



**RBC Insurance**

**Plan  
Administrator's  
Guide**  
Integrated

**RBC Life Insurance Company**

*For an exact statement of the terms and conditions of your Plan, as well as the coverages included in your Plan, please refer to your finalized Guarantee Standard Issue (GSI) Offer, Group Insurance Policy and Employee Benefits Booklet. The Insurance Policies take precedence over this Guide.*

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## Introduction

Welcome! And thank you for choosing RBC Insurance®. We are pleased to have the opportunity to meet your insurance needs through flexible product choices and responsive service.

With more than a century of industry experience, we provide a range of insurance solutions designed to help people balance their work and personal lives, return to work after disability, and protect their assets from the financial effects of illness or injury. We hope you will come to count on us to add value that goes beyond a benefits cheque - and to provide service that exceeds your expectations.

We have prepared this Plan Administrator's Guide to help you understand how to administer the benefit plans your company purchased from RBC Insurance. Additionally, it will assist you in guiding your employees through the various processes that will involve them.

Your Integrated Benefit Solutions combines RBC Insurance's Group Long Term Disability Coverage with RBC Insurance Individual Income Protection Coverage.

Your role as Plan Administrator will be clearly outlined in this Guide. This tool will help you manage the many details and procedures you need to be aware of to successfully administer your benefits programs. When the information you need is beyond the scope of this book, you may be referred to other Plan documents, such as your Group Insurance Policy and or Guarantee Standard Issue (GSI) Offer, or directed to your Customer Service Representative in our office. For your convenience, a business card is enclosed within your portfolio. In addition, we have included a telephone listing to assist you in directing your inquiries. Please refer to "Directory Assistance" in the final section of this Guide.

As you use this Guide, please keep the following terms in mind:

“You” means the Plan Administrator

“Company” means the Employer

“Member/Employee” means employees of your Company

“Us/We” means RBC Life Insurance Company

To ensure prompt service, please include your Group/GSI Policy Numbers and Company Name on all correspondence and forms. (You will find this number on your GROUP and GSI PREMIUM STATEMENTS.) Again, welcome to RBC Insurance. We look forward to serving you.

## A. New Employee Enrolment

When coverage provided by RBC Insurance® first begins for your employees, and when new employees join your company, you will manage the enrolment process. Enrolment is an important first step in enabling eligible employees to take full advantage of the benefits your company has made available. It is important to understand the participation requirements (mandatory or voluntary) of your Plan(s). For more details, refer to the “*Is Participation Mandatory or Voluntary?*” section in this guide.

To enroll new employees for insurance, you and the employee will complete a Guarantee Standard Issue® Plan Application Form

**Note:** When appointing a minor as beneficiary, please obtain an Appointment of Trustee Form from the Centralized Sales Support Office. Have the employee complete the card, and return it to the Centralized Sales Support Office.

### 1. Completing a Guarantee Standard Issue® Plan Application Form for Benefits

The Guarantee Standard Issue® Plan Application Form is the key document used to begin insurance coverage on an employee and his/her family. Therefore, we strongly recommend that completion of the Form be an integral part of the hiring procedure for new employees.

### 2. How to enroll employees using the Guarantee Standard Issue® Plan Application Form:

- Complete all sections of the form
- Have each eligible employee complete and sign the Employee section of the Guarantee Standard Issue® Plan Application Form on the date the employee completes the waiting period
- Forward the original Guarantee Standard Issue® Plan Application Form to the Centralized Sales Support Office.
- Retain a copy of the Form for your records

**Note:** For questions regarding eligibility, please refer to your Group Insurance Policy and finalized GSI Offer, or contact your local RBC Insurance Customer Service Representative.

### **Reviewing the enrolment forms:**

A critical stage in the enrolment process is the “forms review” process. Please ensure that all employees include all the necessary forms for enrolment, and that they are accurately completed. Typical areas of oversight include:

- No signature and/or date missing
- Province of residence missing
- Dependent’s name and date of birth not given (where dependent coverage is requested)
- Employee beneficiary information not completed in full, or not listed at all
- No Employer’s name and/or policy number (if applicable) provided on the form (or division #, if applicable)
- Missing employee data (date of birth, date of hire, earnings, number of hours worked per week etc.)
- Listing a division or department name rather than your company’s legal name
- Other insurance coverage question missed
- Tobacco use question missed

**Note:** If your Insurance Policies have only one employee classification for benefit purposes, the section referring to the employee class number may be left blank. If, however, there are different employee classifications, it is important that you indicate the employee class number when enrolling a new employee.

The section in the Guarantee Standard Issue® Plan Application Form entitled “Reinstatement” is used to identify an employee being re-hired who was previously enrolled in your Insurance Policies. For more details, refer to the “*Re-hired Employees*” section in this Guide.

### 3. Waiting Period for New Employees

Eligible employees who are hired after the effective date of your Insurance Policies are eligible for coverage following the Waiting Period.

(Date of Eligibility = Date Employed Full-Time + Waiting Period)

Example: Employee A is hired and begins work on June 9. Your Plan has a 3-month waiting period. Therefore, Employee A will be enrolled with an effective date of September 9. Note that although coverage will be effective September 9, premiums will not commence until October 1.

Please refer to your Group Insurance Policy for eligibility details regarding current employees who were hired before the effective date of your Group Insurance Policy but who have not yet completed the waiting period.

