

## APPLICATION FOR GROUP INSURANCE

- New Group  
 Add to existing Equitable Policy #

### 1. POLICYHOLDER DETAILS

Please provide the full Policyholder name as legally registered with the Government of Canada:

Legal Status:     
  Corporation  
  Sole Proprietor  
  Charitable or Not-for-Profit Organization  
 Partnership, LP, LLP  
 Other (Please specify)

Street Address (Canadian location is required)		PO Box
City	Province	Postal Code
Policyholder Contact	Area Code, Phone #	Area Code, Fax #
Plan Administrator (for separate Billing Contacts complete #18)	Area Code, Phone #	Area Code, Fax #
Plan Administrator's email address		
Mailing Address (if different than above)		

### 2. NATURE OF BUSINESS

**Please provide** a brief description of the principal activities of the business

### 3. SUBSIDIARY AND/OR AFFILIATED COMPANIES

If any are to be included for coverage, please complete and attach Form 495a Subsidiary and/or Affiliated Companies.  
 Yes, a completed Form 495a is attached **OR**  No subsidiary or affiliate companies are included

### 4. REQUESTED EFFECTIVE DATE OF GROUP POLICY

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Please Note:** Termination of current coverage should only be initiated after you receive written confirmation of Equitable Life's approval of this Application.

## APPLICATION FOR GROUP INSURANCE

### PART A: EQUITABLE LIFE GROUP INSURANCE

#### 5. EMPLOYER CONTRIBUTION TO PREMIUMS

**Are all Employees participating?**

- Yes – 100% of all Eligible present and future Employees must participate, **OR**
- No – a minimum of 85% of all Eligible present and future Employees will participate

a) Number of Eligible Employees: \_\_\_\_\_ b) Number of Eligible Employees participating: \_\_\_\_\_

Please explain any difference between (a) & (b): \_\_\_\_\_

What is the Employer contribution to premiums for all benefits under this Plan? \_\_\_\_\_ %

**Please Note:** For all Plans: Any Eligible present or future Employee or Dependent not applying within 31 days of their Eligibility Date will be considered a late applicant and are subject to insurability requirements and approval.

#### 6. TAXABILITY OF DISABILITY BENEFITS

Employees must pay 100% of Disability premiums in order for benefits to be Non-Taxable at the time of claim. If these benefits are included, please confirm the taxability status below:

Short Term Disability:  Taxable **OR**  Non-Taxable  
 Long Term Disability:  Taxable **OR**  Non-Taxable

If Taxability differs by Class, please specify: \_\_\_\_\_

#### 7. FUNDING ARRANGEMENTS

Please indicate with an "X" how each benefit is to be handled:	Prospectively Experience Rated	Administrative Services Only (ASO)*	Refund/Retention*
Short Term Disability			
Health			
Dental			

\*ASO and Refund/Retention arrangements require a separate agreement which will be forwarded by Equitable Life for signature.

#### 8. OTHER GROUP COVERAGE

a) Is there group insurance coverage currently in force or was in force during the last 31 days?

- Yes – please complete (b) and (c) below **OR**  No – please complete (c) below

b) **Please note:** If coverage being applied for will replace group coverage now in force or in force during the last 31 days with another carrier, Equitable Life requires a copy of that carrier's policy or booklet.

Current or Previous Insurer(s) and Policy #(s): \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Benefits Covered:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Basic Life                   | <input type="checkbox"/> Accidental Death & Dismemberment | <input type="checkbox"/> Optional Life | <input type="checkbox"/> Dependent Life |
| <input type="checkbox"/> Short Term Disability        | <input type="checkbox"/> Long Term Disability             | <input type="checkbox"/> Health        | <input type="checkbox"/> Dental         |
| <input type="checkbox"/> Critical Illness             |   |  |   |
| <input type="checkbox"/> Health Care Spending Account |   |  |   |

**Please Note:** If there are Dependents currently receiving Survivor benefits, please submit an enrolment card to ensure continuance of coverage and include the Termination date of benefits.

c) Is coverage being applied for in addition to other group coverage now in force, or being applied for with another carrier?  Yes, please provide details below **OR**  No

Insurer(s) and benefits provided or applied for: \_\_\_\_\_

## APPLICATION FOR GROUP INSURANCE

### 9. ELIGIBLE EMPLOYEES

**Please Note:** In order to be eligible for coverage under the Group Policy, "**Eligible Employees**" must be on the Employer's payroll, and reside and work in Canada on a permanent, non-seasonal, full-time basis. Temporary employees are not eligible for coverage under the Group Policy.

Eligible Employees may also include the following (as selected) but will be subject to confirmation of coverage by Equitable Life.

- |   |  |
|---|--|
| <input type="checkbox"/> Permanent Part-time Employees                    | <input type="checkbox"/> Seasonal Employees (must work 9 of 12 months each year) |
| <input type="checkbox"/> Independent Contractors                          | <input type="checkbox"/> Employees on Contract                                   |
| <input type="checkbox"/> Inpatriate, Expatriate or Third Country National | <input type="checkbox"/> Retired Employees                                       |
| <input type="checkbox"/> Other Special Situations                         |  |

Please provide any additional information or eligibility requirements needed to clarify any of the above:

**Minimum Hours:** Eligible Employees must work a minimum of 20 hours per week on a regularly scheduled basis unless otherwise indicated here:

State Reason for exception (eg. part-time, union member, etc.):

**Workers' Compensation:** Does provincial legislation (in the province where the employee works) require workers' compensation be in place for any of the Eligible Employees?

Yes - If Yes, and no coverage is in place, please explain:      **OR**     No

**Payroll:** Do all Eligible Employees receive T4s?     Yes    **OR**     No - If No, please explain

Does the Employer remitt to the appropriate Agencies the following for all Eligible Employees:

EI     CPP/QPP     WCB/WSIB/CSST

If the Employer does not pay any of the above, please explain

**Union:** Are any Eligible Employees members of a Union Bargaining unit?

Yes – please provide a copy of the agreement applicable to group benefits.    **OR**     No

**Excluded Employees:**

If there are types or groups of Employees that are being specifically excluded, such as Employees under a Union Plan, or specific locations or branches, please provide information here:

### 10. EMPLOYEES NOT ACTIVELY AT WORK

Are there any Eligible Employees currently away from work for reasons other than vacation?

Yes    **OR**     No

If Yes, please complete Form 495b Information Regarding Employees Not Actively At Work, and attach it to this application.

### 11. MAXIMUM AGE FOR ELIGIBLE DEPENDENT CHILDREN

The Maximum Age for Eligible Dependent Children is under age 21, but under age 25 if attending an accredited educational institution full-time unless otherwise indicated here:

## APPLICATION FOR GROUP INSURANCE

### 12. SURVIVOR BENEFITS

**Include Survivor Benefits:**  Yes **OR**  No  
 Select benefits:  Dependent Life  Health  Dental  
 Include for:  All Employees **OR**  only Class(es):

The benefits selected above will continue for a maximum time period of 24 months unless otherwise indicated here:

Premiums will be waived for Survivors at the Employee's death unless otherwise indicated here:

### 13. ADMINISTRATION (choose one type only)

Head Office Administration  
 Certificate Numbers:  System generated **OR**  Pre-assigned by Employer  
 Plan Administrator Web Update Access:  Yes **OR**  No

Third Party Administration (TPA)  
 Name of TPA:

**(Please Note:** New TPAs must sign an Agreement with Equitable Life prior to the Effective Date and have their billings approved. Existing TPA's must notify us if the billings for this Policyholder will be different than other Inforce business.)

