

1. APPLICANT INFORMATION

Corporate Legal Name (in full) _____

No. and Street _____

City, Province _____ Postal Code _____

Plan Administrator's Name and Title _____

Nature of Business (describe fully) _____

No. of years in business _____ years Name(s) of any Affiliates/Subsidiaries _____

Corporation Partnership Sole Proprietorship

Other _____

Business E-mail address _____

Business Telephone (include area code) _____

Business Fax (include area code) _____

2. CURRENT GROUP COVERAGE (DO NOT TERMINATE CURRENT COVERAGE UNTIL APPROVAL IS CONFIRMED)

Is this application to replace similar group benefits? No Yes, complete the following:

Number of lives currently insured _____ Current benefits _____

Name of Carrier(s) _____ Planned termination date of existing coverage (Attach details if date differs by benefit) _____

3. ELIGIBILITY REQUIREMENTS

- Only **permanent** employees, non-seasonal, who are regularly and Actively Working a minimum 24 hours per week are eligible
- **100% participation** of all employees in the '1two3' Plan is required
- Applicant's business must be established and active for a **minimum one year**
- All benefits are subject to medical underwriting and all employees must complete a **Medical Questionnaire**.
If an employee is declined coverage, the entire group application may be declined.
- Some occupations are not eligible for LTD coverage due to the nature of the risk.

4. EFFECTIVE DATE & WAITING PERIOD

Coverage Effective Date _____ # Lives to be insured: 1 2 3 4 5
Year Month Day

All eligible employees Actively at Work on the Coverage Effective Date are covered immediately, unless otherwise stated.

Waiting Period for new employees: 3 mos 6 mos (Minimum Waiting Period is 3 months continuous employment)

5. PREMIUM CONTRIBUTIONS

Non-Contributory - Employer pays 100% of all premiums *Contributory - Employees pay a portion of premiums

***NOTE:** Choose 'Contributory' if **non-taxable** LTD benefits are desired. In order to qualify any disability plan for non-taxable benefits, **all** employees must pay 100% of their disability premiums & applicable taxes.

6. MANDATORY BENEFITS

Life	AD&D	Dependent Life	EHC	Out-of-Province/Canada
\$25,000	\$50,000	Spouse \$5,000 Child \$2,500	80% Co-insurance Survivor Benefit – 6 mos Single or Family	60 days / 100% Co-insurance \$1 million maximum Emergency Only (no medical referral)

Life and AD&D volumes reduce by 50% at age 65. All the above coverages terminate at the **earlier** of retirement or maximum age 70, if still Actively Working.

EXTENDED HEALTH CARE BENEFITS SUMMARY (All benefits are subject to provisions of the group insurance policy/benefit plan)

Benefit	Maximum
Prescription Drug Plan	\$1500/yr/person
Practitioners	\$400/yr/practitioner (Chiropractor-\$20/visit)
Private Duty Nursing	\$10,000 lifetime maximum
Hearing Aids	\$400/5 yrs
Dental Accident	\$2,000 lifetime maximum

Benefit	Maximum
Eye Exams	1 exam/24 mos (\$50 maximum)
Orthotics/Orthopedic Shoes	\$250/yr
Medical Supplies, Ambulance	No \$ limit (Subject to usual & customary)
Cardiac Rehabilitation	\$500/yr
Prosthetics	\$25,000 lifetime maximum

EHC EXCLUSIONS: Hospital benefit (semi or private); Fertility, smoking cessation, & obesity drugs/treatment; Preventative vaccines