**Note:** To avoid a request for medical evidence or retroactive premium adjustments, please remember to complete the Guarantee Standard Issue® Plan Application Form and submit it to the Centralized Sales Support Office within 31 days following the completion of the Waiting Period.

## 4. Waiving the Waiting Period

The Waiting Period (probation period) was established when your Insurance Policies became effective, or as amended at a later date, and should be adhered to wherever possible. Occasionally, however, you may request to waive the Waiting Period. This request is subject to review and approval.

To apply for a waiver of the Waiting Period, send your request in writing to the Centralized Sales Support Office within 31 days of the hire date (i.e. for new employees) or within 31 days of the date of eligibility of the employee (i.e. for a change in status) with the completed Guarantee Standard Issue® Plan Application Form. Explain why you wish the Waiting Period to be waived, and enroll your employee following the enrolment procedures outlined in this Guide. Note that the complete Waiting Period must be waived and coverage will be provided from the employee's date of eligibility.

## 5. Common-Law/Same Sex Spousal Coverage (Available With Dependent Life Group Disability Coverage and Group Spousal Disability Only)

For a newly hired employee wishing to insure his/her common-law or same sex spouse (and dependents, thereof, if applicable), please follow the usual enrolment procedures. In addition, indicate the following on the Guarantee Standard Issue® Plan Application Form:

- After, “Do you have dependents?”, check the box marked “yes”, and check “spouse” (and “child/ren” if applicable)
- Add the month and year of commencement of co-habitation
- Forward the original Form to the Centralized Sales Support Office
- Retain a copy of the Form for your records.

**Note:** Common-law spouse refers to a person of the opposite sex (*we will amend your policy on request to include a same sex definition of spouse in order to comply with the applicable laws*) with whom the employee has lived for at least 12 consecutive months and whom he/she publicly represents as his/her spouse. Discontinuance of co-habitation will terminate the eligibility of the common-law spouse for insured dependent status. Only one publicly recognized spouse can be insured under this policy at any one time. In addition, a spouse who is insured as an employee under this policy cannot be insured as a dependent.

## 6. Re-Hired Employees

### Re-hired within 6 months:

RBC Insurance will automatically waive the Waiting Period if an employee returns to work on a full-time basis within 6 months after employment has been terminated. To reinstate coverage, please follow the procedures outlined below.

### Re-hired within 12 months after maternity/parental leave:

RBC Insurance will waive the Waiting Period if an employee returns to work on a fulltime basis within 12 months after commencement of maternity/parental leave of absence if the employee elected to discontinue coverage during the maternity/parental leave of absence. To reinstate coverage, please follow the procedures outlined below. For further details, please refer to the “*Maternity/Parental Leave*” section in this Guide.

**To reinstate coverage:**

- Re-enroll the employee by following the enrolment procedures outlined in this Guide
- Indicate that this is a reinstatement
- Provide RBC Insurance with the original employment date, termination date, and the current date of full-time employment

**Note:** To avoid a request for medical evidence, please remember to re-enroll the employee within 31 days of the employee rejoining your company. For an outline of limitations, please refer to your Group Insurance Policy.

**Re-hired after 6 months:**

If the employee returns to full-time work *more* than 6 months after employment termination, the employee should be considered a new employee, the Waiting Period will not be waived, and the usual enrolment procedures should be followed.

**NOTE (Guarantee Standard Issue {GSI} Policies):**

If the employee continues to pay premiums throughout their absence, the employee can be reinstated on the GSI PREMIUM STATEMENT immediately. Simply notify RBC Insurance, Integrated Customer Account Services Department immediately.

## 7. Is Participation Mandatory or Voluntary?

<p><b>Group</b></p> <p>Pay special attention to situations where employees decline coverage. The option to refuse coverage is not available with all Plans. Always check your original Group Insurance Application for specific details.</p>	<p><b>GSI</b></p> <p>Pay special attention to situations where employees decline coverage. The option to refuse coverage is not available with all Plans. Always check your finalized GSI Offer for specific details.</p>
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<p><b>Mandatory</b></p> <p>If your Plan is mandatory, all eligible employees and their eligible dependents (if applicable) must participate in the Plan.</p> <p><b>Voluntary/Non-mandatory</b></p> <p>Only employees in a Voluntary/Non-Mandatory Plan have the option to refuse coverage. Further, at least 75% of all eligible employees and their eligible dependents (if applicable) must participate in a Voluntary/Non-Mandatory Plan.</p> <p>To refuse coverage:</p> <ul style="list-style-type: none"> <li>■ Have employees complete a REFUSAL OF COVERAGE form</li> <li>■ Forward the original form to RBC Insurance, Integrated Customer Account Services Department</li> <li>■ Retain a copy of the form for your records</li> </ul> <p>If, at a later date, the employee wishes to apply for coverages previously refused, refer to the “Applying for Coverages Previously Refused” section in this Guide.</p>	<p><b>Mandatory</b></p> <p>If your GSI Offer is a “reverse combo” coverage, it is mandatory and all eligible employees must participate in the GSI Offer.</p> <p><b>Voluntary/Non-mandatory</b></p> <p>Only “top-ups” are Voluntary/Non-Mandatory Plans and employees have the option to refuse coverage. Further, at least a certain percentage (see your finalized GSI Offer for details) of all eligible employees must participate in a Voluntary/Non-Mandatory Plan.</p> <p>To refuse coverage:</p> <ul style="list-style-type: none"> <li>■ Have employees complete a REFUSAL OF COVERAGE form</li> <li>■ Forward the original form to RBC Insurance, Integrated Customer Account Services Department</li> <li>■ Retain a copy of the form for your records</li> </ul> <p>If, at a later date, the employee wishes to apply for coverages previously refused, refer to the “Applying for Coverages Previously Refused” section in this Guide.</p>
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## B. Employee Changes

Please report all employee changes within 31 days. Once received and processed in RBC Insurance, Integrated Customer Account Services Department, changes will be reflected on subsequent Premium Statements.

