



Client Presentation
& Information Resource



Welcome to ClearBenefits.ca

Who We Are

- Benefits Provider
- Proven solutions for small to mid-sized employers
- Comprehensive range of Group Benefits products and services including:

Considering Benefits?

- Choose an advisor you are comfortable working with
- Initial advice and support is central to the long-term success of your benefits program

Why ClearBenefits.ca?

- Attract and retain the right talent in a competitive business environment.
- Work with start-ups, growing and established businesses
- Understands your current (and future) needs

Whether you are a group of 3 - 200+ with simple or complex needs, or looking for a program that offers the ultimate in affordable stability, we have access to the right plan for your business



Wholesale Buying Power

Group Benefits by ClearBenefits.ca

Better Methods

ClearBenefits.ca is an online Group Benefits Provider that develops, manages and services exclusive Group Benefits Programs. Our proven methods and exclusive programs provides an industry leading way of doing Group Benefits.

Better Benefits

- ClearBenefits.ca programs and services are ideal for clients that prefer experienced management.
- Success of our Pooled Programs gives provides us with a unique perspective of what is required to manage your Group Benefits program.
- Our stable rate methodology helps provide clients the best opportunity for long-term success.

Better Programs

- **Pooled** - Large group advantages to groups of 3 - 20+ delivering quality and stability clients expect
- **Experience Rated** - Traditional-style plans leveraging ClearBenefits.ca wholesale buying power
- **Benefits Management** - Servicing of an existing benefits plan

*Pooled Group Benefits Programs underwritten by Co-operators Life Insurance Company



Reasons Businesses Implement Benefit Plans:

Advantages to Employer:

- Employee retention
- Attract the right staff
- Competitive Compensation
- Can be a less expensive than a cash raise
- Tax advantaged compensation (versus a raise)
- Happier, healthier, less stressed employees are more productive
- Valued by staff long after a wage increase would have been forgotten
- Feeling of value, respect and higher degree of company loyalty
- Lower cost and more flexible than individual health insurance plans
- Certain benefits may be made available to contract workers



Health & Wellness

- Group Benefits plans can improve the overall health and wellness of your staff.
- Healthy employees are productive, less stressed, have fewer sick days, which means less disruption to your business
- A healthier workplace can lead to reduced employee turnover and absenteeism.

Finances & Wellness

- Financial stresses are a cause of many illnesses, which can affect an employee's quality of work and often results in increased absenteeism
- [ClearBenefits.ca](https://clearbenefits.ca) makes available to your staff an online Individual Insurance workbook & planner. It is designed to educate, inform and provide insight into their own financial situations, with suggestions on how to update their basic personal insurance needs.
- Advisors are available for those employees that want further information, advice or help with investments, insurance and other financial advice.



Selecting the right structure

There is no one “right” approach to benefits

The most appropriate plan for your circumstances depends on how you answer the following questions:

- How important is it for you to be able to reasonably budget for benefits costs?
- How much risk you are willing to assume?
- Would you prefer to transfer risk to the insurer?

Pooled

We use a “[true insurance](#)” approach towards benefits spreading risk across many clients, providing the best opportunity for affordable, predictable rates, delivering what clients expect a benefits plan should be.

[ClearBenefits.ca](#) pooled programs are easy to budget for, effectively eliminating the volatility common to most benefits plans for groups of 3 - 20+.

Experience-Based

Appropriate for clients that prefer a plan where rates are based on their own claims experience. [ClearBenefits.ca](#) wholesale buying power result in lower rates.

Our focus is to help provide clients the best opportunity for stable rates through long term risk-management through a balance of plan design and proper funding levels.

Initial pricing is very important as artificially low initial premium can lead to abnormal rate increases in the following years as the insurer needs to bring the premiums into line with actual costs.

