

PREMIUM COVERAGE

Premium Coverage is a seasonal newsletter created and issued by Western Financial Group Insurance Solutions.

The information provided in this newsletter is intended to be general in nature and should not be taken as advice or as a recommendation about insurance.

For specific details regarding insurance protection, refer to the Terms and Conditions of your policy.

If you have any questions please call 1-800-665-8990.



Group Insurance Solutions

Group Insurance Solutions Presents *Exceptional Achievement Citation and Bursary Award*

This past June, Group Insurance Solutions was very proud to present our Western Communities Foundation **Exceptional Achievement Citation and Bursary Award to Kristen Kehler** from Windsor Park Collegiate (Winnipeg, MB) and to **Brayden Olson** from J.H Bruns Collegiate (Winnipeg, MB). The bursaries will be used to further their education.



KRISTEN KEHLER

Kristen was named a recipient of this award due to her heavy involvement with her school's environmental committee, as well as the social justice league at both the school level and school board level. Kristen has proven herself to be an excellent leader and role model. This fall Kristen will attend the University of Manitoba and has enrolled in the Pharmacy Program.

BRAYDEN OLSON

Teachers and staff at J.H Bruns Collegiate believed Brayden to be a very worthy recipient of this award due to his proven ability to overcome his daily struggles and numerous obstacles in order to achieve his goals. This fall Brayden hopes to grow his love for music at the Mennonite College of Music.

Both honourees are very deserving of this award and we commend them on their achievements. **Congratulations Kristen and Brayden!**

Coordination of Benefits

These days it is not uncommon to have more than one benefit plan for your health and dental claims. You could have coverage through a spouse, another job, a retiree program or an individual plan. In these situations the question often arises, which carrier should pay first and how are my claims calculated?

Standard industry guidelines developed by Canadian Life and Health Insurance Association Inc. (CLHIA) allow insurance carriers to identify which plan is primary and which is secondary.

Which Plan Should you Submit to First?

Claims must be submitted to the primary plan first. Any unpaid balances should then be submitted to the secondary plan(s). **Use the following guidelines to identify the primary and secondary plans:**

- If you are covered as a member under a plan, that plan will always pay before a plan that covers you as a dependent. In other words, you must **submit the claim to your own plan first**. If you have the same status under more than one plan, the plan that covered you the longest pays first.
- When both parents have plans and their children are covered under both as dependents, the plan of the **parent with the earlier birth date in the calendar year pays first**. If both parents have the same birth date, the plan paying first is based on the parent's given name that occurs first in the alphabet.
- In cases of **Single Custody** i.e., when one parent has custody of the child(ren), the plan of the parent with whom the child resides, i.e., the plan of the parent with custody, pays first. The plan of the spouse of the parent with custody pays second. The plan of the parent not having custody pays third.
- In cases of **Joint Custody** i.e., when both parents have plans and their children are covered under both as dependents, the plan of the parent with the earlier birth date in the calendar year pays first.
- **Students** may have some form of health or dental coverage through their school or a part-time job. These plans will always pay before any plan where the student is covered as a dependent.
- A **retiree plan** will always pay second after any group plan that covers the same individual as an active full-time or part-time employee. If an individual has retiree coverage with more than one plan, the plan that has been in effect the longest pays first.
- If a person has **individual coverage** (i.e., they have purchased a plan on their own outside of any group coverage), as well as coverage under a group health or dental plan, the group health or dental plan may pay first. Please review the provisions in your policy or contact the insurance provider in question.

How are my Benefits Calculated?

The plan that pays first will calculate benefits as though duplicate coverage does not exist. In other words, it will process the claim as it would any other claim. The plan that pays second calculates benefits for each individual item on the claim, based on the lowest of:

- The amount that would have been payable had it been the first plan, **OR** 100% of the eligible expenses minus the benefits paid by the first plan.

The combined payment from all plans cannot exceed 100% of the eligible medical or dental expenses. In some cases, the combined payment from all plans may be less than what you have paid out of your pocket. Some plans limit the number of visits per year to a health/dental practitioner (e.g., once per nine months) and some plans have an annual dollar maximum. In these cases, when a plan (first and/or second) pays out any benefit for the visit, it will count as a visit and towards any maximums under both plans.

Special Rules

- **Auto Insurance** – provincial legislation determines whether coverage available under automobile insurance is first or second payer to coverage under group health/dental plans.
- **Out-of-Country/Province Health Care Expenses** – other rules have been developed to coordinate benefits when more than one plan covers these emergencies.
- **Workers Compensation** – you should check to see what legislation exists in your province of residence if you are making a claim due to an automobile accident or a work-related injury or accident.

When you are submitting claims to the secondary carrier, you should submit a copy of the original claim statement from the primary carrier and a copy of the claim form in order to receive any balances owing.

– Canadian Life and Health Insurance Association Inc., www.clhia.ca

EMPLOYEE BENEFITS

Tips for Claims Submission

- Read all claim forms in full and complete all applicable sections; check both sides – some forms are two sided
- Take copies of all receipts; staple receipts directly to the claim form
- Don't forget to sign the form
- Only original claim forms and receipts are eligible for consideration
- Submit claims on a regular basis; there is a 12 month deadline

Receipts from providers must include the date of service, service performed, cost of service and signature of provider or the provider's official stamp (on the receipt). If the receipt is for a drug claim it must also show the prescriber's name, and drug identification number (DIN).

