- 1 Determine whether the conversion privilege is applicable under the terms of the *Medical and Dental Insurance Benefit* provision.
- 2 Have the plan member complete and sign in ink an *Individual Health Insurance Application – TRANSIT* form (F54-776A-2) if the conversion privilege is applicable.
  - All Transit documentation (form, brochure and rates) are available on our website [ia.ca/business/forms](http://ia.ca/business/forms) under *Administration - Forms and Return Envelopes*
- 3 Have the plan member mail the completed form to the specified address on the form.

### 6.4. Temporary Layoff

Indicate "43" in the "Code" column on the *Notice of Change* form (F54-020A).

Note: Refer to the "*Termination of Insurance*" section in your group insurance policy to learn more about the specific stipulations regarding this clause.

## 6.5. Request for Extension

Extension of Benefits should only be completed for terminated members at the request of the Policyholder. Complete the *Request for Extension of Insurance* form (F54-833A) following the instructions on page 2.

## 7 – Return to Work

Refer to the “*Reinstatement of Insurance*” section of your group insurance policy to establish if the duration of the absence allows a reinstatement of coverage or if you need to enrol the plan member as a new one.

### 7.1. Return to Work Following Termination or Temporary Layoff

- If the duration of the absence was shorter than the period in your group insurance policy for which coverage can be reinstated without an eligibility period, you can process it in one of two ways:
  - Via My Client Space, if you have **transactional access** to our secure web platform, or
  - By completing the *Notice of Change* form (F54-020A), and indicating “31” in the “Code” column
- If the duration of the absence was longer than the period stipulated in your group insurance policy, follow the same procedure specified in section 1 “*New Plan Member*” of this guide.
- When reinstating a member whose disability coverage was terminated on the date of the temporary layoff (while remaining coverage continued as part of the temporary layoff provision and was terminated at a later date), you will have to contact iA Financial Group to reinstate the disability coverage.

### 7.2. Return from an Absence Caused by Disability

Complete the *Notice of Return to Work* form (F54-268A), specifying the type of return (gradual, part-time or full-time) and the number of hours worked per week.

## 8 – Salary Change

You can process a salary change or a mass salary change in one of two ways:

- Via My Client Space, if you have **transactional access** to our secure web platform; or
- By completing the *Notice of Change* form (F54-020A) and indicating “5” in the “Code” column.

Please, complete the transaction in My Client Space or submit the form by post to iA Financial Group within 31 days of the date of the salary change. Past the 31-day period, the salary change will be effective on the date the request is received.

As plan administrator, you must inform us of any salary changes as soon as possible. Failure to properly report salary increases will result in benefit payments to your plan members being lower than they should be.

### Evidence of Insurability

If the salary increase causes the employee’s level of coverage to exceed the maximum available without evidence of insurability stipulated in your group insurance policy, attach the completed and signed in ink *Evidence of Insurability* form (F54-002A) to the *Notice of Change* form (F54-020A).

## 9 – Change in Class

The plan member's coverage depends on the class to which he/she belongs. If your group insurance policy allows for several classes, please advise us of any change in class.

You can process a class change in one of two ways:

- Via My Client Space, if you have **transactional access** to our secure web platform; or
- By completing the *Notice of Change* form (F54-020A) and indicating "46" in the "Code" column and the new class in the "Additional Information" column

Please complete the transaction in My Client Space or submit the form to iA Financial Group within 31 days of the date of the change. Past the 31-day period, the change in class will be effective on the date the request is received.

## 10 – Transfer of Division

You can process a division change in one of two ways:

- Via My Client Space, if you have **transactional access** to our secure web platform, or
- By completing the *Notice of Change* form (F54-020A) and indicating "45" in the "Code" column, the names of the plan members who have transferred from one division to another and any change in class, if applicable, in the "Additional Information" column

## 11 – Leave of Absence

Please note that only the benefits specified in your group insurance policy for each leave of absence will remain effective.

You must contact iA Financial Group when there is a leave of absence. We will make the necessary adjustments to the plan member's coverage.

For any question about extension requests, please contact iA Financial Group. We will assist you in the process.