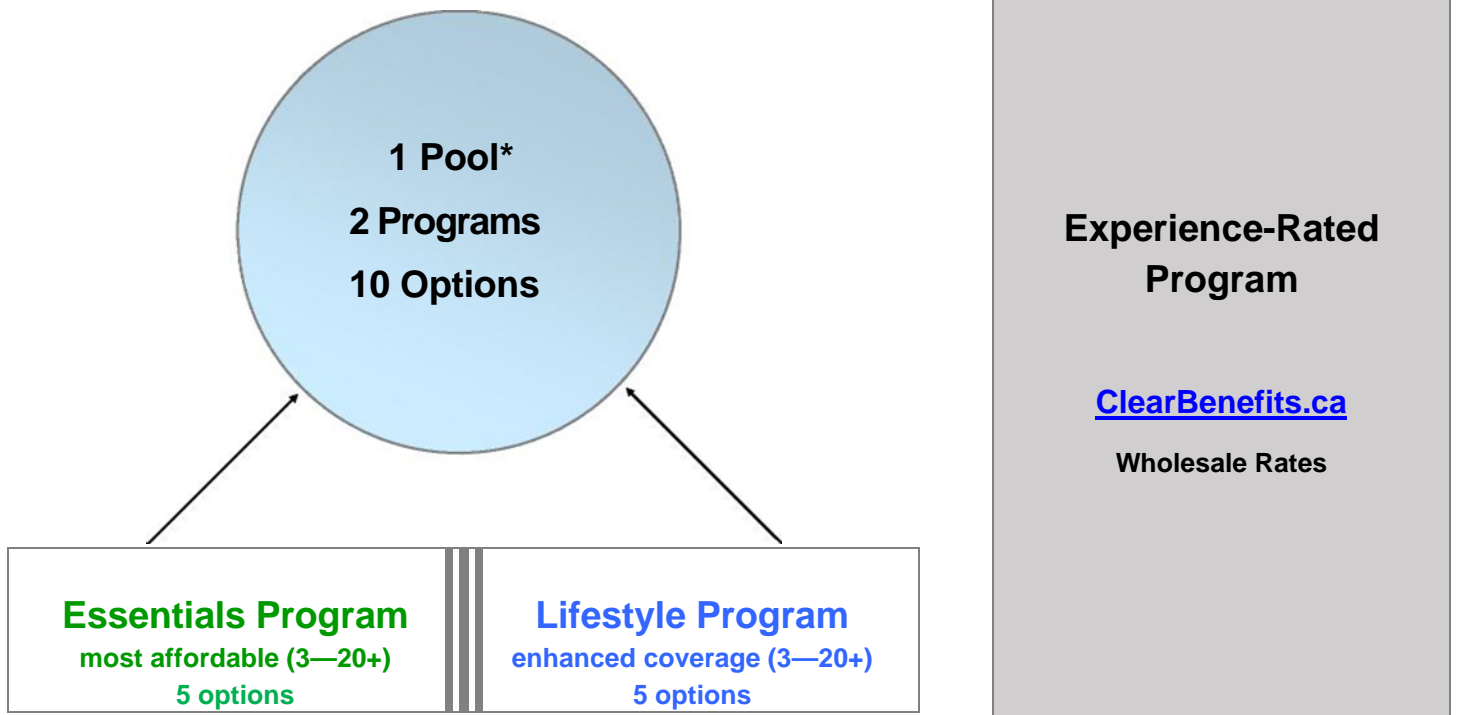
While we can design an Experience-Based benefits plan with almost any level of coverage, there are additional considerations that can help provide the best opportunity for long-term success:

Selecting the right program is important to the long term stability and success of your benefits program.

*Pooled Group Benefits Programs underwritten by Co-operators Life Insurance Company



Group of Products



Group Retirement Program**
Pooled Investment Management Fees

*Pooled Group Benefits Programs underwritten by Co-operators Life Insurance Company

**Group Retirement Plans - administered by The Co-operators



Experience Rated

Fully customized solutions

Step 1: Needs Evaluation

Review your current situation, approach to compensation and intended outcomes.

This review serves as the foundation for setting clear, strategic plan design goals, considering value-added programs, identifying areas of potential cost savings.

Step 2: Plan Design

Based on the results of our review, work collaboratively with you to make sure the chosen program meets your desired outcomes.

Step 3: Market Analysis and Procurement

Based on your specific needs and plan design, we implement a customized market analysis to identify potential re-balancing and cost-saving opportunities before moving forward.

Step 4: Implementation

Present the appropriate options in order to proceed with implementation of the option that best meets your chosen objectives.

Step 5: Onboarding

[ClearBenefits.ca](https://www.clearbenefits.ca) co-ordinates any plan changes and prepares staff communications.



What Benefits are available?