Self Administration including Self-Billing **(Please Note:** The Policyholder must have met the software requirements prior to the Effective Date and will be required to sign a separate Self-Administration Agreement.)

### 14. INSURABLE EARNINGS DEFINITION

Unless additional income types are selected below, insurable earnings are defined as actual annual earnings received from the Employer (Policyholder) **excluding** commissions, bonuses, dividends, overtime pay, profit sharing, expense allowance, tips or any variable compensation. The Policyholder agrees to provide the amount of earnings based on this definition.

Other regular income to **include** in the definition of insurable earnings:

Commissions  Bonuses  Dividends  Other (please specify):

Note: If additional income types are to be included, this other regular income will be based on income received in the last calendar year, unless otherwise specified here:  based on income received in the last 2 calendar years.

**Please Note:** The total earnings to be insured must be reported on the Employee's Enrolment Form.

### 15. DIVISION REQUIREMENTS AND DEFINITIONS

Only One Division will be set up, using the Policyholder Name for the billings and employee cards unless otherwise indicated:

Yes, Multiple Divisions are required as listed below.

Each Division produces a separate Billing. A "sort code" option is available so that sub-totals will be produced within the same Billing; thus possibly eliminating the need for multiple Billings (see #19 B).

Division	Division Name and Classification(s) of Employees included
	Should this Division name be shown on the billings and Employee cards <input type="checkbox"/> Yes or <input type="checkbox"/> No, use the legal name of the Policyholder
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	Should this Division name be shown on the billings and Employee cards <input type="checkbox"/> Yes or <input type="checkbox"/> No, use the legal name of the Policyholder
	Should this Division name be shown on the billings and Employee cards <input type="checkbox"/> Yes or <input type="checkbox"/> No, use the legal name of the Policyholder

## APPLICATION FOR GROUP INSURANCE

### 16. CLASS DEFINITIONS

Class:	Definition of Class: Please define clearly. Example: Class A: All Hourly Paid Employees

### 17. WAITING PERIOD TO BECOME ELIGIBLE FOR COVERAGE

The Waiting Period can vary by Class and Benefit and can be “No Waiting Period” which means coverage is effective immediately upon employment; or the Waiting Period can be a number of months, hours, calendar days or working days, etc. following the date of hire.

Class(es)	All Life and AD&D	STD	LTD	Health	Dental

**Please Note:** Employees currently participating in the group plan being replaced by Equitable Life will not serve a new Waiting Period. For any existing Employee who has not yet completed the Waiting Period requested above, the balance of the Waiting Period will be applied.

Waive the above waiting period(s) for all employees employed on or prior to the Effective Date of the Policy.

**Co-Habitation Waiting Period for Partners:**

A 12-month co-habitation period is included unless otherwise indicated here:

## APPLICATION FOR GROUP INSURANCE

### 18. BILLING REQUIREMENTS FOR HEAD OFFICE ADMINISTRATION

**TPA or Self-Administration groups do not need to complete #18 and should proceed to #19**

Separate Billings are produced for each division.

If there is more than one Division, will separate cheques be remitted for each Divisional Billing?  Yes **OR**  No

If Yes, but only one deposit cheque is provided with this Application, please indicate how the deposit is to be allocated to the first month's Billings:

- Apply all of it to the first Divisional Billing (including any credit balance) **OR**  
 Apply to the first Billing, and then apply any credit balance to the next Divisional Billing(s).

**Premium Due Date:** Premiums are due each month on the same Day as the Effective Date of the Policy, (i.e. for a Policy effective on the 15<sup>th</sup>, the premiums will be due on the 15<sup>th</sup> of every month thereafter), unless otherwise indicated here:  
**Please Note:** All Divisions must be billed on the same date.

**A. Billing Contacts.** If the Billing Contact is different than the Plan Administrator, please indicate for each Division the person's name, mailing address, phone number, and email address:

	Contact Name	Mailing Address	Phone Number	Email Address
<b>Division 1:</b>				
<b>Division 2:</b>				
<b>Division 3:</b>				

**B. Certificate Sorting.** Monthly billings are sorted by Last Name, unless otherwise indicated below. Please indicate with an "X" how you would otherwise like your monthly Billing sorted:

	<b>Div 1</b>	<b>Div 2</b>	<b>Div 3</b>	<b>Div 4</b>
Certificate Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By Class, then Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By Class, then Certificate Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sort Code*, then Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Sort Codes will produce sub-totals on each billing. Examples of Sort Codes are Department, Location, Cost Centre or any identifier used to group Employees together. Sort Codes must be entered on each Employee's Enrolment Form and may be up to 20 digits (alpha and/or numeric values).

**C. Pre-authorized Debit** for Monthly Premium Payment.

Please complete Form 205 Payor's PAD Agreement **OR**  No, PAD is not being requested.

**D. Billings** are available as noted:

- Plan Administrator Web clients - Paperless billing posted on Plan Administrator Web

**Note:** The first billing will be in paper format. Subsequent bills will be paperless and an email notification will be sent to the Plan Administrator when the billing has been posted to the Plan Administrator web site.

- Non-Plan Administrator Web clients - Paper billing sent via Canada Post

## APPLICATION FOR GROUP INSURANCE

### BENEFIT COVERAGE SUMMARY

**Please Note:** Coverage requiring evidence of insurability is effective only after written approval is received from Equitable Life's Head Office.

#### 19. LIFE INSURANCE (Employee)

No, this benefit is not being issued.

Class(es)	Schedule: Indicate flat amount <b>OR</b> times earnings, to a maximum amount required *

\*Earnings based volumes for each Employee will be rounded to the next higher \$1,000

- Waiver of Premium Clause is included (not available to Retired Employees)
- Conversion Clause is included
- Coverage is Occupational (24 hour)

**Reduction Provision:**

Amounts of Life Insurance reduce 50% on the Employee's 65<sup>th</sup> birthday (rounded to the next higher \$1,000), unless otherwise indicated here (i.e. no reduction, different percentage):

Amounts of Life Insurance will be further reduced on the Employee's 70<sup>th</sup> birthday so as not to exceed the allowable maximum of \$100,000.

**Termination of benefits for Active Employees:**

On the Employee's \_\_\_\_\_ birthday, or earlier retirement      **OR**       Upon Retirement

**Termination of benefits for Retired Employees (if included) (choose one only):**

On the Retiree's \_\_\_\_\_ birthday      **OR**       Upon the Retiree's death

**No-Evidence Limit:**

Evidence is not required      **OR**      \$ \_\_\_\_\_ for Employees under age 65\*

\*This limit is reduced 50% for employees age 65 and older; and the reduction is subject to a maximum of \$150,000 on groups under 20 lives.

**Special Instructions for Life Insurance:**

## APPLICATION FOR GROUP INSURANCE

### 20. ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D) (Employee)

No, this benefit is not being issued.

