



WestPro Employee Benefits System Online Administration
(WEBS online™)

Employee Self Service User Guide

Online Group Benefits Administration

November 2006
Version 1

Overview

Welcome to WEBS online™, WestPro Employee Benefits System. This system is designed to make the administration of your employee benefits plan easier for you and your employer and to provide you with current and relevant employee benefits information.

This user guide will show you how to enrol in your employer's benefits plan for the first time. It also explains how to make changes to your coverage in the future.

We welcome feedback so please let us know if you encounter an issue or a problem that is not addressed by this user guide.

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1.0 Introduction to WEBS online™

1.1 Purpose of this User Guide

This document is intended for employees who are using WEBS online™ to enrol or make changes to their benefits plan. This user guide:

- describes the processing requirements and
- provides general guidelines for enrolment.

Please note that this guide details benefits that may or may not be offered to you. If a benefit is not available it will not appear as you process your enrolment and you may skip over those parts of this guide.

1.2 Navigating Within a Form

To move from field to field within WEBS online™, use the Tab key or your mouse to click in the field. Please try to avoid using the Enter key in WEBS online™.

Some forms do not fit within a single viewing window. Use the scroll bar (sliding button right of window) to view the entire screen.

Once you have completed the information on the screen, click on the < Continue > button on the bottom right hand corner of the screen.

If you wish to cancel your application, click on the < Cancel Application > button. You will be asked to confirm that you wish to lose all your changes before your enrolment is cancelled.

1.3 Getting Assistance

Help Screens

All of the WEBS online™ web pages have Help links near the top right corner of the screen. These Help links describe exactly what is required to complete each screen.

If you have any questions about how to complete the screen, check out the Help link first.

Help Desk

Should you wish to report a problem with WEBS online™, please contact WestPro. WestPro's office hours are 8:00 am to 4:30 pm Monday through Thursday, and 8:00 am to 3:00 pm on Friday. Our toll-free phone number is 1-800-667-0797 if you are calling from outside Vancouver and the Lower Mainland. If you are calling from Vancouver or the Lower Mainland our phone number is 604-536-8887.

There may be an occasion when you encounter a problem trying to access WEBS online™, or when using WEBS online™. If the problem appears to be related to your computer or your local system, contact your local IT department. Please ensure that your IT support person has checked that the problem is not your work station/computer or browser. For any other problem, you should call WestPro.

1.4 WEBS online™ Security and Sign-In

WEBS online™ has been developed using 128-bit encryption and the highest security tools and hosting services available. Some of the security features included are:

- HTTPS encryption through SSL.
- User login requires three distinct pieces of information: Client, Employee Number (PIN) and Password.
- All login information and sensitive user information is encrypted on the server-side database and is even unreadable internally to anyone browsing the database.
- The applications programming includes security level checking, entry gate checking, and intrusion detection.

WEBS online™ is fully audited for who is accessing and making changes to the information.

WestPro will provide you with a temporary password. You will not be able to access WEBS online™ unless you enter a valid password. You will have the ability to change your password at any time once logged into WEBS online™. This password should never be shared with or disclosed to anyone.

1.5 System and Browser Requirements

- Internet Connection
- Mozilla Firefox or Internet Explorer (Version 5.0 or greater) with JAVA enabled
- Adobe Reader (<http://www.adobe.com/products/acrobat/readstep2.html>)
- Printer (for printing the Benefits Enrolment Summary). The document(s) can be saved to disk and then printed.

1.6 General Tips

If you remain logged into WEBS online™ in any screen and no data is entered, the system will automatically log you off after 10 minutes of inactivity. When you try to enter data after this time, you will be taken back to the login screen.

While logged into WEBS online™ and applying for benefits, please try not to use your browser's Back button. You will be able to edit everything you have entered when you are at the summary page. Because this application is in a secure environment, the system will prompt you with a warning that the Page has Expired. If you receive this message, press your browser's Refresh button and click the Retry button. This should return you to the Main Menu.

Please log off from the Main Menu before closing your browser.

2.0 Enroling in your Benefits Plan

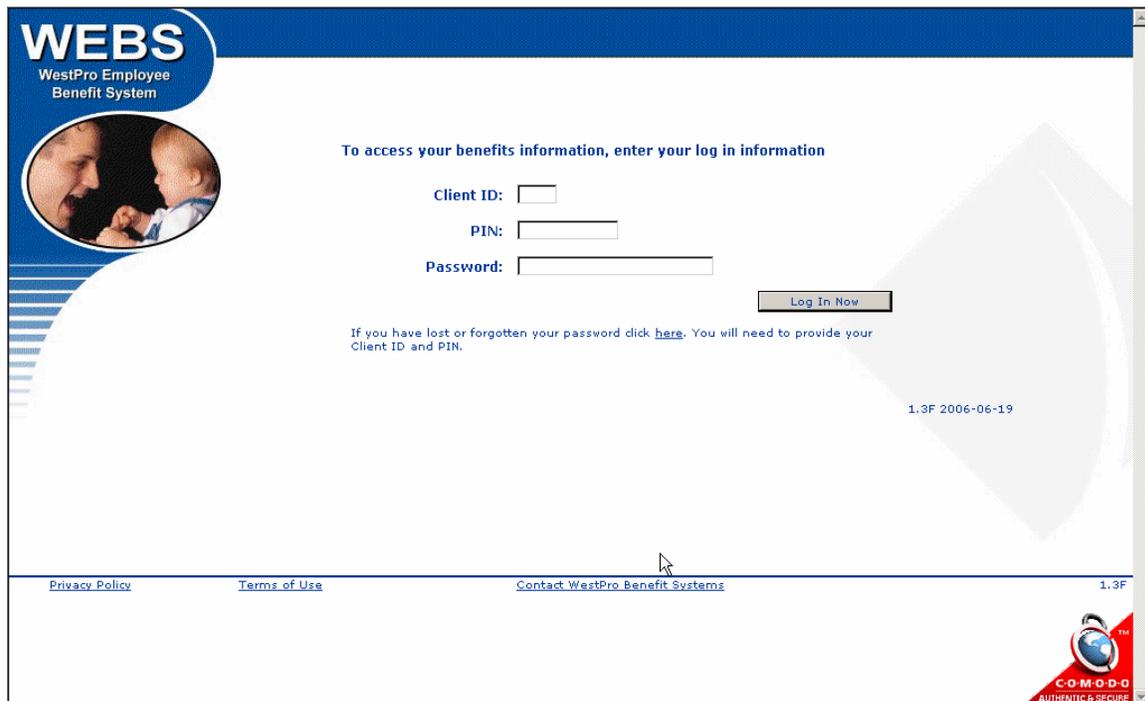
You will receive an email from your Plan Administrator advising you that your employee profile has been entered into WEBS online™ and that you can begin your enrolment process. This user guide will take you through the enrolment process.

The final step in the enrolment process will require Adobe Reader (a PDF viewer) to print the WEBS online™ generated Benefits Enrolment Summary. Please ensure Adobe Reader is installed on your computer before proceeding. This program is available free on the web at: <http://www.adobe.com/products/acrobat/readstep2.html>

Please ensure you sign and date the Benefits Enrolment Summary generated by WEBS online™. This form must be returned to your Plan Administrator and kept in their files. In the event of a Group Life insurance claim, this original enrolment form bearing your signature must be produced. The original forms are very important documents.

2.1 Login

The first screen to appear requires the login information that was provided in the email from your Plan Administrator.



The screenshot shows the login interface for the WEBS WestPro Employee Benefit System. The page has a blue header with the WEBS logo and a circular image of a man and a child. The main content area is white with a blue border. It contains the following elements:

- Header: **WEBS** WestPro Employee Benefit System
- Instruction: **To access your benefits information, enter your log in information**
- Form fields: Client ID: , PIN: , Password:
- Button: **Log In Now**
- Text: If you have lost or forgotten your password click [here](#). You will need to provide your Client ID and PIN.
- Version: 1.3F 2006-06-19
- Footer: [Privacy Policy](#), [Terms of Use](#), [Contact WestPro Benefit Systems](#), 1.3F
- Security logo: **C.O.M.O.D.O** AUTHENTIC & SECURE

Use the Tab key to move from field to field or your mouse to click in the field. Please try to avoid using the Enter key in WEBS online™.

Enter your 3 character Client ID, your Personal ID number (PIN) and your password. Use your mouse to point and click on < Log In Now > to proceed.

The first time you login to WEBS online™ our Terms of Use will appear on the screen for your review and agreement.

Z02
High Performance
Widgets

Welcome **Susan Doe** [Log Out](#)
[Help](#)

[Main Menu](#)

Version: 1.0
Date: 2006-09-10 17:06:56

[Conditions of Use](#)
[Availability](#)
[Copyright](#)

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C-O-M-O-D-O
AUTHENTIC & SECURE

This text may not fit within a single viewing window. Use the scroll bar (sliding button right of the window) to view the entire screen.

To proceed, use your mouse to click on < Agree > at the bottom of the screen.

On your first login you will see a welcome message on the following screen:

Z02
High Performance
Widgets

Welcome **Susan Doe** [Log Out](#)
[Help](#)

[Main Menu](#)

Welcome

Welcome New Employee of XYZ SUPPLIES LTD.

XYZ SUPPLIES LTD. provides a comprehensive, balanced, and competitive employee benefits package as part of your total compensation. The employee benefits program is provided to address both the immediate and long-term needs that you and your family may have.

To participate in the benefits program and access benefits resources and information online, you must enrol in the benefit plan.

[Employee Self Service User Guide](#)

Enrol

[Privacy Policy](#) [Terms of Use](#) [Contact WestPro Benefit Systems](#)

To begin the enrolment process, use your mouse to point and click on < Enrol > .

2.2 Entering your Employee Information

The following screen will appear:

The screenshot displays the WEBS WestPro Employee Benefit System interface. At the top left is the WEBS logo. The header area includes 'Welcome Susan Doe' and 'Log Out Help' links. A summary table shows the following information:

Employee Name	SUSAN DOE	Personal ID	222-555-777
Client Name	XYZ SUPPLIES LTD.	Class	A
Annual Earnings	44000.00	Client ID	202

Below the summary table are several form fields with red asterisks indicating mandatory fields:

- First:** SUSAN *
- Initial:**
- Last:** DOE *
- Address:** *
- City:** *
- Province:** BRITISH COLUMBIA *
- Postal Code:** eg. V3V 1A1 *
- Gender:** Male Female *
- First Nation:**
- Birth Date:** (YYYY-MM-DD) *
- MSP Level:** 0C (Calculated)

A note states: "Please indicate if you will be participating in the following coverage: (You should only answer 'No' if you are currently covered under another benefits plan.)"

	Effective	Termination
Extended Health: Yes <input type="radio"/> No <input checked="" type="radio"/> *	No History	No History
Dental: Yes <input type="radio"/> No <input checked="" type="radio"/> *	No History	No History
MSP: Yes <input type="radio"/> No <input checked="" type="radio"/> *	No History	No History

Additional fields include:

- MSP Billing Num:**
- Personal Health Num:**

At the bottom of the form are two buttons: "Cancel Application" and "Continue".

Footer links include: [Privacy Policy](#), [Terms of Use](#), and [Contact WestPro Benefit Systems](#).

This screen gathers information regarding your address, gender, birth date and your request for Extended Health Care, Dental Care and MSP coverage.

You will notice that your Employee Profile information is displayed in the header section of the window. Your Plan Administrator entered this information. If you have questions about this information, contact your Plan Administrator.

Complete the fields on the screen by using the Tab key to move from field to field or by using the mouse to point and click. The mouse must be used to specify gender and your enrolment in Extended Health, Dental and MSP. The correct format of the data is indicated beside the relevant field, if necessary.

An arrow pointing down at the end of a field indicates that you choose data from a list that appears when you click on the arrow.

