



ADMINISTRATIVE SERVICES ONLY (ASO) - SELF-INSURED STD BENEFIT

ASO STD CLIENT INFORMATION QUESTIONNAIRE

The ASO STD service is designed to assist you in managing short duration claims. The choices made here form part of your company's formal policies and practices as you manage the overall impact that disabilities have on your organization. Depending on the plan design noted in this document, your organization may be eligible for the EMPLOYMENT INSURANCE Premium Reduction Program. To be eligible, your plan must meet or exceed the EI program requirements.

In order to qualify for the EI PRP, an STD policy must meet certain minimum standards as set out in s.63 of the Regulations to the Employment Insurance Act. Some listed characteristics of a qualifying plan are:

RBC Insurance is not providing legal advice. Companies should obtain their own independent legal advice on the requirements of the Employment Insurance Premium Reduction Program.	
PROVISION	CHARACTERISTICS OF A QUALIFYING PLAN FOR EI PREMIUM REDUCTION
Waiting Period	<ul style="list-style-type: none"> Maximum three-month waiting period: the plan must be accessible to employees within three months of hiring
Elimination Period	<ul style="list-style-type: none"> Maximum elimination period of 14 days
Benefit Amount	<ul style="list-style-type: none"> Match or exceed the level of benefits provided under EI; that is, equal to or greater than 55% of the insured person's normal weekly insurable earnings
Benefit Period	<ul style="list-style-type: none"> Minimum benefit period of at least 15 weeks
Coverage	<ul style="list-style-type: none"> 24-hour coverage
Reinstatement of Benefits	<ul style="list-style-type: none"> Reinstatement of full entitlement to receive benefits (1) for recurrent disability after three months of active employment and (2) for new disability after one month of active employment
Permitted Exclusion	<ul style="list-style-type: none"> not being under the care of a licensed physician illness or injury intentionally self-inflicted illness or injury resulting from service in the armed forces war or participation in a riot disability arises during leave of absence or period of paid vacation receiving pregnancy or parental benefits committing a criminal offence engage in employment for wage or profit layoff/strike/lockout for periods of incarceration for periods outside of Canada injury or illness due to use of drugs or alcohol and insured not receiving continuing treatment for the use of drugs or alcohol receipt of no fault automobile insurance where applicable receipt of retirement pension from the employer disability resulting from plastic surgery performed solely for cosmetic purposes receipt of benefits under a group LTD plan that contains a reinstatement provision, where the reinstatement period under the plan does not exceed six months
Integration of Benefits/ 85% All Source	Benefits which may be integrated are: <ul style="list-style-type: none"> WSIB/WCB benefits any group disability plan maternity or paternity benefits no-fault automobile accident insurance (where applicable) salary continuation, accumulated sick plan pension/retirement benefits from employment, service in the armed forces or police force retirement pension benefits under CPP or QPP

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RBC Life Insurance Company, PO Box 1800 Stn B, Mississauga Ontario L4Y 3W6



Applications for the program and further information can be found on the EI web-site found on the HRDC (Human Resources Development Canada site:

<http://www.hrsdc.gc.ca/en/cs/prp/010.shtml>

Please be aware that this case will not be coded or claims processed until all information is received. Please attach a copy of the Policyholder's:

- Letter Requesting ASO STD,
- Current Plan Document, if available, and
- Application for Group Insurance, if applicable.

Name of Employer: _____

Policy Number: _____

Effective Date of the Agreement is to be: _____

Section 1 – DIVISION, SUBSIDIARY, OR AFFILIATE COMPANY INFORMATION

Division # 1: Full Legal Name: _____

Relationship to Policyholder (Check all that are applicable): Billing Division Affiliate/ Subsidiary

Degree of Control of Parent Company or common ownership % (applicable to only to affiliate or subsidiary): _____ %

Name of Billing Contact: _____ Email: _____

Name of Claims Contact: _____ Email: _____

Address: _____

Phone (include area code): _____ Fax (include area code): _____

Section – 2 - ASO STD RATES

ASO STD	Eligible Group/Class 1	Eligible Group/Class 2	Eligible Group/Class3
Sold Rate:			

Section 3 – ADMINISTRATIVE INFORMATION

Booklet Wording:

Is the ASO wording to be combined in the regular booklet wording? Yes No

Please note that booklet material for this benefit will be processed in the same manner as the rest of our RBC Insurance products applicable for this client.

