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# **Medavie Blue Cross Flex It Web Site – User Guide**

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New Group Insurance  
Program

**Non-Union Employees  
February 2017**

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# General Information

## Login to Medavie Blue Cross Flex It Web site

Hold the **CTRL** key on your keyboard and click on the following link or copy the following link and paste in your internet browser (Internet Explorer version 8 and more, Safari, Chrome or Firefox can be used):

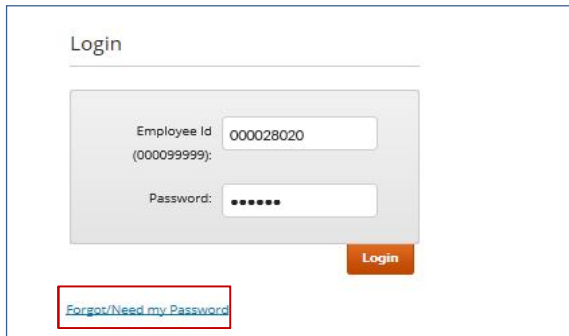
<https://connect.medavie.bluecross.ca/Keurig>

You can select the preferred language by clicking on **Français** or **English**

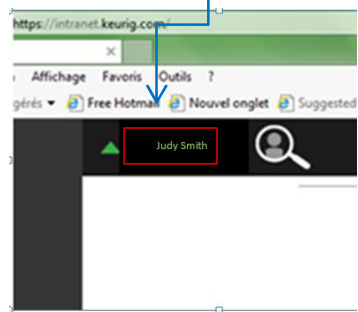


If this is the first time you are logging in to the Web site, click on the [Forgot/Need my password](#) link at the bottom of the [Login](#) screen (you can find the rest of the instructions below under the topic [Forgot/Need my password?](#)). Otherwise, enter your

**Employee Id** for example: 000028020 and your **Password** and click on **Login**



Note: The **Employee Id** corresponds to your Payroll employee number with 4 leading zeroes (i.e.: 000028020). To find out your employee number (5 digits), please refer to your pay stub or go to the Intranet (<https://intranet.keurig.com>) and click on your **Name** at the top left corner in order to view your user profile and look for Employee id as shown below (i.e. 28020)




**JUDY SMITH**

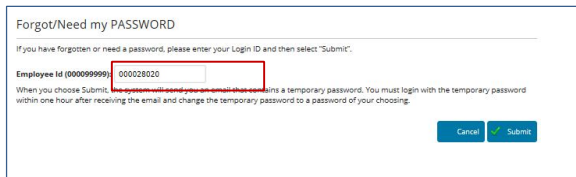
Department:  
Job Title:  
Location:  
Country:  
Manager:  
Service Dat

Employee ID: **28020**

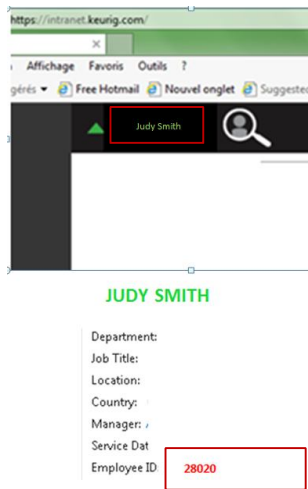
## Forgot/Need my password?

If you have forgotten your password and you have clicked on [Forgot/Need my password](#) link on the Login window, please read the following instructions:

- a. In the [Forgot/Need my password](#), please enter your **Employee Id** which corresponds to your Payroll employee number with 4 leading zeroes (i.e.: 000028020) and click on 



Note: The **Employee Id** corresponds to your Payroll employee number with 4 leading zeroes (i.e.: 000028020). To find out your employee number (5 digits), please refer to your pay stub or go to the Intranet (<https://intranet.keurig.com>) and click on your **Name** at the top left corner to view your user profile and look for Employee id as shown below (i.e. 28020)



- b. You will receive a temporary password at the email address that we have on your file and within one hour after receiving the email, you will be able to connect to the Flex It Web site by using your Employee Id and temporary password.
  - i. After logging in, the system will prompt you to change the password and to choose one of your choice (has to be a minimum of 6 characters long). If you don't login within the prescribe hour following the reception of your temporary password, you will have to request another temporary password again through the [Forgot/Need new password](#) option.
- c. Here is a sample of the email that you will receive after requesting a temporary password

**THIS IS AN AUTOMATED MESSAGE, PLEASE DO NOT REPLY**

At your request, a temporary password has been assigned to you. If you did not request this information, please contact Medavie Blue Cross' flex team at [MBCFlex@medavie.bluecross.ca](mailto:MBCFlex@medavie.bluecross.ca) or 1-844-787-3539. Thank you.

Temporary Password: 475857

**Important:** The temporary password provided above is valid for one hour. You must login with the temporary password within one hour after receiving this email. When you enter the temporary password, the system will prompt you to change your password. If you sign-in after the temporary password has expired you will need to request another temporary password. This security feature is in place to protect your personal information.