### Maternity Leave, Parental Leave

Before the departure date, complete the *Notice of Change* form (F54-020A), specifying:

- "75" in the "Code" column
- The date of departure on leave
- The expected delivery date, if applicable
- The expected date of return

### Other Leave of Absence (except Temporary Layoff – see section 6.4. on page 10 of this guide)

Before the departure date, complete the *Notice of Change* form (F54-020A), specifying:

- The code according to the nature of the absence in the "Code" column
- The date of departure on leave
- The expected date of return

# Claims

## 1 – Supplemental Health Insurance

### 1.1. Medical Expenses

To request a reimbursement for prescription drugs, medical expenses, paramedical care, vision care or ambulance fees, the plan member must complete the *Medical Expenses* form (F54-326A) and attach the original receipts. The plan member can also submit claims online using E-claims if available under your group plan.

Please note that large claims expenses should be submitted for approval before they can be reimbursed. Also, the *Prior Authorization Drug* form (F54-859A) should be completed by a plan member's attending physician in order to submit claims for expensive medication.

### Group Benefit Card

If your plan includes a group benefit card, claims will be electronically transmitted under the condition that the plan member presents his/her group benefit card to the pharmacist.

### Original Receipts

**In some cases, original receipts may be requested. Receipts are not returned to the insured.**

- To coordinate benefits with another insurer, the plan member must include a duplicate or photocopy of the receipts, along with a copy of the benefits statement issued by iA Financial Group.
- The plan member may use the benefits statements or the benefit history report available on My Client Space for income tax purposes.

### 1.2. Dental Care in Case of Accident

Expenses incurred for dental care related to an accidental injury will be covered if they meet the requirements under your supplemental health insurance benefit.

To request a reimbursement for Dental Care following accidental injury to natural teeth, the plan member must submit the completed and signed in ink *Dental Care in Case of an Accident* form (F54-267A) and attach the x-rays taken after the accident but before the treatment.

## 2 – Dental Care

### 2.1. Dental Care

If the dentist does not use electronic submission, the plan member must submit the *Dental Care* form (F54-288A) or the standard form available from the dentist, completed and signed in ink by the dentist and himself/herself. The plan member can also submit claims online using E-claims if available under your group plan.

### 2.2. Treatment Program

For all requests regarding treatments for which the total cost exceeds \$500, the plan member should submit a treatment program from the dentist before starting the treatment. To facilitate the evaluation of the reimbursable amount, also include the X-rays taken before the treatment. The X-rays will be returned to the dentist. iA Financial Group will then specify the amount reimbursable under your group insurance policy.

## 3 – Short-Term Disability Income Insurance

To help you efficiently manage disability cases, you will find at Appendix B of this guide the plan administrator checklist and the plan member checklist.

### 3.1. Short-Term Disability Income Benefit

#### 3.1.1 Initial Request

As plan administrator, you can initiate a new disability claim with iA Financial Group in one of these two ways:

- Simply call 1-877-422-6487, or
- Complete and submit the *Disability Claim Form – Policyholder’s Statement* (F54-907A)

iA Financial Group then conducts a detailed phone interview with the plan member to obtain the required personal and medical information.

The plan member will also be asked to complete and sign in ink the *Authorization for the Collection of Personal Information – Disability* form (F54-900A). iA Financial Group will communicate directly with the attending physician(s).

In all cases, the decision is communicated to you and the plan member by phone and by letter.

#### 3.1.2. Extension of Disability

If the disability continues beyond the date specified in the initial request, you must:

- Have the plan member and the attending physician complete the *Disability Claim Form – Extension of Disability* (F54-382A), or
- Provide the information requested by iA Financial Group

If you submit the *Disability Claim Form – Extension of Disability*, the plan member must sign in ink part 4, “Member Confirmation/Authorization” of the “Member’s Statement”, as well as the two parts preceding the “Attending Physician’s Statement”. The attending physician must complete the section corresponding to the patient’s health condition (psychological and/or physical).

**Do not detach the pages.**

#### 3.1.3. Return to Work

Complete the *Notice of Return to Work* form (F54-268A), specifying the type of return (gradual, part-time or full-time) and the number of hours worked per week.

## 4 – Long-Term Disability Income Insurance

### 4.1 Long-term Disability Income Benefit

#### 4.1.1. Initial Request

##### Plans WITH the Short-Term Disability Income Benefit

Before the end of the Short-Term Disability benefit period, the plan member will be informed of the status of his/her Long-Term Disability claim and what further information, if any, is required.

