Plan Sponsor Services

Group Benefits Administration User Guide

Life's brighter under the sun

Sun Life Financial

Contents

Tip

Use the table of contents as handy links.

Introduction to Plan Sponsor Services

Welcome to Sun Life Financial's Plan Sponsor Services – Group Benefits Administration, our customer- driven Web-based tool that lets you handle the most fundamental and the most complex aspects of your group benefits program. Plan Sponsor Services makes record keeping quick and easy, and puts information at your fingertips – when you need it.

With our Plan Sponsor Services website, you can:

- Enrol plan members and update their records.
- Terminate and/or reinstate their coverage.
- Generate and print coverage summaries for plan members.
- View details of your benefit plan's coverage and plan set-up.
- Download and print a wide range of standard forms for benefits administration.
- View and print a monthly premium statement.
- Create a variety of standard and custom administrative reports.

To use our Plan Sponsor Services website, you will need:

- Windows 2000 or higher.
- An Internet connection with adequate performance (56 KB modem or higher).
- 128-bit encryption.
- Microsoft Adobe Acrobat Reader 7.0 or higher.
- Internet Explorer 8.0 or higher, or Mozilla Firefox 2.0 or higher.
- Compression utility such as WinZip®
- A plan sponsor Access ID and password.
- Your Administration Guide and group benefits contract.

Your Access ID and password

Security is critical when you're using the Internet to administer your benefits plan. Our password-protected website, strong encryption, firewalls and a high level of physical security at the server site are some of the ways we protect your data and keep it confidential.

A Sun Life Financial representative will contact you before your plan takes effectto provide you with your new Plan Sponsor Access ID and password. You will also be given the name and phone number of a Group Client Services administration contact to call when you have questions.

When you receive your new Plan Sponsor Access ID and password, go to **www.sunlife.ca/sponsor,** enter them in the appropriate fields and select **Submit**.

For security reasons – the first time you use the website you will be asked to change your password immediately, enter your date of birth, choose a verification question from the list provided and enter an answer that only you know. You should also submit a valid, current e-mail address if you have not already done so.

If you forget or lose your password in future, you can reset it online by selecting **Forgot your access ID?** on the sign in page. You will be prompted to enter your date of birth and correctly answer your verification question so that the system can validate you as a registered user.

Administrator access

You also have the flexibility to tailor security levels for your plan administrators. For example, you may have access to view and conduct transactions for all plan members, or just for members of a particular location or plan member grouping.

If you have Inquiry access you can:

• View member information and submit special requests.

• Retrieve and create reports.

• Access administration guides and information and print forms.

Note: You cannot change member information.

Getting started

Once you enter your plan sponsor Access ID and password, the Plan Sponsor Services home page appears. From here you can:

• Select an application.

• Read messages about topics you need to be aware of.

• Select links to useful information.

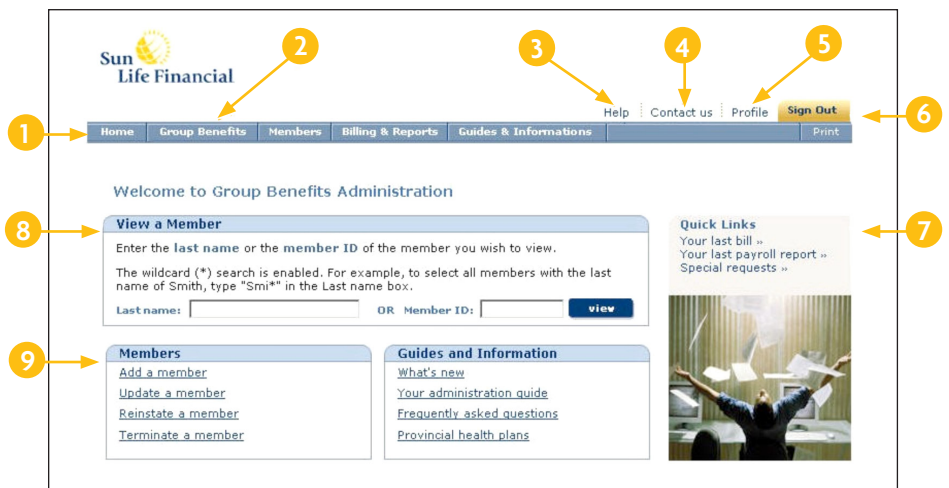Select **Group Benefits Administration** to access online administration.

Tips:

Select Group Benefits from the menu at any time to return to the Welcome page.

Need help? Refer to your administration guide or our **Frequently asked questions** for the information you need.

When you are finished your session, select **Sign Out.** Signing out helps to ensure your data is protected.

Welcome page at a glance

From the Welcome to Group Benefits Administration page, you can access a variety of member and administration options. The options available may vary depending on your administrator access and plan design.

1 **Navigation bar** — You can access the full range of options for administering your benefits from the navigation bar along the top of the page. Select Administration, or Guides & Information to display the drop-down menu.

2 **Group Benefits** — Select Group Benefits at any time to return to the Group Benefits Eligibility Welcome page.

3 **Help** — Get information on how to switch your language on the website, change your profile and other topics.

4 **Contact us** — Find the right phone number to call to get answers to your questions.

5 **Profile** — Select this option if you need to change your password, your verification information, or your e-mail address. (Your e-mail address is required before you can reset your password online.)

6 **Sign out** — Select this button to sign out and protect your data.

7 **Quick Links** — Easy access to popular features.

8 **View a member** — Search for members by name, ID or by using a "wild card" (a handy feature when you have limited information with which to search).

9 **Members and Guides & Information** — quick access to commonly used features and reference resources. (You can also access them through Members and Guides & Information on the navigation bar.)

Member information

Tips:

You can process **multiple changes** to a member record on the same business day if all changes have the same effective date.

Keep all enrolment forms filed in a safe place.

You'll find the functions you need to manage your plan member information in the Members section:

- View a member
- Add a member
- Update a member
- Reinstate a member
- Terminate a member
- Special requests
- Update many salaries

With Inquiry access you can view member information and access special requests.

Data integrity

To help you manage the integrity of your member data, our built-in auditing system will let you know when you've attempted to enter invalid information. See **Appendix A** for troubleshooting tips on common transactions.

About effective dates

Most member changes you process on our Plan Sponsor Services website will require you to enter an effective date of change (the date as of which you want the change to apply). Refer to your administration guide for more information on determining effective dates.

Tips:	
Adding a new plan member	*Member information* • Enter the plan member's hire date and the system will apply the waiting period, if applicable, to calculate the effective date. *Benefit information* • The system will set the benefit effective dates. • If there are waiting periods, the benefit effective dates will be set to the first date after the waiting period has been satisfied.
Updating a plan member	*Member information* • The effective date is the date the event occurred, e.g. birth, adoption, marriage, etc. *Benefit information* • The effective dates cannot be earlier than the benefit effective dates, or the member's hire date.
Reinstating a plan member	*Member information* • The effective date is the date the member returns to work. *Benefit information* • If there are no waiting periods, the effective date is the date the member returns to work. • If there are waiting periods, the effective date is the first date after the waiting period has been satisfied.
Terminating a plan member	*Member information* • The effective date is the date the member's coverage terminates.

View a member

Tips:

You can use a "wildcard" to help you search for a member. E.g., to search for last name Smith, type Smi* and the system will display all last names starting with Smi.

You can use **View a member** to find and print a member's drug card.

Schedule a Coverage Summaries Report if you need to generate coverage summaries for a large number of members.

This option allows you to view a specific member's coverage summary. Use this option whenever you need to check a member's benefits or print a coverage summary for a member.

From the coverage summary you can:

- Print a copy of the coverage summary in English or French.
- Print a pre-populated change form.
- View and print a drug card, if the member qualifies for that coverage.
- View the member's history of changes.

For more information on coverage summaries, see the **Administrative reports** section later in this guide.
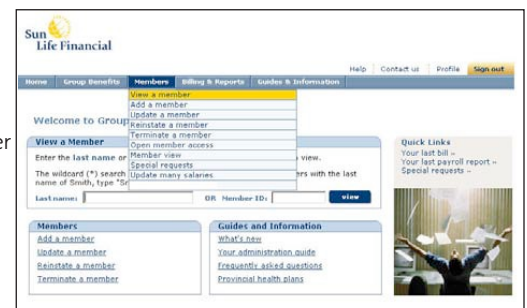
How to view a member record

Step 1　Select **View a member** from the **Members** menu on the navigation bar or from the Group Benefits Welcome page.

