

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

Only to be used for groups issued with 2 to 19 lives.

Reset Form

1	Policyowner/Applicant (Exact Legal Name as indicated on employee T4):			
	What name should appear on your Employee Booklets and Benefit Cards? <input type="radio"/> Name Above <input type="radio"/> Other:			
2	Address (number, street):			
	City	Province	Postal code	
3	Plan Administrator #1(Name):	Telephone	Fax	Email Address
	Plan Administrator #2 (Name):	Telephone	Fax	Email Address
	Plan Administrator #3 (Name):	Telephone	Fax	Email Address
	Plan Administrator #4 (Name):	Telephone	Fax	Email Address
4	Type of Business (Goods or Services Provided):			
5	Ownership (Check one):			
	<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Limited Liability Partnership Name(s) of Owner(s), if Sole Proprietorship, Partnership or Limited Liability Partnership:			
6	Affiliated Companies to be included (Print exact legal name(s)) as indicated on employee T4 <input type="radio"/> Yes <input type="radio"/> No If more than 2 affiliated companies, complete and attach a list of affiliated companies. Is billing sub-totalling required? <input type="radio"/> Yes <input type="radio"/> No			
	Affiliated company #1			
	Name:			
	Address (number, street):	City	Province	Postal code
	Affiliated company #1 Plan Administrator (name):	Telephone	Fax	Email address
	Business relationship to Policyowner: <input type="radio"/> Common Ownership <input type="radio"/> Subsidiary <input type="radio"/> Other:			
	Nature of Business:			
	Number of Employees in affiliated company #1:			
	Affiliated company #2			
	Name:			
	Address (number, street):	City	Province	Postal code
	Affiliated company #2 Plan Administrator (name):	Telephone	Fax	Email address
	Business relationship to Policyowner: <input type="radio"/> Common Ownership <input type="radio"/> Subsidiary <input type="radio"/> Other:			
	Nature of Business:			
Number of Employees in affiliated company #2:				

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

8 FIRST YEAR RENEWAL DURATION: 15 months

9 Present Coverage

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 a Group Benefit Plan 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.

Will the insurance applied for replace similar insurance? ☐ Yes ☐ No

If Yes, complete this section, and **provide a full copy of your most recent billing statement.**

Benefit	Name of Current Carrier	Issue Date	Proposed Cancellation Date
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☐ Life and A.D.&D.

☐ Dependant Life

☐ Optional Employee Life

☐ Critical Illness

☐ Weekly Indemnity

☐ Long Term Disability

☐ Extended Health

☐ Dental

Healthcare Pooling

Is your current coverage eligible for Extended Healthcare Policy Protection Plan (EP3) pooling?

☐ Yes ☐ No – **If yes, please provide your most current Inter-Company EP3 Statement**

10 How long has the current employer owned the business?

11 Describe the classification of employees who will be eligible for benefits. ☐ Class A – All employees **or** specify

Class A _____

Class B _____

Note: A minimum of 3 insured lives is required for 2 Classes.

12 Definition of salary ☐ Basic salary only ☐ Base salary plus commission (2 year average)

☐ Dividends included in Owners and/or Executives definition of salary (3 year average).

Note: Bonuses are excluded from definition of earnings and will not be covered.

13 Eligible Employees

What is the minimum number of hours per week that employees must work to be considered eligible? _____ hours. Note that the lowest allowable figure is 20 hours per week and that the employee must be active, reside in Canada, with provincial health coverage, and be employed on a permanent basis in Canada.

Total Number of Employees to be insured as of the Policy Effective Date*:

Total Number of Employees on payroll as of the Policy Effective Date*:

***Are there any employees excluded from coverage? Explain why:**

14 Participation Requirements:

- a) If this plan has 2–9 insured employees, 100% participation is required.
- b) If this plan has 10–19 insured employees and the employer contributes 100% of the overall premiums, 100% participation is required.
- c) If this plan has 10–19 insured employees and the employer contributes a minimum of 25% but less than 100% of the overall premiums, select from the following participation options: ☐ Mandatory ☐ Non-Mandatory

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

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

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 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. The taxable/non-taxable status of disability benefits cannot vary by employee class.

15 Waiting Period

	Class A	Class B	Waiting period to apply to:
1 month of continuous employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Future employees only, or <input type="radio"/> Present and future employees.
3 months of continuous employment	<input type="radio"/>	<input type="radio"/>	
6 months of continuous employment	<input type="radio"/>	<input type="radio"/>	
12 months of continuous employment	<input type="radio"/>	<input type="radio"/>	

New enrolments must be received by Empire Life no later than 31 days after the completion of the waiting period.

- 16** Are there any employees employed on a contract, consultant, sub-contractor, or seasonal basis applying for coverage under this plan? ☐ Yes ☐ No If Yes please identify:

- 17** How many of the employees applying for coverage under this plan are covered by provincial workplace safety legislation (e.g. WSIB/WCB/CSST)?

