



For the employee : Real time access to pertinent information :

- For consultation,
- To make supervised request for changes,
- Automatic individual report generation that could be integrated in the income tax report.

For the employee : Real time access to pertinent information

Tél.: (450) 629-6158
Fax.: (450) 629-1874

Conjoint(e)

Enfants

Garanties

Bénéficiaires

Résumé des couvertures et des coûts

Employé # :

Certificat : **845423592**

Division : **Division 001**

Classe : **Employee (all)**

*** Toutes les informations identifiées par un astérisque sont obligatoires .**

Nom : Richer * Prénom : Mélanie

Assurance social : 295324548 *

Statut d'assurance : Family * Sexe: Femme Homr

Date de naissance : 1979/12/19 * AAAA/MM/JJ Date d'embauche : 2002/05/24 A/

Département : Occupation : préposée aux chamt

Adresse : "352, chemin Nantel Norc City : Vendée

Code postal : J0T 2T0 * Province : Saskatchewan

Courriel : rs@mdibls.qc.ca

Numéro de téléphone : (450)629-6158 Téléphone bureau : (450)629-1874

Fax :

Langue : Français Anglais

Autochtone : Oui Non CSST : Oui Non

A WEB access allows each employee to access directly all of the pertinent information. The system will interact either in English or French depending on the user configured preference.

Appliquer



Tel.: (450) 629-6158
Fax.: (450) 629-1874



Employee Children Beneficiaries Benefits Summary of coverages and costs

Spouse information

*** Items marked with an asteriks are required**

| | | | | |
|------------------------|---|---|----------------|--|
| Last name : | Mayesr Johnson | * | First name : | Barbara |
| Social insurance # : | 123456789 | * | Birth date : | 1980/11/11 *YYYY/MM |
| Certificate # : | <input type="text" value="ch123987"/> | | Sex : | <input checked="" type="radio"/> Female <input type="radio"/> Male |
| Policy # : | <input type="text" value="POL98745"/> | | Insurer : | <input type="text" value="Aetna Canada"/> |
| Common law date : | <input type="text" value="2000/08/23"/> YYYY/MM/DD | | Wedding date : | <input type="text"/> YYYY/MM |
| Date of eligibility : | <input type="text" value="2001/01/01"/> YYYY/MM/DD | | Final date : | <input type="text"/> YYYY/MM |
| Benefit coordination : | No coordination <input checked="" type="checkbox"/> | | | |
| Smoker : | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |

The employee can view each elements.

Apply

The system will interact either in English or French

Johnson Inc.
1650 Place de Lierre
Vimont, Laval, Qc. H7G 4X7



Conjoint(e) Enfants Garanties Bénéficiaires Résumé des couvertures et des coûts

Information de l'enfant

*** Toutes les informations identifiées par un astérisque sont obligatoires .**

| | | | |
|---------------------------------|---|-----------------------|-----------------------------------|
| Nom : | Cathford | * Prénom : | Mikey |
| Numéro assurance social : | | * Date de naissance : | 1999/11/04 |
| Sexe : | <input type="radio"/> Femme <input checked="" type="radio"/> Homme | Statut : | Étudiant <input type="checkbox"/> |
| Coordination des bénéfices : | <input type="checkbox"/> Pas de coordination <input type="checkbox"/> | Preuves : | Oui <input type="checkbox"/> |
| Date d'admissibilité : | | Date de terminaison : | |

The red * indicate essential information
that needs to be completed.

Appliquer

Annuler



Tel.: (450) 629-6158
Fax.: (450) 629-1874



Spouse Children Employee Beneficiaries Summary of coverages and costs

Many information sub menu are available.

Benefit's information

- Policy holder life insurance Yes
- Employee's accidental death and dismemberment Yes
- Short term disability Yes
- Long term disability Yes
- Extended health care Couple
- Drug insurance Couple
- Eye care Couple
- Dental care Single

Apply Cancel

Johnson Inc.
1650 Place de Lierre
Vimont, Laval, Qc. H7G 4X7





Conjoint(e) Enfants Employé Bénéficiaires Résumé des couvertures et des coûts

Information sur les garanties

- | | |
|---|---------------------------------|
| <input checked="" type="checkbox"/> Assurance Vie de l'adhérent | Oui <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Décès Mutilation Accidentelle de l'adhérent | Oui <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Indemnité Hebdomadaire | Oui <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Invalidité Prolongée | Yes <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Assurance Maladie | Couple <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Assurance Médicaments | Couple <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Soins Visuels | Couple <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Soins Dentaires | Single <input type="checkbox"/> |

