

BENEFIT

APPLICATION FOR GROUP INSURANCE

AVAILABLE TO GROUPS WITH 2-19 ELIGIBLE EMPLOYEES

Policies are issued by:

The Empire Life Insurance Company

Empire Life
259 King Street East
Kingston ON K7L 3A8

www.empire.ca

APPLICATION FOR GROUP INSURANCE

If more space required to complete a section, please include the details in section 3.11

1. Policyowner/Group Information

1.1 Policyowner/Applicant

Registered legal name:

What name should appear on your Employee Booklets and Benefit Cards? Name above Other:

Address (number, street)

City

Province

Postal code

1.2 Plan Administrator

Plan Administrator #1 (name)

Telephone

Email address

Plan Administrator #2 (name)

Telephone

Email address

1.3 Type of Business (goods or services provided)

Business Locations - are all business locations totally separate from all company owner(s) residences (allow a home based business providing there is a physical separation from living area)? Yes No

1.4 Ownership

Select one: Sole Proprietorship Partnership Corporation Limited Liability Partnership

Name(s) of Owner(s), if Sole Proprietorship, Partnership or Limited Liability Partnership:

Do all employees insured under this plan receive T4's from the Policyowner and/or a listed subsidiary/affiliated company?

Yes No If no, please explain: _____

1.5 Affiliated Companies - to be included? Yes No

If more than 1 affiliated company, complete and **attach a list** of affiliated companies. Is billing sub-totalling required? Yes No

Name of affiliated company (print exact legal name(s)) as indicated on employee T4)

Address (number, street)

City

Province

Postal code

Affiliated company Plan Administrator (name)

Telephone

Email address

Business relationship to Policyowner: Common Ownership Subsidiary Other:

Nature of Business

Number of Employees in affiliated company:

1.6 REQUESTED EFFECTIVE DATE for all coverage is 12:01 a.m. **EST** on:
(day), (month), (year).

FIRST YEAR RENEWAL DURATION:
15 months

1.7 Present Coverage Yes No

If Yes, please provide a full copy of billing statement (issued no later than 2 months prior to the requested effective) date and your most current Intercompany EP3 statement.

Carrier

Proposed cancellation date

To avoid a period without coverage, do not terminate any existing coverage until notice has been given in writing that the coverage being applied for is approved by The Empire Life Insurance Company (the effective date will normally be the first day of the month following approval).

When applying for coverage with The Empire Life Insurance Company (Empire Life), the Applicant must obtain individual plan member consent for the collection, use and disclosure of plan member personal information (including personal information about plan member dependant(s)) required for plan enrolment and ongoing administration of the plan.

2. Employee Information

2.1 Class Descriptions

Describe the classification of employees who will be eligible for benefits (minimum 3 insured lives required for two classes):

- Class A - all employees, or specify:
 Class A _____ Class B _____

2.2 Definition of Salary (check all that apply)

- Basic salary only
 Base salary plus commission (2 year average)
 Dividends included in Owners and/or Executives definition of salary (3 year average). Separate class required.
 Bonuses are excluded from definition of earnings and will not be covered. Dividends paid through a holding company are not eligible under the definition of salary.

2.3 Total Number of Employees

As of Policy Effective Date, total number of employees to be insured _____ Total on payroll _____

If different, please explain:

- a) Employees must be actively at work for a minimum of 20 hours per week, reside in Canada, have provincial health coverage, and be employed on a permanent basis in Canada. Indicate minimum hours per week, if different from above: _____ hours
 b) If applying for LTD coverage, are any employees related to the owner(s) of any eligible company (i.e., spouse, parent child, sibling)?
 Yes No - if yes, include the Owner(s) in total: _____
 c) Are there any employees excluded from coverage? Yes No - If yes, explain why _____
 d) Are individuals applying for coverage under this plan covered by provincial workplace safety legislation (e.g. WSIB/WCB/CSST)?
 Yes No
 e) Are there employees employed as a consultant, sub-contractor, contract employee or seasonal employee and the policy is to extend coverage to the employee? Yes No - if yes, please attach a list.

2.4 Participation Requirements

- a) If this plan has 2–9 insured employees - 100% participation is required.
 b) If this plan has 10–19 insured employees - if the employer contributes 100% of the overall premiums, 100% participation is required.
 c) If this plan has 10–19 insured employees - if the employer contributes a minimum of 25% but less than 100% of the overall premiums, choose: Mandatory Non-Mandatory (85% participation required)

Policyowner Participation (Minimum 25% employer contribution required)

The Policyowner will be paying the following percentage for each benefit:

	Class A	Class B		Class A	Class B
Life/A.D.&D.	_____ %	_____ %	Weekly Indemnity	_____ %	_____ %
Dependant Life	_____ %	_____ %	Long Term Disability	_____ %	_____ %
Employee CI	_____ %	_____ %	Extended Health	_____ %	_____ %
Spousal CI	_____ %	_____ %	Dental	_____ %	_____ %
Dependant CI	_____ %	_____ %			

Minimum 25% employer contribution required. Disability benefits (Weekly Indemnity or Long Term Disability) are taxable if the employer pays a portion of the premium for the benefit.

Note that if a 70% or 75% Weekly Indemnity and/or Long Term Disability schedule is desired, the plan must be taxable, and therefore the employer must pay a portion of the Weekly Indemnity or Long Term Disability premium.

