




**SSQ** Financial  
Group

*Values in the right place*

**VOLUNTARY CRITICAL ILLNESS INSURANCE PLAN**

**ADMINISTRATION GUIDE**



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SAMPLE FORMS

1 - MONTHLY PREMIUM REPORT – VOLUNTARY CRITICAL ILLNESS INSURANCE

2 - APPLICATION FORM

3 - CONVERSION & APPLICATION NOTICE

4 - NOTICE OF CLAIM



## INTRODUCTION

This Administration Guide was designed to save you time, simplify your administration and also assist you in setting up properly organized records of your Voluntary Critical Illness Insurance plan.

As a Voluntary Critical Illness Insurance Plan Administrator, you are responsible for the following tasks:

- 1) Enrolling your employees in the benefits program
- 2) Initiating the medical underwriting process when evidence of insurability is required
- 3) Reviewing and submitting your premiums accordingly
- 4) Providing assistance in the event of a claim

A brief explanation of the material required for your group is included.

**WHETHER YOU WRITE OR CALL, ALWAYS REFER TO YOUR POLICY NUMBER AND  
COMPANY NAME WHEN CONTACTING US**

### PLEASE NOTE:

This document does not replace the insurance contracts, which take precedence in case of a dispute.

The masculine form is used in this document solely to lighten the text.



## **BENEFITS**

Your employees may enroll in the Voluntary Critical Illness Insurance by purchasing, at their own expense, amounts of insurance for themselves, their spouse and dependent children, if applicable.

For the enrolment process and forms to use, please refer to the "[Enrolment](#)" section of the present Guide.

The guaranteed issue amount varies depending on your plan. Please refer to the *Amount of Principal Sum* section of your Master Application regarding the amount of insurance covered.



## PREMIUM CALCULATION

The premium due is calculated on a rate per volume basis. Rates are applicable for each \$1,000\* of benefit and must be purchased in units.

For each employee of each class of insured persons, the premium should be calculated as follows:

**Amount of insurance approved by employee ÷ \$1,000\* = units of insurance**

**Units of insurance x Corresponding option rate = Employee's monthly premium**

**(Provincial sales tax on insurance premium must be added, if applicable)**

Please refer to the *Premium Rates* section of your SSQ Voluntary Critical Illness Insurance Master Application or to your policy's endorsements for the most current premium rate.

**\*Note:** It is possible that the rates stated in the *Premium Rates* section of your Master Application are per another amount than \$1,000. If so, please use this amount in the calculation of the Insured Person's Premium Due instead of the using the rates per \$1,000 as used in the example above.



## PREMIUM REMITTANCE

Premium is due on the first day of each month and payable monthly in arrears, within fifteen (15) days of the termination of the applicable period.

**Note:** Your payment schedule may be other than on a monthly basis. Please refer to the *Premium Due Date and Payment* section of your Master Application for further details.

### Premium Remittance Report

A Premium Remittance Report must be completed and forwarded to SSQ Insurance Company Inc. together with your payment. Please refer to the [Appendix](#) for more information regarding the Premium Remittance Report.

The Report should indicate, by province, the name, date of birth, gender, smoker status, the volume of insurance of each individual and the total amount of premiums due.

Premium reports should be completed in duplicate. The original should be forwarded to SSQ Insurance Company Inc. with your payment and the copy should be kept for your files.

**For any questions regarding the Premium Remittance Report or the payment methods,  
please contact our Plan Administrators Service at 1-855-508-1069.**

## PAYMENT METHODS

Please note that as a time saving and cost effective process, we encourage our clients to make payments via online banking.

### 1) ELECTRONIC PAYMENTS

Your payment can be completed via your financial institution's website, by selecting the supplier name "SSQ GROUP INSURANCE". The reference number corresponds to your policy number preceded by 7 zeros (e.g. 00000001ZZ99).

Once payment has been made, please email the Premium Remittance Report to [info@ssq.ca](mailto:info@ssq.ca), indicating in the email the date payment was made.

