



ClearBenefits.ca

# New Client Onboarding Package

# Welcome to ClearBenefits.ca

Thank-you for choosing [ClearBenefits.ca](https://clearbenefits.ca) as your Group Benefits provider.

Now that you have selected your new Group Benefits program, we look forward to making the onboarding process as smooth and accurate as possible.



## What is Onboarding?

Onboarding includes the application, set-up and implementation of your new Benefits Program.

The Welcome Package including plan member cards, on-line access instructions and Plan Administrator information will be forwarded to you once this phase is complete.

## What Happens Now?

- Simplified application process
- Many forms are pre-completed and will only require a review for additional information and signatures
- [ClearBenefits.ca](https://clearbenefits.ca) will review the completed application package and assist with any questions

### **This package contains detailed information on:**

- Group Benefits - Group Insurance Application (Plan Sponsor)
- Employee enrollment forms

### **Program Structure:**

- Plan Members - Eligible staff on the benefits plan
- Plan Administrator - The designated person in your company that enrolls, terminates, pays premiums etc
- Advisor - Your account representative
- [ClearBenefits.ca](https://clearbenefits.ca) - Develops, distributes, manages your program and provides plan administrator service
- The Co-operators - underwriter of our exclusive programs

Pooled Group Benefits Programs underwritten by Co-operators Life Insurance Company

# Group Application Forms...

[ClearBenefits.ca](http://ClearBenefits.ca) uses a simplified application method and is here to assist you with the onboarding process.

As the Plan Administrators we work with have a variety of experience, we have developed this information package to help make the onboarding process as smooth and accurate as possible, manage expectations and answer common questions.

## The Process

- We will email the forms for the set-up of your new benefits plan
- Many forms are pre-completed and will only require a review for additional information and signatures
- All forms can be scanned and emailed
- We will arrange a call and/or on-line meeting to assist with the forms and review any questions you may have
- **Once we receive all complete forms and have submitted and outstanding information to The Co-operators, please allow up to 21 business days to get the plan set up and forward the Welcome Package to you.**

## How can we help get our new plan set-up faster?

- Forms that are complete and easy to read will speed up the set-up process and get your cards out faster
- Forms that are illegible or have missing information will result in preventable delays and inaccurate information on Plan Member cards that can result in claims initially being declined

## Group Benefits - Group Insurance Application (Plan Sponsor)

This is the company application form for the benefits plan.

### Important questions include:

- Which Program was selected?
  - Lifestyle, Essentials or Experience-Rated
  - Which Option was selected?
- Start date
- Full Legal Name of the business
- Mailing address
- Business address if different
- Phone number
- Fax number
- Nature of the business
- Owners full name
- Plan Administrator full Name
- Plan Administrator email
- Owner's email
- Is there current coverage? If yes:
  - Name of current carrier
  - Effective date of current plan?
- How many current staff working 20+ hours per week
- How many staff enrolled on the new plan?
- For companies with previous coverage, who will forward:
  - Termination letter to the previous carrier
  - EP3, most recent billing statement, PDF of current booklet

# Group Application Forms...

## Group Benefits - Group Insurance Application (Plan Sponsor) con't

### Employee Eligibility on the effective date of the plan:

Selecting the right options below can help avoid preventable administrative issues

#### New employees are eligible:

Refers to staff with hire dates **after** the effective date of this plan. Please select one of the following:

1. On the first day of employment
2. After having been employed for \_\_\_\_\_ days of continuous employment
3. On the first of the month coincident with or next following \_\_\_\_\_ days of continuous employment

#### Present employees are eligible:

Refers to staff with hire dates **on or before** the effective date of this plan. Please select one of the following:

1. On the Policy Effective Date
  2. On the Policy Effective Date or after \_\_\_\_\_ days of continuous employment, whichever is later
  3. On the Policy Effective Date or on the first of the month coincident with or next following \_\_\_\_\_ days of continuous employment, whichever is later
- Do you have staff that aren't on a current plan and/or don't want to be on the new plan?
  - Have you hired new staff that you aren't ready to put on the plan yet?

Please contact us if you have questions on this section.

## Benefits Now for Plan Sponsors User Agreement (part of the group application)

This sets up the plan administrator with on-line access for various on-line services and access including:

- Booklets
- Forms
- Billing statements
- Employee changes etc.
- Provides [ClearBenefits.ca](http://ClearBenefits.ca) and your advisor with on-line access to provide you with service and support:
- Set-up of automatic monthly premium payments
  - Please include a void cheque
  - 1st month premium will be withdrawn by PAD upon plan set-up
  - Subsequent premiums will be withdrawn on the first of each month

## Student Eligibility Form

Please have completed if the plan member has a dependent that is a full-time post-secondary student over the age of 21 and under age 25

- Students Eligibility Forms must completed and submitted no later than August 15 each year

## Health Evidence Questionnaire

- Required for staff applying for Life and/or Disability coverage in excess of Non Evidence Medical limits

# Group Application Forms...

## Group Benefits - Plan Member Enrolment Form

This form enrolls eligible staff on the plan. Complete and accurate information is important for smooth and accurate processing in order to help create the best client experience .