## Change the language during your online session

Once you are connected to the Flex It web site, to change the language to French, click on '**Français**' located on every page in the grey section at the bottom of the screen

Review Your Personal Information

Smith, Judy

**SMOKER STATUS**  
Declare your smoker status:  
 I am a smoker  I am a non-smoker  
I hereby declare I have not smoked or used tobacco, in any form whatsoever, during the last twelve (12) months.

**PERSONAL INFORMATION**  
Birth Date: 01/03/1970 Language: English  
Gender: Female

**PHONE #**  
Home:  
Work:

**ADDRESS**  
234 Sherbrooke Street  
Montreal, Quebec, Canada H3H4K4

**EMAIL**  
Work: judy.smith@gmcr.com  
Personal:

If other changes to this information are needed, please contact your Human Resources Business Partner at his corresponding phone number or email address.

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## Navigation on Web Site pages:

To navigate from one page to another on the web site, please click on  or on  both located at the top or at the bottom of the page.

## Enrollment choices saved if you terminate your session before confirming

During the enrollment process, if you do not have time to complete (confirm) your enrollment, when clicking on , the information and choices that you made so far will be kept. When you will login again on the web site, just click on

on the Welcome page

## Technical Problems:

To get help regarding technical problems on the [Flex It Web site](#), please communicate with the technical department at Medavie Blue Cross at 1 (844) 787-3539 or write an email to [MBCFlex@medavie.bluecross.ca](mailto:MBCFlex@medavie.bluecross.ca)

## Questions regarding new benefits coverages

If you have questions regarding the new benefits coverages, please first consult your brochure available on Flex It site, under the [Info](#) link located at the top of the screen or on the Welcome page on the left side under [Plan Details](#).

There are also some documents available on the Intranet (<https://intranet.keurig.com>) under [Benefits/Group Insurance](#). Please contact your HR representative or email your question to [ca.rh@gmcr.com](mailto:ca.rh@gmcr.com), if you have not found the answer to your question after consulting the available documents.

## New enrollment or Annual Enrollment Renewal on Web Site

Here are the steps for a new enrollment or an annual re-enrollment to the insurance coverage from April 1st to March 31st of each year on the Medavie Blue Cross Web site. See the details of the next steps below:

1. Step 1 : Welcome to Keurig Canada Page – I want to enroll
2. Step 2 : Review your personal information Page and smoker status
3. Step 3: Verify your dependant information Page and spouse smoker status
4. Step 4 : Health Care and Dental Care Page – Selection of options
5. Step 5 : Basic, Optional Life Insurance, AD&D – Employee/Spouse/Children and Beneficiary Designation
6. Step 6 : Short Term and Long Term Disability Page – Selection of options
7. Step 7 : Allocation of remaining Employer flex dollars between three accounts Page
8. Step 8 : Confirm the enrollment
9. Step 9 : Statement/Forms Printing Page – Beneficiary Designation and other forms

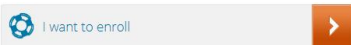

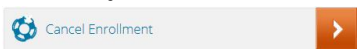
### 1. Step 1: Welcome to Keurig Canada Page – I want to enroll

- a. On the [Welcome to Keurig Canada](#) page, some general instructions are displayed

The screenshot shows the Keurig Canada website interface. At the top left, the Medavie Blue Cross and Keurig Canada logos are visible. The user's name, Judy Smith, and the date, Friday, February 3, 2017, are displayed. A navigation menu on the left contains three items: 'Review Personal Profile', 'Plan Details', and 'Other Forms'. The main content area features a 'Welcome to Keurig Canada' heading and a paragraph detailing the enrollment window from January 26, 2017, to March 3, 2017. It also provides instructions on how to proceed during the enrollment process. At the bottom of the page, there is a prominent 'I want to enroll' button with a right arrow.

- b. Help Documents :

1. On the welcome page, at the top left corner, the following choices are offered :
  1. [Review Personal Profile](#) : Personal profile information
  2. [Plan Details](#): Lists available documents for your reference for instance the brochure, user guide, etc.
  3. [Other forms](#) : By clicking on the link, a list of forms will be available for you to print and fill out, i.e. : Beneficiary Designation form, Evidence of Insurability (EOI)
2. By clicking on the [Info](#) link at the top right corner of the screen, a list of reference documents will also be offered

- c. To start the enrollment, click on  located at the bottom of the screen
1. If you had previously saved you're your enrollment and that you wish to continue your enrollment click on  located at the bottom of the screen
  2. If you had previously saved your enrollment and that you wish to cancel your enrollment and erase what was selected so far and restart your enrollment, click on  located at the bottom of the screen

