Benepac®

Employer Application for Group Insurance

Legal Name of Employer

Employer Information

Trade Name of Employer (if applicable)	Address			
City	Province	Postal Code	Phone Number	Fax Number
Administrative Contact	Email address			
Nature of Business	Length of Time in Business	Website Address		
Name of Sponsoring Association (if applicable)	Are all employees covered by WCB? Yes ☐ No ☐	Subsidiaries or Affiliates to be Included		
Is the organization classified as Not-For-Profit? Yes ☐ No ☐	Are any employees in Canada on a Work Visa/ Permit? Yes ☐ No ☐	Are there any independent contractors to be included? Yes ☐ No ☐	Plan Effective Date Requested	

Previous Insurance Coverage (if applicable)

Name(s) of Previous Insurer(s)	Policy Number(s)	Termination Date(s)	Check Benefits in Force with Previous Insurer(s)
			☐ Life ☐ AD&D ☐ Dep Life ☐ STD ☐ CI ☐ LTD ☐ EHC ☐ Dental ☐ Other_____

Employee Eligibility / Waiting Period / Participation

Eligibility

- All employees who work for the employer for the minimum number of hours indicated, are eligible for coverage **(Minimum hours: 20/week)** _____ Hours per Week
- Number of employees eligible for this plan ❶ _____ Employees

Waiting Period

- The Waiting Period is the number of continuous months of employment with the employer indicated (Approval required for less than 3 months) _____ Months
- Does the waiting period apply to those employees employed prior to the Plan Effective Date? (check one ✓) ☐ Yes ☐ No

Participation

- Is this plan Contributory or Non-Contributory? (check one ✓)
  Note: ● Contributory plans are those where the employees are required to pay a portion of the total premium.
  ● Non-contributory plans are those where the employer pays 100% of the premium.
  ☐ Contributory
  ☐ Non-Contributory
- Participation percentage required under this plan _____ %
  Note: ● 100% of eligible employees must participate for groups with less than 10 employees.
- Number of employees participating in this plan ❷ _____ Employees
- Participation percentage for this plan ❷ ÷ ❶ _____ %

Premium Contributions (check benefits insured and indicate percentages paid by Employee and Employer)

Benefit (check if insured ✓)	Paid by Employee	Paid by Employer
☐ Life Insurance	_____ %	_____ %
☐ AD/D&D	_____ %	_____ %
☐ Dependent Life Insurance	_____ %	_____ %
☐ Short Term Disability	_____ %	_____ %
☐ Long Term Disability	_____ %	_____ %
☐ Critical Illness	_____ %	_____ %
☐ Extended Health Care	_____ %	_____ %
☐ Dental Care	_____ %	_____ %
☐ Health Care Spending Acct	_____ %	_____ 100%
☐ Employee Assistance Plan	_____ %	_____ %
☐ DSAI (Diagnosis & Specialist Access Insurance)	_____ %	_____ %

Note: The Employer must pay at least 50% OF THE TOTAL PREMIUM (excluding LTD) for this plan — not necessarily 50% of the premium for each benefit. In order for Short Term Disability or Long Term Disability benefits to be received by the Employees on a Non-Taxable basis, all Employees must pay 100% of the premium for these benefits. Ontario Retail Sales Tax – The insurer(s) will remit the applicable sales tax due on behalf of the employer and the employee to the Government of Ontario. Amounts remitted will be in accordance with the current regulations under the Ontario Retail Sales Tax Act, and will apply for the duration of the contract.

Disabled Employees (as of the Plan Effective Date)

On the date of this Application, are there any employees on leave or not actively at work due to illness or injury? Yes ☐ No ☐

Name of Disabled Employee	Date Last Worked	Expected Date of Return	Nature of Disability

Additional Remarks and Underwriting Information

Employer Participation Agreement and Group Insurance Application

In connection with this Benepac® Employer Application for Group Insurance and the accompanying Schedule of Benefits (collectively, "the application") the Employer:

a) declares that to the best of his knowledge all statements, answers, and representations contained in the application are full, complete and true as of the date signed;

b) understands that coverage will not become effective until the application has been accepted and approved by the insurers underwriting the Benepac® master group contracts issued to BBD, and once accepted, the application will form part of the master group contracts;

c) agrees that a deposit in the amount of $_____ **payable to BBD** has been submitted with the application and will be applied as a payment towards the first monthly premium once coverage is approved;

d) acknowledges that BBD is the plan administrator in all matters pertaining to monthly premium billings, premium payments, employee enrollment, group records, employee records, insurer reports, and client service, and agrees to pay any monthly administration fee to BBD Such fees shall be separate and distinct from any fees, commissions, or allowances which may be received from any insurer for services performed on its behalf;