- 18** a) How many individuals included with this Application are applying for LTD? _____
- b) How many of the individuals noted in 18 a) are related to the owner(s) of any eligible company (i.e., spouse, parent, child, sibling)? Please include the owner(s) in your total: _____

- 19** Are all business locations totally separate from all company owners' residences (will allow a home based business providing there is a physical separation from living area)? ☐ Yes ☐ No

20 Employees Not Actively at Work

- 1 a) Are there any employees currently insured with the present carrier, that are not actively at work for reasons other than vacation? ☐ Yes ☐ No – If Yes indicate the class and number of eligible employees who were affected:

b) List ALL individuals who are currently absent from work due to the following: (not including vacation)

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) Reduce Hours/Modified Duties/Gradual Return to Work Program |
| iv) Workplace Safety Benefits (WSIB/WCB/CSST) | viii) Other (please explain) |

20	Name (last/first)	Date of Birth (dd/mm/yy)	Class & Occupation	Reason Code for Absence	Date of Leave or Disability	Expected Date of Return to Work

For any individuals listed in 1b) with Reason Code (iv) or (viii) inclusive – provide details of claim type(s) for each individual

Name (last/first)	Claim Type	Applied for:	Approved*
	<input type="radio"/> Workplace Safety Benefits <input type="radio"/> WI <input type="radio"/> EI <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"/> Workplace Safety Benefits <input type="radio"/> WI <input type="radio"/> EI <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"/> Workplace Safety Benefits <input type="radio"/> WI <input type="radio"/> EI <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"/> Workplace Safety Benefits <input type="radio"/> WI <input type="radio"/> EI <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"/> Workplace Safety Benefits <input type="radio"/> WI <input type="radio"/> EI <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

21 If your company is primarily based in a province other than Quebec:

- a) Do any employees have their principal residence in Quebec? ☐ Yes ☐ No
- b) Do you have a physical business location (e.g. branch, warehouse, sales office) in the province of Quebec? ☐ Yes ☐ No
- c) If you do not have a physical business location in Quebec, do you wish to provide your Quebec residents with drug coverage that complies with the Quebec Universal Drug legislation? ☐ Yes ☐ No

Termination Age:

Life, AD&D, and Dependant Life terminate at the insured employee's age 75 or prior retirement.

Weekly Indemnity, and Traditional and Enhanced CI for employee, spouse and dependant CI terminates at the insured employee's age 70* or prior retirement.

Long Term Disability, Optional Life, Optional AD&D, Vital Assist CI, and Traditional and Enhanced Optional CI for Employee, Spouse and Dependent terminates at the insured employee's age 65* or prior retirement.

Health, Dental, and HCSA terminate at the same age according to the options in Section 29.

* The termination age for insured dependant children is the attainment of age 22, 26 if a full-time student at an accredited educational institution.

22 For Groups with 2-3 lives, a minimum of 2 Optional Benefits must be elected (excluding AssistNow EAP).

☒ **Basic Life and AD&D (Mandatory)**

Maximum Coverage

	Class A	Class B	Class A	Class B
1x Annual Salary*	<input type="radio"/>	<input type="radio"/>	Maximum \$ _____	Maximum \$ _____
2x Annual Salary*	<input type="radio"/>	<input type="radio"/>		
3x Annual Salary*	<input type="radio"/>	<input type="radio"/>		
Flat Amount* of (indicate amount)	\$ _____	\$ _____		

No Evidence Limit \$ _____

Reduction Clause: Reduces to \$30,000 at age 65 and further reduces to \$15,000 at age 70.

* The minimum coverage is \$30,000. Overall combined maximum is \$900,000 (Basic and Optional Life).

Employee Accidental Death & Dismemberment Rate, all ages (per \$1,000 of insured volume): \$.05

Basic Life Rate (per \$1,000 of insured volume): \$ _____

23 ☐ **Employee Optional Life and A.D.&D.** Units of \$25,000 available to each eligible person ☐ **No Coverage**

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 Accidental Death & Dismemberment Rate, all ages (per \$1,000 of insured volume): \$.05

24 ☒ **Dependant Life** (Mandatory) \$10,000 spouse/\$5,000 child **Rate:** \$ _____

25 Group Critical Illness
Available for groups with a minimum of 3 Critical Illness lives. Plan can vary by class.

Please select from the options below, where applicable:

Employee Critical Illness ☐ **No Coverage**

	Class A	Class B
Type of Coverage	<input type="radio"/> Vital Assist CI – Core Coverage (4 conditions) - OR <input type="radio"/> Traditional CI – Complete Coverage (31 conditions) OR <input type="radio"/> Enhanced CI – Multiple Event Coverage (31 conditions, 6 partial conditions)	<input type="radio"/> Vital Assist CI – Core Coverage (4 conditions) - OR <input type="radio"/> Traditional CI – Complete Coverage (31 conditions) OR <input type="radio"/> Enhanced CI – Multiple Event Coverage (31 conditions, 6 partial conditions)
Benefit Amounts	Vital Assist CI <input type="radio"/> \$10,000 <input type="radio"/> \$20,000 <input type="radio"/> \$30,000 - OR Traditional/Enhanced CI \$ _____ (\$10,000 - \$250,000 in \$1,000 increments)	Vital Assist CI <input type="radio"/> \$10,000 <input type="radio"/> \$20,000 <input type="radio"/> \$30,000 - OR Traditional / Enhanced CI \$ _____ (\$10,000 - \$250,000 in \$1,000 increments)
Reduction Schedule	Vital Assist CI – None Traditional/Enhanced CI – 50% at age 65	
No Evidence Limit	Vital Assist CI - Not Applicable Traditional / Enhanced CI – \$ _____	
Waiver of Premium	Vital Assist – Not included Traditional CI and Enhanced CI – Included	
Health Concierge Service	Included for employee and all eligible dependants	
Pre-existing Condition Exclusion Period	Vital Assist CI – Not applicable Traditional/Enhanced CI – 24/24 (Employee choice also applies to Spouse and Dependant coverage)	
Rate (per \$1,000 of insured volume) \$ _____		

Spousal Critical Illness ☐ **No Coverage**
Only available if Employee CI selected – and must select the same type of coverage within each class