## 2. Step 2: Review your personal information Page and smoker status


- a. In the blue section called **SMOKER STATUS**, you must declare that either *I am a smoker* or *I am a non-smoker* by checking one of the two boxes as shown below

Review Your Personal Information

Smith, Judy

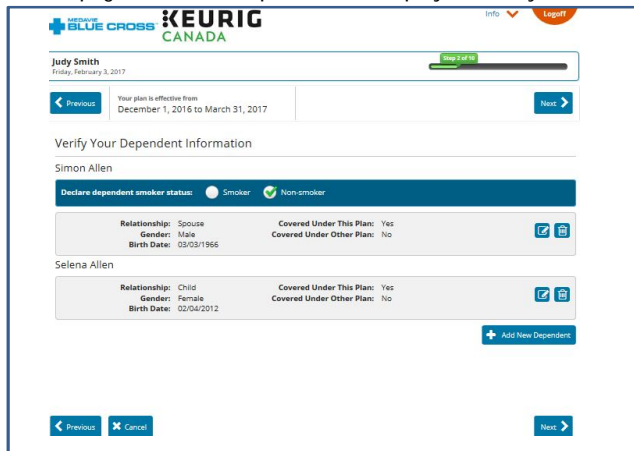
**SMOKER STATUS**  
Declare your smoker status:  
 I am a smoker  I am a non-smoker  
I hereby declare I have not smoked or used tobacco, in any form whatsoever, during the last twelve (12) months.

Note: If you declare that you are non-smoker, you hereby declare that you have not smoked or used tobacco, in any form whatsoever, during the last twelve (12) months.

- b. Please verify that your personal information is correct in the following sections :  
Personal information, Address (home) and Work email address
- IMPORTANT NOTE** : Please verify that your address is valid because a card will be sent to you by regular mail at your home address
  - If the information is incorrect, please contact the Human Resources immediately at [ca.rh@gmcr.com](mailto:ca.rh@gmcr.com) and your information will be modified in PeopleSoft system and therefore transferred to Medavie Blue Cross
- c. To navigate to the next page, please click on 

## 3. Step 3: Verify your dependant information page and spouse smoker status

- a. On this page, the list of dependants is displayed. Verify if the information on each dependant is accurate



- b. For the spouse, please ensure to declare the smoking status, either by checking one of the two boxes : *Smoker* or *Non-smoker*.

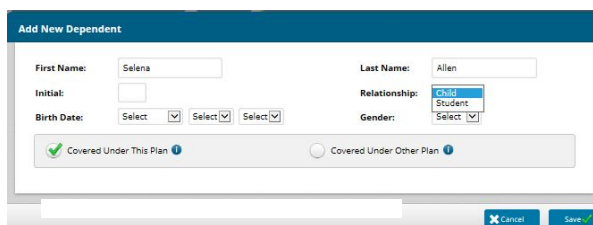
Simon Allen


**Declare dependent smoker status:**  Smoker  Non-smoker

Note: If you declare that your spouse is non-smoker, you hereby declare that he/she has not smoked or used tobacco, in any form whatsoever, during the last twelve (12) months.

- c. To add a new dependant :

- Click on 



- In the *Add new dependant* window, enter the **First Name**, **Last Name**, **Relationship** (with yourself), **Birth Date** by selecting the month, date, year, the **Gender** and click on 

- i. The values for **Relationship** are *Spouse, Common-law, Child* and *Student*
  1. Note 1 : If a child is between 21 to 26 years' old today and is registered to a school as a full-time student, please select the value *Student* (you must supply the proof that your child is registered to a school full-time and send it to [MBCFlex@medavie.bluecross.ca](mailto:MBCFlex@medavie.bluecross.ca))
  2. Note2 : If you have a child with functional impairment, please send an email to [ca.rh@gmcr.com](mailto:ca.rh@gmcr.com) because your child must be added by the administrator
- ii. By default, the **Covered by this plan** box is checked but if the dependant is covered under another plan outside of Keurig, please check the **Covered under other plan** box





d. To modify a dependant or inactivate a dependant:

Verify Your Dependent Information

Simon Allen



Declare dependent smoker status:  Smoker  Non-smoker


Relationship: Spouse      Covered Under This Plan: Yes  
 Gender: Male              Covered Under Other Plan: No  
 Birth Date: 03/03/1966

1. Click on  to modify the information for a dependant
  - i. Once you have modified the information click on  otherwise click on 
2. Click on  to inactivate a dependant
  - i. The following message will be displayed asking to confirm the inactivation

**Confirm**

This action will terminate all benefits for this dependent. This action cannot be reversed. Do you want to continue?

