



**RBC Insurance**

**Plan  
Administrator's  
Guide**

Self-administered

**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 Group Insurance Policy and Employee Benefits booklet. The Group Insurance Policy takes precedence over this guide.*

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*Note: Your plan provisions may vary from the information contained in this guide. For coverages and benefits specific to your plan, please refer to your Group Insurance Policy and/or Employee Benefits booklet.*

## Introduction

Thank you for choosing RBC Insurance®. We are pleased that you have given us the opportunity to meet your insurance needs through flexible product choices and responsive service.

RBC Insurance provides a wide 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 insurance protection and to provide service that exceeds your expectations.

This Plan Administrator's Guide has been prepared to help you understand how to administer the benefits plan your Company purchased from RBC Insurance. Additionally, it will assist you in guiding your employees through the various insurance-related processes that will involve them going forward.

This tool clearly outlines your role as plan administrator, and it will help you manage the many details and procedures you need to be aware of, to successfully administer your benefits program.

A great deal of responsibility comes with a self-administered plan. In order to ensure that your policy is administered correctly, please familiarize yourself with all sections of this guide so that you completely understand your role. It is imperative that you keep accurate and detailed records with respect to Premium Statements and employee information. If errors occur, please notify RBC Insurance immediately.

When the information you need is beyond the scope of this guide, you may be referred to other plan documents, such as your Group Insurance Policy, or directed to your RBC Insurance Customer Service Representative in your local sales office. For your convenience, a business card is enclosed within your portfolio. We have also 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

"Us" and "we" means RBC Life Insurance Company

"Employee" means employee of your Company or member of your organization, union or association

To ensure prompt service, please include your group policy number and company name on all correspondence and forms. You will find this number on your Group Premium Statement.

Thank you for your business and welcome to RBC Insurance. We look forward to serving your insurance needs.

## A. Understanding your Group Premium Statement and payments

### 1. Premium Statement

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. A generic example of a completed statement has been included at the end of this section. 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. These details are required in *addition* to the original census that was included with your application.

- Total number of employees and their coverage from the *prior* period
- Total new additions to the benefits plan 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%), 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.

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

**Note:** If your plan includes multiple products, you may receive multiple statements each month. Please be sure to remit premium due on all statements with the appropriate documentation.

For all inquiries or questions regarding your Premium Statement and payments, please contact your account representative, toll-free, at 1-888-604-3434 and select option two for Group Insurance billing.

## **2. Payroll deductions**

If the employee is required to contribute toward the cost of the coverage, payroll deductions should begin as of the first of the month following the effective date of insurance. You are required to maintain records detailing the employee's benefits and cost breakdown for payroll, taxability and claims 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 a date other than a premium due date, premiums take effect on the next monthly premium due date. (Example: 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. (Example: Employee's coverage terminates January 14; premiums are payable to February 1.)

## 4. Example of premium calculation and statement

This section contains an example with a number of scenarios for you to use as reference when determining benefit calculations for Group product offerings. The plan specifics and benefit schedules used in this example represent those typical to each product. Please refer to your Group Insurance Policy(ies) for specifics of your plan. Example illustrations corresponding to some of the scenarios in this section are provided.

In this example, the Premium Statement is for fictional company XYZ. All employee names used within it are also fictional. Premium is calculated for the month of June, therefore the due date of this example is June 1. As such, totals from the prior period are from May. Since the May statement has not been included as part of this example, these totals have been created for the sole purpose of demonstrating how to calculate the premium for June. When completing the Premium Statement for your company, refer to the actual totals from the month prior to the month you are processing.

### EXAMPLE PLAN SPECIFICS

- All products have one class
- All products are 100% employee paid
- All new employees have a three-month waiting period
- All employees reside in Ontario

### BASIC LIFE

- Benefit schedule is three times the annual earnings to a maximum of \$500,000 of coverage
- Non-evidence maximum (NEM) is \$300,000 (benefits over \$300,000 are referred to as “Excess Life”)
- Rate is \$0.28 per \$1,000 of coverage

### DEPENDENT LIFE

- Coverage is sold on a per unit basis
- Rate is \$1.08 per employee

### ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

- Benefit schedule is three times the annual earnings to a maximum of \$500,000 of coverage
- No non-evidence maximum (NEM)
- Rate is \$0.03 per \$1,000 of coverage

### SHORT TERM DISABILITY (STD)

- Benefit schedule is flat 66.6667% of weekly earnings to a maximum of \$750 of coverage
- No non-evidence maximum (NEM)
- Rate is \$0.15 per \$10 of coverage

### LONG TERM DISABILITY (LTD)

- Benefit schedule is a split, 66.6667% of the first \$4,000 of monthly earnings plus 50% of the next \$6,666 of monthly earnings to a maximum of \$6,000 of coverage
- Non-evidence maximum (NEM) is \$4,500
- Rate is \$1.10 per \$100 of coverage

## **COMPLETING THE REVERSE SIDE OF THE STATEMENT**

Please complete the reverse side of the statement first, since many of the calculations on the reverse side are transferred to the front of the statement (see example illustration).

### **COVERAGE AND PREMIUM CALCULATIONS**

#### **I) ADDITIONS TO THE BENEFITS PLAN (NEW ENROLMENT)**

This example includes the addition of the following three employees:

Joe Jones	Annual salary	\$35,000
	Hire date	March 1
Keisha Sambala	Annual salary	\$113,300
	Hire date	February 10
Julia Stein	Annual salary	\$50,000
	Hire date	January 2



## **BASIC LIFE**

### **How do I calculate Basic Life coverage for new employees?**

Basic Life coverage is based on annual earnings. Salaries must be converted to annual amounts in order to calculate Life coverage correctly.

Basic Life coverage is capped at the NEM. Any coverage amount approved over the NEM is referred to as “Excess Life.” Although Excess Life is the same product as Basic Life, it is recorded separately on the Premium Statement (see example illustrations).

### **Joe Jones**

The benefit schedule is three times the annual earnings. Joe’s coverage is found by multiplying his annual earnings by a factor of three:

Benefit schedule:	Three times the annual earnings
Annual salary:	\$35,000
Coverage:	<b>\$105,000*</b>
Premium:	Coverage x rate ( $\$105,000 \times \$0.28 \div \$1,000$ ) <b>\$29.40</b>

\* NEM is \$300,000; since Joe’s coverage is a lesser amount, he is not affected by the NEM.

## Keisha Sambala

The benefit schedule is three times the annual earnings. Keisha’s coverage is found by multiplying her annual earnings by a factor of three:

Benefit schedule:	Three times the annual earnings
Annual salary:	\$113,300
Coverage calculation:	\$340,000 (coverage is rounded up to the next \$1,000)
Coverage:	<b>\$300,000*</b>

## Applying for Excess Life

With the maximum of the Life policy at \$500,000, Keisha may apply for \$40,000 (\$340,000 – \$300,000) in Excess Life. To do so, she must complete the Evidence of Insurability process, and upon approval from underwriting, she will receive the additional \$40,000 in coverage. This amount should be added to your Premium Statement, shown as Excess Life (separate column from Basic Life) and calculated with the same rate as Basic Life. Please refer to the “Evidence of Insurability” section of this guide for more information about this process.

Premium:	Coverage x rate ( $\$300,000 \times \$0.28 \div \$1,000$ )
	<b>\$84.00</b>

## Julia Stein

Julia was hired on January 1. Because this example policy has a three month waiting period for new employees, her effective date is calculated as April 1.