	Class A	Class B
Type of Coverage	<input type="radio"/> Traditional CI – Complete Coverage (31 conditions) OR <input type="radio"/> Enhanced CI – Multiple Event Coverage (31 conditions, 6 partial conditions)	<input type="radio"/> Traditional CI – Complete Coverage (31 conditions) OR <input type="radio"/> Enhanced CI – Multiple Event Coverage (31 conditions, 6 partial conditions)
Benefit Amounts (Spouse coverage cannot exceed employee coverage)	\$ _____ (\$10,000 - \$25,000 in \$1,000 increments) (3-4 CI lives - \$10,000 maximum)	\$ _____ (\$10,000 - \$25,000 in \$1,000 increments) (3-4 CI lives - \$10,000 maximum)
Reduction Schedule	50%, employee age 65	
No Evidence Limit	No medical underwriting required	
Waiver of Premium	Included	
Rate (per \$1,000 of insured volumes): \$ _____		

25 Dependant Critical Illness ☐ **No Coverage**

Only available if Employee CI selected

Class A		Class B
Type of Coverage	<input type="radio"/> Complete Traditional CI (15 conditions) Partial/multiple /cancer recurrence benefits not available for dependent children	<input type="radio"/> Complete Traditional CI Coverage (15 conditions) Partial/multiple /cancer recurrence benefits not available for dependent children
Benefit Amounts	\$ 5,000 per child	
Reduction Schedule	Not Applicable	
Waiver of Premium	Included	
Rate (per \$1,000 of insured volumes): \$ _____		

26 Optional Group Critical Illness**Employee Optional Critical Illness** ☐ **No Coverage**

Must have Employee CI to select Optional CI

Class A		Class B
Type of Coverage	<div><div><input type="radio"/> Traditional Critical Illness (Complete Coverage – 31 conditions) OR</div><div><input type="radio"/> Enhanced Critical Illness (Multiple Event Coverage – 31 conditions/6 partial conditions) Benefit offered in Units of \$1,000</div></div>	<div><div><input type="radio"/> Traditional Critical Illness (Complete Coverage – 31 conditions) OR</div><div><input type="radio"/> Enhanced Critical Illness (Multiple Event Coverage – 31 conditions/6 partial conditions) Benefit offered in Units of \$1,000</div></div>
Benefit Amounts	\$10,000 minimum - \$250,000 maximum	\$10,000 minimum - \$250,000 maximum
No Evidence Limit	Full medical underwriting required	
Waiver of Premium	Included	
RATE: see appendix		

Spousal Optional Group Critical Illness ☐ **No Coverage**

Only available if Optional Employee CI selected - and must select the same type of coverage within each class

Class A		Class B
Type of Coverage	<div><input type="radio"/> Traditional Critical Illness (Complete Coverage – 31 conditions) OR</div> <div><input type="radio"/> Enhanced Critical Illness (Multiple Event Coverage – 31 conditions/6 partial conditions) Benefit offered in Units of \$1,000</div>	<div><input type="radio"/> Traditional Critical Illness (Complete Coverage – 31 conditions) OR</div> <div><input type="radio"/> Enhanced Critical Illness (Multiple Event Coverage – 31 conditions/6 partial conditions) Benefit offered in Units of \$1,000</div>
Benefit Amounts	\$10,000 minimum - \$250,000 maximum	\$10,000 minimum - \$250,000 maximum
No Evidence Limit	Full medical underwriting required	
Waiver of Premium	Included	
RATE: see appendix		

Dependant Optional Group Critical Illness ☐ **No Coverage**

Only available if Optional Employee CI selected

Class A		Class B
Type of Coverage	<input type="radio"/> Traditional Critical Illness (Complete Coverage – 15 conditions)	<input type="radio"/> Traditional Critical Illness (Complete Coverage – 15 conditions)
	Partial/multiple/cancer recurrence benefits not available for dependent children Benefit offered in Units of \$1,000	Partial/multiple/cancer recurrence benefits not available for dependent children Benefit offered in Units of \$1,000
Maximum Benefit	\$5,000 minimum - \$25,000 maximum	\$5,000 minimum - \$25,000 maximum
No Evidence Limit	No medical underwriting required. Pre-existing conditions exclusion applies.	
Waiver of Premium	Included	
RATE: see appendix		

27 ☐ **Weekly Indemnity (optional)** ☐ **No Coverage**
(Weekly Indemnity and Long Term Disability must have identical tax status)

