

GROUP INSURANCE – USER GUIDE

Enrollment Website

Ten Easy Steps that Allow You to Build Protection Tailored to Your Needs



How to Access the Enrollment Website

Go to <https://bflex.bombardier.com/en> and use your Windows username and password.

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Please provide your Windows username and password to log on.

Username:
Password:

[Add to Your Favorites](#)

If you experience difficulties logging on to the system, please reset your password using the password manager tool or contact the Service Desk : (822) 54357 5-HELP or 514-855-4357 [📞](#).

Warning: you are attempting to access a private system. Access is restricted to authorized users only. All access attempts and activities on this system are subject to being monitored, logged and audited.

You will then be directed to B•flex, where you can start the enrollment process.

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Test Smith
Tuesday, November 22, 2016

- Review Personal Profile
- Review Coverage
- Plan Details
- Other Forms
- Beneficiaries

Welcome to the B•flex program

Your enrollment window is from November 15, 2016 to December 5, 2016. Your selections will be effective on the dates that will be presented to you during your online enrollment.

Throughout the enrollment if you select "Logoff" or "Sign Out", your data will be saved and you can continue your enrollment at a later time (as long as the enrollment window is open). Once you select "Confirm", your selections are submitted and your enrollment is complete.

We are proud to introduce your flexible group insurance program, B•flex, a program that offers you flexibility and that can be tailored to your needs and those of your family. This online benefits enrollment system will help you [More...](#)

1 Click on *I want to enroll* to start your benefits selection

STEP 1. Personal Information

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Info Logoff

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Tuesday, November 22, 2016

Step 1 of 10

Your plan is effective from
January 1, 2017 to December 31, 2017

Next

Review Your Personal Information

Smith, Test

SMOKER STATUS

Declare your smoker status:

I am a smoker I am a non-smoker

PERSONAL INFORMATION

Birth Date: 01/05/1976
Gender: Male

Language: English
Frozen annual pay: \$80,000

PHONE #

Home:
Work:

ADDRESS

123 Principale
Montreal, Quebec, Canada H3B2V5

EMAIL

Work: joe.dum@bombardier.ca
Personal:

If any changes to this information are needed, please contact your Employee Service Center for Montreal and Toronto employees, and your human resources department for Corporate Office employees.

2

Declare your smoker status

3

Review your personal information, address and email. If some of the information is not correct, contact the Employee Service Center (or your HR department for Corporate Office employees) to have it corrected

4

Click *Next* to proceed to step 2

STEP 2. Dependent Information

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Step 2 of 10

Previous | Your plan is effective from January 1, 2017 to December 31, 2017 | Next

Verify Your Dependent Information

Wife Test

Declare dependent smoker status: Smoker Non-smoker

Relationship: Spouse
Gender: Female
Birth Date: 05/05/1987

Child One Test

Relationship: Child < 22
Gender: Male
Birth Date: 07/07/2009

+ Add New Dependent

- 5 If you wish to add a new dependent click *Add New Dependent* and enter the information requested
- 6 If you wish to delete a dependent, click this button

Please note that you cannot edit the information about your displayed dependent (for example, the date of birth). If some information is incorrect, you have to delete your dependent and add a new one.

- 7 If you have a spouse, declare your spouse's smoker status
- 8 Click *Next* to proceed to step 3

STEP 3. Disability Benefits

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Step 3 of 10

Previous | Your plan is effective from January 1, 2017 to December 31, 2017 | Total Employer-paid Value: \$5,005 | Flex Dollars Remaining: \$2,000 | Total Per Pay Deductions: \$0.00 | Next

Option	Coverage	Tax free Benefit Payment	Evidence Required	Annual Cost	Employer-paid	Per Pay Deductions	Select
1	\$4,000 per month Option 1 <i>i</i>	No	No	\$617	\$617	\$0.00	<input checked="" type="checkbox"/>
2	\$4,667 per month Option 2 <i>i</i>	No	No	\$735			<input type="checkbox"/>
3	\$4,667 per month Option 3 <i>i</i>	No	No	\$788			<input type="checkbox"/>

- 9 This is the total value of your employer-paid core coverage. This value will be different if you change your medical care and/or dental care coverage from single to family coverage and vice versa in step 4
- 10 This is your total flex dollars calculated as a percentage of your annual basic salary, plus a flat dollar amount
- 11 Flex dollars remaining may be less than the amount indicated in 10 as some of your flex dollars have already been allocated to your current optional life coverage. You will be able to adjust the amount of optional life coverage in step 6

Choose your desired level of disability coverage. Click the *i* button for more information on each option.