However, the statement date we are using in this example is June 1, which means that Julia is now two months (60 plus days) *past* her effective date. All employees not enrolled within 31 days of their effective date (employee paid plans only), are considered late and must complete the Evidence of Insurability process before being enrolled.

This means that Julia cannot be added to this statement. Upon receipt of approval from medical underwriting, she should be added to the next Premium Statement. Please refer to the “Evidence of Insurability” section of this guide for more information about this process.

\* Coverage calculation is greater than the NEM; therefore, coverage is capped at \$300,000.

## **DEPENDENT LIFE**

### **How do I calculate Dependent Life coverage for employees?**

Dependent Life is a rider on life insurance benefits. This means that it is not a benefit that can be purchased alone, but rather it must be accompanied by another Life benefit. Please see your Group Insurance Policy to verify whether that Dependent Life is offered to your employees.

If Dependent Life is included with your Life product, *employees with dependents must be enrolled for Dependent Life.*

Dependent Life provides coverage for both the employee's spouse and/or child(ren). For more information about dependent status, refer to the "New employee enrolment" and "Employee changes" sections of this guide as well as your Group Insurance Policy.

### **Joe Jones**

Premium: **\$1.08 per employee**

Joe has dependents, therefore he will receive the Dependent Life benefit to cover his wife and children. Unlike other benefits, Dependent Life is not based on Joe's earnings; rather it is sold on a per employee basis. Joe will be charged a flat rate of \$1.08 to cover his wife *and* children.

### **Keisha Sambala**

Keisha does not have dependents, therefore she will not receive the Dependent Life benefit.

## AD&D

### How do I calculate AD&D coverage for new employees?

AD&D coverage is based on annual earnings. Salaries must be converted to annual amounts in order to calculate AD&D coverage correctly.

If your RBC Insurance policy also includes Basic Life (as this example does), then as in this example, the AD&D coverage calculation will be the same as the Basic Life calculation<sup>1</sup>. Note, however, that AD&D in this example plan does not have a NEM<sup>2</sup>.

Therefore, employees whose coverage amount is capped at the NEM will receive the full amount they are eligible for, without having to complete the Evidence of Insurability process. It is important to note that although the benefit schedules are the same, the rates for each product will differ and must be calculated separately.

### Joe Jones

Basic Life calculation:	\$105,000
AD&D coverage:	<b>\$105,000</b>
AD&D premium:	Coverage x rate ( $\$105,000 \times \$0.03 \div \$1,000$ ) <b>\$3.15</b>

<sup>1</sup> Some policies will have AD&D benefit schedules, which differ from the Life schedule. Please refer to your Group Insurance Policy for details regarding your AD&D benefit.

<sup>2</sup> Refer to your Group Insurance Policy to verify the details regarding NEMs for your AD&D benefit.

### **Keisha Sambala**

Basic Life calculation:	\$340,000
AD&D coverage:	<b>\$340,000*</b>
AD&D premium:	Coverage x rate ( $\$340,000 \times \$0.03 \div \$1,000$ ) <b>\$10.20</b>

### **Julia Stein**

Julia was hired on January 1. Because this example policy has a three-month waiting period for new employees, her effective date is calculated as April 1.

However, the statement date we are using in this example is June 1, which means that Julia is now two months (60 plus days) *past* her effective date. All employees not enrolled within 31 days of their effective date (employee paid plans only), are considered late and must complete the Evidence of Insurability process before being enrolled. This means that Julia cannot be added to this statement. Upon receipt of approval from medical underwriting, she should be added to the next Premium Statement. Please refer to the “Evidence of Insurability” section of this guide for more information about this process.

\* Since this example AD&D benefit does not have a NEM, Keisha is covered for the full \$340,000.

## STD

### How do I calculate STD coverage for new employees?

STD coverage is based on weekly earnings. Salaries must be converted to weekly amounts in order to calculate STD coverage correctly.

#### Joe Jones

Weekly earnings:                      Annual salary ÷ 52 weeks  
\$35,000 ÷ 52 = \$673.08

The benefit schedule is a flat 66.6667% of weekly earnings, therefore Joe's coverage is found by multiplying his weekly earnings by 66.6667%.

Benefit schedule:                      Weekly earnings x 66.6667%  
\$673.08 x 66.6667% = \$448.72

Coverage:                                **\$449** (coverage is rounded up to the next \$1)

Premium:                                Coverage x rate (\$449 x \$0.15 ÷ \$10)  
**\$6.74**

### Keisha Sambala

Weekly earnings:	Annual salary ÷ 52 weeks $\$113,300 \div 52 = \$2,178.85$
Benefit schedule:	Weekly earnings x 66.6667% $\$2,178.85 \times 66.6667\% = \$1,452.57$
Coverage:	<b>\$750*</b>
Premium:	Coverage x rate ( $\$750 \times \$0.15 \div \$10$ ) <b>\$11.25</b>

### Julia Stein

Julia was hired on January 1. Because this example policy has a three-month waiting period for new employees, her effective date is calculated as April 1.

However, the statement date we are using in this example is June 1, which means that Julia is now two months (60 plus days) *past* her effective date. All employees not enrolled within 31 days of their effective date (employee paid plans only), are considered late and must complete the Evidence of Insurability process before being enrolled. This means that Julia cannot be added to this statement. Upon receipt of approval from medical underwriting, she should be added to the next Premium Statement. Please refer to the “Evidence of Insurability” section of this guide for more information about this process.

\* Since \$1,453 is greater than the maximum coverage amount, coverage is capped at \$750.





## Keisha Sambala

Monthly earnings:                      Annual salary ÷ 12 months  
\$113,300 ÷ 12 = \$9,441.67

Since Keisha's earnings per month of \$9,441.67 is *greater* than \$4,000 (first split value) and because coverage is based on 66.6667% of the first \$4,000 of salary, she qualifies for the first split value.

Coverage/first split value:      \$4,000 x 66.6667% = \$2,666.67

According to the second part of the benefit schedule, employees receive 50% of the remainder of their monthly earnings, up to \$6,666.

Coverage/second split value: \$9,441.67 – \$4,000 =  
\$5,441.67  
\$5,441.67 x 50% =  
\$2,720.84

Total coverage:                      The sum of both calculations  
  
\$2,666.80 + \$2,720.84 = **\$5,387.64**

(coverage is rounded up to the next \$1)

Although Keisha is eligible for \$5,388, her coverage will be capped at \$4,500 due to the NEM of \$4,500. For Keisha to receive the full \$5,388, she must complete the Evidence of Insurability process. Please refer to the "Evidence of Insurability" section of this guide for more information about this process.

Adjusted coverage:

Due to NEM:                              **\$4,500**

Premium:                                  Coverage x rate (\$4,500 x \$1.10 ÷ \$100)  
**\$49.50**

## **Julia Stein**

Julia was hired on January 1. Because this example policy has a three-month waiting period for new employees, her effective date is calculated as April 1.

However, the statement date we are using in this example is June 1, which means that Julia is now two months (60 plus days) *past* her effective date. All employees not enrolled within 31 days of their effective date (employee paid plans only), are considered late and must complete the Evidence of Insurability process before being enrolled. This means that Julia cannot be added to this statement. Upon receipt of approval from medical underwriting, she should be added to the next Premium Statement. Please refer to the “Evidence of Insurability” section of this guide for more information about this process.