Class A		Class B	
Percentage of Earnings	<input type="radio"/> 60% <input type="radio"/> 66.67% <input type="radio"/> 70%* <input type="radio"/> 75%*	<input type="radio"/> 60% <input type="radio"/> 66.67% <input type="radio"/> 70%* <input type="radio"/> 75%*	
Maximum Weekly Benefit			
2 lives	<input type="radio"/> E.I. Max <input type="radio"/> \$700 <input type="radio"/> \$800 <input type="radio"/> \$900 <input type="radio"/> \$1000 <input type="radio"/> \$1250 <input type="radio"/> _____ Other	<input type="radio"/> E.I. Max <input type="radio"/> \$700 <input type="radio"/> \$800 <input type="radio"/> \$900 <input type="radio"/> \$1000 <input type="radio"/> \$1250 <input type="radio"/> _____ Other	
3-4 lives	<input type="radio"/> E.I. Max <input type="radio"/> \$700 <input type="radio"/> \$800 <input type="radio"/> \$900 <input type="radio"/> \$1000 <input type="radio"/> \$1250 <input type="radio"/> \$1750 <input type="radio"/> _____ Other	<input type="radio"/> E.I. Max <input type="radio"/> \$700 <input type="radio"/> \$800 <input type="radio"/> \$900 <input type="radio"/> \$1000 <input type="radio"/> \$1250 <input type="radio"/> \$1750 <input type="radio"/> _____ Other	
5-9 lives	<input type="radio"/> E.I. Max <input type="radio"/> \$700 <input type="radio"/> \$800 <input type="radio"/> \$900 <input type="radio"/> \$1000 <input type="radio"/> \$1250 <input type="radio"/> \$1750 <input type="radio"/> \$2000 <input type="radio"/> \$2200 <input type="radio"/> _____ Other	<input type="radio"/> E.I. Max <input type="radio"/> \$700 <input type="radio"/> \$800 <input type="radio"/> \$900 <input type="radio"/> \$1000 <input type="radio"/> \$1250 <input type="radio"/> \$1750 <input type="radio"/> \$2000 <input type="radio"/> \$2200 <input type="radio"/> _____ Other	
10-14 lives	<input type="radio"/> E.I. Max <input type="radio"/> \$700 <input type="radio"/> \$800 <input type="radio"/> \$900 <input type="radio"/> \$1000 <input type="radio"/> \$1250 <input type="radio"/> \$1750 <input type="radio"/> \$2000 <input type="radio"/> \$2200 <input type="radio"/> \$2500 <input type="radio"/> _____ Other	<input type="radio"/> E.I. Max <input type="radio"/> \$700 <input type="radio"/> \$800 <input type="radio"/> \$900 <input type="radio"/> \$1000 <input type="radio"/> \$1250 <input type="radio"/> \$1750 <input type="radio"/> \$2000 <input type="radio"/> \$2200 <input type="radio"/> \$2500 <input type="radio"/> _____ Other	
15-19 lives	<input type="radio"/> E.I. Max <input type="radio"/> \$700 <input type="radio"/> \$800 <input type="radio"/> \$900 <input type="radio"/> \$1000 <input type="radio"/> \$1250 <input type="radio"/> \$1750 <input type="radio"/> \$2000 <input type="radio"/> \$2200 <input type="radio"/> \$2500 <input type="radio"/> \$2800 <input type="radio"/> _____ Other	<input type="radio"/> E.I. Max <input type="radio"/> \$700 <input type="radio"/> \$800 <input type="radio"/> \$900 <input type="radio"/> \$1000 <input type="radio"/> \$1250 <input type="radio"/> \$1750 <input type="radio"/> \$2000 <input type="radio"/> \$2200 <input type="radio"/> \$2500 <input type="radio"/> \$2800 <input type="radio"/> _____ Other	
Elimination Period (days) & Maximum Benefit Period (weeks)	<input type="radio"/> 0 - 7 - 17 <input type="radio"/> 0 - 7 - 26 <input type="radio"/> 14 - 14 - 15 <input type="radio"/> 14 - 14 - 26		
1st Day Hospital/ Outpatient Surgery	<input type="radio"/> Yes <input type="radio"/> No		

* Plans with 70% or 75% schedule must be taxable. All covered classes must have the same schedule and 1st Day Hospital/Outpatient Surgery option. Termination age 70.

Rate (per \$10 of insured volume): \$ _____

28 ☐ **Long Term Disability (optional)** ☐ **No Coverage**
(Weekly Indemnity and Long Term Disability must have identical tax status)

Class A		Class B	
Percentage of Earnings	<input type="radio"/> 60% <input type="radio"/> 66.67% <input type="radio"/> 70%* <input type="radio"/> 75%* <input type="radio"/> Graded Scale _____% of the first \$ _____; _____% of the next \$ _____, and _____% of the excess.	<input type="radio"/> 60% <input type="radio"/> 66.67% <input type="radio"/> 70%* <input type="radio"/> 75%* <input type="radio"/> Graded Scale _____% of the first \$ _____; _____% of the next \$ _____, and _____% of the excess.	
Maximum Monthly Benefit			
2-4 lives	<input type="radio"/> \$5,000 <input type="radio"/> Other \$ _____	<input type="radio"/> \$5,000 <input type="radio"/> Other \$ _____	
5-9 lives	<input type="radio"/> \$7,000 <input type="radio"/> Other \$ _____	<input type="radio"/> \$7,000 <input type="radio"/> Other \$ _____	
10-14 lives	<input type="radio"/> \$8,000 <input type="radio"/> Other \$ _____	<input type="radio"/> \$8,000 <input type="radio"/> Other \$ _____	
15-19 lives	<input type="radio"/> \$10,000 <input type="radio"/> Other \$ _____	<input type="radio"/> \$10,000 <input type="radio"/> Other \$ _____	
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	
Tax Status	<input type="radio"/> Taxable <input type="radio"/> Non-taxable		
Elimination Period (weeks)	<input type="radio"/> 15 <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)		

* Plans with 70% or 75% schedule must be taxable.

