

THE GROUP SCOOP

CURRY GROUP BENEFIT SOLUTIONS

APRIL 2026



MEDSCHECK - MEDICATION SHOULDN'T BE CONFUSING

FOR THE PLAN MEMBER

If you're taking multiple medications, it can be hard to keep track of what each one is for, how they interact, and what to do when something changes. MedsCheck is Ontario's free, private, one-on-one consultation with a pharmacist to review your medications (including over-the-counter products and natural health products).

Who can book a MedsCheck?

You may qualify if you are an Ontario resident with a valid Ontario Health Card and you:

- take 3 or more prescription medications for chronic conditions, or
- have type 1 or type 2 diabetes (Diabetes MedsCheck is available annually and can include device training and lifestyle education), or
- can't get to the pharmacy due to a physical/mental health condition (MedsCheck at Home may be available).



What to expect (and what to bring)

To make the most of your appointment, bring your health card and a list of:

- all prescription meds
- OTC meds (e.g., pain/cold/allergy meds), creams/patches/inhalers/drops
- vitamins/herbal supplements and other natural health products
- your questions or concerns

Afterward, you'll receive an updated Personal Medication Record you can use at medical appointments or if you ever need emergency care.

Could you Benefit from a MedsCheck Review?

A **MedsCheck** patient self-assessment is available to help individuals reflect on how they are managing their medications and identify any questions or concerns they may have. From understanding labels and remembering doses to managing side effects or using devices properly, the self-assessment can help determine whether a conversation with a pharmacist and a MedsCheck review may be beneficial.



DID YOU KNOW?

Life events can change your benefits - but there's a deadline!

If you get married, have a baby, adopt, or have another major life change, you must notify the Plan Administrator/insurance company within **31 days** to add a spouse or child. Miss that window and they may be considered a late applicant, meaning they could have to answer health questions to receive coverage.

Important: Even if your new spouse is waiving health/dental because they have coverage through their employer, they should still be added to your plan as "waiving."

Why? If they lose their other coverage later, they can usually join your plan more smoothly only if they were already listed as waived when you first became eligible after the life event.



LIFE EVENTS & WHY THEY ARE IMPORTANT

Life changes can affect benefits coverage. Keeping employee information current helps avoid delays, coverage issues, and administrative problems.

Report changes within 31 days

Employees should notify the Plan Administrator within 31 days of a life event, such as marriage, divorce, a new dependant, a name change, a beneficiary change, or loss of spouse coverage.

If an employee does not list a beneficiary their life insurance will go to their estate and be subject to probate fees.

Set expectations during onboarding

Clear communication at the start helps employees understand what must be reported and when.

Health and Dental may be waived

Employees can usually waive Health and Dental coverage if they have alternate coverage, such as through a spouse.

Remember to list dependants

A spouse and their dependents may waive Health and Dental

coverage, but they should still be listed as a dependant under the plan. If a spouse is not listed initially and later loses coverage through their own employer, they may be required to complete health questions before being added to the plan.

Pooled benefits cannot be waived

Employees cannot waive all benefits. Pooled benefits – such as Life, AD&D, LTD, and other required plan components – must remain in place.

Rejoining later is limited

If Health and Dental are waived at hire, employees generally cannot rejoin the plan mid-year unless they experience a qualifying life event, such as losing spouse coverage through their employer. This change must be reported within 31 days. If it is reported later, the employee may be required to complete health questions and could be subject to limited coverage.

Timely updates protect everyone

A few simple rules can help keep coverage accurate and make

plan administration smoother for both employers and employees.

Plan Administrator Checklist Points

- Proactive communication - Ensuring employees 65+ are aware ODB is the first payer.
- Ensure salary updates are reported promptly as they directly relate to LTD and some Life Insurance benefits.
- Enroll new hires in the benefits program as soon as they are hired to avoid late applicant status.

Tax Season Reminder

As a reminder during tax season, if the employer pays for benefits such as Life, AD&D, Critical Illness etc. Those amounts must be tracked throughout the year and reported on the employee's T4 as a taxable benefit. If employees contribute toward Health or Dental premiums, those amounts may also be tracked and reported in Box 85 of the employee's T4, where applicable.

CONTACTING CURRY GROUP BENEFIT SOLUTIONS

The best way to contact us will continue to be our **dedicated client-only email address clients@CurryGBS.ca**. The inbox continues to be monitored by Joan and Shannon regularly throughout each business day.



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