Monsieur Jean
 1650 Place de Lierre
 Vimont, Laval, Qc. H7G 4X7



In request for change mode, the employee will be authorized to:

- a. Request "What if" calculation to evaluate the financial impact of potential changes.**
- b. Make request for changes that will be supervised and acted upon by an authorized professional.**

Insured Information's

| | | | | |
|----------------------|-----------------------|-------------|-----------------------------|----------------------------|
| Myers, Michel | <i>Employee #</i> | | <i>Employer</i> | Mike's Muffler |
| "642, Providence" | <i>SIN</i> | 293 023 384 | <i>Certificate #</i> | 483320392 |
| Repentigny | <i>Gender</i> | M | <i>Division</i> | 001, Division 001 |
| BC | <i>Birth date</i> | 1967/09/15 | <i>Class</i> | 01, Employee (all) |
| J6A 7G4 | <i>Hiring date</i> | 1999/08/16 | <i>Insurance status</i> | Individual |
| | <i>Insure salary</i> | 34000.00 \$ | <i>Job status</i> | Active |
| | <i>Enrolment date</i> | 2004/10/27 | <i>Job title</i> | directeur de l'hébergement |
| | | | <i>No of annual payroll</i> | 52 |

Group insurance Information's

| | |
|-----------------|----------------|
| <i>Policy #</i> | <i>Insurer</i> |
| POL955789 | Great-West |

Note: The information comes from of active contracts and the real employee file

Description of benefits and costs

| | <i>Admissible</i> | <i>Coverage</i> | <i>Monthly</i> | <i>By pay period</i> | |
|---|-------------------|-----------------|----------------|----------------------|-----------------|
| | | | | <i>Employer</i> | <i>Employee</i> |
| Policy holder life insurance | Yes | \$25,000.00 | \$6.25 | \$1.44 | \$0.00 |
| Employee's accidental death and dismemberment | Yes | \$25,000.00 | \$1.25 | \$0.29 | \$0.00 |
| Short term disability | Yes | \$436.00 | \$52.32 | \$0.00 | \$12.07 |
| Long term disability | Yes | \$1,889.00 | \$34.00 | \$0.00 | \$7.85 |
| Extended health care | Yes | Individual | \$41.32 | \$9.54 | \$0.00 |
| Drug insurance | Yes | Individual | \$29.46 | \$6.80 | \$0.00 |
| Eye care | Yes | Individual | \$8.85 | \$2.04 | \$0.00 |
| Dental care | Yes | Individual | \$25.32 | \$5.84 | \$0.00 |

Summary

| <i>Monthly</i> | | <i>Pay period</i> | | <i>Taxable benefits</i> | | <i>Deductible benefits</i> | |
|---------------------|-----------|-------------------|----------|-------------------------|---------|----------------------------|---------|
| <i>Sub total</i> | 198.77 \$ | <i>Employee</i> | 19.92 \$ | <i>Qc-LIFE</i> | 0.00 \$ | <i>Fed-Life</i> | 1.44 \$ |
| <i>Adjustment</i> | 0.00 \$ | <i>Employer</i> | 25.95 \$ | <i>Qc-HC</i> | 0.00 \$ | <i>Fed</i> | 0.00 \$ |
| <i>Prov Ins tax</i> | 0.00 \$ | | | | | | |
| <i>Total</i> | 198.77 \$ | <i>Total</i> | 45.87 \$ | <i>Total</i> | 0.00 \$ | <i>Total</i> | 1.44 \$ |

The employee can obtain a printed copy of his file.



Coverage and costs summary report
of active contracts and employee file (Simplified version)

Processed on :2006/10/16
Page:1

Plan member Information

| | | | | |
|----------------------|-------------------------|-------------|-----------------------------|-----------------|
| Bédard, Lucie | <i>Employee #</i> | | <i>Employer</i> | ABC Company Inc |
| | <i>SIN</i> | 337 835 752 | <i>Certificate #</i> | 257538733 |
| "3633, Tralee Rd" | <i>Gender</i> | F | <i>Division</i> | 001, Edmonton |
| Qualicum Beach | <i>Birth date</i> | 1978/03/24 | <i>Class</i> | 03, Warehouse |
| AB | <i>Hiring date</i> | 1994/08/09 | | |
| V9K 1V5 | <i>Insurance status</i> | Individual | <i>Job status</i> | Active |
| | <i>Insured salary</i> | 30000.00 \$ | <i>Job title</i> | Laborer |
| | <i>Enrollment date</i> | 2004/07/01 | <i>No of annual payroll</i> | 52 |