Step 2　Enter the last name or member ID and select **View**.

Step 3　If more than one member is listed, locate the member you would like to view and select the Active record.

Step 4　If the member has more than one coverage summary, select the date for the coverage summary you wish to view.

Step 5　Select **Submit** to view the coverage summary.

Adding a member

Tip:

If you need to waive the waiting period for a member, please refer to your administration guide for instructions. Once approved, set **Waive the Waiting Period** to Yes.

Use this option to enrol new members into the benefit plan once you've received completed enrolment forms from them.

Note: When plan member data is added to our administration system, it is transferred overnight to our claims system and then to our Pay-Direct drug system the following night. **Any claims processed during this period will not reflect the new data**.

To add a new plan member, you will need to enter their personal information, salary information, address, benefit selections, dependent information and beneficiary designations.

Once you've added a new plan member, a coverage summary will automatically be generated which you can print and give to the member.

How to add a member record

Step 1 Select **Add a member** from the **Members** menu on the navigation bar or from the Group Benefits Welcome page.
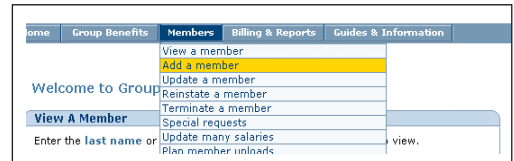
Step 2 Enter the member's personal information, such as:

- Member ID.

- Member's name (last and first names).

- Member's benefits location, classification and plan.

Note: If a member chooses to waive Extended Health and Dental Care coverage for their dependents, indicate "family" in the dependent status field (not "single") and manually select "single" for health and dental.

Once complete, select **continue**.

Tip:

The benefits will be effective on the date indicated in the Effective Date column. You can modify these dates if required.

Select the **Refused** option if a member has refused coverage. Refer to your administration guide for more information on types of plans and coverage refusals.

Single members cannot refuse medical or dental coverage, if the benefit plan is mandatory.

Step 3

A Enter the member's salary, address, phone number (optional), e-mail address (optional) and banking information, and select the province in which the member works.

Notes:

Adding banking details is optional if the member is expected to maintain their banking information on **www.mysunlife.ca**.

If the plan member does not have medical and dental coverage, banking information is not required.

B Scroll down to the Benefits section and select the member's benefits coverage.

C Indicate whether the spouse and/or dependent have another plan with which benefits will be coordinated.

D Select the member's smoker status, if the member is purchasing optional benefits.

Step 3 E Enter the member's dependent information, if the member has dependents that qualify for coverage. Select **show/hide** to open and close the Dependents section.

If the dependent is an overage student, select the dependent's relationship as **Child** and then select the **Overage Dependent Student** field.

If the dependent is disabled, the member will need to complete a *Disabled Child Coverage* form and submit it to Sun Life Financial. Once approved, the dependent's disabled status will be updated by a Sun Life Financial administrator.

Refer to your administration guide for more information on overage students and disabled dependents.

F Enter the member's beneficiary designations. Select **show/hide** to open and close the Beneficiaries section.

G Select **submit** to complete the transaction and view the member's coverage summary. Check the coverage summary to ensure all information was entered correctly.

Late entrants

To add a late entrant, submit a special request (see the Members menu) and mail us a completed *Statement of Health* paper form, or have the member complete and submit an electronic Health Statement online. Refer to your administration guide for more information on the *Statement of Health* process.

Adding benefits

When adding a new member, your plan's mandatory benefits will automatically be calculated and added to the member record.

Extended Health and Dental Care benefits will automatically default to the member's dependent status. Therefore, any refusals of coverage will have to be updated manually. Refer to your administration guide for more information on coverage refusals.

Optional benefits are added manually depending on the member's selections. Any optional benefit that requires a *Statement of Health* form will have a status of **pending** until approved by us. Refer to your administration guide for more information on the *Statement of Health* form.

Updating a member

This option lets you modify a plan member's record whenever there's a change to the member information. You should enter changes as soon as you are notified to ensure there is no disruption to claim payments and that your billing statements are accurately calculated.

Updating a plan member record includes editing the member's personal information, salary information, address, benefit selections and dependent information. Once you've updated the plan member record, an updated coverage summary will automatically be generated which can be printed and distributed to the plan member.

Note: Some specific fields can't be updated online. A special request needs to be submitted for these changes. See the Special requests section below for more information.

How to update a member record
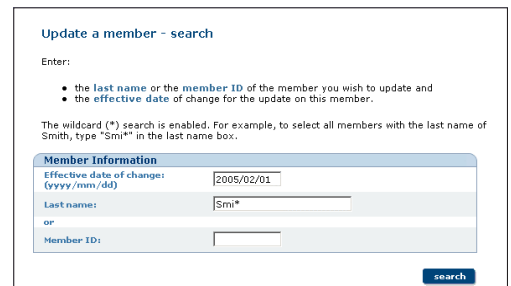
Step 1   Select **Update a member** from the Administration menu on the navigation bar or from the Group Benefits Welcome page.
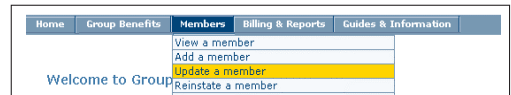
Step 2   Enter the effective date of change and the last name or member ID.

Note: You can use a "wildcard" to help you search. E.g., to search for last name Smith, type Smi* and the system will display all last names starting with Smi.

Select **Search**.

Step 3   If more than one member is listed, locate the member you would like to update and select the active record.

Step 4   Edit the member's personal information such as the member's name (last and first names); location, classification, or plan; and dependent status. (See **Add a member** section above for pictures of applicable screens.)

Once complete, select **Continue**.

Tip:

When updating a member's location, classification or plan, check the member's new benefits coverage. Their new location, classification, or plan may have different benefits and benefit options available.

Step 5   A Edit the member's salary, address, phone number (optional), e-mail address (optional) and banking information.

Notes: Adding/updating banking details is optional if the member is expected to maintain their banking information on **www.mysunlife.ca**. If a banking record already exists in CHESS (the claims system), then Sun Life does not update it.

Address		
Current Address		**Updated Address**
Street:	Any Street	Any Street
Apt:		
City:	Any Town	Any Town
Province/State:	Ontario	Ontario ▾
Postal code:	M2M 2M2	M2M 2M2
Works in:	Ontario	Ontario ▾
Phone number:		(999) 999-9999
E-Mail Address:		

Banking Information		
Current Banking Information		**Updated Banking Information**
Institution#:		
Transit#:		
Account#:		
Type:	Direct Claims Payments	

Would you like more information on How do I add/update banking information?

If the plan member does not have medical and dental coverage, banking information is not required.

B Scroll down to the Benefits section and check or update the member's benefits coverage.

C Edit the member's dependent information, if the member has dependents that qualify for coverage. Select **show/hide** to open and close the Dependents section.

If the dependent is an overage student, select the dependent's relationship as Child and then select the **Overage Dependent Student** field.

If the dependent is disabled, the member will need to complete a *Disabled Child Coverage* form and submit to Sun Life Financial. Once approved, the dependent's disabled status will be updated by a Sun Life Financial administrator.

Refer to your administration guide for more information on overage students and disabled dependents.

D Edit the beneficiary information, if required. Select **show/hide** to open and close the Beneficiaries section. Refer to your administration guide for more information on beneficiaries.

E Select **Submit** to complete the transaction and view the coverage summary.

How to update a member's benefits

Some changes, e.g. changing the member's hire date or moving the member to a new location, classification or plan may also affect a member's benefit coverage. In most situations, our system automatically adjusts the benefit effective dates for you. You simply need to check that the new information is accurate before you complete your transaction. Following are some tips for updating key information.

Updating a member's hire or effective date

You can update a member's hire date and benefit effective dates in the same transaction. These changes have been grouped together because of the associated nature of this information; changing a member's hire date often impacts the effective dates of the member's benefits.

Step 1   Repeat Steps 1 to 3 outlined in the Update a member section above.

Step 2   Select **Update this member's hire date** from the Update a member page.

Step 3   A Enter the effective date of change (the first date the change(s) should be applied).

