

BENEFITS PROGRAM FREQUENTLY ASKED QUESTIONS

1. WHAT IS THE CANOE BENEFITS PROGRAM?

The Canoe Benefits Program is a specialized resource for all aspects of group insurance, providing Canoe member organizations with free unbiased consultations, competitive pricing, expert program implementation / management, and total reward solutions.

2. WHAT CARRIERS DOES CANOE UTILIZE AND HOW DOES IT DERIVE ITS PRICING?

Canoe leverages the buying power of the Canadian public sector with all major insurance carriers – including specialty and special risk carriers – to offer completely flexible group benefit programs for both organizations and elected officials.

As a result of our experience, client volume, and strength of our relationships within the industry, we have secured "Preferred Advisor" status with all major insurance companies. This means we are able to provide Canoe members with unique products, services, and pricing. We leverage our large volumes of municipal clients to secure the most sustainable pricing for each member organization.

3. WHY SHOULD I GET A GROUP BENEFITS PROGRAM REVIEW THROUGH CANOE?

At Canoe, our goal is to ensure your employee benefit program remains market competitive from a plan design standpoint and sustainable from a cost perspective. With our expertise and broad portfolio across industries and regions, we can address the needs of any benefit plan from legal, compliance, and competitive benchmarking perspectives.

- Health and wellness solutions
- Free value-added programs
- Enhanced council, CAO, and director benefits
- Enhanced optional benefits packages for plan members and dependent
- Employee and family assistance
- Virtual mental health solutions

4. HOW DO I USE THE CANOE BENEFITS PROGRAM?

To get started, please schedule an education session with a Canoe benefit consultant and

your organization's relevant personnel to discuss your benefits plan. The consultant will begin by conducting a free audit of your current program as follows:

- 1. The consultant will price your program on an "apples to apples" basis in the marketplace.
- 2. The consultant will price any plan design considerations that your organization would be interested in.
- 3. The consultant will make recommendations based on an industry benchmark and an internal review of your program.

To review your program, we ask that you provide the following information from your organization:

- The past three years of claims experience
- The past three years of rate history
- The most recent billing statements
- Employee data (most of this information is on your billing statement)
- Information on any life or LTD claims within the past three years
- Employee handbooks / booklets

5. WHAT DOES THE PROGRAM TRANSITION / IMPLEMENTATION PROCESS LOOK LIKE?

Canoe will provide local and dedicated resources to support members' strategic benefit initiatives. Canoe is proud to have built a team of experts who sincerely care about our client's needs, goals, and overall experience. To engage the Canoe Benefits Program's services, you can appoint our team as the representative by singing an Agent of Record Letter. When transitioning providers, we recommend a 6 - 8week implementation schedule. This provides us with enough time to build the contract, educate plan members, and ensure that cards and booklets are ready for plan members.

6. WHAT IS CANOE'S POST-IMPLEMENTATION SERVICE MODEL?

The Canoe Benefits Service Commitment Agreement involves documenting your requirements and expectations, such as meeting frequency / methods, nature and frequency of reporting (annual renewal analysis, quarterly reporting, market audits, analysis), and other requirements. It also includes entering into an agreement in writing to form the basis by which our service to you is measured. This holds our service team accountable to you and ensures your expectations are exceeded.

7. WHO SHOULD I CONTACT TO BEGIN THE PROCESS?

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