Group Plan Information

| | |
|-----------------|----------------|
| <i>Policy #</i> | <i>Carrier</i> |
| FAS12581-A | Standard Life |
| Home12583 | Auto-assureur |

Note: The information comes from of active contracts and employee file

Description of benefits and costs

| | <i>Admissible</i> | <i>Coverage</i> | <i>Monthly</i> | <i>By pay period</i> | |
|---|-------------------|-----------------|----------------|----------------------|-----------------|
| | | | | <i>Employer</i> | <i>Employee</i> |
| Policy holder life insurance | Yes | \$60,000.00 | \$13.80 | \$0.00 | \$3.18 |
| Employee's accidental death and dismemberment | Yes | \$60,000.00 | \$3.00 | \$0.00 | \$0.69 |
| Short term disability | Yes | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Long term disability | Yes | \$2,500.00 | \$25.50 | \$0.00 | \$5.88 |
| Extended health care | Yes | Individual | \$42.98 | \$5.63 | \$4.29 |
| Drug insurance | Yes | | \$0.00 | \$0.00 | \$0.00 |
| Dental care | Yes | Individual | \$36.49 | \$8.42 | \$0.00 |
| Policy holder optional life insurance | Yes | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Summary

| <i>Monthly</i> | | <i>Pay period</i> | | <i>Taxable benefits</i> | | <i>Deductible benefits</i> | |
|---------------------|-----------|-------------------|----------|-------------------------|---------|----------------------------|----------|
| <i>Sub total</i> | 121.77 \$ | <i>Employee</i> | 14.04 \$ | <i>Qc-LIFE</i> | 0.00 \$ | <i>Fed-Life</i> | 0.00 \$ |
| <i>Adjustment</i> | 0.00 \$ | <i>Employer</i> | 14.05 \$ | <i>Qc-HC</i> | 0.00 \$ | <i>Prov</i> | 18.34 \$ |
| <i>Prov Ins tax</i> | 0.00 \$ | | | | | <i>Fed</i> | 4.29 \$ |
| <i>QST</i> | 0.00 \$ | | | | | | |
| <i>GST</i> | 0.00 \$ | | | | | | |
| <i>Total</i> | 121.77 \$ | <i>Total</i> | 28.09 \$ | <i>Total</i> | 0.00 \$ | <i>Total</i> | 0.00 \$ |

In the request for changes mode, the employee can obtain a printed report of a potential scenario, while keeping gull control over either to send for approval or to quit the request for changes.



Cumulative cost for group insurance Tax deduction and taxable benefits

Processed on :2006/10/17
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Plan member Information

| | | | | |
|-------------------------|-------------------------|-------------|-----------------------------|-----------------|
| Gendron, Pascale | <i>Employee Nbr.</i> | abc | <i>Employer</i> | ABC Company Inc |
| | <i>SIN</i> | 294 124 441 | <i>Certificate Nbr.</i> | 144421492 |
| "4278, Iberville #5" | <i>Gender</i> | F | <i>Division</i> | 001, Edmonton |
| Montréal | <i>Birth date</i> | 1970/01/30 | <i>Class</i> | 03, Warehouse |
| AB | <i>Hiring date</i> | 1994/11/01 | <i>Job status</i> | Active |
| H2H 2L6 | <i>Insurance status</i> | Family | <i>Job title</i> | Laborer |
| | <i>Insured salary</i> | 16816 | <i>No of annual payroll</i> | 52 |

Group benefits informations

| | |
|-----------------|----------------|
| <i>Policy #</i> | <i>Carrier</i> |
| Home12583 | Auto-assureur |

Cumulative by benefit of 2005/01/01 to 2005/12/31

| | <i>Eligible</i> | <i>Coverage</i> | <i>Premium</i> | <i>Payroll Deduction</i> | |
|---|-----------------|-----------------|----------------|--------------------------|-----------------|
| | | | | <i>Employer</i> | <i>Employee</i> |
| Policy holder life insurance | Yes | Coverage | \$62.56 | \$0.00 | \$54.00 |
| Employee's accidental death and dismemberment | Yes | Coverage | \$13.60 | \$0.00 | \$11.70 |
| Short term disability | Yes | Coverage | \$0.00 | \$0.00 | \$0.00 |
| Long term disability | Yes | Coverage | \$204.00 | \$0.00 | \$176.40 |
| Extended health care | Yes | Family | \$884.48 | \$0.00 | \$765.30 |
| Drug insurance | Yes | Family | \$496.00 | \$388.20 | \$41.10 |
| Dental care | Yes | Family | \$762.88 | \$660.30 | \$0.00 |
| Policy holder optional life insurance | Yes | Coverage | \$0.00 | \$0.00 | \$0.00 |