B Enter the new hire date.

C Select **Continue**.

Step 4   A The current effective dates will be displayed with the information from our system. Edit the effective date for the benefit you wish to update.

B Select **Submit** to complete the transaction, and view the coverage summary to ensure the change was entered correctly.

Verifying benefits coverage

When updating a member's location, classification or plan information, check that the member's coverage is accurate based on the changes. Depending on your benefits plan design, these groupings (location, classification or plan) may have different benefit offerings and rates. Before processing a location, classification or plan change for a member, print the member's current coverage summary for reference when you are checking the member's coverage under the new conditions.

Updating coordination of benefits information

For members who are also covered under another plan, coordination of benefits information can be entered for new members through Plan Sponsor Services. However, updates to this information should then be maintained by plan members directly. Plan members can update coordination of benefit information by:

- Accessing the claims section of our plan member website at **www.mysunlife.ca** and updating this information online,

- Contacting our Customer Care Centre, or

- Providing their updated information when they next submit a claim.

Administrative exceptions

A **special request** needs to be submitted for an administrative exception (admin exception). An admin exception is required when providing coverage outside the terms of the group contract. Refer to your administration guide for more information on admin exceptions. More information on submitting special requests can be found later in this guide.

Updating dependents

When updating a member's record, you may also need to update the member's dependent information. Following are instructions for:

- Terminating a dependent's record
- Adding a new spouse record
- Setting up a surviving spouse and/or dependents (in the event of a member's death)
- Handling disabled dependents

Tip:

Make sure a termination date is entered. Deleting the dependent record does not terminate benefits.

Terminating a dependent record

If you wish to terminate a dependent's benefits from the member record, you simply need to enter a termination date. The dependent record will remain in our administration systems, but it will not be active for claims or billing purposes.

How to terminate a dependent's record

Follow Steps 1 to 5 from the **Update a member** section above. In

Step 5 C, locate the dependent record and enter a termination date.

Adding a new spouse

If there is already an active spouse on the member's record, enter a termination date for the existing spouse's record and change the relationship to "other". The next day, you can proceed to add the new spouse (indicating the new effective date) as an eligible dependent.

Note: You cannot terminate and add a new spouse record on the same day.

Setting up a surviving spouse and/or dependents

Follow the instructions below to set up a surviving spouse and/or dependents in the event of a member's death.

Note: This information is not maintained in our administration system. It is maintained in our claims system only.

Step 1   Select **Terminate a member** from the Members menu on the navigation bar or from the Group Benefits Welcome page.

Step 2   Enter the member's last name or member ID and then enter the date of death under the **Termination Date** field. Change the Reason from "Terminated" to "Deceased" and select **Search**.
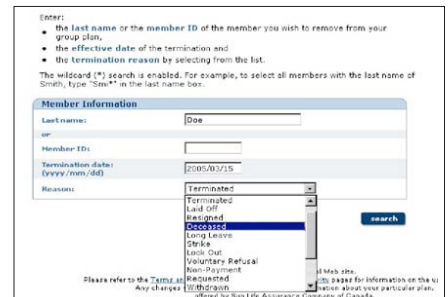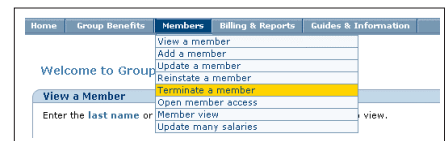
Step 3   Check the Termination Dates displayed to ensure they are correct. Select **Submit** to complete the transaction and view the Coverage Summary.

Step 4   Select **Group Benefit**s to go back to the Welcome Page and Select **Special requests**, or select **Special requests** from the Members menu on the navigation bar.

Step 5   Select **Request for other changes**. Complete the online form to advise Sun Life Financial of the deceased member and their surviving spouse and/or dependents.

Handling disabled dependents

If a dependent is disabled, the member will need to complete a *Disabled Child Coverage* form and submit it to Sun Life Financial. Once approved, the dependent's disabled status will be updated by a Sun Life Financial administrator.

Reinstating a member

Tip:

When reinstating a member record, enter a reinstatement date that is equal to or later than the member's original termination date. Do not change the member's hire date.

This option lets you reinstate a plan member's coverage when required. Refer to your contract and plan design for the rules governing reinstating plan members for coverage.

Reinstating a plan member record includes reviewing and editing their personal information, salary information, address, phone number (optional), email address (optional), benefit selections and dependent information. Adding/updating banking details is optional if the member is expected to maintain their banking information on **www.mysunlife.ca**. If a banking record already exists in CHESS (the claims system), then Sun Life does not update it.

Note: If the plan member does not have medical and dental coverage, banking information is not required.

Once you've completed reinstating the plan member record, an updated coverage summary will be automatically be generated, which you can print and give to the member.

How to reinstate a member record

On Plan Sponsor Services, the process for reinstating a plan member record is similar to processing an update to a member record.

Step 1   Select **Reinstate a member** from the Members menu on the navigation bar or from the Group Benefits Welcome page.
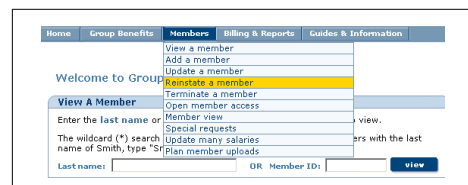
Step 2   Enter the effective date of reinstatement and the last name or member ID.

Note: You can use a "wildcard" to help you search. E.g., to search for last name Smith, type Smi* and the system will display all last names starting with Smi. Select **Search**.
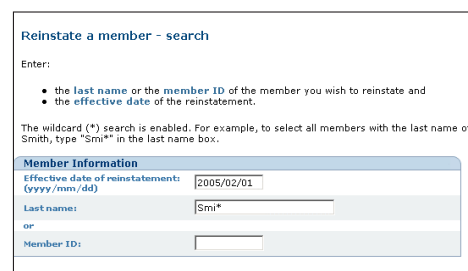
Step 3   Select the member record you would like to reinstate.
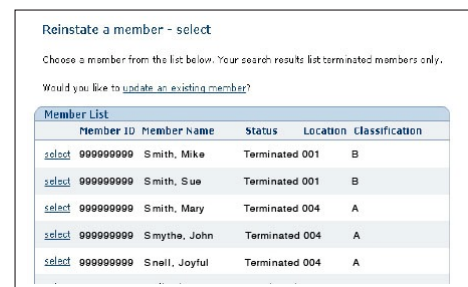
Step 4 Review and edit the appropriate member information for the reinstatement.

Step 5 Follow Step 5 from **Update a member**. Once complete, select **Submit** to complete the transaction and view the coverage summary.

Reinstating benefits

When reinstating a member's record, the coverage will be reinstated based on the date employment resumes. Other changes may also affect coverage. For example, the current plan design may be different from the plans available at the time the member was still eligible for coverage. Or, you may need to move the member to a new location, classification or plan. Similar to the changes on updating a plan member record, Plan Sponsor Services will automatically adjust the benefit effective dates for you in most situations. You simply need to check that the new information is accurate before you complete your transaction.

Refer to your administration guide for more information on reinstating a plan member.

Reinstating dependents

The dependent records for members are automatically reinstated when a member's record is reinstated. You can update a dependent record during the reinstatement process (Step 5) or update the dependent record at a later time using **Update a member.**

Reinstating a disabled dependent

If the dependent is disabled, the member will need to complete a *Disabled Child Coverage* form and submit it to Sun Life Financial. Once approved, the dependent's disabled status will be updated by a Sun Life Financial administrator.

Terminating a member

Use this option to terminate a member's coverage when required for reasons such as employment terminations, lay-offs, death and more.

You are responsible for notifying eligible plan members of their right to apply to convert their life insurance to an individual insurance policy. See the *Purchasing individual insurance when benefits end or reduce* section of your administration guide for more details.

Terminating a member who has left employment during the waiting period

If a member's employment is terminating before the benefit effective date, the termination date should be equal to the earliest benefit effective date.

Example:

- The member's employment date is July 1, with benefits effective October 1 (i.e. there is a three-month waiting period), but
- The member terminates employment as of August 1.
- Therefore, the termination date would be entered as October 1.