## BACK CHARGES

### How do I calculate back charges for new employees?

Now that both Joe and Keisha's monthly coverage and premium have been determined for each product, it is necessary to calculate any back charges.

#### Joe Jones

Hire date: March 1  
Waiting period: Three months  
Effective date: June 1

The billing in this example is for the month of June. Since Joe is being added to the current month, his coverages are added to the total policy volumes, but he does not incur a back charge.

#### Keisha Sambala

Hire date: February 10  
Waiting period: Three months  
Effective date: May 10

Remember that premiums are not pro-rated for partial months; therefore Keisha will begin paying premiums as of June 1. It is important to note that although *premiums* are not due until June 1, *coverage* begins May 10. Like Joe, Keisha is being added to the current month, therefore her coverages are added to the total policy volumes but she does not incur a back charge.

As in this example, new additions should *not* incur back charges on plans that are employee paid as long as they are *added to the policy within 31 days of their effective date*. If your policy is employee paid and you are calculating back charges for new enrolments, these employees are not being added within 31 days and are late. As such, they should not be added to the plan until completing the Evidence of Insurability process.

## II) INCREASES/DECREASES

### What do I do if an employee has a salary change or a change of class?

The “Increases/decreases” section of your Premium Statement is for employees already on the plan who have adjustments to their coverage as a result of salary change or a change in class. A change in class only results in a new coverage if the benefit schedule of the employee’s new class is *different* from the benefit schedule of the employee’s former class.

#### Example:

#### Albert Nagasaki

Effective date of salary increase: April 1

	<b>Previous</b>	<b>Current</b>	<b>Difference</b>
Salary:	\$40,000	\$45,000	\$5,000
Life and AD&D coverage:	\$120,000	\$135,000	\$15,000
STD coverage:	\$513/week	\$577/week	\$64/week
LTD coverage:	\$2,222/month	\$2,500/month	\$278/month

The additional coverages must be added to the total policy volumes.

#### Back charges:

Albert must pay a two month back charge of \$17.34 for a premium that is due between April and June:

Life:	$\$15,000 \times \$0.28 \div \$1,000 \times 2 \text{ months} = \$8.40$
AD&D:	$\$15,000 \times \$0.03 \div \$1,000 \times 2 \text{ months} = \$0.90$
STD:	$\$64 \times \$0.15 \div \$10 \times 2 \text{ months} = \$1.92$
LTD:	$\$278 \times \$1.10 \div \$100 \times 2 \text{ months} = \$6.12$
Total back charge:	<b>\$17.34</b>

### III) TERMINATIONS

#### What do I do when employees leave the company?

When recording terminations of employment on your Premium Statement, the termination date is defined as the last day of eligibility (as per your Group Insurance Policy).

This following example includes two employment terminations. These are illustrated in the example statement.

Richard Shaw	Termination date is April 30
Juan Cortiz	Termination date is May 15

#### Richard Shaw

Life and AD&D coverage:	\$180,000
STD coverage:	\$750
LTD coverage:	\$3,167

These amounts are subtracted from the total policy volumes. Richard is credited for one month's premium:

Life:	$\$120,000 \times \$0.28 \div \$1,000 \times 1 \text{ month} = \$33.60$
AD&D:	$\$120,000 \times \$0.03 \div \$1,000 \times 1 \text{ month} = \$ 3.60$
STD:	$\$750 \times \$0.15 \div \$10 \quad \times 1 \text{ month} = \$11.25$
LTD:	$\$3,167 \times \$1.10 \div \$100 \quad \times 1 \text{ month} = \$34.84$

Total credit: **\$83.29**

#### Juan Cortiz

Life and AD&D coverage:	\$84,000
STD coverage:	\$359
LTD coverage:	\$1,556

These amounts are subtracted from the total policy volumes. Note that Juan's employment is terminated mid-month, and since premiums are not pro-rated, the premium must be paid for the entire month of May. There are no credits owing.

#### IV) ILLUSTRATIONS OF A COMPLETED MONTHLY GROUP PREMIUM STATEMENT

This example statement corresponds to many of scenarios in the example provided in Section 4 of this guide.

#### COMPLETING THE REVERSE SIDE OF THE STATEMENT

This is an illustration of the reverse side of the statement. Complete this side of the statement first, since many of these calculations are required to complete the front side of the statement.

A D D I T I O N S	Employee Name (last, first, middle initial)	Sex M/F	PROV (if applicable)	Date of Birth (MM/DD/YYYY)	Date of Full Time Employment (MM/DD/YYYY)	Effective Date of Coverage (MM/DD/YYYY)	Occupation/ Job Title	Emp Class	Dep Y/N	Coverage Amount	Charge
	Joe Jones	M	Ontario	02/05/1965	03/01/2001	06/01/2001	Technician	1	Y	105000	
										105000	
										449	
										1945	
	Keisha Sambala	F	Ontario	06/04/1971	02/10/2001	05/10/2001	Engineer	1	N	300000	
										340000	
										750	
										4500	
										TOTAL	

I N C R E A S E S / D E C R E A S E	Employee Name (last, first, middle initial)	Employer ID # (if applicable)	Effective Date of Change (MM/DD/YYYY)	Old Coverage	New Coverage	Difference In Coverage Amount		Charge	Credit	
							INCREASE	DECREASE		
	Albert Nagasaki			04/01/2001	120000	135000	15000		\$8.40	
					120000	135000	15000		\$0.90	
					513	577	64		\$1.92	
					2222	2500	278		\$6.12	
									TOTAL	\$17.34

T E R M I N A T I O N S	Employee Name (last, first, middle initial)	Employer ID # (if applicable)	Termination Date (Last Day Worked) (MM/DD/YYYY)	Coverage Amount	Credit	
	Richard Shaw			04/30/2001	120000	\$33.60
					120000	\$3.60
					750	\$11.25
					3167	\$34.84
	Juan Cortiz			05/15/2001	84000	
					84000	
					359	
					1556	
					TOTAL	\$83.29

## COMPLETING THE FRONT SIDE OF THE STATEMENT

Each insurance product is highlighted separately in the example statement below. Calculations are transferred from the reverse side of the statement to the front of the statement.

POLICY NUMBER AND DIVISION		BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
PRODUCT		EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1)	TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	55900000	267	185400	267	1014600

1) Totals from Prior Statement:  
Record figures from Totals sections of previous month's Premium Statement.