All fields marked with a red asterisk are mandatory. The MSP information fields are only necessary if WestPro is administering MSP on behalf of your employer.

You may cancel the enrolment at any time by clicking on < Cancel Application > . A caution will appear but if you proceed you will lose all your entered data. You will also have the option to cancel your enrolment on later screens.

Once you have completed the information on the screen, click on the < Continue > button on the bottom right hand corner of the screen.

Further Information

Applying for Extended Health, Dental and MSP Coverage

Extended Health and Dental coverage is mandatory unless you have coverage under your spouse's or other similar benefit plan (not including the Government Medical Services Plan). If you are eligible for coverage under a spouse's Extended Health and/or Dental Plan, you may:

- Option 1: Waive coverage under this plan; or
- Option 2: Co-ordinate benefits with your spouse's plan ("dual" coverage) - which may not be permitted in all Group Insurance Policies.

If you choose to waive coverage under this plan, you must provide some details regarding your alternate coverage. A "Waiver" screen for Extended Health and/or Dental coverage will appear for completion near the end of the application process. Once Extended Health and/or Dental coverage has been waived, you and your dependents cannot enrol under this group plan unless coverage under the alternate plan has terminated or you submit Evidence of Health which must be approved by the insurance carrier before coverage will commence or you pay back premiums, depending on your insurance carrier's policies.

If you have chosen coverage for Extended Health, Dental Care or MSP, the next page to appear will confirm their effective dates.

The screenshot shows the WEBS WestPro Employee Benefit System interface. At the top left is the WEBS logo and 'WestPro Employee Benefit System'. At the top right, it says 'Welcome Susan Doe' and has 'Log Out' and 'Help' links. The main content area displays the following information:

Employee Name	SUSAN DOE	Personal ID	222-555-777
Client Name	XYZ SUPPLIES LTD.	Class	A
Annual Earnings	44000.00	Client ID	202

Below this, the effective dates are listed:

- Extended Health Effective Date: 2006-10-01
- Dental Care Effective Date: 2006-10-01
- MSP Effective Date: 2006-10-01

At the bottom of the main content area, there are three buttons: 'Previous', 'Cancel Application', and 'Next'. The 'Cancel Application' button is highlighted with a mouse cursor. At the very bottom of the page, there are links for 'Privacy Policy', 'Terms of Use', and 'Contact WestPro Benefit Systems'.

When you have reviewed the effective dates for these benefits, click on < Next > to continue to the next page.

Please contact your Plan Administrator if you have any questions about these effective dates.

2.3 Enrolling your Dependents

You must specify all your eligible dependents on the following screen regardless of whether they are to be covered for Extended Health, Dental or MSP.

The screenshot shows the Z02 High Performance Widgets interface. At the top left is the Z02 logo with the text 'High Performance Widgets'. At the top right, it says 'Welcome Susan Doe' and has 'Log Out' and 'Help' links. The main content area displays employee information: Employee Name: SUSAN DOE, Client Name: XYZ SUPPLIES LTD., Annual Earnings: \$44,000.00, Personal ID: 222-555-777, Class: A, and Client ID: 202. Below this is a section titled 'Dependents' with a red bar and the text 'Employee Data Updated'. There are two buttons: 'Add Spouse' and 'Add Dependent'. Below the buttons, there is a red warning message: '(Dependents in RED: Are currently not covered or are not eligible for Extended Health and/or Dental Benefits)'. Below the warning, it says 'Your computer will need to have the Adobe Acrobat reader in order to view or print your enrolment application.' and there are two buttons: 'Cancel Application' and 'Continue'.

Click the buttons < Add Spouse > and/or < Add Dependent > to add dependents. Once you add your dependents, they will appear on this screen. If you do not have any eligible dependents, click < Continue > to proceed to the next screen.

Further Information

Eligible Dependents

Your dependents are eligible for coverage from the date that your coverage becomes effective. Generally, the following people are eligible for coverage as a dependent:

- Your spouse. Guidelines regarding coverage for a common-law spouse or same-sex spouse are specific to your Master Policy(ies) and may vary by class or benefit.
- Your or your spouse's unmarried children provided they are mainly dependent on you. Children remain eligible for coverage up to the ages specified in the Master Policy(ies) which are specific to your plan and may vary by class or benefit.

In most Master Policy(ies), a child in full-time attendance at an accredited post-secondary institution and who is not married, may continue coverage until the maximum age specified in the Master Policy(ies).

Mentally and physically handicapped children who are incapable of self-sustaining employment and are wholly dependent on you may be covered to any age. The insurance carrier(s) may require supporting documentation. You will be contacted should this be required.

WEBS online™ will partially adjudicate a dependent's eligibility for benefits. Additional clarification and/or documentation may be required prior to WestPro processing coverage for these dependents.

The insurance carriers have different rules regarding the addition of a common-law spouse's children. Some may require the children to satisfy the common-law spouse eligibility waiting period, while other carriers will allow the common-law spouse's children to be added immediately. Please contact your Plan Administrator should you require clarification.

2.3.1 Adding a Spouse

From the Dependent Summary screen, click the < Add Spouse > button and the following screen will appear.

WEBS
WestPro Employee Benefit System

Welcome Susan Doe

Log Out Help

Employee Name	SUSAN DOE	Personal ID	222-555-777
Client Name	XYZ SUPPLIES LTD.	Class	A
Annual Earnings	44000.00	Client ID	202

Employee Data Updated

First: * Initial: Last: DOE *

Birth Date: * (YYYY-MM-DD) Gender: Male Female *

Relationship: Spouse

Please indicate below if your dependent will be participating in the following benefit coverage.

	Effective	Termination
Extended Health:	Yes <input type="radio"/> No <input checked="" type="radio"/> *	
Dental:	Yes <input type="radio"/> No <input checked="" type="radio"/> *	
MSP:	Yes <input type="radio"/> No <input checked="" type="radio"/> *	

Personal Health Num: (no spaces or dashes)

If you and/or your spouse has coverage through another plan, this information is required to determine the order of payment of a claim under Extended Health and Dental. This is referred to as coordination of benefits (COB).

Marital Status: Married * Date of Cohabitation or Marriage: (YYYY-MM-DD) *

Indicate your spouse's current level of coverage under his/her benefits plan.

Extended Health: None Dental Care: None

Previous Cancel Application Continue

Complete the fields on the screen by using the Tab key to move from field to field or by using the mouse to point and click on the fields. The mouse must be used to specify gender and your spouse's enrolment in Extended Health, Dental and/or MSP. The correct format of the data is indicated beside the relevant field, if necessary.

An arrow pointing down at the end of a field indicates that you choose data from a list that appears when you click on the arrow.

All fields marked with a red asterisk are mandatory. The MSP information fields are only necessary if WestPro is administering MSP on behalf of your employer.

Change the Extended Health and Dental buttons to Yes if your intention is to cover your spouse under this Group Benefits plan. If you have already said No to Extended Health, Dental or MSP for yourself, the option for dependent coverage under these benefits will not be available.

When the information is complete, point and click on < Next > . You will be returned to the Dependent Summary screen. Note the addition of your spouse on this screen. You may click on < Add Dependent > to add the next eligible dependent or < Continue > if you do not have any more eligible dependents.

Field Descriptions and Further Information

Coordination of Benefits

If your spouse has coverage under their employer's benefits plan, the level of coverage of their Extended Health and Dental Care should be indicated for Coordination of Benefits purposes.

This information enables the Extended Health and/or Dental Care insurance carriers to determine the order of payment for a claim.

2.3.2 Adding a Dependent Child

From the Dependent Summary screen, click the < Add Dependent > button and the following screen will appear.

The screenshot shows the 'Add Dependent' form in the WEBS Employee Self Service system. The header includes the WEBS logo, 'WestPro Employee Benefit System', and a welcome message for 'Susan Doe'. The form displays employee information: Employee Name (SUSAN DOE), Client Name (XYZ SUPPLIES LTD.), Annual Earnings (44000.00), Personal ID (222-555-777), Class (A), and Client ID (202). A red message 'Spouse Data Updated' is visible. The form fields include: First name (mandatory), Initial, Last name (DOE, mandatory), Birth Date (YYYY-MM-DD format, mandatory), Gender (Male/Female, mandatory), and Relationship (Child, Adopted, Ward, Other, with 'Child' selected). Below the relationship field, there is a note: 'Please select below if your dependent will be participating in the following benefit coverage.' The form also includes checkboxes for Extended Health, Dental, and MSP (Yes/No, with 'No' selected for all), and a field for Personal Health Num. At the bottom, there are 'Previous', 'Cancel Application', and 'Continue' buttons. The footer contains links for Privacy Policy, Terms of Use, and Contact WestPro Benefit Systems.

Complete the fields on the screen by using the Tab key to move from field to field or by using the mouse to point and click on the fields. The mouse must be used to specify gender and your dependent's enrolment in Extended Health, Dental and/or MSP. The correct format of the data is indicated beside the relevant field, if necessary.

An arrow pointing down at the end of a field indicates that you choose data from a list that appears when you click on the arrow.

All fields marked with a red asterisk are mandatory. The MSP information fields are only necessary if WestPro is administering MSP on behalf of your employer.

When you have completed the data, click on < Next > to proceed to the next screen.

You will be returned to the Dependent Summary screen. Note the addition of your dependent on this screen. The dependent name will appear in red letters if he/she is not eligible or if further information may be required before confirming the enrolment.

You may click on < Add Dependent > to add the next eligible dependent or < Continue > if you do not have any more eligible dependents.

Field Descriptions and Further Information

Relationship

The Relationship field includes a list of options. Click on the downward pointing arrow to review the list. The choices are child, adopted, ward or other. WEBS online™ will allow you to add these dependents; however, most insurance carriers require supporting documentation to adjudicate the dependent's eligibility if they are adopted, your ward or another status. WestPro will contact your Plan Administrator to advise on the specific carrier's requirements. Usually, legal documentation supporting guardianship is required.

Enrolling an Overage or Disabled Dependent Child

If you list a dependent child who is over the age specified in your Master Policy(ies), a screen will appear requesting more information regarding the dependent.

The screenshot shows the WEBS Employee Self Service interface. At the top left is the WEBS logo and 'WestPro Employee Benefit System'. At the top right, it says 'Welcome Susan Doe' and has 'Log Out' and 'Help' links. Below the header is a table with employee information:

Employee Name	SUSAN DOE	Personal ID	222-555-777
Client Name	XYZ SUPPLIES LTD.	Class	A
Annual Earnings	44000.00	Client ID	202

Below the table is a message: "This dependent is over the minimum age to be covered automatically under the benefit. In order to process this dependent's application, please check all boxes which apply to this dependent:"

There are three main sections of checkboxes:

- Full Time Student in a recognized school or college (Please complete the following items:.)
 - Is he/she working 30 hrs/week or more on a regular year round basis
 - Select Province of College
 - Enter Last Year he/she will be in School
- Disabled (A child is considered disabled if he/she is incapable of engaging in any substantially gainful activity and is dependent on the employee for support, maintenance and care, due to a mental or physical handicap.)
- Married or in a common-law relationship
- None of the Above

At the bottom are three buttons: "Previous", "Cancel Application", and "Next".

At the very bottom are links for "Privacy Policy", "Terms of Use", and "Contact WestPro Benefit Systems".

You must confirm if the child is a full-time student at an accredited post-secondary institution, is mainly dependent on you and is not married. If the child is disabled, please click on the appropriate box on the screen. The insurance carriers may require additional documentation before the dependent is added to benefits. Your Plan Administrator will be contacted by WestPro to explain any insurance carrier requirements.

Complete the fields on the screen by using the Tab key to move from field to field or by using the mouse to point and click on the fields.

When you have reviewed and completed the data, click on < Next > to proceed to the next screen.

