

COVID-19 (CORONAVIRUS)

Frequently asked questions

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This document is presented to answer any questions you may have about the impact of the COVID-19 pandemic on the administration of your plan, and to provide you with information on the exceptional measures being taken by iA Financial Group during this period. We continue to monitor the situation and will update this document as the situation progresses.

This information is provided to you as guidelines only and should not be considered as legal, tax, financial or professional advice. In the event of any discrepancy between this FAQ and your group insurance policy, the latter will take precedence. We invite you to obtain professional advice before making any decision.

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RENEWAL AND PREMIUM COLLECTION

1. Do you accept requests for renewal deferrals?

A: Any request for renewal deferral will be reviewed on a case by case basis.

2. Will you adjust the grace period for premium payment?

A: Our standard group insurance policies include a 31-day grace period. During these exceptional Terminated measure circumstances, premiums due in March, April, May and June 2020 will be subject to a 60-day grace period.

3. Since dental care was limited to emergencies during a certain period of time, is it possible to obtain a premium reduction for this benefit?

A: We have granted a credit equivalent to 60% of fully insured¹ dental care benefits premiums for the months of April and May 2020. The April credit was applied on the June invoice (produced on May 20) and the May credit was applied on the July invoice (produced on June 20).

As dentists across the country have returned to their practices on staggered schedules in accordance with local health authority guidelines, each dental practice's readiness, and the public's demand for these services, we have taken a different approach by province. The table below outlines the June credits that will be applied to the August invoice (produced on July 18). The total amount of the credit will be based on the province of residence of the plan members.

| Plan member's province | Credit |
|-------------------------------------|--------|
| Ontario | 37% |
| Quebec | 20% |
| British Columbia | 21% |
| Prairies (Alb., Man., Sask.) | 15% |
| Atlantic (N.S., N.B., P.E.I., N.L.) | 31% |
| Territories (Yk., N.W.T., Nun.) | 20% |

Terminated measure

Groups that are self-administered or administered through a third-party administrator (TPA) are eligible for the credit. However, timing for the credit will depend on the billing practices of the TPA or self-administered group.

¹ Without financial agreement, i.e., retention or ASO

4. How can I sign up for pre-authorized premium payment?

A: To use this payment method, you must complete the Pre-Authorized Debit Agreement form ([F54-863A](#)) and return it to us by e-mail at groupinsurance@ia.ca.

ADMINISTRATION (LAYOFFS, ELIGIBILITY)

5. Are you extending your current layoff provisions?

A: Our standard clause states that in the case of the temporary termination of employment due to a temporary layoff, the plan member's group insurance may be kept in force for a period not exceeding three months. There is no individual selection. However, this provision may vary from one policy to another. Some contracts already allow for continuation of disability benefits, others don't.

In the context of COVID-19 and upon plan sponsor's request, we agree to extend the duration of the extension of benefits due to layoff to a maximum of 6 months, with or without the extension of disability benefits, regardless of what the policy states. No individual selection is allowed at the plan member level but the plan sponsor may apply different provisions for one class versus another.

Terminated measure

6. When disability benefits are maintained during layoff, what happens when a plan member becomes disabled while not at work?

A: If the policy includes a provision with respect to disability that begins while a plan member is not actively at work, it will still apply. Otherwise, the elimination period will begin on the date the plan member would have otherwise returned to work.

7. When disability benefits are not maintained during temporary layoff, how does the reinstatement provision apply, and specifically the application of pre-existing conditions?

A: Our standard reinstatement provision will apply, i.e., if the absence is less than 12 months (or other duration as per the policy), disability insurance is reinstated without the requirement to satisfy the eligibility period or reset the pre-existing condition period.

8. Do we allow some plan members to select the coverages they wish to extend or not extend during temporary layoff?

A: No individual selection is allowed at the plan member level but the plan sponsor may apply different provisions for one class of plan members versus another.

9. What happens if hours worked for a plan member fall below the minimum required to be eligible for group insurance?

A: In the context of COVID-19, we agree to extend coverage to these plan members with the same provisions as for temporary layoffs. So if a plan sponsor is extending all benefits for temporary layoffs, then all benefits can also be extended to plan members not working the minimum required hours.