Catastrophic Benefits:

Insures “Unexpected Events” that can have a catastrophic financial effects

- Life Insurance
- Accidental Death & Dismemberment
- Short Term Disability
- Long Term Disability
- Critical Illness Insurance
- Hospital Coverage
- Out-of-Country Emergency Medical coverage



What Benefits are available?

Experience Based Benefits:

Insures predictable events based on usage of these benefits:

- Extended Health Care
- Prescription Drug Care
- Dental Care
- Vision Care
- Virtual Healthcare
- Medical Reimbursement plan
- Employee Assistance Programs



Plan Structure

- Ability to customize the benefits plan
- 3 month waiting period is most common for most industries
- Strong definitions which provide for solid and reliable coverage when claims arise and employees need coverage the most
- Simple administration with and support for the plan administrator
- While 75% employee participation is generally required, it is preferable from an employer standpoint to have 100% participation.
- Employer contributes a minimum of 25% towards the cost of the plan

Other Important Points:

- Prescriptions and Dental are the two most utilized benefits. Inflation Trend in these areas are higher than CPI
- It is important to structure the plan to encourage appropriate use of these benefits



Life Insurance

Life Insurance

- Non-evidence limits from \$25,000
- Options: Flat amount of coverage, multiple of annual earnings

Accidental Death & Dismemberment

- Accidental Death coverage amount is generally equal to Employee Term Life
- The loss must occur no later than 365 days after the accident.
- For loss of use, the loss must be continuous for 365 days.

Dependant Term Life (Spouse)

- Non-evidence limits from \$5,000 – \$25,000

(Child)

- 1/2 of spousal coverage
- Options: coverage from birth or 15th day

Optional Life Insurance

- Available



Extended Health Care

(over and above Provincial Medical)

Drug Plans:

- 50 – 100% coverage
- Reimbursement
- Pay Direct Drug Cards

Paramedical Services

- Psychologist / Social Worker / Clinical Counsellor
- Chiropractor / Chiropodist
- Physiotherapist
- Massage Therapist
- Acupuncturist
- Dietician
- Podiatrist
- Osteopath
- Naturopath
- Speech Therapist



Extended Health Care (Con't)

(over and above Provincial Medical)

Medical Equipment & Other Covered Expenses:

May Include:

- Medical Equipment
- Diagnostic Exams
- Other services

Visioncare:

- Eye Exams only, or
- Eye Exams & prescription glasses & contact lenses

Travel Medical Insurance:

- Out of Province & Out of Country coverage



Dental Care

Basic Preventative

- Cleanings
- X-Rays
- Scaling
- Fillings
- Root Canals
- Oral Surgery
- Fluoride
- Gum Disease treatment
- Denture Maintenance

Major Restorative

- Crowns
- Onlays
- Bridges
- Dentures

Orthodontics

- Children's Braces
- Adult Braces



Short Term Disability

- Typically provides 24hr coverage
- Typically benefits are up to the 120th day of disability
- No EI coverage for owners
- Your employees will usually have no similar coverage in place
- May be entitled to an EI rate reduction
- Easy to qualify for coverage



Long Term Disability

24 hr coverage for illness or injury both on and off the Job, Integrated with EI Benefits

- Typically benefits start after 112th day of disability
- Establishes a Corporate Policy for the business
- Low cost alternative to individual protection
- Easy to qualify for coverage
- Main focus is rehabilitation
- Taxable and Non-Taxable options
- Graded or level formula



Cost Plus

Tax-effective way to supplement health, dental and vision coverage for amounts in excess of coverage limits under your group plan

Tax-efficient method of providing enhanced coverage to key staff

Which expenses are covered?

Cost Plus coverage supplements many medical, hospital, dental and vision expenses that are limited or not covered under the terms of your existing group contract. Expenses reimbursed by Cost Plus are subject to CRA guidelines.

Advantages

Cost Plus coverage is paid with pre-tax business funds, not personal disposable income. The full benefit amount, including the administration fee and associated taxes, is tax deductible as a business expense.



How Much Will This Cost?

Most employers do a cost sharing with staff. Assuming the most common 50/50 sharing of premiums between the employer / employee, we recommend budgeting the employer / employee portions are each between 2.5 - 3.0% of payroll (up to 3.50% for plans with LTD).