### Plans WITHOUT the Short-Term Disability Income Benefit

As plan administrator, you can initiate a new disability claim with iA Financial Group in one of two ways:

- Simply call 1-877-422-6487, or
- Complete and submit the *Disability Claim Form – Policyholder’s Statement* (F54-907A)

iA Financial Group then conducts a detailed phone interview with the plan member to obtain the required personal and medical information.

The plan member will also be asked to complete and sign in ink the Authorization for the *Collection of Personal Information – Disability* form (F54-900A). iA Financial Group will communicate directly with the attending physician(s).

In all cases, the decision is communicated to you and the plan member by phone and by letter.

#### 4.1.2. Extension of Disability

If the disability continues beyond the date specified in the initial request, you must:

- Have the plan member and the attending physician complete the *Disability Claim Form – Extension of Disability* (F54-382A), or
- Provide the information requested by iA Financial Group

If you submit the *Disability Claim Form – Extension of Disability*, the plan member must sign in ink part 4, “Member Confirmation/Authorization” of the “Member’s Statement,” as well as the two parts preceding the “Attending Physician’s Statement.” The attending physician must complete the section corresponding to the patient’s health condition (psychological and/or physical).

**Do not detach the pages.**

#### 4.1.3. Return to Work

Complete the *Notice of Return to Work* form (F54-268A), specifying the type of return (gradual, part-time or full-time) and the number of hours worked per week.

## 5 – Waiver of Premiums

Please contact Customer Service at 1-877-422-6487 to learn about the procedure to follow.

In most cases, when a plan member is approved for long-term disability, a waiver of premiums may be applied. It is always best to confirm with Customer Service whether the premiums can be waived in a given situation.

## 6 – Life Insurance

Upon the death of the plan member or one of his/her dependents, the life claim procedure depends on the insurance amount:

- 1 If the total amount of Basic and Optional Life and Accidental Death Insurance is less than or equal to \$75,000, call Customer Service at 1-877-422-6487.
- 2 If the total amount of Basic and Optional Life and Accidental Death Insurance is greater than \$75,000 but less than \$250,000, submit the *Claim Form – Life Insurance* (F54-361A), duly completed and signed in ink, and one of the following:
  - The “Physician’s Statement” section on the reverse side of the form, fully completed and signed in ink by the physician, or
  - The official death certificate
- 3 If the total amount of Basic and Optional Life and Accidental Death Insurance is equal to or greater than \$250,000, submit the *Claim Form – Life Insurance* (F54-361A), duly completed and signed in ink, including the “Physician’s Statement” section on the reverse side of the form, fully completed and signed in ink by the physician, **and** the official death certificate.

When the *Claim Form – Life Insurance* (F54-361A) is required, it must be completed by each of the following:

- You, the plan administrator
- The plan member, if a dependent is deceased
- The beneficiary, if the plan member is deceased
- The physician, if applicable

Please note that dependents' coverage for some benefits may be temporarily extended after the death of the plan member without payment of premiums. Please refer to your group insurance policy for more details.

## **7** – **Accidental Death and Dismemberment Insurance**

Please contact Customer Service at 1-877-422-6487 to learn about the procedure to follow and the documentation to submit, if applicable.

# E-Services

iA Financial Group offers a wide range of E-services to its clients and plan members in order to make their group insurance experience as convenient and secure as possible.

## My Client Space for Plan Administrator\*

- Enrol new plan members and their dependents
- Edit plan member files
- Make multiple salary changes at once
- Access your premium statement, special billing (HSA), contracts, reports and guides
- View newsletters and communiqués
- Print and order plan member group benefit cards

*\* If your arrangement with iA Financial Group does not include online services such as My Client Space, please contact your service representative. You will receive the proper support to help you throughout the transition, should you want to have access to such services. If you already have access to My Client Space, please refer to the "My Client Space Plan Administrator Guide" for more information.*

## My Client Space for Plan Members

- Submit and track claims
- Validate your coverage, locate pharmacies and receive cost-saving tips for prescription medication through WebRx
- Sign up for direct deposit and email notification
- Read the latest news impacting your group insurance plan
- Access your group insurance booklet
- and more

## Other Online Services for Plan Members

- iA Mobile
- Fast Track Process for Health Claims

## Secure Messaging for Plan Administrators and Plan Members

Secure Messaging is a simple and safe tool that lets you to contact us in a way that protects the confidentiality of your personal information. We recommend using Secure Messaging instead of standard email communication.

