

Benefit Fact Sheet – Late Applicant

This Fact Sheet provides information about late applicant status and the associated risks. In order to avoid being treated as a late applicant, employees and eligible dependents **must** enrol in the employee benefit plans within **31 calendar days** of becoming eligible to participate or experiencing a life-changing event (see the [Active Employee Benefit Booklet](#) for more details about life-changing events).

It is also important for employees and/or eligible dependents to understand they will be treated as a late applicant and may be at risk of being declined coverage by the Insurer, if they **choose to decline or cancel coverage** and wish to enrol at a later date. If required to complete a [Statement of Health](#) (see table below), submit it directly to the Insurer for proof of insurability and submit the [Active Employee Enrolment/Change Form](#) separately to the Human Resources or Payroll Services office.

What is a Late Applicant?

A late applicant is an employee or a dependent who wishes to enrol in the employee benefit plans beyond 31 calendar days of:

1. becoming eligible to participate; or
2. experiencing a life-changing event (e.g., marriage, common-law partnership, birth or adoption, divorce/separation, death of a spouse, initial post-secondary enrolment, involuntary loss of coverage).

With respect to the Long Term Disability (LTD) Plan, a late applicant is defined as an employee who declined to participate within 31 calendar days of when the Plan was first implemented for their employer group, and who wishes to enrol.

The implications of late applicant status are outlined for each benefit in the table below. For benefits in which a [Statement of Health](#) is required, the employee/dependent may be denied coverage based on their medical history.

Health	Coverage can be added at any time by indicating on the Active Employee Enrolment/Change Form. Statement of Health Form required. If coverage is approved, the effective date is the date that the insurer approved the application.
Dental	Coverage can be added at any time by indicating on the Active Employee Enrolment/Change Form. Statement of Health Form not required. Dental benefits will be limited to \$100 per person for the first 12 months of coverage. The effective date is the first day of the month following the date in which the application form was signed.
Optional Life / Accidental Death & Dismemberment (AD&D)	Coverage can be added at any time by indicating on the Active Employee Enrolment/Change Form. Statement of Health Form required. If coverage is approved, the effective date is the date that the insurer approved the application.
Voluntary AD&D	Coverage can be added at any time by indicating on the Active Employee Enrolment/Change Form. Statement of Health Form not required.
Optional Critical Illness	Coverage can be added at any time by visiting www.medaviebc.ca/optional/gnb or calling Medavie Blue Cross' Optional Benefits Team at 1-844-949-3809. Statement of Health Form required. If coverage is approved, the effective date is the date that the insurer approved the application.
Dependent Life	Coverage can only be added during the annual open enrolment opportunity, typically occurs in the month of May, by indicating on the Special Enrolment/Change Form (typically distributed in April). Statement of Health Form not required.
Long Term Disability (LTD)	Coverage can be added at any time by indicating on the Active Employee Enrolment/Change Form. Statement of Health Form required. If coverage is approved, the effective date is the date that the insurer approved the application.

For more information, contact our Plan Administrator's (Vestcor) Member Services Team at 1-800-561-4012 or 506-453-2296, or visit vestcor.org/benefits.