### 2) BY CHEQUE

If you wish to pay by cheque, please make your cheque payable to *SSQ Insurance Company Inc.* and enclose a copy of your Premium Remittance Report with your payment to the following address:

**SSQ Insurance Company Inc.**  
Billing and Enrolment

2525 Laurier Boulevard  
P.O. Box 10500, station Sainte-Foy  
Quebec City, QC G1V 4H6

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## ENROLMENT

All eligible employees and/or his spouse and children may participate in the plan. A new employee should be given a *Voluntary Critical Illness Application Form* for completion and signature as soon as he joins your company.

### Application and evidence of insurability requirement

Once you receive a completed application form, the Plan Administrator must make sure it is duly completed, signed and dated. The Plan Administrator must also determine if evidence of insurability is required for the coverage requested or a part of it.

The guaranteed issue amount is obtained without evidence of insurability if the request is received by the Policyholder within 31 days of:

- 1) the effective date of the policy;
- 2) the date the employee becomes eligible (new employee);
- 3) a life event.

If the application is received after the 31 days or for requested amount in excess of the guaranteed issue amount, evidence of insurability is required.

### Coverage obtained without evidence of insurability

Coverage obtained without evidence of insurability becomes effective on the latest of the following dates:

- 1) the effective date of the policy;
- 2) the first day of the month coinciding with or next following the date the request is received by the Policyholder if such request is received after the effective date of the Policy.

Premiums should be collected as soon as the coverage takes effect. The form authorizes your company to deduct premiums for the coverage selected by the employee.

The Policyholder must retain the original copy of the Application Form and keep it on file. The form will be requested by SSQ Insurance Company Inc. as proof of coverage when a claim is filed.





## ENROLMENT (Cont'd)

### Coverage requiring approval of evidence of insurability by the insurer

It is possible that the amount of coverage requested by the employee requires going through the medical underwriting process. To initiate the process, a copy of the *Application Form* must be forwarded to the SSQ's Medical Underwriting Department using a secure file transfer (TFS) account.

**Note:** Please contact the Medical Underwriting Department as soon as you receive your first *Application Form* to set up a secure file transfer (TFS) account.

Upon receipt of the application form, SSQ's Medical Underwriting Department will then contact the applicant directly to request the necessary evidence of insurability.

Evidence of insurability required may vary depending, among other things, on the amount of coverage requested by the applicant, his age and his medical history. Evidence of insurability may be a form to be completed by the applicant or a paramedical exam completed by a health professional. This exam may include urine and blood test. In this case, the applicant will receive a call from the health professional to set up an appointment.

Once the decision is made, a letter will be sent to the applicant to confirm his coverage. The Plan Administrator mentioned on the *Application Form* will also be informed of the decision in a Decision Report sent to his attention.

Coverage obtained with evidence of insurability becomes effective on the latest of the following dates:

- 1) the effective date of the Policy;
- 2) the first day of the month coinciding with or following the date of approval of the evidence of insurability by the insurer, if such approval is given after the effective date of the policy.

Premiums should be collected as soon as the coverage takes effect. The form authorizes your company to deduct premiums for the coverage selected by the employee.

The Policyholder must retain the original copy of both the Application Form and the Decision Report and keep them on file. The form will be requested by SSQ Insurance Company Inc. as proof of coverage when a claim is filed.

## ENROLMENT (Cont'd)

You may contact SSQ Medical underwriting's department at the address below:

**SSQ, Life Insurance Company Inc.**  
Medical Underwriting Department

SSQ Tower, 2525 Laurier Boulevard  
P.O. Box 10500, Station Sainte-Foy  
Quebec, QC G1V 4H6

Telephone

English: 1-866-622-4776

French: 1-877-651-6544

Fax: 1-866-720-9640

General mailbox: [medicalunderwriting@ssq.ca](mailto:medicalunderwriting@ssq.ca) (not secured)

TFS: medical underwriting secure mailbox (pub.) (secured)



*Values in the right place*



## **BOOKLETS**

Electronic booklets with the Policyholder's company name and policy number will be supplied by SSQ Insurance Company Inc.

Booklets summarize the benefits of the plan and should be given to each participant upon receipt of the properly completed enrolment form.

An employee who loses or misplaces his insurance booklet may request a new copy by contacting his Plan Administrator. In such case, the employee should be given a new electronic version of the booklet by your company.