How to terminate a member record

Step 1   Select **Terminate a member** from the Members menu on the navigation bar or from the Group Benefits Welcome page.
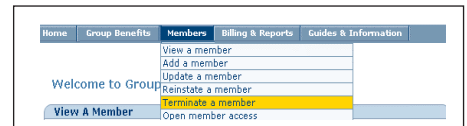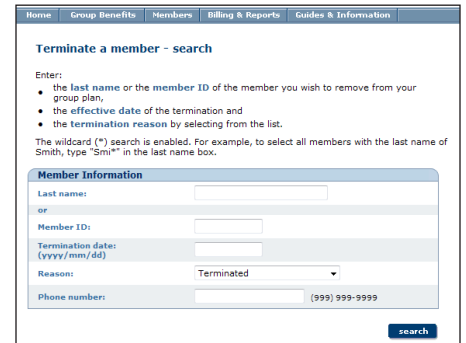

Step 2   A Enter the Last name, Member ID, or phone number (optional) of the member you wish to terminate.

Note: You can use a "wildcard" to help you search. E.g., to search for last name Smith, type Smi* and the system will display all last names starting with Smi.

            B Enter the Termination date and Reason.

            C Select **Search**.

Step 3   Select the member record you would like to terminate.

Tip:

Use **Terminate a member** if you need to terminate a member's coverage.

Use **Update a member** if you need to terminate one or more benefits for a member.

Step 4   Review the member record to ensure this is the member you would like to terminate.

Select **Submit** to complete the transaction and view the coverage summary to ensure the data was entered correctly.

Special requests

Tip:

Use the **Request for other changes** form for any changes that are not included in one of our standard templates.

Depending on your plan design, you may be able to use Update a member to process some of these changes yourself.

Our website is designed to make benefits administration as easy as possible. There are however some transactions that you need to submit to Sun Life Financial for processing since they need special attention. Send us the details for these transactions through the **Special requests** feature on the Members menu. We'll process the changes for you and respond to you within 48 hours to confirm that the changes have been made.

When to submit a special request

Send us a special request for any of the following:

- Changes to a member's ID
- Changing a member's location, classification or plan to one that is not shown as an option under **Update a member** (i.e. restricted access)
- Waiving a benefit waiting period (if this option is not available to you)
- Changing one or more benefit effective dates (if this option is not available to you in the **Update a member** feature)
- Changing one or more benefit termination dates
- Opting a member out of mandatory benefits
- Waiving premiums
- Continuation of benefits coverage for plan members under conditions of inactive employment (including work stoppage, leaves of absence, severance, maternity or parental leaves)
- Additions or modifications to plan information such as department codes, budget codes, etc.
- Requests for non-standard reports (such as taxable benefit reports, HSA reports, taxable cash reports and RRSP reports)

Some special requests also require an **administrative exception** request. Please refer to your administration guide for more information on admin exceptions.

How to submit a special request

To send us a special request, select and complete one of the applicable online forms.

Step 1   Select **Special requests** from the Members menu on the navigation bar.
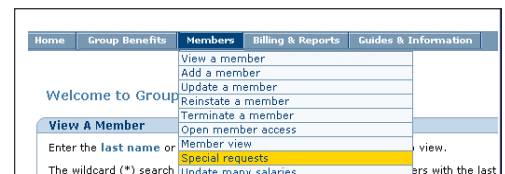
Step 2   From the **Special requests** menu, select the type of special request you want to make.
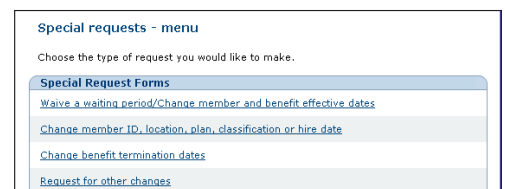
Step 3   Enter the member's last name or member ID Select **Search**.

Step 4   Select the member for whom you would like to submit a request.

Step 5   A   Enter your e-mail address in the "From" box.

         B   Complete the form – be sure to include the effective date of the change.

         C   Select **Submit**.

Note: If you are selecting "Request for other changes", you will skip Steps 3 to 5.

Update many salaries

Tip:

To update salary information for one member, use the **Update a member** option.

For mass salary changes (over 100 changes), call your Group Client Services administration contact to discuss the most effective method for processing these changes.

You can submit salary changes for several members in one transaction using the **Update many salaries** option from the Members menu.

How to process updates to multiple salaries

Step 1 Select **Update many salaries** from the Members menu.

Step 2 Select the **Location**(s) of the members you wish to update and enter the **Effective date** for the salary changes.

Step 3 Select **Search**.

Step 4 Enter the new salaries or percentage increase from the current salaries.

Step 5 Select **Calculate** to submit the changes for the members listed on this page. If you have more salary changes to enter, remember to select calculate *before* proceeding to the next screen of members.

Step 6 Review your salary updates to ensure the information was entered correctly and select **Submit** to complete your transaction on each page.

Single + 1 coverage option

Benefit plans typically provide single and family coverage options for Extended Health Care (Medical) and Dental benefits. Some plans also offer a "single + 1" option, which allows members to select coverage for themselves and one of their dependents only. Refer to your group contract to find out if this option is available to your members.

If your plan includes a single + 1 coverage option, there are some unique instructions you will need to follow when you are adding and updating member and dependent records.

Who qualifies as a dependent for single + 1?

Any family member who qualifies for benefits can be selected for single + 1 coverage. This includes a plan member's spouse, son or daughter.

Important: Single + 1 option is only available:

- If the benefit plan includes a single + 1 rate for the Medical and/or Dental benefit.

- For one dependent at a time for each of the Medical and/or Dental benefits.

How to add single + 1 coverage

Step 1   Follow Steps 1 to 3 for **Adding a member**.

In Step 3B, select single + 1 coverage for the Medical and/or Dental benefit.

Step 2 In the Dependents section, select the Medical and/or Dental benefit for the designated dependent.

Step 3 Select **Submit** to complete the transaction and view the member's coverage summary to ensure the data was entered correctly.

How to update single + 1 coverage

Step 1 Follow Steps 1 to 5 for **Updating a member.**

In Step 5B, ensure that single + 1 coverage is selected for the Medical and/or Dental benefit.

Step 2 In the Dependents section, select Medical and/or Dental for the new designated dependent. (Don't forget to deselect coverage for the current dependent.)

Step 3 Select **Submit** to complete the transaction and view the member's coverage summary to ensure the data was entered correctly.

How to remove single + 1 coverage

Step 1 Follow Steps 1 to 5 for **Updating a member.**

In Step 5B, change the coverage option for the Medical and/or Dental benefit. **Ensure that single + 1 is no longer selected.**

Step 2 In the Dependents section, deselect Medical and/or Dental.

Step 3 Select **Submit** to complete the transaction and view the member's coverage summary to ensure the data was entered correctly.

Retrieving, printing and saving billing and administrative reports

Downloading Adobe Acrobat Reader

You need Adobe Acrobat Reader 7.0 or higher to print or save your billing and administrative reports. If you do not have this installed on your computer, go to **www.Adobe.com** and select the Get Adobe Reader icon. You can also select the links on the Billing and financial reports and Administrative reports pages on our website.

Compression Utilities

Some large reports may be compressed to reduce the file size. These files can be accessed using popular compression utilities such as **www.winzip.com**.

Billing and financial reports

Tip:

You can access your latest billing statement from **Quick Links** on the Group Benefits Welcome page.

You'll find the billing and reporting information you need to help you manage your plan in the **Billing & Reports** section. This section includes:

- Billing reports such as premium statements
- Administrative reports such as a list of employees with pending benefits
- An ad hoc reporting tool you can use to create your own reports

(There is also a Group Benefits Reporting service on Plan Sponsor Services that provides a wide range of claims and financial reports. Please see the Plan Sponsor Services Home page.)

Available billing reports

- The Summary Bill should be printed and mailed **when submitting your premium payment to Sun Life Assurance Company of Canada**. Note the Summary Bill does not provide premium details at the member level, except for members whose premiums have changed from the last billing cycle.
- **Detailed Bill** provides you with more premium details, for all members.
- **Consolidated Bill** provides you with premium information for more than one location, summarized into one billing statement, if your plan is set up this way.
- **Billing Information** provides all the information from the Detailed Bill in an Excel spreadsheet so that you can work with it, for example, for planning and budgeting purposes.

