



PLAN ADMINISTRATOR **GUIDEBOOK**

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What is a Plan Administrator?

A [Plan Administrator](#) manages the employee benefit plan(s) on behalf of the employer and generally serves as the main point of contact between the [Insurer](#), the [group insurance Advisor](#), and the employer. They are also the main point of contact for employees with questions about the plan and are responsible for the accuracy of employee information on file.

The Plan Administrator is an important contact for employees and is responsible for the smooth operation of your group benefits plan.

Manage Your Plan Online with Nomad

Throughout this guide, you'll find frequent references to [Nomad](#), Benefits by Design (BBD)'s online benefits administration tool.

Nomad is a one-stop-shop for Plan Administrators with BBD. It provides convenient and secure online access and allows users to download essential resources and manage key information. From Nomad, you'll be able to perform all of the day-to-day tasks of a Plan Administrator, including updating employee information and downloading reports and invoices. You'll also be able to access and download employee benefits booklets that can be shared with staff.

Nomad is an entirely online group insurance administration system, allowing users to manage their benefits plan without the hassle of paperwork and with the ease and convenience of being able to do that anywhere or while on-the-go.

[Watch the Nomad Tutorial](#)

Responsibilities of a Plan Administrator

Plan Administrators have [many responsibilities](#) when it comes to a group benefits plan.

Billing and Payment

Plan Administrators are usually (not always, depending on the employer's setup) placed in charge of making payments to the Insurer by their employer.

Where to View Your Monthly Invoices

Invoices are issued monthly and payment is due on the first day of each month. You can always view your most recent invoice, as well as a historical record of previous invoices, on Nomad.

To access your invoices, [sign in to Nomad](#) and click on Invoices & Reports. Select Invoices from the list of reports and click Run. From here, you can download a copy of your most recent invoice as well as any other invoices from previous months.

How to Make a Payment

Payments can be made in one of the following ways:

- Electronic Funds Transfer (EFT)
- Cheque
- Telpay
- Wire Transfer
- Pre-Authorized Debit Payment

For more detailed instructions on how to pay using your preferred method, download the [Payment Options Information Sheet](#).

How to Set Up Pre-Authorized Debit Payment

Pre-Authorized Debit Payment automatically withdraws your payments directly from your bank account and is the quickest and most straightforward way to ensure timely payments and limit interruptions in coverage.

You can set up Pre-Authorized Debit Payment in one of two ways:

- Fill out Section 4: Pre-Authorized Debit Plan (PAD) on the Group Insurance Master Application when you first apply for your group insurance plan; **OR**
- Complete the [Pre-Authorized Debit Plan \(PAD\) Form](#) at any time and submit a blank void cheque to your BBD Client Manager.

Premium payments are due on the 1st day of each month. If payment is not received within 31 days of the due date, your coverage will lapse. In this event, reinstatement of your group plan is subject to the approval of your insurers and you will be advised in writing of their decision. A reinstatement fee of \$25.00 is applicable.

Adding and Removing Employees

It is the responsibility of the Plan Administrator to keep the list of employees up to date. Employees who are not added and removed from the plan in a timely manner may open you and your employer up to additional costs and potential liabilities.

Adding Employees

When eligible employees reach their [eligibility date](#) to enroll in your benefits plan, they will need to complete the [Employee Enrollment Form](#) and submit it to you in order to be added to the plan. You will then be required to add the employee to the plan from Nomad. Simply [sign in to Nomad](#), click on **Employees** and select **New** to add an employee. For more information on online enrollment, [download our info sheet](#).

You should aim to ensure that eligible employees enroll in your benefits plan within 31 days of their eligibility date to avoid becoming [late applicants](#), which can negatively impact their coverage.

You can proactively add employees to the plan as soon as they're hired, rather than waiting for the eligibility date. Everything will update automatically once the employee satisfies their [Waiting Period](#).

Need help with [employee onboarding](#)? Check out the 6 steps to effectively enroll new employees in your benefits plan.