EI Premium Rate Reduction Program Qualification:

Is the ASO Agreement being used by the Employer to file with Employment Insurance for the *Employment Insurance Premium Reduction Program*? Yes No

If Yes, you will be notified if any of the specifications of the plan design may disqualify the plan from the Employment Insurance Premium Reduction Program.



Type of ASO Service To Be Provided:

- Advice-to-Pay Only
- Advice-to-Pay %

Note: Advice to pay % is the only choice available if the benefit is tiered. (For example, 100% of earnings for the first 2 weeks, 75% for the following 6 weeks and 66.67% for the remaining weeks)

Policyholder Payroll Cycle:

(This information is used for creating reports only)

An example of this client's Payroll Cycle is:

Begin Date: / /
 End Date: / /

Delivery Method (Need to complete a Report Management System Input (RMS) Form):

- Email
- Fax (by special request only)

Reports Requested:

- Advice-to-Pay Only
- Advice-to-Pay %

Frequency of reports will match the payroll cycle.

If Weekly/Bi-Weekly : Select the day of the week you would like the report:

Day: _____ (Monday, Tuesday etc.)

If Monthly/Semi-Monthly : Select the date of month you would like the report:

Date: _____ (1st, 14th etc.)

PLEASE COMPLETE THE PLAN DOCUMENT DETAILED INFORMATION ON THE FOLLOWING PAGES. This information is required in order for us to draft your Plan Document from which we adjudicate your claims.



Plan Document Information:

(If the client's wording is to be used for certain items, please ensure that it is attached prior to submission)

Eligible Class(es):

- All Employees *(the most common choice)*
- See Application For Group Insurance re: Class Descriptions
- Other:

Amount of Insurance:

- Benefit Percentage: _____ % to a weekly maximum of \$ _____ *(a "Benefit % to a \$ maximum each week" is the most common choice)*
- EI Weekly Maximum *(55 % of the maximum weekly insurable earnings described in the Employment Insurance Act, as amended, just prior to the date of your disability = \$413 per week for 2006)*
- Flat Dollar Amount Per Week: \$ _____
- Other: _____
- Use the client's attached wording for Amount of Insurance

Definition of Disability:

Total Disability ONLY

- Yes, Total Disability Only - Use RBC Insurance Standard TD Definition *(This is the most common choice if TD Only is selected)*
"Total Disability means that, during the Elimination Period and thereafter, an Employee is so disabled as a result of Injury or Sickness that he is unable to perform the important duties of his own occupation."
- Yes, Total Disability Only. Use the client's attached definition of Total Disability Only

If Partial Included

- Yes, Partial Disability Included. Use the client's attached definition of Partial Disability
(RBC Insurance does not have a standard Partial Disability definition)

If Residual Included

- Yes, Residual Disability Included. Use RBC Insurance Standard (proportionate loss) *(This is the most common choice if Residual is included)*
"Residual Disability means that, an Employee who was Disabled through the Elimination Period continues in or returns to active employment after the Elimination Period but is still so disabled as a result of the same or related Injury or Sickness that is unable to perform the important duties of his own occupation, is not earning more than 80% of his Pre-Disability Earnings, and is under the regular care of a legally qualified Physician."
- Yes, Residual Disability Included. Use the client's attached definition of Residual Disability



Elimination Period:

EXAMPLE:

Sickness = 7 days

Injury = 7 days

Hospital = 5 days

Out patient Surgery = 5 days

In this example, benefits begin on the 8th day for Sickness and Injury, and on the 6th day for Hospitalization and Outpatient Surgery.

Injury: (0 is the most common. Benefits must be paid to employees within 14 days of Sickness or Injury for EI qualification)

<input type="checkbox"/> 0 days (i.e. benefits commence immediately)	<input type="checkbox"/> 7 days (i.e. benefits commence on the 8 th day)
<input type="checkbox"/> 3 days (i.e. benefits commence on the 4 th day)	<input type="checkbox"/> 14 days (i.e. benefits commence on the 15 th day)
<input type="checkbox"/> 5 days (i.e. benefits commence on the 6 th day)	<input type="checkbox"/> If other than those listed above: _____ days

Sickness: (3 or 7 are the most common. Benefits must be paid to employees within 14 days of Sickness or Injury for EI qualification)

<input type="checkbox"/> 0 days (i.e. benefits commence immediately)	<input type="checkbox"/> 7 days (i.e. benefits commence on the 8 th day)
<input type="checkbox"/> 3 days (i.e. benefits commence on the 4 th day)	<input type="checkbox"/> 14 days (i.e. benefits commence on the 15 th day)
<input type="checkbox"/> 5 days (i.e. benefits commence on the 6 th day)	<input type="checkbox"/> If other than those listed above: _____ days

Hospital: (0 days is the most common – giving 1st day of hospitalization.)