Rate (per \$100 of insured volume): \$ _____

29 <input type="radio"/> Extended Healthcare Benefits (optional) <input type="radio"/> No Coverage		
Class A		Class B
Benefit Period	<input type="radio"/> Benefit Year <input type="radio"/> Calendar Year	
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
*The termination age for insured dependant children is the attainment of age 22, 26 if full-time student at an accredited educational institution.		
Survivor Benefits	Included for 2 years	
Healthcare Pooling	\$10,000 per Insured per benefit year for all EHB benefits, excluding Emergency Travel Assistance Program	
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.		
When selecting Drug and Major Medical coverage, customers have the option between Standard coverage and Healthcare Essentials. Both classes must be insured for the same Drug and Major Medical benefits. Classes can differ by deductible, coinsurance or maximum.		
Drug Plan (both classes are covered, where applicable)		
Extended Health Benefits will be administered in accordance with the requirements of applicable provincial prescription drug legislation, and will meet any applicable minimum coverage standard.		
When selecting Drug coverage, choose the Actively Managed Drug Plan or the Standard Drug Plan. (Actively Managed Drug Plan available to Policyowners in all regions of Canada, except Quebec.)		
Drug Plan Type	<input type="radio"/> Standard Drug Plan <input type="radio"/> Actively Managed Drug Plan	
Standard Drug Plan		
Method of Claim Submission	Pay Direct Drug Card	
Drug Plan Type	<input type="radio"/> Brand Name <input type="radio"/> Generic <input type="radio"/> Mandatory Generic Substitution <input type="radio"/> Provincial Formulary* *If Provincial Formulary is chosen, the two tier coinsurance will be 100% Formulary Drugs and 80% of Non Formulary Drugs.	
Class A		Class B
Coinsurance		
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%
Tiered: Generic Drugs/Brand Name Drugs, OR	<input type="radio"/> 100% /80% <input type="radio"/> 90% /70% <input type="radio"/> 80% /60%	
Graded	<input type="radio"/> 70% of the first \$1,000, 100% thereafter <input type="radio"/> 80% of the first \$1,000, 100% thereafter <input type="radio"/> 90% of the first \$1,000, 100% thereafter	<input type="radio"/> 70% of the first \$5,000, 100% thereafter <input type="radio"/> 80% of the first \$5,000, 100% thereafter <input type="radio"/> 90% of the first \$5,000, 100% thereafter
Deductible		
Annual (single/family), or	<input type="radio"/> \$0 <input type="radio"/> \$25/ \$50 <input type="radio"/> \$50/\$100 <input type="radio"/> \$100/\$200 <input type="radio"/> \$250/\$500	<input type="radio"/> \$0 <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"/> \$0 <input type="radio"/> Dispensing Fee <input type="radio"/> \$5 <input type="radio"/> \$10 <input type="radio"/> Other \$_____ (\$1 to \$20 in increments of \$0.50)	<input type="radio"/> \$0 <input type="radio"/> Dispensing Fee <input type="radio"/> \$5 <input type="radio"/> \$10 <input type="radio"/> Other \$_____ (\$1 to \$20 in increments of \$0.50)
Dispensing Fee Maximum	<input type="radio"/> Empire Life R&C (Default) <input type="radio"/> Other _____ (\$1 to \$20 in \$0.50 increments)	<input type="radio"/> Empire Life R&C (Default) <input type="radio"/> Other _____ (\$1 to \$20 in \$0.50 increments)

29 Maximum						
Brand, Generic, and Mandatory Generic Substitution Plans	<input type="radio"/> Per Insured <input type="radio"/> Per Certificate <input type="radio"/> Unlimited <input type="radio"/> \$5,000 <input type="radio"/> \$7,500 <input type="radio"/> \$10,000 <input type="radio"/> Other \$ _____ (\$500 to \$10,000 in \$500 increments) Applicable to all drugs except: <ul style="list-style-type: none"> Smoking Cessation (\$300 lifetime maximum) Sexual Dysfunction (\$1,000 annual maximum) <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"/> Per Insured <input type="radio"/> Per Certificate <input type="radio"/> Unlimited <input type="radio"/> \$5,000 <input type="radio"/> \$7,500 <input type="radio"/> \$10,000 <input type="radio"/> Other \$ _____ (\$500 to \$10,000 in \$500 increments) Applicable to all drugs except: <ul style="list-style-type: none"> Smoking Cessation (\$300 lifetime maximum) Sexual Dysfunction (\$1,000 annual maximum) <input type="radio"/> Yes <input type="radio"/> No Fertility (50% coinsurance, \$4,000 lifetime maximum) <input type="radio"/> Yes <input type="radio"/> No 		
Provincial Formulary Plans	<input type="radio"/> Unlimited					
Actively Managed Drug Plan (available to Policyowners in all regions, except Quebec)						
Actively Managed Plan Type	<input type="radio"/> Preferred Choice Actively Managed Drug Plan To receive the higher level of reimbursement for maintenance and specialty 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. <input type="radio"/> Exclusive Actively Managed Drug Plan For maintenance and specialty drugs to be covered by the drug plan, they must be purchased through the ESC Pharmacy. All other drugs, including maintenance and specialty drugs not available through the ESC Pharmacy, can be purchased through a retail pharmacy and they will be covered under the plan.					
Method of Claim Submission	Pay Direct Drug Card					
Drug Card Plan Type	<input type="radio"/> Mandatory Generic Substitution <input type="radio"/> Generic					
Class A			Class B			
Preferred Choice Actively Managed Drug Plan						
Coinsurance						
ESC Pharmacy Drugs (Maintenance and Specialty)						
ESC Pharmacy/Retail Pharmacy	<input type="radio"/> 80%/60%	<input type="radio"/> 90%/70%	<input type="radio"/> 100%/80%	<input type="radio"/> 80%/60%	<input type="radio"/> 90%/70%	<input type="radio"/> 100%/80%
All Other Drugs						
ESC Pharmacy/Retail Pharmacy	80%/80%	90%/90%	100%/100%	80%/80%	90%/90%	100%/100%
Deductible						
ESC Pharmacy Drugs (Maintenance and Specialty)						
ESC Pharmacy/Retail Pharmacy	\$0/Dispensing Fee					
All Other Drugs						
ESC Pharmacy/Retail Pharmacy	\$0					
Maximum						
Generic and Mandatory Generic Substitution Plans	<input type="radio"/> Per Insured <input type="radio"/> Per Certificate <input type="radio"/> Unlimited <input type="radio"/> \$ _____ Other (\$500 to \$10,000, increments of \$500) Applicable to all drugs except: Smoking Cessation (\$300 lifetime maximum), Sexual Dysfunction (\$1,000 annual maximum), <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"/> Per Insured <input type="radio"/> Per Certificate <input type="radio"/> Unlimited <input type="radio"/> \$ _____ Other (\$500 to \$10,000, increments of \$500) Applicable to all drugs except: Smoking Cessation (\$300 lifetime maximum), Sexual Dysfunction (\$1,000 annual maximum), <input type="radio"/> Yes <input type="radio"/> No Fertility (50% coinsurance, \$4,000 lifetime maximum) <input type="radio"/> Yes <input type="radio"/> No		