## How to access Secure Messaging?

1. Enter My Client Space at [ia.ca/myaccount](http://ia.ca/myaccount)
2. Enter your access code and password, and click on **Sign In**
3. Click the white envelope at the top right-hand side of the page

To learn more about these services, please contact your service representative.

# Appendix A

## Calculation of Prorated Adjustments

Prorated adjustments are calculated based on 30 days, regardless of the number of days in the month for which the adjustment is effective.

Below are examples of calculation of prorated adjustments:

### 1. New Plan Member

Coverage effective July 4, 2016. Processed on the July 2016 bill.

Monthly Health Premium:	\$125.82
Monthly Dental Premium:	\$95.29
Monthly Life Premium:	\$31.80

How many days do we charge to the client?	30 days - 3 days = 27 days
What is the prorated Health Premium amount?	$\$125.82 / 30 \text{ days} \times 27 \text{ days} = \$113.24$
What is the prorated Dental Premium amount?	$\$95.29 / 30 \text{ days} \times 27 \text{ days} = \$85.76$
What is the prorated Life Premium amount?	$\$31.80 / 30 \text{ days} \times 27 \text{ days} = \$28.62$
What is the total amount to be charged to the client?	$\$113.24 + \$85.76 + \$28.62 = \$227.62$

### 2. Termination of Member Coverage

Termination effective February 7, 2016. Processed on the March 2016 bill.

Monthly Health Premium:	\$98.06
Monthly Dental Premium:	\$129.80

How many days do we reimburse to the client?	30 days - 7 days = 23 days
What is the prorated Health Premium amount?	$\$98.06 / 30 \text{ days} \times 23 \text{ days} = \$75.18$
What is the prorated Dental Premium amount?	$\$129.80 / 30 \text{ days} \times 23 \text{ days} = \$99.51$
What is the total amount to be reimbursed to the client?	$\$75.18 + \$99.51 = \$174.69$

### 3. Change of Coverage

Change of coverage from Single to Family effective June 21, 2016. Processed on the July 2016 bill.

Monthly Health Premium - Single Coverage:	\$55.76
Monthly Health Premium - Family Coverage:	\$156.54
Monthly Dental Premium - Single Coverage:	\$29.48
Monthly Dental Premium - Family Coverage:	\$73.74

N. B. Since June premium was already paid, the adjustment will only include the difference between the family and the single coverage premium.

How many days do we charge to the client?	30 days - 20 days = 10 days
What is the prorated Health Premium amount?	$(\$156.54 - \$55.76) / 30 \text{ days} \times 10 \text{ days} = \$33.59$
What is the prorated Dental Premium amount?	$(\$73.74 - \$29.48) / 30 \text{ days} \times 10 \text{ days} = \$14.75$
What is the total amount to be charged to the client?	$\$33.59 + \$14.75 = \$48.34$

# Appendix B

## Administrative Forms

### **Policyholder Pre-Authorized Withdrawals (F54-863A)**

Request automatic withdrawals for your premium payments.

### **Enrolment Request form (F54-018A)**

Add a new member to your group insurance plan

### **Evidence of Insurability form (F54-002A)**

Confirm the health state of a plan member before allowing him/her to be insured under the plan

### **Change Request form (F54-070A)**

Request a change of coverage for a plan member

### **Notice of Change form (F54-020A)**

Change/update a plan member's information such as the address.

### **Change of Beneficiary form (F54-887A)**

Request the appointment of a new beneficiary or change a beneficiary's status under the plan

### **Request for Conversion – Group Life Insurance form (F54-030A)**

Convert group life insurance to an individual life insurance policy upon a plan member's termination of employment

### **Individual Health Insurance Application – TRANSIT form (F54-776A-2)**

Convert group medical and dental insurance to an individual insurance policy upon a plan member's termination of employment

### **Notice of Return to Work form (F54-268A)**

Confirm the return to work of an employee after an absence caused by a disability

## Claim Forms

### **Medical Expenses form (F54-326A)**

Request a reimbursement for medical expenses such as paramedical services, vision care, ambulance transportation fees, etc.