2.5 Waiting Period (1, 3, 6, or 12 months continuous employment) Class A _____ (months) Class B _____ (months)

Waiting period applies to: Future employees Present and future employees

2. Employee Information (cont'd)

2.6 Employees Not Actively at Work Yes No

If yes, list ALL individuals who are currently absent from work due to the following (not including vacation) If more space required, please attach a list:

Reason code:

- | | |
|---|---|
| i) Maternity/paternity leave | v) Short (WI) or Long Term Disability (LTD) with another carrier |
| ii) Layoff | vi) Employment Insurance Sickness Benefits (EI) |
| iii) Leave of absence | vii) Reduced hours/modified duties/gradual return to work program |
| iv) Workplace Safety Benefits (WSIB/WCB/CSST) | viii) Other (please explain) |

Name (last/first)	Date of Birth (dd/mm/yy)	Reason code for absence	Date of Leave or Disability	Expected return to work date	Claim type - specify type of claim for Reason Code (iv) to (viii) inclusive	Applied for	Approved
					<input type="radio"/> WI <input type="radio"/> EI <input type="radio"/> WSB <input type="radio"/> LTD <input type="radio"/> Life Waiver of Premium	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> WI <input type="radio"/> EI <input type="radio"/> WSB <input type="radio"/> LTD <input type="radio"/> Life Waiver of Premium	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No

3. Schedule of Benefits

For Groups with 2-3 lives, a minimum of 2 Optional Benefits must be elected from sections 3.4 to 3.10 (excluding AssistNow EAP)

3.1 BASIC LIFE AND AD&D (Mandatory)

Basic Life Rate (per \$1,000 of insured volume): \$ _____
Employee AD&D Rate, all ages (per \$1,000 of insured volume): \$.04

	Class A	Class B
Coverage Amount	<input type="radio"/> Flat amount \$ _____ (\$30,000 minimum) <input type="radio"/> \$15,000 Life & AD&D/\$15,000 Critical Illness* (minimum 3 lives) <input type="radio"/> 1x <input type="radio"/> 2x <input type="radio"/> 3x Annual Salary	<input type="radio"/> Flat amount \$ _____ (\$30,000 minimum) <input type="radio"/> \$15,000 Life & AD&D/\$15,000 Critical Illness* (minimum 3 lives) <input type="radio"/> 1x <input type="radio"/> 2x <input type="radio"/> 3x Annual Salary
Maximum Coverage	\$ _____	\$ _____
No Evidence Limit	\$ _____	\$ _____
Reduction Clause	Reduces to \$30,000 at age 65 and further reduces to \$15,000 at age 70 *no reduction	

* The minimum coverage is \$30,000 or \$15,000 with \$15,000 Traditional or Enhanced Critical Illness. Minimum 3 lives. Overall combined maximum (Basic and Optional Life) will apply.

3.2 DEPENDANT LIFE (Mandatory) \$10,000 spouse/\$5,000 child \$20,000 spouse/\$10,000 child **Rate:** \$ _____

3.3 EMPLOYEE OPTIONAL LIFE AND A.D.&D. Yes No Units of \$25,000 available to each eligible person

Optional Life Rates (per \$1,000 of insured volume):

Age of Employee	Male smoker	Male non-smoker	Female smoker	Female non-smoker
Under 30	\$ 0.12	\$ 0.07	\$ 0.06	\$ 0.04
30 - 34	\$ 0.12	\$ 0.07	\$ 0.08	\$ 0.05
35 - 39	\$ 0.17	\$ 0.09	\$ 0.11	\$ 0.07
40 - 44	\$ 0.27	\$ 0.15	\$ 0.19	\$ 0.11
45 - 49	\$ 0.45	\$ 0.23	\$ 0.29	\$ 0.16
50 - 54	\$ 0.71	\$ 0.37	\$ 0.42	\$ 0.24
55 - 59	\$ 1.19	\$ 0.64	\$ 0.64	\$ 0.38
60 - 64	\$ 1.79	\$ 0.97	\$ 0.96	\$ 0.58

Employee Optional AD&D Rate, all ages (per \$1,000 of insured volume): \$.04

3. Schedule of Benefits - OPTIONAL BENEFITS

3.4 GROUP CRITICAL ILLNESS (Minimum 3 Critical Illness Lives. Can vary by class.)

Rates: \$ _____

Vital Assist CI – Core Coverage (4 conditions) (VACI)

Traditional CI – Complete Coverage (31 conditions) (TCI)

Enhanced CI – Multiple Event Coverage (31 conditions, 6 partial conditions) (ECI)

	Employee CI <input type="radio"/> Yes <input type="radio"/> No Can vary by class.		Spousal CI <input type="radio"/> Yes <input type="radio"/> No Only available if Employee CI selected – must select the same type of coverage within each class.		Dependant CI <input type="radio"/> Yes <input type="radio"/> No Only available if Employee CI selected.	
Class	Class A	Class B	Class A	Class B	Class A	Class B
Type of Coverage	<input type="radio"/> VACI <input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> VACI <input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> Complete Traditional (15 conditions) <input type="radio"/> None	<input type="radio"/> Complete Traditional (15 conditions) <input type="radio"/> None
Benefit Amount	\$ _____ \$10,000-\$250,000	\$ _____ \$10,000-\$250,000	\$ _____ \$10,000-\$25,000 (3-4 lives - \$10,000 max)	\$ _____ \$10,000-\$25,000 (3-4 lives - \$10,000 max)	\$5,000 per child	
Reduction Schedule	VACI – None TCI/ECI – 50% at age 65		50% at age 65		N/A	
No Evidence Limit	VACI – N/A TCI/ECI - \$ _____		No medical underwriting required			
Waiver of Premium	VACI – Not included TCI/ECI - Included		Included			
Pre-existing Condition Exclusion	VACI – N/A TCI/ECI – 24/24 (employee choice also applies to Spouse and Dependant Coverage)					