1. If you are sure you want to inactivate the dependant, please click on 
2. Otherwise, if you don't wish to inactivate the dependant, click on 

e. To navigate to the next page click on 

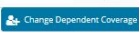
#### 4. Step 4: Health Care and Dental Care – Selection of options

Please refer to the brochure for your plan (by clicking on **Info** at the top of the screen on Flex It Web site or Intranet under *Benefits/Group Insurance*)

Health Care and Dental Care


Health Care Insurance Note: If you choose this option, it will be locked until April 1, 2018




Option	Coverage	Category	Annual Cost	Dollars Applied	Per Pay	Select
1	Opt-out		\$0.00			<input type="radio"/>
2	Light Roast	Family	\$1,695.96	\$1,695.00	\$0.00	<input checked="" type="radio"/>
3	Medium Roast	Family	\$2,299.68			<input type="radio"/>
4	Dark Roast	Family	\$3,111.72			<input type="radio"/>



Dental Care Insurance Note: If you choose this option, it will be locked until April 1, 2018

Option	Coverage	Category	Annual Cost	Dollars Applied	Per Pay	Select
1	Opt-out		\$0.00			<input type="radio"/>
2	Light Roast	Family	\$775.32	\$775.32	\$0.00	<input checked="" type="radio"/>
3	Medium Roast	Family	\$1,222.68			<input type="radio"/>
4	Dark Roast	Family	\$2,014.56			<input type="radio"/>





a. **Health Care** section :

1. **Select** column : you can select among the following options (you can consult the details of the option by positioning yourself on the **i** symbol beside the option name or verify the brochure). Please check the **Select** box for one of the following options :

i. Option 1 : Opt-out

a. By selecting this option, it means that you are covered under your spouse plan. A new window will open so you can enter your spouse plan information :

i. Reason for waiver, Spousal Company Name, Spousal Insurer's Name and Plan Number

ii. Option 2 : Light Roast

iii. Option 3 : Medium Roast

iv. Option 4 : Dark Roast

2. To change a dependant coverage, please click on **Change Dependent Coverage** in the Health Care section. A window will open for you to make the modifications.

b. **Dental Care** section :

1. **Select** column : you can select among the following options (you can consult the details of the option by positioning yourself on the **i** symbol beside the option name or verify the brochure). Please check the **Select** box for one of the following options :

i. Option 1 : Opt-out

a. By selecting this option, it means that you are covered under your spouse plan. A new window will open so you can enter your spouse plan information :

i. Reason for waiver, Spousal Company Name, Spousal Insurer's Name and Plan Number

ii. Option 2 : Light Roast

iii. Option 3 : Medium Roast

iv. Option 4 : Dark Roast

2. To change a dependant coverage, please click on **Change Dependent Coverage** in the Dental Care section. A window will open for you to make the modifications.

## 5. Step 5: Basic, Optional Life Insurance, AD&D - Employee/Spouse/Children and Beneficiary Designation

a. Section displayed at the top of the screen on dollars awarded and deductions

Dollars Awarded	Dollars Remaining	Total Per Pay Deductions
x xxx,xx\$	xxx,xx\$	xx,xx\$

1. **Dollars awarded** : Corresponds to the annual total amount awarded to the Employee by the Employer
2. **Dollars remaining** : Corresponds to the annual total remaining amount awarded by the Employer after the credits have been allocated to the different benefits
3. **Total per Pay Deductions** : Corresponds to the total deductions amount per pay for the Employee

- b. **Basic Life Insurance – Employee** section is displayed with 1 times your annual salary and is mandatory for all employees. This benefit is already selected by default

Option	Description	Coverage	Evidence Required	Annual Cost	Dollars Applied	Per Pay	Select
1	1 x annual salary	\$57,000.00	No	\$88.92	\$0.00	\$3.42	<input checked="" type="checkbox"/>

[+ Beneficiaries](#)

1. **Dollars applied** column: Corresponds to the dollars awarded and applied by the Employer for this specific benefit, if this benefit was selected
2. **Per Pay** column: Corresponds to the deduction amount per pay for this specific benefit, if that benefit was selected
3. **Designate a beneficiary:** You must designate a beneficiary (or beneficiaries) for the basic life insurance by clicking on [+ Beneficiaries](#)

- i. In the **Choose your beneficiaries** window, the list of dependants is displayed

Beneficiary	Relationship	Birth Date	Percentage
Selena Allen	Other (Revocable)	02/04/2012	<input type="text" value="25"/> %
Simon Allen	Spouse (Revocable)	03/03/1966	<input type="text" value="75"/> %
Total:			100 %

[+ Add New Beneficiary](#) [Cancel](#) [Save](#)

- ii. Please enter the percentage that you wish to allocate to the beneficiary in the % field. If you have more than one beneficiary, the % total must equal 100% and click on [Save](#) otherwise click on [Cancel](#)
- iii. To inactivate a beneficiary (revocable only), please click on [\[Trash\]](#). The % has to be put at 0% before you can inactivate a beneficiary
- iv. If you need to add a new beneficiary because that person is not part of your current dependant list, please click on [+ Add New Beneficiary](#)

**Add New Beneficiary**

Please fill in the fields below for your new beneficiary. If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator. This appointment may not be suitable for all purposes. Do not make a trustee appointment if you are in the province of Quebec because it does not apply for that province. Also, do not make a trustee appointment if you have already, in any document, made a trustee/administrator appointment which might apply. If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator. Press the 'Add' button when complete.