Below we have included information to help prevent common post-onboarding administrative issues.

### Plan Administrator:

#### Section 1 - Employment Information

- Plan Administrator to complete, date and sign
- Eligible employees are permanent full time staff working the minimum # of hours per week
- If spouses and/or dependent of plan members also work the eligible minimum # of hours for the same company, they must also complete a separate Enrollment form. Please contact us for more information on available spousal coverage options
- Coverage terminates at age 75

### Plan Member:

#### Section 2 - Plan Member Information

- Name - For plan members that use a name other than their full legal name, please complete the legal name then make a note on the application of how they would like their benefits card to read
- Gender - Please provide what is indicated on current Government issued documentation
- Common-law must be living together for 1 year then added within 30 days of that date

#### Section 3 - Refusal of Benefits

This section is extremely important to complete correctly to prevent future administrative issues.

- If there is a premium cost sharing and the plan member is already has comparable coverage under a spouse's plan, the plan member has the option of waiving Extended Health and/or Dental for themselves and/or their dependents
- Plan member must participate in all other benefits

#### Section 4 - Dependent Information

- Under age 21, or under age 25 if attending eligible post secondary school full-time
- Over-age student forms must completed and submitted no later than August 15 each year to maintain coverage for full-time students between age 21 and under age 25
- Dependants must be added with 30 days of a birth or marriage.
- If a dependant is new to the country they must be added within 30 days of being approved for provincial health coverage
- Plan members have the option of coordinating coverage with spousal coverage

#### Section 5 - Beneficiary Information

Designates who is eligible to receive Plan Member Life Insurance proceeds that may become payable.

- The Plan Member Estate will become the beneficiary if this section is not completed
- If the beneficiary is a minor, please designate a trustee under-age

#### Section 7 - Plan Member Signature

Plan member dates and signs verifying the information in sections 2 - 7 is accurate

# Welcome Package...

## The Next Steps:

After your account becomes active on the system and before you receive your Welcome Package, we will email:

- a simplified summary of your plan design
- PDF policy and booklet once it has been issued
- PDF versions of printable cards once they are available
- Plan members can then call 1-800-667-8164 to get a link to set-up a password, enabling them to submit online claims or paper claims now that they have their policy & certificate information

Once you receive your couriered package, please review and have staff review their envelopes for accuracy of names, dates of birth etc. If anything needs to be updated, please let us know so we can have it looked after.

### Plan Members will each receive an envelope containing:

- Drug & dental card,
- Travel card & booklet with Out-of-Country information.
- Benefits summary
- Information about how to log-on and submit claim on-line
- To get on-line access, please call 1-800-667-8164 to set-up your password link

### If the Welcome Package has not arrived prior to the effective date of the plan:

- Plan Members can pay for services and submit to be re-imbursed once they receive their Welcome Package
- Claims can be submitted electronically or by mail

### Plan Members enrolled after the effective date:

- The Welcome Package will be mailed directly to the employee's address.

## Frequently Asked Questions...

**Plan Administrator Training:** There is training on the plan sponsor website, or call 1-800-667-8164

### Dental work in progress

- Each situation is handled case by case

### How will long-term maintenance prescriptions be affected?

- Once an employee fills the same prescription 3 times in a row for a maintenance drug with no break in between, the system will update and they can automatically get a 100 day supply
- **Specialty Drugs** - please let us know in advance so we can assist with any forms required by the carrier

### How long do staff have to submit claims to the previous carrier?

- If you had previous coverage, you typically have 90 days to submit claims to the previous carrier
- Please check with your previous carrier to confirm

## Please contact us for Plan Administrator service:

**Email:** [jana@clearbenefits.ca](mailto:jana@clearbenefits.ca)

**Tel:** 778.338.4083

**Toll Free** 888.803.3800

**Fax (TF):** 888.692.0113

Thank-you for choosing



ClearBenefits.ca

Please contact us with any questions at:

**Mail:** 338 - 1641 Lonsdale Ave., North Vancouver, BC V7M 2J5  
**Tel:** 778.338.4083  
**Tel (TF):** 888.803.3800  
**Fax (TF):** 888.692.0113  
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