## TERMINATION OF COVERAGE

An employee's coverage terminates on the earliest of the following dates:

- 1) on the date the Policy is terminated,
- 2) on the premium due date if the Policyholder fails to pay the required premium,
- 3) on the premium due date next following the date the employee gives your company a notice of cancellation,
- 4) on the premium due date coincident with or next following the date that the employee ceases to be an eligible person as stipulated in the *Description of Eligible Persons* section of the Master Application,
- 5) on the premium due date coincident with or next following the date the employee ceases to be an active employee on account of a leave of absence, lay-off, maternity leave, disability, resignation, dismissal, pension or retirement, except as provided under the following sections: "Continuation of Coverage During Approved Leaves" and "Extension of Coverage" and "Waiver of Premium", if applicable, to your policy.

Coverage for a spouse and/or dependent child of the employee (if applicable) terminates on the earliest of the following dates:

- 1) on the date the spouse or child ceases to be an eligible person, or
- 2) on the date the employee's insurance is terminated or ceases to be an eligible person.



## CONVERSION PRIVILEGE

**Important:** The *Conversion to an Individual Insurance Contract* benefit may not be applicable to your Voluntary Critical Illness Insurance plan, please refer to your policy.

Each employee insured under the SSQ policy may have the right to convert his coverage to an individual Critical Illness policy.

If an employee wishes to exercise this conversion privilege, your company must first complete the Policyholder's section of the Group *Critical Illness Insurance Conversion Notice*, then remit the conversion notice to the employee. The employee must complete the Applicant's section and follow the instructions to submit his application.

The *Conversion Notice* must be sent to SSQ within 31 days of the termination of employment or the date the employee ceases to be eligible.

Please refer to the *Conversion to an Individual Insurance Contract* section of your Policy for further details.



## CLAIM PROCEDURE

In the event of a claim, the person reporting the loss has to notify you, the Policyholder or the Plan Administrator, who will then initiate the claim.

SSQ shall be informed as soon as you are made aware of a claim and within 30 days of the date of the event. The following forms are required:

- 1) If you are the Policyholder or/and the employer:
  - a) *Statement of Employer/Policyholder* form
  - b) *Application Form* of the participant
  
- 2) If you are the plan administrator and not the employer:
  - a) *Notice of Claim – Critical Illness*

Upon receipt, the Claims department will set up a file and the following documents will be required:

- 1) *Statement of Employer/Policyholder* form along with the *Application Form* (if not already provided):
  
- 2) *Claimant Statement* form
  
- 3) *Authorization to collect, use and disclose personal information* form

All forms are available at [ssq.ca/individuals/forms/group-insurance](https://ssq.ca/individuals/forms/group-insurance)

## CLAIM PROCEDURE (Cont'd)

In order to accelerate the claim process, you may submit the proper forms to the appropriate party.

Thereafter, additional documents will be required to complete the file.

Note that all documents may be sent by fax or email to the claims department at one of the addresses below depending on your region:

### SSQ INSURANCE COMPANY INC. Group Insurance Claims Departments:

**Central Region**  
110 Sheppard Avenue E. Suite 500  
Toronto, ON M2N 6Y8  
Phone: 1-866-885-6772  
Fax: 1-866-411-9248  
[cwclaims.spgroup@ssq.ca](mailto:cwclaims.spgroup@ssq.ca)

**Western Region**  
800 6th Avenue S.W., Suite 650  
Calgary, AB T2P 3G3  
Phone: 1-866-885-6772  
Fax 1-866-411-9248  
[cwclaims.spgroup@ssq.ca](mailto:cwclaims.spgroup@ssq.ca)

**Quebec and Atlantic Regions**  
1200 Papineau Avenue, Suite 460  
Montreal, QC H2K 4R5  
Phone: 514-282-6043, 1-855-395-2520  
Fax: 1-855-690-9895  
[claims.spgroup@ssq.ca](mailto:claims.spgroup@ssq.ca)




## APPENDIX

### STEPS TO COMPLETING THE *PREMIUM REMITTANCE FORM*

**Note:** When completing the *Premium Remittance* form, please use the available employee data as of the first of the month.