**Beneficiary is:**  Person  Estate  Charity

**First Name:**

**Initial:**

**Last Name:**

**Relationship:**

**Birth Date:**

**Trustee:**

**Beneficiary is:**  Revocable  Irrevocable

[Cancel](#) [Add](#)

1. Please read the explanatory text before entering the new beneficiary information
2. Please check if the Beneficiary is a **Person**, **Estate** or **Charity**
3. Please enter the beneficiary **First Name** and the **Last Name**. Select the **Relationship** (with yourself), the **Birth Date**, or the name of the **Trustee** (if appropriate)
4. Please check if this beneficiary designation is **Revocable** or **Irrevocable**
  - a. Note : If you select the option **irrevocable**, you will not be able to remove this person as a beneficiary in the future unless you obtain a signed agreement from that person who accepts not to be your beneficiary anymore. This change will have to be processed by Medavie Blue Cross.

c. **Optional Life Insurance – Employee section :**

1. In the Optional Life Insurance – Employee section

Optional Life Insurance - Employee

Option	Description	Coverage	Evidence Required	Annual Cost	Dollars Applied	Per Pay	Select
1	No coverage	\$0.00	No	\$0.00			<input type="radio"/>
2	1 x annual salary	\$0.00	Yes	\$0.00	\$57.00	\$0.00	<input checked="" type="radio"/>
3	2 x annual salary	\$113,000.00	Yes	\$128.82			<input type="radio"/>
4	3 x annual salary	\$169,000.00	Yes	\$192.66			<input type="radio"/>
5	4 x annual salary	\$226,000.00	Yes	\$257.64			<input type="radio"/>
6	5 x annual salary	\$282,000.00	Yes	\$321.48			<input type="radio"/>

Beneficiaries  
Pending

i. **Select** Column : you can select Optional Life insurance up to 5 times your salary by checking the **Select** box corresponding to the desired coverage for this benefit

1. When there is \* displayed in the **Select** column:

a. If you have selected for example, optional life insurance and the amount is greater than \$50,000, the difference between \$50,000 and the requested coverage must be approved by the insurer. You must fill out the Health Declaration form and send it to the insurer (see point 9.b.3)

ii. Beneficiaries: If you selected optional life insurance, you must designate a beneficiary

(beneficiaries) for this benefit by clicking on  (for instructions see point 5.b.3)


d. **Optional Life Insurance – Spouse section :**

1. In the *Optional Life Insurance – Spouse* section :

Optional Life Insurance - Spouse

Option	Description	Coverage	Evidence Required	Annual Cost	Dollars Applied	Per Pay	Select
5	\$40,000	\$40,000.00	No	\$116.16			<input type="radio"/>
6	\$50,000	\$50,000.00	No	\$145.20	\$145.20	\$0.00	<input checked="" type="radio"/>
7	\$60,000	\$60,000.00	Yes	\$174.24			<input type="radio"/>
18	\$170,000	\$170,000.00	Yes	\$493.68			<input checked="" type="radio"/>

Show/Hide Full Option List Pending

i. Click on  to display the complete list of benefit coverages available by 10,000 dollars increments

ii. **Select** Column : you can select the Spouse Optional Life insurance coverage up to \$200,000 by checking the **Select** box corresponding to the desired coverage for this benefit

1. When there is \* displayed in the **Select** column:

a. If you have selected for example, optional life insurance and the amount is greater than \$50,000, the difference between \$50,000 and the requested coverage must be approved by the insurer. The spouse must fill out the Health Declaration form and send it to the insurer (see point 9.b.3)

e. **Optional Life Insurance – Children section :**

1. In the *Optional Life Insurance – Children* section

Optional Life Insurance - Children

Option	Description	Coverage	Annual Cost	Dollars Applied	Per Pay	Select
1	No coverage	\$0.00	\$0.00			<input type="radio"/>
2	\$5,000	\$5,000.00	\$4.50	\$4.50	\$0.00	<input checked="" type="radio"/>
3	\$10,000	\$10,000.00	\$9.00			<input type="radio"/>
4	\$15,000	\$15,000.00	\$13.50			<input type="radio"/>
5	\$20,000	\$20,000.00	\$18.00			<input type="radio"/>
6	\$25,000	\$25,000.00	\$22.50			<input type="radio"/>

i. **Select** Column : you can select the Children Optional Life insurance coverage up to \$25 000 by checking the **Select** box corresponding to the desired coverage for this benefit

f. **Accidental Death and Dismemberment Insurance (AD&D) for basic and optional – Employee and Spouse section**

Basic Accidental Death and Dismemberment Insurance (AD&D) - Employee ?