POLICY NUMBER AND DIVISION		BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
PRODUCT		EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1)	TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	5500000	267	185400	267	1014600
2)	ADDITIONS	2	405000			1	2	445000	2	1199	2	6445

2) Additions:  
Indicate number of additions and the sum of their coverages. This sample includes 2 additions (Joe and Keisha) for Basic Life, AD&D, STD and LTD and 1 addition for Dependent Life. Their coverages are added together: Life = \$105,000 + \$300,000 = \$405,000, AD&D = \$105,000 + \$340,000 = \$445,000 and STD = \$449 + \$750 = \$1,199, LTD = \$1,945 + \$4,500 = \$6,445

POLICY NUMBER AND DIVISION		BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
PRODUCT		EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1)	TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	55900000	267	185400	267	1014600
2)	ADDITIONS	2	405000			1	2	445000	2	1199	2	6445
3)	INCREASES		15000					15000		64		278

3) Increases:  
Total all increases. This sample includes 1 increase (Albert) for each product in the following amounts: Life = \$15,000, AD&D = \$15,000, STD = \$64 and LTD = \$278

POLICY NUMBER AND DIVISION											
PRODUCT	BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1) TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	55900000	267	185400	267	1014600
2) ADDITIONS	2	405000			1	2	445000	2	1199	2	6445
3) INCREASES		15000					15000		64		278
4) SUB-TOTAL	269	53820000	5	250000	221	269	56360000	269	186663	269	1021323

4) Subtotal:  
Totals from Prior Statement  
+ Additions + Increases

POLICY NUMBER AND DIVISION											
PRODUCT	BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1) TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	55900000	267	185400	267	1014600
2) ADDITIONS	2	405000			1	2	445000	2	1199	2	6445
3) INCREASES		15000					15000		64		278
4) SUBTOTAL	269	53820000	5	250000	221	269	56360000	269	186663	269	1021323
5) TERMINATIONS	2	204000				2	204000	2	1109	2	4723

5) Terminations:  
Indicate number of terminations and total coverages. This sample includes 2 terminations (Richard and Juan) for each product. Their coverages are added together: Life = \$120,000 + \$84,000 = \$204,000, AD&D = \$120,000 + \$84,000 = \$204,000, STD = \$750 + \$359 = \$1,109 and LTD = \$3,167 + \$1,556 = \$4,723

POLICY NUMBER AND DIVISION											
PRODUCT	BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1) TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	55900000	267	185400	267	1014600
2) ADDITIONS	2	405000			1	2	445000	2	1199	2	6445
3) INCREASES		15000					15000		64		278
4) SUBTOTAL	269	53820000	5	250000	221	269	56360000	269	186663	269	1021323
5) TERMINATIONS	2	204000				2	204000	2	1109	2	4723
6) DECREASES											

6) Decreases:  
Total all decreases. (This sample does not include decreases.)



POLICY NUMBER AND DIVISION	BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
PRODUCT	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1) TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	55900000	267	185400	267	1014600
2) ADDITIONS	2	405000			1	2	445000	2	1199	2	6445
3) INCREASES		15000					15000		64		278
4) SUBTOTAL	269	53820000	5	250000	221	269	56360000	269	186663	269	1021323
5) TERMINATIONS	2	204000				2	204000	2	1109	2	4723
6) DECREASES											
7) TOTALS	267	53616000	5	250000	221	267	56156000	267	185554	267	1016600

7) Totals:  
Subtotal – Terminations –  
Decreases

POLICY NUMBER AND DIVISION	BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
PRODUCT	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1) TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	55900000	267	185400	267	1014600
2) ADDITIONS	2	405000			1	2	445000	2	1199	2	6445
3) INCREASES		15000					15000		64		278
4) SUBTOTAL	269	53820000	5	250000	221	269	56360000	269	186663	269	1021323
5) TERMINATIONS	2	204000				2	204000	2	1109	2	4723
6) DECREASES											
7) TOTALS	267	53616000	5	250000	221	267	56156000	267	185554	267	1016600

PREMIUM = TOTAL COVERAGE X RATE

8) RATE	\$0.28/1000	\$0.28/1000	\$1.08/EE	\$0.03/1000	\$0.15/10	\$1.10/100
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8) Rate:  
Indicate rate for each product.

POLICY NUMBER AND DIVISION		BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
PRODUCT		EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1)	TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	55900000	267	185400	267	1014600
2)	ADDITIONS	2	405000			1	2	445000	2	1199	2	6445
3)	INCREASES		15000					15000		64		278
4)	SUBTOTAL	269	53820000	5	250000	221	269	56360000	269	186663	269	1021323
5)	TERMINATIONS	2	204000				2	204000	2	1109	2	4723
6)	DECREASES											
7)	TOTALS	267	53616000	5	250000	221	267	56156000	267	185554	267	1016600

PREMIUM = TOTAL COVERAGE X RATE

8)	RATE	\$0.28/1000	\$0.28/1000	\$1.08/EE	\$0.03/1000	\$0.15/10	\$1.10/100
9)	PREMIUM	\$15012.48	\$70.00	\$238.68	\$1684.68	\$2783.31	\$11182.60

9) Premium:  
Total Coverage x Rate

POLICY NUMBER AND DIVISION		BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
PRODUCT		EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1)	TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	55900000	267	185400	267	1014600
2)	ADDITIONS	2	405000			1	2	445000	2	1199	2	6445
3)	INCREASES		15000					15000		64		278
4)	SUBTOTAL	269	53820000	5	250000	221	269	56360000	269	186663	269	1021323
5)	TERMINATIONS	2	204000				2	204000	2	1109	2	4723
6)	DECREASES											
7)	TOTALS	267	53616000	5	250000	221	267	56156000	267	185554	267	1016600

PREMIUM = TOTAL COVERAGE X RATE

8)	RATE	\$0.28/1000	\$0.28/1000	\$1.08/EE	\$0.03/1000	\$0.15/10	\$1.10/100
9)	PREMIUM	\$15012.48	\$70.00	\$238.68	\$1684.68	\$2783.31	\$11182.60
10)	BACK-CHARGES	\$8.40			\$0.90	\$1.92	\$6.12

10) Back-Charges:  
Total all charges (+). This sample includes charges for Albert in the amount of \$17.34.

## 11) Back credits

The back credits line shows an employee's total back credits for each product. This example shows Richard Shaw's back credits, which equal a total credit of \$83.29.

## 12) Net premium

The net premium line shows the total premium the employee has to pay for each product. This amount includes the employee's credits and charges.

POLICY NUMBER AND DIVISION		BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
PRODUCT		EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1)	TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	55900000	267	185400	267	1014600
2)	ADDITIONS	2	405000			1	2	445000	2	1199	2	6445
3)	INCREASES		15000					15000		64		278
4)	SUBTOTAL	269	53820000	5	250000	221	269	56360000	269	186663	269	1021323
5)	TERMINATIONS	2	204000				2	204000	2	1109	2	4723
6)	DECREASES											
7)	TOTALS	267	53616000	5	250000	221	267	56156000	267	185554	267	1016600

PREMIUM = TOTAL COVERAGE X RATE

8)	RATE		\$0.28/1000		\$0.28/1000	\$1.08/EE		\$0.03/1000		\$0.15/10		\$1.10/100
9)	PREMIUM		\$15012.48		\$70.00	\$238.68		\$1684.68		\$2783.31		\$11182.60
10)	BACK CHARGES		\$8.40					\$0.90		\$1.92		\$6.12
11)	BACK CREDITS		\$33.60					\$3.60		\$11.25		\$34.84

11) Back Credits:  
Total all credits (-). This sample includes a credit for Richard Shaw in the amount of \$83.29.