3.5 OPTIONAL GROUP CRITICAL ILLNESS (Must have Employee CI to have Optional CI)

Rates: See appendix

	Employee Optional CI <input type="radio"/> Yes <input type="radio"/> No		Spousal Optional CI <input type="radio"/> Yes <input type="radio"/> No Only available if Optional Employee CI selected – must select the same type of coverage within each class.		Dependant Optional CI <input type="radio"/> Yes <input type="radio"/> No Only available if Optional Employee CI selected.	
Class	Class A	Class B	Class A	Class B	Class A	Class B
Type of Coverage	<input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> Complete Traditional (15 conditions) <input type="radio"/> None	<input type="radio"/> Complete Traditional (15 conditions) <input type="radio"/> None
Benefit Amount	\$10,000-\$250,000 (Units of \$1,000)		\$10,000-\$25,000 (3-4 lives - \$10,000 max)		\$5,000-\$25,000 per child	
No Evidence Limit	Full medical underwriting required				No medical underwriting required. Pre-existing exclusion applies.	
Waiver of Premium	Included					

3. Schedule of Benefits - OPTIONAL BENEFITS (cont'd)

3.6 WEEKLY INDEMNITY (SHORT TERM DISABILITY) <input type="radio"/> Yes <input type="radio"/> No		Rate (per \$10 of insured volume): \$ _____
Class A		Class B
Percentage of Earnings	<input type="radio"/> 60% <input type="radio"/> 66.70% <input type="radio"/> 70%* <input type="radio"/> 75%*	<input type="radio"/> 60% <input type="radio"/> 66.70% <input type="radio"/> 70%* <input type="radio"/> 75%*
Maximum Weekly Benefit	\$ _____ (EI Max to \$2,800)	\$ _____ (EI Max to \$2,800)
Elimination Period	_____ Injury (days) _____ Sickness (days)	
Maximum Benefit Period	_____ (weeks)	
1st Day Hospital/Outpatient Surgery	<input type="radio"/> Yes <input type="radio"/> No	
No Evidence Limit	\$ _____	
Termination Age	70 or prior retirement	
*Plans with 70% or 75% schedule must be taxable. All covered classes must have the same schedule and 1st Day Hospital/Outpatient Surgery option.		

3.7 LONG TERM DISABILITY <input type="radio"/> Yes <input type="radio"/> No		Rate (per \$100 of insured volume): \$ _____
Class A		Class B
Percentage of Earnings	<input type="radio"/> 60% <input type="radio"/> 66.7% <input type="radio"/> 70%* <input type="radio"/> 75%* Graded: <input type="radio"/> 66.67% of the first \$2,250, 50% of the next \$3,500, 44% of the balance (default), OR <input type="radio"/> _____% of the first \$ _____; _____% of the next \$ _____, and _____% of the excess	<input type="radio"/> 60% <input type="radio"/> 66.7% <input type="radio"/> 70%* <input type="radio"/> 75%* Graded: <input type="radio"/> 66.67% of the first \$2,250, 50% of the next \$3,500, 44% of the balance (default), OR <input type="radio"/> _____% of the first \$ _____; _____% of the next \$ _____, and _____% of the excess
Maximum Monthly Benefit	\$ _____ (\$5,000 to \$10,000)	\$ _____ (\$5,000 to \$10,000)
Elimination Period (weeks)	<input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 26	
Maximum Benefit Period	<input type="radio"/> 2 years <input type="radio"/> 5 years <input type="radio"/> to age 65 (less elimination period)	
No Evidence Limit	\$ _____	
Survivor Benefit	<input type="radio"/> None <input type="radio"/> 3 months <input type="radio"/> 6 months	<input type="radio"/> None <input type="radio"/> 3 months <input type="radio"/> 6 months
Termination Age	65, less elimination period	
*Plans with 70% or 75% schedule must be taxable		

3.8 EXTENDED HEALTHCARE BENEFITS <input type="radio"/> Yes <input type="radio"/> No		Rate: \$ _____ Single	Rate: Family \$ _____
If there are two classes, both must be insured for the same Drug and Major Medical benefits. Some options can differ by deductible, coinsurance, or maximum.			
Class A		Class B	
Benefit Period	<input type="radio"/> Benefit Year (effective date of policy, or 1st of the month following 12 month period) <input type="radio"/> Calendar Year (January-December)		
Termination Age (also applies to Dental)	<input type="radio"/> 60 <input type="radio"/> 65 <input type="radio"/> 70 <input type="radio"/> 75 <input type="radio"/> 80 <input type="radio"/> 85	<input type="radio"/> 60 <input type="radio"/> 65 <input type="radio"/> 70 <input type="radio"/> 75 <input type="radio"/> 80 <input type="radio"/> 85	
Survivor Benefits	Included for 2 years		
Healthcare Pooling	<input type="radio"/> \$10,000 per insured (per benefit year for all EHB benefits, excluding Emergency Travel Assistance Program) <input type="radio"/> \$7,500 per insured (Drug only, per benefit year) Empire Life participates in the drug pooling agreement offered by the Canadian Drug Insurance Pooling Corporation (CDIPC). The CDIPC requires fully insured drug benefit plans to include pooling protection, called an EP3. Some claims may be ineligible for EP3 and, if so, Empire Life will provide a Large Amount Pooling (LAP) arrangement.		

3. Schedule of Benefits - OPTIONAL BENEFITS (cont'd)

3.8a) DRUG PLAN

If there are two classes, both must be insured. Some options can differ by deductible, coinsurance, or maximum. Includes Pay Direct Drug Card, Specialty Drug Program, and Prior Authorization Drug Program (not available in Quebec).

Choose:

OPTION 1: STANDARD DRUG PLAN OR

OPTION 2: MAINTENANCE DRUG PROGRAM (Not available in Quebec)

To receive the higher level of reimbursement for maintenance drugs, they must be purchased through the Express Scripts Canada (ESC) Pharmacy. If purchased through a retail pharmacy, they will still be covered, but reimbursed 20% less than if purchased through the ESC Pharmacy. Eligible drugs not available through the ESC Pharmacy, will be reimbursed at the higher level..

