

BC Small Business Benefit Plan
PARTICIPATING EMPLOYER APPLICATION FORM

Legal Name of Employer (Applicant): _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Authorized Signing Officer: _____ Administrator: _____

Application is hereby made for coverage under **Standard Life Group Policy 35855**

It is requested this coverage take effect on: _____

- Legal Status of Applicant Corporation Sole Proprietorship Other (explain)
- Do all employees receive T4's? Yes No (explain)
- Total number of employees on payroll: Full Time _____ Part Time _____
- Number of eligible employees: Full Time _____ Part Time _____
- Are there currently any employees away from work for any reason other than vacation? Yes (explain and advise return to work date) No

***Participation: All eligible employees are required to join the plan. Eligible employees are those working a minimum of 20 hours per week for the Applicant.**

***Waiting Period for new employees will be 3 months. This can be waived by written request should the employer desire.**

***Coverage will take effect on 1st of month following 3 months employment**

Initials _____

Employer contribution to Premiums: Minimum contribution is 50% of total premiums:

Life/AD&D	
Dependent Life	
Long Term Disability	
Extended Health	
Dental Plan	

Details of plan design options chosen are shown on page 2 of this document.

The applicant hereby declares that the statements and answers contained in this document are full, complete and true as of the date hereof, and expressly agrees that: 1) such statements and answers shall constitute the application for and form part of the contract and 2) the insurance shall become effective on the requested Effective Date, in accordance with and subject to the Master Policy but in no case shall the insurance become effective until this application has been approved by the Standard Life Assurance Company. Furthermore, the Applicant acknowledges and agrees that participation in this plan involves the Authorized Administrator(s) having access to plan and participant information. The Authorized Administrator(s) agree to ensure that the plan is administered in accordance with the provision specified in the group insurance contract issued by Standard Life and the instructions contained in the Administrator's Guide. Furthermore, the Applicant accepts responsibility for any misuses of information by the Authorized Administrator(s). Payment of \$ _____ will be credited towards the first month's premium for this Division in connection with the issuance of coverage under the Master Policy. This application replaces any application(s) or agreement(s) previously issued.

Dated at _____ this _____ day of _____, 200__.

Witness: _____ Applicant: _____

Writing Agent: Hollett Holdings Inc. - #401 - 1630 Pandosy Street, Kelowna, BC V1Y 1P7

All coverage is mandatory. Please refer to Policy 35855 for full details of the benefit designs available.

THE STANDARD PLAN INCLUDES THE FOLLOWING:

Life Insurance:

Flat \$50,000 per employee
This benefit reduces 50% at age 65 and terminates at the earlier of age 70 or retirement

Accidental Death and Dismemberment Insurance:

An amount equal to the Life Insurance benefit
This benefit reduces 50% at age 65 and terminates at the earlier of age 70 or retirement

Dependent's Life Insurance:

Spouse \$10,000 / Child \$5,000
This benefit terminates at the earlier of age 70 or retirement

Long Term Disability Income:

Maximum monthly benefit of \$2,500
No greater than 85% of pre-disability income
Definition of Disability – 2 years own occupation
Maximum Benefit Period to age 65
Qualifying Period is 120 days
This benefit terminates at age 65 or earlier retirement

Health Insurance:

No deductible
Out of province emergency services are reimbursed at 100% subject to a lifetime maximum payout of \$1,000,000 per person
In province hospital and medical services and equipment are reimbursed at 80%
Paramedical services are reimbursed at 80% subject to a maximum of \$30 per visit and a maximum of \$500 per person each benefit year for each specialty
Prescription drugs are on a Pay Direct Drug Card and reimbursed directly to the pharmacy at 80%
Vision Care is reimbursed at 80% to a maximum payout of \$200 per adult each 24 months and \$200 per child each 12 months

Dental Insurance:

No deductible
80% coverage of basic and preventative items
50% coverage of major restorative
50% coverage of orthodontics for dependant children under age 19
Benefit Year maximum will be \$2,000 per person for basic, preventative and major work combined
Lifetime maximum will be \$2,500 per child payout for orthodontics

THE ENHANCED PLAN coverage is the same as above, except the Life and AD&D Insurance are \$100,000 per employee and the Long Term Disability is \$5,000 per month. To be eligible for the Enhanced Plan, the employee's annual salary must be at least \$65,000.

Premium calculations are as follows:

Number of employees on the Standard Plan _____ times \$200 per month equals \$ _____

Number of employees on the Enhanced Plan _____ times \$260 per month equals \$ _____

TOTAL MONTHLY \$ _____

Monthly premium covers the employee and their family