Employee Benefits

AT-A-GLANCE APRIL 2019

STANDING COMMITTEE ON INSURED BENEFITS

Enrolment Opportunity

The enrolment opportunity to add or change Dependent Life insurance coverage is only available May 1st to May 31st (other than a qualifying life changing event). As of May 1, 2019, requests to add or change Optional Life insurance (formerly Supplementary Life) can be submitted at any time.

Dependent Life

You can choose to add $12,000 life insurance coverage for your spouse and each eligible dependent child at this time. No Statement of Health is required. Your monthly cost for this benefit would be $1.34.

Coverage would be effective June 1st and your employer should begin payroll deductions in May.

Process for Adding Dependent Life:

The attached Enrolment / Change form, must be completed as follows:

- Provide your employee information
- Select 'Dependent Life' (no Statement of Health required)

Deadline:

Your form must be received by Vestcor (and a copy provided to your employer/ payroll) no later than May 31, 2019.

Where to send your form:

1. Send the **original** Enrolment / Change form to Vestcor at the following address: 440 King Street, Suite 680- 6th floor- York Tower, Fredericton, NB E3B 5H8.

2. You must also send a **copy** of your Enrolment / Change form to your employer/payroll.

Optional Life

* Supplementary Life is now called Optional Life

If you did not take advantage of enrolling in the Optional Life program when you first became eligible, **you can now request to add or change Optional Life insurance at any time.**

You can choose up to two (2) times your annual salary. Your monthly cost for this benefit would be 15.2¢ per $1,000 of coverage.

A Statement of Health form must be completed, and coverage is effective only if your Statement of Health is approved by Medavie Blue Cross.

If you are approved, you and your employer will be notified when deductions will begin. If you are denied, you will receive a letter from Medavie Blue Cross. Please allow 8-10 weeks for processing.

Process for Applying for Optional Life Coverage:

You are required to follow the late application process as outlined below:

The Enrolment / Change form, must be completed as follows:

- Provide your employee information
- Select Optional Life and indicate your choice of coverage (as applicable):
  - 1x or 2x annual salary
- Name your beneficiary(ies)
- Date and sign the form.

Complete the Statement of Health form and ensure that you date and sign this form.

Where to send your forms:

1. Send all **original** forms including the original Statement of Health directly to Vestcor at the following address: 440 King Street, Suite 680- 6th floor- York Tower, Fredericton, NB E3B 5H8.

2. You must also send a **copy** of your Enrolment / Change form to your employer/payroll. Do not send your Statement of Health to your employer/payroll.

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INSURED BENEFIT PROGRAMS
GUIDE FOR ACTIVE EMPLOYEE ENROLMENTS OR CHANGES

TIME SENSITIVE - ACTION REQUIRED

PLEASE READ CAREFULLY BEFORE COMPLETING THE FORM

Complete, date and sign this form to enrol or change your existing coverage in the Government of New Brunswick's Employee Benefit Programs.

Enrolment

- Verify that you and your family members meet the definitions of those eligible to participate in the Employee Benefit Plans by reviewing the Eligibility Criteria Benefit Fact Sheet.
- Once you've fully completed the applicable section(s) and signed the form(s), they must be sent to your employer **within 31 days of becoming eligible to participate.**

Changing Coverage

- If you are actively at work (capable of working your regular schedule) and would like to make changes to your coverage, you MUST do so within 31 days following an eligible life changing event (see list below).

  If you are on an approved leave of absence from work, you MUST submit your change(s) within 31 days of the date you return to work. There are provisions that allow employees on an approved leave to change their coverage within 31 days following the life changing event if:

  1) The employee is on maternity/paternity or adoption leave and continued coverage during their leave; or
  2) The employee involuntarily lost coverage under a spousal plan.

- For the following life changing events, your employer will need to see proof of Medicare coverage (i.e. Medicare card), along with the following documentation, as it becomes available:

Life Changing Event	Who can be added?	Documentation Required
Marriage	Spouse & his/her eligible dependent children	Marriage certificate
Common-Law	Spouse & his/her eligible dependent children	Statutory Declaration of Common-Law Partner form
Birth or Adoption	Newborn or Adopted child	Birth certificate or Legal Adoption papers
Divorce/Separation	Dependent Children	Divorce Judgment or Separation Agreement
Death of a Spouse	Dependent Children	Death Certificate
Involuntary loss of Employee's coverage through spouse's plan	Employee, spouse & eligible dependent children	Applies to health and/or dental coverage only. Proof of termination of similar coverage from employer or insurance provider (including date coverage terminated, description of coverage and confirmation of who was covered).

Late Applicant

If you and/or your eligible dependents do not enrol in the Employee Benefits Plans **within 31 days** of becoming eligible to participate or change your coverage, you and/or your eligible dependents will be considered a Late Applicant.