**Please Note: Only fill out the chart below if the AD&D Classes and Schedules do not match Employee Life**

Yes, Classes and Schedules match Employee Life **OR**

No, Classes and Schedules **do not** match Employee Life - please complete the chart below

Class(es)	Schedule: Indicate flat amount <b>OR</b> times earnings, to a maximum amount required *

\*Earnings based volumes for each Employee will be rounded to the next higher \$1,000

Coverage is Occupational (24 hour) unless Non-Occupational (off the job only) is indicated here:

**Alcohol Limitation:**

Coverage for losses occurring while the Employee is operating a motor vehicle where the blood alcohol concentration is in excess of the legal limit in the location where the accident occurs:

- Yes, provide coverage for such losses (the Alcohol Limitation does not apply) **OR**
- No, do not cover such losses (the Alcohol Limitation applies)

- Burn Schedule is included
- Additional Benefits include: Seat Belt Benefit, Repatriation, Rehabilitation, Occupational Training for Employee's Spouse, Home Alteration and Vehicle Modification, Bereavement Benefit, Funeral Expense Benefit and a Child Benefit
- The Waiver of Premium Clause matches the Life Waiver of Premium Clause unless otherwise indicated here:
  - AD&D Waiver is different from Life Waiver:
- Conversion Clause is not included.

**Reduction Provision:**

Same as Employee Life Insurance unless otherwise indicated here: .

**Termination of benefits for Active Employees:**

Matches the termination age of Employee Life **OR** if otherwise terminating sooner, please indicate here:

**No-Evidence Limit:**

Where a No-Evidence limit exists for Employee Life, AD&D coverage over the Employee Life No-Evidence limit is subject to approval of equivalent amounts of Employee Life.

**Special Instructions for AD&D Insurance:**



## APPLICATION FOR GROUP INSURANCE

### 21. OPTIONAL LIFE INSURANCE (Employee and Spouse)

The Optional Life benefit is included for all classes (active employees) taking Basic Life Insurance unless otherwise indicated here:  No, this benefit is not being issued **OR**  Applicable to the following class(es) only: \_\_\_\_\_.

**Units of \$10,000 up to a Maximum of \$250,000** unless otherwise indicated here:

**Please Note:** Satisfactory Evidence of Insurability is required for all amounts of insurance.

**Coverage for Basic and Optional Life combined cannot exceed \$1,000,000**

**Termination of benefits for Active Employees:** Matches the termination age of Employee Life, but no later than age 70.

- Waiver of Premium Clause is included
- Conversion Clause is included

**Special Instructions for Optional Life Insurance:**

### 22. DEPENDENT LIFE INSURANCE (Spouse and Children)

No, this benefit is not being issued.

Class(es)	Schedule
	\$ _____ on the Eligible <b>Spouse</b> and \$ _____ on each Eligible <b>Child</b> Coverage available on each Eligible newborn Child <input type="checkbox"/> live birth <input type="checkbox"/> 24 hours or older <input type="checkbox"/> 14 days or older
	\$ _____ on the Eligible <b>Spouse</b> and \$ _____ on each Eligible <b>Child</b> Coverage available on each Eligible newborn Child <input type="checkbox"/> live birth <input type="checkbox"/> 24 hours or older <input type="checkbox"/> 14 days or older
	\$ _____ on the Eligible <b>Spouse</b> and \$ _____ on each Eligible <b>Child</b> Coverage available on each Eligible newborn Child <input type="checkbox"/> live birth <input type="checkbox"/> 24 hours or older <input type="checkbox"/> 14 days or older
	\$ _____ on the Eligible <b>Spouse</b> and \$ _____ on each Eligible <b>Child</b> Coverage available on each Eligible newborn Child <input type="checkbox"/> live birth <input type="checkbox"/> 24 hours or older <input type="checkbox"/> 14 days or older

**Termination of benefits for Active Employees:**

On the Employee's \_\_\_\_\_ birthday, or earlier retirement **OR**  Upon Retirement

- Evidence of Insurability is not required
- A Waiver of Premium Clause is included (subject to Basic Life Waiver of Premium Clause) unless otherwise indicated in Special Instructions below
- Conversion Clause for the Spouse only is included, except where conversion for the Child is required by legislation.

**Special Instructions for Dependent Life Insurance:**

## APPLICATION FOR GROUP INSURANCE

### 23. SHORT TERM DISABILITY BENEFITS (STD) (Employee)

No, this benefit is not being issued.

Class(es)	Schedule: Indicate flat amount <b>OR</b> percentage of earnings, to a maximum amount required *

\* Earnings based volumes for each Employee will be rounded to the next higher \$1

- Benefits will be payable starting on the: \_\_\_\_\_ day due to Accident and the \_\_\_\_\_ consecutive day due to Sickness.
- Maximum benefit period: \_\_\_\_\_ weeks
- Employment Insurance (EI) Carve Out Plan:  Yes **OR**  No  
 If Yes, please show the total Maximum benefit period including the 15-week EI benefit period.
- "All source" maximum under the Coordination of Benefits:  85% **OR**  100%
- Coverage is Occupational (24 hour) unless otherwise indicated here as  Non-Occupational
- Benefits are calculated on a 7-day basis unless otherwise indicated here as  5-day
- Definition of "Total Disability" is Own Occupation unless otherwise indicated here as  Any Occupation
- Will the plan be submitted for registration with the EI Premium Reduction Program?  Yes **OR**  No
- **Please Note:** Maternity Leave Coverage will be self-insured by the Employer for the health related portion of any maternity leave (approx. six to eight weeks) unless indicated under Options below.
- No-Evidence Limit:  Evidence is not required **OR** Evidence is required for amounts over \$
- Termination of benefits for Active Employees:  
 On the Employee's \_\_\_\_\_ birthday, or earlier retirement **OR**  Upon Retirement

**OPTIONS The following are not standard benefits – select if required:**

- Hospitalization (minimum 24 hour confinement) occurring prior to Accident or Sickness commencement:
  - Benefits are payable continually from 1<sup>st</sup> day of hospital confinement **OR**
  - Benefits are payable only for each day of hospital confinement
- Day Surgery (less than 24 hour confinement, and the doctor does not allow return to work the same day)
  - General Anesthetic is required **OR**
  - General Anesthetic or Conscious Sedation is required
- Maternity Leave Coverage: (applicable only to the health-related portion of maternity leave)
  - Pay the Difference between EI benefit and STD benefit **OR**
  - Pay the full STD benefit

**Special Instructions for Short Term Disability Benefits:**

## APPLICATION FOR GROUP INSURANCE

### 24. LONG TERM DISABILITY BENEFITS (LTD) (Employee)

No, this benefit is not being issued.