Employee pays 100% of the Life Insurance, Dependant Life, Disability, portion (50% overall) This keeps any benefit payable from these benefits, tax-free in the hands of the Employee or his/her beneficiary

- Premiums are tax deductible to the company
- Tax free benefit to the employee
- The employee is getting value in excess of the premiums

Employer contributions are tax deductible and the benefits which the employees receive are tax free. The employer receives a tax credit equivalent to the contribution times the business' marginal tax rate. The benefit plan may actually only cost the employer a fraction of the overall monthly premium.



Renewal Cost Containment

A properly priced and structured plan can allow for more reliable premiums each year.

An artificially low initial premium can lead to initially abnormal premium increases in following years as the insurer needs to bring premiums into line with the actual cost.

You can expect changes in premiums each year as a result over 40 factors including:

- Inflation for Dental is 6 – 9% per year
- Inflation for health & drugs is 11 – 13% per year
- Average age, sex, occupation, volume of insurance and marital status
- Claims experience

Life, AD&D, Dep Life, Disability , C.I.

- These are fully pooled benefits.
- Rates are based on the demographics of the group (ie. age, volume of insurance, sex and occupation)
- The insurer's claims experience of its pool also has an impact on these rates



Renewal Cost Containment (Con't)

Extended Health Care, Prescription Drugs, Dental Care

For smaller groups, premiums are partially based on the experience of the individual group, and partly pooled.

For larger groups, premiums for these benefits are semi-pooled initially and gradually become solely based on the experience of the individual group.

Demographics

A lower than average age will decrease pooled rates and health rates.

Occupations help determine the risk class for pooled benefits.

A higher volume of insurance will reduce some pooled rates while increasing others.

It is important to structure the plan that encourages normal usage of the plan:

- Start with a plan you can grow with
- Expand coverage at a future date in place of a raise
- Use of deductibles encourage proper use of the plan
- Use at least a 3 month waiting period for new employees



Selecting the Right Carrier

It's simple to compare insurance carriers in terms of their quality of product and service, it is not always easy to communicate their differences in price.

Which quote is best suited to meet your needs?

- Insurers price plans based on their best estimate of your claims over the next year.
- Your actual claims are not known until they occur
- We recommend the average of all of the estimates of the Insurers.
- Any quotes significantly below average would indicate the plan is underfunded
- Any quotes significantly higher than average indicate that the plan is overpriced.



Selecting the Right Carrier (Con't)

If a plan is underfunded, the premium will not support the claims of your staff. At renewal the insurance carrier will need to implement a significant rate increase in order to meet the following year's claim expectations.

Your options at that point would be:

- Accept the price increase
- Scale back the benefits offered
- Shop for another provider

There are a limited number of insurers. If your plan is moved too often, insurers are likely to decline providing a quote.

The most important factors are the proper plan design and definitions of coverage, a plan properly structured will require far less maintenance. Select a plan for its features and the protection it offers, and if it is properly priced you are less likely to deal with significant rate adjustments.



The Process

Initial

- **Choose the advisor you are comfortable working with**
- Design a program that meets your business' objectives
- Procure quotes from the most appropriate insurers
- Summarize and review the various quotes
- Assist in selecting a properly priced plan that best meets your objectives
- On-boarding and set-up of the plan

Ongoing

- Administration support
- Suggestions to keep costs in line
- Review and explain experience reports from your insurance carrier
- Outline tax changes or implications affecting your benefits plan
- Annual review of your program

Other

- Group RRSP and / or pension plan referrals
- Review corporate insurance planning - upon request



Administration & Support

Simplify Administration

[ClearBenefits.ca](#) structured service process is designed to keep your plan current, proactively addressing common administrative issues that arise.

[ClearBenefits.ca](#) service includes:

- Program and Product selection
- Enrolment support
- Benefit summary & communication for Employees
- Administrator support
- Comprehensive structured service plan
- Claims support
- Cost containment support
- Help ensure you are paying fair and responsibly priced premiums.
- Periodic information updates

[ClearBenefits.ca](#) Service System

A structured approach is designed to help ensure your plan meets your company's needs, runs smoothly, keeping benefits current while containing costs and effectively eliminating common administrative issues that can arise.

**Our dedicated service staff are your direct contact,
and will be in touch with you on a regular basis.**



Broker Compensation

[ClearBenefits.ca](https://clearbenefits.ca) is compensated in the form of commission directly by the selected provider to provide ongoing service for your employee benefits plan.