### 1. Change of Division

When an employee moves from one division to another, please provide the following information:

- Policy number(s)
- Employee's full name
- Employee certificate/identification number
- Employee's current division(s)
- Employee's new division(s)
- Effective date of change

In forwarding this information to RBC Insurance, you have several options:

1. Send by mail,
2. Send by fax (1-866-877-5894), or
3. Send by e-mail to "gsiclientservices@rbc.com".

### 2. Change of Class and/or Salary

Group	GSI
<p>Please refer to your Group Insurance Policy for a definition of earnings. To report a change in an employee's class and/or salary, please provide the following information:</p> <ul style="list-style-type: none"><li>■ Policy number(s)</li><li>■ Division number(s)</li><li>■ Employee's full name</li><li>■ Employee certificate/identification number</li><li>■ Employee's new class and/or annual salary</li><li>■ Effective date of change</li></ul> <p>In forwarding this information to RBC Insurance, you have several options:</p> <ol style="list-style-type: none"><li>1. Send by mail,</li><li>2. Send by fax (1-866-877-5894), or</li><li>3. Send by e-mail to <b>gsiclientservices@rbc.com</b></li></ol>	<p>Members in your Plan may be eligible to increase their individual coverage as their salary increases. In order to understand if your Members qualify for an increase in coverage it is necessary for you to refer to your Plan.</p> <p>Increases are generally only available on mandatory participation cases. We will not exceed the maximum GSI amount as indicated in your Plan. In addition, the increase will be based on a Member's current income and enforce coverage. Please refer to your Plan for specific increase guidelines. The increase will be considered subject to underwriting guidelines upon receipt of:</p> <ol style="list-style-type: none"><li>1. A letter or e-mail from the employer outlining the new salary and the reason for the increase. A Guarantee Standard Issue® Plan Application Form is also acceptable. or,</li></ol>

<p><b>NOTE:</b> To avoid a request for medical evidence, please report these changes to RBC Insurance, Integrated Customer Account Services Department within 31 days following the effective date of the change. Insurance coverage over and above the Non-Evidence Maximum caused by salary increases will require Evidence of Insurability (as outlined in your Group Insurance Policy). Please refer to the “Medical Evidence” section in this Guide.</p>	<p>2. A certified census from the employer (provided electronically). The census spreadsheet should outline the following for each employee.</p> <ul style="list-style-type: none"> <li>■ Applicant’s name</li> <li>■ Policy number(s)</li> <li>■ Inforce coverage amount</li> <li>■ Amount of increase applied for</li> <li>■ Income.</li> </ul> <p>Please note that if any of the salary increases result in a change in class, then a new Guarantee Standard Issue® Plan Application Form will be required for those Members affected.</p>
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### 3. Employee Terminations

Employees who are no longer covered under the Plan must be removed from the Premium Statements received closest to the date the coverage ends. Your Group Insurance Policy outlines when employees’ group coverage terminates.

To report a termination, please provide the following information:

- Policy number(s)
- Division number(s)
- Employee’s full name
- Employee certificate/identification number
- Employee’s residential address
- Effective date of change (the last day on which the employee was actively employed by your company on a full-time basis)

In forwarding this information to RBC Insurance, you have several options:

1. Report these changes directly on your monthly PREMIUM STATEMENTS; or
2. Report these changes using the GROUP REQUEST FOR CHANGE form; or
3. Send by mail, fax (1-866-877-5894), or e-mail to “gsiclientservices@rbc.com”.

**Note:** You must inform employees of their right to convert group coverage, if applicable, and continue their GSI policy as a stand alone individual policy.

If a Member leaves your company, any GSI Wage Loss Agreement must be removed from the member's policy. Your Customer Account Representative will contact the Member regarding the continuance of the policy as well as the removal of the Wage Loss Agreement.

<p><b>Group</b></p> <p>Conversion</p> <p>Employees may be eligible to convert their coverage as outlined in the Group Insurance Policy. Please contact your local RBC Insurance sales office immediately following termination. Application for conversion must be received within 31 days following the employee termination.</p> <p><b>Note:</b> The initial premium and a nonrefundable administration fee must be submitted with the completed conversion application.</p>	<p><b>GSI</b></p> <p><b>IMPORTANT:</b> Members have a limited amount of time to conserve the policy after terminating employment. Therefore, please notify us immediately of a termination, so we can ensure that Members have sufficient notice to consider the portability options available.</p> <p>Please provide terminating Members with a PORTABILITY OPTIONS FOR YOUR INDIVIDUAL INCOME PROTECTION COVERAGE form.</p> <p>Once you notify us that a Member is terminating, we will send a letter to the Member and outline the payment options (monthly bank withdrawal via preauthorized chequing, semi-annual direct billing and annual direct billing) and the premium amounts due.</p> <p>You should inform a terminating Member that any premium discount currently on the policy is transferable to an individually paid policy.</p> <p><b>Retired members:</b></p> <p>Please notify us as soon as you know that one of your Members is retiring. There may be situations where a Member may maintain the policy beyond the date of retirement. We will contact a Member directly concerning any options that may be available.</p>
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## 4. Terminating Eligible Dependents (for Life Coverage Only)