#### 1. General information

Please complete the 'Policyholder', 'Premium for the month of' and 'Policy no' parts. The rest of this section of the Summary tab will be automatically updated with the information input under the Calculations tab:

 Values in the right place		VOLUNTARY CRITICAL ILLNESS INSURANCE			
		SSQ Insurance Company inc. Édifice SSQ, 2525 boulevard Laurier, C.P. 10500, succursale Sainte-Foy, Québec (Québec), G1V 4H6			
<b>Premium Report - Complete the Calculations Tab</b>					
Policyholder					
Premium for the month of	yyyy-mm	Policy no			
		Number insured	Total volume of insurance	Premium rate per \$1,000	Monthly premium
Individual		-	-	X -	= 0.00 \$
Spouse		-	-	X -	= 0.00 \$
Child		-	-	X -	= 0.00 \$
					0.00 \$

**Note:** "Volume" means the number of insured persons multiplied by each person's applicable volume of insurance.





Field Title	Instructions
<b>Policyholder</b>	Please fill in the legal name of your company as stated on the policy that was issued to you by SSQ.
<b>Premium for the month of</b>	This field will be automatically updated with the information input in the Calculations tab.
<b>Policy no</b>	Please fill in the SSQ policy number; this number should be five digits long.
<b>Number of Insured</b>	This field will be automatically updated with the information input in the Calculations tab
<b>Total volume of Insurance</b>	This field will be automatically updated with the information input in the Calculations tab
<b>Rate per \$1,000</b>	This field will be automatically updated with the information input in the Calculations tab.  Please note that in the event of a change in rates at renewal, an email will be sent to you containing a Premium Remittance Report with your new rates applied.

## 2. Breakdown by province

This next section of the *Premium Remittance* form will be automatically updated with the information input under the Calculations tab:

Provincial breakdown									
Province	Monthly premium	Volume ('000)			# of insured				
		Individual	Spouse	Child	Individual	Spouse	Child		
British Columbia	0,00 \$							+ Back charges <sup>1</sup>	0,00 \$
								- Back credits <sup>1</sup>	0,00 \$
Alberta	0,00 \$								0,00 \$
									<b>Total Premiums</b>
Saskatchewan	0,00 \$								
* Manitoba	0,00 \$							+ 8% (Manitoba)	0,00 \$
								+ 8% (Ontario)	0,00 \$
** Ontario	0,00 \$							+ 9% (Quebec)	0,00 \$
									0,00 \$
*** Quebec	0,00 \$								<b>Total Taxes</b>
									0,00 \$
New Brunswick	0,00 \$								<b>Total remittance</b>
Nova Scotia	0,00 \$							* For Manitoba, calculate sales tax at 8% of monthly premium, including back charges and back credits and record above.	
Newfoundland	0,00 \$							** For Ontario, calculate sales tax at 8% of monthly premium, including back charges and back credits and record above.	
Prince Edward Island	0,00 \$							*** For Quebec, calculate sales tax at 9% of monthly premium, including back charges and back credits and record above.	
Northwest Territories	0,00 \$								
Yukon	0,00 \$							<sup>1</sup> All back charges and back credits must be detailed on the next page.	
<b>Total</b>	<b>0,00 \$</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

Please note that the volumes in this section of the Premium Remittance form are shown in 1,000s, so remember to divide the actual volume by 1,000 (i.e. a volume of \$500,000 would be shown in this section as \$500).

The monthly premium due for each province will be automatically calculated.



### 3. Waiver of premiums

If your policy includes the waiver of premiums benefit and if your company has any employees who qualify for a waiver of premiums (please consult your policy for waiver of premium requirements), please enter the number of employees on waiver and the total volume of insurance for the employees on wavier in this section.

Employees on premium waiver.			Volume of insurance on premium waiver	
------------------------------	--	--	---------------------------------------	--

### 4. Personal information

Complete your personal information:

Completed by		Date	2014-09-03
	Name (Please Print)		
Telephone	( )	Ext.	Email


## 5. Back charges and back credits

If you have any adjustments to make such as an error in the previous month, you may correct this by completing the second page of the *Premium Remittance* form for any back charges and/or back credits. If it occurs, please write a short explanation in the "Note" section of the form.