Understanding your billing statement

1. Date Prepared – date your billing statement was prepared – any changes processed that day and after will appear on the next bill.

2. Contract Number identifies your group.

3. Monthly activity – for details see Details by Member below.

4. Remittance slip – please detach this part and send it with your payment. Our address is printed on the reverse side for easy mailing.

Summary - Currently In Force

	Total Members	Volume	Premium	RST	Premium Adjustment	RST Adj't	Total Premium
Employee Life	14	1,669,000	$251.75	$100.14	-	-	$1,351.89
Long Term Disability	4	7,000	$182.00	$14.56	-	-	$196.56
Dental (Single)	8	-	$200.00	$16.00	-	-	$216.00
Dental (Family)	6	-	$300.00	$24.00	-	-	$324.00
Extended Health (Single)	6	-	$60.00	$4.80	-	-	$64.80
Extended Health (Family)	6	-	$120.00	$9.60	-	-	$129.60
			$2,113.75	$169.10	$0.00	$0.00	$2,282.85

Payments

Date   Amount

Total Payments: $0.00

Do you have any questions regarding this statement?
Call Marianne Silverbelles at 1-800-555-1234

1. Summary – total coverage, by benefit, for all plan members, including premium and tax adjustments.

2. Monthly activity – for details, see Details by Member below.

3. Contact for questions – the name and telephone number of a representative who can help you with your statement.

Location Ontario - Execs/Salaried   **Contract 999999**   **Location** 00
Notice of Payments Due December 01, 2002   **Page 2 of 4**

Detail - Member Name, Id and Plan

Benefit	Volume*	Premium	RST	Premium Adjustment	RST Adj't	Adjustment Date	Total Premium Inc. tax
Doe, Randy	**11111**	**A**	**Executives**				
Employee Life	80,000	$60.00	$4.80			-	$64.80
Dental	Single	$25.00	$2.00			-	$27.00
Extended Health	Single	$10.00	$0.80			-	$10.80
RST - ON	**Total**	$95.00	$7.60	$0.00	$0.00		**$102.50**
Smith, Jane	**22222**	**A**	**Executives**				
Employee Life	250,000	$187.50	$15.00			-	$202.50
Dental	Single	$25.00	$2.00			-	$27.00
RST - ON	**Total**	$212.50	$17.00	$0.00	$0.00		**$229.50**

Details by member — this shows volume*, dependent status and total monthly premium including applicable taxes and adjustments for each plan member. The effective date of any adjustment is indicated next to the amount, for ease of administration.

* *Volume* means the member's amount of coverage as outlined in the benefit details section of the contract. If the premium rate is expressed as a percentage of payroll then the volume is the member's eligible payroll amount, not the amount of coverage.

Rate display — monthly rates based on plan, benefit, single/family.

Location Ontario - Execs/Salaried   **Contract 999999**   **Location** 00
Notice of Payments Due December 01, 2002   **Page 4 of 4**

Details - Rates by Plan

Here are the rates in affect for your Premium due on December 01, 2002

Plan A - Executives

Benefit	Rate
Employee Life	$ 0.750
Dental - Family	$ 50,000
Dental - Single	$ 25,000
Extended Health - Family	$ 20,000
Extended Health - Single	$ 10,000

Plan B - Salaried

Benefit	Rate
Employee Life	$ 0.750
Long Term Disability	$ 2,600
Dental - Family	$ 50,000
Dental - Single	$ 25,000
Extended Health - Family	$ 20,000
Extended Health - Single	$ 10,000

More about billing statements

- For your convenience, we provide you with your billing information in summary and in detail. And you can retrieve up to the previous six months' statements if you need them.

- You have three user-defined member-level fields available if you wish to use them for alternate billing sorts (e.g. Cost Centre, Department Code). Submit a special request if you would like to use these fields.

- Our standard billing statements are provided in PDF format, except for our Billing Information report, which is provided in Excel format.

- Billing statements are run automatically each month. They cannot be rerun. "Test" billing statements cannot be run.

- You will be notified by e-mail when new bills are posted, provided we have your e-mail address.

- All changes entered after the monthly billing statements are run appear on the following month's statement, with the appropriate premium adjustment.

- If you have any questions concerning your statement, the name and telephone number of the Sun Life Financial representative who can help you appears on the statement.

How to retrieve, print and save billing & financial reports

Step 1   Select **Billing & financial reports** from the Billing & Reports menu.

Step 2   Select the billing statement you require from the list and select the appropriate month.
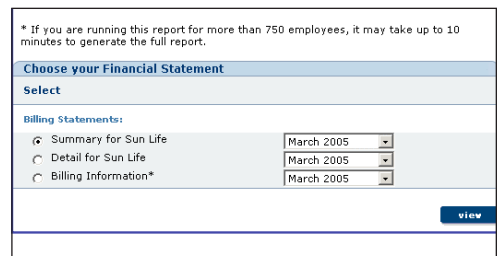
Step 3   Select **View**. The report appears in pdf or excel, depending on the report type it is intended for. Some large reports may be compressed to reduce the file size.
These files can be accessed using popular compression utilities such as **WinZip**.

Step 4   Save or print the report using your usual process.

Sending your payment

Step 1   Select **Billing & financial reports** from the Billing & Reports menu.

Step 2   Select your appropriate statement date and report type (Summary or Detail).

Step 3   Once located, select **View**.

Step 4   The remittance stub must be returned with your payment. Cut along the dotted line above the remittance stub section and fold the page where indicated (above our company logo).

Step 5   Send payment along with remittance stub to Sun Life Assurance Company of Canada in the window envelopes we have provided you.

Administrative reports

Here you'll find our standard suite of administrative reports. Each of these reports is available to you at any time. Just schedule the reports whenever you need them. **Note:** Plan member updates are not reflected on reports such as Member Listings until the day after they are processed.

Available administrative reports

- **Coverage Summaries** provide a member's current address, benefit details, and dependent and beneficiary information.

- **Member Change Forms** are pre-filled with member information on the left hand side. The member can complete the right hand side with new or changed information.

- **Member Coverage Listing** lists all your members' current coverage information, split by location.

   These reports also provide total number of lives and volume*, by benefit.

   (*Volume* means the member's amount of coverage as outlined in the benefit details section of the contract. If the premium rate is expressed as a percentage of payroll then the volume is the member's eligible payroll amount, not the amount of coverage.)

- **List of Employees with Pending Benefits** lists all plan members that have pending benefits. You should review this report regularly and remind your members to submit a *Statement of Health* form to our Group Benefits Medical Underwriting team. To access the paper form, select Forms from the Guides & Information menu. To access the electronic Health Statement, go to **www.sunlife.ca/web/ehs/sponsor** (English) or **www.sunlife.ca/web/dese/promoteur** (French). Refer to your administration guide for more information on the Statement of Health process.

- **Overage Dependent Listing** lists all the dependents that are over the age limit for your plan. If you have received confirmation that these dependents are students, you need to update their dependent status on the **Update a member** screen. If the overage dependent is not a student, terminate their record on the **Update a member** screen.

How to schedule administrative reports

Step 1   Select **Administrative reports** from the Billing & Reports menu.
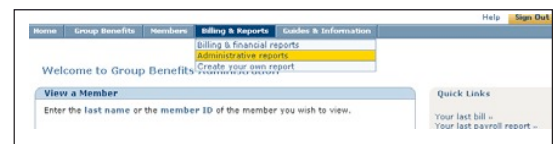
Step 2   Select **Schedule a report**.
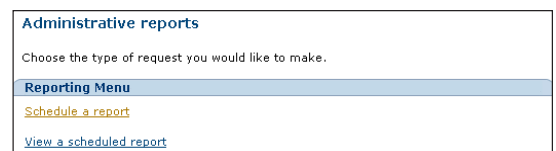
Tip:

If you have scheduled your report to run "Today," you will be able to view it as soon as it runs – often within minutes, depending on the amount of data involved. (Large reports may take longer.)

Step 3   Select whether you need the report that day or the next day. (Your report will not reflect any changes made on the same day the report is run.)

Step 4   Select the report format.

Step 5   Select the report you want to schedule and complete the appropriate parameters. On some reports, you can retrieve all members or a list of members that had changes processed on their records as of a certain date.

Step 6   Select **Submit** to run the report.

How to retrieve, print and save administrative reports

Step 1   Select **Administrative reports** from the Billing & Reports menu.