Summary of 2005/01/01 to 2005/12/31

| <i>Group Plan</i> | | <i>Payroll Deduction</i> | | | <i>Taxable benefits</i> | | | <i>Deductible benefits</i> | |
|---------------------|-------------------|--------------------------|-------------------|---------------------|-------------------------|---------------------|----------------|----------------------------|------------|
| <i>Sub total</i> | 2423.52 \$ | <i>Employee</i> | 1048.50 \$ | <i>Qc-LIFE</i> | 0.00 \$ | <i>Fed-Life</i> | 0.00 \$ | <i>Prov</i> | 1854.90 \$ |
| <i>Prov Ins Tax</i> | 0.00 \$ | <i>Employer</i> | 1048.50 \$ | <i>Qc-HC</i> | 0.00 \$ | | | <i>Fed</i> | 806.40 \$ |
| <i>QST</i> | 0.00 \$ | | | | | | | | |
| <i>GST</i> | 0.00 \$ | | | | | | | | |
| <i>Total</i> | 2423.52 \$ | <i>Total</i> | 2097.00 \$ | <i>Total</i> | 0.00 \$ | <i>Total</i> | 0.00 \$ | | |

Calculation formula for tax purpose

| | <i>Provincial</i> | <i>Federal</i> |
|---|-------------------|----------------|
| <i>Paid premiums (health benefits)</i> | 1854.90 \$ | 806.40 \$ |
| + <i>all deductible paid for this period</i> | \$ | \$ |
| + <i>paid-in co-insurance for this period</i> | \$ | \$ |
| - <i>3% of insurable salary</i> | \$ | \$ |
| = <i>calculation result</i> | \$ | \$ |



Change Request List

File:

Search field: Request Status Search Value: Pending

| Member Name | Created on | Process On | Origin | Priority | Status |
|------------------|------------|------------|------------|----------|--------|
| Talbot, Josée | 2005/08/29 | | Allegroupe | Regular | Open |
| Beaudoin, Sylvie | 2005/09/28 | | Allegroupe | Regular | Open |
| Martel, Francois | 2006/03/07 | | Allegroupe | Regular | Open |
| Iacombe, Richard | 2006/06/09 | | Allegroupe | Low | Open |

Change Description
Effective date = 2005/06/11 Reason : Coverage change

The authorized manager can access a supervision module that will allow for follow up and quality control of each request for changes.

Created by: YourXPRO FA5 Close



Employee request for change
[-] [] [X]

| | | | |
|-------------------------------|--------------------------|--------------------------------|--------------------------------|
| Request # 152 | Source Allegroupe | Created by YeurXPRO,FAS | Request date 2005/08/29 |
| Employee Talbot, Josée | Status Suspend | Administrator | Process date |

Employee
Change
Spouse
Children and Beneficiaries

Functions

Requested edit

| | | | |
|----------------|-----------------|----------|----------------|
| Entry date | 2005/08/11 | Division | 005 - Halifax |
| Effective date | 2005/06/11 | Class | 03 - Warehouse |
| Code change | Coverage change | Module | |
| Job status | Active | | |
| Smoker | N | | |
| Insured salary | 14896 | | |
| Real salary | 14896 | | |

| Gar | Adm | Status | Evidence | Grandfather | Mult/ units | Flexible | State |
|-----|-----|-------------------------------------|----------|-------------|-------------|----------|-------|
| LIF | - | <input checked="" type="checkbox"/> | O | | | | |
| ADD | - | <input checked="" type="checkbox"/> | O | | | | |
| STD | - | <input checked="" type="checkbox"/> | O | | | | |
| LTD | - | <input checked="" type="checkbox"/> | O | | | | |
| EHC | - | <input checked="" type="checkbox"/> | F | | | | |
| PD | - | <input checked="" type="checkbox"/> | F | | | | |
| DC | - | <input checked="" type="checkbox"/> | R | | | | |
| OLM | - | <input checked="" type="checkbox"/> | O | O | | 2 | |

Functions

- Calculation
- Printing...
- Send
- Approved
- Refuse
- Pending
- Delete
- Close

He will then either, approve the changes, edit and approve or reject the request for change.

User: Richard Sirois - XPro

Role: Advisor - Super User Admin Claim + Flex + Groupe ass + supervisor

0 new import available