



Privacy Impact Assessment Checklist

(To be completed by the Academic or Business Area considering a new initiative*)

Note: An “Initiative” may be the use of a new software tool or any other planned program or activity that will involve the collection, use or disclosure of personal information

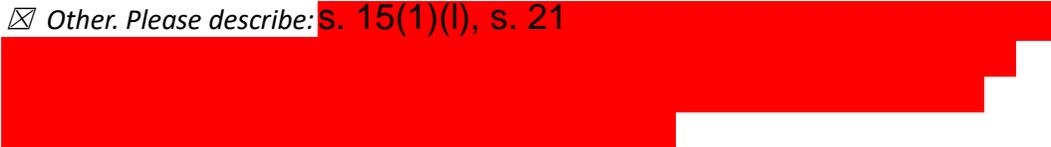
Name of UFV Department / Business Area	Human Resources
Initiative Lead name and Title	Jason Jones, Director, Total Comp & Systems
Service / Initiative / Product name	HCSA Transition to Manulife
Vendor Name	Manulife

Description & Purpose of Initiative:
 To transition the administration of UFV’s Health Care Spending accounts (HCSAs) from a self-administered plan to a plan administered by UFV’s Benefits Provider. Employees currently submit HCSA claims via a paper form that is transmitted via email or in a physical format to UFV’s Human Resources department.

This transition will allow UFV employees to submit HCSA claims electronically to Manulife rather than to UFV HR. Manulife will accept these claims, adjudicate them and communicate the result to individual employees. Only limited information will be provided to UFV.

Collection and Use of Personal Information				
1.	Will this activity or initiative collect personal information? <i>“Personal information is recorded information about an identifiable individual other than business contact information</i>	Yes	No	Don’t Know
1.a	If yes, please list the elements of personal information that will be collected (<i>i.e., name, email address, phone number, identification numbers, academic, health, employment or financial information, image, or voice</i>) <ul style="list-style-type: none"> - Employee Name - Banner ID number - Employee phone number - For each submitted expense, employees will need to provide the following information: <ul style="list-style-type: none"> (a) whether insurance benefits are payable for spouse or children under another insurance program (yes or no answer) (b) description of the nature of the medical expense and any required evidence for characterization as a HCSA-eligible expense. (c) invoices that have enough detail to confirm eligibility as HCA expense (d) Proof that expenses have been submitted to any relevant insurance plan (i.e. spouse or child’s) (e) Proof of payment of the relevant invoices (f) The date of the expense 			

	<ul style="list-style-type: none"> (g) The name of the person for whom the expense was incurred (i.e. self, child, spouse) (h) The relationship of the employee to the person for whom the expense was incurred (i) The amount of the expense 			
1.c	<p>If personal information is to be collected directly from an individual, UFV is required to provide a collection notice at the time of collection. Please provide your draft collection notice below: (For Assistance see: https://www.ufv.ca/informationprivacy/quick-links/ufvs-standard-collection-notice/)</p> <ul style="list-style-type: none"> - Manulife is collecting information directly from the employees, and the employees are currently submitting this directly through the Manulife portal; - HCSA is an added feature that UFV is enabling within the current Benefits portal with Manulife - The additional information that will be collected by Manulife to facilitate processing of HCSA claims (section 1.a, above), will not be shared with UFV. - As it does for other health/dental claims, Manulife will provide a notification to employees about the nature of the information that is being and the rationale for collecting it. 			
2.	Does this activity or initiative use personal information that has already been collected by UFV?	Yes	No	Don't Know
2.a	<p>If yes, please describe the information that has already been collected by UFV that will be used by this initiative, (i.e., the elements of personal information and the source of it)</p> <ul style="list-style-type: none"> - Employee's and current dependent's, names, dates of birth, address, gender, coordination of benefit information (ie, other insurance provider) 			
3.	<p>Please describe how this initiative uses the personal information identified above</p> <ul style="list-style-type: none"> - Currently the information identified in 2.a above resides with Manulife in order to facilitate benefit enrolment and onboarding at UFV. - The Banner ID and Employee's name is used to reimburse medical and dental claims from the allocated health savings account benefit. 			
4.	Will the initiative be mandatory?	Yes	No	Don't Know

Security / Storage of Personal Information		Yes	No	Don't Know
5.	<p>Where will the personal information involved with this initiative be stored? (i.e. department drive, UFV's Azure/Sharepoint tenant, or external servers provided by a vendor)</p> <p><input checked="" type="checkbox"/> UFV Department Drive; - Employee ID and Name and allocation only.</p> <p><input type="checkbox"/> UFV's Azure/Sharepoint tenant</p> <p><input type="checkbox"/> Cloud-based servers provided by a vendor.</p> <p><input checked="" type="checkbox"/> Other. Please describe: s. 15(1)(l), s. 21</p> 			
5.a	If you indicated above that personal information will be stored in cloud-based servers provided by a vendor. Please provide the name of the vendor.			
6.	Is any of the personal information to be stored outside of Canada?	Yes	No	Don't Know
7.	<p>Please provide a link to any information published by the vendor detailing security measures in place to protect personal information:</p> <p>Link to Manulife website</p>			
Disclosure				
8.	Will this initiative involve the disclosure of any personal information to an external organization?	Yes	No	Don't Know
9.	If yes, please describe proposed information sharing or provide a document or link that does so:	Yes	No	Don't Know
General Information				
10.	Will any software or cloud-based tool be used with this initiative?	Yes	No	Don't Know
11.	If yes, please provide a copy of the service agreement with the vendor?	Yes	No	Don't Know
12.	<p>If yes, has UFV's Office of the Chief Information Officer/ IT Security completed a security assessment of any software or tool related to this initiative?</p> <p>Note: Manulife has been UFV's benefits provider for many years, a security assessment has not been completed for this updated use.</p>	Yes	No	Don't Know

Privacy Office Review:

Meets privacy protection requirements

Provide the following additional information and re-submit:

Complete Privacy Impact Assessment (PIA)

Reviewed by: Stephen Gaspar

Review Date: March 13, 2024