

This Fact Sheet provides a detailed explanation of the **Late Applicant** provision and the associated risks. In order to prevent unanticipated Late Applicant restrictions, as outlined below, employees must be enrolled in the Group Insured Benefit Programs within 31 days of becoming eligible to participate or change their coverage. Also, it is critical that employees are well informed that they may be subject to the Late Applicant risks if they choose to decline or cancel coverage for the optional benefits and wish to enrol at a later date.

WHAT DOES “LATE APPLICANT” MEAN?

A **Late Applicant** is an employee who wishes to enrol in the Group Insured Benefit Program beyond 31 days of:

- 1) becoming eligible to participate; or
- 2) a change in the employee’s personal status - e.g., life changing event such as birth, adoption, marriage/common-law, divorce/separation, death of spouse, involuntary loss of employee’s health and/or dental coverage through spouse’s plan.

With respect to the Long Term Disability (LTD) Program, a Late Applicant is defined as an employee who chose to be excluded from participation in the Program when it was implemented for his/her group, and who wishes to enrol beyond 31 days of the group’s participation effective date.

Failure to enrol or make changes within the 31-day limitation will result in Late Applicant status for the employee and his/her dependents, which puts them at risk of being declined coverage by the Insurer. Pay particular attention to the following requirements that apply to the Late Applicant Status for each benefit:

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| Health | <ul style="list-style-type: none"> • The employee will be required to provide a medical history for him/herself and each family member on a Statement of Health form for proof of insurability • The employee and/or any member of his/her family risk being declined for coverage based on medical history • If coverage is approved, the effective date is based upon the Insurer’s approval date |
| Dental | <ul style="list-style-type: none"> • A Statement of Health form is not required; however, dental benefits will be limited to \$100 per person/family member for the first 12 months of coverage • The effective date is the first of the month following the date the application form is signed. |
| Supplementary Life Includes Accidental Death & Dismemberment (AD&D) | <ul style="list-style-type: none"> • Application for coverage beyond 31 days from the employee’s point of eligibility will always require completion of a Statement of Health form for proof of insurability. Late applications can be submitted during the month of May each year • If coverage is approved, the effective date is based upon the Insurer’s approval date |
| Voluntary AD&D | <ul style="list-style-type: none"> • Coverage can be added at any point during the year by completing an enrolment card. A Statement of Health form is not required |
| Dependent Life | <ul style="list-style-type: none"> • Coverage can be added during the month of May of each year by completing an enrolment card. A Statement of Health form is not required |
| LTD | <ul style="list-style-type: none"> • Only employees who wish to enrol beyond 31 days of a group’s participation effective date will be required to provide a medical history on a Statement of Health form for proof of insurability • If coverage is approved, the effective date is based upon the Insurer’s approval date |

For more information, contact a Pensions and Benefits Specialist at Vestcor Pension Services Corporation at (506) 453-2296 or toll free 1-800-561-4012.