29 Exclusive Actively Managed Drug Plan**Coinsurance****ESC Pharmacy Drugs (Maintenance and Specialty)**

ESC Pharmacy/Retail Pharmacy	<input type="radio"/> 80%/0%	<input type="radio"/> 90%/0%	<input type="radio"/> 100%/0%	<input type="radio"/> 80%/0%	<input type="radio"/> 90%/0%	<input type="radio"/> 100%/0%
All Other Drugs						
ESC Pharmacy/Retail Pharmacy	80%/80%	90%/90%	100%/100%	80%/80%	90%/90%	100%/100%

Deductible**ESC Pharmacy Drugs (Maintenance and Specialty)**

ESC Pharmacy/Retail Pharmacy	\$0/Dispensing Fee
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All Other Drugs

Retail Pharmacy	\$0
-----------------	-----

Class A**Class B****Maximum**

Generic and Mandatory Generic Substitution Plans	<input type="radio"/> Per Insured <input type="radio"/> Per Certificate <input type="radio"/> Unlimited <input type="radio"/> \$ _____ Other (\$500 to \$10,000, increments of \$500) Applicable to all drugs except: Smoking Cessation (\$300 lifetime maximum), Sexual Dysfunction (\$1,000 annual maximum), <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"/> Per Insured <input type="radio"/> Per Certificate <input type="radio"/> Unlimited <input type="radio"/> \$ _____ Other (\$500 to \$10,000, increments of \$500) Applicable to all drugs except: Smoking Cessation (\$300 lifetime maximum), Sexual Dysfunction (\$1,000 annual maximum), <input type="radio"/> Yes <input type="radio"/> No Fertility (50% coinsurance, \$4,000 lifetime maximum) <input type="radio"/> Yes <input type="radio"/> No
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Major Medical☐ **Option 1: Standard Extended Healthcare**

Coinsurance Applicable to Major Medical, except, Hospital, Vision Care, Eye Examination, and Out of Province Emergency	<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	
Paramedical Services	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Included Practitioners	Acupuncturist Audiologist Chiropractor Christian Science Practitioner Registered Clinical Psychologist	Chiropracist Naturopath Occupational Therapist Osteopath Podiatrist Physiotherapist Registered Dietician Registered Massage Therapist Social Worker Speech Therapist
Annual Maximum, OR Insured Basis Practitioner Basis Dollar Amount	<input type="radio"/> Per Certificate <input type="radio"/> Per Insured	
	<input type="radio"/> Per Practitioner <input type="radio"/> All Practitioners Combined	
	<input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$700 <input type="radio"/> \$1,000 <input type="radio"/> Other _____ (\$300 to \$3,000 in \$100 increments)	<input type="radio"/> \$300 <input type="radio"/> \$500 <input type="radio"/> \$700 <input type="radio"/> \$1,000 <input type="radio"/> Other _____ (\$300 to \$3,000 in \$100 increments)
Per Visit Maximum		
Maximum Basis	Per Insured, Per Practitioner	Per Insured, Per Practitioner
Dollar Amount	<input type="radio"/> Included: <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> Other _____ (\$25 to \$175 maximum in \$5 increments) <input type="radio"/> Not Included	<input type="radio"/> Included: <input type="radio"/> \$50 <input type="radio"/> \$75 <input type="radio"/> Other _____ (\$25 to \$175 maximum in \$5 increments) <input type="radio"/> Not Included