Option	Description	Coverage	Annual Cost	Dollars Applied	Per Pay	Select
1	1 x annual salary	\$57,000.00	\$20.52	\$0.00	\$0.79	<input checked="" type="checkbox"/>

[+ Beneficiaries](#)

Optional Accidental Death and Dismemberment Insurance (AD&D) – Employee ?

Option	Description	Coverage	Annual Cost	Dollars Applied	Per Pay	Select
1	No coverage	\$0.00	\$0.00	\$0.00	\$0.00	<input checked="" type="checkbox"/>
2	1 x annual salary	\$57,000.00	\$23.94			<input type="checkbox"/>
3	2 x annual salary	\$113,000.00	\$47.46			<input type="checkbox"/>
4	3 x annual salary	\$169,000.00	\$70.98			<input type="checkbox"/>
5	4 x annual salary	\$226,000.00	\$94.92			<input type="checkbox"/>
6	5 x annual salary	\$282,000.00	\$118.44			<input type="checkbox"/>

Optional Accidental Death and Dismemberment Insurance (AD&D) – Spouse ?

Option	Description	Annual Cost	Dollars Applied	Per Pay	Select
1	No coverage	\$0.00	\$0.00	\$0.00	<input checked="" type="checkbox"/>
2	\$10,000	\$5.40			<input type="checkbox"/>
3	\$20,000	\$10.80			<input type="checkbox"/>

[Show/Hide Full Option List](#)

1. In the *Basic Accidental Death and Dismemberment Insurance (AD&D) – Employee* section:
  - i. The benefit coverage of 1 times your annual salary is automatically selected
  - ii. You must also designate beneficiaries for this benefit by clicking on [+ Beneficiaries](#) (for instructions see point 5.b.3)
  
2. In the *Optional Accidental Death and Dismemberment Insurance (AD&D) – Employee* section:
  - i. **Select** Column : you can select up to 5 times your salary by checking the **Select** box corresponding to the desired coverage for this benefit
  
3. In the *Optional Accidental Death and Dismemberment (AD&D) – Spouse* section:
  - i. Click on [Show/Hide Full Option List](#) to display the complete list of benefit coverages available by 10,000 dollars increments
  - ii. **Select** Column : you can select the Spouse Optional Accidental Death and dismemberment coverage up to \$200,000 by checking the **Select** box corresponding to the desired coverage for this benefit

g. **Optional Critical Illness – Employee and Spouse section:**

Optional Critical Illness Insurance - Employee ?

Option	Description	Coverage	Evidence Required	Annual Cost	Dollars Applied	Per Pay	Select
1	No coverage	\$0.00	No	\$0.00			<input type="checkbox"/>
2	\$5,000	\$5,000.00	No	\$26.64	\$26.64	\$0.00	<input checked="" type="checkbox"/>
3	\$10,000	\$10,000.00	No	\$53.28			<input type="checkbox"/>

[Show/Hide Full Option List](#)

Optional Critical Illness Insurance - Spouse ?

Option	Description	Coverage	Evidence Required	Annual Cost	Dollars Applied	Per Pay	Select
1	No coverage	\$0.00	No	\$0.00			<input type="checkbox"/>
2	\$5,000	\$5,000.00	No	\$46.08	\$46.08	\$0.00	<input checked="" type="checkbox"/>
3	\$10,000	\$10,000.00	No	\$92.16			<input type="checkbox"/>

[Show/Hide Full Option List](#)

1. In the *Optional Critical Illness – Employee* section:
  - i. Click on [Show/Hide Full Option List](#) to display the complete list of benefit coverages available by \$5,000 increments

- ii. **Select** Column : you can select for the Employee Optional Critical Illness coverage up to \$200,000 by checking the **Select** box corresponding to the desired coverage for this benefit
  - 1. When there is \* displayed in the **Select** column:
    - a. If you have selected for example, critical illness benefit and the amount is greater than \$50,000, the difference between \$50,000 and the requested coverage must be approved by the insurer. You must fill out the Health Declaration form and send it to the insurer (see point 9.b.3)
- 2. In the *Optional Critical Illness – Spouse* section:
  - i. Click on **Show/Hide Full Option List** to display the complete list of benefit coverages available by \$5,000 increments
  - ii. **Select** Column : you can select for the Employee Optional Critical Illness coverage up to \$200,000 by checking the **Select** box corresponding to the desired coverage for this benefit
    - 1. When there is \* displayed in the **Select** column:
      - a. If you have selected for example, critical illness benefit for the spouse and the amount is greater than \$50,000, the difference between \$50,000 and the requested coverage must be approved by the insurer. Your spouse must fill out the Health Declaration form and send it to the insurer (see point 9.b.3)

## 6. Step 6: Short Term and Long Term Disability Page – Selection of options

### Disability Benefits

The short-term disability benefit is entirely paid by your employer.