You will be returned to the Dependent Summary screen. Note the addition of your dependent on this screen. The dependent name will appear in red letters if he/she is not eligible or if further information may be required before confirming the enrolment. Dependents with a red dot are over the maximum allowable age and are not eligible for coverage. Dependents with a blue dot are eligible for coverage until they reach the maximum allowable age or until their student or disabled status changes.

You may click on < Add Dependent > to add the next eligible dependent or < Continue > if you do not have any more eligible dependents.

2.4 Covered Benefits

2.4.1 Group Life and Beneficiary Assignment

If you are eligible for Group Life insurance coverage, the next screen will confirm your enrolment in the benefit and require that you assign a beneficiary. WEBS online™ will not continue past this screen until a beneficiary has been assigned.

The screenshot shows a web application interface for Group Life insurance. At the top left is the logo for 'Z02 High Performance Widges'. The top right corner displays 'Welcome Susan Doe' and 'Log Out Help'. The main content area shows employee details: Employee Name: SUSAN DOE, Client Name: XYZ SUPPLIES LTD., Annual Earnings: \$44,000.00, Personal ID: 222-555-777, Class: A, and Client ID: 202. A red message states 'Dependent Data Updated'. Below this is a 'Benefit Information' section with a red warning: 'Beneficiary Required for Benefit.' The benefit details are: Benefit Name: Group Life, Benefit Description: Your level of coverage is defined in your Employee Handbook, Benefit Effective Date: 2006-10-01, and Benefit Type: Required Benefit. A 'Beneficiaries' section is highlighted in blue. It contains a radio button labeled 'Set beneficiaries the same as benefit:' which is selected, and a button labeled 'Basic Accidental Death & Dismemberment'. Below these are three buttons: 'Add Beneficiary', 'Cancel Application', and 'Continue'. A mouse cursor is visible over the 'Add Beneficiary' button.

Click on < Add Beneficiary > and the following window will appear providing some information to consider before assigning a beneficiary.

Z02
High Performance
Widgits

Welcome Susan Doe

Log Out
Help

Employee Name: SUSAN DOE
Client Name: XYZ SUPPLIES LTD.
Annual Earnings: \$44,000.00

Personal ID: 222-555-777
Class: A
Client ID: Z02

In the event of your death, your named beneficiary will be paid in a lump sum your covered amount under your Life and Accidental Death and Dismemberment insurance plans. When designating your beneficiary, you should ensure that the full name and relationship are stated. For example, the designation should read: "Mary Jane Doe - Wife", rather than: "Mrs. John Doe - Wife".

Multiple Beneficiaries
If you have designated more than one beneficiary, also indicate how the benefit is to be shared between the beneficiaries.

Designating 'Estate'
If you do not wish to designate a specific beneficiary, you may designate the proceeds of the death benefit to be paid to your Estate. Monies left to an Estate are not subject to protection from creditors, but monies left to a designated beneficiary usually cannot be claimed against by your creditors once deceased. Also, the death benefit is generally paid out more expeditiously when a beneficiary has been named.

To designate your Estate, ensure the check box next to Estate is checked.

Note: The name fields, relationship and age fields are only mandatory if Estate is not checked

First: **Estate:**

Initial:

Last:

Age:

Relationship:

After you have reviewed the guidelines for assigning a beneficiary, proceed to enter your beneficiary.

To move from field to field, use the Tab key or your mouse to point and click on the field.

The name, relationship and age fields are only mandatory if Estate is not checked. The beneficiary's full first and last name must be included; initials or titles (i.e. Mrs. J. Doe) are not sufficient.

When you have completed the information, click on < Continue > to proceed. You will be returned to the Group Life benefit page where your beneficiary will appear. Use your mouse to click on < Continue > to proceed.

Note: The original Benefits Enrolment Summary forms are very important documents and must be printed, signed and forwarded to your Plan Administrator when your enrolment is complete. In the event of your death, this original signed enrolment form is required by the insurance company in order to process the death claim; photocopies will not be accepted.

Further Information

Appointing Multiple Beneficiaries

You may designate more than one beneficiary. To appoint multiple beneficiaries, complete the beneficiary name, age and relationship fields and indicate a share percentage. Click < Continue >. The Group Life benefit page will appear showing the beneficiary assigned along with their share. Click on < Add Beneficiary > to add another beneficiary. Repeat this process until the percentage of share between all beneficiaries totals 100%. Then choose < Continue > to move to the next screen.

Appointing Minors as Beneficiaries

If a designated beneficiary is under the age of majority in the employee's province of residence (British Columbia is 19 years of age), the "Appointment of a Beneficiary Trustee" screen will appear for completion. Regulations concerning minors do not allow disbursement of the proceeds of insurance to a person under age of majority; therefore a Trustee must be assigned for any underage beneficiary designations.

Z02
High Performance
Widgets

Welcome Susan Doe [Log Out](#) [Help](#)

Employee Name: SUSAN DOE **Personal ID:** 222-555-777
Client Name: XYZ SUPPLIES LTD. **Class:** A
Annual Earnings: \$44,000.00 **Client ID:** Z02

Appointment of a Beneficiary Trustee

You have appointed a minor child under the age of majority (age 19 in BC) as your beneficiary.
Be aware that law prohibits insurance companies from paying out life insurance proceeds to minor children.

To ensure that any insurance proceeds are handled in the manner you intended, you should appoint a Trustee to administer the funds on behalf of your child (or children), until they are legally adults.

First: *

Initial:

Last: *

Relationship: *

Address: *

[Privacy Policy](#) [Terms of Use](#) [Contact WestPro Benefit Systems](#)

To move from field to field use the Tab key or your mouse to point and click on the field.

All fields on this screen must be completed. When they are complete click on < Continue > . The Group Life benefit page will appear showing the beneficiary assigned along with the appointed trustee.

You may click on < Continue > to move to the next screen.

2.4.2 Accidental Death and Dismemberment (AD&D) and Beneficiary Assignment

The next screen to appear confirms your enrolment for Accidental Death and Dismemberment (AD&D), if you are eligible, and requires that you designate a beneficiary. WEBS online™ will not continue past this window until a beneficiary has been assigned.

The screenshot displays the WEBS Online interface. At the top left is the 'Z02 High Performance Widgits' logo. The top right shows 'Welcome Susan Doe' and 'Log Out Help'. The main content area is divided into two sections: 'Benefit Information' and 'Beneficiaries'. The 'Benefit Information' section contains the following details: Employee Name: SUSAN DOE, Client Name: XYZ SUPPLIES LTD., Annual Earnings: \$44,000.00, Personal ID: 222-555-777, Class: A, and Client ID: 202. Below this, a red message states 'Beneficiary Required for Benefit.' followed by 'Benefit Name: Basic Accidental Death & Dismemberment', 'Benefit Description: Your level of coverage is defined in your Employee Handbook.', 'Benefit Effective Date: 2006-10-01', and 'Benefit Type: Required Benefit'. The 'Beneficiaries' section has a header 'Beneficiaries' and a sub-section 'Set beneficiaries the same as benefit:' with a 'Group Life' button. Below this are three buttons: 'Add Beneficiary', 'Cancel Application', and 'Continue'. A mouse cursor is pointing at the 'Continue' button.

WEBS online™ allows an AD&D beneficiary designation separate from the Group Life beneficiary if you wish. You may click on < Add Beneficiary > and complete the beneficiary screen as you did with the Group Life benefit. Alternatively, you may wish to have the beneficiaries set the same as those for Group Life by clicking on < Group Life > beside 'Set beneficiaries the same as benefit'. If you choose this option the Group Life beneficiaries will copy to this screen.

The process for assigning trustees for minor beneficiaries and assigning multiple beneficiaries is the same as with the Group Life benefit.

When you are satisfied with your assignments, click on < Continue > to move to the next screen.

2.4.3 Other Mandatory Benefits

All benefits to which you are entitled will appear as a separate window during the enrolment process. These benefits do not require any input from you. The screens will confirm your coverage and effective date. You may review the information and click on < Continue > to move to the next screen. These benefits may include:

- Dependent Life (if you have eligible dependents)
- Long Term Disability
- Short Term Disability
- Employee Assistance Plan
- Critical Illness

An example of the screen is shown below.



Welcome **Susan Doe** [Log Out](#) [Help](#)

Employee Name:	SUSAN DOE	Personal ID:	222-555-777
Client Name:	XYZ SUPPLIES LTD.	Class:	A
Annual Earnings:	\$44,000.00	Client ID:	202

Benefit Information
Benefit Name: Dependent Life
Benefit Description: Your level of coverage is defined in your Employee Handbook.
Benefit Effective Date: 2006-10-01
Benefit Type: Required Benefit

This page confirms your enrolment in this benefit.
Press **CONTINUE** to proceed to the next benefit.

2.5 Benefit Summary

Once all the necessary information has been entered, the application data will appear on the screen in a summary format to be reviewed, edited, saved and printed. Please ensure all information has been entered accurately because beyond this point no changes will be allowed to your enrolment data until after WestPro has processed it.

If there are changes needed to the data, click on the appropriate button (Edit or Update) in the section you wish to make your corrections. A screen will appear for the relevant information. You may make any necessary changes and press < Continue > to return to this summary screen where your changes will be reflected. If necessary, please refer to section 3.0 Making Changes to your Benefits of this user guide for further information.

When you are satisfied with your enrolment, click on < Print and Save > .

Z02

Welcome Susan Doe

Log Out
Help

Main Menu | Log Out

Employee Name:	SUSAN DOE	Personal ID:	222-555-777
Client Name:	XYZ SUPPLIES LTD.	Class:	A
Annual Earnings:	\$44,000.00	Client ID:	Z02

Dependents with a red dot are over the maximum allowable age and are not eligible for coverage. Dependents with a blue dot are eligible for coverage until they reach the maximum allowable age or until their student or disabled status changes.

Employee			
Close All Open All			
SUSAN DOE Edit			
Address:	123 ANY ROAD	City:	ANY TOWN
Province:	BRITISH COLUMBIA	Postal Code:	V3V 1A1
Gender:	Female	Birth Date:	1960-10-01 (46)
Family Status:	Family	MSP Level:	3C
MSP Billing:	000000444	MSP PHN:	555
Extended Health:	Yes	Effective Date	2006-10-01
Dental Care:	Yes	Effective Date	2006-10-01
Gov. Health Care:	Yes	Effective Date	2006-10-01

Dependents			
Edit Delete			
JOHN DOE			
Relationship:	Spouse	Birth Date:	1960-09-01 (46)
Gender:	Male	Effective Date	2006-10-01
MSP PHN:	333	Effective Date	2006-10-01
Extended Health:	Yes	Effective Date	2006-10-01
Dental Care:	Yes	Effective Date	2006-10-01
Gov. Health Care:	Yes	Effective Date	2006-10-01

Edit Delete			
JANE DOE			
Relationship:	Child	Birth Date:	1985-01-01 (21)
Gender:	Female	Hours Worked:	
Full Time Student:	Yes	Last Year School:	
Province:		Married:	No
Disabled:	No	Effective Date	2006-10-01
MSP PHN:	111	Termination Date	2006-10-01
Extended Health:	Yes	Effective Date	2006-10-01
Dental Care:	No		
Gov. Health Care:	Yes		

Add Dependent

Benefits			
Extended Health Care Update			
Level:	Family		
Dental Care Update			
Level:	Couple		
Medical Services Plan Update			
Level:	3C		
Group Life Update			
Beneficiary:	JEFF DOE	JOHN DOE	Share 100 %
Trustee:			
Basic Accidental Death & Dismemberment Update			
Beneficiary:	JEFF DOE	JOHN DOE	Share 100 %
Trustee:			
Dependent Life Update			
Long Term Disability Update			
Dependent Accidental Death & Dismemberment Update			
Short Term Disability Update			
FLEX Benefits Application Update			

(Dependents in RED: Are currently not covered or are not eligible for Extended Health and/or Dental Benefits)

Your computer will need to have the [Adobe Acrobat reader](#) in order to view or print your enrolment application.