POLICY NUMBER AND DIVISION		BASIC LIFE		EXCESS LIFE		DEP. LIFE	AD&D		STD		LTD	
PRODUCT		EE'S	COVERAGE	EE'S	COVERAGE	EE'S	EE'S	COVERAGE	EE'S	COVERAGE	EE'S	COVERAGE
1)	TOTALS FROM PRIOR STATEMENT	267	53400000	5	250000	220	267	55900000	267	185400	267	1014600
2)	ADDITIONS	2	405000			1	2	445000	2	1199	2	6445
3)	INCREASES		15000					15000		64		278
4)	SUBTOTAL	269	53820000	5	250000	221	269	56360000	269	186663	269	1021323
5)	TERMINATIONS	2	204000				2	204000	2	1109	2	4723
6)	DECREASES											
7)	TOTALS	267	53616000	5	250000	221	267	56156000	267	185554	267	1016600

PREMIUM = TOTAL COVERAGE X RATE

8)	RATE		\$0.28/1000		\$0.28/1000	\$1.08/EE		\$0.03/1000		\$0.15/10		\$1.10/100
9)	PREMIUM		\$15012.48		\$70.00	\$238.68		\$1684.68		\$2783.31		\$11182.60
10)	BACK CHARGES		\$8.40					\$0.90		\$1.92		\$6.12
11)	BACK CREDITS		\$33.60					\$3.60		\$11.25		\$34.84
12)	NET PREMIUM		\$14987.28		\$70.00	\$238.68		\$1681.98		\$2773.98		\$11153.88

12) Net Premium:  
Total premium for each product; includes all credits and charges.

### 13) Ontario sales tax

This line shows the total taxable premium for Ontario residents; i.e., (premium + charges – credits) x 8%. Ontario sales tax is calculated separately for each product.

### 14) Quebec sales tax

This line shows the total taxable premium for Quebec residents; i.e., (premium + charges – credits) x 9%. Quebec sales tax is calculated separately for each product.

### 15) Manitoba sales tax

This line shows the total taxable premium for Manitoba residents; i.e., (premium + charges - credits) x 7%. Manitoba sales tax is calculated separately for each product.

POLICY NUMBER AND DIVISION												
PRODUCT	BASIC LIFE		EXCESS LIFE		DEP LIFE	AD&D		STD		LTD		
	EE'S	BENEFIT	EE'S	BENEFIT	EE'S	EE'S	BENEFIT	EE'S	BENEFIT	EE'S	BENEFIT	
(1) TOTALS FROM PRIOR STATEMENTS	267	53400000	5	250000	200	267	55900000	267	185400	267	1014600	
(2) ADDITIONS	2	405000			1	2	445000	2	1199	2	6445	
(3) INCREASES		15000					15000		64		278	
(4) SUB-TOTAL	269	53820000	5	250000		269	56360000	269	186663	269	1021323	
(5) TERMINATIONS	2	204000				2	204000	2	1109	2	4723	
(6) DECREASES												
(7) TOTAL	267	53616000	5	250000	221	267	56156000	267	185554	267	1015600	

PREMIUM = TOTAL BENEFIT X RATE

(8) RATE	\$0.28 / 1000		\$0.28 / 1000	\$1.08/EE	\$0.03 / 1000	\$0.15 / 10	\$1.10/ 100
(9) PREMIUM	\$ 15,012.48		\$ 70.00	\$ 238.68	\$ 1,684.68	\$ 2,783.31	\$ 11,182.50
(10) BACK CHARGES	\$ 8.40						
(11) BACK CREDITS	\$ 33.60						
(12) NET PREMIUM	\$ 14,987.28		\$ 70.00	\$ 238.68	\$ 1,684.68	\$ 2,783.31	\$ 11,182.50
(13) ONTARIO SALES TAX	\$ 1,198.98		\$ 5.60	\$ 19.09	\$ 134.77	\$ 222.66	\$ 894.60
(14) QUEBEC SALES TAX							
(15) MANITOBA SALES TAX							

13) Ontario Sales Tax:  
Total taxable premium for Ontario residents (premium + charges – credits) x 8%. Tax is calculated separately for each product.

14) Quebec Sales Tax:  
Total taxable premium for Quebec residents (premium + charges – credits) x 9%. Tax is calculated separately for each product.

15) Manitoba tax:  
Total taxable premium for Manitoba residents (premium + charges - credits) x 7%. Tax is calculated separately for each product.

## 16) Total premium

This line shows the total net premium due plus Ontario sales tax plus Quebec sales tax and Manitoba sales tax. The premium is calculated separately for each product.

POLICY NUMBER AND DIVISION												
PRODUCT	BASIC LIFE		EXCESS LIFE		DEP LIFE	AD&D		STD		LTD		
	EE'S	BENEFIT	EE'S	BENEFIT	EE'S	EE'S	BENEFIT	EE'S	BENEFIT	EE'S	BENEFIT	
(1) TOTALS FROM PRIOR STATEMENTS	267	53400000	5	250000	200	267	55900000	267	185400	267	1014600	
(2) ADDITIONS	2	405000			1	2	445000	2	1199	2	6445	
(3) INCREASES		15000					15000		64		278	
(4) SUB-TOTAL	269	53820000	5	250000		269	56360000	269	186663	269	1021323	
(5) TERMINATIONS	2	204000				2	204000	2	1109	2	4723	
(6) DECREASES												
(7) TOTAL	267	53616000	5	250000	221	267	56156000	267	185554	267	1015600	

PREMIUM = TOTAL BENEFIT X RATE

(8) RATE	\$0.28 / 1000	\$0.28 / 1000	\$1.08/EE	\$0.03 / 1000	\$0.15 / 10	\$1.10/ 100
(9) PREMIUM	\$ 15,012.48	\$ 70.00	\$ 238.68	\$ 1,684.68	\$ 2,783.31	\$ 11,182.50
(10) BACK CHARGES	\$ 8.40					
(11) BACK CREDITS	\$ 33.60					
(12) NET PREMIUM	\$ 14,987.28	\$ 70.00	\$ 238.68	\$ 1,684.68	\$ 2,783.31	\$ 11,182.50
(13) ONTARIO SALES TAX	\$ 1,198.98	\$ 5.60	\$ 19.09	\$ 134.77	\$ 222.66	\$ 894.60
(14) QUEBEC SALES TAX						
(15) MANITOBA SALES TAX						
(16) TOTAL PREMIUM	\$ 16,186.26	\$ 75.60	\$ 257.77	\$ 1,819.45	\$ 3,005.97	\$ 1,207.71

TOTAL ONTARIO SALES TAX	\$ 2,475.70
TOTAL QUEBEC SALES TAX	
TOTAL MANITOBA SALES TAX	

TOTAL PREMIUM DUE (All products incl. Tax)	\$22552.76
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Total the Ontario tax for all products, the Quebec tax for all products and the Manitoba tax for all products. This will allow to track the amount of tax paid for each month of premium.

Next, indicate all premiums paid for the entire month, including tax.

### Total tax (Ontario, Quebec and Manitoba)

The total Ontario sales tax line, the total Quebec sales tax line and the Manitoba sales tax line show the total tax for all products for Ontario, Quebec and Manitoba respectively. This will allow you to track the amount of tax paid for each month.

### Total premium due (all products, including tax)

This line shows all premiums paid for the entire month for all the products. This amount includes the total tax paid.