Class(es)	Schedule: Indicate flat amount <b>OR</b> percentage of earnings, to a maximum amount required *

\* Earnings based volumes for each Employee will be rounded to the next higher \$1

- Coverage is Occupational (24 hour) unless otherwise indicated here as  Non-Occupational
- CPP/QPP Integration Method: Primary Direct Offsets **OR**  No direct offset of CPP/QPP
- Definition of "Totally Disabled":  2-year Own Occupation **OR**  Any occupation **OR**  Other
- Benefits will be payable starting on the \_\_\_\_\_ consecutive day of Disability.
- The Elimination Period includes an Accumulation Feature.
- Maximum benefit period:  to age 65 **OR**  24 months **OR**  60 months **OR**  Other
- Pre-existing Condition Clause: 90 days prior to and 12 months after an employee's effective date;  
**OR** \_\_\_\_\_ months prior to and \_\_\_\_\_ months after.
- Retraining/Re-Employment benefits include:
  - Family Care and Education Expense Credits (maximum per family per month is \$1,000)
  - Standard duration period maximum is 3 months unless otherwise indicated here as:
    - 6 months **OR**  12 months **OR**  24 months
  - Standard credit is \$200 per month per Eligible Dependent Child unless otherwise indicated here as:
    - \$400 per month per Eligible Dependent Child
- Partial Disability benefits are included during the Own Occupation period up to a maximum of 24 months
- Guaranteed benefits for claimants with Severe Disabilities are included
- Waiver of Premium Clause is included
- No-Evidence Limit: Evidence is not required  **OR** Evidence is required for amounts over \$\_\_\_\_\_
- Termination of benefits: On the Employee's 65<sup>th</sup> birthday, or earlier retirement

**OPTIONS: The following are not standard benefits – select if required:**

- Pension Plan Contribution Replacement Provision:
  - Replace Employer's Contribution of \_\_\_\_\_ % to Pension Plan
  - Replace Employee's Contribution of \_\_\_\_\_ % to Pension Plan
- Cost of Living Provision (COLA): \_\_\_\_\_ %
- Maternity Leave Coverage: Pay the Difference between EI benefit applicable to the health-related portion of maternity leave (approx. six to eight weeks) and LTD benefit.
- Survivor Benefit Lump Sum Payment  3 months **OR**  Other (not to exceed 24 months) \_\_\_\_\_  
 An Advance Payment Feature of up to 3 months is included.

**Special Instructions for Long Term Disability Benefits:**

## APPLICATION FOR GROUP INSURANCE

### 25. HEALTH CARE SPENDING ACCOUNT

- No, this benefit is not being issued.
- Yes, complete Form 495 HCSA Setup Questionnaire

Health Care Spending Accounts are only available if either a Health or Dental Benefit is issued.

### 26. HEALTH BENEFITS

- No, this benefit is not being issued.
- Is takeover of Claims History required?  Yes **OR**  No

For each Class: select Benefits to be issued, the Reimbursement Percentage and Calendar Year Deductible. This Calendar Year Deductible will be combined for all Health Benefits, except Pay Direct Drugs.

**Please Note:** Calendar year deductibles cannot be combined for Pay Direct Drugs and any other Health benefits.

<b>Class(es)</b>	<input type="checkbox"/> Drugs % <input type="checkbox"/> Major Services % <input type="checkbox"/> Hospital % <input type="checkbox"/> Vision %	Calendar Year Deductible: <b>Nil OR \$</b> /single, \$ / family Calendar Year Deductible Applies:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (except OOC) <input type="checkbox"/> Yes <input type="checkbox"/> Yes
<b>Class(es)</b>	<input type="checkbox"/> Drugs % <input type="checkbox"/> Major Services % <input type="checkbox"/> Hospital % <input type="checkbox"/> Vision %	Calendar Year Deductible: <b>Nil OR \$</b> /single, \$ / family Calendar Year Deductible Applies:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (except OOC) <input type="checkbox"/> Yes <input type="checkbox"/> Yes
<b>Class(es)</b>	<input type="checkbox"/> Drugs % <input type="checkbox"/> Major Services % <input type="checkbox"/> Hospital % <input type="checkbox"/> Vision %	Calendar Year Deductible: <b>Nil OR \$</b> /single, \$ / family Calendar Year Deductible Applies:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (except OOC) <input type="checkbox"/> Yes <input type="checkbox"/> Yes
<b>Class(es)</b>	<input type="checkbox"/> Drugs % <input type="checkbox"/> Major Services % <input type="checkbox"/> Hospital % <input type="checkbox"/> Vision %	Calendar Year Deductible: <b>Nil OR \$</b> /single, \$ / family Calendar Year Deductible Applies:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (except OOC) <input type="checkbox"/> Yes <input type="checkbox"/> Yes

**Termination of benefits for Active Employees:**

- On the Employee's \_\_\_\_\_ birthday or earlier retirement **OR**  Upon Retirement

**Termination of benefits for Retired Employees (if included):**

- On the Retiree's \_\_\_\_\_ birthday **OR**  Upon the Retiree's death

**Lifetime Maximums for Eligible Employees, unless lower maximums are indicated below in Special Instructions:**

**Active Employees:**

Employees under age 70: Unlimited Overall/\$5,000,000 out-of-province  
 Employees age 70 to 79: Unlimited Overall/\$1,000,000 out-of-province  
 Employees age 80 and older: Unlimited Overall/\$1,000,000 out-of-province

**Retired Employees (regardless of age):**

Unlimited Overall/\$1,000,000 out-of-province

**Special Instructions for Lifetime Maximums, including any applicable Calendar Year maximums:**

**Please Note:** Maximums other than Unlimited cannot be combined with a Pay Direct Drug Card. Separate Calendar Year maximums are required:  \$ Pay Direct Drugs and \$ for the balance of the Health plan.

## APPLICATION FOR GROUP INSURANCE

### 26A. DRUG PLAN

**Please choose the type of Drug Plan.** All plans include certain life sustaining drugs, insulin, and birth control pills/patch.

**Regular Reimbursement Drug Plan:**

Prescription by law **OR**  Include over-the-counter (OTC) drugs with a written prescription (Prescribed)  
 Fertility Drugs for Regular Reimbursement Drug Plan are covered standardly at \$3,000 Lifetime per family or \$\_\_\_\_\_

**Pay Direct Drug Plan:** Telus Drug Plan # \_\_\_\_\_ (Please describe 2-tier plans in Special Instructions below, including applicable reimbursement percentages)

- Generic – Generic plans provide allowable reimbursement only for the cost of the lowest priced substitutable drug, if a generic drug exists, but allows for “No Substitution” prescriptions to be reimbursed at the Brand Name cost **OR**
- Mandatory Generic – Generic plans which reimburse “No Substitution” prescriptions only up to the cost of the lowest priced substitutable drug, where a generic drug exists **OR**
- Non-Generic - Non-Generic plans do not reduce allowable reimbursement to the cost of a generic equivalent drug when the Brand Name is dispensed.