Our service commitment is outlined in the previous pages.



ClearBenefits.ca

Roles & Responsibilities:

Advisor:

- Accessible
- Help select a design a suitable plan for your company
- Liaison between your company and the Insurer
- Administrator support
- Assist with claims issues
- Consult on individual needs (top-up of coverage)

Insurer:

- Accessible
- Pay claims in a timely manner
- Prepare administration and employee materials
- Keep clients aware of major changes in group benefits trends
- Send invoices with a detailed breakdown for employee deductions
- Answer employee claims questions (online / 1-800#)

Your Business' Administration:

- Enroll new employees at start of employment
- Terminate employees who leave your company
- Advise the insurance company of employee changes (additions / deletions of dependants, marital status, leave of absence, severance agreements, etc)
- Pay the premiums & deduct employee portion at source

Employee:

- Submit forms
- Utilize plan

A Few Questions

- **Will my employees want a plan?**

Overwhelmingly, YES. Almost all employees value a benefits plan far in excess of a cash raise.

- **Will my employees value the plan we choose?**

Employees always seem to appreciate a benefits plan that provides good value. They could now have affordable access to a wider variety of quality healthcare than they may normally afford for themselves and their families (i.e. dental, prescriptions, vision, chiropractor etc.)
A healthier workforce means fewer sick days and less disruption for your business.

- **Is the plan affordable?**

Employers are always pleased with how affordable our plans are.
We look at a variety of factors in order to match the right cost structure to your unique situation.

- **Should we share the cost of the plan with our employees?**

Most employers share the cost of a plan 50/50 with their employees.
Generally employees expect there will be a cost sharing of the plan.

- **Can the “couple” rate apply to a single parent with 1 eligible dependent?**

Yes. It can apply to a married couple, common-law spouses or a single parent with 1 eligible dependent.

- **Is there much on-going administration?**

Not really. Normal ongoing administrator functions are just regular maintenance; adding/deleting employee & dependent information and payroll deductions of the employee portion. Employees are responsible for reporting any changes to the plan administrator, and for privacy, employees submit claims directly to the insurer.

- **Will we have help with the initial set-up and on-going support?**

Yes! We utilize a structured approach from our initial contact to the ongoing service.
Our structured approach is designed to ensure your plan runs smoothly, is kept current, contains costs, and effectively eliminates common administrative issues that can arise.

- **How much will this cost?**

We find that if the employer's portion of the monthly premium is approx. 2.5—3.5% of payroll (based on a 50/50 cost sharing with the employees), both the employer and the employees are comfortable and feel they are getting good value. Depending on the option selected, this can be more affordable than a cash raise, with no additional EI, CPP or WCB contributions.

How do we get started?

Click here for an [Instant Quote](#), or email the attached form to connect@clearbenefits.ca

Starting a Benefits Plan

Which plan is right for us?

- Each client has unique circumstances and similar needs
- Clients typically ask for a plan that is affordable with quality coverage and stable rates
- We recommend selecting a plan you are comfortable with, you can always upgrade later

Pricing?

- Coverage levels directly affect rates
- Higher levels of coverage have higher premiums
- Decreasing levels of coverage have proportionately lower premiums
- Looking to contain costs? The only sustainable solution is to select a different coverage level

Pooled Programs

- [ClearBenefits.ca](https://clearbenefits.ca) pooled plans are ideal for clients wanting stable, predictable rates
- Shared risk through claims pooling makes our plans the easiest to budget for going forward

Experience-Based Program

- Appropriate for clients that prefer a plan where rates are based on their own claims experience.
- This program features wholesale (pooled) TLR's which can lower result in lower rates.

Benefits Management

- Yes. We can typically manage an existing benefits plan with your current provider
- Ask about our Benefits Management services

What information is needed to get a quote?

No existing plan:

- Company contact information
- Employee information

Existing plan:

When a client decides to change suppliers, additional information will be requested. This simply provides the quoting insurers the required information in order to properly assess risk.

- Company contact information
- Employee information
- Current plan design
- Claims and rate history
- Copy of last billing statement
- EP3 Certificate

We see a plan we like, what do we do now?