OPTION 1: STANDARD DRUG PLAN Yes No

	Class A	Class B
Drug Plan Type	<input type="radio"/> Mandatory Generic Substitution <input type="radio"/> Generic <input type="radio"/> Provincial Formulary* <input type="radio"/> Brand Name *If Provincial Formulary is chosen, the two tier coinsurance will be 100% Formulary Drugs and 80% Non Formulary Drugs. Maximum is unlimited.	
Coinsurance		
<input type="radio"/> Flat, OR	<input type="radio"/> 60% <input type="radio"/> 70% <input type="radio"/> 75% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%	<input type="radio"/> 60% <input type="radio"/> 70% <input type="radio"/> 75% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%
<input type="radio"/> Graded, OR	_____ % (70%, 80% or 90%) of the first \$ _____ (\$1,000 or \$5,000), 100% thereafter	
<input type="radio"/> Tiered: Generic/Brand	<input type="radio"/> 100%/80% <input type="radio"/> 90%/70% <input type="radio"/> 80%/60%	
Deductible		
None	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Annual, OR	<input type="radio"/> \$25/\$50 <input type="radio"/> \$50/\$100 <input type="radio"/> \$100/\$200 <input type="radio"/> \$250/\$500	<input type="radio"/> \$25/\$50 <input type="radio"/> \$50/\$100 <input type="radio"/> \$100/\$200 <input type="radio"/> \$250/\$500
Per Prescription, OR	<input type="radio"/> Dispensing Fee or \$ _____ (\$1 to \$20)	<input type="radio"/> Dispensing Fee or \$ _____ (\$1 to \$20)
Dispensing Fee Maximum	<input type="radio"/> Empire Life R&C or \$ _____ (\$1 to \$20)	<input type="radio"/> Empire Life R&C or \$ _____ (\$1 to \$20)
Maximum	<input type="radio"/> Unlimited, OR <input type="radio"/> \$ _____ (\$500-\$10,000*) <input type="radio"/> Per Insured <input type="radio"/> Per Certificate *Applicable to all drug except those listed below: Smoking Cessation - \$300 lifetime maximum Sexual Dysfunction <input type="radio"/> Yes (\$1,000 annual max) <input type="radio"/> No Fertility <input type="radio"/> Yes (50% coinsurance, \$4,000 lifetime max) <input type="radio"/> No	<input type="radio"/> Unlimited, OR <input type="radio"/> \$ _____ (\$500-\$10,000*) <input type="radio"/> Per Insured <input type="radio"/> Per Certificate *Applicable to all drug except those listed below: Smoking Cessation - \$300 lifetime maximum Sexual Dysfunction <input type="radio"/> Yes (\$1,000 annual max) <input type="radio"/> No Fertility <input type="radio"/> Yes (50% coinsurance, \$4,000 lifetime max) <input type="radio"/> No

3. Schedule of Benefits - OPTIONAL BENEFITS (cont'd)

3.8a) DRUG PLAN (cont'd)

OPTION 2: MAINTENANCE DRUG PROGRAM (not available in Quebec) Yes No

Drug Formulary	<input type="radio"/> Mandatory Generic Substitution <input type="radio"/> Generic			
	Class A		Class B	
	Maintenance Drugs - ESC/Retail	Other Drugs -Retail*	Maintenance Drugs - ESC/Retail	Other Drugs -Retail*
Coinsurance				
<input type="radio"/> Flat OR	<input type="radio"/> 80%/60% <input type="radio"/> 90%/70% <input type="radio"/> 100%/80%	<input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%	<input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%	<input type="radio"/> 80%/60% <input type="radio"/> 90%/70% <input type="radio"/> 100%/80%
<input type="radio"/> Graded	ESC _____% of the first \$_____, 100% thereafter OR Retail _____% of the first \$_____, 80% thereafter	_____% of the first \$_____, 100% thereafter	ESC _____% of the first \$_____, 100% thereafter OR Retail _____% of the first \$_____, 80% thereafter	_____% of the first \$_____, 100% thereafter
Deductible	ESC - ESC Pharmacy Dispensing Fee Retail - Provincial R&C Dispensing Fee and employee will pay the balance	Provincial R&C Dispensing Fee and the employee will pay the balance	ESC - ESC Pharmacy Dispensing Fee Retail - Provincial R&C Dispensing Fee and employee will pay the balance	Provincial R&C Dispensing Fee and employee will pay the balance
	*Other Drugs that are not available through ESC Pharmacy may be purchased through a Retail Pharmacy and be eligible for reimbursement under this Plan.			
Maximum	<input type="radio"/> Unlimited <input type="radio"/> Other \$ _____ (\$500 to \$10,000) <input type="radio"/> Per Insured <input type="radio"/> Per Certificate Applicable to all drugs except: Smoking Cessation (\$300 lifetime max) Sexual Dysfunction (\$1,000 annual max) <input type="radio"/> Yes <input type="radio"/> No Fertility (50% coinsurance, \$4,000 lifetime maximum) <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Unlimited <input type="radio"/> Other \$ _____ (\$500 to \$10,000) <input type="radio"/> Per Insured <input type="radio"/> Per Certificate Applicable to all drugs except: Smoking Cessation (\$300 lifetime max) Sexual Dysfunction (\$1,000 annual max) <input type="radio"/> Yes <input type="radio"/> No Fertility (50% coinsurance, \$4,000 lifetime maximum) <input type="radio"/> Yes <input type="radio"/> No	

3.8b) MAJOR MEDICAL

Choose:

OPTION 1: HEALTHCARE ESSENTIALS (both classes are covered)

Includes prescription drugs, medical supplies, private duty nursing, a survivor benefit, and emergency travel assistance.