e) understands that all forms, documents, group records, employee records, reports and other materials used in the administration of this plan, whether in paper or electronic form, are the property of BBD It is a requirement of each of the insurers underwriting the Benepac® benefits that all such administrative materials be permanently retained by BBD in a manner and for the time periods prescribed by these insurers;

f) acknowledges that all licensed insurance agents involved in the sale and/or servicing of this group insurance coverage will receive commissions and/or servicing fees from the insurers underwriting the Benepac® benefits;

g) agrees to abide by and be subject to all the terms, conditions, rules, regulations, policy particulars, definitions and other provisions as set out in the Benepac® master group contracts issued to BBD, including any additions or amendments thereto, copies of which are available to view at the offices of BBD during normal business hours;

h) acknowledges that certain contractual and administrative conditions exist with respect to employer eligibility, employee eligibility, employee participation, waiting periods, effective dates of coverage, evidence of insurability, pre-existing conditions and eligibility for late applicants, and agrees to accept and adhere to these conditions; and

i) agrees to save harmless and indemnify BBD, its shareholders, directors, officers, agents and employees and their respective heirs, executors or assigns, from and against all claims, demands, losses, damages, costs, charges and expenses to which they may be exposed as a direct or indirect, complete or partial consequence of the Employer, any employee of the Employer or any insurance agent acting on behalf of the Employer having supplied inaccurate, incomplete, or false information, or for failing to observe the terms of the Benepac® master group contracts issued to BBD

_____ _____

Authorized Signature of Employer Date Witness Signature Date

_____ _____

Name and Title of Authorized Signing Officer Signature of Licensed Insurance Advisor Date

Pre-Authorized Payment Plan

Customer Information

Company Name: _____

Company Address:_____ City:_____

Province: _____ Postal Code: _____ Phone:_____

Bank Account Information

Financial Institution (FI): _____

Branch Address: _____ City:_____

Province: _____ Postal Code: _____ Phone:_____

Account Number: _____ Transit Number:_____ Bank Number: _____

Pre-Authorized Debit Authorization

Unless otherwise indicated, these services are for business.

BBD is hereby authorized to process a debit, in paper, electronic or other form as follows:

- Variable amount: "$X.xx" with "variable payment amount $X.xx" being stated on a statement available to the company at www.bbd.ca at least 10 calendar days prior to the debit date. To obtain the ID code to access your statement, please contact your Account Manager.

- To be drawn on the above account on the 1st day of each month commencing _____. If not indicated, the 1st withdrawal will be on the first day of the month following the effective date of the group insurance policy.

I (we) acknowledge that I (we) have read, understand, and agree to all the provisions contained in the terms and conditions of the Pre-Authorized Debit Plan and that I (we) have received a copy of such terms and conditions.

Authorized Signature _____ **Date** _____

Authorized Signature _____ **Date** _____

Please return completed form and void cheque to BBD:

BC Office
500 - 2755 Lougheed Highway
Port Coquitlam, BC V3B 5Y9
T: 604.464.0313 F: 604.464.7997 TF: 800.668.2295

Ontario Office
107 – 6 Cataraqui Street
Kingston, ON K7K 1Z7
T: 613.530.2422 F: 613.530.3770 TF: 888.272.0413

www.bbd.ca

Pre-Authorized Debit Plan
Terms and Conditions

TO BE RETAINED BY PAYOR

"I (We) acknowledge that this Authorization is provided for the benefit of the Payee and The Royal Bank and is provided in consideration of The Royal Bank agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association."

"I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement."

"I (We) hereby authorize BBD to draw on the Payor's account number according to the Pre-authorized Debit Authorization."

"This Authorization may be cancelled at any time upon notice by the Payor. I (We) acknowledge that, in order to revoke this Authorization, I (We) must provide notice or revocation to BBD 10 working days prior to the next due date of the Pre-Authorized Debit. I (We) may obtain a sample cancellation form, or more information on my (our) right to cancel a PAD Agreement at my (our) Financial institution or by visiting www.cdnpay.ca."

"I (We) acknowledge that provision and delivery of this Authorization to BBD constitutes delivery by the Payor to The Royal Bank. Any delivery of this Authorization to you constitutes delivery by the Payor."

"I (We) undertake to inform BBD, in writing, of any change in the account information provided in this Authorization 10 working days prior to the next due date of the Pre-Authorized Debit (PAD)."

"I (We) acknowledge that The Royal Bank is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount."

"I (We) acknowledge that The Royal Bank is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by BBD as a condition to honouring a PAD issued or caused to be issued by BBD on the Payor's account."

"Revocation of this Authorization does not terminate any contract for goods or services that exists between the Payor and BBD The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged."

"I (We) have certain recourse rights if any debit does not comply with this agreement. For example, I (we) 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 my (our) recourse rights, or obtain a form for a Reimbursment Claim, I (we) may contact my (our) financial institution or visit www.cdnpay.ca."

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Port Coquitlam, BC V3B 5Y9
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