Contact us for more information on [ClearBenefits.ca](https://clearbenefits.ca) products & services

Mail: 338 - 1641 Lonsdale Ave., North Vancouver, BC V7M 2J5

Tel: 778.338.4083 | **Tel (TF):** 888.803.3800 | **Email:** connect@clearbenefits.ca | **Web:** www.clearbenefits.ca

Pooled Benefits Programs

Page ____

Advisor Name		Effective Date
Company Name		
Business Address		
City / Province / Postal Code		
Phone	Fax	Email
Nature of business:	Current Employee Benefit plan? ___ Yes ___ No	

Employee Name	Occupation	Birth Date	Gender Residence	Province of	Weekly Hours	Wage / Salary	Date Employed	S/C/F	Class

Payroll Frequency: ___ Weekly ___ Bi-weekly ___ Semi-monthly ___ Monthly

S = Single C=Couple F = Family W = Waiving EHC & Dental I/C = Independent Contractor

Group Benefits Quotation Request		Page 1
Producer Name		
Desired Effective Date	Please provide quote by:	
Company Name		
Business Address		
City / Province / Postal Code		
Mailing Address (if different than above)		
City / Province / Postal Code		
Phone		
Fax		
Email / Website Address		
Nature of business:		
Home Based?	___ Yes ___ No	
Years in business:		
Associated / subsidiaries covered:	___ Yes ___ No	
All eligible employees participating	___ Yes ___ No	
Employee(s) absent due to disability	___ Yes ___ No	
Employees currently traveling outside Canada?	___ Yes ___ No	
Employees work min. 20 hours weekly	___ Yes ___ No	
Seasonal Employees (9 month min)	___ Yes ___ No	
Employees covered by WCB	___ Yes ___ No	
# of employees related to owner	___	
Independent contractors	___ Yes ___ No	
Employer contribution	___ %	
Priority (1 – 5)	___ Life Insurance ___ Drugs ___ EHC ___ Vision ___ Dental ___ WI ___ LTD	
Current Employee Benefit plan?	___ Yes ___ No	
Current Insurance Carrier		
Current Benefits	___ Life ___ AD&D ___ Dep Life ___ Drugs ___ EHC ___ Vision ___ Dental ___ WI ___ LTD	
# of carriers in the past 5 years	___ (Reason):	
Reason for requesting quote	___ Broker approached ___ Renewal ___ Changing plan design ___ Price	
Last billing statement attached	___ Yes ___ No ___ To Follow	
Copy of current benefit booklet	___ Yes ___ No ___ To Follow	
<ul style="list-style-type: none"> If quoting other than manual / book rates, please confirm what % off manual was quoted Please advise target / loss ratios Please advise EHC stop loss / pooling limits Please quote at standard commission scale 		