If an employee no longer wishes to insure his/her eligible dependents:

- Have the employee complete Section 6 of a GROUP REQUEST FOR CHANGE form
- Forward the original form to RBC Insurance, Integrated Customer Account Services Department
- Retain a copy of the form for your records.

The effective date of this change will be the date the GROUP REQUEST FOR CHANGE form is signed. For further details, refer to the “*Refusal of Coverage*” section in this Guide.

## 5. Change of Name/Beneficiary

To change a name or beneficiary, have the employee:

- Complete the appropriate section of a GROUP REQUEST FOR CHANGE form
- Sign and date the form
- Forward the original form to RBC Insurance, Integrated Customer Account Services Department
- Retain a copy of the form for your records

If a change of this nature also affects a change in dependent status, have the employee complete Section 6 of the GROUP REQUEST FOR CHANGE form.

### When appointing a minor:

When appointing a minor as beneficiary, please obtain an Appointment of Trustee form from the Centralized Sales Support Office. Have the employee complete the card, and return it to RBC Insurance, Integrated Customer Account Services Department.

**NOTE:** For beneficiary designations, the full given name(s) and relationship must always be shown; i.e. “*Mary A. Smith, wife*” rather than “*Mrs. John Smith, wife*”.

## 6. Dependent Status Change (for Life Coverage Only)

When an employee wishes to add dependent life coverage due to a change in dependent status as a result of marriage, birth of a child, etc. (see Group Insurance Policy for definition of Eligible Dependents):

- Have the employee complete, sign and date a GROUP REQUEST FOR CHANGE form
- Forward the original form to RBC Insurance, Integrated Customer Account Services Department within 31 days following the date of the change (otherwise, medical evidence will be required. Please refer to the “*Medical Evidence*” section in this Guide)
- Retain a copy of the form for your records

Once dependents are insured, any additional eligible dependents will automatically be insured and need not be reported to our office on an individual basis, except in a common-law spouse or same sex spouse situation. (See below.) If both spouses are insured as employees under the Plan, both may insure any dependent children.

## **7. Common-Law/Same Sex Spouse Coverage (Available With Dependent Life and Spousal Disability Coverage only)**

For a current employee wishing to insure his/her common-law or same sex spouse (and dependents thereof, if applicable):

- Fully complete Section 6 of a GROUP REQUEST FORM CHANGE form
- Forward the original form to RBC Insurance, Integrated Customer Account Services Department
- Retain a copy of the form for your records

**NOTE:** Common-law spouse refers to a person of the opposite sex (*we will amend your policy on request to include a same sex definition of spouse in order to comply with the applicable laws*) with whom the employee has lived for at least 12 consecutive months and whom he/she publicly represents as his/her spouse. Discontinuance of co-habitation will terminate the eligibility of the common-law spouse for insured dependent status. Only one publicly recognized spouse can be insured under this policy at any one time. In addition, a spouse who is insured as an employee under this policy cannot be insured as a dependent.

## **8. Over Age Dependents (for Life Coverage Only)**

If an employee has a dependent who is a full-time student at a college or university, and has attained the age of 21, but is under 25 years of age, proof of enrolment in that college or university must be provided when submitting a claim for that dependent. See your Group Insurance Policy to verify age limits for dependent coverage.

## **9. Applying For Coverages Previously Refused (applicable to Group Coverage with Voluntary Participation)**

If, at a later date, the employee wishes to apply for coverages that previously had been refused, simply enroll the employee following the enrolment guidelines outlined in this Guide.

If application for coverages previously refused by the employee is made more than 31 days after the employee and/or his/her dependents originally became eligible for coverage, medical evidence must be submitted. For further details, please refer to the “*Medical Evidence*” section in this Guide.

## **C. Medical Evidence**

### **1. When is Medical Evidence Required? (Group Only)**

The employee must complete an EVIDENCE OF INSURABILITY form whenever evidence of good health is required. Evidence of Insurability, or medical evidence, is required in, but not limited to, all of the following instances:

- a) for any employee or dependent who applies for coverage more than 31 days after becoming eligible (if your Plan requires employee contributions and participation is voluntary);
- b) for any employee who chooses to apply for additional coverage amounts in excess of the Non-Evidence Maximum(s) as set out in your Group Insurance Policy (if applicable);
- c) for any employee or dependent who applies for an increase in coverage more than 31 days after becoming eligible;
- d) for any employee who re-applies after coverage has been discontinued because of voluntary withdrawal or non-payment of premium.