You have the option to include a Major Medical benefit - semi-private hospital coverage, paramedical services, vision care. **OR**

OPTION 2: STANDARD EXTENDED HEALTHCARE

Both classes must be insured for the same coverage, but options can differ by deductible, coinsurance, or maximum.

OPTION 1: HEALTHCARE ESSENTIALS Yes No

MANDATORY BENEFITS

Private Duty Nursing	Included at 100% Coinsurance, \$10,000 maximum
Medical Supplies	Included at 100% Coinsurance – all standard limits apply
Drug Plan	Options selected under Drugs will apply. Excludes Sexual Dysfunction and Fertility Drugs
Emergency Travel Assistance Program	100% Coinsurance, \$5,000,000 Lifetime Maximum, Per Insured
Trip Duration, Continuous Coverage	<input type="radio"/> 60 days <input type="radio"/> 90 days <input type="radio"/> 120 days

OPTIONAL BENEFITS (includes Mandatory Benefits)

Combined Maximum, Per Certificate (100% Coinsurance)	<input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> Exclude
Included	Semi-Private Hospital, Paramedical Services, Vision, Eye Exams

3. Schedule of Benefits - OPTIONAL BENEFITS (cont'd)

3.8b) MAJOR MEDICAL (cont'd)

OPTION 2: STANDARD EXTENDED HEALTHCARE Yes No

	Class A				Class B	
Coinsurance Applicable to Major Medical EXCEPT , Semi-Private Hospital, Eye Exams, Vision Care, Emergency Travel Assistance, and Paramedical	<input type="radio"/> 60% <input type="radio"/> 70% <input type="radio"/> 75% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%				<input type="radio"/> 60% <input type="radio"/> 70% <input type="radio"/> 75% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%	
Deductible	\$0/\$0					
	Included		Coinsurance (70%-100%)		Maximum	
	Class A	Class B	Class A	Class B	Class A	Class B
Hospital, Semi- Private	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____ %	_____ %	See contract	
Convalescent Hospital	Included		Matches Major Medical		\$20/day and 120 day duration maximum, per insured	
Specialized Treatment Facility	Included		50%		\$4,000, per insured, lifetime maximum	
Eye Exams	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____ %	_____ %	\$ _____ (\$75-\$200) Dep Child - 12 months Adult - 24 months	\$ _____ (\$75-\$200) Dep Child - 12 months Adult - 24 months
Vision Care (minimum 2 lives) Every 12 months for dependent child/ 24 months for adult.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	_____ %	_____ %	\$ _____ (\$100-\$500)	\$ _____ (\$100-\$500)
Orthopaedic Supplies	Inserts		Matches Major Medical		\$ _____ (\$200-\$500)	\$ _____ (\$200-\$500)
	Shoes, or				\$ _____ (\$200-\$500)	\$ _____ (\$200-\$500)
	Combined Inserts/Shoes				\$ _____ (\$300-\$1,000)	\$ _____ (\$300-\$1,000)
Private Duty Nursing	Included				\$ _____ (\$5,000-\$25,000)	
Diagnostic Lab Procedures	Included				\$ _____ (\$500-\$1500)	
Emergency Travel Assistance Program	Included		Emergency Travel - 100% Out of Province Referral – Matches Major Medical		Lifetime \$5,000,000 per insured	
					Out-of-Province Referral - \$15,000 (combined), per Insured	
					<input type="radio"/> 60 <input type="radio"/> 90 <input type="radio"/> 120 (Trip Duration, days Continuous Coverage	<input type="radio"/> 60 <input type="radio"/> 90 <input type="radio"/> 120 (Trip Duration, days Continuous Coverage

3. Schedule of Benefits - OPTIONAL BENEFITS (cont'd)

3.8c) PARAMEDICAL SERVICES Yes No

Choose:

OPTION 1: TRADITIONAL - coverage options grouped by type of practitioner. Choose which practitioners to include. **OR**

OPTION 2: BUNDLED - coverage for all practitioners, bundled together with different combined maximums.
Choose a per bundle maximum amount.

Can also add an Incidental Health Expense (IHE) or a Healthcare Spending Account (HCSA) to options above.

OPTION 1: TRADITIONAL Yes No

Included Practitioners:

Basic - Chiropractor, Physiotherapist, Psychologist/Social worker (combined)

Standard - All Basic + Acupuncture, Registered Dietician, Occupational Therapist, Audiologist, Speech Therapist

Plus - All Standard + Massage Therapist, Podiatrist/Chiropracist (combined) Naturopath, Osteopath

	Class A <input type="radio"/> Yes <input type="radio"/> No	Class B <input type="radio"/> Yes <input type="radio"/> No
Choose one of three options	<input type="radio"/> Basic <input type="radio"/> Standard* (includes Basic) <input type="radio"/> Plus (includes Basic and Standard)	<input type="radio"/> Basic <input type="radio"/> Standard* (includes Basic) <input type="radio"/> Plus (includes Basic and Standard)
Coinsurance	<input type="radio"/> 70% <input type="radio"/> 75% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%	<input type="radio"/> 70% <input type="radio"/> 75% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%
Annual Maximum	<input type="radio"/> \$300 <input type="radio"/> \$400 <input type="radio"/> \$500 <input type="radio"/> \$750 <input type="radio"/> \$1,000 (Combined, Plus Only) <input type="radio"/> Per Insured, Per Practitioner, or <input type="radio"/> Per Certificate, Per Practitioner <input type="radio"/> Per Insured, All Practitioners Combined or <input type="radio"/> Per Certificate, All Practitioners Combined	<input type="radio"/> \$300 <input type="radio"/> \$400 <input type="radio"/> \$500 <input type="radio"/> \$750 <input type="radio"/> \$1,000 (Combined, Plus Only) <input type="radio"/> Per Insured, Per Practitioner, or <input type="radio"/> Per Certificate, Per Practitioner <input type="radio"/> Per Insured, All Practitioners Combined or <input type="radio"/> Per Certificate, All Practitioners Combined
Per visit Maximum	<input type="radio"/> Yes \$ _____ (\$25-\$75) <input type="radio"/> No	<input type="radio"/> Yes \$ _____ (\$25-\$75) <input type="radio"/> No