29	Class A		Class B	
	Diagnostic Laboratory Procedures			
	Maximum, Per Insured	<input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500		
	Hospital, Semi-Private	<input type="radio"/> Yes (100% Coinsurance) <input type="radio"/> No	<input type="radio"/> Yes (100% Coinsurance) <input type="radio"/> No	
	Convalescent Hospital	Included, Coinsurance matches Major Medical, \$20/day and 120 day duration maximum, per insured		
	Specialized Treatment Facility	Included, 50% coinsurance, \$4,000, per insured, lifetime maximum		
	Eye Exams	<input type="radio"/> Yes (100% coinsurance) <input type="radio"/> No	<input type="radio"/> Yes (100% coinsurance) <input type="radio"/> No	
	Maximum, Per Insured	<input type="radio"/> \$75 (Default) <input type="radio"/> \$100 <input type="radio"/> \$150 <input type="radio"/> Other _____ (\$50 to \$200 maximum in \$25 increments) Every 12 months for dependent child/ 24 months for adult	<input type="radio"/> \$75 (Default) <input type="radio"/> \$100 <input type="radio"/> \$150 <input type="radio"/> Other _____ (\$50 to \$200 maximum in \$25 increments) Every 12 months for dependent child/ 24 months for adult	
	Vision Care Requires a minimum of 2 lives	<input type="radio"/> Yes (100% coinsurance) <input type="radio"/> No	<input type="radio"/> Yes (100% coinsurance) <input type="radio"/> No	
	Maximum, Per Insured	<input type="radio"/> \$100 <input type="radio"/> \$150 <input type="radio"/> \$200 <input type="radio"/> \$250 <input type="radio"/> \$300 <input type="radio"/> Other \$ _____ (\$100 to \$500 maximum in \$25 increments)	<input type="radio"/> \$100 <input type="radio"/> \$150 <input type="radio"/> \$200 <input type="radio"/> \$250 <input type="radio"/> \$300 <input type="radio"/> Other \$ _____ (\$100 to \$500 maximum in \$25 increments)	
		Every 12 months for dependent child/ 24 months for adult. \$100 and \$150 Maximums will be extended to \$200 over 12/24 months for contact lenses (if necessary for 20/40 visual acuity)		
	Class A		Class B	
	Orthopaedic Supplies			
	Maximum, Per Insured			
	Inserts	<input type="radio"/> \$200 (Default) <input type="radio"/> \$300 <input type="radio"/> \$400 <input type="radio"/> \$500 <input type="radio"/> Other \$ _____ (\$50 to \$1,000 in \$50 increments)		
Shoes, OR	<input type="radio"/> \$200 (Default) <input type="radio"/> \$300 <input type="radio"/> \$400 <input type="radio"/> \$500 <input type="radio"/> Other \$ _____ (\$50 to \$1,000 in \$50 increments)			
Combined Maximum	<input type="radio"/> \$500 <input type="radio"/> \$700 <input type="radio"/> \$800 <input type="radio"/> Other \$ _____ (\$200 to \$1,500 in \$100 increments)			
Private Duty Nursing				
Maximum, Per Insured	<input type="radio"/> \$5,000 <input type="radio"/> \$10,000 <input type="radio"/> \$15,000 <input type="radio"/> \$20,000 <input type="radio"/> \$25,000			
Emergency Travel Assistance Program				
Coinsurance	100%			
Deductible	\$0/\$0			
Trip Duration, Continuous Coverage	<input type="radio"/> 60 days <input type="radio"/> 90 days <input type="radio"/> 120 days	<input type="radio"/> 60 days <input type="radio"/> 90 days <input type="radio"/> 120 days		
Lifetime Maximum	\$5,000,000, Per Insured			
Out-of-Province Referral Lifetime Maximum	\$15,000 (combined), Per Insured			
Travel Assistance	Included			

29 ☐ **Option 2: Healthcare Essentials** (both classes are covered, where applicable)

OPTIONAL BENEFITS	<input type="radio"/> Include, 100% Coinsurance <input type="radio"/> Exclude	
Included	Semi-Private Hospital, Paramedical Services, Vision, Eye Exams, and Medical Supplies	
Deductible	\$0/\$0	
Combined Maximum, Per Certificate	<input type="radio"/> \$500 <input type="radio"/> \$1,000	
MANDATORY BENEFITS		
Private Duty Nursing	Included at 100% Coinsurance, \$10,000 maximum	
Pay Direct Drug Plan	The benefit options selected under Drugs will apply with the exception of the following:	
With Optional Benefits, excludes	Sexual Dysfunction, Fertility Drugs	
Without Optional Benefits, excludes	Smoking Cessation, Sexual Dysfunction, and Fertility Drugs	
Emergency Travel Assistance Program	100% Coinsurance, Trip duration 60 days, \$5,000,000 Lifetime Maximum, Per Insured	
<input type="radio"/> Incidental Health Expense (optional) <input type="radio"/> No Coverage (Can be selected with EHB Option 1 or EHB Option 2)		
Maximum		
	Class A	Class B
Annual Single	\$ _____ (\$100 - \$5,000 in \$25 increments)	\$ _____ (\$100 - \$5,000 in \$25 increments)
Annual Family	\$ _____ (\$100 - \$5,000 in \$25 increments)	\$ _____ (\$100 - \$5,000 in \$25 increments)
EXTENDED HEALTH BENEFIT RATE: \$ _____ Single Rate: \$ _____ Family		

30 ☐ **Health Care Spending Account (HCSA) (optional)** ☐ **No Coverage**

Health Care Spending Account available only to Incorporated Companies.

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	
Select either Balance Carry Forward account type or No Balance Carry Forward account type:		
<input type="radio"/> 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: Benefit amount can vary \$100 to \$10,000 annually OR \$50 to \$2,500 quarterly /semi-annually	<input type="radio"/> Annual Single \$ _____ (per benefit period) Family \$ _____ (per benefit period) <input type="radio"/> Semi Annual Single \$ _____ (per benefit period) Family \$ _____ (per benefit period) <input type="radio"/> Quarterly Single \$ _____ (per benefit period) Family \$ _____ (per benefit period)	<input type="radio"/> Annual Single \$ _____ (per benefit period) Family \$ _____ (per benefit period) <input type="radio"/> Semi Annual Single \$ _____ (per benefit period) Family \$ _____ (per benefit period) <input type="radio"/> Quarterly Single \$ _____ (per benefit period) Family \$ _____ (per benefit period)
<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: Benefit amount can vary \$100 to \$10,000 annually	Single \$ _____ (per benefit period) Family \$ _____ (per benefit period)	Single \$ _____ (per benefit period) Family \$ _____ (per benefit period)

31 Dental – Standard (optional)
☐ **Insured** ☐ **Administrative Services Only** ☐ **No Coverage** (If Dental is selected, both Classes must be Insured or ASO)

Benefit Period	Matches EHB benefit period
Survivor Benefit	Included for 2 years
Maximum Basis	
Basic Restorative and Periodontic-Endodontic, Major Restorative	<input type="radio"/> Per Insured <input type="radio"/> Per Certificate
Orthodontic	Per Insured