For your employee's convenience, Online Services and Direct Deposit are available. Please contact your service representative for additional information.

– Stephen Redmond, Manager, Employee Benefits Service Centre

Arson Prevention

Many sections of the country have been plagued by arson losses causing serious fire damage, and possible loss of life. We may not be able to stop arsonists, but we can reduce the opportunity for them to set fires.



ARSON PREVENTION TIPS:

- Move garbage cans and bins well away from your building.
- Keep lids on tight and do not leave combustible storage and debris lying around where it could be easily used to set a fire.
- Frame storage sheds should also be moved away from your main building and out from under overhangs.
- Securely lock sheds and install motion activated flood lights over bins and sheds.
- Install vandal proof motion activated lights around the sides and rear of your building.

– Ken Fingler, Director, Risk Management

COMMERCIAL INSURANCE

Group Insurance Solutions Claims: You've reported a claim. What happens next?

LOSSES TO OWNED PROPERTY – example: fire, break and entry, wind, hail, water damage

The Group Insurance Solutions Claims Department will report your loss to the insurance company or independent adjusting firm. A member of either firm will contact you and assist you with arranging for emergency repairs and/or securing of the premises as required, and quantifying your loss. In due course, you will need to provide your adjuster with any documents, materials, and/or assistance requested.

A. INSURED'S ACTIONS AND RESPONSIBILITIES:

1. Notify the appropriate local authorities immediately (i.e. Fire or Police Departments).
2. Protect your property against further loss by:
 - » Securing doors, windows, etc. that may have been damaged.
 - » Removing property that may be exposed to further damage.
 - » Maintaining heat, if possible.
3. Do what would be wise to do if you did not have insurance.
4. As it is your responsibility to prove your loss, you will be required to:
 - » Provide details as to the date and time of occurrence and the cause of the damage.
 - » Provide a list of the property damaged and its value. This evaluation can take the form of reference to original invoices, estimates for repair, or reference to appraisals previously made.
 - » If you have experienced a reduction in business as a result of the loss, keep a record of all expenses, employee hours and reduced sales during the period of the loss. You may need to involve your accountant (your policy provides coverage for these expenses).
5. Do not throw away any damaged property without prior approval.
6. If possible, take photographs of the damage before beginning clean-up or repairs.

Once all details are available and you are satisfied with the total amount of your claim to be made, you will complete a "Proof of Loss" form which will be your official agreement with the amount, and your request for payment. In return for a partial payment of your claim, you may be requested to sign an "Interim Proof of Loss" form. This is standard procedure.

B. GROUP INSURANCE SOLUTIONS' RESPONSIBILITIES:

1. Oversee and assist on all aspects of the claim.
2. We maintain a claim file to review and assist you in the proceedings of your loss.
3. Call your Examiner or Customer Service Representative at Group Insurance Solutions if you have any questions or are unclear as to any aspect of your claim.

C. ADJUSTER'S RESPONSIBILITIES:

1. Contact you, the insured, as soon as possible and if necessary, attend to witness the damage. You should receive a telephone call from a representative of the Adjusting Firm or Insurance Company the same day as you reported your claim. In severe damage cases, the call should be within 2 hours.
2. Assess the loss and explain scope of coverage under the terms of your insurance policy.
3. Advise and assist you with the steps to process the loss.
4. Arrange for any emergency repairs or clean-up, and in the event of a substantial loss, an advance of funds.
5. Give permission to make the necessary repairs, either with a contractor recommended by the Adjuster, or your preferred contractor (subject to specification and pricing similarity).
6. Report all facts to Group Insurance Solutions or the Insurance Company and make recommendations for adjustment of the loss. Final payment of your loss should be made within 60 days of the Adjuster receiving all the information and documents required.

– Bert Walker, Assistant Vice-President, Claims & Personal Lines

PRIVACY ACT

Western Financial Group (Network) Inc. is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act (www.privcom.gc.ca).



HIP is Expanding!

We are pleased to announce a new development to the **Hospitality Insurance Program (HIP)**, effective August 1, 2011. As a result of positive growth in HIP participation, we have been successful in establishing a second division which will specialize in insuring beverage-focused hospitality establishments.

It is recognized that within the hospitality industry, various distinctly different risk profiles exist. The HIP will now effectively offer customized products to both lodging-focused and beverage-focused hospitality establishments. In an effort to benefit all members, the Program will now have two separate loss pools, each representing a refined risk profile.

We look forward to speaking with any properties that may previously not have qualified for coverage through the lodging division. **To find out more information about the Hospitality Insurance Program and how it can help your property, please contact:**

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Group Insurance Solutions Listed as One of Manitoba's Top 100 Companies

Manitoba Business Magazine, the most recognized source on corporate performance in the province, recently identified 100 companies as among the biggest and best companies in Manitoba for 2010. We are very proud to have been recognized in the Manitoba business community, ranking number 49 in this year's Top 100 Companies survey.

Access Premium Coverage Online

Did you know that Premium Coverage is available online at www.westernfgis.ca? By accessing Premium Coverage online, you will receive an email as soon as the newsletter is available.

If you would prefer to receive an email notification over a printed copy of the newsletter, please email news@westernfgis.ca.



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