N/A. No Hospital Covered

<input type="checkbox"/> 0 days (i.e. benefits commence immediately – 1 st day hospitalization)	<input type="checkbox"/> 7 days (i.e. benefits commence on the 8 th day)
<input type="checkbox"/> 3 days (i.e. benefits commence on the 4 th day)	<input type="checkbox"/> 14 days (i.e. benefits commence on the 15 th day)
<input type="checkbox"/> 5 days (i.e. benefits commence on the 6 th day)	<input type="checkbox"/> If other than those listed above: _____ days

Outpatient Surgery: (0 days is the most common.)

N/A. No Outpatient Surgery Covered

<input type="checkbox"/> 0 days (i.e. benefits commence immediately – 1 st day hospitalization)	<input type="checkbox"/> 7 days (i.e. benefits commence on the 8 th day)
<input type="checkbox"/> 3 days (i.e. benefits commence on the 4 th day)	<input type="checkbox"/> 14 days (i.e. benefits commence on the 15 th day)
<input type="checkbox"/> 5 days (i.e. benefits commence on the 6 th day)	<input type="checkbox"/> If other than those listed above: _____ days

Elimination Period and Benefit Payment is based on:

If Weekly (most common choice), or Bi-weekly:
 Consecutive Days (1/7th) (most common choice)
 Working Days (1/5th)

If **Monthly** (most common choice), or Semi-Monthly, 30-day Calendar Month will be used (1/30th).

Later of Salary Continuation:

No (most common choice)
 Yes



Accumulated Elimination Period: (Applicable **only if Residual or Partial** definition of disability)

- Use RBC Insurance Standard – 14 days (most common choice)
- Use the client's attached wording for Accumulated Elimination Period

Maximum Benefit Period:

NOTE The following is a requirement for EI Qualification: If the Employee attains the age limit specified in the Plan Document while he is receiving benefits under this plan but has not yet reached the Maximum Benefit Period, benefits will continue to be paid until at least 15 weeks of benefits have been paid as long as he remains eligible to claim for such benefits

<input type="checkbox"/> 15 weeks (most common choice)	<input type="checkbox"/> 52 weeks
<input type="checkbox"/> 17 weeks (most common choice)	<input type="checkbox"/> If other than those listed above: _____ weeks
<input type="checkbox"/> 26 weeks	<input type="checkbox"/> Use the client's attached wording for Maximum Benefit Period

Maximum Benefit Period Method (The duration is calculated from):

Select one:

- From Date of Disability (Includes Elimination Period) (most common choice)
- From Date Benefits Begin (Excludes Elimination Period)

Recurrent Disability:

- 14 calendar days (RBC Insurance standard) (most common choice)
- Use the client's attached wording for Recurrent Disability

Antepartum Period (occurring prior to the onset of labour):

- Use RBC Insurance Standard - Medically Managed (most common choice)
- Use the client's attached wording for Antepartum Period



Exclusions:

Select all that apply:

(Most Common Exclusions)

Benefits will not be paid:

- for injury or sickness for which the Employee is receiving or is eligible to receive income benefits under any provincial Workers' Compensation plan or law
- during any period in which the Employee is working for wages or profit
- for injury or sickness for which the Employee is eligible to receive income benefits under any provincial motor vehicle accident insurance plan or law if the benefits paid or payable under the Employment Insurance Act are not taken into account in determining the amount that the Employee receives or is entitled to receive from such provincial plan or law
- for any period after the Employee fails to undergo a medical examination as required by the Employer, or fails to participate (without reasonable medical documentation approved by the Employer) in a rehabilitation or return-to-work program recommended and approved by the Employer
- during any Leave of Absence. If Disability commences during Leave of Absence, the Income Benefit will commence on the later of the date the Elimination Period ends or the date Leave of Absence ends, provided the Insured Employee remains Disabled. Maternity leave is a form of Leave of Absence and is deemed to commence on the earlier of the date scheduled by the Insured Employee or the actual date of delivery;
- during any period of
 - lay-off,
 - strike or
 - lock-outif Disability commences during such period. Provided the Insured Employee remains Disabled, benefits will start to accrue on the later of the date the Elimination Period ends or the actual date the event ends.
- during any period that the Employee is incarcerated
- for suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane
- for
 - insurrection or
 - war, whether war is declared or not,
 - participating in a:
 - riot or
 - civil commotion, or
 - service in the armed forces of any nation;
- for committing or attempting to commit or provoking
 - an assault or
 - criminal offence under the Criminal Code
- for the loss, revocation, restriction, non-renewal or inability to gain a license, permit or certification