The employer does not need to reduce the earnings used for benefit calculation. These plan members will be considered as not actively at work for the application of the provisions around disability that begins while a plan member is not actively at work. Earnings used will be the earnings on the last working day the employee was eligible, as for employees laid off. Terminated measure

10. What is the impact if an employer wishes to change premium cost sharing with plan members?

A: All premiums are payable by the policyholder. The cost sharing with plan members is an employer decision. However, it should be noted that disability benefits are taxable as soon as the employer contributes to the payment of the disability insurance premium.

11. Is it possible to temporarily terminate a group insurance policy?

A: Yes, a group insurance policy can be terminated as per the policy termination provision. However, in the current context, we accept the termination to be temporary and the policy to be reinstated with the same structure, conditions and rates as long as the reinstatement occurs within three months of the policy termination. After three months, a new rate and risk assessment will be required.

Termination of the group insurance policy must be considered a measure of last resort because it deprives all plan members of their benefit coverage. However, if a policyholder wishes to terminate the policy, it will be the policyholder's responsibility to inform the plan members.

12. Is it possible to temporarily terminate all benefits for a certain class of plan members?

A: Yes, group insurance benefits can be temporarily terminated for a certain class of plan members. However, as this change may have an impact on rates and benefits of the remaining covered plan members, such request will require iA Financial Group review and approval.

Once approval is received, no amendment to the group insurance contract is required, as long as we receive a written request from the policyholder. Although the plan members' booklet will not be updated, their benefits will become inactive.

It is the policyholder's responsibility to inform plan members of the temporary termination of the group benefits due to the COVID-19 pandemic.

13. Is it possible to temporarily terminate a benefit covered under a group insurance policy (e.g., dental benefit)?

A: Yes, a benefit can be temporarily terminated and reinstated at a later date. However, a risk and rate assessment will be required before reinstatement, regardless of when the benefit is reinstated. It is the policyholder's responsibility to inform plan members of the temporary termination of the group insurance policy due to the COVID-19 pandemic.

No amendment to the contract is required, as long as we have written request from the policyholder. Although the plan members' booklet will not be updated, the benefit will become inactive.

14. What's the difference between temporary layoff of all employees without extension of benefits and temporary termination of the policy?

A: An employer could lay off all of its employees and decide not to maintain group insurance coverage for them. However, the group policy remains in force, and provisions will apply when employees return to an active work status, whether gradually or all at once.

If the policy is temporarily terminated, it will need to be resumed for any coverage to be effective. This should be a last resort measure. To keep the same structure, conditions and rates, reinstatement of the policy needs to occur within three months. In addition, Quebec regulations require 30 days notice before terminating drug coverage. However, this prior notice is not required in case of temporary layoff.

15. Will plan members' receipt or non-receipt of the COVID-19 vaccine have an impact on their group insurance coverage?

A: Whether or not members get the COVID-19 vaccine does not have an impact on their group insurance coverage or their ability to subscribe to insurance in the future. For more information, read the [press release](#) issued by the Canadian Life and Health Insurance Association (CLHIA).

PLAN MEMBERS VACCINATION STATUS

Since the beginning of the COVID-19 pandemic, we are present and committed to supporting Canadians by facilitating their access to healthcare and protecting them against financial risks caused by illness and death.

We are also an unwavering ally of the government authorities by supporting public health measures put in place to fight against the spread of COVID-19 and assuring a safe working environment for Canadians, a key element to minimizing the economic impacts of the pandemic.

16. What are you doing to support vaccination against COVID-19?

A: We believe that vaccines approved by Health Canada are an unavoidable response to the COVID-19 pandemic. As a corporate citizen, we were closely involved in the rollout of vaccination campaigns in many regions of the country. We urge all eligible Canadians to get vaccinated against COVID-19.

Also, effective November 1, 2021, iA Financial Group employees who attend at the workplace must be fully vaccinated. Employees who are not fully vaccinated, whether for medical reasons or other, or who do not wish to disclose their vaccination status, will be asked to take a rapid COVID-19 test upon their arrival.

