

BenefitFacts

Importance of Employee Enrolment

As the sponsor of the group policy, the firm is responsible for ensuring all eligible employees are enrolled in the plan. Employers who are not diligent in their enrolment procedures could jeopardize an employee's coverage.

Most group insurance policies, including the Chambers of Commerce Group Insurance Plan®, require all new, full-time staff to serve a waiting period (three months is typical) before they are eligible for benefits. The employee is eligible for coverage immediately once their waiting period has been satisfied, and the Chambers Plan must receive a completed employee application within 30 days of this eligibility date **or the employee is considered a "late entrant"**.

As a "late entrant" employees are required to complete medical questionnaires on themselves and their dependents that require approval by the insurance company before coverage can be granted (coverage would go into effect the date of approval). Depending

on the findings, the employee and/or dependents could be declined for certain benefits or even declined coverage altogether. Even with an approved application, dental benefits for late entrants are limited in the first 12 months of coverage.

As a small business owner you have many responsibilities to attend to, and it's easy to lose track of time when it comes to filling out employee paperwork for insurance coverage, especially after the initial set up of your benefits.

To protect your firm and your employee, we suggest that you complete and submit the enrolment applications when new employees are hired.

The Chambers Plan will process the application with the employee's coverage commencing at the end of their waiting period. There is no need to "remember" to enrol the employee at a future date, and premiums will only be billed when the employee's coverage begins.

Enrolment timing is just as important for insured employees. Changes in marital status, adding dependents, or a spouse losing duplicate coverage must be reported to the Plan within 60 days of the change. If the employee misses this deadline, any request for these changes will need to be medically reviewed and approved by the insurance company.