Cancel Application
Restart
Print & Save

Waiver of Benefits

If you chose to waive Extended Health and/or Dental coverage for yourself and/or your dependents because you have coverage elsewhere, you will be asked to complete the following screen before you complete your enrolment.

The screenshot shows the WEBS WestPro Employee Benefit System interface. At the top, it says 'Welcome Susan Doe' and has 'Log Out' and 'Help' links. The main content area displays employee information: Employee Name (SUSAN DOE), Client Name (XYZ SUPPLIES LTD.), Annual Earnings (44000.00), Personal ID (222-555-777), Class (A), and Client ID (202). Below this, it shows 'Extended Health Coverage' with a 'Current Level: Family' and 'Dental Care Coverage' with a 'Current Level: Couple'. A section titled 'Coverage declined for:' lists 'JANE DOE'. It then asks for 'Insurance Company and/or Employer:' and 'Policy Number:' with input fields. A disclaimer states: 'I recognize that if my alternate coverage terminates, I must apply for coverage under my employer's Group Plan within 31 days of the termination date. Should I fail to do so, I may be required to submit, at my own expense, satisfactory evidence of insurability for myself and my dependents, or I may be required to pay premiums retroactive to the date of eligibility or benefits may be restricted or denied.' There is a 'Signature:' checkbox and a 'Date: 2006-11-14' field. At the bottom, there are 'Previous' and 'Next' buttons.

The screen will identify your Extended Health and Dental coverage levels and the names of anyone in your family who waived coverage for those benefits. As Extended Health and Dental are mandatory benefits unless you have coverage under another plan, you must identify the insurance carrier and policy number of the alternate coverage in order to waive coverage under your employer's plan.

This screen also advises you that in the event that your alternate coverage ceases you must apply to your employer's plan within 31 days or your coverage may be restricted or denied.

Complete the fields on the screen by using the Tab key to move from field to field or by using the mouse to point and click. The insurance company/employer field is mandatory.

You must use your mouse to click on the signature box before proceeding. This confirms your understanding of the conditions under which you can waive, and later enrol in, Extended Health and Dental coverage.

When the information is complete, click on < Next > to proceed.

Confirm Results – Benefit Summary

The following confirmation appears. It is required that you review the information and click on the signature box to confirm your acceptance of the conditions of your enrolment. Click on < Save & Close > to save your enrolment.

The screenshot shows the WEBS WestPro Employee Benefit System interface. At the top left is the WEBS logo. At the top right, it says 'Welcome Susan Doe' and has 'Log Out' and 'Help' links. Below the header is a table with employee information:

Employee Name	SUSAN DOE	Personal ID	222-555-777
Client Name	XYZ SUPPLIES LTD.	Class	A
Annual Earnings	44000.00	Client ID	202

Below the table is a 'Confirmation' box with the following text:

Confirmation

I hereby apply for the benefits provided by my Employer and authorize my Employer to deduct regularly from my pay any contributions to be made by me. I also authorize use of my Social Insurance Number for identification purposes only. I give consent to my Employer, its insurance consultants, and underwriters to use this information only for the purposes of supplying me with benefits and benefit information.

The Benefits Enrolment Summary will appear on the screen after you click on Save & Close.

The Benefits Enrolment Summary must be printed, initialed and signed where noted and returned to your Plan Administrator.

Your computer will need to have the [Adobe Acrobat reader](#) in order to view or print the Benefits Enrolment Summary.

Signature: Yes, I have reviewed and accept the conditions of my enrolment. I will print and sign the Benefits Enrolment Summary and return the original to my Plan Administrator.

Signature Date: 2006-11-14

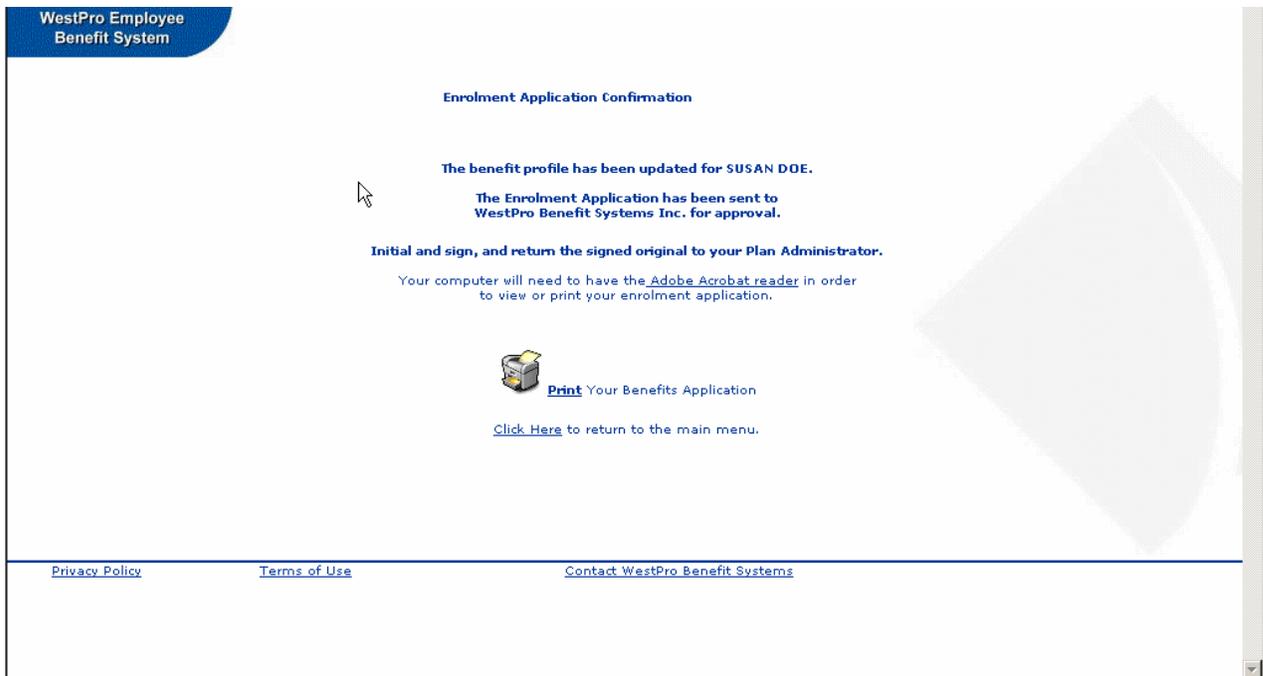
At the bottom of the confirmation box are two buttons: 'Previous' and 'Save & Close'.

Your Benefits Profile will now be in a locked state until it has been processed by WestPro (usually within 24 hours).

Please ensure you print, sign and date the Benefits Enrolment Summary generated by WEBS online™. This form must be returned to your Plan Administrator and kept in their files. In the event of a Group Life insurance claim, this original enrolment form bearing your signature must be produced. **The original forms are very important documents.**

Printing Your Benefits Enrolment Summary

The next screen to appear confirms your enrolment and allows you to print your Benefits Enrolment Summary.



You will need to have Adobe Acrobat reader to view and print your Benefits Enrolment Summary. This program is available free on the web at:
<http://www.adobe.com/products/acrobat/readstep2.html>

Click on Print to print your enrolment summary. The summary will load in Adobe Acrobat (this may take a few minutes). Click on the Printer icon in the top left hand corner of the screen to print to your printer.

When you have finished printing your Benefits Enrolment Summary click on the X in the top right hand corner of the screen to close Adobe Acrobat and return to WEBS online™.

Please review the printed document, signing and initialing in the places indicated and return this document to your Plan Administrator as soon as possible.

Logging Out

To log out of WEBS online™ click on < Log Out > in the top right hand corner of the screen. You may now close your browser.

3.0 Making Changes to your Benefits

3.1 Login

The first screen to appear requires your login information. Enter your 3 character Client ID (as provided by your Plan Administrator), your Personal ID number (PIN) and your password. Use your mouse to point and click on < Log In Now > to proceed.

WEBS
WestPro Employee
Benefit System

To access your benefits information, enter your log in information

Client ID:

PIN:

Password:

[Log In Now](#)

If you have lost or forgotten your password click [here](#). You will need to provide your Client ID and PIN.

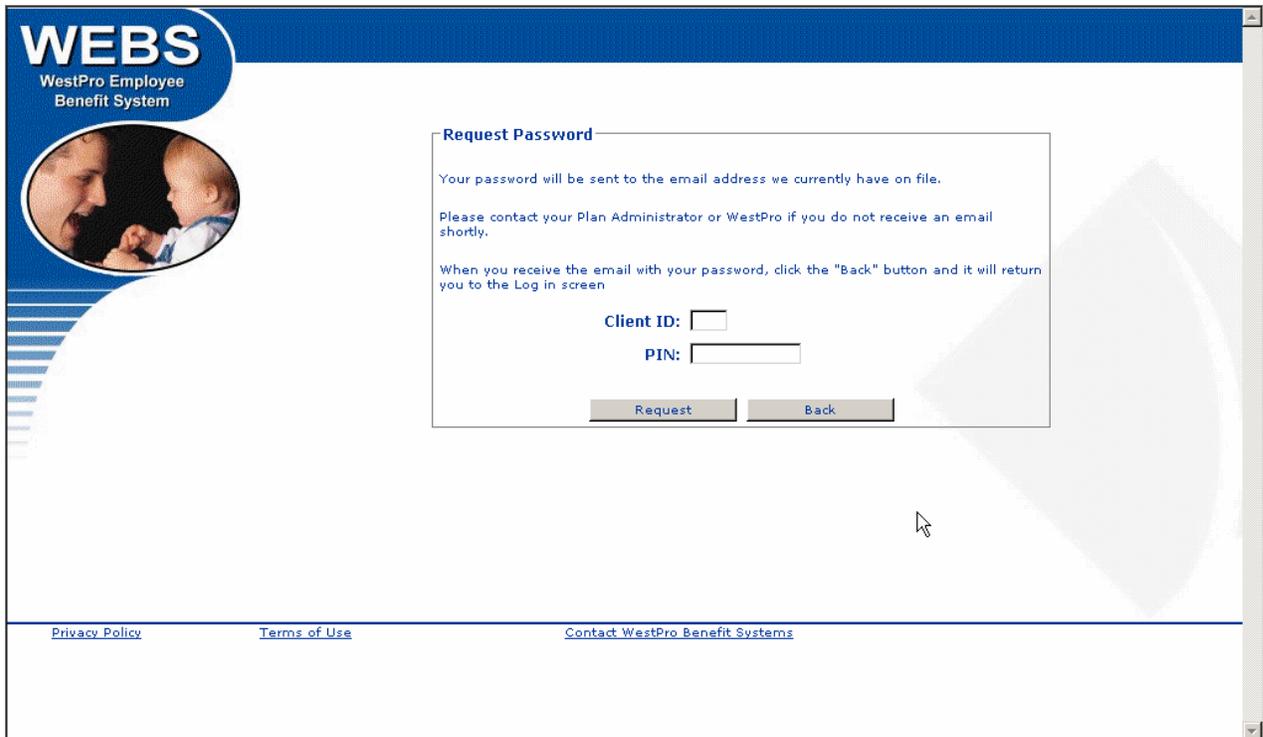
1.3F 2006-06-19

[Privacy Policy](#) [Terms of Use](#) [Contact WestPro Benefit Systems](#) 1.3F

COMODO
AUTHENTIC & SECURE

3.1.1 Lost Password

If you have lost or forgotten your password, click on [here](#). The following screen will appear:



The screenshot shows the WEBS WestPro Employee Benefit System interface. In the top left corner, there is a logo for WEBS WestPro Employee Benefit System and a circular image of a man and a baby. The main content area is titled "Request Password" and contains the following text: "Your password will be sent to the email address we currently have on file. Please contact your Plan Administrator or WestPro if you do not receive an email shortly. When you receive the email with your password, click the 'Back' button and it will return you to the Log in screen". Below this text are two input fields: "Client ID:" and "PIN:". At the bottom of the form are two buttons: "Request" and "Back". At the bottom of the page, there are three links: "Privacy Policy", "Terms of Use", and "Contact WestPro Benefit Systems".