**Optional Drug coverage to be included:**

- Smoking Cessation products \$\_\_\_\_\_ Lifetime per person (suggested limit of \$250)
- Vaccines and Immunizations \$\_\_\_\_\_ per Calendar Year (suggested limit is Unlimited)
- Erectile Dysfunction \$\_\_\_\_\_ per Calendar Year (suggested limit no greater than \$2,000)
- Weight loss Drugs \$\_\_\_\_\_ per Calendar Year (suggested limit no greater than \$1,000)
- Fertility Drugs for Pay Direct Drug Plans \$\_\_\_\_\_ Lifetime per family (suggested limit of \$3,000)
- Other Specified Drugs and limits \$\_\_\_\_\_

**Overall Drug Maximum:** (Please choose one only)

- Unlimited maximum
- \$ \_\_\_\_\_ Per person per \_\_\_\_\_ (eg. Calendar Year or Lifetime)
- \$ \_\_\_\_\_ Per family per \_\_\_\_\_ (eg. Calendar Year or Lifetime)

**Per Prescription Deductible:**

- No per prescription deductible
- Deductible per prescription: \$ \_\_\_\_\_ (can be in addition to a Calendar Year Deductible)
- Deductible equals the Pharmacy dispensing fee (can be in addition to a Calendar Year Deductible)

**Dispensing Fees:**

Dispensing Fees are reimbursed on a Reasonable and Customary (R&C) basis unless otherwise indicated here:

- Per Prescription Maximum of: \$ \_\_\_\_\_  
 (can be in addition to any Per Prescription Deductible or Calendar Year Deductible)

If there is a Dispensing Fee maximum Per Prescription and the Drug Reimbursement is less than 100%

- Dispensing Fee is reimbursed at the same % as the Drug Reimbursement, or
- Dispensing Fee is reimbursed at 100%

**Drug Exceptions:**

If any Drug Exceptions are being requested for specific Employees or Dependents, please provide details on a separate list and forward it along with this application. Include the name of the person, their date of birth, the Drug name and Drug Identification Number (DIN).

**Special Instructions for Drug Benefits:**

## APPLICATION FOR GROUP INSURANCE

### 26B: MAJOR SERVICES

**Please Note:** The following is a **partial list** of the **Standard** items/supplies/services included for coverage under Major Services, with the standard coverage shown.

- Reimbursement is on a “Per Person” basis.
- Reimbursement is based on the Reasonable and Customary (R&C) charge, as determined by Equitable Life, in the region where the item/supply is purchased or the service is performed.
- Items/Supplies or Services can be reimbursed on a “Per XX Consecutive Months” basis, “Per Calendar Year” basis, or on a “Lifetime” basis.
- The Reimbursement Percentage is the same as the overall Major Services, unless otherwise requested.

**NOTE: Any changes to Standard must include the quantity and time period.**  
**Please cross off what is not being issued.**

<b>Breast Prosthesis (External):</b> One per breast every 36 Consecutive Months <b>OR</b> per breast every            Consecutive Months <b>OR</b> \$            per breast per Calendar Year <b>OR</b> \$            combined (both breast) per Calendar Year <b>OR</b> otherwise indicated here:
--

<b>Brassieres (Mastectomy):</b> Two per Calendar Year <b>OR</b>
---

<b>Convalescent Home Services:</b> \$40 per day to 180 days per disability <b>OR</b>
--

<b>Diagnostic Lab Tests:</b> \$250 per Calendar Year <b>OR</b> (Lab Tests also include diagnostic x-rays, MRIs, PSA Tests, but exclude genetic testing)
--

<b>Extremity Pump (Lymphedema):</b> \$1,000 per Lifetime <b>OR</b>
--

<b>Hearing Aids:</b> \$500 per 60 Consecutive Months <b>OR</b> Hearing Aid batteries are not included unless requested in Non-Standard Items at the end of this section)
---

<b>Glucometer:</b> \$175 every 48 Consecutive Months <b>OR</b>
--

<b>Orthotics/Orthopaedic Shoes:</b> Combined \$350 per Calendar Year <b>OR</b> \$            Combined per Calendar Year <b>OR</b> \$            per Calendar Year for Orthotics <b>AND</b> \$            per Calendar Year for Orthopaedic Shoes <b>OR</b> otherwise indicated here:
--

<b>Private Duty Nursing:</b> \$10,000 per Calendar Year <b>OR</b>
---

<b>Stump Socks:</b> Six Pairs per Calendar Year <b>OR</b>
---

<b>Surgical/Support Stockings:</b> \$250 per Calendar Year <b>OR</b> (Stockings include compression hose and is always a combined maximum)
---

<b>Viscosupplementation:</b> (SynVisc) 3 injections per knee per Lifetime <b>OR</b>
---

<b>TENS machine:</b> \$500 per Lifetime <b>OR</b>
---

<b>Wigs:</b> \$200 per Lifetime <b>OR</b>
---

<b>Wheelchairs:</b> \$1,000 per Lifetime <b>OR</b>
--

Additional items covered at reasonable and customary charges include, but may not be limited to: air and ground ambulance services; accidental dental; appliances and supplies such as artificial limbs, artificial eyes, laryngeal speaking aids, standard hospital beds, respiratory equipment, apnea monitors, crutches, canes, walkers, IUDs, CPAP, Jobst sleeves, casts, splints, trusses, orthopaedic braces, ileostomy or colostomy supplies, oxygen and its delivery equipment, standard syringes, needles and diagnostic test material for diabetes (or covered through the Pay Direct Drug Plan if included). Some appliances are subject to a rental maximum of 180 days, or equivalent purchase. Appliance repairs are excluded. Replacements must be due to pathological changes.

**Non-standard Items:**

Consideration may be given to including other items not included in the Standard Policy, and are subject to approval or pricing adjustment. Please provide a description with either a maximum dollar amount or number of units to be covered and the time period.

## APPLICATION FOR GROUP INSURANCE

### 26B: MAJOR SERVICES (CONTINUED)

**Paramedical Services:**

- The Calendar Year Maximum is per Practitioner **unless** otherwise indicated in <sup>(2)</sup>Combined Overall Practitioners Maximums below the chart
- The Reimbursement Percentage is the same as Major Services **unless** otherwise indicated in the chart below
- There is no limit on the number of visits during the calendar year **unless** otherwise indicated in the chart below
- The Per Visit Dollar Maximum is R&C **unless** indicated in the chart below.
- X-rays are included in the maximum for: Chiropractor, Osteopath, Podiatrist, Naturopath
- Please indicate whether a Physician's Prescription is required for each Practitioner.
- For any Practitioner not being issued, please indicate 'Not Eligible' in Calendar Year Maximum.
- Paramedicals will be from first dollar **unless** otherwise indicated in Special Instructions for Paramedical Benefits.

	Calendar Year Maximum <sup>(2)</sup>	Per Visit Dollar Maximum	Number of Visits per Calendar Year	Prescription Required	Reim. %
Acupuncture Specialist	\$	\$			%
Athletic Therapist	\$	\$			%
Audiologist <sup>(1)</sup>	\$	\$		No	%
Chiropractor <sup>(3)</sup>	\$	\$		No	%
Dietician	\$	\$			%
Massage Therapist	\$	\$			%
Naturopath	\$	\$		No	%
Osteopath	\$	\$		No	%
Podiatrist (Chiropodist) <sup>(3)</sup>	\$	\$		No	%
Physiotherapist	\$	\$			%
Psychologist/Social Worker/Counsellor	\$	\$			%
Speech Therapist	\$	\$			%

**(1) Audiologists** may be issued either with an annual dollar maximum for services, or limited to One Hearing Test per Year (if indicated in Special Instructions).

**(2) Combined Overall Practitioners Maximums (if required)**

Combined overall maximums can be All Practitioners combined or groupings of Practitioners with separate combined maximums; and within a combined overall maximum, a maximum can also be stated at the individual Practitioner level

**Combined Maximums:**

**(3) Coordination with Provincial Health Plan:**

Alberta and Ontario Policyholders Only: Coverage includes payment Podiatrists after the provincial limit has been reached.