## 2. Completing the EVIDENCE OF INSURABILITY Form

When completing the EVIDENCE OF INSURABILITY form, to ensure the effective date of the employee's coverage is not delayed, please be certain that::

- All questions are answered and complete
- Any changes are initialed by the employee
- The completed EVIDENCE OF INSURABILITY form is dated and signed by the employee
- The completed form is sent to RBC Insurance, Integrated Customer Account Services Department

Upon receipt of the completed form, RBC Insurance will either advise you of our decision to accept the risk and offer coverage, or request additional medical information prior to reaching a decision.

If we agree to offer coverage, you will receive a letter of approval.

If coverage is declined, we will notify you in writing, and you should then advise the employee.

If additional medical evidence is required, the employee or the employee's physician will be notified directly. RBC Insurance will pay the cost of obtaining this information, except in the case of a late applicant. (i.e. an employee or dependent who applies for coverage more than 31 days after becoming eligible. In this event, the cost is at the employee's own expense.) Coverage will become effective once RBC Insurance has approved any additional evidence. The approved employee and applicable premium will be reflected on your next billing.



## D. Inactive Employees

### 1. Layoff/Leave of Absence (Excluding Maternity/Parental Leave)

Occasionally you may have an employee who has ceased to be actively employed due to a temporary lay-off, or an approved leave of absence. Please report a layoff or leave of absence in writing to the Centralized Sales Support Office. The following information should be included:

- Policy number(s)
- Division number(s)
- Full name of employee
- Employee certificate/identification number
- Reason for absence
- Start date of absence
- Expected date of return

<p><b>Group</b></p> <p>Please refer to your Group Insurance Policy for specific details regarding layoffs and leaves of absence.</p> <p>Once the above mentioned information is received we will then confirm, in writing, the coverages and the period during which coverages may be continued with premium payment, including the date on which any coverages may terminate.</p>	<p><b>GSI</b></p> <p>Policies under your Plan are individual policies. Therefore, in order for the policy to remain in force, the premiums must continue to be paid. If the layoff or leave of absence is temporary, the Member should continue to pay the premiums. If a Member is unable to pay the premiums, the coverage will lapse and it will be necessary for a Member to re-apply for coverage upon return to work. As a result, there may be a change in premiums. Please refer to the section on “Reinstatement” for details regarding reinstating a policy after a lapse.</p> <p>If the layoff is permanent, please advise your Customer Account Representative in RBC Insurance, Integrated Customer Account Services Department to have the policy removed from the bill. If the policy can be maintained independently, we will contact the Member regarding the options that are available.</p>
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For further information on terminating employees, please refer to the Employee Changes section of this Guide under the subsection *Employee Terminations*.

## 1. Maternity/Parental Leave

Please review the complete details of the Employment Insurance Act (E.I.A.) and your provincial Employment Standards Act (E.S.A.) for maternity/parental leave provisions.

<p><b>Group</b></p> <p>RBC Insurance will automatically extend coverage to all employees on maternity leave, up to the maximum period allowable under the maternity provisions of the E.I.A. and/or E.S.A., unless the employee gives the Employer written notice that the employee does not intend to continue to participate in the Plan. (Note: if the employee elects to discontinue coverage, ALL coverages will cease. The employee will NOT be given the opportunity to select only certain coverages to be continued/discontinued). It is not necessary to report an employee on maternity leave to RBC Insurance, unless either:</p> <ol style="list-style-type: none"><li>a) the employee has elected not to continue to participate in the Plan, or</li><li>b) the employee has elected to extend the maternity leave of absence beyond the maximum period allowable under the maternity provisions of the E.I.A. and/or E.S.A.</li></ol> <p>If either of the above apply, please notify the Centralized Sales Support Office and include the following information:</p> <ul style="list-style-type: none"><li>■ Policy number(s)</li><li>■ Division number(s)</li><li>■ Full name of employee</li><li>■ Employee certificate/identification number</li><li>■ Reason for absence</li><li>■ Start date of maternity/parental leave</li><li>■ Expected date of return</li></ul> <p>We will then confirm, in writing, the coverages and the period during which coverages may be continued, including the date on which any coverages may terminate.</p>	<p><b>GSI</b></p> <p>Policies under your Plan are individual policies. Therefore, coverage under the policy may continue while a Member is on Maternity/Parental leave. In order to maintain the coverage, the premiums must continue to be paid. If a Member pays the premiums, a Member may elect to pay the premiums on their own during their Maternity/Parental leave, or pre-pay the premiums through your company and remain part of your Plan. If the premiums are company paid they must continue to be remitted in order for the coverage to remain in force. If the premium payments are not maintained during the Maternity/Parental Leave, the coverage will lapse due to nonpayment. A Member would then be required to re-apply for coverage upon return to work. As a result, there may be an increase in premiums. It is not necessary to report a Member on Maternity/Parental Leave to RBC Insurance unless premium payments will be interrupted.</p>
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NOTE: Your Plan provides that all insurance coverages may be continued in force, if premiums continue to be paid, for a period not to exceed 12 months. Short term disability and long term disability coverages, however, will cease on the date immediately following the maximum period allowable under the maternity provisions of the E.I.A. and/or E.S.A. if the employee elects to extend the leave of absence beyond that date. To re-apply for coverages that the employee has elected to discontinue during the employee's maternity/parental leave of absence, refer to the "Re-Hired Employees" section in this Guide.

## E. Understanding Your Group and GSI Premium Statements & Payment

For all inquiries regarding your PREMIUM STATEMENTS and payment, please call RBC Insurance, Integrated Customer Account Services Department toll-free at 1-866-877-5870.

