# Adding A New Employee

As the Plan Administrator, you are responsible for adding new employees to your existing Group Benefits Plan on the <u>RWAM Plan</u> <u>Administrator Services</u> website.

Any employee who has previously been employed and enrolled in your Group Benefits Plan cannot be added as a new employee. Refer to <u>planadministrator.rwam.com/resources</u> for tutorials on how to reinstate an employee.

→ To begin, log into your Plan Administrator Account at: <u>https://planadministrator.rwam.com</u>



### STEP 1

• In the top menu select Certificates and click Add Certificate.

### STEP 2

- Select the correct Group, Division, and Class from the options provided.
- Click Next.

NOTE: You cannot return to change an error in the Division or Class fields. Be sure you are selecting accurate information.



Certificate Information	$\rightarrow$	Next >>
ADD NEW CERTIFICATE		
Group* 9999999 - THE ABC COMPANY INC. V		
Division* 🔶 1 - ABC TESTING GROUP INC. 🗸		
Class* 🔶 A - MANAGEMENT 👻 🔶		
Privacy Statement		
BEFORE YOU START If your employees' benefits require a beneficiary designation, the original hard copy enrolment/beneficiary change forms can either be mailed to RWAM or employee's signature must be in ink if the original is requested at time of a Life or Disability claim. The employee should complete an enrolment form/ber an Enrolment Confirmation on-line for their signature.	r retained i reficiary for	n your files. The m or you can print
Save Certificate Save as Draft Cancel		
	* indicat	es required information

#### Helpful Hint

If at any time you do not know or understand the required information, click Save as Draft to save and return to the certificate later. We encourage you to save your work between each step. You will not be able to select Save Certificate until you reach the final page.

### STEP 3

- Complete the necessary information for your employee.
- Enter the Date Employed Full Time.
- If applicable, select Waive the Waiting Period.
- This will take you to their plan details / certificate information.

Surname*		First Name*	
Gender*	○ Male ○ Female	Date of Birth*	YYYYMMDD
Email Address			
Date Employed Full Time*	YYYYMMDD	Status Date	YYYYMMDD
Waiting Period (days)	90	Status	Draft
		Layoff Date	YYYYMMDD
Home Province*	<b>``</b>	Work Province*	~
Occupation Code*	~		
Occupation*			
Department Code		Internal Employee ID	Numeric values only
Earnings (\$)*	Per* Please select a frequent	cy .	
Hours Worked per Week*		Effective Date	YYYYMMDD
Min Hours Per Week	24.00	Weekly Earnings (\$)	

Date Employed Full Time*	20230327 YYYYMMDD 🗲
Waiting Period (days)	90
Waive the Waiting Period	

- Select the Occupation Code; refer to the occupation code document found online on <u>the resource section of the RWAM Plan</u> <u>Administrator Services website</u>.
- If you do not know the information required, click Save as Draft to save your progress and contact RWAM directly at <u>csr-groupadmin@rwam.com</u> for assistance.
- Enter the employee's Occupation, Earnings, and Hours Worked per Week.

# If you already have a completed enrolment form, skip to Step 6.

NOTE: You will only see the option to Waive the Waiting Period if you are within 31 days of the full time employment date. If you intended to waive the waiting period, and are outside of 31 days of the full time employment date, please contact RWAM to request to waive the waiting period. For more information about Waiving the Waiting Period, refer to the <u>Plan Administrator Manual</u>.



**Important:** If you click Send to Send Form for Signing, the employee will be emailed an enrolment package to complete. This is only required if you are sending a new electronic enrolment form.

Save Certificate Save as Draft Cancel	⑦ Send Form for Signing: Enrolment ▼ Send	
	* indicates required information	n

- After you click Send to Send Form for Signing, your certificate progress will be automatically saved.
- You will see a pop-up asking you to confirm your intentions.
- Select New Hire, then click Yes to proceed.
- The employee will be sent an online form to their provided email.

You can now safely log out of your account or complete another task.

## The Employee Has Completed Their Digital Enrolment. Now What?

### STEP 5

- Once your employee has completed their digital enrolment, you will receive an email with a digital copy.
- Click the link provided in the email to open/download the completed form.
- You may wish to print this form as you will need it handy for the following steps. You will be required to retain a copy of this document for your records.
- Return to the <u>Plan Administrator Services</u> website homepage.