#### Short Term Disability

Option	Coverage	Tax free Benefit Payment	Evidence Required	Annual Cost	Dollars Applied	Per Pay	Select
1	\$813.00 per week ⓘ	No	No	\$499.51	\$499.51	\$0.00	<input checked="" type="checkbox"/>

#### Long Term Disability

Option	Coverage	Tax free Benefit Payment	Evidence Required	Annual Cost	Dollars Applied	Per Pay	Select
1	\$2,278.00 per month Option 1 ⓘ	Yes	No	\$246.71			<input type="checkbox"/>
2	\$2,813.00 per month Option 2 ⓘ	Yes	No	\$288.39	\$0.00	\$11.09	<input checked="" type="checkbox"/>
3	\$2,813.00 per month Option 3 ⓘ	Yes	No	\$649.44			<input type="checkbox"/>

- a. **Short Term Disability** section :
  - 1. The *Short Term Disability* is automatically selected as it is mandatory for employees
- b. **Long Term Disability** section :
  - 1. **Select** Column : you can select one of three following options by checking the **Select** box corresponding to the desired coverage for this benefit (you can also consult the details of the option by positioning your cursor on the ⓘ symbol beside the option name)
    - i. Option 1 :
 

**Description:**  
60% of the first \$2,000, 40% for remaining
    - ii. Option 2 :
 

**Description:**  
70% of the first \$2,000 + 55% of next \$2,000 + 45% of the excess. Cost of Living Adjustment: **No**
    - iii. Option 3 :
 

**Description:**  
70% of the first \$2,000 + 55% of next \$2,000 + 45% of the excess. Cost of Living Adjustment: **Yes**

## 7. Step 7: Allocation of remaining Employer flex dollars between three accounts Page

- a. Please read carefully the instructions (at the bottom of the screen in the green box) before allocating the remaining flex dollars to the following accounts

← Previous Dollars Awarded \$x,xxx.xx Dollars Remaining \$xxx.xx Total Per Pay Deductions \$xx.xx Next →

**Your Employer Flex Dollars**

You have \$275.48 Employer Flex Dollars remaining. You need to assign all of these dollars before you can continue with the enrollment. The prorated value is \$91.32.

Employer Flex Dollars Remaining	\$1000.00
Health Spending Account	<input type="text" value="enter here"/>
Wellness Account	<input type="text" value="enter here"/>
Registered Retirement Savings Plan (RRSP) (you must participate to the Group RRSP)	<input type="text" value="enter here"/>
<b>TOTAL:</b>	<b>\$0.00</b>

**Health Spending Account:** Money deposited to this account can be used to obtain a reimbursement for reasonable medical or dental expenses not reimbursed by any government sponsored or private health care plan, expenses incurred outside your province of residence, deductibles, co-payments, and amounts above plan maximums. Any amount reimbursed through the Health Spending account is a taxable benefit at the provincial level for Québec residents.

**Wellness Account:** Money deposited to this account can be used to obtain a reimbursement for multiple expenses. For all details regarding your Wellness account please see your Wellness summary in the plan details section. Any amount reimbursed through the Wellness account is a taxable benefit at the provincial level for Québec residents. **If you choose to allocate money to this account, please note that you will have to use a different policy number for your claims. (Policy 91387)**

**RRSP:** To be entitled to deposit an amount to RRSP, you must participate to the Group RRSP.

← Previous  Next →

- a. Please review the amount in the field **Dollars Remaining** which corresponds to the Employer awarded remaining amount that you can allocate in one of the following accounts (or in more than one):
1. **Health Spending Account:** you can allocate a portion or the total amount of remaining dollars in this account for reasonable medical or dentals claims which are not covered by your current plan. Any reimbursement claimed against this account is a **Taxable Benefit** at the provincial level for Quebec residents.
  2. **Wellness Account:** you can allocate a portion or the total amount of remaining dollars in this account for claims for a Gym membership or a Yoga class for example, during the current Insurance year coverage. You can view the list of eligible memberships or courses in Appendix A. Any reimbursement claimed against this account is a **Taxable Benefit** at the provincial level for Quebec residents.
  3. **Registered Retirement Savings Plan (RRSP):** you can allocate a portion or the total amount of remaining dollars in this account. For this type of account, you must participate to the Group RRSP.
- b. Based on the above descriptions for the accounts, enter the **amount** in one or more accounts in the following fields:
1. **Health Spending Account, Wellness Account** and/or **RRSP Account**
  2. The **Total** field at the bottom of the screen must equal the amount at the top of the screen: **Dollars Remaining** because you have to allocate all the remaining dollars in one or more accounts
- c. Once you are completed entering the amounts, click on  to navigate to the next page

