# Reinstating An Employee

If an employee has been re-hired after having been previously terminated from your benefits plan, they will need to be reinstated to the group benefits plan.

A new Enrolment Form must be completed.

When reinstating coverage please be sure to choose the "reinstate" function, not the "add" function. The employee's previous certificate number should be used for reinstatement.

If more than six months have passed since termination, the applicable waiting period will apply.



A re-hired employee qualifies for reinstatement effective on their rehire date if they are re-hired within six months of the original termination date, and the reinstatement is processed within 31 days of their re-hire date.

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

## STEP 1

- Using the search bar on the left side of the screen, enter the terminated employee's certificate number or last name and click "Go."
- Click "Show Terminated."
- Click on the employee's name to open their certificate.

# Step 2

 In the drop down menu labeled "Action," select "Reinstate."



#### Certificate Search Results

SEARCH RESULTS - 1 CERTIFICATES FOUND FOR "BEGINNER".

$\rightarrow$	Show Terminated Displaying results 1 t						
	Name	Birth Date	Cert. #	Group #	Status	Status Date	
	CAROLYN BEGINNER	19840412	1196369	999999	Terminated	20230425	

	Occupation	TRAINING SUPERVISOR			
	Department Code		Internal Employee ID		Numeric values
	Earnings (\$)*	55000.00 Per* Annually Velease select a frequency			
	Hours Worked per Week*	40.00	Effective Date*	20230402	YYYYMMDD
	Min Hours Per Week	24.00	Weekly Earnings (\$)	1057.69	
<b>&gt;</b>	Action	as Draft Cancel			

#### Step 3

- Complete the Reinstatement Checklist
- If the re-hire date is outside 6 months, the waiting period is automatically applied. You will see an option to waive the waiting period when you type in the rehire date.
- Update earnings, pay frequency and hours worked per week.
   Weekly earnings will be automatically calculated based on the information provided.

#### Step 4

- Click "Save Certificate" to submit these changes.
- If you have been successful, you will see a notification stating your certificate was saved successfully.

NOTE: You will see a notification that available benefits may have changed since this certificate was terminated. It is your responsibility as a Plan Administrator to ensure all Plan Members have access to available benefits should they choose. Click OK. NOTE: If the re-hire date is within 6 months of termination and the reinstatement is processed within 31 days of the re-hire date, the waiting period will not apply.

RE	INSTATEMENT CHECKLIST				
1.	Enter Date of Re-Hire * • Must be on or after the current Statu	s Date: <b>202</b> 30	425		YYY
2.	Update:				
•	Earnings (\$) *			55000.00	7
	<ul> <li>Pay Frequency *</li> </ul>			Annually 🗸	]
	Hours Worked Per Week *			40.00	,
	Weekly Earnings (\$)			1057.60	





#### Step 5

 Review the certificate information and update any information that has changed, such as email or occupation.

#### Step 6

 Now you can issue the employee a new Enrolment Form to ensure their details are up to date and accurate. This can be done using a hard copy Enrolment Form or by utilizing the "Send to Sign" function.



NOTE: If you already have a new completed Enrolment Form, continue the enrolment process by updating each tab in certificate information. Once completed, select "Save Certificate" to finalize the enrolment process.

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	Home Certificates  Benefit Booklets	Monthly Billing Mass Wag	e Update Reports 🔻			📚 Contact Us Privacy
Certificate saved succes	sfully.					
Certificate Inform Name: CAROLYN BI SINNE Group: 999999 - T''E UPC C Employee Informa	Ination Certificate #, 11953 Company INC. Division: 2, 26 275511ng GROUP INI Ison Beneficiary	Status: Active Class: A - OWI 21 PVR/OFFC Address & Banking	СОВ	Dependants	Benefits / Coverage	Welcome Letter / OneCard
EMPLOYEE INFORM Surname* Gender*	MAIDN BEGINNER ○ Male ● Female	First Name* CAROL Date of Birth* 198404	YN 12 YYYYYMMDD			
Date Employed Full Time* Waiting Period (days)	20230401         YYYYMMDD           0	Status Date 202307 Status Active				
Home Province*	Northwest Territories V	Work Province* Northw	est Territories V			

#### Step 7

- If you click Send to utilize the "Send to Sign" function, you will see a popup asking you to confirm your intentions.
- Click "Reinstatement" then "Yes" to proceed.
- The employee will be sent a digital Enrolment Form for completion and signing.

#### Step 8

 Once the employee has completed and signed their digital Enrolment Form, you will receive a notification email. Click the link in the email to download the Enrolment Form and ensure you retain a copy for your records, as it may be required in the event of a life insurance claim.

#### Step 9

- Return to the RWAM Plan Administrator Services website homepage.
- Using the search function, search for your employee and click "Go."
- Click on the employee's name to return to their certificate.









## Step 10

- Using the completed Enrolment Form, update the certificate information in each tab.
- You will not see a "Next" button; you will have to manually click through each tab to update all the employee details.
- Once complete click "Save Certificate."

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		Home Certificates  Benefit Booklets	Nonthly Billing M	ass Wage Update Reports 🔻			Contact Us Privacy
	Certificate saved succes	sfully.					
	Certificate Inform	Nation R Certificate #: 119630 OMPANY INC. Division: 2 - A - STING GROUP INC. Cla	tus: Active ss: A - OV. / VR/OF	FC FC	$\downarrow$	$\checkmark$	$\downarrow$
	Employee Informa	ition Beneficiary	Address & Banking	сов	Dependants	Benefits / Coverage	Welcome Letter / OneCard
	EMPLOYEE INFORM	<b>I</b> ATION					
	Surname*	BEGINNER	First Name*	CAROLYN			
	Gender*	O Male	Date of Birth*	19840412 YYYYMMDD			
	Email Address	beginner@abc-company.com					
	Date Employed Full Time*	20230401 YYYYMMDD	Status Date	20230701 YYYYMMDD			
	Waiting Period (days)	0	Status	Active			
			Layoff Date	YYYYMMDD			
	Home Province*	Northwest Territories	Work Province*	Northwest Territories 🗸			
	Occupation Code Occupation Department Code	3 V TRAINING SUPERVISOR	Internal Employee ID	Numeric values only			
	Earnings (\$)*	60000.00 Per* Annually  Please select a frequency					
	Hours Worked per Week*	40.00	Effective Date*	20230701 YYYYMMDD			

#### Step 11

 Click the tab "Welcome Letter/OneCard" to send the employee a digital Welcome Letter and RWAM OneCard to officially welcome them back to the group benefits plan.





NOTE: You now have several options available to you. Select the option that best suits your needs. You can return to this page at any time to send a Welcome Letter or RWAM OneCard, or even order a plastic RWAM OneCard, should you need to.

#### **Congratulations!**



You have successfully completed reinstating an employee on the RWAM Plan Administrators Services Website.