First Name

Kenneth

#### If you already have a completed enrolment form, continue here.

Surname<sup>1</sup>

Tudor

STEP 6			My Drafts	<b>S</b> Draft Certificates.			
<ul> <li>Click Certificates, then My</li> <li>Select the employee's file.</li> </ul>	Drafts.	->	Created On (1 2022-09-16 11	for Surname, First Name) 1:09 (Tudor, Kenneth)	<b>Group</b> 9999999	Division 1	Class A
<ul> <li>Complete and review the information in Employee Information against the completed</li> </ul>			Return to Previo	ous Page			
employee. Click Next.	Certificate Information Name: Kenneth Tudor Certi Group: 999999 - THE ABC COMPANY INC.	tificate #: sion: 1 - ABC <sup>*</sup>	TESTING GROUP INC.	Status: Draft Class: A - MANAGEMENT			↓
							Next >>

Please Confirm
This will send an electronic form to the plan member for completion and signature.
Is this a new hire, or a reinstatement?
Do you wish to proceed?
Yes No

<< Previous	Next >>
BENEFICIARY INF	ORMATION
Life Beneficiary	
Life Beneficiary Name	Jennifer Tudor 100%
	Please ensure that beneficiary names are not ambiguous (E.g. "John or Jane Smith", "John and/or Jane Smith"), and that full names (both first name and surname) are provided.
Life Relationship	Spouse
internation	If beneficiary is under age 18, please specify Trustee
Trustee	

- Complete the Beneficiary Information section.
- If there are more than one beneficiary listed, separate each full name with a comma. Include percentages as indicated on the enrolment form.
- List all relationships in the same order as the names on the Life Relationship field.
- Click Next.

### STEP 8

- Using the dropdown menu, Send Claims Payment to select where payment for claims will be sent to.
- An email address is required if you select Direct Deposit.
- A mailing address is required if you select **Home**.
- All mail will be sent to the word address if you select Work.
- Enter the employee's banking information and mailing address as applicable.
- Click Next.

BENEFICIARY INFORMATION				
Life Beneficiary	<b>.</b>			
Life Beneficiary Name	Jennifer Tudor 50% , Geraldine Tudor 50%			
	Please insure that beneficiary names are not ambiguous (E.g.			
Life Relationship	Spouse , Parent			
mornauon	If beneficiary is under age 18, please specify Trustee			

NOTE: If you see optional fields not indicated with a red asterisk, they are not applicable or are not required for this Class or Group.



Send Claims Payment to* Direct Deposit	
Banking Information Email Address.*  Financial Institution #*  Please enter 3 digits Branch*  Please enter 5 digits Account*  Please enter up to 18 digits - No spaces	Direct Deposit requires banking information and an email address. Direct Deposit will be automatically initiated when banking information and an email address are provided.
Click to display cheque example Home Address Information Street	1
City  Postal  292929  Pone Number  0001110000	Province New Brunswick
Save Certificate Save as Draft Cancel	O Send Form for Signing: Enrolment ▼ Send

- Complete the Coordination of Benefits (COB) section if applicable.
- The Effective Date will be the employee's Status Date.
- Click Next.

Helpful Hint: Need more information about COB? Follow the <u>Coordination</u> <u>of Benefits Plan Administrator Tutorial</u> <u>here</u>, or learn more about COB from the <u>Plan Administrator Manual</u>.

<< Previous						Next >>
CO-ORDINATION	N OF BENEFITS					
Does this person have	e co-ordination of benefits?	Effective Date				
EHC *	⊖Yes . ● No	20221214	* YYYYMMDD			
Dental *	◯Yes	20221214	* YYYYMMDD			
Carrier Name						
Save Certificate	Save as Draft Cancel			_	Send Form for Signing:	Enrolment  Send

### STEP 10

- Complete the Dependent Information section if applicable.
- **Relationship** refers to the dependent's relationship to the employee.
- Cohabitation Date refers to the date the dependent started living with the employee. RWAM requires the dependent to have been living with the employee for 1 year (minimum), or according to your plan design.
- Click Add if there is more than 1 dependent to include.