Step 2   Select **View a scheduled report**.

Step 3   Select your report and click "**view**". The report appears in the format you selected. Some large reports may be compressed to reduce the file size. These files can be accessed using popular compression utilities such as **WinZip**.

Step 4   Save or print the report using your usual process.

Create your own report

You can create and export your own administrative reports using one of our standard templates, or you can create your own custom report by selecting from a menu of data fields. T**he data field descriptions can be found at the end of this section**. You can then download your reports in MS Excel format so you can use the data as needed.

Our standard templates (listed on the screen in alphabetical order) include:

- Member Information
- Dependent Information
- Address Information
- Beneficiary Information

- Benefit and Billing Information
- Benefit Coverage Information
- Flexible Benefit Information

How to create your own report

Step 1   Select **Create your own repor**t from the Billing & Reports menu.

Step 2   Select **Create your own report** from Reporting menu.
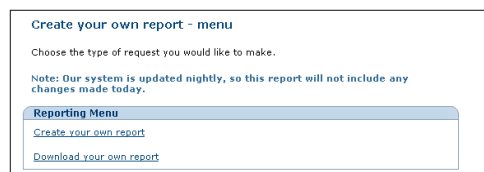
Step 3   Select a standard template from the drop-list presented.

Select a location.

Ensure the report format selected is MS Excel.

Select the members you wish to include.

Select **continue**.
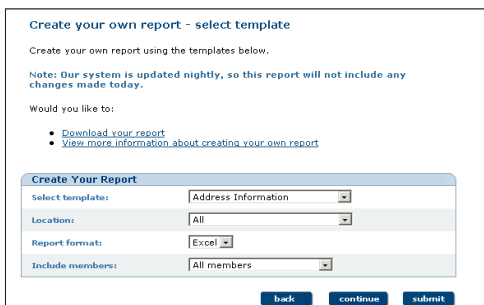
Step 4 Select the fields you wish to include in your report. You can select individual fields in a section, or you can select them all by selecting **Select all fields**.

Once you have created your custom report by selecting all the fields you want, you can now save this template for future use when you want to run the same report.

To save the updated template for future use, enter a name for your template in the **Save template as:** field.

Once all required fields have been selected, select **Submit**. You will be provided with a confirmation page.

How to retrieve your report

Step 1 Select **Create your own report** from the Billing & Reports menu.

Step 2 Select **Download your own report** from the Reporting Menu.

Step 3 You will see a list of files that you have created and are ready for you to download. These files are available to you for seven days from the date you create them.

Select each file you wish to download.

More about creating your own reports

- Generally your reports will be generated within three hours from the time of your request.

- You can view your reports and request new reports any time between 7 a.m. and 10 p.m. ET, Monday to Saturday. (These are the same hours that our Plan Sponsor Services website is available to you.) However, new data reports are generated between the hours of 7:30 a.m. and 7 p.m. only. Therefore, any reports you request after 7 p.m. will be available to you the next business day.

- Users are limited to six report requests per day.

- Data extract files are limited to 65,000 rows (MS Excel limit).

- Transactions within the current billing period will appear on your report. Any transactions future- dated beyond the current billing period will **not** appear.

- Since our system is updated nightly, any changes made on the day you request your report will not appear on your report.

Data extract – Field definitions

Basic member information

Contract Number	
Location Code	Member's location
Location Name	Name of location
Plan Code	Member's plan
Plan Name	Name of member's plan
Class Code	Member's class
Class Name	Name of member's class
Last Name	Member's last name
First Name	Member's first name
Employment Date	Format is YYYY/MM/DD
Retirement Date	Format is YYYY/MM/DD
Birth Date	Format is YYYY/MM/DD
Gender	Male or Female
Smoker	Yes or No
Dependent Status	Member's category for dependent benefits: Not Selected Couple Single + More Single Single + 1 Dependents Only Family Single + 2
Works In	Province or state in which member works
Resides In	Province or state in which member resides
Language	Member's preferred language (English or French)
Status	Whether the member is covered for benefits (Active or Terminated)
Effective Date	Date the member's coverage begins (format is YYYY/MM/DD)
Occupation	Member's job category
Tax Exempt	Yes or No
Member ID	Unique member identifier
Payroll ID	Unique member payroll identifier
Termination Date	Date the member's coverage ended (format is YYYY/MM/DD)
Termination Reason	Reason the member's coverage ended: Not Selected Strike Ineligible Terminated Lock Out Rescind Laid Off Voluntary Refusal Not Proceeded With Resigned Non-payment Late Applicant Deceased Requested Entered In Error Long Leave Withdrawn

Bill Total 5	Alpha numeric field. You can customize the definition of this field to sort the member information according to your own needs. For example, Department or Budget code. The actual field is alpha numeric.
Bill Total 6	Same as above
Bill Total 7	Same as above

Salary Information

Salary Effective Date	Date the member's current salary is effective (format is YYYY/MM/DD)
Salary Base	How salary is calculated: Annually Biweekly Hourly Monthly Weekly Semi-Monthly
Hours per Week	Number of hours
Salary Amount	Dollar amount
Salary Type	Actual Earnings Benefit Earnings Earnings + Bonus Averaged Earnings Averaged Commissions Other

Benefit information

Benefit Name	
Flex Code	Three-digit alpha numeric field – benefit option selected or available to the member – mostly required on plans with more than one option.
Flex Code Name	Alpha-numeric field that provides the plan sponsor and the member a description of the benefit option selected or available to the member. (e.g. Basic Life – Benefit Option A – 1 x Annual Earnings)
Benefit Status	Whether the member is active or terminated for this benefit
Coverage Type	Member's dependent coverage status for this benefit: Not Selected Couple Single + More Single Single + 1 Dependents Only Family Single + 2
Benefit Effective Date	Format is YYYY/MM/DD
Benefit Termination Date	Format is YYYY/MM/DD
Benefit Termination Reason	Reason member's coverage for this benefit ended: Not Selected No Spouse Record Opt Out/Duplication Dep Status Change Refuse Group Participation Entered In Error

Request Amount	Total amount of coverage requested by the member for a volume based- benefit (e.g. Optional Life)
Request Units	Number of units of coverage requested for a benefit where coverage is based on units of volume (e.g. units of $10,000 for Optional Life)
Coverage Amount	Current amount of coverage for a volume-based benefit
Benefit Premium	Cost of this benefit per month
Sales Tax	Sales tax applicable to benefit costs
Option Effective Date	Format is YYYY/MM/DD
Employer Contribution	Total of premium or price tag amount minus the sum of direct and indirect contributions
Employer Contribution Tax	Amount of tax charged per month on premiums paid by the plan sponsor
Employee Contribution	Amount of premium paid by the member per month
Employee Contribution Tax	Amount of tax charged per month on premiums paid by the member

Tax status of employer-paid premiums

Premiums for some plan-sponsor paid benefits must be included as income to the employees, depending on the province where they live or work. The value of these taxable benefits must be reflected when you report members' income during the year and when you issue their tax slips.

Here is a quick overview of which employer-paid premiums are considered taxable and how the calculations are based. This information is not intended to provide tax advice. **We recommend that you consult a tax advisor about calculating taxable group benefits.**

	Income Tax Act (Canada)	Income Tax Act (Québec)
Employer- paid premiums that are taxable	Employer-paid premiums and related sales tax on group life insurance are taxable benefits for current and former employees.	Employer-paid premiums and related sales tax for group life insurance; private health services plan benefits (such as medical, dental, health spending account); and other group insurance, such as AD&D are taxable benefits for current, past and future employees who live or work in Québec.
Employer- paid premiums that are not taxable	Employer-paid premiums for accident (AD&D), private health services plan benefits (such as medical, dental and health spending account) and disability benefits are not considered taxable benefits.	Employer-paid premiums for disability benefits are not considered a taxable benefit.
Taxable benefit calculation	The taxable benefit is determined as: Total premiums and related sales tax **LESS** Premiums and related sales taxes paid by the employee	The taxable benefit is determined as: Total premiums and related sales tax paid for the employee's coverage (e.g. individual, single-parent or family coverage) and benefits (e.g. medical, hospital or dental expenses) **LESS** Premiums and related taxes paid by the employee and premium refunds (dividend, returns or refunds) received during the year with respect to the employee's coverage and benefits

* The information provided in this table regarding members who reside or work in the province of Québec is to be used only by Sun Life Financial customers who have entered into an insurance contract with us. Plan sponsors with an ASO (administrative services only) arrangement with Sun Life Financial and that have members in Québec, should refer to the Revenu Québec website for taxable benefit information and requirements at **http://www.revenu.gouv.qc.ca/eng/ministere/index.asp.**

Canada Revenue Agency (CRA) establishes what group benefits must be included as taxable member income in the province in which the member works or resides. You can find a comprehensive list of these benefits at **http://www.cra-arc.gc.ca/menu-e.html**.