OPTION 2: BUNDLED Yes No

Included Practitioners (cannot select between bundles):

Bundle 1 - Physiotherapist, Psychologist, Social Worker, Registered Dietician, Occupational Therapist, Audiologist, Speech Therapist

Bundle 2 - Chiropractor, Massage Therapist, Podiatrist, Chiropracist

Bundle 3 - Acupuncture, Naturopath, Osteopath

	Class A <input type="radio"/> Yes <input type="radio"/> No			Class B <input type="radio"/> Yes <input type="radio"/> No		
Coinsurance	<input type="radio"/> 70% <input type="radio"/> 75% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%			<input type="radio"/> 70% <input type="radio"/> 75% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%		
Maximum basis	<input type="radio"/> Per Certificate <input type="radio"/> Per Insured			<input type="radio"/> Per Certificate <input type="radio"/> Per Insured		
Annual Maximum, per bundle	Bundle 1	Bundle 2	Bundle 3	Bundle 1	Bundle 2	Bundle 3
	a) <input type="radio"/> \$500	\$300	\$200	a) <input type="radio"/> \$500	\$300	\$200
	b) <input type="radio"/> \$750	\$500	\$300	b) <input type="radio"/> \$750	\$500	\$300
Per Visit Maximum	<input type="radio"/> Yes \$ _____ (\$25-\$75) <input type="radio"/> No			<input type="radio"/> Yes \$ _____ (\$25-\$75) <input type="radio"/> No		

3. Schedule of Benefits - OPTIONAL BENEFITS (cont'd)

3.9 HEALTHCARE SPENDING ACCOUNT

Choose:

OPTION 1: INCIDENTAL HEALTH EXPENSE (IHE) (INSURED) - If included, part of the Extended Health Benefit **AND/OR**

OPTION 2: HEALTHCARE SPENDING ACCOUNT (HCSA) (ASO)

OPTION 1: INCIDENTAL HEALTH EXPENSE (IHE) (INSURED) Yes No Rate included in EHB rate

	Class A	Class B
Benefit Period	Matches EHB	
Maximum		
Annual Single (\$100-\$5,000)	\$ _____	\$ _____
Annual Family (\$100-\$5,000)	\$ _____	\$ _____

OPTION 2: HEALTHCARE SPENDING ACCOUNT (HCSA) Yes No

Coverage does not have to apply to all classes, but must apply to all insured employees within a class.

Standard Funding Option: Monthly reconciliation

Benefit Period	<input type="radio"/> Calendar year <input type="radio"/> Benefit year	
Grace Period	<input type="radio"/> 90 day <input type="radio"/> 180 day	
Accounting Method	<input type="radio"/> Balance Carry Forward <input type="radio"/> No Balance Carry Forward	
	Class A	Class B
Prorate allocation amounts for new employees	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Coordination with EHB and Dental	<input type="radio"/> Yes (recommended) <input type="radio"/> No	<input type="radio"/> Yes (recommended) <input type="radio"/> No
Amount	Single \$ _____ Family \$ _____ (\$100 to \$10,000 annually) or For Balance Carry Forward option ONLY , choose <input type="radio"/> Semi Annual \$ _____ (\$50 to \$2,500), or <input type="radio"/> Quarterly \$ _____ (\$50 to \$2,500)	Single \$ _____ Family \$ _____ (\$100 to \$10,000 annually) or For Balance Carry Forward option ONLY , choose <input type="radio"/> Semi Annual \$ _____ (\$50 to \$2,500), or <input type="radio"/> Quarterly \$ _____ (\$50 to \$2,500)

3. Schedule of Benefits - OPTIONAL BENEFITS (cont'd)

3.10 DENTAL BENEFITS (minimum 2 lives)

Rate: \$ _____ Single \$ _____ Family

Choose:

OPTION 1: DENTAL - FLEX (Combined maximum for Basic Restorative, Periodontic-Endodontic, Major Restorative, and Orthodontic. Orthodontic for dependent children up to and including age 19) **OR**

OPTION 2: DENTAL - STANDARD

OPTION 1: DENTAL - FLEX Yes No - if yes: Insured Administrative Services Only (must be the same for both classes)

	Class A	Class B
Annual Combined Maximum	<input type="radio"/> Per Insured <input type="radio"/> Per Certificate	
	\$ _____ (\$500-\$3,000)	\$ _____ (\$500-\$3,000)
Coinsurance	<input type="radio"/> 80% <input type="radio"/> 100%	<input type="radio"/> 80% <input type="radio"/> 100%
Recall (months)	<input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12	<input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12
Scaling Units (1 unit = 15 mins)	<input type="radio"/> 6 (standard) <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> Other ____ (6-16)	<input type="radio"/> 6 (standard) <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> Other ____ (6-16)
Fee Guide - General Practitioner	<input type="radio"/> Standard (Default) <input type="radio"/> Deluxe (+ 25%)	
	<input type="radio"/> Current or <input type="radio"/> Fixed Year ____ (year)	
	<input type="radio"/> Employee's province of residence (Default) <input type="radio"/> Policyowner's province of primary business location	
Benefit Period	Matches EHB benefit period	
Survivor Benefit	Included for 2 years	
Deductible	\$0	