Removing Employees

To remove an employee from the benefits plan, [sign in to Nomad](#) and click on the **Employees** tab. Find the employee you wish to terminate in the provided list, click the arrow beside the view button, and click **Terminate**.

It is important to remove terminated employees from the benefits plan as soon as possible to avoid issues with claims and eligibility.

Updating Employee Information

Keeping employee information accurate and up to date is one of the day-to-day responsibilities of the Plan Administrator. It's important to do so in a timely manner. The sooner the better, although 31 days (similar to enrolling employees) is a good rule of thumb. All updates to employee information can be completed quickly and easily on the **Employees** tab in Nomad. Below are the most common updates to employee information that you're likely to encounter.

Beneficiary Changes

A [beneficiary](#) is the named individual who will receive a benefits payout upon the successful submission of a [Life Insurance](#) or [Accidental Death and Dismemberment \(AD&D\) Insurance](#) claim.

Among the most common reasons for changes in beneficiaries are separations, divorces, and new marriages, although a beneficiary can be changed for any reason. Employees who are experiencing changes in their lives may not think about updating their beneficiaries. We strongly encourage Plan Administrators to reach out to employees whose situations may be changing and ask if they would like to make any updates to their beneficiaries.

To update a beneficiary, the employee will need to submit a completed [Beneficiary Designation](#) Form to you. **You are required to keep this form on file** because we will require the original copy in order to process a claim for [Life Insurance](#). You will then need to [sign in to Nomad](#) and input any new beneficiaries by clicking on the **Employees** tab and selecting the employee whose information you wish to update.

For more information on beneficiaries, check out our blog: [6 Must-Dos When Naming a Beneficiary](#).

Name Changes

When an employee's name changes you will need to update the information in Nomad. [Sign in to Nomad](#) and click on the **Employees** tab. Select the employee whose name you wish to change and update the information.

Alternatively, you can have the employee complete Section 2 of the [Employee Change Request Form](#) and submit it to your BBD Client Manager.

TIP: It may also be a good idea to encourage the employee to submit a new [Beneficiary Designation](#) under the new name. This will help prevent any potential issues in the event of a [Life Insurance claim](#).

Salary Updates

When an employee's salary changes, you will need to update the information in Nomad. [Sign in to Nomad](#) and click on the **Employees** tab. Select the employee whose salary you wish to change and update the information.

Salary updates have a special importance, as many of the benefits payouts such as those from Life Insurance or Accidental Death & Dismemberment (AD&D) Insurance, are based on salary. If salaries are not kept up to date, beneficiaries could receive less than they are entitled to.

Marital Status

To update an employee's marital status, [sign in to Nomad](#) and click on the **Employees** tab. Select the employee whose status you wish to update and make the appropriate changes.

Alternatively, you can have the employee complete Section 2 of the [Employee Change Request Form](#) and submit it to your BBD Client Manager. Regardless of the reason for the marital status change, it's always a good idea to remind employees to review their beneficiaries to see if they would like to make any changes. You'll also want to have employees update their dependents as needed!

Adding or Removing Dependents

To add or remove dependents, [sign in to Nomad](#) and click on the **Employees** tab. Select the employees whose dependents you wish to change and add or remove dependents as needed. Alternatively, you can have the employee complete Section 3 of the [Employee Change Request Form](#) and submit it to your BBD Client Manager.

You should also aim to update dependent information in a timely manner, but certainly within 31 days. Like when adding a new employee, new dependents added outside of this window may be considered late dependents and have their coverage negatively affected.

Excess and Conversion Coverage

These are two very important responsibilities of the Plan Administrator that carry potential liabilities for you and your employer if done incorrectly or not at all.

Excess Coverage

With any group plan that includes Life Insurance and/or Long Term Disability (LTD) Insurance, there is a [Non-Evidence Maximum \(NEM\)](#), which is the maximum benefit an employee can have without submitting [medical evidence](#).

When an employee is eligible for excess coverage over and above this NEM, Plan Administrators are required to inform employees of their eligibility. Employees may apply for additional amounts by completing a Health Evidence Form and submitting it to BBD. Excess amounts will become effective only after the Insurer(s) have approved the application.

