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# **Medavie Blue Cross Flexit Website – User Guide**

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Group Insurance Program

## **KDP**

Non-unionized Employees –  
Keurig Canada Inc.

Non-unionized Employees –  
Van Houtte Coffee Services  
Inc.

Non-unionized Employees –  
Canada Dry Mott's Inc.

**2019**

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## General Information

### Login to Medavie Blue Cross FlexIt Website

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):

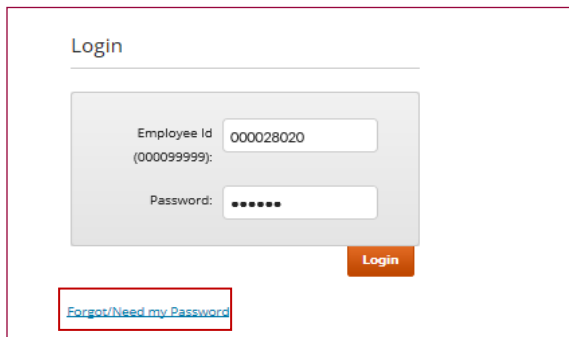
<https://connect.medavie.bluecross.ca/KDP>

You can select the preferred language by clicking on [Français](#) or [English](#)



If this is the first time you are logging in to the Website, 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?](#)).

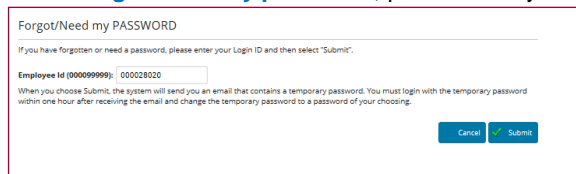
Otherwise, enter your [Employee Id](#) and your [Password](#) and click on [Login](#)



### 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](#) and click on [Submit](#)



- 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 FlexIt Website by using your Employee Id and temporary password.
- 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 Flexit website, 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 H3N2K4

EMAIL:  
Work: judy.smith@gmccr.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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Français

## Navigation on Website pages:

To navigate from one page to another on the website, 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 website, just click on

on the Welcome page

## Technical Problems:

To get help regarding technical problems on the [Flexit Website](#), 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 Flexit site, under the [Info](#) link located at the top of the screen or on the Welcome page on the left side under [Plan Details](#).

Please contact your HR representative if you have not found the answer to your question after consulting the available documents.

## Access to Flexit Website

## Important Note:

You will have access to website pages described further down only if you are in enrollment mode (for new employees), annual re-enrollment or if you have a life event (i.e. marriage, birth, divorce, etc.). Otherwise, here are the actions you can perform on the website:

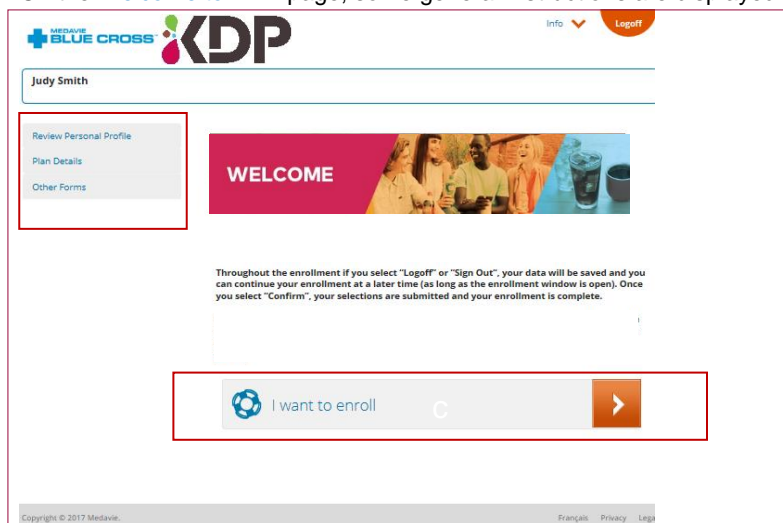
1. Consult help documents (i.e. brochure)
2. Review your current coverage in order to consult your confirmation statement for the benefits selected during enrollment
3. Review your beneficiaries for the life insurance and print the beneficiary form if you haven't already sent to Medavie Blue Cross the form filled and signed.
4. Review, print, fill out your Evidence of Health form for pending requested additional life insurance.
5. To print medical and dental claims forms

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 Website. See the details of the next steps below:

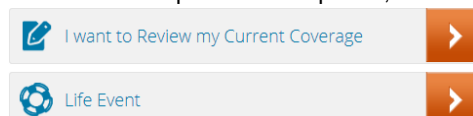
1. Step 1 : Welcome to KDP Page – I want to enroll or enter a life event
2. Step 2 : Review your personal information Page and smoker status
3. Step 3: Verify your dependant information Page and spouse smoker status
4. Step 4 : Health Care and Dental Care Page – Selection of options
5. Step 5 : Basic, 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 KDP Page – I want to enroll, enter a life event or review my current coverage (once enrollment period completed)

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



- b. After the enrollment period is completed, here are the choices that will be displayed :



1. Click on [I want to review my Current Coverage](#) to display the confirmation statement of your last enrollment

2. Click on **Life Event** when your family status has changed. You can change your benefit choices for the following life events only:

- i. Marriage, common-law relationship or civil union
- ii. Birth, adoption or addition of a child
- iii. Divorce, legal separation or end of common-law relationship
- iv. Death of a dependent
- v. Gain or loss of coverage under spouse's plan
- vi. End of a dependent child's eligibility

a. By clicking on **Life Event**, the following window will be displayed:

i. Please select the **Date of Life Event** by clicking on the Calendar icon and then by double-clicking on the date:

ii. Please select the life event by clicking on one of the six choices listed and click on **Next** to continue or click on **Cancel** if you wish to cancel the life event entry

b. By clicking on **Next**, the following window will be displayed:

i. Please read carefully the text displayed under the title: Disclaimer. You must click on **I Agree** to attest having read the disclaimer text for your life event. Otherwise click on **I do not Agree** if you don't want to continue the life event entry.