17. What is your position on rapid COVID-19 testing?

A: We believe that vaccines approved by Health Canada are an unavoidable response to the COVID-19 pandemic. Rapid COVID-19 testing is another measure that can be put in place to provide employees with a safe working environment in addition to other public health measures, such as symptom screening, physical distancing, masking and hand hygiene.

If, as an employer, you are interested in implementing such a measure in your workplace, we invite you to check with your local public health authorities if you are eligible under a public initiative.

The links below provide useful information and resources about the benefits of rapid COVID-19 testing and how to get free rapid tests:

- [COVID-19 rapid testing and screening in workplaces: What employers should know](#)
- [COVID-19 rapid testing and screening in workplaces: Get free rapid antigen tests](#)

18. Are COVID-19 tests eligible for reimbursement under a group insurance plan?

A: To be eligible in our contracts, lab tests generally need to be for diagnostic purposes only (not screening), prescribed by a licensed medical practitioner, performed in a licensed facility and not available free of charge.

PCR or rapid COVID-19 tests do not meet these criteria as, at this time, PCR tests are available free of charge from provincial healthcare plans, and antigen rapid tests or serological tests are not appropriate for diagnosis.

However, if prescribed by a licensed medical practitioner, rapid antigen COVID-19 tests can be eligible under a health spending account (HSA).

19. Will you require plan members and dependents to be fully vaccinated against COVID-19 to maintain their group insurance coverage?

A: No. At this time, vaccination status is not a condition for the eligibility for or continuation of group insurance coverage. We will continue to closely monitor government and public health authorities decisions and measures, and review our position accordingly.

20. Will the vaccination status of plan members and dependents be taken into consideration in pricing?

A: No. At this time, it is not our intention to make a distinction in our pricing between fully vaccinated and non-vaccinated plan members and dependents. However, we will continue to closely monitor government and public health authorities decisions and measures, as well as trends in COVID-19 incidence, duration and volume of claims, and review our position accordingly.

21. As a plan administrator, can I review the group insurance cost sharing based on the vaccination status of plan members and dependents?

A: As a plan administrator, you are responsible for the group insurance cost sharing with plan members. Before considering reviewing the group insurance cost sharing structure based on the vaccination status of plan members and dependents, we strongly encourage you to make the necessary verifications to ensure that it will be compliant with the legislation and any work policies and agreements in force.

22. Will you pay for a life insurance claim following a death caused by COVID-19 of a not fully vaccinated individual?

A: Yes. Life insurance claims will be honoured according to the terms and conditions of the contract. At this time, it is not our intention to make a distinction between fully vaccinated and non-vaccinated plan members and dependents. We will continue to closely monitor government and public health authorities decisions and measures, and review our position accordingly.

23. If, as an employer, I require mandatory full vaccination and as a result, a non-vaccinated employee is on temporary layoff or an unpaid leave of absence, is group insurance coverage maintained during the period of absence?

A: The contract provision for the termination of insurance in case of temporary layoff, leave of absence or any other cause of absence will apply. Our standard clause states that if an employee ceases to be actively at work, insurance may be kept in force, upon written request from the policyholder, for a maximum period of time, depending on the cause of absence. There is no individual selection. However, this provision may vary from one contract to another. Some contracts already allow for continuation of disability benefits, others don't.

IMPACT OF THE PANDEMIC ON BENEFITS AND PRICING

24. What trends have been observed in disability since the beginning of the pandemic?

A: The pandemic is causing additional anxiety and stress for many individuals. Mental health is already one of the most common causes of disability and some indicators show an upward trend in the incidence or duration of disabilities. The impact on disability insurance pricing has not yet materialized but we are monitoring all trends very closely.

25. Will you increase your pricing due to the COVID-19 pandemic?

A: Despite the fact that we are still in the pandemic and that its long-term impacts are still to be determined, we will continue to closely monitor any emerging trends that may affect the future cost of group insurance.

We will continue to monitor the situation very closely and these frequently asked questions will be updated on a regular basis.

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