POLICY NUMBER AND DIVISION	BASIC LIFE		EXCESS LIFE		DEP LIFE	AD&D		STD		LTD	
	EE'S	BENEFIT	EE'S	BENEFIT	EE'S	EE'S	BENEFIT	EE'S	BENEFIT	EE'S	BENEFIT
(1) TOTALS FROM PRIOR STATEMENTS	267	53400000	5	250000	200	267	55900000	267	185400	267	1014600
(2) ADDITIONS	2	405000			1	2	445000	2	1199	2	6445
(3) INCREASES		15000					15000		64		278
(4) SUB-TOTAL	269	53820000	5	250000		269	56360000	269	186663	269	1021323
(5) TERMINATIONS	2	204000				2	204000	2	1109	2	4723
(6) DECREASES											
(7) TOTAL	267	53616000	5	250000	221	267	56156000	267	185554	267	1015600

PREMIUM = TOTAL BENEFIT X RATE

(8) RATE	\$0.28 / 1000		\$0.28 / 1000	\$1.08/EE	\$0.03 / 1000	\$0.15 / 10	\$1.10/ 100
(9) PREMIUM	\$ 15,012.48		\$ 70.00	\$ 238.68	\$ 1,684.68	\$ 2,783.31	\$ 11,182.50
(10) BACK CHARGES	\$ 8.40						
(11) BACK CREDITS	\$ 33.60						
(12) NET PREMIUM	\$ 14,987.28		\$ 70.00	\$ 238.68	\$ 1,684.68	\$ 2,783.31	\$ 11,182.50
(13) ONTARIO SALES TAX	\$ 1,198.98		\$ 5.60	\$ 19.09	\$ 134.77	\$ 222.66	\$ 894.60
(14) QUEBEC SALES TAX							
(15) MANITOBA SALES TAX							
(16) TOTAL PREMIUM	\$ 16,186.26		\$ 75.60	\$ 257.77	\$ 1,819.45	\$ 3,005.97	\$ 1,207.71

TOTAL ONTARIO SALES TAX	\$ 2,475.70
TOTAL QUEBEC SALES TAX	
TOTAL MANITOBA SALES TAX	

TOTAL PREMIUM DUE (All products incl. Tax)	\$22552.76
---	------------

Total the Ontario tax for all products, the Quebec tax for all products and the Manitoba tax for all products. This will allow to track the amount of tax paid for each month of premium.

Next, indicate all premiums paid for the entire month, including tax.

## INTEGRATED BENEFIT SOLUTIONS AND THE REVERSE COMBO PLAN DESIGN

Integrated benefit solutions are the standard ways in which we package RBC Insurance Group LTD coverage with RBC Insurance individual income protection (“Individual”) coverage.

One of the most common integrated plan designs is “reverse combo.” Reverse combo is designed with the first portion of income insured by Individual coverage and the next segment of income insured by Group LTD. In other words, Group LTD coverage insures income in excess of what Individual coverage insures. As such, Individual coverage is subtracted from Group coverage after the Group benefit schedule has been applied to the *monthly* salary.

**Note:** The reverse combo calculation can only be used with an approved reverse combo plan, as per your Group LTD Insurance Policy.

### How do I calculate Group coverage for LTD reverse combo?

Using a example Group benefit schedule, guaranteed standard issue (GSI®) benefit amount and employee salary, the Group coverage calculation for reverse combo can be illustrated. All changes pertaining to Group coverage for LTD reverse combo cases are handled as per the “Increases/ decreases” and “Terminations” subsections on the previous pages. When completing your Group Premium Statement, enter the information in the LTD section.

#### Group

- Benefit schedule is a split: 66.6667% of the first \$4,000 of monthly earnings plus 50% of the next \$6,666 of monthly earnings *minus the GSI amount* to a maximum of \$6,000 of coverage
- Non-evidence maximum (NEM) is \$4,500
- Rate is \$1.10 per \$100 of coverage

#### Individual

- The GSI is \$2,000 of coverage

**Note:** The GSI coverage and the premium are not affected by the Group Insurance Policy. Please refer to your GSI Insurance Policy for information about enrolment and other employee changes.

## Marina Cosentino

Monthly earnings:                    Annual salary ÷ 12 months  
    \$120,800 ÷ 12 = \$10,066.67

Since Marina's earnings per month of \$10,066.67 is *greater* than \$4,000 (first split value) and because coverage is based on 66.6667% of the first \$4,000 of salary, she qualifies for the first split value.

Coverage/first split value:        \$4,000 x 66.6667% = \$2,666.80

According to the second part of the benefit schedule, employees receive 50% of the remainder of their monthly earnings, up to \$6,666.

Coverage/second split value: \$10,066.67 – \$4,000 = \$6,066.67  
    \$6,066.67 x 50% = \$3,033.34

Total Group coverage:            First split value + second split value  
    \$2,666.80 + \$3,033.34 = **\$5,700.14**

So far, Individual coverage has not been considered; coverage has been calculated as though this were a stand-alone Group plan. Because this example is reverse combo, GSI coverage must be subtracted. By subtracting GSI, we will find out how much Group coverage Marina should receive in excess of her Individual coverage.

Remaining Group coverage:      Total Group coverage – GSI  
    \$5,700.14 – \$2,000 = \$3,700.14

Amount input on statement:    **\$3,700** (coverage is rounded to the nearest \$1)

Marina is eligible for \$3,700 of Group coverage, after consideration of her \$2,000 of Individual coverage. Because \$3,700 is less than both the Group NEM of \$4,500 and the overall Group maximum of \$6,000, she is unaffected by these maximums. However, if her remaining Group coverage amount exceeded either of these amounts, she would be capped.

Premium:                              Coverage x rate (\$3,700 x \$1.10 ÷ \$100)  
    **\$40.70**



## B. 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 to them.

*To avoid a request for Evidence of Insurability, it is imperative that the enrolment process be completed within 31 days following the completion of the waiting period.*

### 1. All products or combinations of products, excluding life insurance

To enrol new employees for all products or a combination of products, excluding *life insurance*, please provide the following information:

- Policy number(s)
- Division number(s)
- Full name of employee
- Date of birth
- Date of employment
- Occupation
- Coverage (indicate weekly, monthly or annually depending on product)
- Class
- Sex
- Province of residence

When forwarding this information to RBC Insurance, follow these steps:

Complete the front and back of your Group Premium Statement and return it with your premium cheque to the address shown on your statement. This address also appears on the return envelope(s) included in your administration portfolio.

If this is a life insurance product, complete the GROUP ENROLMENT CARD (please see details on next page) and *maintain it for your records*.

## 2. Life insurance

To enrol new employees for life insurance, you and the employee will complete a GROUP ENROLMENT CARD.

**Note:** When appointing a minor as beneficiary, please obtain an Appointment of Trustee Form from your local RBC Insurance sales office. Have the employee complete the card, and maintain this for your records.

### COMPLETING A GROUP ENROLMENT CARD FOR LIFE INSURANCE BENEFITS

The GROUP ENROLMENT CARD is the key document used to begin insurance coverage on an employee and his/her family. Therefore, we strongly recommend that completion of this card be an integral part of the hiring procedure for new employees. Even though insurance coverage may not become effective until some future date, completing this card and maintaining it from the time an employee is hired or rehired assures each employee an opportunity to enrol in the plan.

**Note:** In the event of a claim, the original document will be requested. RBC Insurance does not maintain employee records for self-administered policies.

### HOW TO ENROL EMPLOYEES USING THE GROUP ENROLMENT CARD

- Complete the “Employer” section of the card
- Have each eligible employee complete and sign the “Employee” section of the card on the date the employee begins working on a full-time basis
- Retain the original card for your records

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

## REVIEWING THE ENROLMENT FORMS

A critical stage in the enrolment process is the forms review process. You must make certain that employees include all the necessary forms for enrolment and complete them accurately. Typical areas of oversight include the following:

- Missing employee signature and/or date
- Missing province of residence
- Dependent's missing name and date of birth of the dependent (where dependent's coverage is requested)
- Incomplete or unlisted employee beneficiary information
- Missing policy number on the form (or division number, if applicable)
- Missing employee data (social insurance number, date of birth, date of hire, earnings, number of hours worked per week, etc.)
- Listing of a division or department name rather than your company's legal name

**Note:** The section referring to the employee class number may be left blank unless your Group Insurance Policy contains more than one employee classification for benefit purposes. If, however, there are different employee classifications, it is important that you indicate the employee class number when submitting a new employee application.