OPTION 2: DENTAL - STANDARD Yes No - if yes: Insured Administrative Services Only (must be the same for both classes)

	Basic Restorative and Periodontic-Endodontic		Major Restorative <input type="radio"/> Yes <input type="radio"/> No Minimum 4 insured lives		Orthodontics <input type="radio"/> Yes <input type="radio"/> No Minimum 5 insured lives and Major Dental must be selected. For dependent children up to and including age 19.	
	Class A	Class B	Class A	Class B	Class A	Class B
Deductible	<input type="radio"/> \$0/\$0 <input type="radio"/> \$25/\$50 <input type="radio"/> \$50/\$100	<input type="radio"/> \$0/\$0 <input type="radio"/> \$25/\$50 <input type="radio"/> \$50/\$100	Per Basic		\$0	
Coinsurance	<input type="radio"/> 60% <input type="radio"/> 70% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%	<input type="radio"/> 60% <input type="radio"/> 70% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%	50%		50%	
Maximum	\$ _____ (\$500-\$5,000)	\$ _____ (\$500-\$5,000)	\$ _____ (\$500-\$5,000) Combined Basic and Major? <input type="radio"/> Yes <input type="radio"/> No	\$ _____ (\$500-\$5,000) Combined Basic and Major? <input type="radio"/> Yes <input type="radio"/> No	\$ _____ (\$1,000-\$2,500)	\$ _____ (\$1,000-\$2,500)
	<input type="radio"/> Per Insured <input type="radio"/> Per Certificate				Per Insured	
Scaling Units (6-16) (1=15 mins)	<input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> Other ____ (6-16)	<input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> Other ____ (6-16)	N/A		N/A	
Recall (months)	<input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12	<input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12	N/A		N/A	
Benefit Period	Matches EHB benefit period				Lifetime	
Survivor Benefit	Included for 2 years					
Fee Guide - General Practitioner	Class A			Class B		
Fee Guide	<input type="radio"/> Standard (Default) <input type="radio"/> Deluxe (additional 25%)			<input type="radio"/> Standard (Default) <input type="radio"/> Deluxe (additional 25%)		
Year	<input type="radio"/> Current Year <input type="radio"/> Fixed Year ____ (year)			<input type="radio"/> Current Year <input type="radio"/> Fixed Year ____ (year)		
Province	<input type="radio"/> Employee province of residence (Default) <input type="radio"/> Province of Policyowner's primary business location					

4. Corrections / Amendments / Clarifications

5. Applicant Declarations, Authorizations and Signatures (Signatures must be originals)

5.1 PAD (Pre-authorized Debit) Agreement (Please attach a void cheque)

- I hereby authorize Empire Life to withdraw the amount due on my billing statement from my financial institution account.
- Use initial premium cheque for PAD set-up
- PAD is to be used for the first premium

Monthly withdrawal date - Indicate the day of the month the withdrawal is to be processed* (1st to 25th) _____. If no date selected, withdrawals will be on the 10th of the month.

* If PAD to be used for the first premium, the withdrawal from your bank account may occur up to two business days after this date.

Financial Institution to be debited Account shown on the attached void cheque.

Be aware that certain recourse rights exist in the event that a debit does not comply with this agreement. You have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, please contact your financial institution or visit www.payments.ca.

5.2 Plan Administrator Website

- a) Each of the Plan Administrators listed in section 1.2 of this Application will be able to view and update employee information regarding the Group policy (with the exception of detailed claim information) until he or she is removed as Plan Administrator.
- b) The Applicant authorizes the Advisor(s) identified in Section 6 of this Application to view employee and plan design details on the Plan Administrator website Yes No

5-3 Ontario Retail Sales Tax (RST) – Election Form

DECLARATION

- Yes, the Applicant for this Group Insurance Policy elects to remit the full Ontario Retail Sales Tax payable on both the employee and employer premiums to The Empire Life Insurance Company in accordance with subsection 3.1(3) or 3.2(3), as applicable, of Regulation 1013 of the Revised Regulations of Ontario, 1990 made under the Retail Sales Tax Act.

To be used:

- a) If you are/would be licensed under the Retail Sales Tax Act in order to submit RST on employee premiums due on a Group Insurance Policy only. (Subsection 3.2(3))
- b) If you are a licensed vendor under the Retail Sales Tax Act but you want The Empire Life Insurance Company to submit the RST on employee premiums. (Subsection 3.1(3))

5. Applicant Declarations, Authorizations and Signatures (cont'd) (Signatures must be originals)

5.4 The Applicant hereby declares that:

- (1) the statements and answers above shall constitute the Application for and form part of the Contract. As such, errors or misrepresentation of information may invalidate coverage, and the Applicant certifies that the answers given and the information in this Application and in other documents supporting this Application for benefits are true, full, and complete;
- (2) in the event the Applicant forms part of a Limited Liability Partnership, all parties belonging to the Limited Liability Partnership consent and authorize the Applicant to enter into and bind the Limited Liability Partnership in respect to this Contract;
- (3) the insurance will become effective in accordance with and subject to the terms and conditions of the Policy to be issued to the Applicant but in no case shall it become effective until this Application has been approved by The Empire Life Insurance Company (Empire Life);
- (4) the Applicant has obtained individual plan member consent to the collection, use and disclosure of plan member personal information (including personal information about plan member dependant(s)) required for plan enrolment and ongoing administration of the plan;
- (5) Each of the Plan Administrators listed in section 1.2 of this Application will be able to view and update employee information regarding the group policy on the Plan Administrator website (with the exception of detailed claim information) until they are removed as Plan Administrator; and
 - (a) I confirm I have read, understood and agree to the Terms and Conditions for Online Administration of Policy, which shall be binding on me, my successors, and permitted assigns.
- (6) the Applicant confirms the appointment of the Advisor(s) identified in Section 6 of this Application to act as the Consultant/Agent of Record for this policy. It authorizes said Consultant/Agent of Record to:
 - (a) receive any information that may be requested regarding existing plans, future plans, or quotations on the insurance plan from any insurance company or other organizations administering such plans. Information released will not include plan member's detailed claims information; and
 - (b) view employee and plan design details on the Plan Administrator website; and
 - (c) receive any commissions in respect to any existing or future contracts pertaining to the Employee Benefits Plan.