Back charges			Note:
Province	Back charges	Volume ('000)	(Press ALT+Enter for "hard" carriage return)
British Columbia			
Alberta			
Saskatchewan			
Manitoba			
Ontario			
Quebec			
New Brunswick			
Nova Scotia			
Newfoundland			
Prince Edward Island			
Northwest Territories			
Yukon			
<b>Total</b>	<b>0,00 \$</b>		
+ 8% (Manitoba)	0,00 \$		
+ 8% (Ontario)	0,00 \$		
+ 9% (Quebec)	0,00 \$		
Back credits			Note:
Province	Back charges	Volume ('000)	(Press ALT+Enter for "hard" carriage return)
British Columbia			
Alberta			
Saskatchewan			
Manitoba			
Ontario			
Quebec			
New Brunswick			
Nova Scotia			
Newfoundland			
Prince Edward Island			
Northwest Territories			
Yukon			
<b>Total</b>	<b>0,00 \$</b>		
+ 8% (Manitoba)	0,00 \$		
+ 8% (Ontario)	0,00 \$		
+ 9% (Quebec)	0,00 \$		

## 6. Month of coverage

Please enter the year and month for which you submit this report using the format YYYY-MM before completing the rest of the calculations tab:

 <small>Values in the right place</small>	<b>VOLUNTARY CRITICAL ILLNESS INSURANCE - CALCULATIONS</b>												
	Complete the shaded areas												
Month of coverage :	YYYY-MM												

## 7. Calculation tab

Please list all your participants, spouse and child (if applicable) covered under your Voluntary Critical Illness insurance plan in the appropriate order:

Employee #	Employee Name	Province	DOB	Age	Age Bracket	Gender	Smoker	Units of CI		Volume (Total Coverage)	Rate per	Premium	Comments	SSQ Warnings
								1 Unit:						
<b>EMPLOYEE COVERAGE</b>														
				-	-					-	-			
				-	-					-	-			
				-	-					-	-			
				-	-					-	-			
<b>Total</b>										-	-			
<b>SPOUSAL COVERAGE</b>														
Employee #	Spouse Name	Province	DOB	Age	Age Bracket	Gender	Smoker	Units of CI		Volume (Total Coverage)	Rate per	Premium	Comments	SSQ Warnings
				-	-			1 Unit:						
				-	-					-	-			
				-	-					-	-			
				-	-					-	-			
				-	-					-	-			
<b>Total</b>										-	-			
<b>CHILD COVERAGE</b>														
Employee #	Child Name	Province	DOB	Age	Age Bracket	Gender	Smoker	Units of CI		Volume (Total Coverage)	Rate per	Premium	Comments	SSQ Warnings
				-	-			1 Unit:						
				-	-					-	-			
				-	-					-	-			
				-	-					-	-			
				-	-					-	-			
<b>Total</b>										-	-			

Field Title	Instructions (for each insured person)
<b>Employee #</b>	Please fill in the employee number (if applicable), if there is none please leave this field blank.
<b>Employee Name</b>	Please fill in the first and last name.
<b>Province</b>	Please select the appropriate province of residence, this information will be used to automatically fill in the provincial breakdown information in the <i>Summary</i> tab.
<b>DOB</b>	Please fill in the date of birth in the format YYYY-MM-DD.
<b>Age</b>	This field will be automatically updated with the information input in the DOB field also using the "Month of Coverage" field to calculate the actual age.
<b>Age Bracket</b>	This field will be automatically updated with the information input in the "Age" field.
<b>Gender</b>	Please select the appropriate gender (M: male, F: female).
<b>Smoker</b>	Please select the appropriate smoker status (S: smoker, NS: non-smoker).
<b>Volume (Total Coverage)</b>	Please fill in number of Units of coverage.  Please note that 1 Unit = the number stated on the yellow box beside.
<b>Rate per</b>	This field will be automatically updated with the information input in the "Units of CI" fields.
<b>Premium</b>	This field will be automatically updated with the information stated in the "Volume (Total Coverage)" and "Rate per" fields.
<b>Comments</b>	Please fill in this field in you have any comment that you need SSQ to consider with regards to an insured.
<b>SSQ Warnings</b>	This field will be automatically updated with the information stated in the "Units of CI" and "Volume (Total Coverage)" fields.  Please note that important warnings will appear in this field to advise you on specifics stated in your policy provisions (for exemple if evidence of insurability is required for number of units entered).
<b>Total</b>	This field will be automatically updated with the information stated in all the fields described above for all the insured listed. This information will be used to automatically fill in the "Number of insured", "Total volume of insurance", "Premium rate per \$1,000", "Monthly premium" information in the Summary tab.