Complete the fields on the screen by using the Tab key to move from field to field or by using the mouse to point and click on the fields.

Enter your 3 character Client ID and your Personal ID number (PIN) and click on < Request > . An email will be sent to your email account as identified by your Plan Administrator. After you retrieve the email you may attempt to login again.

The first time you login to WEBS online™ our Terms of Use will appear on the screen for your review and agreement.

The screenshot shows a web application interface. At the top left, there is a logo for 'Z02 High Performance Widgets' with a circular image of a man and a child. The top right corner features a blue navigation bar with 'Welcome Susan Doe', 'Log Out', and 'Help' links. Below the navigation bar, there is a 'Main Menu' link. The main content area contains the following text:

Version: 1.0
Date: 2006-09-10 17:06:56

[Conditions of Use](#)
[Availability](#)
[Copyright](#)

Conditions of Use

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This site is not intended to provide you with any personalized financial, accounting or tax advice. It should not be used as a substitute for personal advice from a representative of WestPro Benefit Systems (1993) Inc. or its affiliated companies or an appropriate professional advisor.

This site is not intended to provide you with any legal advice. If you require legal advice, please consult with your own lawyer.

Information provided on this site is believed to be reliable when posted. However, we can not guarantee that information will be accurate, complete and current at all times. All information in this site is subject to modification from time to time without notice. Please contact your Employee Handbook, your Plan Administrator or WestPro Benefit Systems (1993) Inc. to obtain more exact benefit information.

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In the bottom right corner, there is a red and white logo for 'COMODO AUTHENTIC & SECURE'.

This text may not fit into a single viewing window. Use the scroll bar (sliding button right of the window) to view the entire screen.

To proceed, use your mouse to click on < Agree > at the bottom of the screen.

3.2 Employee Information

The first screen you see after your login will look similar to the following:

Z02
High Performance
Widgets

Welcome **Susan Doe** [Log Out](#)
[Help](#)

[Main Menu](#)

The following employment information determines your effective date and may determine your level of coverage for some benefits.
It is therefore important that you review your information and contact your plan administrator if you have any concerns.

Personal Identification No:	991-824-855	Eligible Date:	
Employee Number:	90385	Annual Earnings:	45156.80
Employment Date:		Occupation:	WORKER
FTE Percent:	0.00		

FLEX Benefits Application:

Password: *****

E-mail: susan@sampleemail.com

Benefit Profile:

[Privacy Policy](#) [Terms of Use](#) [Contact WestPro Benefit Systems](#)

You will notice that some of your employee information is displayed. Your Plan Administrator entered this information and it determines your effective date of coverage and the level of coverage for some benefits. If you have any questions about this information contact your Plan Administrator.

From this screen, you can:

- Change Password - designate a new password
- Change Email - designate a new email address
- Edit Benefit Profile - make changes to your personal information, benefits, covered dependents and beneficiaries.
- Update – your flexible benefits information. **This button will only appear if your plan is a flexible benefits plan.** You are permitted to make changes to your flexible benefits information during a re-enrolment period only, unless you have a life event change.

3.2.1 Changing your Password

You can change your password at any time by using your mouse to click on < Change Password > . The following screen will appear:

The screenshot displays the Z02 High Performance Widgets website interface. At the top left, the logo 'Z02 High Performance Widgets' is visible, accompanied by a circular image of a man and a child. The top right corner features a blue navigation bar with 'Welcome Susan Doe', 'Log Out', and 'Help' links. Below the navigation bar is a 'Main Menu' link. The central focus is a 'Change Password' form with the following elements:

- Change Password** (Section Header)
- Please enter in a new password with a minimum of 8 and a maximum of 20 characters.
- New Password:** [Input Field] *
- Enter Password again:** [Input Field] *
- Cancel** and **Save Password** buttons.

At the bottom of the page, there are links for [Privacy Policy](#), [Terms of Use](#), and [Contact WestPro Benefit Systems](#).

Here are some tips on assigning passwords:

- Passwords must be at least 8 characters long.
- Please use UPPER and lower case letters (A-Z, a-z), numbers (0-9) and special characters (~ !@#\$%^*()_+ = - `).
- Please use a non-dictionary word.
- You should **never disclose your password** to another individual.

Please enter the password you wish to use and confirm it by re-entering it in 'Enter password again'. Click on <Save Password> and a red confirmation message 'Password Changed' will appear on the screen when the change is complete.

3.2.2 Changing your Email Address

You may change your email address by using your mouse to click on <Change Email>. The following screen will appear asking that you enter your new email address. Use your mouse to click on <Save Email> when you are finished entering your email address. A red confirmation message 'Email Changed' will appear on the screen when the change is complete.

Z02
High Performance
Widgets

Welcome **Susan Doe** [Log Out](#)
[Help](#)

[Main Menu](#)

Please enter in a new valid Email address.

New Email Address:

[Privacy Policy](#) [Terms of Use](#) [Contact WestPro Benefit Systems](#)

3.3 Your Benefits Profile

From the main screen click on <Edit Benefit Profile> to enter any changes that may affect your benefits coverage such as beneficiary changes or adding or deleting dependents or benefits.

The following screen will appear:

Z02

Welcome Susan Doe

Log Out
Help

[Main Menu](#) | [Log Out](#)

Employee Name: SUSAN DOE	Personal ID: 991-824-855
Client Name: XYZ SUPPLIES LTD.	Class: FF
Annual Earnings: \$45,156.80	Client ID: Z02

Dependents with a red dot are over the maximum allowable age and are not eligible for coverage. Dependents with a blue dot are eligible for coverage until they reach the maximum allowable age or until their student or disabled status changes.

[Close All](#) | [Open All](#)

Employee	
SUSAN DOE Edit	
Address: 123 ANY ROAD	City: VANCOUVER
Province: BRITISH COLUMBIA	Postal Code: V3V 1A1
Gender: Female	Birth Date: 1960-01-01 (46)
Family Status: Family	MSP Level: 4C
MSP Billing: 016333444	MSP PHN: 9113334444
Extended Health: Yes	Effective Date:
Dental Care: Yes	Effective Date:
Gov. Health Care: No	Termination Date:

Dependents	
JOHN DOE Edit Delete	
Relationship: Spouse	Birth Date: 1960-01-01 (46)
Gender: Male	Effective Date:
MSP PHN: 0	Effective Date:
Extended Health: Yes	Termination Date:
Dental Care: Yes	Termination Date:
Gov. Health Care: No	Termination Date:

JANE DOE Edit Delete	●
Relationship: Child	Birth Date: 1985-01-01 (21)
Gender: Female	Hours Worked:
Full Time Student: Yes	Last Year School: 0
Province: 0	Married: No
Disabled: No	Effective Date: 2006-11-01
MSP PHN: 0	Effective Date: 2006-11-01
Extended Health: Yes	Termination Date:
Dental Care: Yes	Termination Date:
Gov. Health Care: No	Termination Date:

Add Dependent

Benefits	
Extended Health Care Update	
Level: Family	Update
Dental Care Update	
Level: Family	Update
Medical Services Plan Update	
Level: 4C	Update
Group Life Update	
Beneficiary: JOHN DOE	Share 50 %
Beneficiary: JANE DOE	Share 50 %
Basic Accidental Death & Dismemberment Update	
Beneficiary: JOHN DOE	Share 50 %
Beneficiary: JANE DOE	Share 50 %
Long Term Disability Update	
FLEX Benefits Application	Update

(Dependents in RED: Are currently not covered or are not eligible for Extended Health and/or Dental Benefits)

Your computer will need to have the [Adobe Acrobat reader](#) in order to view or print your enrolment application.

Cancel Application
Print Summary

This screen shows your personal information, dependents, benefits and beneficiary designations. The screen is broken down into three main sections:

- Employee – showing your personal information and the effective date of your Extended Health, Dental and MSP coverage
- Dependents – showing your eligible dependents and their Extended Health, Dental and MSP coverage
- Benefits – showing the benefits you are covered for and your beneficiaries for Group Life and AD&D.

3.3.1 Changing your Employee Information

If you wish to change your personal information or your enrolment in Extended Health, Dental or MSP, click on <Edit> beside your name. The following screen will appear.

The screenshot shows the WEBS WestPro Employee Benefit System interface. At the top, it says 'Welcome Susan Doe' and has 'Log Out' and 'Help' links. The main content area displays the following information:

Employee Name	SUSAN DOE	Personal ID	991-824-855
Client Name	XYZ SUPPLIES LTD.	Class	FF
Annual Earnings	45156.80	Client ID	Z02

Below this, there are several form fields with red asterisks indicating they are mandatory:

- First:** SUSAN *
- Initial:** []
- Last:** DOE *
- Address:** 123 ANY ROAD *
- City:** VANCOUVER *
- Province:** BRITISH COLUMBIA *
- Postal Code:** V3V 1A1 *eg. V3V 1A1* *
- Gender:** Male Female *
- Birth Date:** 1960-01-01 (YYYY-MM-DD) *
- First Nation:**
- MSP Level:** 4C (Calculated)

A note states: "Please indicate if you will be participating in the following coverage: (You should only answer 'No' if you are currently covered under another benefits plan.)"

	Effective	Termination
Extended Health: Yes <input checked="" type="radio"/> No <input type="radio"/> *	No History	No History
Dental: Yes <input checked="" type="radio"/> No <input type="radio"/> *	No History	No History
MSP: Yes <input type="radio"/> No <input checked="" type="radio"/> *	No History	No History

Additional fields:

- MSP Billing Num:** 016333444
- Personal Health Num:** 9113334444

Buttons at the bottom: Previous, Cancel Application, Save.

Footer links: [Privacy Policy](#), [Terms of Use](#), [Contact WestPro Benefit Systems](#)

This screen displays information regarding your address, gender, birth date and your request for Extended Health, Dental Care and MSP coverage.

You may change the data in the fields on the screen by using the Tab key to move from field to field or by using the mouse to point and click. The mouse must be used to specify gender and your selection for Extended Health, Dental and MSP coverage. The correct format of the data is indicated beside the relevant field, if necessary.

An arrow pointing down at the end of a field indicates that you choose data from a list when you click on the arrow.

All fields marked with a red asterisk are mandatory. The MSP information fields are only necessary if WestPro is administering MSP on behalf of your employer.

You may cancel the changes at any time by clicking on < Cancel Application > . A caution will appear but if you proceed you will lose all your entered data.

Once you have made your required changes on the screen, click on the < Save > button on the bottom right hand corner of the screen.

Further Information

Changing your Extended Health, Dental and MSP Coverage

Extended Health and Dental are mandatory benefits unless you have coverage under your spouse's or other similar benefit plan (not including the Government Medical Services Plan). If you are eligible for coverage under a spouse's Extended Health and/or Dental Plan, you may:

- Option 1: Waive coverage under this plan; or
- Option 2: Co-ordinate benefits with your spouse's plan ("dual" coverage) - which may not be permitted in all Group Insurance Policies.

If you choose to waive coverage under this plan, you must provide some details regarding your alternate coverage. A "Waiver" screen for Extended Health and/or Dental Coverage will appear for completion near the end of the application process. Once Extended Health or Dental coverage has been waived, you and your dependents cannot enrol under this group plan unless coverage under the alternate plan has terminated or you submit Evidence of Health, which must be approved by the insurance carrier before coverage will commence, or you pay back premiums, depending on your insurance carrier's policy.