Option:  Pay excess over the provincial plan for Podiatrist

**Special Instructions for Paramedical Benefits:**

**APPLICATION FOR GROUP INSURANCE****26B: MAJOR SERVICES (CONTINUED)****OUT-OF-PROVINCE SERVICES (includes Out-of-Canada):**

No Out-of Province coverage for all Employees, **OR** Classes as indicated:

The maximum Time Period for commencement of Out-of-Province Emergency Services is:

90 days for Active Employees up to age 70 unless otherwise indicated here as \_\_\_\_\_ days.

60 days for Active Employees age 70 to 79

30 days for Active Employees age 80 and older unless otherwise indicated here  No coverage

30 days for Retirees of any age unless otherwise indicated here  No coverage

- Benefit includes both Referral and Emergency Services.
- Maximums apply only if such Employees are in Eligible Classes.
- Reimbursement is always 100%
- Calendar Year Deductibles will not apply.

**HEALTH CLAIMS POOLING:****In Canada Pooling:**

\$10,000 of Health claims per Policy Year **OR**  Other \$ \_\_\_\_\_ per Policy Year is requested.

Pooling level applies to:  per Individual **OR**  per Certificate (family) is requested

**Out of Canada Pooling:**

Claims pooled from First Dollar **OR**  Other \$ \_\_\_\_\_ is requested.

If Other Pooling level requested, apply as:  per Individual **OR**  per Certificate (family) basis

or

**Combined In Canada and Out of Canada Pooling:**

\$10,000 of Health claims per Policy Year **OR**  Other \$ \_\_\_\_\_ per Policy Year is requested.

Pooling level applies to:  per Individual **OR**  per Certificate (family) is requested

**Special Instructions for Major Services: (indicate any items to be excluded)****26C. HOSPITAL**

**Room Coverage:**  Semi-Private **OR**  Private

**Maximum:**

Reasonable and Customary per day charges **OR**  Per Day maximum \$ \_\_\_\_\_

Unlimited in a calendar year (subject to the overall Health maximum) **OR**  Calendar Year maximum \$ \_\_\_\_\_

**Special Instructions for Hospital:**



## APPLICATION FOR GROUP INSURANCE

### 26D: VISION CARE

**Eyewear** (includes frames, eye glass lenses, elective contact lenses, and laser eye surgery):

**Maximum Reimbursement will be:** \$

- in any period of 24 months for both adults and dependent children **OR**  
 in any period of 12 months for both adults and dependent children **OR**  
 in any period of 24 months for adults and 12 months for dependent children

Special Contact lenses are reimbursed at \$300 Lifetime unless otherwise indicated here:

A Change in Prescription is not required unless otherwise indicated here:

**Eye Examinations:**

**Maximum Reimbursement:**  Reasonable and customary charge **OR**  a maximum of \$

- One Eye Exam payable in any 24 months for both adults and dependent children **OR**  
 One Eye Exam payable in any 12 months for both adults and dependent children **OR**  
 One Eye Exam payable in any 24 months for adults and 12 months for dependent children

**Where both Vision Care and Eye Exams are being issued:**

- The Amount reimbursed for an Eye Exam will be deducted from the Vision Care Maximum **OR**  
 The Amount reimbursed for an Eye Exam will be in addition to the Vision Care Maximum

The age definition of Eligible Dependent Children will be the same as #11 Maximum Age for Eligible Dependent Children, unless otherwise indicated in Special Instructions.

**Special Instructions for Vision Care:**

**Any Other Special Instructions for Health Benefits:**

## APPLICATION FOR GROUP INSURANCE

### 27. DENTAL BENEFITS

No, this benefit is not being issued.

Is takeover of Claims History required?  Yes **OR**  No

For each Class: select Benefits to be issued, the Reimbursement Percentage, and the Maximum. If any Basic Services Options are at a different Reimbursement, please indicate in Special Instructions.

**Maximums:** Basic Services and Major Restorative maximums are per person per Calendar year and may be a Combined Maximum. If a Combined Basic and Major Maximum, put "Combined" in Major Restorative below. Orthodontics Maximum is per person per Lifetime.

<b>Class(es)</b>	<input type="checkbox"/> Basic Services <input type="checkbox"/> Major Restorative <input type="checkbox"/> Orthodontics	Calendar Year Deductible: <b>Nil OR \$</b> /single, \$ / family % Maximum: % Maximum: % Maximum:			
<b>Class(es)</b>	<input type="checkbox"/> Basic Services <input type="checkbox"/> Major Restorative <input type="checkbox"/> Orthodontics	Calendar Year Deductible: <b>Nil OR \$</b> /single, \$ / family % Maximum: % Maximum: % Maximum:			
<b>Class(es)</b>	<input type="checkbox"/> Basic Services <input type="checkbox"/> Major Restorative <input type="checkbox"/> Orthodontics	Calendar Year Deductible: <b>Nil OR \$</b> /single, \$ / family % Maximum: % Maximum: % Maximum:			
<b>Class(es)</b>	<input type="checkbox"/> Basic Services <input type="checkbox"/> Major Restorative <input type="checkbox"/> Orthodontics	Calendar Year Deductible: <b>Nil OR \$</b> /single, \$ / family % Maximum: % Maximum: % Maximum:			

**Termination of benefits for Active Employees:**

On the Employee's \_\_\_\_\_ birthday or earlier retirement **OR**  Upon Retirement

**Termination of benefits for Retired Employees (if included):**

On the Retiree's \_\_\_\_\_ birthday **OR**  Upon the Retiree's death

**General Dental Fee Guide:**

Province of Employee's Residence unless otherwise indicated below.

- Province of \_\_\_\_\_ or  Province Where Service(s) are Rendered  
 Always Current Year **OR**  Current Year less \_\_\_\_\_ year(s) **OR**  Fixed Year  
 Allow for Specialist Fee Guide

**Basic Services:**

Includes Diagnostic Services, Preventive Services, Routine Restorative Services, Routine Surgical Services

**Additional Basic Services required:** (check as required)

- Space Maintainers       Endodontic       Major Surgical       Denture Repairs  
 Periodontal (Scaling Units: Standard of 8 or \_\_\_\_\_ )

**Recall Examination period:** (if differs by Class, please indicate in Special Instructions below)

- every 5 months       every 6 months       every 9 months       every 12 months  
 every \_\_\_\_\_ months for Adults and every \_\_\_\_\_ months for Dependent Children

**Major Restorative:** (check as required)

- Dentures       Services other than Dentures (eg. Bridges, Crowns, Inlays, Onlays)  
 Optional Coverage:  Implant Surgery. Open Space Limitation applies unless otherwise indicated here:

**Orthodontics:**

- Dependent Children Only **OR**  Both Adults and Dependent Children  
 Under Age \_\_\_\_\_ for Dependent Children (if not the same as #11 Maximum Age for Eligible Dependent Children)

**Special Instructions for Dental Benefits or Exclude/Include certain procedure codes:**

## APPLICATION FOR GROUP INSURANCE

### 28. POLICY AND EMPLOYEE BOOKLET INSTRUCTIONS

**The Group Policy is to be sent to Policyholder as follows:**

- Paper copy (includes a copy posted on the Plan Administrator Web) **OR**
- Electronically through email to the Plan Administrator (includes a copy posted on the Plan Administrator Web) **OR**
- ONLY posted on the Innovations® Plan Administrator Web site

**The Booklets are to be prepared as follows:**

A booklet draft will be provided for review before final Booklets are printed.

