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From the Masthead



Mainstay Insurance Brokerage Inc. Phone: (905)886-9203

In order to serve you better

To assist you with your employee benefit plan, we are continually updating our website. Located at:

www.mainstayinsurance.ca

The site provides easy access to many insurance company's websites and to the health and dental claim forms you utilize on a regular basis. We have also added links to the log on pages for members (employees) in order to provide quick entry to other websites.

If you use a form that is not on our website and would like it added, please send us an e-mail at:

Dave@mainstayinsurance.ca

Did you know that...

You are obligated to comply with insurer claim audits to maintain your ability to e-file?

With many of the new web and app based claiming models employees can submit claims without providing the original receipts. Insurers will on occasion, require these original documents for audit purposes and if requested employees must submit them in a short time frame to prove the validity of their claim.

Failure to comply with the audit request can result in the employee losing the ability to file claims electronically in the future. Please ensure that you respond to audit requests ASAP or call the insurer if you have any questions.

Keeping your information up to date

You as an employee have a responsibility to keep your employer up to date on status changes that can affect your benefits. Most plans require that such changes be updated within 31 days of the change taking effect.

Status changes can include: birth or adoption of a child, marriage, same sex or common law cohabitation, separation or divorce. If you have a child attending school full time out of the country or the child is over age 21, there is special information that must be provided in order to maintain or obtain benefit coverage.

In addition changes in spousal benefit coverage (such as the addition or loss of coverage) must be reported as it can affect the way claims are paid.

It is important that all personal information is kept current so that your dependants are eligible for coverage. Failing to make a timely status change can result in the insurer invoking late enrolment penalties. Such action can require you and/or your dependants to complete health questionnaires and may risk having your coverage declined.

Most carriers also have a late enrolment benefit

limit on dental care. This usually limits an employee and their dependants to a maximum of \$125 for dental care during the first year of coverage. This limitation could be a hardship if a family required even minimal dental work during that timeframe.

Another area to be aware of is the impact that a lack of response to an insurance company's request for additional information can have. Often an insurer will ask for health information, data on hospital or paramedical visits or other details in order to fully assess an individual's eligibility. It is your responsibility to ensure that such requests are complied with as soon as possible in order to obtain the level of benefit coverage that you are eligible for.

If your information is not shown correctly on your benefit wallet card, or if you are anticipating a change in status, please contact your plan administrator immediately.

Inform you dentist about changes as well

If you are like most clients today, your dentist electronically submits your dental

claims directly to the insurer for payment.

If you have moved and not updated your dentists' records you may experience problems getting your claims reimbursed. Problems with reimbursement can also occur when a dependent is at a different address than that of the employee (e.g. away at school).

When a claim is submitted electronically, it takes the information that is transmitted and overwrites the original information on the employee and then mails the claim to that "old" or "wrong" address. This can cause delays in payment as the claim cheque must then be forwarded to the new address or it may be returned to the insurer.

What starts out as a simple problem or frustration can quickly cause more serious problems in cases such as marital separations where you or your partners claim cheque is sent to your former spouses address.

To avoid these problems, ensure that your dentist has your most up to date information when you next visit.



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Note: This side of the newsletter is intended for you, the plan administrator. The information on the 'front' is generally targeted more to your staff and can be copied and distributed for their reference.

Just in case you were wondering...

An employee that is no longer common law or legally married is required to remove their former partner from a benefit plan immediately following separation. Once a spouse fails to meet the eligibility requirements of the plan, the insurer/employer is no longer obligated to provide coverage. There is a common misunderstanding that if a separation agreement states that an employee must continue to cover the ex, then the insurer must comply. That is not the case and often entering into these agreements can place an employee at risk.

This information is provided as a reference to clients of Mainstay Insurance Brokerage Inc. It is not intended as advice. Your situation and the contract provided by your insurer as well as any relevant legislation shall always take precedence. Always obtain appropriate legal, human resource or accounting advice.

Please subscribe to the Mainstay newsletter

We produce this quarterly newsletter called "From the Masthead" for clients and friends. All of our clients were subscribed to the free email distributed newsletter when they joined Mainstay or elected to subscribe on-line.

In order for us to continue to e-mail this newsletter to you, we require your consent in accordance with Canada's new Anti-Spam Legislation (CASL), which came into effect on July 1, 2014.

This legislation states that any commercial e-mail messages sent that promotes a firm even if it is just by showing it in a "good light" must have

consent by the receiver. The penalties for failing to obtain permission are up to \$1 million per person and \$10 million per business. We do not have those funds available (or we'd be working from a sailboat right now) so we are complying with the legislation.

In order to meet the new legal requirements, we must have all people wishing to receive the newsletter to re-subscribe by visiting the website and adding and confirming your e-mail address.

We have deleted ALL clients and others who have subscribed in the

past from our distribution list. If you wish to continue to receive emails from us, please re-subscribe as outlined above.

<http://www.mainstayinsurance.ca/newsletters/>

We apologize for the inconvenience that this legislation causes. We hope you will re-subscribe as we believe that the legislation updates and reminders are very useful, not just for plan administrators but also for your staff.

You can always withdraw your consent at any time by clicking unsubscribe on any communication or by contacting us via phone or e-mail.

Students going back to school in September?

If you have staff who have a child(ren) who is entering post secondary education or who is returning, it their responsibility to ensure that their child's information is kept up to date with the insurer to maintain their dependants benefit coverage.

Most group benefit plans define a dependant child as "an employee's natural or adopted child, or stepchild, who is; not married, not employed on a full-time basis, not eligible for insurance under another group policy; AND either under 21 years of age or if a full-time student at an accredited school, college or university, under 25 years of age.

Depending on the insurer, they may be asked to complete a form providing details such as the name of the school, the length of the program etc. Some may ask for proof of full time enrolment and others may simply ask for a phone call providing a verbal statement that the child is enrolled full time.

In most cases staff will be required to update information with the insurer each year that the child is returning to school and remains eligible for coverage. Most carriers require the information by the end of August.

If the child is enrolled in a post secondary school outside of Canada, there are a number of other

issues to consider.

The student will require an extension from OHIP (or your provincial health insurance plan). This extension does two things: it ensures your child's ongoing OHIP coverage upon their return from school and it allows group benefit plans to maintain coverage. This coverage is NOT always automatic and in most cases the insurer will need to be notified that the child will be attending school out of the country, that the OHIP coverage extension has been approved, and that they are enrolled in school fulltime (the same requirement for an in province student).

Call the insurer for more details if required.