Cancelling Coverage

To cancel this coverage, click on the No beside the appropriate benefit(s). After you finish the changes on this screen, click on < Save > to proceed. A screen similar to the following will appear.

WEBS
WestPro Employee Benefit System

Welcome Susan Doe [Log Out](#) [Help](#)

Employee Name	SUSAN DOE	Personal ID	991-824-855
Client Name	XYZ SUPPLIES LTD.	Class	FF
Annual Earnings	45156.80	Client ID	202

Extended Health Termination Date: (YYYY-MM-DD)

Dental Care Termination Date: (YYYY-MM-DD)

[Privacy Policy](#) [Terms of Use](#) [Contact WestPro Benefit Systems](#)

Enter the date your benefits should terminate and click on < Next > to continue. You will be returned to the Benefits Profile screen where you will notice that coverage for the selected benefits is now set to No for you and any dependents. A "Waiver" screen for Extended Health and/or Dental Coverage will appear for completion near the end of the application process.

Adding Coverage

If you wish to enrol in coverage which you had previously waived, click on the Yes button beside the appropriate benefit and click on < Save > . A screen will appear asking for the effective date of the new coverage as shown below.

The screenshot shows the WEBS WestPro Employee Benefit System interface. At the top left is the WEBS logo with the text "WestPro Employee Benefit System". At the top right, it says "Welcome Susan Doe" and has "Log Out" and "Help" links. The main content area displays the following information:

Employee Name	SUSAN DOE	Personal ID	991-824-855
Client Name	XYZ SUPPLIES LTD.	Class	FF
Annual Earnings	45156.80	Client ID	Z02

Below this information is the "MSP Effective Date:" label followed by an empty text input field and the format "(YYYY-MM-DD)". At the bottom of the main content area are three buttons: "Previous", "Cancel Application", and "Next". At the very bottom of the page are three links: "Privacy Policy", "Terms of Use", and "Contact WestPro Benefit Systems".

Enter the effective date and click on < Next > to proceed. You will be returned to the Benefits Profile screen where you will notice a Yes beside the benefit you selected in the Employee section and a coverage level of Single in the Benefits section. This process must be repeated for each dependent that you wish to add to coverage. You may add a dependent to coverage by clicking on < Edit > beside their name. Please refer to section 3.3.4 Adding or Editing Dependent Children for guidelines on making those changes.

3.3.2 Adding or Editing a Spouse

If you wish to add a married or common law spouse click on < Add Spouse > from the Benefits Profile screen or if you wish to make changes to an existing spouse's information, then click on < Edit > beside your spouse's name on the Benefits Profile screen. The following screen will appear:

WEBS
WestPro Employee Benefit System

Welcome Susan Doe [Log Out](#) [Help](#)

Employee Name	SUSAN DOE	Personal ID	991-824-855
Client Name	XYZ SUPPLIES LTD.	Class	FF
Annual Earnings	45156.80	Client ID	Z02

First: * Initial: Last: *

Birth Date: * (YYYY-MM-DD) Gender: Male Female *

Relationship: Spouse
Please indicate below if your dependent will be participating in the following benefit coverage.

	Effective	Termination
Extended Health:	Yes <input checked="" type="radio"/> No <input type="radio"/> *	
Dental:	Yes <input checked="" type="radio"/> No <input type="radio"/> *	

If you and/or your spouse has coverage through another plan, this information is required to determine the order of payment of a claim under Extended Health and Dental. This is referred to as coordination of benefits(COB).

Marital Status: * Date of Cohabitation or Marriage: (YYYY-MM-DD) *

Indicate your spouse's current level of coverage under his/her benefits plan.

Extended Health: Dental Care:

[Privacy Policy](#) [Terms of Use](#) [Contact WestPro Benefit Systems](#)

Complete the fields on the screen by using the Tab key to move from field to field or by using the mouse to point and click on the fields. The mouse must be used to specify gender and to enrol in Extended Health, Dental and/or MSP. The correct format of the data is indicated beside the relevant field, if necessary.

An arrow pointing down at the end of a field indicates that you choose data from a list that appears when you click on the arrow.

All fields marked with a red asterisk are mandatory. The MSP information fields are only necessary if WestPro is administering MSP on behalf of your employer.

Remember to change the Extended Health and Dental buttons to Yes if your intention is to cover your spouse under this Group Benefits plan. If you have already said No to Extended Health, Dental or MSP for yourself, the option for dependent coverage under these benefits will not be available.

When the information is complete, point and click on < Save > . A screen will appear asking for the effective date of the new coverage as shown below.

Employee Name	SUSAN DOE	Personal ID	991-824-855
Client Name	XYZ SUPPLIES LTD.	Class	FF
Annual Earnings	45156.80	Client ID	202

Enter the effective date of coverage or the date of change in coverage.

Extended Health Effective Date: (YYYY-MM-DD)

Dental Care Effective Date: (YYYY-MM-DD)

[Previous](#) [Cancel Application](#) [Next](#)

[Privacy Policy](#) [Terms of Use](#) [Contact WestPro Benefit Systems](#)

Enter it and click on < Next > to proceed. You will be returned to the Benefits Profile screen where you will notice the addition of or change to your spouse on this screen.

Field Descriptions and Further Information

Coordination of Benefits

If your spouse has coverage under their employer's benefits plan, the level of coverage for Extended Health and Dental Care should be indicated for Coordination of Benefits purposes.

This information enables the Extended Health and/or Dental Care insurance carrier to determine the order of payment for a claim.

Adding newly acquired Dependents

Newly acquired dependents should be enrolled on the plan within 31 days of becoming eligible for coverage. If a dependent is not enrolled within this time frame, they may be considered a late applicant and the carrier(s) may restrict or decline coverage for the dependent, or may require payment of premiums retroactive to the date that the dependent became eligible for coverage or Evidence of Insurability may be required.

3.3.3 Cancelling Coverage for a Spouse

On the Benefits Profile screen, click on the < Edit > button beside your spouse's name. Their information screen will appear. Click on the No button beside the Extended Health, Dental and/or MSP fields and then < Save > to proceed. A screen will appear asking for the termination date of their coverage. After you have entered this information, click on < Next > to proceed and you will be returned to the Benefits Profile screen. You will notice that your spouse's name is now shown in red indicating that they are not covered for Extended Health or Dental coverage and a No will appear beside the benefits you terminated for them.

An employee may only cover one spouse at a time. A change in spouse will be a two step process. First, cancel coverage for the initial spouse and have this change processed by WestPro. Once WestPro has processed the change you may proceed with adding your new spouse to coverage.

3.3.4 Adding or Editing Dependent Children

To add a new dependent, click the < Add Dependent > button on the Benefits Profile screen or if you wish to make changes to an existing dependent, click on the < Edit > button beside your dependent's name. The following screen will appear.

The screenshot shows the 'Add Dependent' form in the WEBS WestPro Employee Benefit System. The header includes the WEBS logo and 'WestPro Employee Benefit System'. The user is identified as Susan Doe. The form contains the following fields and options:

- Employee Information:** Employee Name (SUSAN DOE), Client Name (XYZ SUPPLIES LTD.), Annual Earnings (45156.80), Personal ID (991-824-855), Class (FF), Client ID (202).
- Dependent Name:** First, Initial, Last (DOE).
- Birth Date:** (YYYY-MM-DD format).
- Gender:** Male, Female.
- Relationship:** Child (selected), Adopted, Ward, Other.
- Benefit Enrollment:** Extended Health, Dental (Yes/No).
- Effective and Termination:** (Fields for dates).

Buttons at the bottom include 'Previous', 'Cancel Application', and 'Save'. A footer contains links for 'Privacy Policy', 'Terms of Use', and 'Contact WestPro Benefit Systems'.

Complete the fields on the screen by using the Tab key to move from field to field or by using the mouse to point and click on the fields. The mouse must be used to specify gender and your dependent's enrolment in Extended Health, Dental and/or MSP. The correct format of the data is indicated beside the relevant field, if necessary.

An arrow pointing down at the end of a field indicates that you choose data from a list that appears when you click on the arrow.

All fields marked with a red asterisk are mandatory. The MSP information fields are only necessary if WestPro is administering MSP on behalf of your employer.

Remember to change the Extended Health and Dental buttons to Yes if your intention is to cover your dependent under this Group Benefits plan. If you have already said No to Extended Health, Dental or MSP for yourself, the option for dependent coverage under these benefits will not be available.

When the information is complete, point and click on < Save > . A screen will appear asking for the effective date of the new coverage as shown below.

The screenshot shows the WEBS WestPro Employee Benefit System interface. At the top left is the WEBS logo with the text 'WestPro Employee Benefit System'. At the top right, it says 'Welcome Susan Doe' and has 'Log Out' and 'Help' links. Below the header is a table with the following data:

Employee Name	SUSAN DOE	Personal ID	991-824-855
Client Name	XYZ SUPPLIES LTD.	Class	FF
Annual Earnings	45156.80	Client ID	202

Below the table, it says 'Enter the effective date of coverage or the date of change in coverage.' There are two input fields: 'Extended Health Effective Date: (YYYY-MM-DD)' and 'Dental Care Effective Date: (YYYY-MM-DD)'. At the bottom of the form are three buttons: 'Previous', 'Cancel Application', and 'Next'. At the very bottom of the page are links for 'Privacy Policy', 'Terms of Use', and 'Contact WestPro Benefit Systems'.

Enter it and click on < Next > to proceed. You will be returned to the Benefits Profile screen where you will notice the addition of or change to your dependent on this screen.

Field Descriptions and Further Information

Relationship

The Relationship field includes a list of options. Click on the downward pointing arrow to review the list. The choices are child, adopted, ward or other. WEBS online™ will allow you to add these dependents; however, most carriers require supporting documentation to adjudicate the dependent's eligibility if they are adopted, your wards or another status. WestPro will contact your Plan Administrator to advise on the specific carrier's requirements. Usually, legal documentation supporting guardianship is required.

Children of a Common-law Spouse

The insurance carriers have different rules regarding the addition of a common-law spouse's children. Some may require the children to satisfy the common-law spouse eligibility waiting period, while other carriers will allow the common-law spouse's children to be added immediately. Please contact your Plan Administrator should you require clarification.

Adding newly acquired Dependents

Newly acquired dependents should be enrolled on the plan within 31 days of becoming eligible for coverage. If a dependent is not enrolled within this time frame, they may be considered a late applicant and the carrier(s) may restrict or decline coverage for the dependent, or may require payment of premiums retroactive to the date that the dependent became eligible for coverage or Evidence of Insurability may be required.

3.3.4 Cancelling Coverage for a Dependent

From the Benefits Profile screen, click on the < Edit > button beside your dependent's name. Their information screen will appear. Click on the No button beside the Extended Health, Dental and/or MSP fields and then < Save > to proceed. A screen will appear asking for the termination date of their coverage. After you have entered this information, click on < Next > to proceed and you will be returned to the Benefits Profile screen. You will notice that your dependent's name is now shown in red indicating that they are not covered for Extended Health or Dental coverage and a No will appear beside the benefits you terminated for them.

Enrolling an Overage or Disabled Dependent Child

If you list a dependent child who is over the age specified in your Master Policy(ies), a screen will appear requesting more information regarding the dependent.

WEBS
WestPro Employee Benefit System

Welcome Susan Doe [Log Out](#) [Help](#)

Employee Name	SUSAN DOE	Personal ID	991-824-855
Client Name	XYZ SUPPLIES LTD.	Class	FF
Annual Earnings	45156.80	Client ID	202

This dependent is over the minimum age to be covered automatically under the benefit. In order to process this dependent's application, please check all boxes which apply to this dependent:

Full Time Student in a recognized school or college (Please complete the following items.)

- Is he/she working 30 hrs/week or more on a regular year round basis**

Select Province of College

Enter Last Year he/she will be in School

Disabled (A child is considered disabled if he/she is incapable of engaging in any substantially gainful activity and is dependent on the employee for support, maintenance and care, due to a mental or physical handicap.)