ii. By clicking on **I Agree**, the **Personal Information** page will be displayed. Click on **Next** to continue.

c. On the **Life Event** page:

Life Event

You have no dependents on file

[+ Add New Dependent](#)

- i. Click on [+ Add New Dependent](#) to add a new dependant:

Add New Dependent

First Name: Rosa      Last Name: Allen

Initial:      Relationship: Child

Birth Date: April 3      Gender: Female

Covered Under This Plan       Covered Under Other Plan

[Cancel](#) [Save](#)

1. Enter the **First Name**, **Last Name**, the **Relationship** with you, **Birth Date** by selecting the month, day and year and the **Gender** as well and click on [Save](#)

- ii. Otherwise, click on to deactivate an existing dependant

Événements de vie

Rosa Allen

Lien de parenté : Enfant  
Sexe : Féminin  
Date de naissance : 2017-04-03

[+](#) Pour ajouter une personne à charge

- iii. Click on [Next](#) to continue
- iv. Please refer to Step 4 of this document to continue the process of your choices for your life event until you confirm at the end.
1. Note: If at the end, you received extra Flex dollars, you can only allocate these extra Flex dollars into an RRSP account

c. 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. : Claim - Dental , Claim - Health
2. By clicking on the [Info](#) link at the top right corner of the screen, a list of reference documents will also be offered

- d. 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

Smith, Judy


**SMOKER STATUS**

Declare your smoker status:

I am a smoker  I am a non-smoker

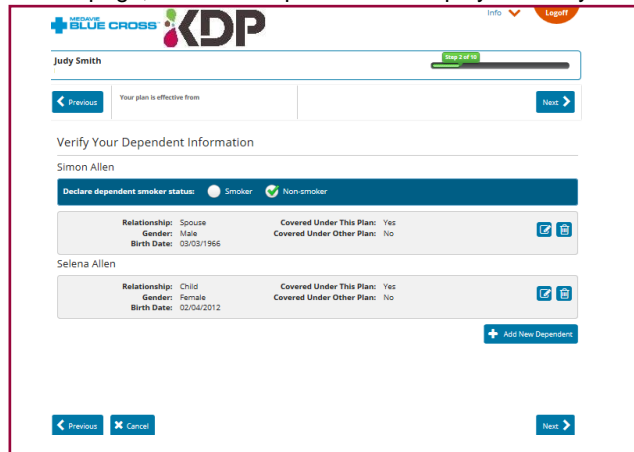
(I hereby declare I have not smoked or used tobacco, in any form whatsoever, during the last twelve (12) months.)

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 your personal information is incorrect :
    - If the work email address or home address is incorrect, please contact your HR representative
- c. Once you have completed verification on your personal information on Flexit, 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.*

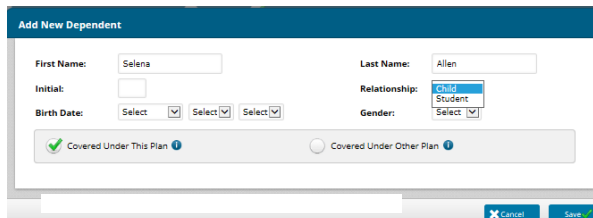
Simon Allen


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 

- The values for **Relationship** are *Spouse, Common-law, Child* and *Student*

- Note1: 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 contact your HR representative, 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 KDP, please check the **Covered under other plan**




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  **Ok**  
 2. Otherwise, if you don't wish to inactivate the dependant, click on  **Cancel**

e. To navigate to the next page click on 

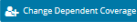
#### 4. Step 4: Health Care and Dental Care – Selection of options

Please refer to the brochure for your plan (by clicking on **Info** at the top of the screen on Flexit Website)

Health Care and Dental Care

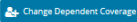
Health Care Insurance ⓘ




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	\$1,695.96	\$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 ⓘ

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 ⓘ 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	Next
x xxx,xx\$	xxx,xx\$	xx,xx\$	Next >

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

Basic Life Insurance - Employee

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](#)

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

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

Choose Your Beneficiaries:

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

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

- 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](#)

- To inactivate a beneficiary (revocable only), please click on [trash icon](#). The % has to be put at 0% before you can inactivate a beneficiary

- 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](#)

- Please read the explanatory text before entering the new beneficiary information
- Please check if the Beneficiary is a **Person**, **Estate** or **Charity** box
- 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)
- Please check if this beneficiary designation is **Revocable** or **Irrevocable**
  - 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 :**


- 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 type="radio"/>

[Show/Hide Full Option List](#) 

- 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"/>

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	Coverage	Annual Cost	Dollars Applied	Per Pay	Select
1	No coverage	\$0.00	\$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"/>

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 (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 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"/>

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"/>

1. In the *Optional Critical Illness – Employee* section:
  - i. Click on 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

**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	\$600.00
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.

- 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 **Next** to navigate to the next page

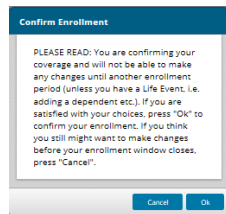
## 8. Step 8: Confirm the Enrollment

- 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		
			\$,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	\$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	\$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	\$0.00	
Long Term Disability	2	\$5,275.00 per month Option 1	\$624.14	\$0.00	\$24.01	\$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



## 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

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