This appointment will remain in effect until revoked by the Applicant in writing.

In the case of errors or omissions discovered by Empire Life in the Application, Empire Life is hereby authorized to amend the Application by noting the change in section 4 entitled "Corrections/Amendments/Clarifications". Acceptance by the Applicant of the Policy accompanied by a copy of this Application so amended, shall constitute ratification of such "Corrections/Amendments/Clarifications".

The Applicant understands and agrees that:

- the pre-authorized debit agreement as indicated in Section 5.1 can be terminated, upon written notification, at any time on ten days notice, by either Empire Life or by the Applicant;
- cancellation of the pre-authorized debit agreement does not constitute cancellation of service by Empire Life and the Applicant shall be liable for any past, present or future amounts owing;
- for the purposes of the pre-authorized debit agreement, all debits from the Applicant's account will be treated as personal; and
- to obtain a sample cancellation form or for more information on the right to cancel a PAD arrangement, the Applicant may contact its financial institution or visit www.cdnpay.ca.

The Applicant authorizes Empire Life to withdraw monthly premium payments as required, as per the Applicant's instructions in Section 5.1, and the Applicant understands that these amounts may be variable and increase or decrease.

The Applicant waives the right to notice before any withdrawal is made and also the right to notice of any change in the amount of automatic withdrawal.

An initial Premium Deposit Cheque in the sum of \$ _____ is included with this Application. The amount of the Premium Deposit is the estimated value of the first month's premium. Negotiation of the cheque will not, of itself, constitute approval of the Application.

Completed and signed at _____ this ____ day of _____.
(City and Province) (Day) (Month) (Year)

for _____
Applicant - Full Company Legal Name (PLEASE PRINT)

X
by _____
Signature of Authorized Company Official PRINT Name/Title in FULL

X
by _____
Signature of Witness PRINT Name/Title in FULL

6. Advisor Information

Advisor's Commitment:

To the best of my/our knowledge and belief all statements in this Application are true and complete.

I/we have read and understand the form.

I confirm I have read, understood and agree to the Terms and Conditions for Online Administration of Policy.

I have advised the Applicant not to terminate any existing coverage until notice has been received that the coverage being applied for is accepted.

I have provided to the Applicant a statement of disclosure outlining the fact that I may receive compensation in the form of commissions, bonuses, conference programs or other incentives, and any conflicts, or potential conflicts of interest.

I am not aware of any additional information material to the underwriting and acceptance of this Application for Group Insurance.

		Use this column if there are two Advisors	
Date		Date	
Company Name		Company Name	
Address – street/suite		Address – street/suite	
City	Province	Postal code	City
Telephone	Fax	Telephone	Fax
Email Address		Email Address	
Group Office		Group Office	
Empire Life Advisor Code	Percentage of Case	Empire Life Advisor Code	Percentage of Case
Name of Advisor – Print name in full		Name of Advisor – Print name in full	
Signature of Advisor X		Signature of Second Advisor X	

PLEASE ENSURE THAT:

- 1) All required sections of the Application have been completed and it has been signed and dated prior to the requested effective date.
- 2) Enrolment Forms and, where necessary, Group Non-Medical Declarations have been filled out and enclosed for all employees and that additional evidence requirements have been communicated to employees.
- 3) A copy of the Policyowner's current billing statement (issued no later than 2 months prior to the requested effective date) from the current carrier is enclosed, showing in-force volumes by employee, if present coverage in-force.
- 4) A cheque for the first month's estimated premium payable to Empire Life has been enclosed with the Application.
- 5) A complete copy of the quotation for this group has been enclosed.

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www.empire.ca info@empire.ca

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Policies are issued by The Empire Life Insurance Company.



Application for AssistNow Employee Assistance Plan (EAP)

Legal name of company			
Address	City	Province	Postal code
Effective date of EAP plan		Initial employee population in plan	
Name of authorized representative		Title	
Email		Phone number	
Empire Life Group #			
<p>AssistNOW EAP services ("EAP Services") are delivered and administered by HumanaCare. All EAP Services must be requested directly from HumanaCare and do not form part of the Empire Life Group Contract.</p> <p>EAP Services include: 24/7 Clinical Response Centre, Assessment Counselling, and Referral Services, Life Coaching Wellness Service, Smoking Cessation Treatment, access to the Worklife and Wellness portal, and the Information/Referral Centre. Documentation outlining EAP Services and the EAP Service Agreement will be sent to you directly by HumanaCare.</p> <p>HumanaCare rate: \$3.95 per employee per month plus HST/GST/QST as applicable. HumanaCare will invoice you to cover the first monthly fee based on the initial employee population.</p> <p>EAP Services will take effect after this application is accepted by HumanaCare and on the effective date approved by HumanaCare. You hereby consent to disclose aggregate utilization data to Empire Life (no identifying personal data will be reported).</p>			
Signature of authorized representative X		Dated this _____ day of _____ 20 _____	

Contact Information

Plan Administrator name			
Email		Phone number	
Advisor name			
Advisor firm			
Address	City	Province	Postal code
Email		Phone number	
Empire Life Account Manager	Email	Phone number	
Empire Life Account Executive	Email	Phone number	