## 8. Step 8: Confirm the enrollment

- a. On this page, a summary of your benefits and coverage will be displayed showing the *Premium (annual)*, *Employer Paid (annual)* and *Payroll Deductions per Pay* for each benefit coverage you have selected

			Dollars Awarded	Dollars	Total Per Pay	
			\$0,000.00	\$000.00	\$000.00	Confirm
Optional Life Insurance - Spouse	1	No Coverage	\$0.00	\$0.00	\$0.00	
Optional Life Insurance - Children	1	No Coverage	\$0.00	\$0.00	\$0.00	
Basic AD&D Insurance - Employee	1	\$122,000.00	\$43.92	\$0.00	\$1.69	
Optional AD&D Insurance - Employee	1	No Coverage	\$0.00	\$0.00	\$0.00	
Optional AD&D Insurance - Spouse <sup>1</sup> <i>Benefit Effective January 15, 2017</i>	1	No Coverage	\$0.00	\$0.00	\$0.00	
Optional AD&D Insurance - Children	1	No Coverage	\$0.00	\$0.00	\$0.00	
Optional Critical Illness Insurance - Employee	4	\$15,000.00	\$30.24	\$30.24	\$0.00	
Optional Critical Illness Insurance - Spouse	1	No Coverage	\$0.00	\$0.00	\$0.00	
Short Term Disability	1	\$1,760.00 per week	\$994.75	\$994.75	\$0.00	
Long Term Disability	2	\$5,275.00 per month Option 1	\$624.14	\$0.00	\$24.01	

- b. You can also visualize the *Total per Pay Deductions* at the top of the screen
- c. If you wish to make changes on one of your benefits before confirming the enrollment, click on for the specific benefit located in the last Column called **Action**
- d. **Confirm enrollment:** By reviewing your benefits, if you are satisfied with your choices, click on to complete your enrollment. Once you have confirmed, you can come back and modify your choices but only during the enrollment period. Once the enrollment period is over, you will not be able to make any changes.
1. After confirming, the following message will be displayed, please click to accept otherwise click on

**Confirm Enrollment**

PLEASE READ: You are confirming your coverage and will not be able to make any changes until another enrollment period (unless you have a Life Event, i.e. adding a dependent etc.). If you are satisfied with your choices, press "OK" to confirm your enrollment. If you think you still might want to make changes before your enrollment window closes, press "Cancel".

## 9. Step 9: Statement/Forms Printing – Beneficiary Designation form and other forms

- a. After confirming your enrollment, the following page will appear displaying statements or forms that you can view/print

Thank you, Judy Smith.

Your enrollment process is now complete! Your selections have been confirmed and submitted.

Confirmation Statement

Your beneficiary designation is not complete until your form is signed, dated and received

Beneficiary Form

These forms are required to apply for your increased coverage

Optional Life Insurance - Employee

Cover Letter

Questionnaire

Please print both forms. They are **required** to process your request.

- b. Click on for the form or statement you wish to view/print. Here are the statements or forms:
1. Confirmation Statement : Summary of the benefits you selected during enrollment

2. Beneficiary Designation form:

- i. **Important Note:** Please print the beneficiary designation form, verify that the information is correct and that the form is signed and dated. Please send the signed and dated form to [MBCFlex@medavie.bluecross.ca](mailto:MBCFlex@medavie.bluecross.ca) otherwise the designation will be considered as non-valid by the Insurer

3. Evidence of Health form(Questionnaire) : Please open and print the [Cover Letter](#) and [Questionnaire](#) (Evidence of Health form) and follow these instructions:
- i. Complete the [Medavie Blue Cross Evidence of Health](#) form by supplying the requested information
  - ii. Sign and date the form and keep a copy for your files
  - iii. Return the [Evidence of Health](#) form signed AND the 'Personal Information' document (Printed [Cover Letter](#)) at the following address:

Croix Bleue Medavie  
L15-550, rue Sherbrooke Ouest  
Montréal, QC, H3A 9Z9



## Appendix A: Wellness Account - List of eligible courses and membership types

Here is the list of eligible courses or types of memberships if you choose to assign your flex dollars to the Wellness account

<i>Membership Activities - Physical Activities Facilities</i>	Gym Membership
	Season pass: Ski, Snowboard, Hiking, National Park
<i>Group Physical Activities (excludes equipment and accessories expenses)</i>	<b><i>Courses:</i></b>
	Zumba
	Yoga, Tai-chi, Meditation, Relaxation
	Dancing course
	CrossFit, Sports Trainer
	Martial Arts
	Swimming
	Scuba Diving
	<b><i>Sports Leagues:</i></b>
Hockey, Baseball, Soccer, Volleyball, Basketball	
<b><u>Exclusions:</u></b>	Hobbies are excluded (i.e.: Painting class, Photography class, skating)
	Fishing and Hunting permits
	Natural Medicine
	Equipment
	Accessories (Fit bit, Yoga Carpet, etc.)