The section on the GROUP ENROLMENT CARD entitled "Reinstatement" is used to identify an employee who has been rehired and who was previously enrolled in your Group Insurance Policy. For more details, refer to the "Rehired employees" section in this guide.

### 3. Waiting period for new employees

Eligible employees who are hired after the effective date of your Group Insurance Policy are eligible for coverage following the waiting period.

Date of eligibility = date employed full time + waiting period

**Example 1:**

Employment date:	August 1
Waiting period:	Three months
Coverage effective date:	November 1
First payment due:	November 1

**Example 2:**

Employment date:	August 18
Waiting period:	Three months
Coverage effective date:	November 18
First payment due:	December 1

**Example 3:**

Employment date:	August 1
Waiting period:	None
Coverage effective date:	August 1
First payment due:	August 1

**Example 4:**

Employment date:	August 3
Waiting period:	First of the month following the completion of the three-month waiting period
Coverage effective date:	December 1
First payment due:	December 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 evidence of insurability, please remember to complete the GROUP ENROLMENT CARD for your records *and* include the employee(s) on your Premium Statement within the 31 days following the completion of the waiting period.

## 4. Waiving the waiting period

The waiting period (or probation period) is established when your Group Insurance Policy becomes effective, or when it is amended at a later date, and should be adhered to whenever 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 your local RBC Insurance sales office within 31 days of the hiring date (for new employees) or within 31 days of the employee's date of eligibility (for a change in employee status). Explain why you wish for the waiting period to be waived, and enrol 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 spouse coverage

For a newly hired employee wishing to insure his/her common-law spouse (and dependents thereof, if applicable), please follow the usual enrolment procedures.

In addition, indicate the following on the GROUP ENROLMENT CARD:

- After “Do you have dependents,” check the boxes marked “yes” and “spouse” (also check “child(ren)” if applicable)
- Retain the original card for your records

**Note:** “Common-law spouse” refers to a person with whom the employee has lived for at least 12 consecutive months and publicly represents as his/her spouse. Discontinuance of cohabitation will terminate the common-law spouse's eligibility for “insured dependent” status.

## 6. Rehired employees

At RBC Insurance, we 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, as specified in your Group Insurance Policy. 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 full-time 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 or Parental Leave*” section in this Guide. RBC Insurance will automatically waive the waiting period if an employee returns to work on a full-time basis as specified in your Group insurance policy. To reinstate coverage, please follow the procedures outlined below.

### **To reinstate coverage:**

- Re-enrol the employee by following the enrolment procedures outlined in this guide.
- Indicate that this is a reinstatement in the “Addition” section of your statement.
- Include the original employment date, termination date and the current date of full-time employment on your Premium Statement to be remitted to RBC Insurance.

**Note:** To avoid a request for evidence of insurability, please remember to re-enrol the employee within 31 days of the employee’s 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.

## 7. Refusal of coverage

Pay special attention to situations where employees decline coverage. The option to refuse coverage is not available with all plans. Always check your Group Insurance Policy for specific details.

### **Mandatory**

If your plan is mandatory, all eligible employees and their eligible dependents (if applicable) must participate in the plan.

### **Voluntary/non-mandatory**

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.

### **How to refuse coverage**

- Have employees complete a Refusal of Coverage form
- Forward the original form to RBC Insurance, Group Customer Account Services
- Retain a copy for your records

If, at a later date, the employee wishes to apply for coverage that was previously refused, refer to the “Applying for coverages previously refused” section in this guide.

## C. Employee changes

### 1. Change of division

When an employee moves from one division to another, please show this employee as a terminated employee from the original division and as an addition to the new division.

### 2. Change of class and/or salary

It is only necessary to report a change of class if it will affect the employee's coverage and premium.

To report a change of class and/or salary, please ensure the following information is included:

- Policy number(s)
- Division number(s)
- Employee's full name
- Employee certificate/identification number
- Effective date of change
- Old coverage
- New coverage
- Difference between the coverages (increase or decrease)
- Premium adjustment (debit or credit)

Please report these changes directly on your Group Premium Statement as an increase or decrease and forward this information, with your premium cheque, to the address indicated on your statement. This address is also found on the return envelope(s) included in your administration portfolio.

**Note:** To avoid a request for Evidence of Insurability, please report these changes to RBC Insurance within the 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 "Evidence of Insurability" section in this guide.



### 3. Change of name or beneficiary (for life insurance only)

To change a name or beneficiary, follow these steps:

- Complete the appropriate section of a Group Request for Change form
- Sign and date the form
- Retain the original form for your records

If a change of this nature also affects a change in any dependent's status, have the employee complete Section 6 of the Group Request for Change form.

#### Appointing a minor

When appointing a minor as beneficiary, please obtain an Appointment of Trustee Form from your local RBC Insurance sales office. Have the employee complete the card, and maintain it for your records.

**Note:** For beneficiary designations, the full given name(s) and relationship must always be shown; e.g., "*Mary A. Smith, wife*" rather than "*Mrs. John Smith, wife.*"  
Married women in Quebec must use their maiden names unless legally changed.

### 4. Dependent status change (applicable to Life coverage only)

When an employee wishes to add Dependent Life coverage due to a change in a dependent status as a result of marriage, birth of a child, etc. (see Group Insurance Policy for definition of "eligible dependents"), follow these steps:

- Have the employee complete, sign and date a Group Request for Change form within the 31 days following the date of the change; otherwise, Evidence of Insurability will be required (please refer to the "Evidence of Insurability" section in this guide).
- Retain the original 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 (Section 5 on next page).

If both spouses are insured as employees under the plan, both may insure any dependent children.

## 5. Common-law spouse coverage

For a current employee wishing to insure his/her common-law spouse (and dependents thereof, if applicable), follow these steps:

- Fully complete Section 6 of the Group Request for Change form
- Retain the original form for your records

**Note:** Common-law spouse refers to a person with whom the employee has lived for at least 12 consecutive months and publicly represents as his/her spouse. Discontinuance of cohabitation will terminate the common-law spouse's eligibility for "insured dependent" status.

## 6. Over-age dependents

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.

## 7. Employee terminations

Employees who are no longer covered under the plan must be removed from the Premium Statement received closest to the date the coverage ends. Your Group Insurance Policy outlines when an employee's coverage will terminate.

To report a termination, please ensure the following information is included:

- Policy number(s)
- Division number(s)
- Employee's full name
- Employee certificate/identification number
- Effective date of change (the last day on which the employee was actively employed by your company on a full-time basis)
- Coverage
- Credit due (for employees terminated retroactively)

When forwarding this information to RBC Insurance, follow these steps:

Complete the front and back of your Group Premium Statement and return it with your premium cheque to the address shown on your statement. This address also appears on the return envelope(s) included in your administration portfolio.

**Note:** You must inform employees of their right to convert coverage, if applicable.

### Conversion

Employees may be eligible to convert their coverage as outlined in the Group Insurance Policy. Please contact your local RBC Insurance sales office immediately. The application for conversion must be received by RBC Insurance within the 31 days following the employee's termination.