More information for members who live or work in Québec can be found at **http://www.revenu.gouv.qc.ca/eng/ministere/index.asp.**

Reports to help you make the right calculations

We can provide you with a Taxable Benefit Report and Generic Payroll Report.

Taxable Benefit Report

This annual report provides you with a list of Life and Health premiums broken down by plan member. From this you can calculate the appropriate taxable benefits.

We currently offer two Taxable Benefit Reports – one for plan sponsors with a Defined Benefits-style plan (traditional benefits), and the other for Defined Contribution-style plans (flexible benefits). The only difference between the two reports is that the "flex" version contains information about options available to members such as Health Spending Account, Taxable Cash Account, Buy/Sell Vacation Days, RRSP account, Pension Plan account, etc.

For employees who reside or work in Québec, the report shows

Box L Amount	A calculated field based on plan sponsor-paid premiums. This field includes the Life and AD&D benefit premium and the related sales tax amount.
Box J Amount	A calculated field based on plan sponsor-premiums. This field includes the private health service plan (e.g. medical and dental) benefit premium and the related sales tax amount.

Note that for any other group benefit that you have purchased through your group benefits contract and that is not included in the above taxable information, you should refer to the government tax guides or websites to get more information regarding the taxation laws when referring to these benefits.

The taxable benefit material above relates to employer-employee relationships only. If you as a plan sponsor have members that are not considered your employees, you will need to refer to the government tax guides or websites to understand the tax implications for those members. This is not captured when taxable benefits are calculated in the Sun Life Financial systems.

Guides & information

This section will provide you with helpful information and instructions for administering your benefits plan.

What's new

Here you'll find information about new developments on our Plan Sponsor Services website and more. Check this section periodically to read about what's new.

Your administration guide

The online Administration Guide contains information about the administrative processes you need to follow.

Frequently asked questions

Need help? Our **Frequently asked questions** (FAQ) section provides you with quick access to information about managing a group plan using Plan Sponsor Services.

Forms

Here you'll find the forms you need to manage your plan. If you can't find the forms you're looking for or need more forms, complete a *Request For Supplies* form by selecting the link **Would you like to request pre-printed forms?**

Plan setup

Get details about your plan design at your fingertips.

Provincial health plans

Find out about the public health plans available across Canada. This section provides you with a detailed description of what each provincial plan covers.

Appendix A - Troubleshooting tips

Scenario	Error message	Required action
System shut down	OASIS Session timeout.	The system will time-out after 18 minutes of inactivity.
		If the system times out, information already entered but not completed will be lost.

Adding new members

Scenario	Error message	Required action
Attempted to add a member that already exists and is terminated.	Member is terminated.	To update a terminated member, reinstate the member record.
		To reinstate the member, select **Reinstate a member** from Members menu.
		To modify the termination date, select **Reinstate a member**, then return to the Members menu and select **Terminate a member**.
Attempted to add a member that already exists in the system.	The ID number has already been used. If this is the ID that you are trying to add, select **Update a Member.** Otherwise, change the ID and proceed with entering the new member.	The member you are trying to add already exists.
		Go to **Update a member** and enter member ID and effective date.
		Verify that the ID number is correct and try again.
Attempted to add a member that is considered a late applicant.	As member is a late applicant, no updates can be made at this time. If you have not already done so, please ensure that the member completes and submits a *Statement of Health* form to us for approval.	Member is a late applicant however is still eligible for Extended Health & Dental Care coverage. See your administration guide for information about late applicants. If member should be covered, submit a special request, "other changes" to Sun Life Financial. Details should include:
		• Member's name & ID number
		• Date of birth
		• Date of hire
		• Residence
		• Work province
		• Language
		• Dependent status & info
Attempted to add a member with a future hire date.	The hire date {XX} is in the future. This change cannot be processed at this time. Please re-enter after {XX}.	Process the change after the date shown on the message.

Note: {XX} indicates system-generated data will appear in the error message.

Add or update members

Scenario	Error message	Required action
Tried to add or update banking information but the institution does not exist in Oasis.	Invalid institution.	Contact your Sun Life Financial service representative. You will need to submit a special request, indicating the institution number you are trying to add.
Tried to add banking information but the institution and transit numbers do not match.	Institution and/or transit numbers are not valid.	Correct the Institution and/or transit number. Refer to the How do I add/update banking information FAQ. To access this, click the link at the bottom of the banking section.
Tried to add or update the plan member's e-mail address using an incorrect format.	E-mail address format is not valid. Please check and re-enter the e-mail address (for example, johnsmith@xyz.com).	Re-enter the e-mail address, using the correct format.
Attempted to select higher coverage for a member who is single.	Member is electing {XX} coverage for {XX}, yet member's dependent status is single. Either correct the member's status or change the {XX} coverage to single.	If the member has dependents that require coverage, change the dependent status to "family" and add the dependent. If the member is single, change the benefit coverage option to "single."
Attempted to add a spouse when spousal information already exists.	More than one dependent is listed as spouse.	Go to **Dependents** and add a termination date to remove previous spouse, then add new spousal information.
Attempted to add or update a dependent that is over the plan's age limit.	Dependent {XX} is over {XX} and is not eligible.	Refer to your group contract for age limits.
Attempted to add a member with a future hire date.	The hire date {XX} is in the future. This change cannot be processed at this time. Please re-enter after {XX}.	Process the change after the date shown on the message.
Attempted to enter an effective date of change that is before the member's coverage effective date.	Effective date of change {XX} is prior to the member 's effective date of coverage {XX}. Please correct.	View the member's effective date and make sure the effective date of change is after the coverage effective date.
Attempted to enter an effective date of change with a future date.	The effective date of change {XX} is in the future. This request cannot be processed. Please resubmit the change after next bill date {XX}.	Process the change after the date shown on the message.
Attempted to update a dependent with an effective date earlier than the date of birth.	Dependent {XX} effective date is prior to the dependent 's date of birth.	Enter the correct the date in the **Effective date of change** field. The date should be equal to or later than the dependent's date of birth.

Scenario	Error message	Required action
Attempted to opt out of mandatory benefit.	Benefit {XX} is a mandatory benefit and cannot be unselected.	Mandatory benefits cannot be refused unless other coverage exists. Submit a **special request** for refusals of mandatory benefits.
Attempted to add or update an overage student dependent that is not between the age limits.	Dependent {XX} is between age {XX} and {XX}. Dependents are considered eligible only if they are full-time students. If {XX} is a full-time student, please tick off the student indicator. If not a fulltime student, please remove the dependent from the list as they are not eligible.	Select **Overage Dependent Student** if the child meets the definition. Refer to your administration guide for more information.
Selected family dependent status when member has single coverage. Added Family Health and Dental.	Member is single and is not eligible for {XX}. Either change the dependent status or do not select {XX}.	Go to **Dependent status** on the Personal Information section and select "single." Go to **Benefits** and select "single" for Extended Health and Dental Care benefits.
Attempted to select single Health and/or Dental because spouse is covered elsewhere.	You have indicated that your spouse has coverage elsewhere. Please enter the information of the dependent this applies to in the dependent section.	You must add spousal information for the dependent even though other coverage exists.
Attempted to select single Health or Dental coverage for a member who has family coverage.	The member is opting out of {XX}, this is only allowed if the dependent has coverage elsewhere.	A **special request** needs to be submitted indicating that the dependent is covered elsewhere for the benefit.
Attempted to select optional benefits that exceed the maximum.	The number of units elected exceeds the overall maximum of {XX}; please adjust the number of units elected.	Correct the number of units. Refer to your group contract for optional benefit limits.
Attempted to change a benefit effective date.	The benefit effective date entered for this benefit cannot be prior to the benefit option effective date: {XX}.	Verify the benefit effective date. Be sure to add a date that is equal to or later than the option effective date.
Did not select a dependent for single +1 coverage on the Health or Dental benefit.	Single +1 Coverage has been selected for {XX}. Please designate an active dependent for this coverage.	Select Health or Dental benefits for the appropriate dependent in the **Dependents** section.
Selected more than 1 dependent for single +1 coverage on the Health or Dental benefit.	Single +1 designation on the {XX} benefit can only be active on one dependent. Please review.	In the **Dependents** section, ensure that you have designated only one dependent for single +1 coverage for each benefit.