### **Prior Authorization Drug Form (F54-859A)**

Have the attending physician of the plan member fill in this form in order to initiate the reimbursement of a drug that requires prior authorization.

### **Dental Care in Case of an Accident form (F54-267A)**

Request a reimbursement for dental care that occurred because of an accident

### **Dental Care form (F54-288A)**

Request a reimbursement for dental care

### **Disability Claim Form – Policyholder's Statement (F54-907A)**

Initiate a new disability claim for a plan member

### **Collection of Personal Information – Disability form (F54-900A)**

Have the plan member fill in this form to authorize the collection of personal information, as part of the disability process

### **Disability Claim Form – Extension of Disability (F54-382A)**

Request to extend the disability beyond the period originally scheduled

### **Notice of Return to Work form (F54-268A)**

Confirm the return to work of an employee after an absence caused by a disability

### **Claim Form – Life Insurance (F54-361A)**

Request the payment of the life insurance premium after the death of a plan member or one of his/her dependents.

### Disability Claim Process

#### Filing a New Claim

To advise us of a new disability claim, you may complete and submit our Policyholder Statement form (F54-907A) or you may contact us directly by phone. There will be a 10-15 minute phone interview to open a plan member's disability claim. When calling, please have the following information ready:

- Plan member's personal information (date of birth, address, phone numbers, personal email address)
- Date of hire, date of enrolment in the group insurance plan
- Policy and certificate numbers
- Division and class numbers, if applicable
- Salary, work schedule, job description
- Last day worked
- Expected date of return to work, if applicable
- Current process supporting a gradual return to work, if available
- Previous absences, performance issues or problems at work

#### What the Plan Member Needs to Know

Please inform the plan member that he/she must:

- Be available for iA Financial Group's phone interview
- Complete and sign the authorization for the collection of personal information form and return to iA Financial Group
- Complete the direct deposit form if he/she wishes to receive disability benefits directly to his/her bank account in the event that the claim is approved

#### Claims Process

- Step 1** — Plan administrator can either complete or submit the Policyholder Statement form or call to advise iA Financial Group of a new disability claim.
- Step 2** — iA Financial Group receives the form or a call from the plan administrator and then verifies if the plan member is covered. If so, a claim is opened.
- Step 3** — Once the claim is opened, iA Financial Group calls the plan member to conduct a detailed phone interview.
- Step 4** — Then the claim is assessed and a final decision is made unless medical information is required.
- Step 5** — If medical information is required, it will be requested from the appropriate health professional(s). Then a complete review of the claim is conducted.
- Step 6** — The decision is communicated to the plan administrator and the plan member by phone and by letter.

## Disability Claim Process

### Filing a Disability Claim

If you are absent from work, you should contact your plan administrator to inform him/her of your absence. Your plan administrator will inform iA Financial Group. A claim will be opened and a case manager will contact you directly to obtain your personal and medical information.

Please inform the plan member that he/she must:

- Be available for iA Financial Group's phone interview
- Complete and sign the authorization form and return it to iA Financial Group
- Complete the direct deposit form to receive disability benefits directly into his/her bank account in the event that the claim is approved. You should first check that the plan member is eligible for this service.

### What Happens Next

Your claim is analyzed in a timely manner so that you are informed of the decision as quickly as possible. If additional medical information is required, iA Financial Group will communicate directly with your health professional(s).

- Step 1** — Plan member advises the plan administrator or the contact person for disability claims of his/her absence from work.
- Step 2** — Plan administrator either submits the Policyholder Statement form or calls to inform iA Financial Group of a new disability claim.
- Step 3** — iA Financial Group calls the plan member to conduct a detailed phone interview.
- Step 4** — The claim is assessed and a decision is made.
- Step 5** — If medical information is required, it will be requested from the appropriate health professional(s). Then a complete review of the claim is conducted.
- Step 6** — The decision is communicated to the plan administrator and the plan member by phone and by letter.