- Prepare one Booklet including all Classes **OR**
- Prepare separate Booklets for each Class **OR**
- Prepare Booklets with the following Classes combined:
- Do not prepare a Booklet for Class(es) or Division(s):
- Produce separate Booklets for each Division and show Division name, instead of Policyholder
- Include company logo – please forward a camera ready logo in an electronic format to be added to your booklet.  
(Please note that the logo will be printed in black and white.)

**Completed Booklets are to be sent to Policyholder, with a copy to Advisor, as follows:**

- Paper copies (includes a copy posted on the Plan Administrator Web) **OR**
- Electronically through email to the Plan Administrator (includes a copy posted on the Plan Administrator Web) **OR**
- ONLY posted on the Innovations Plan Administrator and Plan Member Web site

**French Booklets:**  Yes **OR**  No

If Yes – which Classes require French Booklets:

Where Paper copies of Booklets are required, please indicate the quantities of French Booklets required by Class:

### 28A. BOOKLET IMPRINT

**The Advisor's name, address, telephone/fax number(s) are to be shown in the booklets exactly as follows:**

## APPLICATION FOR GROUP INSURANCE

### PART B THE EQUITABLE HEALTHCONNECTOR™ SERVICES

No, HealthConnector™ Services are not being requested

**FeelingBetterNow® (from Mensante Corporation)** (mandatory for All Active Employee Classes; Retirees are not eligible)

**Ceridian Canada's Employee Assistance Program (EAP) Lifeworks® Solutions** (mandatory for All Active Employee Classes; Retirees are not eligible)

**Reporting Options Available:**  Aggregate Level Reporting  
 Group Level Reporting **(Must have a group size of 100 or greater to select this option)**

Is there EAP coverage currently in force or was it in force during the last 31 days?  Yes  No

If Yes, please provide the name of the EAP provider:

**Ceridian Canada's Ceridian Health Assessment** (mandatory for All Active Employee Classes; Retirees are not eligible)

Reporting Options Available:  Standard  
 Custom **(Must have a group size of 100 or greater to select this option)**

**Second Opinion (from WorldCare™ Inc.)** (mandatory for All Active Employee Classes; Retirees are not eligible)

**The Cancer Navigation System™ (from CAREpath™ Inc.)** in respect of Class(es)  
 (20 life minimum in total for requested Active Employees Classes, with mandatory participation; Retirees are not eligible)

**Special Instructions for HealthConnector™ Services:**

**Waiting Period to become eligible for coverage:** The waiting period for HealthConnector™ Services will be the shortest insured benefit waiting period as indicated here:

**Termination of Services for Active Employees and Spouses:** On the Employee's \_\_\_\_\_ birthday but in no case later than the date prior to the Employee's 71<sup>st</sup> birthday. Services for a spouse shall terminate on the earlier of the date the Employee's services terminate and the date prior to the spouse's 71<sup>st</sup> birthday.

**Service fees for all HealthConnector™ Services:** 100% Employer paid

**Maximum Age for Eligible Dependent Children:** under age 21 but under age 25 if attending an accredited educational institute full-time unless otherwise indicated here:

**Co-Habitation Waiting Period for Partners:** A 12-month co-habitation period is included unless otherwise indicated here:

**Minimum Hours:** Eligible employees must work a minimum of 20 hours per week on a regularly scheduled basis unless otherwise indicated here:

## APPLICATION FOR GROUP INSURANCE

### 29. COMMENTS, SPECIAL INSTRUCTIONS NOT INCLUDED ELSEWHERE

### 30. POLICYHOLDER ACKNOWLEDGEMENT

Electronic Delivery of Policy and Employee Booklets: Where the POLICYHOLDER requests electronic delivery of the Group Policy issued by Equitable Life, the POLICYHOLDER authorizes Equitable Life to deliver the Group Policy to the POLICYHOLDER in pdf format by public Internet email to the email address provided by the POLICYHOLDER. Where the POLICYHOLDER requests electronic delivery of Employee Booklets, the POLICYHOLDER agrees to access and to have Plan Members access the Employee Booklets, from the Plan Administrator or Plan Member areas of the Innovations® Plan Member Web Services site. The POLICYHOLDER acknowledges that information sent by public Internet email is non-secure as it is not encrypted and that Equitable Life is not responsible for any misuse or interception of such information.

Plan Member Web Services: Plan Members who register online will be able to access their personal information through Innovations Plan Member Web Services.

Innovations Advisor Web Services: The POLICYHOLDER authorizes Equitable Life to permit the POLICYHOLDER's Benefit Advisor on the Plan and the Advisor's representatives to register through Innovations® Producer Web Services for view-only access to plan member information as required for the Advisor's ongoing management of the Plan on behalf of the POLICYHOLDER.

Benefit Advisor Disclosure: The POLICYHOLDER is aware that the person providing advice on the purchase of this Group Insurance Plan receives a commission or fee for service and may also receive additional compensation in the form of bonuses or incentives.

The POLICYHOLDER declares that the statements, answers, and information in this Application are full, complete and true, and the POLICYHOLDER agrees that: 1) this Application shall form part of the Policy contract, 2) the Policy does not take effect unless this signed Application, the first month's premium payment and employee enrolment forms are received at Head Office prior to the Requested Effective Date and unless this Application is approved by Equitable Life.

The payment submitted with this Application is to be applied to the first month's premium payment. This is refundable only if the Application is not approved by Equitable Life. Negotiation of the first month's premium cheque does not in itself constitute approval of the Application.

\_\_\_\_\_  
 Policyholder (please print)

per \_\_\_\_\_  
 Name and Title of Authorized Person signing this form

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Signature of Authorized Person signing this form

Dated at \_\_\_\_\_  
 (City/Town, Province)

on \_\_\_\_\_  
 (Month, Day, Year)

## APPLICATION FOR GROUP INSURANCE

### ***Policyholder “Update Access” Electronic Administration Agreement***

BETWEEN: The Equitable Life Insurance Company of Canada (the “Company”) and \_\_\_\_\_ (the “Policyholder”) of the City of \_\_\_\_\_, Province of \_\_\_\_\_.

