



# GROUP INSURANCE APPLICATION

MEDAVIE BLUE CROSS



Plan E

Effective date

Policy No

39

Division

001

Please write in print and readable letters

Policyholder name:

Clients' legal Name:

Nature of your business:

Address:

City:

Province: Quebec

Postal Code:

Phone:

Ext:

Fax:

Administrator:

Email:

Division / Branch:

1. Number of employees on payroll: 2. Number of participating employees: (Mandatory)

3. Are there any employees expected not to be actively at work on the effective date? ( ) Yes ( ) No

If yes, complete the form to this effect and give details including expected date of return to work.

4. Are there any employees or classes of employees to be excluded? ( ) Yes ( ) No

If Yes, please explain:

5. Eligibility period for future employees: a) On the effective date of policy: Immediate

b) Future employees: 3 months

6. Number of hours per week for full-time eligibility: 20 hours / Week

7. Do you currently subscribe to a group insurance plan for your employees? ( ) Yes ( ) No

If Yes, name of current Insurance: Policy Number:

## Statement of Acceptance

The undersigned hereby certifies the following:

- a) To have answered and verified the accuracy of the answers to all the above questions;
- b) Request the *Medavie Blue Cross* issues an Insurance policy in accordance with accordance with this application, or if applicable, an amendment to the current Policy;
- c) Agree that if this application is accepted, the insurance will take effect on the date mentioned below;
- d) Agree that if accepted, this application will become an integral part of this policy;

Renewal date: May 1st,

Notice of renewal: 60 days

\*And each following Year thereafter

Amount of deposit:

\*Estimated monthly premium that will be applied to your first premium statement

Signed in \_\_\_\_\_  
city

On \_\_\_\_\_  
date

Authorized signature (Blue ink)

Title

Witness (blue ink)



# GROUP INSURANCE APPLICATION



Effective date  Policy No  Division

## Cost Sharing Arrangement

\*This section of the application **must be completed** in order to confirm taxable situation of benefits

### BENEFITS

Portion paid by

	<u>EMPLOYER %</u>	<u>EMPLOYEES %</u>
Basic Life Insurance		
Dependent Life Insurance		
Long Term Disability ***		
Extended Health Care		
Dental Care		

\*\*\* From 10 employees and more

## Rates Description

-Basic Life Insurance (Per \$1,000)	<input type="text" value="0.386 \$"/>	-Dependent Life Insurance (Employees with dependent)	<input type="text" value="2.44 \$"/>
-Extended Health care		-Travel - Health insurance	
<input type="text" value="Single Coverage"/>	<input type="text" value="94.06 \$"/>	<input type="text" value="Single Coverage"/>	<input type="text" value="4.80 \$"/>
<input type="text" value="Family Coverage"/>	<input type="text" value="252.46 \$"/>	<input type="text" value="Family Coverage"/>	<input type="text" value="9.68 \$"/>
-Extended Health care (65 and older)		-Dental Care	
<input type="text" value="Single Coverage"/>	<input type="text" value="196.06 \$"/>	<input type="text" value="Single Coverage"/>	<input type="text" value="60.96 \$"/>
<input type="text" value="Family Coverage"/>	<input type="text" value="456.46 \$"/>	<input type="text" value="Family Coverage"/>	<input type="text" value="137.53 \$"/>
-Long term Disability	<input type="text" value="N/A"/>		