If your requested coverage is above the maximum benefit without evidence of insurability, you will be asked to provide an evidence of insurability in step 10.

- 12 Click *Next* to proceed to step 4

STEP 4. Health Benefits

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Info ▼ ↻ Logoff

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Step 4 of 10

Previous ◀ Your plan is effective from January 1, 2017 to December 31, 2017 Total Employer-paid Value **\$5,005** Flex Dollars Remaining **\$2,000** Total Per Pay Deductions **\$0.00** Next ▶

Health Benefits

Medical Care ?

Option Coverage	Category	Annual Cost	Employer-paid	Per Pay Deductions	Select
1 Versatility	Family	\$1,426	\$1,426	\$0.00	<input checked="" type="checkbox"/>
2 Comfort	Family	\$2,826			<input type="checkbox"/>
3 Serenity	Family	\$3,790			<input type="checkbox"/>
4 No Coverage - opt out	-	\$0			<input type="checkbox"/>

Change Dependent Coverage

Dental Care ?

Option Coverage	Category	Annual Cost	Employer-paid	Per Pay Deductions	Select
1 Versatility	Family	\$772	\$772	\$0.00	<input checked="" type="checkbox"/>
2 Comfort	Family	\$1,267			<input type="checkbox"/>
3 Serenity	Family	\$1,732			<input type="checkbox"/>
4 No Coverage - opt out	Family	\$0			<input type="checkbox"/>

Change Dependent Coverage

13 Choose between the Versatility, Comfort or Serenity option for medical and dental care. You can also opt out of medical and/or dental care coverage and choose a different category (single or family) for medical and dental

14 If you wish to change your coverage category to single or family, click *Change Dependent Coverage*. If you remove all dependents listed under this tab, the system will understand that you want single coverage. If you want to add dependents, you have to go back to step 2 and add them

You can opt out of medical coverage only if you have coverage under your spouse's group insurance program. If you wish to do so, you will be asked to fill out a *Medical Care Coverage Waiver* form. However, if you wish to opt out of dental coverage, you will not be prompted to fill out this form.

Medical Care Coverage Waiver

Medical Care coverage can only be refused if you and/or your dependents are covered by duplicate benefits under your spouse's employer. When you have completed this form, press the Save button.

Reason for Waiver:

Proof of Coverage

Spousal Company Name:

Spousal Insurer's Name and Plan Number:

If you lose spousal coverage, you must apply for coverage within 60 days of loss of such coverage. If you do not apply within 60 days, you and your dependents may be required to provide proof of insurability to Industrial Alliance Insurance and Financial Services Inc. to be covered.

Out-of-country Emergency Coverage is provided to you as part of the medical care coverage. There is no option to choose and the category (single or family) is the same as the one selected under medical care. However, if you choose to opt out of medical care, you will continue to be covered for Out-of-Country Emergency for business trips only (excluding personal trips).

Out-of-Country Emergency Coverage ?

Option	Coverage	Category	Annual Cost	Employer-paid	Per Pay Deductions	Select
1	Out-of-Country Emergency Coverage	Family	\$49	\$49	\$0.00	<input checked="" type="checkbox"/>

Note: This benefit is linked to Medical Care by category. In order to change your covered dependents for this benefit you must change the dependents covered for Medical Care.

15 Click *Next* to proceed to step 5

STEP 5. Basic life, Basic AD&D and Business Travel AD&D

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Tuesday, November 22, 2016

Step 5 of 10

Previous Your plan is effective from January 1, 2017 to December 31, 2017 Total Employer-paid Value \$5,005 Flex Dollars Remaining \$2,000 Total Per Pay Deductions \$0.00 Next

Basic Life, Basic AD&D and Business Travel AD&D

Basic Life ?