Married or in a common-law relationship

None of the Above

[Privacy Policy](#) [Terms of Use](#) [Contact WestPro Benefit Systems](#)

You must confirm if the child is a full-time student at an accredited post-secondary institution, is mainly dependent on you and is not married. If the child is disabled, please click on the appropriate box on the screen. The insurance carriers may require additional documentation before the dependent is added to benefits. Your Plan Administrator will be contacted by WestPro to explain any insurance carrier requirements.

When you have reviewed and completed the data, click on < Next > to return to the Benefits Profile screen. Please note the addition of your dependent on this screen. The dependent name will appear in red letters if he/she is not eligible or if further information is required before confirming the enrolment. Dependents with a red dot are over the maximum allowable age and are not eligible for coverage. Dependents with a blue dot are eligible for coverage until they reach the maximum allowable age or until their student or disabled status changes.

3.3.5 Covered Benefits

3.3.5.1 Extended Health, Dental Care and MSP Changes

To start or terminate coverage under your Extended Health, Dental or MSP plans, click on the <Update> button beside the appropriate benefit on the Benefits Profile screen. A screen similar to the following will appear:

The screenshot displays the Z02 High Performance Widgets Employee Self Service interface. At the top, it says "Welcome Susan Doe" and has "Log Out" and "Help" links. Below this, employee details are shown: Employee Name: SUSAN DOE, Client Name: XYZ SUPPLIES LTD., Annual Earnings: \$45,156.80, Personal ID: 991-824-855, Class: FF, and Client ID: 202. The main section is titled "Benefit Information" and shows "Benefit Name: Extended Health Care", "Benefit Description: Your level of coverage is defined in your Employee Handbook.", "Benefit Effective Date:", and "Benefit Type: Required Benefit". Below this is a table with columns for "Effective" and "Termination" dates, and an "All" button. The table lists the employee and two dependents (John Doe and Jane Doe) with "Yes" selected for coverage and empty termination dates. At the bottom are "Previous" and "Continue" buttons.

		Effective	Termination	
Employee:	SUSAN DOE	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/> All
Spouse:	JOHN DOE	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Dependent 2:	JANE DOE	<input checked="" type="radio"/> Yes <input type="radio"/> No	2006-11-01	<input type="text"/>

The screen will list you and all your dependents and show whether they are currently covered for the benefit.

Terminating Coverage

To terminate the benefit, click on <No> beside your name and enter the termination date of the coverage. You may terminate coverage for all your dependents at the same time by clicking on the <All> button. This will copy your termination date to all your dependents.

If the termination is just for a dependent, click on No beside their name and enter the termination date for their coverage.

The system will also prompt you for the reason you are canceling your coverage. You may choose from the following options from a drop down menu.

- Already have this coverage elsewhere
- Deceased
- Other – if you select this option, you will be asked to provide an explanation.

Click on <Continue> when you have completed the information on the screen and you will be return to the Benefits Profile screen. Please note that you and your dependents will now show as not having coverage for this benefit and the benefit will show as None if you cancelled coverage

for your family. Otherwise, the dependent you selected will show as having no coverage and the benefit level will be adjusted accordingly

If you choose to terminate coverage under this plan because you have coverage elsewhere, you must provide some details regarding your alternate coverage. A “Waiver” screen for Extended Health and/or Dental Coverage will appear for completion near the end of the application process. Once Extended Health or Dental coverage has been waived, you and your dependents cannot enrol under this group plan unless coverage under the alternate plan has terminated or you submit Evidence of Health, which must be approved by the insurance carrier before coverage will commence, or you pay back premiums, depending on your insurance carrier’s policy.

This process must be repeated for each benefit (Extended Health, Dental, MSP) you wish to terminate.

Applying for Coverage

To add the benefit, click on Yes beside your name (the screen will currently show No if you had previously waived coverage) and enter the effective date of coverage. You may start coverage for all your dependents at the same time by clicking on the <All> button. This will copy your effective date to all your dependents.

To add a dependent who is currently not covered to the plan, click on Yes beside their name and enter their effective date of coverage.

Click on <Continue> when you have completed the information on the screen and you will be return to the Benefits Profile screen. Please note that the family members you selected will now show as having coverage for this benefit and the benefit will show your overall coverage level.

This process must be repeated for each benefit (Extended Health, Dental, MSP) you wish to add. If you wish to add MSP, the screen will also prompt you to enter your and your dependents’ MSP PHN (Personal Health Number) as well as your MSP billing number.

3.3.5.2 Group Life and Accidental Death and Dismemberment (AD&D) – Beneficiary Changes

The Benefits Profile screen also confirms your coverage in Group Life and AD&D (if eligible) and identifies your designated beneficiaries. You may edit these beneficiaries or review your coverage by clicking on the <Update> button. A screen similar to the following will appear.

Z02
High Performance
Widgits

Welcome Susan Doe Log Out
Help

Employee Name: SUSAN DOE **Personal ID:** 991-824-855
Client Name: XYZ SUPPLIES LTD. **Class:** FF
Annual Earnings: \$45,156.80 **Client ID:** Z02

Benefit Information

Benefit Name: Group Life
Benefit Description: Your level of coverage is defined in your Employee Handbook.
Benefit Effective Date:
Benefit Type: Required Benefit

Beneficiaries

Set beneficiaries the same as benefit: Basic Accidental Death & Dismemberment

JOHN DOE	Share: 50 %	Edit	Delete
JANE DOE	Share: 50 %	Edit	Delete

Previous Cancel Application Continue

Your current beneficiary shows along with the percentage share you had specified. You may edit or delete this dependent and/or designate other beneficiaries at any time.

To delete a beneficiary, click on < Delete > beside their name and their name will be removed from the screen.

To edit the beneficiary, click on < Edit > beside the beneficiary's name and a screen will appear providing some information you may wish to consider before assigning a beneficiary. The name, relationship and age fields will be filled with the information provided previously.

Widgits

Employee Name:	SUSAN DOE	Personal ID:	991-824-855
Client Name:	XYZ SUPPLIES LTD.	Class:	FF
Annual Earnings:	\$45,156.80	Client ID:	Z02

In the event of your death, your named beneficiary will be paid your covered amount under your Group Life insurance plan. If your death is a result of an accident, your covered amount under your Accidental Death and Dismemberment plan will also be paid.

When designating your beneficiary, you should ensure that the full name and relationship are stated. For example, the designation should read: "Mary Jane Doe - Wife", rather than: "Mrs. John Doe - Wife".

Multiple Beneficiaries
If you have designated more than one beneficiary, also indicate how the benefit is to be shared between the beneficiaries.

Designating 'Estate'
If you do not wish to designate a specific beneficiary, you may designate the proceeds of the death benefit to be paid to your Estate. Monies left to an Estate are not subject to protection from creditors, but monies left to a designated beneficiary usually cannot be claimed against by your creditors once deceased. Also, the death benefit is generally paid out more expeditiously when a beneficiary has been named.

To designate your Estate, ensure the check box next to Estate is checked.

Note: The name fields, relationship and age fields are only mandatory if Estate is not checked

First: Estate:

Initial:

Last:

Age:

Relationship:

Share % *

You may move from field to field using the Tab key or your mouse to click in the field.

The name, relationship and age fields are only mandatory if Estate is not checked. The beneficiary's full first and last name must be included; initials or titles (i.e. Mrs. J. Doe) are not sufficient.

When you are satisfied with your changes, click on < Continue > to return to the Group Life screen to see your updated beneficiary.

A new beneficiary can be assigned by clicking on < Add Beneficiary > on the Group Life screen. The above screen will appear and you may enter your beneficiary information. Click on < Continue > to return to the Group Life screen where you will see your new beneficiary.

When you have finished on the Group Life screen, click on < Continue > to return to the Benefits Profile screen where all your changes will be reflected.

Note: The original Benefits Enrolment Summary forms are very important documents and must be printed, signed and forwarded to your Plan Administrator when your enrolment is complete. In the event of your death, this original signed enrolment form is required by the insurance company in order to process the death claim; photocopies will not be accepted.

Further Information

Appointing Multiple Beneficiaries

You may designate more than one beneficiary. To appoint multiple beneficiaries, complete the name fields of the beneficiary and indicate a share percentage. Click < Continue >. The Group Life benefit page will appear showing the beneficiary assigned along with their share. Click on < Add Beneficiary > to add another beneficiary. Repeat this process until the percentage of share between all beneficiaries totals 100%. Then choose < Continue > to move to the next screen.

Appointing Minors as Beneficiaries

If a designated beneficiary is under the age of majority in the employee's province of residence (British Columbia is 19 years of age), the "Appointment of a Beneficiary Trustee" screen will appear for completion. Regulations concerning minors do not allow disbursement of the proceeds of insurance to a person under age of majority; therefore a Trustee must be assigned for any underage beneficiary designations.

Z02
High Performance Widgets

Welcome Susan Doe [Log Out](#) [Help](#)

Employee Name:	SUSAN DOE	Personal ID:	991-824-855
Client Name:	XYZ SUPPLIES LTD.	Class:	FF
Annual Earnings:	\$45,156.80	Client ID:	Z02

Appointment of a Beneficiary Trustee

You have appointed a minor child under the age of majority (age 19 in BC) as your beneficiary. **Be aware that law prohibits insurance companies from paying out life insurance proceeds to minor children.**

To ensure that any insurance proceeds are handled in the manner you intended, you should appoint a Trustee to administer the funds on behalf of your child (or children), until they are legally adults.

First: *

Initial:

Last: *

Relationship: *

Address: *

[Privacy Policy](#) [Terms of Use](#) [Contact WestPro Benefit Systems](#)

To move from field to field use the Tab key or your mouse to point and click on the field.

All fields on this screen must be completed. When they are complete click on < Continue > . The Group Life benefit page will appear showing the beneficiary assigned along with the appointed trustee. Click on < Continue > to return to the Benefits Profile screen where both the beneficiary and trustee designations will be shown.

WEBS online™ allows an AD&D beneficiary designation separate from the Group Life beneficiary if you wish. The window and process are the same as Group Life except that you are able to choose to have the beneficiaries the same as those for Group Life by clicking on < Group Life > beside 'Set beneficiaries the same as benefit'. Alternatively, you may choose to have your Group Life beneficiaries set the same as those for AD&D by clicking on < Accidental Death and Dismemberment > beside 'Set beneficiaries the same as benefit' on the Group Life screen. If you choose this option the beneficiaries will copy to this screen.

Be sure to update both the Group Life and AD&D beneficiaries when you are making a change.

3.3.5.3 Other Mandatory Benefits

Other benefits may be listed on your Benefits Profile. These benefits do not require any input from you. A screen will appear confirming your coverage and effective date. You may review the information by clicking on < Update > beside the appropriate benefit's name. An example of the screen that will display is shown below. These mandatory benefits may include:

- Dependent Life (if you have eligible dependents)
- Long Term Disability
- Weekly Indemnity
- Employee Assistance Plan
- Critical Illness

The screenshot displays a web interface for Z02 High Performance Widgets. At the top left is the Z02 logo with the tagline 'High Performance Widgets'. The top right corner shows 'Welcome Susan Doe' and links for 'Log Out' and 'Help'. The main content area is divided into two columns of information:

Employee Name:	SUSAN DOE	Personal ID:	991-824-855
Client Name:	XYZ SUPPLIES LTD.	Class:	FF
Annual Earnings:	\$45,156.80	Client ID:	202

Below this is a 'Benefit Information' box containing:

- Benefit Name:** Long Term Disability
- Benefit Description:** Your level of coverage is defined in your Employee Handbook.
- Benefit Effective Date:**
- Benefit Type:** Required Benefit

Centered below the box is the text: 'This page confirms your enrolment in this benefit. Press CONTINUE to proceed to the next benefit.' At the bottom are three buttons: 'Previous', 'Cancel Application', and 'Continue'. A mouse cursor is visible near the bottom right of the screen.