Conversion of Coverage

Providing terminated employees with their conversion options is the responsibility of the Plan Administrator. Fortunately, we make this a simple process for you!

What is Conversion?

When an employee who was previously covered under your group benefits plan loses certain coverages, Plan Administrators must present them with options to continue those coverage options through other means. When the times comes, ensure that you're providing the below information to your employees, as applicable. Simply share these conversions options for each of the benefits they are losing.

What Benefits can be Converted?

Life Insurance

An employee has a period of 31 days following termination of employment in which to convert their [Life Insurance](#) to an individual policy without providing [medical evidence](#).

To convert their Life Insurance, employees will need to complete the [Life Conversion Application](#) and submit directly to Empire Life® within 31 days of termination of employment.

Extended Health Care (EHC) and/or Dental Insurance

An employee has 90 days in which to apply for conversion of their [Extended Health Care \(EHC\)](#) and/or Dental Insurance benefit to an individual policy. BBD's conversion product for EHC and Dental is [Green Shield Canada \(GSC\)'s Health Assist™](#), which can provide guaranteed coverage.

For more information on Health Assist, [click here](#).

Accidental Death & Dismemberment (AD&D) Insurance

An employee has 31 days following termination of employment in which to convert their [Accidental Death & Dismemberment \(AD&D\)](#) Insurance to an individual policy. To begin this process, employees should contact Industrial Alliance, our primary AD&D provider, directly at specialmarkets-bc@ia.ca.

Critical Illness Insurance

An employee has 31 days following termination of employment in which to convert their [Critical Illness Insurance](#) to an individual policy.

To convert their Critical Illness Insurance, employees will need to complete the [Critical Illness Conversation Application](#) and submit directly to Industrial Alliance, our primary Critical Illness Insurance provider, via mail to:

Special Market Solutions

Industrial Alliance Insurance and Financial Services Inc.
400 — 988 Broadway W, PO Box 5900
Vancouver, BC, V6B 5H6

Benefits Communication

Effectively communicating your benefits plan to employees is one of the most important steps to ensuring the success of the plan. If employees don't know what they're covered for, how to claim, or where to go for information, they simply won't use the plan.

That means low utilization and a lot of wasted time, money, and effort for you and your employer, not to mention you won't be delivering on the whole point of a benefits plan: keeping employees happy and healthy.

The most important thing about benefits communication is consistency. Most employers usually do a decent job communicating when the [plan is first implemented](#), but lose steam as the weeks, months, and even years go by.

Download the Benefits Communication Package

First, read up on how to [communicate your employee benefits plan](#) the right way on our blog, then download the [Benefits Communication Package](#).

This package is full of helpful tips and tricks to effectively and consistently communicate your plan, as well as practical tools such as email templates, posters, and strategies to keep your plan and your employees' coverage top-of-mind.

How to Submit and File a Claim

Submitting a claim will vary by Insurer and the type of claim you're submitting. However, many practitioners (for example, a dentist) can submit an electronic claim directly to the carrier on the employee's behalf. Otherwise, claims can be submitted online through the Insurer's plan member portal.

How Do I Submit an Extended Health Care (EHC) Claim?

Our primary Extended Health Care (EHC) provider is Green Shield Canada (GSC). Employees should visit GSC's [GSC Everywhere](#) portal to submit an EHC claim.

If your EHC benefit is provided through an alternative carrier, please contact your BBD Client Manager for more information.

How Do I Submit a Dental Insurance Claim?

GSC is also our primary provider for Dental Insurance. In most cases, your dentist will be able to submit your claim directly to GSC and you will not need to take any further action. Otherwise, employees should visit GSC's [GSC Everywhere](#) portal to submit a Dental claim.

If your Dental Insurance benefit is provided through an alternative carrier, please contact your BBD Client Manager for more information.

How Do I Submit a Pooled Benefits Claim?