Producer Name			
Company Name			
Quote 1 / Class ____		Quote 2 / Class ____	
Employee Life	\$	Employee Life	\$
AD & D	____ Yes ____ No	AD & D	____ Yes ____ No
Dependant Life	\$ /	Dependant Life	\$ /
Critical illness	____ Yes ____ No	Critical illness	____ Yes ____ No
Employee CI	\$	Employee CI	\$
Dependant CI	\$ /	Dependant CI	\$ /
Short Term Disability	____ % Non-taxable (60 – 66.7%)	Short Term Disability	____ % Non-taxable (60 – 66.7%)
	____ % Taxable (55% / 66.7–75%)		____ % Taxable (55% / 66.7–75%)
Benefit Period	____ 15 ____ 17 ____ 26 Weeks	Benefit Period	____ 15 ____ 17 ____ 26 Weeks
Maximum Benefit	\$	Maximum Benefit	\$
First Day Hospital	____ Yes ____ No	First Day Hospital	____ Yes ____ No
Long Term Disability	____ % Flat non-taxable (60 — 66.67%)	Long Term Disability	____ % Flat non-taxable (60 — 66.67%)
	____ Yes ____ No Graded non-taxable		____ Yes ____ No Graded non-taxable
	____ % Flat taxable (66.67 – 75%)		____ % Flat taxable (66.67 – 75%)
Waiting period:	____ 112 days ____ 120 days ____ 180 days	Waiting period:	____ 112 days ____ 120 days ____ 180 days
Benefit period:	____ 2 years ____ 5 years ____ to age 65	Benefit period:	____ 2 years ____ 5 years ____ to age 65
COLA	____ 3% ____ 4% ____ 5%	COLA	____ 3% ____ 4% ____ 5%
Maximum Benefit	\$	Maximum Benefit	\$
Extended Health Care	\$ ____ / \$ ____ Deductible (single/family)	Extended Health Care	\$ ____ / \$ ____ Deductible (single/family)
Overall Maximum	\$ / Unlimited	Overall Maximum	\$ / Unlimited
Overall EHC Coverage	____ % (50 – 100%)	Overall EHC Coverage	____ % (50 – 100%)
Prescription Coverage	____ % (50 – 100%)	Prescription Coverage	____ % (50 – 100%)
Drug Plan	____ Reimbursement ____ Drug card	Drug Plan:	____ reimbursement ____ drug card
Drugs	____ Rx ____ Rx by Law ____ Formulary	Drugs	____ Rx ____ Rx by Law ____ Formulary
Paramedical Services	____ Basic ____ Basic & Supplementary	Paramedical Services	____ Basic ____ Basic & Supplementary
Paramedical Services Max.	____ \$300 ____ \$500 ____ \$750	Paramedical Services Max.	____ \$300 ____ \$500 ____ \$750
Visioncare (Eye exams)	____ Yes ____ No	Visioncare (Eye exams)	____ Yes ____ No
Visioncare (Frames / lenses)	____ \$100 ____ \$150 ____ \$200 ____ \$250	Visioncare (Frames / lenses)	____ \$100 ____ \$150 ____ \$200 ____ \$250
Hospital	____ Private ____ Semi ____ Ward	Hospital	____ Private ____ Semi ____ Ward
Employee Assistance Program	____ Yes ____ No	Employee Assistance Program	____ Yes ____ No
Dental	\$ ____ / \$ ____ Deductible (single/family)	Dental	\$ ____ / \$ ____ Deductible (single/family)
Combine Deductible with EHC	____ Yes ____ No (if available)	Combine Deductible with EHC	____ Yes ____ No (if available)
Basic (50 – 100%)	____ % (1000, 1500, 2000, 2500, UL)	Basic (50 – 100%)	____ % (1000, 1500, 2000, 2500, UL)
Major (50 – 80%)	____ % (750, 1000, 1500, 2000, 2500, UL)	Major (50 – 80%)	____ % (750, 1000, 1500, 2000, 2500, UL)
Ortho (50 – 60%)	____ % (1000, 1500, 2000, 2500)	Ortho (50 – 60%)	____ % (1000, 1500, 2000, 2500)
Recall exams	1 / 6 months, 1 / 9 months, 1 / 12 months	Recall exams	1 / 6 months, 1 / 9 months, 1 / 12 months