Option	Description	Coverage	Evidence Required	Annual Cost	Employer-paid	Per Pay Deductions	Select
1	1 x annual basic salary	\$80,000	No	\$129	\$129	\$0.00	<input checked="" type="checkbox"/>

Beneficiaries

Basic AD&D ?

Option	Description	Coverage	Evidence Required	Annual Cost	Employer-paid	Per Pay Deductions	Select
1	1 x annual basic salary	\$80,000	No	\$12	\$12	\$0.00	<input checked="" type="checkbox"/>

Beneficiaries

Business Travel AD&D ?

Option	Description	Coverage	Evidence Required	Annual Cost	Employer-paid	Per Pay Deductions	Select
1	\$200,000 - Employee only	\$200,000	No	\$0	\$0	\$0.00	<input checked="" type="checkbox"/>

These benefits are automatically provided to you, there are no choices you have to make and you cannot opt out.

You must choose your beneficiaries for your basic life and basic accidental death and dismemberment insurance (AD&D). Beneficiaries designated for basic AD&D will also apply for Business travel AD&D. You may choose more than one beneficiary; however, you must be sure to allocate 100% of the benefit. At step 10, you will be asked to sign the beneficiary designation form and to return it as indicated on the form.

16 Click *Beneficiaries* to designate your beneficiaries

17 Once you have chosen your beneficiaries and allocated 100% of the benefit, click *Next* to proceed to step 6

STEP 6. Optional Life Insurance

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Tuesday, November 22, 2016

Step 6 of 10

Previous | Your plan is effective from January 1, 2017 to December 31, 2017 | Total Employer-paid Value \$5,005 | Flex Dollars Remaining \$2,000 | Total Per Pay Deductions \$0.00 | Next

Optional Life Insurance

Optional Employee Life Insurance ?

Description	Coverage	Annual Cost	Employer-paid	Per Pay Deductions	Units
Available in units of \$5,000	\$0	\$0	\$0	\$0.00	0

18 Optional Employee Life Insurance:

- The system has been preloaded with:
 - 1 x your annual basic salary rounded up to the nearest \$5,000, as the basic life insurance decreased by 1 x your annual basic salary; and
 - Your current amount of optional life insurance, if any

These amounts were converted in units of \$5,000.

- You may elect to maintain this preloaded coverage without submitting any evidence of insurability, reduce it or eliminate it altogether

However, if you decide to reduce or eliminate your optional life insurance coverage, you will have to submit evidence of insurability for any additional amount requested in the future.

If you increase the number of units, you will be asked at step 10 to fill out an evidence of insurability form.

If you decrease the number of units, your flex dollars remaining will be increased to account for the lower cost of your coverage.

Optional Spousal Life Insurance ?

Description	Coverage	Annual Cost	Employer-paid	Per Pay Deductions	Units
Available in units of \$5,000	\$0	\$0	\$0	\$0.00	0

Optional Child Life Insurance ?

Description	Coverage	Annual Cost	Employer-paid	Per Pay Deductions	Units
Available in units of \$5,000	\$0	\$0	\$0	\$0.00	0

Navigation buttons: Previous, Cancel, Next

19 Optional Spousal Life Insurance:

- The system has been preloaded with your current amount of optional spousal life insurance, if any
- You may elect to maintain this preloaded coverage without submitting any evidence of insurability, reduce it or eliminate it altogether

However, if you decide to reduce or eliminate your optional spousal life insurance coverage, you will have to submit evidence of insurability for any additional amount requested in the future

20 Optional Child Life Insurance

- The system is **not** preloaded with your current optional child life insurance
- You may elect the desired level of coverage at each renewal, since this coverage does not require any evidence of insurability