For more information visit www.vestcor.org/employeebenefits where you will find the following:

- The Eligibility Criteria Benefit Fact Sheet which describes who is eligible to participate and the requirements that must be met.
- The Late Applicant Benefit Fact Sheet which describes the Late Applicant provision and the associated risks.
- Employee Benefit pamphlets which include coverage details such as eligible products or services and benefit maximums
- The Statements of Health for Optional (Supplementary) Life Coverage as well as the Statement of Health for Health & Travel or Long Term Disability Coverage
- And much more!

If you have any questions, contact Vestcor's Member Services team at (506) 453-2296 or 1-800-561-4012.

INSURED BENEFIT PROGRAMS

SPECIAL - ACTIVE EMPLOYEE ENROLMENT/CHANGE FORM

SECTION A TO BE COMPLETED BY EMPLOYEE

REQUESTING:

- ☐ Enrolment
- ☐ Transfer Coverage
- ☐ Terminate/Cancel Coverage
- ☐ Change Coverage
- ☐ Change Beneficiary
- ☐ Change Name
- ☒ Late Application – Attach applicable Statement of Health
  - Statement of Health for Optional Life Coverage
  - Statement of Health for Health & Travel or LTD Coverage
- ☐ Other _____

Last Name of Employee	First Name	Middle Initial	Telephone	☐ Male ☐ Female	Date of Birth (DD-MM-YY)	Social Insurance Number

SELECT COVERAGE OPTIONS

1. **BASIC LIFE AND EQUAL AMOUNT OF ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)** (Compulsory) — ■ 1 X annual salary

2. **OPTIONAL LIFE AND EQUAL AMOUNT OF AD&D** (Optional) — ☐ Decline ☐ Cancel
   - ☐ 1 X annual salary
   - ☐ 2 X annual salary
   - Applicable to Judges only:
     - ☐ 3 X annual salary
     - ☐ 4 X annual salary

3. **VOLUNTARY AD&D** (Optional) — ☐ Decline ☐ Cancel ☐ Single ☐ Family Principal Sum $ _____ (units of $10,000 up to $500,000)

4. **DEPENDENT LIFE** (Optional) — ☐ Yes ☐ Decline ☐ Cancel **NOTE: Beneficiary is the Employee**

5. **LONG TERM DISABILITY (LTD)** (Compulsory for eligible groups) — ☐ Enrol ☐ Not Eligible ☐ Missed Enrolment (up to 12 months retro premium required) ☐ Late Application -- Complete Statement of Health for LTD

6. **HEALTH** (Optional) — ☐ Yes ☐ Decline ☐ Cancel ☐ Change **If Yes or Change complete section C on page 2**

7. **DENTAL** (Optional) — ☐ Yes ☐ Decline ☐ Cancel ☐ Change **If Yes or Change complete section C on page 2** **Note:** If yes, 2 year minimum participation required.

BENEFICIARY DESIGNATION FOR BASIC LIFE, OPTIONAL LIFE AND VOLUNTARY AD&D

8. **NAME YOUR BENEFICIARY(IES) BELOW AND CHECK THE BENEFIT BOX(ES) THAT IT APPLIES TO:**

Basic Life	Optional Life	Voluntary AD&D	Beneficiary (First and Last Name)	Date of Birth[1] (DD-MM-YY)	Relationship to employee	Percentage of benefit paid (must total 100%)
☐	☐	☐				
☐	☐	☐				
☐	☐	☐				
☐	☐	☐				

[1] If any beneficiary(ies) listed above are considered a minor, designate a trustee to receive and disburse any moneys payable under the above mentioned group policy(ies) during their minority. Not applicable in Quebec.

_____ _____ (____)_____

Trustee's first and last name **Relationship to employee** **Telephone Number**

9. **DECLINE/CANCEL OPTIONAL BENEFITS:** I have read the Late Applicant Benefit Fact Sheet and understand that by electing to decline or cancel any of the above optional benefits, my dependents and I may be considered Late Applicant(s) and I am aware of the associated risks if I (we) wish to enrol at a later date.

10. **AUTHORIZATION:** I certify that the information above is accurate and authorize payroll deductions, if required. By providing my Social Insurance Number, I authorize the insurance carrier; plan administrator and the pay & benefits administrator to use it for identification purposes only.

Signature of Employee: _____ **Date:** _____

**** EMPLOYEE: FORWARD TO EMPLOYER (HUMAN RESOURCES OR PAYROLL SERVICES) ****

SECTION B TO BE COMPLETED BY EMPLOYER (HUMAN RESOURCES OR PAYROLL SERVICES)

Name of Employer	Hire Date (DD-MM-YY):	Effective Date of Coverage or Change (DD-MM-YY):

Employment Type (check one): ☐ Full time ☐ Part time - hrs/wk _____

Employment Status (check one): ☐ Permanent ☐ Seasonal ☐ Casual ☐ Temporary/Term ☐ Other _____

☐ Bargaining ☐ Non-Bargaining — Name of Bargaining Group (if applicable)

Signature of Employer: _____ **Date:** _____

**** EMPLOYER: FORWARD TO VESTCOR ****