The Policyholder is applying for Group Benefits (the “Policy”) with the Company and will administer the Policy online through a secure portion of the Company’s website located at the URL: <http://www.equitablehealth.ca> (the “Site”). The Company and the Policyholder agree as follows:

- 1) **Policyholder Obligations:** The Policyholder shall:
  - a) Perform the administration services set out in Schedule A (the “Services”); however, the Policyholder may request and the Company may agree in writing to perform some or all of the Services on the Policyholder’s behalf (the “Select Services”);
  - b) Provide the Company with accurate and complete information so the Company can perform the Select Services;
  - c) Designate the person(s) to administer the Policy (the “Plan Administrator”) in the Web Client Administrator Registration Form. The Policyholder is responsible for the Plan Administrator’s actions in performing the Services;
  - d) Maintain all records and documents used in performing the Services;
  - e) Maintain its books and records regarding the Services in line with generally accepted accounting principles;
  - f) Not make any settlement of any claim under the Policy;
  - g) Be responsible for losses the Company incurs due to the Policyholder’s failure to comply with this Agreement., and
  - h) Receive billing in electronic format via Plan Administrator Web.
- 2) **Company Obligations:** The Company shall advise the Policyholder which documents and information are to be submitted online through the Site. All other documents and information must be received in paper form at the Company’s Head Office, Waterloo, Ontario.
- 3) **Termination:** This Agreement will terminate automatically on the date the Policy terminates. Either party may immediately terminate this Agreement upon notice: (a) if the other party becomes insolvent or bankrupt; (b) if the other party fails to comply with any of the material provisions of this Agreement; or, (c) for any reason on 31 days’ notice to the other party. Upon termination of the Agreement, the Policyholder shall immediately deliver to the Company copies of the documents in paragraph 1(d). Paragraphs 1(d) and (g) shall survive termination of this Agreement.
- 4) **General Provisions:**
  - a) This Agreement will be effective on the effective date of the Group Policy with the Company.
  - b) The Policyholder is acting on its own behalf in performing the Services. The Company and the Policyholder are independent contractors.
  - c) The laws of the province of residence of the Policyholder shall apply to this Agreement
  - d) The Policyholder may not assign this Agreement without the Company’s written consent and may only amend the Agreement by a written agreement.
  - e) Notices under this Agreement shall be in writing and delivered to the other party personally or by facsimile or electronic transmission. Notices will be delivered to the Plan Administrator at the Policyholder’s address shown on the Company’s records, and to the Manager, Group Administration at the Company’s head office in Waterloo, Ontario. Notices are deemed received on the date of personal delivery, facsimile or electronic transmission.

The Equitable Life Insurance Company of Canada

Policyholder:

Per: \_\_\_\_\_

Per: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICATION FOR GROUP INSURANCE

### ***Schedule A: Group Insurance Administration Services “Update Access”***

The Policyholder agrees to perform the following administration services:

- a) Administer the Policy for all eligible employees (the “Members”) on the Site in accordance with the Policy and the Company’s administrative and underwriting rules and procedures that are communicated to the Policyholder.
- b) Enter all enrolment data and updated information on the Site.
- c) Use the Company’s standard administrative forms and have Members sign the appropriate Company forms.
- d) Maintain all Member forms, including application and beneficiary forms, and maintain accurate records of insurance coverage.
- e) Upon request, provide the Company with all Member data and coverage information.
- f) Enroll Members on the Site and explain to Members their insurance coverage and the procedures for accessing their information on the Site where the Members are permitted access.
- g) Update Members’ coverage and other information on the Site and explain to Members any changes in coverage.
- h) Immediately update the Site when a Member has resigned, been terminated or is no longer eligible for insurance coverage or any benefit under the Policy.
- i) Provide relevant information to the Company to enable the Company to process claims.
- j) Provide the personnel and equipment necessary to perform the administrative services in this Schedule A

## APPLICATION FOR GROUP INSURANCE

### Web Client Administrator Registration Form – Update Access

**Please Note:** This registration form may only be used for one applicant. If additional applicants would like to apply for Web Client Administrator access, please complete an additional form.

The Plan Administrator will be able to view plan details for classes to which certificates under their division belong. If for example, the Plan Administrator has access to Divisions 1 and 2, and the certificates within those divisions belong to Classes A and B, then the Plan Administrator will have access to view plan details for Classes A and B. If the intent is to restrict access to plan details for classes within each Division, then further instructions must be provided to your Equitable Life Group Service Representative.

Group Name:			
Designated Plan Administrator for Web access:			
First Name	Middle Initial	Last Name	
E-mail address for Paperless Billing Notification (please print clearly)			
An e-mail notification will be sent to this e-mail address when the billing is available on our secure site.			
The Above designated Plan Administrator should have access to:			
<input type="checkbox"/> All Divisions      ONLY Division(s) #:      (Please Specify)			
Policyholder Representative authorized to appoint the Plan Administrator's access, or change / deletion of access:			
Signature: _____			
Name & Title: _____			
Date signed:      /      /			
Month	Day	Year	



## APPLICATION FOR GROUP INSURANCE

### Pre-Authorized Debit for Group Insurance Premium (PAD)

Please return this completed, signed form with a blank cheque marked 'VOID' to The Equitable Life Insurance Company of Canada (the "Payee"). The Payee and the Payor's (as defined below) financial institutions are directed and authorized to process withdrawals from the Payor's account on a monthly basis, subject to the conditions below, for the purpose of collecting insurance premiums as follows:

1. General Information	Group Policy Number	Division Number
2. Banking Information (please check appropriate box)  Note: 'Line of Credit' accounts or credit cards are not acceptable payment options.	Group Policyholder Name ("Payor")  <input type="checkbox"/> Establish New OR <input type="checkbox"/> Change exiting PAD, using The account shown on the attached VOID cheque or Bank Letter of Direction (Payor name is required on the cheque)	
3. Withdrawal Information (please insert dates)	<b>Withdrawal Arrangements</b> The amount is considered 'Variable'. Payment will begin withdrawing on the billing date of  _____ DD          MM          YYYY	<b>Timing of Withdrawal(s)</b>  Preferred Withdrawal Date on _____ (1 <sup>st</sup> , 10 <sup>th</sup> , 15 <sup>th</sup> ) or each month.  Note: ASO cases must select the 10 <sup>th</sup> of the month as the withdrawal date.
4. Type of Service	For the purposes of this agreement, automatic monthly withdrawals from this bank account will be treated as personal withdrawals of insurance premiums, as defined by the Canadian Payments Association in Rule H1 at <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> .	
5. Waivers <b>The Payee will provide written notice to the Group Policyholder of the amount to be debited (in the form of a monthly Premium statement), prior to the due date of each PAD withdrawal.</b>	The Payor waives the right to receive pre-notification of the variable amount of the first and subsequent withdrawals.	
6. Cancellation Contact your financial institution about your rights regarding cancellation. A sample cancellation form is available at <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> .	The Payor has the right to cancel this PAD at any time. This PAD shall remain in effect until the Payor notifies the Payee of cancellation.  <b>NOTE: To ensure cancellation of the next withdrawal, written notice must be received at the Payee's Head Office 10 business days prior to the next withdrawal.</b>  Any cancellation of this PAD will not affect the policy contract(s) between the Group Policyholder and the Payee, so long as payment is provided by an alternate method within the period specified in the policy contract(s).	
7. Payee Contact Information	The Equitable Life Insurance Company of Canada One Westmount Road North P.O. Box 1603 Stn. Waterloo Waterloo, ON N2J 4C7 Toll Free: 1-800-265-4556 ext 640 Fax: 519-883-7403 Email: <a href="mailto:groupcollection@equitable.ca">groupcollection@equitable.ca</a>	
8. Recourse & Reimbursement  To obtain more information on recourse rights, please contact your financial institution or visit <a href="http://www.cdnpay.ca">www.cdnpay.ca</a> .	The Payor has certain recourse rights if any withdrawal does not comply with this PAD. The Payor has the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this PAD.	
9. Date & Signature	All signatures for withdrawals from this bank account are present on this form, and all terms and conditions in this form are understood and agreed upon.  Signature(s) of Payor's Authorized Signing Officers:  _____  (Title(s))  Date: _____	