(Less Common Exclusions)

- for occupational injury or sickness
- for cosmetic surgery except surgery made necessary by accidental injury incurred while covered under the plan.
- for elective surgery except surgery made necessary by accidental injury incurred while covered under the plan.



List all Other Income Benefits To Be Considered Offsets:

Select all that apply:

No Offsets Applicable *(most common choice)*

Other Income Benefits means the weekly amount or weekly equivalent of any benefits or other payments which the Employee receives or is entitled to receive for the Employee's Disability from or under:

the Canada or Quebec Pension Plan (CPP or QPP) or a plan in another country for which there is a reciprocal agreement with the CPP or QPP, excluding dependent benefits payable to the Employee, the Employee's dependents or a trustee for the Employee's dependents, and excluding cost of living increases made under those plans after the commencement of benefits.

any amount that the Employee receives or is entitled to receive under any Workers' Compensation Act or similar legislation.

any group insurance or retirement plan available through the Employer.

any provincial motor vehicle accident insurance plan or law if the benefits paid or payable under the Employment Insurance Act are not taken into account in determining the amount that the Employee receives or is entitled to receive from such provincial plan or law.

any amount the Employee receives from a third party (after subtracting attorney's fees) by judgment, settlement or otherwise.

Other : _____

Use the client's attached wording for Offsets

All-Source Limitation:

No *(most common choice)*

Yes _____ % *(if there is one, 85% is the most common choice)*

Minimum Numbers of Hours worked per week to be eligible:

_____ per week

Use the client's attached wording for Minimum Hours

Waiting Period: *(must be within 3 months of hire to have EI qualification)*

Current Employees at the Effective Date: _____

New Hires after the Effective Date: _____

Use the client's attached wording for Waiting Periods



When Does Coverage/ Benefits Stop:

An Employee's coverage will terminate on the earliest of:

- the date the Employee ceases to be eligible for coverage under the terms of this Plan or ceases to be in a class of Employees eligible under this Plan for coverage;
- the date the Employee attains the age limit of _____, specified in the Benefits At A Glance;

Notwithstanding anything to the contrary contained in this document, if the Employee attains the age limit specified in the Benefits At A Glance while he is receiving benefits under this plan but has not yet reached the Maximum Benefit Period, benefits will continue to be paid until at least 15 weeks of benefits have been paid as long as he remains eligible to claim for such benefits.

- the date the Employee enters the armed forces of any nation on a full-time basis;
- the date the Employee ceases to be Actively at Work, except that:
 - 1) where injury, illness or sickness prevents the Employee from being Actively at Work, coverage will continue until it is terminated by the Employer;
 - 2) where the Employee is on Leave of Absence other than maternity leave, lay-off or strike or lock-out, coverage may continue but not beyond the end of the calendar month following the month in which the Employee ceases to be Actively at Work;
 - 3) where the Employee is on maternity or parental/adoptive or compassionate care Leave of Absence, coverage will continue, where required by law, during the Leave of Absence. Where not required by law, coverage may continue during the minimum period of such Leave of Absence as prescribed under the applicable law or jurisdiction where the Employee resides.

Use the client's attached wording for When Coverage/Benefits Stop

Contribution/Taxability:

- 100% Employer Paid (Taxable) *(most common choice)*
- 100% Employee Paid (Non-taxable)
- % Employer/Employee (Taxable), if selected fill out the following:

Employer	%	Employee	%
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Definition of Basic Weekly Earnings:

- Use RBC Insurance Standard *(most common choice)*

"Weekly Earnings means the weekly equivalent of the Employee's regular rate of earnings from the Employer immediately prior to becoming Disabled. It shall not include sporadic earnings received from commissions, bonuses, overtime, dividends or other special compensation. For the purposes of this benefit, earnings are the normal insurable earnings pursuant to the Employment Insurance Act of Canada."

Use the client's attached wording for Weekly Earnings Definition

COMMENTS:
