



SERVING YOU ONLINE

Insurance & Investments
Simple. Fast. Easy.®



Group administrator portal



- New portal launched July 13, 2020
- Key features
 - Add new members
 - Terminations
 - Off-work notifications
 - eBilling


Consumer

Advisor

Français

Search Empire.ca

Log in



Home

Investments

Insurance

Group Benefits

3 out of 4
confident
income w
An Advise

Connect w

Consumers

> Life Insurance & Investment Customer Login

> Investor Online Access

Group Benefits

> Group Plan Member Login

> Group Plan Administrator Login

Advisors

> Retail Advisor Login

> Group Plan Advisor Login

Submit a Group Benefits
eClaim

Investor Online Account
Access

Find a Form

Learn

For Advisor and Plan Sponsor Use Only - Not for Public Distribution



Hello Arturo

My Groups



Change Group Name Ext

Group Number
Z9999

Cut off Date
Sep, 18, 2020



**All changes made prior to this date
will be reflected on next billing
statement**



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CONTACT US

The Empire Life Insurance Company
259 King St. E. Kingston, Ontario K7L 3A8
1 877 548-1881
info@empire.ca
8:30 am to 5:00 pm EST weekdays

VISIT US



Hello Arturo


Change Group Name Ext

Group Number
Z9999

Cut-off for changes
2020-09-18

Plan Member List


Add Member

Search by name, division, class, status



Name	Division	Class	Status	
adsfa asdf	001	A	Pending	>
adsfa asdfsa	001	A	Pending	>
alsdfkj alasdkfjdsla	001	A	Pending	>
Amir Rahimi	001	B	Pending	>
asdfas asdfas	001	A	Pending	>
askdfh afghadfk	001	A	Pending	>
Austin Powers	001	B	Pending	>
Barney Rubble	001	A	Pending	>
Beat Jay	001	B	Pending	>
bee bop	001	B	Pending	>

Load more

Viewing 10 of 231 | [Show all](#) | [Show less](#)

Group Details



Member List



Billing

Click on Billing to
access billing
statements

Click on name or status
to access member record

Hello Arturo



Change Group Name Ext

Group Number
Z9999

Cut-off for changes
2020-09-18

Group Details



Member List



Billing

Plan Member List

Click on Add Member to add new employee



Add Member

Search by name, division, class, status



Name	Division	Class	Status	
adsfa asdf	001	A	Pending	>
adsfa asdfsa	001	A	Pending	>
alsdfkj alasdkfjdsla	001	A	Pending	>
Amir Rahimi	001	B	Pending	>
asdfas asdfas	001	A	Pending	>
askdfh afghadfk	001	A	Pending	>
Austin Powers	001	B	Pending	>
Barney Rubble	001	A	Pending	>
Beat Jay	001	B	Pending	>
bee bop	001	B	Pending	>

Load more

Viewing 10 of 231 | Show all | Show less

Hello Arturo

Please enter your employee's information below. All fields are required unless otherwise indicated. Please print this form and have your employee sign and complete to keep in your records.

Division

Select

Class

Select

Employee

First Name

Last Name

Invalid name

Email

OPTIONAL

Date of Birth

dd/mm/yyyy

Gender

Select

Marital Status

Select

Language

Select

Province

Select

Provincial Health Card?



Yes



No

Employment

Salary

0

Salary Frequency

Select

Annual Commission

OPTIONAL

\$0,000,000

Annual Bonus / Dividends

OPTIONAL

\$0,000,000

Effective Date

dd/mm/yyyy

Department

Eg. ACCT

OPTIONAL

Hours per week

Eg. 37.5

Eg. Business Analyst OPTIONAL

Enter the employee's base salary. An employee's insurable earnings is a total of their salary, commissions, bonuses, and dividends. It's important to keep these amounts up to date for your employees since Life & Disability coverage is often based on the employee's insurable earnings.

Field highlighted in orange where missing information required

Click on Info bubble for description or more information

Hello Arturo

Contact Information

Street address 1234	Apartment #	City Toronto
Province Ontario	Postal/Zip Code A1B2C3	Phone

Banking

Complete banking information to deposit claim reimbursements directly into employee's account. To receive reimbursements through a cheque in the mail, opt out of direct deposits by checking the box below.

CHEQUE

<div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="font-size: 1.5em; margin-bottom: 5px;">\$</div> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div>
---	---

<div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div>	<div style="border: 1px solid #ccc; padding: 2px;">Branch Number 04800 </div>	<div style="border: 1px solid #ccc; padding: 2px;">Bank Number 010 </div>
	<div style="border: 1px solid #ccc; padding: 2px;">Account Number 123456 </div>	

☐ Please mail claim reimbursement cheque instead of direct deposit.

Dependants

Coordination of Benefits

Beneficiary(ies)

Cancel

Back

Add Member

If no dependents to be added field will not open to enter dependent information

Hello Arturo

[Member List](#) **Add Member**

Add Member

Please enter your employee's information below. All fields are required unless otherwise indicated. Please print this form and have your employee sign and complete to keep in your records.

Contact Information

Street address

1234

Province

Ontario

Banking

Complete banking information to deposit claim cheques in the mail, opt out of direct deposits by

CHEQUE

Branch Number

04800

Bank Number

010

Account Number

123456



Success!

- Beneficiary defaulted to Estate
- Certificate has been activated

[Add Another Member](#)
[Return to Member List](#)

Hello Arturo

[Member List](#) **Member Details****Sample Employee**
Change Group Name ExtGroup #
Z9999Division
001-Sample Gro...Class
B-All Other Emp...Certificate
000000339 Terminate Member Update Off-Work

Open or collapse each accordion to review employee information



Employee Information



Coverages



Dependants



Beneficiaries



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Hello Arturo

[Member List](#) **Member Details**

Sample Employee
Change Group Name Ext

Group #
Z9999

Division
001-Sample Gro...

Class
B-All Other Emp...

Certificate
000000339
 Terminate Member

 Update Off-Work


Employee Information

Status **Covered** 


General Information

First Name	Sample	Province of res.	Ontario
Last Name	Employee	Language	English
Date of birth	01/AUG/1988	Email	sample@employee.com
Gender	Male	Phone	
Marital Status	Married	Phone Extension	
Address	1234 Toronto, ON A1B 2C3 CANADA		



Employment Information

Hire Date	01/AUG/2020	Salary	\$100,000 Yearly
Occupation	Manager	Commission	
Department		Bonus	
		Hours Per Week	37.5



Banking Information

Hello Arturo

[Member List](#) **Member Details**

Sample Employee
Change Group Name Ext
Group #
Z9999
Division
001-Sample Gro...
Class
B-All Other Emp...
Certificate
000000339
 Terminate Member

 Update Off-Work


Employee Information



Coverages


Life

Basic Life

\$100,000


Accidental Death & Dismemberment

Member AD&D

\$100,000

Dependant AD&D

\$5,000


EHB & Dental

Extended Health

Single

Dental

Single


Weekly Indemnity

Weekly Indemnity

\$573


Long Term Disability

Long Term Disability

\$2,500



Dependants



Beneficiaries



Hello Arturo

[Member List](#) **Member Details**

Sample Employee
Change Group Name Ext
Group #
Z9999
Division
001-Sample Gro...
Class
B-All Other Emp...
Certificate
000000339

Click to terminate member
from benefits



Terminate Member

Update Off-Work



Click to update off-work status
(i.e lay-offs, maternity leaves)

Employee Information

Coverages

Life

Basic Life

\$100,000


Accidental Death & Dismemberment

Member AD&D

\$100,000

Dependant AD&D

\$5,000


EHB & Dental

Extended Health

Single

Dental

Single


Weekly Indemnity

Weekly Indemnity

\$573


Long Term Disability

Long Term Disability

\$2,500

Hello Arturo

[Member List](#) **Member Details****Sample Employee**
Change Group Name ExtGroup #
Z9999Division
001-Sample Gro...Class
B-All Other Emp...Certificate
000000339 Terminate Member Update Off-Work

Employee Information >



Coverages >



Dependants >



Beneficiaries >

Terminate Member 

Please provide the effective date of termination.

Effective date ?

DD / MMM / YYYY 

Cancel

Terminate

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Hello Arturo

[Member List](#) **Member Details****Sample Employee**
Change Group Name ExtGroup #
Z9999

Division

Sample Gro...

Class

B-All Other Emp...

Certificate

000000339

**Success**Certificate has been terminated
effective 15 Aug 2020**OK**

Employee Information



Coverages




Dependants



Beneficiaries

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Sample Employee
Change Group Name Ext

Group #
Z9999

Division
001-Sample Gro...

Class
B-All Other Emp...

Certificate
000000339

Terminate Member

Terminate Off-Work

Employee Information

Coverages

Life

Basic Life

Accidental Death & Dismemberment

Member AD&D

Dependant AD&D

EHB & Dental

Extended Health

Dental

Weekly Indemnity

Weekly Indemnity

\$573

Long Term Disability

Long Term Disability

\$2,500

Dependants

Update Off-Work

Off-work Reason

Lay off

Disability or Sick leave

Educational

Lay off

Leave of Absence

Maternity leave

Paternity leave

Workers Compensation


DD / MMM / YYYY

Continue Benefits?

☐ Yes ☐ No

Cancel


Submit



Plan Admin Dashboard

Log out

Hello Arturo



Sample Employee
Change Group Name Ext

Group #
Z9999

Division
001-Sample Gro...

Class
B-All Other Emp...

Certificate
000000339

Employee Information

Coverages

Life

Basic Life

Accidental Death & Dismemberment

Member AD&D
Dependant AD&D

EHB & Dental

Extended Health
Dental

Weekly Indemnity

Weekly Indemnity

\$573

Long Term Disability

Long Term Disability

\$2,500

Dependants

Update Off-Work

Off-work Reason
Lay off

Start date
DD / MMM / YYYY

Expected end date
DD / MMM / YYYY

Continue Benefits?
☐ Yes ☐ No

Cancel Submit

Indicate if benefits continued during leave

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Hello Arturo

[Member List](#) **Member Details**

Sample Employee
Change Group Name Ext
Group #
Z9999
Division
001-Sample Gro...
Class
B-All Other Emp...
Certificate
000000339


Reinstate Member



Terminated employees can be
reinstated within 6 months



Employee Information



Coverages



Dependants



Beneficiaries



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Plan Admin Dashboard

Log out

Hello Arturo

Member List

Member Details



Sample Employee
Change Group Name Ext

Group #
Z9999

Division
Sample Gro...

Class
B-All Other Emp...


Certificate
000000339

Employee Information

Coverages

Dependants

Beneficiaries



Success

Request received and will be processed within the established service standards

OK

Success message indicates if completed in real-time or additional processing is required

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350 King St. E. Kingston, Ontario K7L 3A8






Plan Admin Dashboard

Log out

Hello Arturo

[Member List](#)


Billing


**Change Group Name Ext**

Group Number
Z9999

Cut-off for changes ?
2020-09-18

Group Details

 Member List

 Billing

Billing

 Download latest bills for all divisions

If more than one billing division – click here to download all current bills for all divisions

 001 - Sample Group - See NOTES for Processing DO NOT ACTIVATE CERTS

General Information

Balance Owed

\$5,615.61

Payment Due Date

2020-09-01

Download Billing Statement

Select

Download

Automatic Payments ?

This division has not signed up for automatic payments

 Want to have pre-authorized debit payments set up? Click here.

eBilling Information ?

eBilling

Yes

Email (up to three)

test@empire.ca

 OK1 - New division

Select individual statements for the last 12 months here

Click download to retrieve a PDF copy

Add up to 3 email addresses to receive billing notifications

Important Notes



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