[Pooled benefits](#) are those whose [premiums](#) are “pooled” together across a large number of people, with claims being paid from this large pool of money. Pooled benefits include:

- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Short Term Disability (STD) Insurance
- Long Term Disability (LTD) Insurance
- Critical Illness Insurance

All pooled claims are handled by a dedicated Claims Coordinator. To begin the process of submitting a claim for any of the above benefits, please contact your BBD Client Manager for more information.

Important Considerations for All Plan Administrators

All Plan Administrators have a huge responsibility to ensure the accuracy of information and the smooth operation of the benefits plan. As such, there are a few key considerations we want to draw your attention to.

Accuracy of Employee Information

Plan Administrators are responsible for the accuracy of the employee information on file. It's very important that this information be updated whenever changes occur, as this information is what will be used by the [Insurer](#) to pay claims or issue benefit payouts.

For example, many [Life Insurance](#) payouts are based on salary (such as two times annual earnings). However, if an employee's annual earnings have not been updated since their last promotion or raise, their beneficiary may be paid less than they're entitled to.

Alternatively, if an employee has divorced and remarried, but their beneficiary was never updated, any Life Insurance payouts would go to the beneficiary on file, regardless of any intent of the party to bequeath the amount to their new spouse.

Liability

A Plan Administrator is an important job with real responsibility. Poor benefits administration, such as inaccurate information, can open up yourself and your employer to potential problems and liabilities.

As an example, if an eligible employee is not enrolled in the benefits plan and needs to make a claim — particularly a serious one, such as [Life](#) or [Disability Insurance](#) — things can get messy very quickly. That's why we stress the importance of the Plan Administrator's role in ensuring accuracy of information so much.

Employee benefits can be complicated and BBD is here to help. If you are ever unsure or have a question, your BBD Client Manager is an excellent resource. Your group insurance Advisor is another key contact and, when in doubt, an employment lawyer can help you deal with specific liability issues or questions.

Bonus: if your plan includes [Life Insurance](#) through Empire Life, you have access to a [Business Assistance Program \(BAP\)](#) automatically, which can connect you with an employment lawyer easily.

Late Applicants

Employees who do not apply within 31 days of becoming eligible to enroll in the benefits plan may be considered a [late applicant](#). Late applicants may be required to submit [medical evidence](#) or back-pay premiums. This can have negative consequences for the employee that may affect their coverage or lead to it being denied entirely.

Conversion Options

Plan Administrators must provide conversion options to employees losing coverage for the following benefits:

- [Life Insurance](#), within 31 days of termination
- [Extended Health Care \(EHC\)](#), and Dental Insurance, within 90 days of termination
- [Accidental Death & Dismemberment \(AD&D\) Insurance](#), within 31 days of termination
- [Critical Illness Insurance](#), within 31 days of termination

Renewals

A [group insurance renewal](#) happens annually and is the process in which your Insurer re-evaluates rates based on factors such as demographics and claims experience.

Your group insurance Advisor will contact you regarding your renewal, but there are certain [steps you should take ahead of time](#) to prepare yourself and your organization for a renewal.

We're Here to Help

Our goal is make your job as a Plan Administrator as easy as possible through:

Nomad: Online Benefits Administration

Through the use of a secure, online administration system called Nomad, you'll be able to complete all of your day-to-day tasks quickly and efficiently.

Your BBD Customer Success Team

Get help navigating your benefits plan from your BBD team! Your BBD Client Manager and Client Specialist are available to help you manage your employee benefits plan with ease. You'll have a single point of contact who's deeply knowledgeable about your business and your specific benefits plan.

Accessible Resources

Forms, infographics, blog posts, webinars, information sheets, e-books, and much more is all available at your fingertips from our Resource Centre. Alternatively, many of these resources are also available for free download from Nomad.

Contact Us

Have a question and want to talk to someone? Give us a call and our friendly and supportive staff will be glad to help you.

Toll Free: 1-888-272-0413

Alternatively, you can complete the [Contact Us Form](#) on our website, and someone will respond to your request via email in a timely manner.

About Benefits by Design (BBD)

Benefits by Design (BBD) is a proud Canadian success story. Established in 1996, we are on a mission to help working Canadians promote and protect their health, wealth, and happiness by delivering employee benefits by design.