Group Benefits
Administration Assistant

Top 10
Administration Topics

As part of our continuing effort to enhance and improve the quality of service we provide, we are pleased to offer this administrative assistant that provides and overview explanation of the top 10 administration issues common to all benefits plans.

Please take a few minutes to review and see if there is anything that may apply to your situation. If you have questions, need assistance or have an issue that needs to be addressed, please email service@clearbenefits.ca, call 778.338.4083, or 1.888.803.3800 for assistance.

These are the most common administrative inquiries we deal with...

- Enrolling New Employees On Time
- Reporting Life events/Changes In Coverage
- Reporting Salary Adjustment
- Notification of Terminated Employees
- Notification of Disabled Employees
- Requesting Extension of Benefits for Employees on Layoff / Leave of Absence
- Equipping Participants to be self sufficient
- Setting up Company Policy’s to handle benefits during Leaves
- Not submitting remittance slips with premiums
- Completion and submission of Administrative Forms

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1. Enrolling New Employees On Time

It is recommended to have all eligible new employees complete and return the Application for Group Coverage with other employment forms such as TD1's. The waiting period is automatically calculated from the *eligible date of hire and prompts the benefit summary and wallet certificate to be sent one month prior to the employee's effective date.

New applications must be signed and received within 31 days of the end of the waiting period. For applications signed within the 31 day grace period benefits will be effective the date of full-time employment (or minimum number or hours reached). Forms signed after the 31 day grace period will be considered **LATE APPLICANTS** and will be required to complete an EVIDENCE OF INSURABILITY form for their dependants and themselves. If approved, most insurers will restrict dental benefits for up to 2 years and be limited to $250 of basic treatment for the first 12 months per family member.

All new employee applications **MUST** be signed. Some insurers may require the original also be forwarded as they may require the Designation of Beneficiary have an original ink signature and date.) You may also set up and add an employee through the on-line administration website.

Not Signing up New Employees at all – Many plans require100 % plan participation of permanent, eligible, full-time employees if you have fewer than 10 employees. Plans with less than 20 lives but greater than 9 lives may require you to have 85% participation of permanent, eligible, full-time employees and plans with greater than 19 lives may require 75% employee participation of permanent, eligible, full-time employees.

You should discourage employees from waiving the entire benefit plan but if you have a good employee that is really insistent the employees must sign the "**Waiver of All Group Benefits**" form. If the employee would then like to join the plan at a later date they will be considered a **LATE APPLICANT**. This protects your company from **CATASTROPHIC claims** that would be accrued by allowing someone who has refused the coverage to come onto the plan at a later date, perhaps after having a major health or dental problem arise. It also protects the company from employees who may at a later date claim that the benefits were not offered to them should they be hurt or sick while not paying benefits. The form is company proof that benefits were offered and refused.

Waiving Benefits – Participants may waive or retain single coverage for the health and dental benefits if their spouse has comparable coverage through their Employer sponsored benefit plan. Please note that once benefits are waived there must be a loss or reduction in the current coverage to opt for full coverage in the future. All other coverages are mandatory such as Life, AD&D and LTD.

Eligible Date Of Hire – Most plans eligibility is stated as "You must be employed on a permanent and non-seasonal basis for at least 24 hours each week to join the plan". As your contract may be different please check in the applicable section of your employee booklet. The date of permanent, full-time employment is what should be given on

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2. Reporting Life Events/Changes In Coverage

All Changes in coverage must be reported within 31 days of the occurrence. If an employee becomes married they must put their new dependants on the plan effective for the date of marriage. Most plans have a 6 or 12 month waiting period from the start of a common-law relationship. If an employee is waiving health and dental coverage due to spousal coverage and their spouse loses coverage they must re-add the waived benefits effective for the date of the loss. Failure to notify us of changes will result in **LATE DEPENDENTS** with the same provision as **LATE APPLICANTS** as above.

Some plans may require original forms if new beneficiaries are designated. So change forms other than for beneficiary designation may be faxed or entered on on-line.

3. Reporting Salary Adjustments

If your plan contains benefits that earnings are a variable of such as 1x Life schedules and disability benefits earning adjustments MUST be reported at the time of the increase.

When a claim is made if a discrepancy exists between the actual annual earnings and those reported the lesser of the two amounts will be paid.

4. Notification of Terminated Employees

Once an employee's employment is terminated please send in notification or terminate the employee through the on-line administration system as soon as possible. Most plans only allow retro-active adjustment to a maximum of 3 months from the date of the change. Also, if the employee incurs claims after terminated employment premiums may be charged for the period in which claims occurred. If your plan has a drug card please have the terminated employee return the drug card and destroy it.

5. Notification of Disabled Employees

Although the plan may not have a disability benefit if an employee is absent from work due to a disability they may be entitled to the Life Waiver of Premium benefit if away for 6 or more months. Please complete and submit the "Life Waiver of Premium" form and "Employer Life Waiver of Premium Notice of Claim" form. Please note that the forms must be submitted within 12 months from the last day worked.

6. Extension of Benefits for Employees on Layoff / Leave of Absence

(other than disability or Maternity/Parental Leave)

If benefits are to be continued for employees on layoff or a leave of absence please request extension of benefits. It is assumed that if an extension of benefits is not specified, that benefits will terminate for the date of the leave. Please note that Health and Dental benefits can only be extended for a maximum of 6 months, and all other benefits require approval from the carrier.

If an employee is away due to a disability, illness or injury or on Maternity or Parental Leave benefits may be continued until the employee returns to work.
For Maternity/Parental leaves it is the employee choice as to whether benefits are to be extended during their absence.

For all extension of benefit the current contribution split remains. The employee is still required to pay for their portion of the plan. It is recommended to collect post dated checks from the employee prior to their leave.

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7. Equipping Participants to be self sufficient

Ensure that all new participants are given the Welcome Package, on-line access information, wallet card, brochures etc. If employees have specific questions regarding Health and Dental claims they should contact the insurers' claims unit directly.

8. Setting up Company Policy's to handle benefits during Leaves

All benefits should be made mandatory as a condition of employment. Life, AD&D, Dependent Life and LTD are mandatory benefits. If a person is married/common-law or has children, they **MUST** take the family coverage. Employees who have coverage under a spouse's plan with comparable coverage can **WAIVE** the HEALTH and DENTAL portion of the plan by providing the name and policy number of the company they are covered under. Employees who are getting divorced may remove an ex-spouse, but children must be covered elsewhere before we will remove them from a policy and a policy number must be provided. Social Assistance is not considered comparable coverage.

As an employer you should set up a company policy that allows you to treat each and every employee equally. (ie: Put in writing that if an employee goes on LTD, you will only continue Health and Dental for 6 months after claim is accepted…or 1 year …or whatever you wish to set up.) As long as every employee is treated the same, then Canada Labor Guidelines are fulfilled. Contact your Labor Board or legal advice as to what your rights are in these regards.

9. Not Submitting Remittance Slips with Premiums

Most clients submit their premiums through pre-authorized payments.

For those clients that remit their premiums by cheque, in order to process premium payments accurately and timely please ensure the remittance page included in the monthly billing. If preferred, we can set up automatic funds withdrawal and premiums will be debited from your account monthly.

10. Completion and Submission of Administration Forms

Please ensure to always include your company name, plan number, employee name, employee identification number, effective date of changes and both your signature and the employees signature on required forms and correspondence. Always be sure to keep copies of changes and administrative forms in the employee file for future reference.

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