

GROUP INSURANCE APPLICATION

Section 1 Client Information

Please print clearly

Legal Company Name _____

Name of Plan Administrator _____ Title _____

Address _____

Telephone _____ Fax _____

Email _____

Effective Date of Coverage (yyyy/mm/dd) _____

Section 2 Company Information

Nature of Business _____ Number of Years in Business (minimum one year) _____

Number of Full-time Employees _____ Number of Eligible Employees _____

Eligible Employees All Employees Management Other (please specify) _____

Classes Yes No If yes, please define
 Class A _____
 Class B _____

Waiting Period for New Employees 3 Month 6 Month Other
 Unless otherwise indicated, first of the month coincident with or next following three months of employment

Are all employees covered by the Workers' Compensation Board (WCB)?
 Yes No If no, please provide details _____

Are all employees actively at work Yes No
 If no, please provide information below:

Name of Employee	Reason for Absence	Last Day Worked	Expected Return Date

Do you currently have group insurance coverage in place Yes No
 If yes, please provide information below:
 Name of your current insurance company _____
 Attach a copy of the most recent billing statement for grandfathering purposes _____

Section 3 Benefit Information

Check appropriate boxes to indicate your benefit selections. In addition to Basic Life, Accidental Death & Dismemberment, and Dependent Life, you must select at least two of: Weekly Indemnity, Long Term Disability, Critical Illness, Extended Health Care and Dental Care. Please ensure that all your benefit selections are clearly marked.

Benefit Termination Age

Earlier of retirement, contract termination or attainment of age noted below.

Long Term Disability, Optional and Spousal Optional Life

Age 65

Weekly Indemnity

Age 65
 Age 70

All Other Benefits

Age 70
 Age 75
 Age 80
 Age 85

Continued on next page

Life and Accidental Death & Dismemberment (Mandatory)

Please print clearly

Benefit Options

- Flat \$25,000
 - Flat \$50,000
 - Flat \$75,000
 - Flat \$100,000
 - Other
- 1x annual earnings
 - 2x annual earnings
 - 3x annual earnings
 - 4x annual earnings

Benefit Maximum

\$ _____
Select maximum up to \$500,000
* Not required for flat benefit options

Dependent Life (Mandatory)

Benefit Options

- \$5,000 spouse, \$2,500 each dependent child
- \$10,000 spouse, \$5,000 each dependent child
- \$25,000 spouse, \$12,500 each dependent child
- Other

Weekly Indemnity

Benefit Options

- 60% of salary
- 66 2/3% of salary
- Other

Benefit Duration

- 16 weeks
- 26 weeks
- 52 weeks

Benefit Maximum

- Equal to EI maximum
 - \$ _____
- Select maximum up to \$1,500

Long Term Disability

Benefit Options

- 60% of salary
- 66 2/3% of salary
- 66 2/3% of first \$2,250, 50% of next \$3,500, 44% thereafter
- 66 2/3% of first \$2,500, 45% thereafter
- 75% of salary

Elimination Period

- 16 weeks
- 26 weeks
- 52 weeks

Benefit Duration

- 2 years
- 5 years
- To age 65

Benefit Maximum

\$ _____
Select maximum up to \$10,000

Definition of Disability

- Any occupation
- Two-year own occupation
- Other

Cost of Living Adjustments (COLA) Options

- Not included
- 1%
- 2%
- 3%
- 4%
- 5%

Other

Critical Illness

Benefit Coverage

- Employee Only
 - Employee and Spouse*
 - Employee and Family*
- * Not available to 1-2 life groups

Benefit Amount

- Flat \$10,000
- Flat \$25,000
- Other \$ _____

Other

Extended Health Care

Please print clearly

Coinsurance

- 80% drugs, 80% other
- 80% drugs, 100% other
- 100% drugs, 100% other
- _____% drugs _____% other

Drug Maximum

- Unlimited drug maximum
- \$_____ annual drug maximum

Prescription drugs

- Mandatory generic
- Generic
- Name brand

Deductible

- Nil
- \$25 single, \$50 family/year

Drug Deductible

- \$_____ dispensing fee maximum
- Equal to dispensing fee
- \$_____ per prescription

Paramedical Practitioners

- Not included
- Limited practitioner only
- Standard practitioner
- Enhanced practitioner

- \$300/practitioner
- \$500/practitioner
- \$_____ combined/year
- Other \$_____

Doctor referral required for massage therapy

- Yes
- No

Vision Care*

- Not included
 - \$150/24 months
 - \$200/24 months
 - \$250/24 months
 - Children under 19, every 12 months
- *Not available to 1-2 life groups

Hospital Coverage

- Not included
- Semi-private
- Private

Emergency Travel Assistance (ETA)

- 60 days
- 90 days

Medical Travel Benefit

- Yes
- No

Other

Dental Care

Basic Services must be included in order to select the Major Services option. Basic Services and Major Services must be selected in order to select Orthodontia.

Basic Services

- 50% reimbursement
- 60% reimbursement
- 70% reimbursement
- 80% reimbursement
- 90% reimbursement
- 100% reimbursement

Benefit Maximum

- \$500/year
- \$750/year
- \$1,000/year
- \$1,500/year

Major Services

- 50% reimbursement
- 60% reimbursement

Benefit Maximum

- \$1,000/year
- \$1,500/year
- \$2,000/year
- \$1,000/year combined with Basic Services
- \$1,500/year combined with Basic Services
- \$2,000/year combined with Basic Services
- \$2,500/year combined with Basic Services

Orthodontia*

- 50% reimbursement
- *Not available to 1-2 life groups

Benefit Maximum

- \$1,000 lifetime
- \$1,500 lifetime
- \$2,000 lifetime
- \$2,500 lifetime

Deductible

- Nil
- \$25 single, \$50 family/year

Annual Recall Options

- 6 months
- 9 months
- 12 months

Fee Guide

- Generalist
- Specialist

Other

Health Care Spending Account (If selected, the separate HCSA Application must be completed.)