Basic Restorative and Periodontic-Endodontic

	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
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%
Maximum	<input type="radio"/> \$750 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="radio"/> Other \$ _____ (\$500 to \$5,000 in increments of \$250)	<input type="radio"/> \$750 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="radio"/> Other \$ _____ (\$500 to \$5,000 in increments of \$250)
Scaling Units (1 unit = 15 mins)	<input type="radio"/> 12 units <input type="radio"/> 15 units <input type="radio"/> Other _____ (6 to 16, increments of 1)	<input type="radio"/> 12 units <input type="radio"/> 15 units <input type="radio"/> Other _____ (6 to 16, increments of 1)
Recall	<input type="radio"/> 6 months <input type="radio"/> 9 months <input type="radio"/> 12 months	<input type="radio"/> 6 months <input type="radio"/> 9 months <input type="radio"/> 12 months
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 (provide year)	<input type="radio"/> Current <input type="radio"/> Fixed (provide year)
Practitioner	General	
Province	<input type="radio"/> Employee's province of residence (Default) <input type="radio"/> Policyowner's province of primary business location	

Major Restorative ☐ Yes ☐ No

Eligibility	Requires a minimum of 4 insured lives for Major Dental	
Deductible (single/family)	Applies as per above	
Coinsurance	50%	
Maximum		
Major Restorative only	<input type="radio"/> \$750 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="radio"/> Other \$ _____ (\$500 to \$5,000 in increments of \$250)	<input type="radio"/> \$750 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="radio"/> Other \$ _____ (\$500 to \$5,000 in increments of \$250)
Combined Basic Restorative and Periodontic-Endodontic, and Major Restorative	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Orthodontics ☐ Yes ☐ No

Eligibility	In order to be eligible for Orthodontic, there must be a minimum of 5 insured lives and Major Dental must be selected. Coverage is for dependent children up to and including age 19.	
Deductible	\$0/\$0	
Coinsurance	50%	
Maximum, Per Lifetime	<input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="radio"/> \$2,000 <input type="radio"/> \$2,500	<input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="radio"/> \$2,000 <input type="radio"/> \$2,500

Rate: \$ _____ Single Rate: \$ _____ Family

31 Dental Flex (optional)

☐ Insured ☐ Administrative Services Only ☐ No coverage

If Dental Flex is selected, both Classes must be Insured or ASO

Combined Basic and Restorative, Periodontic-Endodontic, Major Restorative, and Orthodontic

Eligibility Requires a minimum of 2 insured lives
Orthodontic for dependant children up to and including age 19

Benefit Period Matches EHB Benefit Period

Survivor Benefit Included for 2 years

Maximum Basis ☐ Per Insured ☐ Per Certificate

Class A		Class B	
Deductible	\$0	\$0	
Coinsurance	<input type="radio"/> 80% <input type="radio"/> 100%	<input type="radio"/> 80% <input type="radio"/> 100%	
Annual Combined Maximum	<input type="radio"/> \$750 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="radio"/> Other \$ _____ (\$500 to \$3,000 in increments of \$250)	<input type="radio"/> \$750 <input type="radio"/> \$1,000 <input type="radio"/> \$1,500 <input type="radio"/> Other \$ _____ (\$500 to \$3,000 in increments of \$250)	
Recall	<input type="radio"/> 6 months <input type="radio"/> 9 months <input type="radio"/> 12 months	<input type="radio"/> 6 months <input type="radio"/> 9 months <input type="radio"/> 12 months	
Scaling Units (1 unit = 15 mins)	<input type="radio"/> 12 units <input type="radio"/> 15 units <input type="radio"/> Other _____ (6 to 16 in 1 unit increments)	<input type="radio"/> 12 units <input type="radio"/> 15 units <input type="radio"/> Other _____ (6 to 16 in 1 unit increments)	
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 (provide year)	<input type="radio"/> Current Year <input type="radio"/> Fixed (provide year)	
Practitioner	General		
Province	<input type="radio"/> Employee province of residence (Default) <input type="radio"/> Province of Policyowner’s primary business location		
Rate: \$ _____		Single	Rate: \$ _____
		Family	

For Groups of 2-3 Lives, a minimum of 2 Optional Benefits must be elected.

32 PAD (Pre-authorized Debit) Agreement

☐ I hereby authorize Empire Life to withdraw the amount due on my billing statement from my financial institution account.

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.

* The withdrawal from your bank account may occur up to two business days after this date.

Financial Institution account 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.cdnpay.ca.

Please attach a void cheque

33 Each of the Plan Administrators listed in section #3 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.

The Applicant authorizes the Advisor(s) identified in Section 37 of this Application to:

a) view employee and plan design details on the Plan Administrator website ☐ Yes ☐ No

b) update employee and plan design details on the Plan Administrator website ☐ Yes ☐ No

(Third Party Authorization letter required)

34 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))

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, providing a guide for handwriting or typing. The paper itself is a clean, off-white color.

36 Declarations, Authorizations and Signatures (Signatures must be originals)

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 3 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 37 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 35 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 32 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 32, 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)

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

by _____
Signature of Witness PRINT Name/Title in FULL

37 Advisor's 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

Company Name

Address – Street/Suite

City, Province

Postal Code

Telephone

Fax

Email Address

Group Office

Empire Life Advisor Code

Percentage of Case

Name of Advisor – Print name in full

Name of Second 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 current billing 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 The Empire Life Insurance Company has been enclosed with the Application.
- 5) A complete copy of the quotation for this group has been enclosed.

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