NOTE: Do not add a dependent student/child that is over the age of 21 or according to your plan design. Have the employee complete "Declaration of Student Eligibility - RA042" and send to <u>csr-groupadmin@rwam.com</u> for processing.

#### Helpful Hint

Sections that are greyed out and cannot be interacted with are dictated by the company plan. They cannot be changed on an individual basis.

Once complete, click Next.

DEPENDANT INFORMATION         Base ensure that dependants are added ONLY IF FAMILY COVERAGE is selected for applicable benefits.         Co-criation of Benefits (COB)         WHEN 2 OR MORE BENEFIT PLANS ARE INVOLVED, one plan is considered to be the primary plan. Plan Member claims should be processed through RWAM as primary provider. Any remaining balances can then be processed through the other insurance plan.         User your spouse has their own group insurance, indicate S (secondary) as RWAM's plan would be secondary payre.         Claims for dependent children – the plan of the biological parent with the earlier birth date in the calendar year pays 1st. P (primary should be indicated if the Plan Member insured with RWAM has the earlier birth date.)         Surname*       First Name*       Status*       Status Date*       Birth Date*       Relationship*       Cohabitation       EHC COB       Dent COB       Coverage & Coverage*       Coverage Date         Add            None        Coverage       Coverage action       None        Coverage       Coverage*       Coverage*       Coverage*       Coverage       Coverage*       Coverage*	<< Previous									$\rightarrow$	Next >>
Surname*       First Name*       Status*       Status Date*       Birth Date*       Relationship*       Cohabitation Date       EHC COB Coverage*       Dent COB Coverage Date*       Dent COB Coverage Date*         Active       20221214          None	DEPENDANT Please ensure that <u>Co-ordination of E</u> WHEN 2 OR MOD processed throug If your spouse has Claims for depend	TINFORMATI at dependants are <u>Benefits (COB)</u> RE BENEFIT PLA h the other insura s their own group dent children – the	ON added <u>ONLY IF FA</u> INS ARE INVOLVEI nce plan. insurance, indicate 3 e plan of the biologic	MILY COVERAGE D, one plan is consi S (secondary) as R al parent with the e	is selected for appli dered to be the prim WAM's plan would b arlier birth date in th	cable benefits. nary plan. Plan Member pe secondary payor. ne calendar year pays 1	r claims should be p Ist. P (primary shoul	processed through RV	VAM as primary provi Plan Member insured	der. Any remaining b with RWAM has the	alances can then be earlier birth date.)
Active 20221214     Add     Save Certificate     Save as Draft     Cancel     Image: Cancel	Surname*	First Name*	Status*	Status Date*	Birth Date*	Relationship*	Cohabitation Date	EHC COB Coverage*	EHC COB Coverage Date*	Dent COB Coverage*	Dental COB Coverage Date*
Add     Save as Draft     Cancel     Cancel     Send Form for Signing:     Enrolment       Send			Active 🗸	20221214		<b>~</b>		None 🗸		None 🗸	
* indicates required inform	Add										

- Review the Benefits and Coverage information for accuracy.
- Active indicates coverages that are applicable.
- **Nil** indicates coverage that is not applicable.
- A red asterisk indicates coverage you have access to change.
- Click Save Certificate to complete enrolment.
- If you have successfully saved the certificate, you will see Certificate Saved Successfully at the top of your screen.
- If the plan includes Optional Coverage, click Next to continue to review the coverage details before then clicking Save Certificate to complete enrolment.





VAM

Certificate saved successfully



Plan Admi

Certificates

Home

### STEP 12

- A new RWAM OneCard and Welcome Letter will be generated automatically and emailed to the employee.
- Any plastic RWAM OneCards will be sent to the Plan Administrator for distribution.

NOTE: You can access the employee's RWAM OneCard and Welcome Letter at any time by using the OneCard tab. To learn more visit <u>planadministrator.rwam.com/</u> <u>resources</u> for tutorials and RWAM Communication documents for Plan Administrators.

### **Congratulations!**

You have successfully added an employee to your group benefits plan on the <u>Plan Administrator Services</u> website.