### 1. Premium Statement & Payment

Premiums are due on the first of the month, for that month (i.e. premium for February is due by February 1), and must be paid within 31 days of the due date to ensure continuing coverage and uninterrupted claims service.

*Please note your Group coverage can be either list billed or self-administered. Please refer to the appropriate section(s) below.*

#### a) Group List Billed and/or GSI List Billed:

Each month, approximately 15 days\* prior to the due date, PREMIUM STATEMENTS are mailed to you listing the total amount payable for all insured employees.

Always pay premium statements AS BILLED. Any employee changes previously reported and not included on the current monthly PREMIUM STATEMENTS will be reflected on the next statement with the appropriate back charge or credit.

For your convenience, a return envelope is enclosed with each monthly PREMIUM STATEMENT(S). To provide for accurate and timely premium posting to your account, always return the first page of your premium statements along with your premium payment.

**Note:** If your Plan includes multiple coverages, you may receive multiple billings each month. Carefully check all pages received and be sure to remit premium due on all statements.

*\*date will vary according to policy number*

#### b) Group Self-Administered:

RBC Insurance offers a pre-printed form that can be used as your Monthly Group Premium Statement. You will find that this form assists you in calculating the premium due and serves as a reminder for all required information. This statement should be completed in full each billing period and submitted with your premium payment.

RBC Insurance will accept other premium statements, such as those produced from software packages, provided that all necessary information is included.

#### Required Information:

In order to accurately process your premium; please include the following information for each billing period.

- Total number of employees and their coverage from the *prior* period
- Total new additions and their coverage, including applicable back-charges
- Total increases/decreases (due to changes in coverage amounts) to overall volume, including all applicable back-charges/credits
- Total number of terminated employees and their total coverage amount, including all applicable back-credits
- Total number of employees and their coverage for the current period
- Total provincial tax to be remitted by RBC Insurance for employees who reside in Ontario (8%), for Quebec (9%) and Manitoba (7%). Tax should be totaled separately for each province.

**Note:** Specific information for each employee must be included for all additions, increases/decreases and terminations. Please refer to the *New Employee Enrolment* and *Employee Changes* sections in this Guide.

## **2. Payroll Deductions**

If the employee is required to contribute towards the cost of the coverage, payroll deductions should begin as of the first of the month following the effective date of insurance. Each month's billing will provide you with details identifying the employee's benefits and cost breakdown for payroll and taxability purposes.

## **3. Premium Due Dates For Employee Changes**

Premiums for employee changes are not pro-rated.

When insurance for an employee is added or changed on other than a premium due date, premiums are effective beginning the next monthly premium due date. (Eg. new employee coverage is effective January 14; premium charges begin February 1.)

Conversely, coverage is terminated effective the employee termination date, but premiums are payable up to the next monthly premium due date. (Eg. employee's coverage terminates January 14; premiums are payable to February 1.)

## **F. Third Party Administration (TPA) Arrangements (applicable to GSI only)**

The premiums for policies purchased through your GSI Plan may be paid by the employer, a Member, or a combination of both. The owner of the policy may not always be the same as the premium payor. The policy owner is designated at the time of issue. When the policy owner is a Member but the premium payor for the policy is the employer or a Third Party, it is necessary to have a Member acknowledge this in writing using the Guarantee Standard Issue<sup>®</sup> Plan Application Form. This allows the employer or TPA to exercise certain policy rights associated with the payment of premiums, and it allows RBC Insurance to:

- receive and accept premium payments from the Employer/TPA
- pay any refund premiums to the Employer/TPA
- send any premium notices or premium lapse notices to the Employer/TPA

The policyowner still maintains ownership rights and is entitled to receive any benefits that may become due. Please contact your Customer Account Representative for further information.

## **G. Composite Billing**

A “Composite Rate” is a blended premium rate that is derived from the total combined premiums due under a set of individual policies. “Composite Billing” is a method of premium collection and payment for employee funded policies where an employer will collect an amount from each employee that is determined by multiplying the employee’s coverage amount by the Composite Rate. The employer will combine the collected amounts and use them to pay the premiums due under the Policies. The Composite Rate is recalculated at each renewal date for the Plan, and is also recalculated when the premiums collected are insufficient to pay the premiums required by RBC Insurance or if the employer adds a division which will be covered under the Composite Rate.

Special processes are required for Plans written after November 1, 2012 which use Composite Billing. RBC Insurance has guidelines for Plans which use Composite Billing, and provides tools to assist in the calculation of the Composite Rate. A specific application form has been developed and must be used for policies under these Plans. If an employer is administering the Plan, the employer must sign an Administration Agreement. If a Third Party Administrator (TPA) is used to administer the Plan, an Administration Agreement must be completed by the Administrator, and the employer must complete a TPA Appointment form. In addition, RBC Insurance requires regular documentation regarding the calculation and administration of the Composite Rate – this documentation must be provided at each renewal date for the Plan.

For more information on Composite Billing procedures, please contact your Customer Account Representative.