### To contact our Disability Claims department

Toll-free: 1-877-422-6487

Website: [ia.ca](http://ia.ca)

#### Quebec

PO Box 790, Station B  
Montreal, Quebec H3B 3K6

Email: [disabilitylife@ia.ca](mailto:disabilitylife@ia.ca)

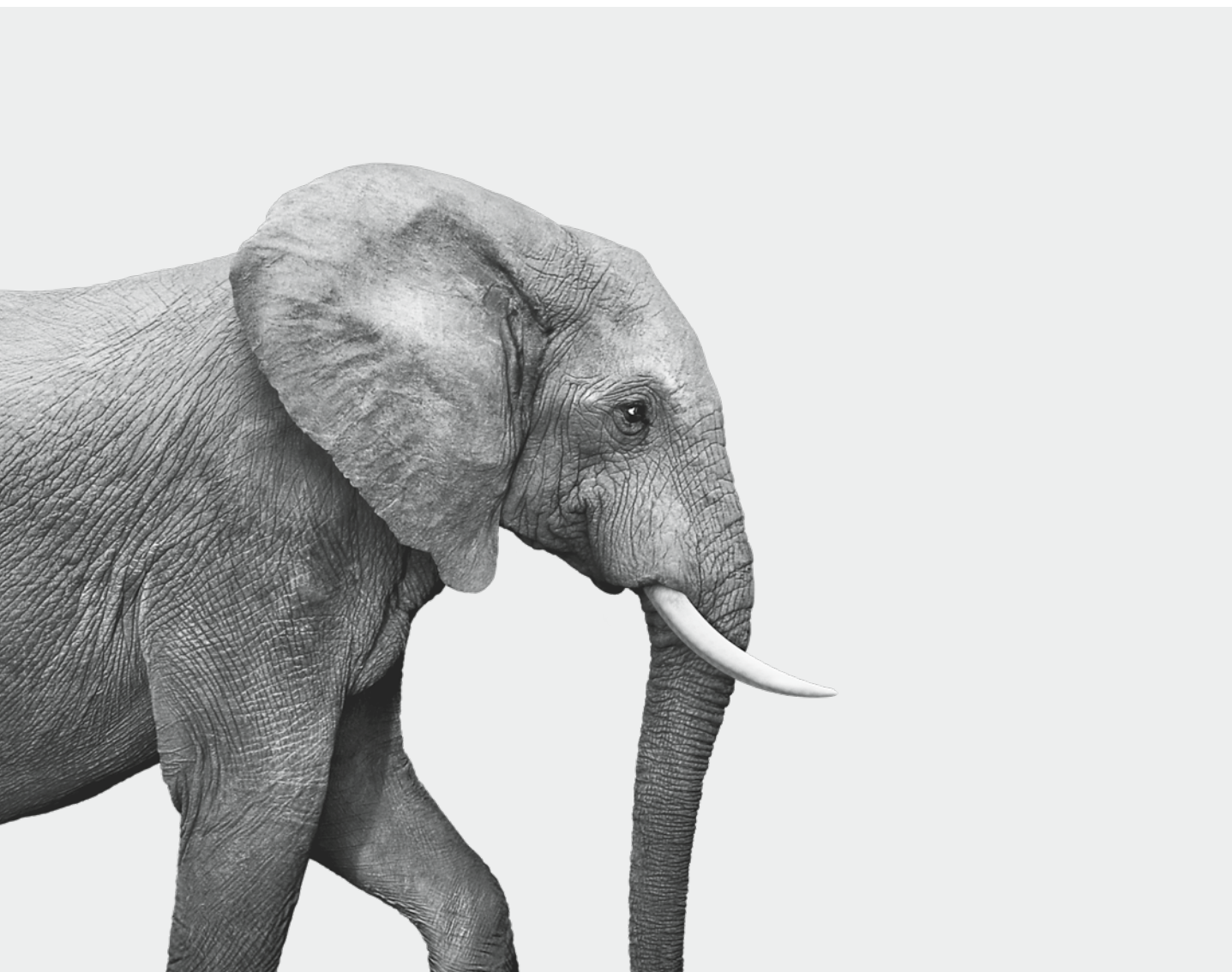
Fax: 1-877-799-6691

#### All Other Provinces

522 University Avenue, Suite 400  
Toronto, Ontario M5G 1Y7

Email: [disabilityclaims@ia.ca](mailto:disabilityclaims@ia.ca)

Fax: 1-877-781-1583



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