Selected single + 1 coverage but did not update the benefit information to reflect it.	Single + 1 Coverage has been selected for {XX} on {XX}. Single + 1 coverage has not been selected for this benefit. Please review.	In the **Dependents** section, select single + 1 for the applicable benefit (Health and/or Dental).
Selected single + 1 coverage.	Single + 1 designation for {XX} is not supported by our application.	The member's plan does not support single + 1 coverage. Correct the **Dependent Status** in the member's personal information.

Updating members

Scenario	Error message	Required action
Attempted to enter an hourly salary that is outside the normal salary range.	Hourly salary entered ${XX} and should be between $4 and $100. Please correct if necessary.	Go to the **Salary Information** section and correct the hourly salary, which should be between $4 and $100. Contact your Sun Life Financial administration contact if the salary does not match the range.
Attempted to enter a weekly salary that is outside the normal salary range.	Weekly salary entered ${XX} and should be between $100 and $19,231. Please correct if necessary.	Go to the **Salary Information** section and correct the weekly salary, which should be between $100 and $19, 231. Contact your Sun Life Financial administration contact if the salary does not match the range.
Attempted to enter a monthly salary that is outside the normal salary range.	Monthly salary entered as ${XX} and should be between $400 and $83,333. Please correct if necessary.	Go to the **Salary Information** section and correct the monthly salary, which should be between $400 and $83,333. Contact your Sun Life Financial administration contact if the salary does not match the range.
Attempted to enter an annual salary that is outside the normal salary range.	Annual salary entered as ${XX} and should be between $5,000 and $1,000,000. Please correct if necessary.	Go to the Salary Information section and correct the annual salary, which should be between $5000 and $1,000,000. Contact your Sun Life Financial administration contact if the salary does not match the range.
Attempted to enter a retirement date that is prior to member's effective date.	Retirement Date should not be less than the member's effective date which is {XX}. Please correct if necessary.	The retirement date should be after the member's effective date.
Attempted to terminate a spouse record without removing all applicable coverage.	You must terminate all spousal benefits in order to terminate a spouse. Please review the benefit selections.	Review all spousal benefits to ensure coverage is not selected. In the Benefits section, select the appropriate benefits coverage and then add a termination date for the spouse record.

Scenario	Error message	Required action
Attempted to update a member with family coverage.	Spousal information in dependent section is required.	Be sure to add dependent information once you've selected family coverage.
Attempted to delete and/or remove a dependent's name and/or date of birth.	Dependent information cannot be cleared. If dependent is no longer active, enter a termination date.	To terminate a dependent, add a termination date only on the selected dependents in the **Dependents** section.
Selected family coverage but added "single" in the dependent status.	The dependent coverage has been selected but the dependent status is single. Please modify either the dependent status or dependent coverage.	Go to the **Personal Information** section and select couple or family in the dependent status.
Changed dependent status to "single."	The dependent status is set as single and one or more active dependents are listed. Please change the dependent status to couple or family or terminate the dependents in the list.	To change the dependent status, go to the **Personal Information** section and select **couple** or **family**. Add termination dates in the **Dependents** section to terminate the dependent(s).
Attempted to transfer a member with an effective date earlier than the work effective date at new location.	The effective date of change ‹transfer date› is earlier than the ‹work effective date at new location›. Please make correction.	Go to the **Personal information** section, change the effective date so that it is not earlier than the work effective date at new location that appears in the error message.

Reinstating members

Scenario	Error message	Required action
Tried to add or update banking information but the institution does not exist in Oasis.	Invalid institution.	Contact your Sun Life Financial service representative. You will need to submit a special request, indicating the institution number you are trying to add.
Tried to add banking information but the institution and transit numbers do not match.	Institution and/or transit numbers are not valid.	Correct the Institution and/or transit number. Refer to the *How do I add/update banking information* FAQ. To access this, click the link at the bottom of the banking section.
Tried to add or update the plan member's e-mail address using an incorrect format.	E-mail address format is not valid. Please check and re-enter the e-mail address (for example, johnsmith@xyz.com).	Re-enter the e-mail address, using the correct format.
Attempted to reinstate a member with an effective date prior to the termination date.	Reinstatement Effective Date cannot be prior to the member's termination date.	Review the reinstatement date. It should be a date after the member's actual termination date.
Attempted to reinstate a member with future date.	The reinstatement date {XX} is in the future. This request cannot be processed. Please resubmit the change after next bill date {XX}.	Process the change after the date shown on the message.

Terminating members

Scenario	Error message	Required action
Attempted to terminate a member with a date that is before the effective date of coverage.	The Termination date is prior to the member's effective date of coverage. Please correct.	Review the member's coverage effective date and enter a termination date that is equal to or later than the coverage effective date.
Attempted to terminate a member with a date in the future.	The termination date is in the future. Therefore these changes will not be reflected in the current member record until they become effective.	Process the change after the date shown on the message.
Attempted to terminate a member with a date more than 12 billing months previously.	The effective date of termination ‹effective date› is more than 12 months in the past. Please correct if necessary, or submit a special request.	Review the termination date entered. Either correct the date if not entered correctly, or submit a special request.

Retrieving, printing and saving billing and administrative reports

Scenario	Error message	Required action
Attempted to retrieve, print and save billing and administrative reports	Experience a time-out. File not successfully printed or downloaded.	Some reports may be too large to view. If you experience any problems accessing your reports, contact your Sun Life Financial service representative.
Printing or downloading reports from the English PSS website	French wording appears on some windows	Ensure that the language options in your operating system and Internet browser are set to English.
Printing or downloading reports	Some of the windows and messages that appear are different from those shown in this Guide	No action required. This can result from the settings in your operating system or browser, or if you use a browser other than Microsoft Internet Explorer.
Attempted to retrieve, print and save billing and administrative reports	Experience a WinZip "Cannot open file: it does not appear to be a valid archive" error message	This is usually due to a communications problem that caused the file you were attempting to view to become corrupted. To resolve the error re-select the report you wish to view and click on the view button. If this problem continues, you can visit the **WinZip Support** site or contact your Sun Life Financial Service Representative.

Appendix B - Updates to the guide

The following table summarizes the changes to this current version of the guide.

Page	Chapter and section	What's changed
1	Introduction – To use our Plan Sponsor Services website, you will need:	Changed Internet Explorer to version 8.0 or higher and added Firefox 2.0 or higher.

7	Add a member – Step 3A	• Also add member's phone number (optional), e-mail address (optional) and banking information.
		• Notes added:
		  o Adding banking details is optional if the member is expected to maintain their banking information on **www.mysunlife.ca**.
		  o If the plan member does not have medical and dental coverage, banking information is not required.

10	Update a member – Step 5A	• Also update member's phone number (optional), email address (optional) and banking information.
		• Notes added:
		  o Adding/updating banking details is optional if the member is expected to maintain their banking information on **www.mysunlife.ca**. If a banking record already exists in CHESS (the claims system), then Sun Life does not update it.
		  o If the plan member does not have medical and dental coverage, banking information is not required.

11	Updating coordination of benefits information	Plan member website URL updated to **www.mysunlife.ca**.
15	Reinstate a member	• Added phone number (optional) and email address (optional). • Adding/updating banking details is optional if the member is expected to maintain their banking information on **www.mysunlife.ca**. If a banking record already exists in CHESS (the claims system), then Sun Life does not update it. • **Note** added: If the plan member does not have medical and dental coverage, banking information is not required.
17	How to terminate a member – Step 2A	• Added phone number (optional). • Updated screen image (phone number field included).
40	Appendix A – Troubleshooting tips – Add or update members	Two banking and one e-mail scenarios added.
43	Appendix A – Troubleshooting tips – Reinstating members	Two banking and one e-mail scenarios added.