HCSA Application Attached

Wellness Spending Account (If selected, the separate Wellnes Spending Account Application must be completed.)

Wellness Spending Account Application Attached

Optional Benefits

Optional Life

Benefit Options

- Employee
- Spouse
- Units of \$10,000

Benefit Maximum

\$250,000

Optional Accidental Death & Dismemberment

Benefit Options

- Employee only
- Employee and family
- Units of \$25,000

Benefit Maximum

\$250,000

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Section 4 Employee/Employer Contributions

Please print clearly

Confirm employee and employer contributions below:

	Employee	Employer		Employee	Employer
<input type="checkbox"/> Life	_____ %	_____ %	<input type="checkbox"/> Long Term Disability	_____ %	_____ %
<input type="checkbox"/> AD&D	_____ %	_____ %	<input type="checkbox"/> Critical Illness	_____ %	_____ %
<input type="checkbox"/> Dependent Life	_____ %	_____ %	<input type="checkbox"/> Extended Health Care	_____ %	_____ %
<input type="checkbox"/> Weekly Indemnity	_____ %	_____ %	<input type="checkbox"/> Dental Care	_____ %	_____ %

Section 5 Taxability Statement (Complete if Weekly Indemnity and/or Long Term Disability benefits are selected.)

Weekly Indemnity and Long Term Disability benefits received by an employee under a plan where there is an employer contribution are taxable under both the Federal and Quebec Income Tax Acts. In order for the benefit to be non-taxable, the employee must pay the entire cost of the benefit.

All benefit payments under Weekly Indemnity and/or Long Term Disability are as follows:

Weekly Indemnity	<input type="checkbox"/> Taxable	<input type="checkbox"/> Non-taxable
Long Term Disability	<input type="checkbox"/> Taxable	<input type="checkbox"/> Non-taxable

Please note that Victor Canada must be advised of any future changes in the taxable status of your policy and that unless Victor receives written advice of the change, taxable status will continue as indicated.

Section 6 Pre-authorized Debit Agreement

You may elect to have your monthly premium payments automatically withdrawn from your account. Payments will not commence until the approval of group coverage and until the first of the month following receipt of the completed authorization form. Withdrawals from your account will occur on the first banking day of each month. In advance of the first actual withdrawal, you will receive a statement detailing individual benefit premiums, taxes and totals by insured person. Subsequent withdrawal amounts may vary according to changes in your group benefits plan.

Monthly premium payments will be made by pre-authorized debit Yes No

This group benefits plan is for Personal Business use

You, the payer, may revoke your authorization at any time, subject to providing written 30-days notice to Victor Insurance Managers Inc., 600-55 Standish Court, Mississauga, Ontario L5R 4B2.

The undersigned authorizes the financial institution to honour all debits issued by Victor against this account, and waives the right to receive 10-days notice of a withdrawal or a change in the withdrawal amount.

Name of Depositor(s)

Signature of Depositor(s)

Date (yyyy/mm/dd)

Financial Institution

Debit This Account Number

Please sign here

Section 6 Pre-authorized Debit Agreement (continued)

Please print clearly

Please attach here

A sample VOID cheque should be attached to process your request.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Pre-authorized Debit Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

Section 7 Conditions of Agreement

It is agreed that

- a) the effective date of your group will be the first day of the month following receipt of all required approvals and documentation by Victor Insurance Managers Inc.;
- b) the conditions of eligibility for insurance, the conditions under which insurance will be payable and other contractual terms shall be in accordance with the Master Policy;
- c) the program participation requirements will be met: specifically, all eligible employees must participate in Life, Dependent Life and AD&D benefits. For groups with 1-9 employees, 100% participation is required. For groups with 10+ employees, 100% participation is required if the employer pays 100% of the premium and 75% participation is required if the employee pays any portion of the premium;
- d) your group benefits program renews on the first of the month following the first 15 months of coverage and every 12 months thereafter;
- e) you will continue to pay Victor Insurance Managers Inc. the required premiums to ensure coverage remains in force. Premium payment is due on the first day of the month for that month of coverage;
- f) if your monthly premium is less than \$1,000, a \$10 monthly administration fee will apply unless payment is made by Automatic Bank Debit;
- g) in the event of an unsuccessful withdrawal from your bank account or a returned cheque, a \$45 charge will apply; and
- h) Victor Insurance Managers Inc. requires 30 days advance written notice of termination.

Please attach a deposit premium cheque for the first month's estimated monthly premiums, which totals: \$_____

Until further notice, the Agent of Record appointed to act on your behalf with respect to this group insurance plan and who will receive any compensation associated with this plan, is:

Name of Agent of Record _____

Address _____

Telephone _____

Fax _____

Email _____

By signing this application, you hereby certify that you have reviewed this application for group insurance benefits, that the information you have provided is true, complete and accurate, that you authorize automatic bank debits as defined in Section 6, and that you have read and understand the Conditions of Agreement in this Section.

Please sign here

Employer Signature _____

Date (yyyy/mm/dd) _____

Please sign here

Plan Advisor Signature _____

Date (yyyy/mm/dd) _____