21 Click *Next* to proceed to step 7

STEP 7. Optional Accidental Death and Dismemberment

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Tuesday, November 22, 2016

Step 7 of 10

Previous Your plan is effective from January 1, 2017 to December 31, 2017 Total Employer-paid Value \$5,005 Flex Dollars Remaining \$2,000 Total Per Pay Deductions \$0.00 Next

Optional Accidental Death and Dismemberment (AD&D)

Optional Employee AD&D

Description	Coverage	Annual Cost	Employer-paid	Per Pay Deductions	Units
Available in units of \$5,000 up to \$3,000,000 (combined with Basic AD&D Insurance)	\$0	\$0	\$0	\$0.00	0

Optional Spousal AD&D

Description	Coverage	Annual Cost	Employer-paid	Per Pay Deductions	Units
Available in units of \$5,000 up to \$400,000	\$0	\$0	\$0	\$0.00	0

Optional Child AD&D ?

Description	Coverage	Annual Cost	Employer-paid	Per Pay Deductions	Units
Available in units of \$5,000 up to \$50,000	\$0	\$0	\$0	\$0.00	0

22 Choose the level of optional AD&D you desire for yourself, your spouse and your dependent children, if any. There is no evidence of insurability to be provided

23 Click *Next* to proceed to step 8

STEP 8. Flex Dollars Remaining

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Tuesday, November 22, 2016

Step 8 of 10

Previous Your plan is effective from January 1, 2017 to December 31, 2017 Total Employer-paid Value \$5,005 Flex Dollars Remaining \$2,000 Total Per Pay Deductions \$0.00 Next

Your Flex Dollars Remaining

You have an annual amount of \$2,000 Flex Dollars remaining. You need to assign the full annual amount before you can continue with the enrollment. Warning: Please note that if you are joining the plan during the year, the actual Flex Dollars amounts deposited into the different accounts are prorated to reflect the period between your enrollment in the program and the end of the year.

Flex Dollars Remaining	\$2,000
Health Spending Account (HSA) ?	enter here
Wellness Account ?	enter here
Group RRSP ?	enter here
TOTAL:	\$0

- 24 Allocate your flex dollars remaining, if any, among the three customized accounts
- 25 Click *Next* to proceed to step 9

STEP 9. Enrollment Confirmation

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Tuesday, November 22, 2016

Step 9 of 10

Your plan is effective from January 1, 2017 to December 31, 2017

Total Employer-paid Value: **\$5,005**

Flex Dollars Remaining: **\$0**

Total Per Pay Deductions: **\$0.00**

Confirm ✓

Your Enrollment Summary

Benefits | Core Coverage – Employer-paid | Personal | Dependents | Beneficiaries

Benefit	Option	Description / Coverage / Category	Annual Cost	Employer-paid	Payroll Deductions Per Pay	Change
Long-term Disability	1	\$4,000 per month Option 1	\$617	\$617	\$0.00	
Medical Care	1	Family	\$1,426	\$1,426	\$0.00	
Dental Care	1	Family	\$772	\$772	\$0.00	
Out-of-Country Emergency Coverage	1	Family	\$49	\$49	\$0.00	
Basic Life	1	\$80,000	\$129	\$129	\$0.00	
Basic AD&D	1	\$80,000	\$12	\$12	\$0.00	
Business Travel AD&D	1	\$200,000	\$0	\$0	\$0.00	

26 The system will show you a summary of all your choices. If you need to make any changes you can do so by clicking this button that will bring you to the adequate step

27 Click *Confirm* and then *Ok* if you are satisfied with your choices







Confirm Enrollment

If you are satisfied with your choices press "Ok" to confirm your enrollment. Otherwise select "Cancel" to continue your enrollment.

Cancel **Ok**

Enrollment Process is Now Complete

Thank you, **Test 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 Employee Life Insurance	
Cover Letter	
Questionnaire	
Optional Spousal Life Insurance	
Cover Letter	
Questionnaire	
Please print both forms. They are <u>required</u> to process your request.	

28

28 You can print your Confirmation Statement for future reference

Please note! This page will indicate final actions you need to take: the beneficiary form, the evidence of insurability form (questionnaire), if any, have to be printed, signed and returned as indicated on each form.