3.3.6 Finalizing your Changes

Once all the necessary changes have been made to your Benefits Profile, click on < Print and Save > .

Employee Name: SUSAN DOE **Personal ID:** 991-824-855
Client Name: XYZ SUPPLIES LTD. **Class:** FF
Annual Earnings: \$45,156.80 **Client ID:** Z02

Spouse Data Updated
You have made a change to your Beneficiary Information.
Please print a copy of your Benefits Enrolment and forward it to your Plan Administrator.
 Dependents with a red dot are over the maximum allowable age and are not eligible for coverage. Dependents with a blue dot are eligible for coverage until they reach the maximum allowable age or until their student or disabled status changes.

[Close All](#) | [Open All](#)

Employee			
SUSAN DOE Edit			
Address:	123 ANY ROAD	City:	VANCOUVER
Province:	BRITISH COLUMBIA	Postal Code:	V3V 1A1
Gender:	Female	Birth Date:	1960-01-01 (46)
Family Status:	Family	MSP Level:	4C
MSP Billing:	016333444	MSP PHN:	9113334444
Extended Health:	Yes	Effective Date	
Dental Care:	Yes	Termination Date	
Gov. Health Care:	No		

Dependents			
JOHN DOE Edit Delete			
Relationship:	Spouse	Birth Date:	1960-01-01 (46)
Gender:	Male		
MSP PHN:			
Extended Health:	No	Termination Date	2006-12-01
Dental Care:	No	Termination Date	2006-12-01
Gov. Health Care:	No		
JANE DOE Edit Delete			
Relationship:	Child	Birth Date:	1985-01-01 (21)
Gender:	Female	Hours Worked:	0
Full Time Student:	Yes	Last Year School:	No
Province:	0	Married:	No
Disabled:	No		
MSP PHN:	0	Effective Date	2006-11-01
Extended Health:	Yes	Effective Date	2006-11-01
Dental Care:	Yes	Termination Date	2006-11-01
Gov. Health Care:	No		

[Add Dependent](#)

Benefits			
Extended Health Care Update			
Level:	Couple		
Dental Care Update			
Level:	Couple		
Medical Services Plan Update			
Level:	4C		
Group Life Update			
Beneficiary:	JOHN DOE	Share	50 %
Beneficiary:	JANE DOE	Share	50 %
Basic Accidental Death & Dismemberment Update			
Beneficiary:	JOHN DOE	Share	50 %
Beneficiary:	JANE DOE	Share	50 %
Long Term Disability Update			
FLEX Benefits Application Update			

(Dependents in RED: Are currently not covered or are not eligible for Extended Health and/or Dental Benefits)

Your computer will need to have the [Adobe Acrobat reader](#) in order to view or print your enrolment application.

[Cancel Application](#)

[Restart](#)

[Print & Save](#)

Waiver of Benefits

If you chose to waive Extended Health and/or Dental coverage for yourself and/or your dependents because you have coverage elsewhere, you will be asked to complete the following screen before you complete your enrolment.

The screenshot shows the WEBS WestPro Employee Benefit System interface. At the top left is the WEBS logo. At the top right, it says 'Welcome Susan Doe' and has 'Log Out' and 'Help' links. Below this is a table with employee information:

Employee Name	SUSAN DOE	Personal ID	991-824-855
Client Name	XYZ SUPPLIES LTD.	Class	FF
Annual Earnings	45156.80	Client ID	Z02

Below the table, there are two sections for coverage waiver:

Extended Health Coverage Current Level: **Couple**
Coverage declined for:
JOHN DOE
Please provide the following information on your coverage elsewhere.
Insurance Company and/or Employer: *
Policy Number:

Dental Care Coverage Current Level: **Couple**
Coverage declined for:
JOHN DOE
Please provide the following information on your coverage elsewhere.
Insurance Company and/or Employer: *
Policy Number:

I recognize that if my alternate coverage terminates, I must apply for coverage under my employer's Group Plan within **31 days** of the termination date. Should I fail to do so, I may be required to submit, at my own expense, satisfactory evidence of insurability for myself and my dependents, or I may be required to pay premiums retroactive to the date of eligibility or benefits may be restricted or denied. **Signature:** **Date:** 2006-12-05

At the bottom, there are 'Previous' and 'Next' buttons, and a mouse cursor is visible over the 'Next' button.

The screen will identify your Extended Health and Dental coverage levels and the names of anyone in your family who waived coverage for those benefits. As Extended Health and Dental coverage are mandatory benefits unless you have coverage under another plan, you must identify the insurance carrier and policy number of the alternate coverage in order to waive coverage under your employer's plan.

This screen also advises you that in the event that this alternate coverage ceases you must apply to your employer's plan within 31 days or your coverage may be restricted or denied.

Complete the fields on the screen by using the Tab key to move from field to field or by using the mouse to point and click. The insurance company/employer field is mandatory.

You must use your mouse to click on the signature box before proceeding. This confirms your understanding of the conditions under which you can waive and later enrol in Extended Health and Dental coverage.

When the information is complete, click on < Next > to proceed.

Confirm Results – Benefit Summary

The following confirmation appears. It is required that you review the information and click on the signature box to confirm your acceptance of the conditions of your enrolment. Click on < Save & Close > to save your enrolment.

The screenshot shows the WEBS WestPro Employee Benefit System interface. At the top left is the WEBS logo. At the top right, it says 'Welcome Susan Doe' and has 'Log Out' and 'Help' links. Below the header, there is a table with employee information:

Employee Name	SUSAN DOE	Personal ID	991-824-855
Client Name	XYZ SUPPLIES LTD.	Class	FF
Annual Earnings	45156.80	Client ID	Z02

Below the table is a 'Confirmation' box with the following text:

I hereby apply for the benefits provided by my Employer and authorize my Employer to deduct regularly from my pay any contributions to be made by me. I also authorize use of my Social Insurance Number for identification purposes only. I give consent to my Employer, its insurance consultants, and underwriters to use this information only for the purposes of supplying me with benefits and benefit information.

The Benefits Enrolment Summary will appear on the screen after you click on Save & Close.

The Benefits Enrolment Summary must be printed, initialed and signed where noted and returned to your Plan Administrator.

Your computer will need to have the [Adobe Acrobat reader](#) in order to view or print the Benefits Enrolment Summary.

You have made a change to your Beneficiary Information.
Please print a copy of your Benefits Enrolment and forward it to your Plan Administrator.

Signature: Yes, I have reviewed and accept the conditions of my enrolment. I will print and sign the Benefits Enrolment Summary and return the original to my Plan Administrator.

Signature Date: 2006-12-05

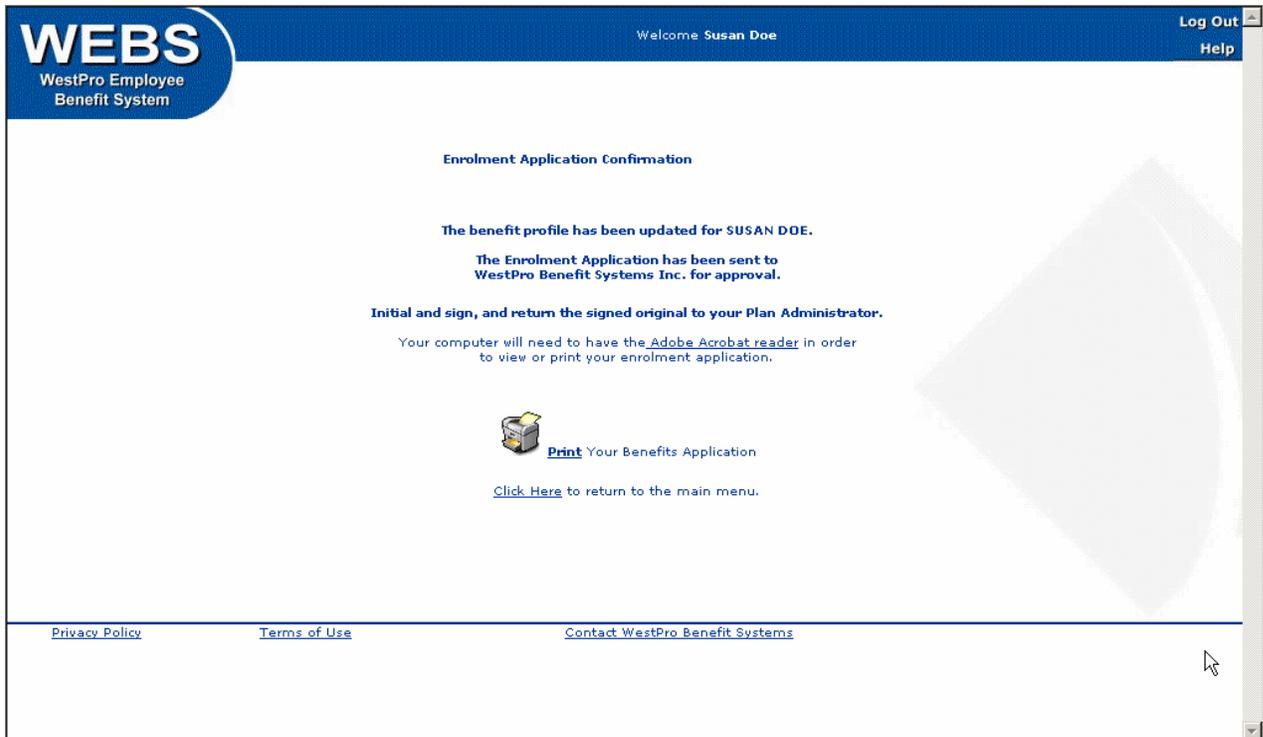
At the bottom of the confirmation box are two buttons: 'Previous' and 'Save & Close'.

Your Benefits Profile will now be in a locked state until it has been processed by WestPro (usually within 24 hours).

Please ensure you print, sign and date the Benefits Enrolment Summary generated by WEBS online™. This form must be returned to your Plan Administrator and kept in their files. In the event of a Group Life insurance claim, the original enrolment forms bearing your signature must be produced. **The original forms are very important documents.**

Printing Your Benefits Enrolment Summary

The next screen to appear confirms your enrolment and allows you to print your Benefits Enrolment Summary.



The screenshot shows the WEBS Employee Self Service portal. The header includes the WEBS logo (WestPro Employee Benefit System) on the left, a welcome message "Welcome Susan Doe" in the center, and "Log Out" and "Help" links on the right. The main content area displays an "Enrolment Application Confirmation" message. The message states: "The benefit profile has been updated for SUSAN DOE. The Enrolment Application has been sent to WestPro Benefit Systems Inc. for approval. Initial and sign, and return the signed original to your Plan Administrator. Your computer will need to have the Adobe Acrobat reader in order to view or print your enrolment application." Below this text is a printer icon and a "Print Your Benefits Application" link. A "Click Here" link is provided to return to the main menu. The footer contains links for "Privacy Policy", "Terms of Use", and "Contact WestPro Benefit Systems".

You will need to have Adobe Acrobat reader to view and print your Benefits Enrolment Summary. This program is available free on the web at:
<http://www.adobe.com/products/acrobat/readstep2.html>

Click on Print to print your enrolment summary. The summary will load in Adobe Acrobat (this may take a few minutes). Click on the Printer icon in the top left hand corner of the screen to print to your printer.

When you have finished printing your Benefits Enrolment Summary click on the X in the top right hand corner of the screen to close Adobe Acrobat and return to WEBS online™.

Please review the printed document, signing and initialing in the places indicated and return this document to your Plan Administrator as soon as possible.

Logging Out

To log out of WEBS online™ click on < Log Out > in the top right hand corner of the screen. You may now close your browser.