## 8. Terminating eligible dependents

If an employee no longer has eligible dependents to insure, follow these steps:

- Have the employee complete Section 6 of a Group Request for Change form
- Retain the original 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.

## **9. Applying for coverages previously refused**

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

## **D. Evidence of Insurability**

### **1. When is Evidence of Insurability required?**

Evidence of insurability or medical evidence, is required in all of the following instances:

- 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);
- 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);
- For any employee or dependent who applies for an increase in coverage more than 31 days after becoming eligible;
- For any employee who reapplies after coverage has been discontinued because of a 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 to ensure the following:

- All questions are answered and complete (if not applicable please specify with n/a)
- Any changes are initialled by the employee
- The completed Evidence of Insurability form is dated and signed by the insured
- The completed form is sent to RBC Insurance, Group Customer Account Services

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 Evidence of Insurability 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*. (If an employee or dependent applies for coverage more than 31 days after becoming eligible, the cost is at the employee's own expense.)

Coverage will become effective once RBC Insurance has approved any additional evidence. Include the approved employee on your next Group Premium Statement with any applicable back charges.

## **E. Inactive employees**

### **1. Layoff or leave of absence (excluding maternity or parental leave)**

Please refer to your Group Insurance Policy for specific details regarding layoffs and leaves of absence.

Occasionally you may have an employee who has ceased to be actively employed due to a temporary layoff or an approved leave of absence. Please report a layoff or leave of absence in writing to your local RBC Insurance sales 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

We will then confirm, in writing, the coverages and the period during which coverages may be continued, including the date on which any benefits may terminate. For further information on terminating the employee's coverages, please refer to the "Employee changes" section of this guide under the subsection "Employee terminations."

## 2. Maternity or parental leave

Please review the complete details of the Employment Insurance Act (EIA) and your provincial Employment Standards Act (ESA) for maternity or parental leave provisions.

RBC Insurance will automatically extend coverage to all employees on maternity leave up to the maximum period allowable under the maternity provisions of the EIA and/or ESA, 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 or discontinued.)

**Note:** It is not necessary to report an employee on maternity leave to RBC Insurance, except in these two cases:

- When the employee has elected not to continue to participate in the plan; or
- When the employee has elected to extend the maternity leave of absence beyond the maximum period allowable under the maternity provisions of the EIA and/or ESA.

If either of the above applies, please notify your local RBC Insurance sales office and include the following information:

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

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.

**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. STD and LTD coverages, however, will cease on the date immediately following the maximum period allowable under the maternity provisions of the EIA and/or ESA if the employee elects to extend the leave of absence beyond that date.

To reapply for coverages that the employee has elected to discontinue during the employee's maternity or parental leave of absence, refer to the "Rehired employees" section in this guide.



## F. How to report claims

**For claims inquiries, please call RBC Insurance's Customer Care Centre toll-free at 1-877-519-9501.**

If your plan does not provide some of these benefits, disregard instructions for those areas.

To expedite the processing of your claim, please follow these four steps:

1. Indicate the policy number, social insurance and certificate or identification number on all claim forms
2. Fully answer all questions
3. Ensure that all required statements to support your claim are submitted with the claim forms
4. Forward the completed form and other pertinent data to RBC Insurance's Customer Care Centre

### **TYPE OF CLAIM**

### **PROTOCOL FOR CLAIM SUBMISSION**

Short Term Disability

- Short Term Disability Claim form for employee (claimant's, employer's and attending physician's statements to be completed)
- Employer's statement of employee's earnings
- Claim form to be sent within 15 days of disability

Long Term Disability

- Long Term Disability Claim form for employee (claimant's, employer's and attending physician's statements to be completed)
- Employer's statement of employee's earnings
- Claim form to be sent 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

- Proof of death — Claimant's statement for employee/dependent
- Proof of death — Physician's statement
- Employer's statement

Life premium waiver

- Claim for waiver of premium form if stand-alone; otherwise, this will be adjudicated in conjunction with the LTD claim, and no separate forms are required

Accidental death

- Proof of accidental death — Claimant's statement
- Proof of accidental death — Physician's statement
- Employer's statement

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

- When the physician's statement cannot be completed
- When 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.

## G. General

### 1. Directory Assistance

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

#### A) RBC INSURANCE CUSTOMER SERVICE — GENERAL INQUIRIES

The representatives in your local RBC Insurance sales office can assist you with your general customer service inquiries. **Local sales Offices:**

##### **Calgary**

10655 Southport Rd. S. W., Suite 600  
Calgary, AB  
T2H 2H7

1-800-661-6614  
403-264-8686  
Fax: 403-263-5591

##### **Montreal**

710 – 1100 Rene Levesque Blvd.  
Montreal, PQ  
H3B 4N4

1-800-567-1648  
514-954-1205  
Fax: 514-954-1206

##### **Toronto**

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

1-800-387-1555  
416-594-3700  
Fax: 416-861-0897

##### **Vancouver**

2985 Virtual Way, Suite 300  
Vancouver, BC  
V5M 4X7

1-800-661-4547  
604-689-1738  
Fax: 604-683-3320

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#### B) RBC INSURANCE GROUP CUSTOMER ACCOUNT SERVICES — BILLING INQUIRIES

##### **Group Billing**

P.O. Box 1800, Stn B  
Mississauga, ON  
L4Y 3W6

1-888-604-3434  
Fax: 1-800-296-6987  
groupclientservices@rbc.com

##### **iServices**

P.O. Box 1800, Stn B  
Mississauga, ON  
L4Y 3W6

1-888-840-1148  
Fax: 1-800-296-6987  
iservicescanada@rbc.com

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#### C) RBC INSURANCE'S LIFE AND HEALTH CLAIMS DEPARTMENT — CLAIMS INQUIRIES

##### **Claims**

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 local RBC Insurance sales office, or you may complete the Request for Group Insurance Supplies form and forward 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 Premium Statements and other correspondence are received at your office without delay, please inform the RBC Insurance Group Customer Account Services immediately of any change in your business address. Please include your policy number.

## **4. Reporting a plan administrator change**

If the responsibility for the administration of your Group plan changes hands, please advise RBC Insurance Group Customer Account Services immediately, in writing, of the contact person with whom you wish us to correspond. Please include your policy number.

## **5. Requesting a change to your Group Insurance Policy**

Any revisions to change benefits, add affiliated or subsidiary employers, changes to the contribution basis or other plan changes must be requested in writing. Contact your broker or RBC Insurance customer service representative in your local sales office to assist you with making these changes.

## **6. Group Insurance Audit**

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

## 7. Renewal census data

As the plan administrator of a self-administered policy, you are required to remit revised employee census data for each renewal period. In order to accurately rate your plan(s), it is vital that our records show current employee information.

Renewal census data will be requested 120 days prior to your renewal date. RBC Insurance must receive the data 90 days prior to your renewal date. When remitting a census to RBC Insurance, please include the following information:

- Policy number(s)
- Division number(s)
- Full name of employee
- Date of birth
- Date of employment
- Salary
- Occupation
- Class
- Sex
- Province of residence

An employee Census form can be obtained from your local sales office.

## 8. 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.

## 9. Communications via e-mail

At RBC Insurance, we are pleased to offer an e-mail transmission service, for your convenience, to communicate 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 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.

# Privacy Statement — Your privacy matters to us

## 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>>