

## Reminders when changing insurers

1. You may be eligible to change all or a portion of your life insurance to individually owned and individually paid for coverage. This can be acquired with no medical questions asked. It **MUST** be applied for within 30 days of the termination of the benefit or the option is lost. Contact your previous insurer for rates and more details if you are interested.
2. Ensure you submit any eligible claims that were incurred before the date of change promptly (usually within 90 days of the change) to be considered.
3. Alert your dentist to the change and provide your new insurer, policy and certificate number. This will avoid electronic filing of claims (EDI) to the wrong insurer or the incorrect printing of forms.
4. Show your pharmacist your new drug card or provide them with your new insurer, policy and certificate number. This can avoid a drug claim being denied.
5. Read your **NEW** employee booklet. It will provide you with the coverage that your current carrier provides. Each insurer has slightly different methods of doing business and handling claims. In addition, some benefits may have different levels of coverage than you have been used to in the past.
6. As of the date your wallet cards become effective, ensure you replace your old insurers wallet cards with your new ones. Also ensure that your eligible dependants have cards if provided (students away from home for example).
7. Read about your out of province **EMERGENCY** coverage in your employee booklet or brochure. It provides critical information that you should be aware of in the event that you have an illness or injury while travelling outside of Ontario. Note that your coverage may be limited (or even nullified) by a pre-existing or unstable medical condition. Contact the insurer before travelling if this may be the case. **ALWAYS** call the 1-800 or collect number as soon as you have a health problem. If you are unable to do so due to your condition, have a travelling companion make the call.
8. In some cases your deductible and/or your claim usage may be carried forward to your new insurer. This may mean that calendar or policy year maximums may still apply.
9. Benefit plan rates are adjusted based on the usage of the plan by you and your fellow employees. Be a wise consumer. The abuse and misuse of plans results in higher claims and in higher costs or reduced benefits for everyone.

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