## **H. Reinstatement Application (applicable to GSI Coverage only)**

### **1. When is Reinstatement Necessary?**

A reinstatement is the process of placing a policy back in force at the same premium rate following a lapse due to nonpayment of premiums. The contract states that coverage will lapse if premiums remain unpaid for 31 days. Once 57 days have elapsed beyond the premium due date, a formal reinstatement application is required. It is possible to apply for reinstatement within six months following the effective date of the lapse. After that point in time, we cannot reinstate a policy, and would require a new application. This application would be subject to our usual underwriting requirements and the premium rates for this policy would be based on a Member's current age.

### **2. Procedures for Reinstatement**

Your RBC Insurance policies allow for reinstatement without additional evidence of insurability if the required premiums are paid within 57 days of the premium due date. After 57 days, a reinstatement application will be necessary and is subject to underwriting approval before the policy can be reinstated. All past due premiums must be submitted with the reinstatement application for it to be considered. Please contact your insurance representative or the Centralized Sales Support Office for assistance with the reinstatement application.

It may not be possible to reinstate a policy in view of changes in health or other factors of insurability which may have occurred since the policy was originally issued. The Centralized Sales Support Office will contact a Member once a decision has been made regarding the reinstatement of the policy.

# I. How to report claims

**For claims inquiries, please call RBC Insurance’s Life and Health Claims Department toll-free at 1-877-519-9501.**

Your Plan will provide some, or all, of the following benefits. Please follow the instructions for the benefits applicable to *your* Plan.

To expedite the processing of your claim, please:

1. Indicate the policy numbers, social insurance and certificate/identification number on all claim forms
2. Answer all questions fully
3. Ensure that all required statements to support the claim are submitted with the claim forms
4. Forward the completed form and other pertinent data to RBC Insurance’s Life and Health Claims Department

## **TYPE OF CLAIM**

## **PROTOCOL FOR CLAIM SUBMISSION**

Short Term Disability – Employee

- Short Term Disability Claim Form (Claimant’s, Employer’s and Attending Physician’s Statements to be completed)
- Employer’s Statement of Employee’s earnings
- Completed Claim form to be returned within 15 days of disability

Long Term Disability – Employee

- Long Term Disability Claim Form (Claimant’s, Employer’s and Attending Physician’s Statements to be completed)
- Employer’s Statement of Employee’s earnings
- Completed Claim form to be returned as soon as possible following the date of disability, but in no event less than 30 days prior to the end of the elimination period

Life insurance – Employee/Dependent

- Proof of Death - Claimant’s Statement
- Proof of Death - Physician’s Statement
- Employer Statement



Life premium waiver

- Claim for waiver of premium form if standalone; otherwise, this will be adjudicated in conjunction with the Long Term Disability claim, and no separate forms are required.

Accidental death & Dismemberment – Employee

- Proof of Accidental Death – Claimant’s Statement
- Proof of Accidental Death – Physician’s Statement
- Employer statement

**Note:** We will require the original registered provincial death certificate (or a certified copy) when:

- The Physician’s Statement cannot be completed
- The proceeds payable are in excess of \$50,000

If the beneficiary is the Estate, the Claimant’s Statement is to be completed by the Executor or Administrator of the Estate.

## J. General

### 1. Directory Assistance

For your convenience, below is a directory to assist you in addressing any questions you may have.

#### ■ RBC INSURANCE'S SALES INQUIRIES

Our **Centralized Sales Support Team** can assist you with general sales/new enrollment inquiries.

##### **Centralized Sales Support**

483 Bay Street,  
Suite 1000  
Toronto, ON  
M5G 2E7

1-877-956-8841  
Fax: 1-888-856-3434  
gsisalessupport@rbc.com

#### ■ RBC INSURANCE INTEGRATED CUSTOMER ACCOUNT SERVICES - BILLING INQUIRIES

6880 Financial Drive  
West Tower  
P.O. Box 1218 Stn B  
Mississauga, ON  
L4Y 3W5

1-866-877-5870  
Fax: 1-866-877-5894  
gsiclientservices@rbc.com

#### ■ RBC INSURANCE'S LIFE AND HEALTH CLAIMS DEPARTMENT - CLAIMS INQUIRIES

4435 Station A  
Toronto, ON  
M5W 5Y8

1-877-519-9501  
416-643-4700  
Fax: 1-800-714-8861  
claimservices@rbc.com

## **2. Ordering Additional Supplies**

In your Administration Portfolio you will find a supply of forms that you will need for the administration of your Plan. When these run low, you may request additional forms from your RBC Insurance Customer Service Representative in the Centralized Sales Support Office, or by completing the REQUEST FOR GROUP INSURANCE SUPPLIES form and forwarding it to your local RBC Insurance sales office. Please include your policy number. To avoid running out of any form completely, particularly employee benefits booklets, please ensure that you provide your RBC Insurance Customer Service Representative with sufficient advance notice.

## **3. Reporting a Policyholder Change of Address**

To ensure that billing statements and other correspondence are received at your office without delay, kindly inform your Customer Service Representative at RBC Insurance, Integrated Customer Account Services immediately of any change in your business address. Please include your policy numbers.

## **4. Reporting a Plan Administrator Change**

If the responsibility for the administration of your Group Plan changes hands, kindly advise your Customer Service Representative at RBC Insurance, Integrated Customer Account Services immediately, in writing, of the contact person with whom you wish us to correspond. Please include your policy numbers.

## **5. Requesting a Change to Your Group Insurance Policy**

Any revisions to change benefits, add affiliated or subsidiary employers, change the contribution basis or to make other Plan changes must be requested in writing. Contact your Broker or RBC Insurance Customer Service Representative in the Centralized Sales Support Office, who can assist you in making such changes.