# GROUP INSURANCE APPLICATION

MEDAVIE BLUE CROSS

	E (104) - All employees
<b>Basic Life Insurance</b>	
Amount of Insurance	\$25,000
Reduction upon 65th birthday	50%
Waiver of premiums to age 65	Applicable
Termination age	70 or retirement, whichever comes first
<b>Dependents basic Life Insurance</b>	
Eligible spouse	\$5,000
Eligible children (birth)	\$2,500
Coverage	28 weeks of pregnancy
Waiver of premiums to age 65	6 months
Termination age	70 or retirement, whichever comes first
<b>Long Term Disability</b>	<b>Not selected</b>
Benefit Amount (Monthly Income)	
Rounded up to the next multiple of	
Non-evidence amount	
Maximum amount	
Waiting period	
Maximum duration	
Definition of disability	
Cost of living adjustment	
All Sources Maximum	
Taxable status	
Pre-Existing conditions	
Waiver of premiums to age 65	
Termination age	
<b>Health Insurance</b>	
<b>Annual deductible</b>	
- Drugs only	\$10.00 per prescription
- All benefits other than drugs	N/A



# GROUP INSURANCE APPLICATION

MEDAVIE BLUE CROSS

	E (104) - All employees
<b>Health Insurance (next)</b>	
<b>Hospital services</b>	Co-Insurance 100%
In Canada	Semi-private
Maximum	Unlimited
<b>Convalescence Home</b>	Co-Insurance 100%
Room and Board	Semi-private
Maximum stay per disability	maximum \$20 per day, maximum of 90 days
<b>Drugs (Pay Direct Card)</b>	Yes
Co-Insurance	80% Generic substitution mandatory
Dispensing Fees	100%
Maximum	Unlimited
Smoking Cession	\$300 Lifetime
<b>Paramedical services</b>	Co-Insurance 80%
Physiotherapist, Sports therapist, Physical rehabilitation therapist	\$500 / year combined
Podiatrist or Chiropracist	\$500 / year combined
Psychologist / Social worker	\$500 / year
Acupuncturist	\$500 / year
Dietician	\$500 / year
Osteopath	\$500 / year
Audiologist	\$500 / year
Chiropractor	\$500 / year
Naturopath	\$500 / year
Occupational therapist	\$500 / year
Speech Therapist	\$500 / year
X-Rayx for Chiropractor, Osteopath, Podiatrist and Naturopath	\$50 / per paramedical



# GROUP INSURANCE APPLICATION

MEDAVIE BLUE CROSS

	E (104) - All employees
<b>Health Insurance (next)</b>	
<b>Other services</b>	Co-Insurance 80%
Private nursing care	\$10,000 per calendar year
Orthopaedic shoes	\$300 / year
Custom orthotics	\$300 / 12 months
New or repair of hearing aids	\$300 / 36 months
Breast prosthesis	1 prosthesis per breast by 2 calendar years
Surgical brassieres	2 per yer
Survivors benefits	24 months
Waiver of premiums to age 65	Excluded
<b>Termination age</b>	<i>70 or retirement, whichever comes first</i>
<b>Travel - Health insurance</b>	Co-Insurance 100%
- Duration of trip coverage less than 65 years old	180 days
- Duration of trip coverage over 65 years old	60 days
- Physicians fees and services	\$2,000,000 per event, per insured
- Referral	\$500,000 per lifetime
- Interruption or Trip Cancellation	\$5,000 per trip, per insured
- Luggage Insurance	\$500 per trip, per insured
Survivors of benefits	24 months
Waiver of premiums to age 65	Excluded
<b>Termination age</b>	<i>70 or retirement, whichever comes first</i>
<b>Dental care</b>	
<b>Annual deductible</b>	
- individual	50 \$
- family	100 \$
<b>Co-insurance</b>	
- Basic and prevantive	80%
- Major restorative	N/A
- Orthodontic services	N/A



# GROUP INSURANCE APPLICATION

MEDAVIE BLUE CROSS

	E (104) - All employees
<b>Dental care (next)</b>	
<b>Annual maximum</b>	
- Basic and preventive	1500
- Major restorative	N/A
- Orthodontic services	N/A
- Fee guide	Current
- Recall frequency	6 months
- Complete exams	1 / 24 months
- X-Rays	1 / 24 months
- Scaling and root planning	8 units / year
Survivors benefits	24 months
Waiver of premiums to age 65	Excluded
Termination age	70 or retirement, whichever comes first