Producer Name			
Company Name			
Quote 3 / Class ____		Quote 4 / Class ____	
Employee Life	\$	Employee Life	\$
AD & D	____ Yes ____ No	AD & D	____ Yes ____ No
Dependant Life	\$ /	Dependant Life	\$ /
Critical illness	____ Yes ____ No	Critical illness	____ Yes ____ No
Employee CI	\$	Employee CI	\$
Dependant CI	\$ /	Dependant CI	\$ /
Short Term Disability	____ % Non-taxable (60 – 66.7%)	Short Term Disability	____ % Non-taxable (60 – 66.7%)
	____ % Taxable (55% / 66.7–75%)		____ % Taxable (55% / 66.7–75%)
Benefit Period	____ 15 ____ 17 ____ 26 Weeks	Benefit Period	____ 15 ____ 17 ____ 26 Weeks
Maximum Benefit	\$	Maximum Benefit	\$
First Day Hospital	____ Yes ____ No	First Day Hospital	____ Yes ____ No
Long Term Disability	____ % Flat non-taxable (60 — 66.67%)	Long Term Disability	____ % Flat non-taxable (60 — 66.67%)
	____ Yes ____ No Graded non-taxable		____ Yes ____ No Graded non-taxable
	____ % Flat taxable (66.67 – 75%)		____ % Flat taxable (66.67 – 75%)
Waiting period:	__ 112 days __ 120 days __ 180 days	Waiting period:	__ 112 days __ 120 days __ 180 days
Benefit period:	__ 2 years __ 5 years __ to age 65	Benefit period:	__ 2 years __ 5 years __ to age 65
COLA	____ 3% ____ 4% ____ 5%	COLA	____ 3% ____ 4% ____ 5%
Maximum Benefit	\$	Maximum Benefit	\$
Extended Health Care	\$ ____ / \$ ____ Deductible (single/family)	Extended Health Care	\$ ____ / \$ ____ Deductible (single/family)
Overall Maximum	\$ / Unlimited	Overall Maximum	\$ / Unlimited
Overall EHC Coverage	____ % (50 – 100%)	Overall EHC Coverage	____ % (50 – 100%)
Prescription Coverage	____ % (50 – 100%)	Prescription Coverage	____ % (50 – 100%)
Drug Plan	____ Reimbursement ____ Drug card	Drug Plan:	____ reimbursement ____ drug card
Drugs	__ Rx __ Rx by Law __ Formulary	Drugs	__ Rx __ Rx by Law __ Formulary
Paramedical Services	__ Basic __ Basic & Supplementary	Paramedical Services	__ Basic __ Basic & Supplementary
Paramedical Services Max.	__ \$300 ____ \$500 ____ \$750	Paramedical Services Max.	__ \$300 ____ \$500 ____ \$750
Visioncare (Eye exams)	____ Yes ____ No	Visioncare (Eye exams)	____ Yes ____ No
Visioncare (Frames / lenses)	__\$100 __\$150 __\$200 __\$250	Visioncare (Frames / lenses)	__\$100 __\$150 __\$200 __\$250
Hospital	____ Private ____ Semi ____ Ward	Hospital	____ Private ____ Semi ____ Ward
Employee Assistance Program	____ Yes ____ No	Employee Assistance Program	____ Yes ____ No
Dental	\$ ____ / \$ ____ Deductible (single/family)	Dental	\$ ____ / \$ ____ Deductible (single/family)
Combine Deductible with EHC	____ Yes ____ No (if available)	Combine Deductible with EHC	____ Yes ____ No (if available)
Basic (50 – 100%)	____ % (1000, 1500, 2000, 2500, UL)	Basic (50 – 100%)	____ % (1000, 1500, 2000, 2500, UL)
Major (50 – 80%)	____ % (750, 1000, 1500, 2000, 2500, UL)	Major (50 – 80%)	____ % (750, 1000, 1500, 2000, 2500, UL)
Ortho (50 – 60%)	____ % (1000, 1500, 2000, 2500)	Ortho (50 – 60%)	____ % (1000, 1500, 2000, 2500)
Recall exams	1 / 6 months, 1 / 9 months, 1 / 12 months	Recall exams	1 / 6 months, 1 / 9 months, 1 / 12 months

ClearBenefits.ca Experience-Rated Program

Producer Name	
---------------	--

Company Name	
--------------	--

Employee Name	Occupation	Birth Date	Gender Residence	Province of	Weekly Hours	Wage / Salary	Date Employed	S/C/F	Class
---------------	------------	---------------	---------------------	-------------	-----------------	------------------	------------------	-------	-------

Payroll Frequency: ___ Weekly ___ Bi-weekly ___ Semi-monthly ___ Monthly

S = Single C = Couple F = Family W = Waiving EHC & Dental I/C = Independent Contractor

This Notice of Authorization and Appointment supersedes and replaces all others issued prior to this date

Agent of Record Notification

This letter appoints [ClearBenefits.ca](#) as our Agent of Record, and authorizes [ClearBenefits.ca](#) to become our servicing agency for the purposes of providing service, soliciting quotations and negotiating on our behalf in regard to our Group Benefits Program.

This is our authorization to any insurance company or other organization underwriting such plans to supply [ClearBenefits.ca](#) with any information as may be requested regarding existing plans, possible future plans, or quotations on our Group Benefits plan.

This also constitutes our request to any such organizations to recognize [ClearBenefits.ca](#) as Agent of Record with respect to any such plans, and to pay any compensation that may be due on such business.

"Information collected by [ClearBenefits.ca](#) and its associates is used for the purpose of allowing Insurance carriers, [ClearBenefits.ca](#) and its associates to prepare proposals and services including employee benefits, and other related products and services. Information collected will remain confidential and only be used for these purposes."

Dated at _____ this _____ day of _____ / 20__

Client Authorized Signature

[ClearBenefits.ca](#)

Name & Title

Company Name

Insurance Carrier & Plan #