## **6. Group Insurance Audit**

Periodically we will request verification of employee data. In order to provide proper administration and accurate claim payment, it is vital that our records show current employee information. When a Group Insurance Audit is requested, kindly return the requested information to us within 31 days.

## **7. What to do in the Event of a Postal Strike**

We understand the inconvenience caused by postal service delays, but as with any other bill, it remains your responsibility to make your payments on time and to do whatever is necessary to ensure that payment is received. In the event your premium is due but you have not yet received your statement, you should remit payment based on the last statement received. Balances will appear on your next billing statement.

## **8. Communications via E-mail**

At RBC Insurance, we are pleased to offer an e-mail transmission service for your convenience in communicating information regarding your policy. By using this service, the customer understands and agrees that these e-mail transmissions may contain personal and confidential data and that the transmission of such data via e-mail does not ensure or warrant the security or integrity of any information when sent via e-mail. Further, the customer assumes all risk associated with the use of this e-mail transmission and agrees that RBC Insurance shall not be liable for any loss, claim, or damage that may result from the customer's decision to transmit data to RBC Insurance via e-mail.

## Collection and Use of Personal Information

### Collecting personal information

We (RBC Life Insurance Company) may from time to time collect information about the employer and the employees (collectively “clients”) such as:

- information establishing identity (for example, name, address, phone number, date of birth, etc.) and personal background;
- information related to or arising from the relationship with and through us;
- information provided through the application and claim process for any insurance products and services; and
- information for the provision of products and services.

We may collect information from the employer or the employee, either directly or through representatives. We may collect and confirm this information during the course of our relationship. We may also obtain this information from a variety of sources including hospitals, doctors and other health care providers, the MIB, Inc. the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions and motor vehicle reports. Health information will not be shared with the employer without the consent of the employee.

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### Using personal information

This information may be used from time to time for the following purposes:

- to verify the identity and investigate the background of the employer and employee;
- to issue and maintain insurance products and services that may be requested;
- to evaluate insurance risk and manage claims;
- to better understand the insurance situation of our clients;
- to determine eligibility for RBC insurance® products and services;
- to help us better understand the current and future needs of our clients;
- to communicate to our clients any benefit, feature and other information about RBC® products and services maintained with us;
- to help us better manage our business and the relationship with our clients; and
- as required or permitted by law.

For these purposes, we may make this information available to our employees, our agents and service providers, and third parties, who are required to maintain the confidentiality of this information.

If you are insured under a group insurance policy obtained through your employer, we may also share your information with your employer when necessary for the services we provide to you. Your health information will not be shared with your employer without your consent.

In the event our service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, the MIB, Inc., and financial institutions.

We may also use this information and share it with RBC companies (i) to manage our risks and operations and those of RBC companies, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies know our clients’ choices under “Other uses of personal information” for the sole purpose of honouring those choices.

**If we have a client’s social insurance number, we may use it for tax related purposes and share it with the appropriate government agencies.**

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*Please note that this paragraph is not applicable if this form is submitted by an independent representative or a representative that is attached to a firm other than RBC Insurance.*

### **Other uses of personal information**

- We may use this information to promote our products and services, and promote products and services of third parties we select, which may be of interest to our clients. We may communicate with our clients through various channels, including telephone, computer or mail, using the contact information the client has provided.
- We may also, where not prohibited by law, share this information with RBC companies for the purpose of referring our client to them or promoting products and services which may be of interest to our clients. We and RBC companies may communicate with our clients through various channels, including telephone, computer or mail, using the contact information the client has provided. The client acknowledges that as a result of such sharing they may advise us of those products or services provided.
- If the client also deals with RBC companies, we may, where not prohibited by law, consolidate this information with information they have about the client to allow us and any of them to manage the client's relationship with RBC companies and our business.

The client understands that we and RBC companies are separate, affiliated corporations. RBC companies include our affiliates which are engaged in the business of providing any one or more of the following services to the public: deposits, loans and other personal financial services; credit, charge and payment card services; trust and custodial services; securities and brokerage services; and insurance services.

**The client may choose not to have this information shared or used for any of these “Other uses” by contacting us as set out below, and in this event, the client will not be refused insurance products or services just for that reason. We will never use or share health information for these purposes. We will respect our clients’ choices and, as mentioned above, we may share our clients’ choices with RBC companies for the sole purpose of honouring our clients’ choices regarding “Other uses of personal information”.**

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### **Right to access of personal information**

Our clients may obtain access to the information we hold about them at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to ask questions about our privacy policies or to request that the information not be used for any or all of the purposes outlined in “*Other uses of personal information*” the employee may do so now or at any time in the future by contacting us at:

**RBC Life Insurance Company  
P.O. Box 515, Station A  
Mississauga, Ontario  
L5A 4M3  
Telephone: 1-800-663-0417  
Facsimile: 905-813-4816**

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### ***Our privacy policies***

You may obtain more information about our privacy policies by asking for a copy of our “Financial fraud prevention and privacy protection” brochure, by calling us at the toll free number shown above or by visiting our web site at [www.rbc.com/privacysecurity](http://www.rbc.com/privacysecurity) <<http://www.rbc.com/privacysecurity>>