



INDIVIDUAL BENEFITS PROGRAM

NO HEALTH QUESTIONS, GUARANTEED ACCEPTANCE
NO PRE-EXISTING CONDITIONS CLAUSES

WWW.CLEARBENEFITS.CA

POWERED BY:





Benefits for Individuals

Our optional plan offers direct billing to employees, eliminating hassle for both employers and staff.

No cost or administrative burden on employers - we've simplified implementation.

Designed for today's diverse workforce, our inclusive plan requires no minimum work hours. Perfect for part-time, seasonal, casual, or shift workers, it ensures everyone has access to top-tier healthcare. Plus, employees can retain the plan post-employment, ensuring their coverage continues.

1

New Employment

Just like group benefits, you must apply within 90 days of starting your job to qualify.

2

Open Enrollment

Newly aware businesses will be provided an open enrollment period for all existing staff regardless of their employment start date.

3

Top-Up Existing Coverage

If you already have group benefits, you may apply anytime as a top-up to your existing group benefit coverage.

Benefits Program

Mandatory Benefits

Life and AD&D Insurance	
Schedule	Life: Flat \$10,000 AD&D: Equals Basic Life Insurance Coverage (rounded to the next higher \$1,000)
Reduction	Reduces to 50% age 65
Termination	Age 70
Extended Health Care	
Drug	
Deductible	Nil
Reimbursement	80% Reimbursement
Maximum	\$5,000 / Calendar Year
Drug Definition	Mandatory Generic Substitutions
Travel	\$5,000,000 per person, per trip @ 100%-60 day trip duration to age 70
Trip Cancellation	Included
Hospital	100%
All Other Major Medical	80% Reimbursement
Eye Exams	R&C for adults every 24 months, 12 months for children
Vision Care	\$300 for adults every 24 months, 12 for children
Paramedicals	
Acupuncturist	80% Reimbursement \$350 per practitioner/person/year
Audiologist	
Physiotherapist	
Chiropractor	
Naturopath/Homeopath	
Registered Dietician	
Podiatrist/Chiropodist	
Occupational Therapist	
Osteopath	
Massage Therapist	
Psychologist	
Social Worker	
Speech Therapist	
Termination	Age 70 or earlier retirement
Survivor Benefits	24 months of EHC coverage for surviving eligible dependents
Dental	
Annual Deductible	Nil
Basic Reimbursement	80% Reimbursement
Maximum	\$1,000
Units of Scaling per calendar year	10
Recall Frequency	Once every 9 months
Termination	Age 70
Survivor Benefits	24 months of DEN coverage for surviving eligible dependents

The Advantage of a Hybrid Plan

Typical Group Benefit Plan



No health questions, and we cover your pre-existing conditions with guaranteed acceptance.



Employer controls the outcome of coverage, if any. All employees must take the coverage to qualify.



You are not able to take your benefits with you if you leave your employment.

ClearBenefit's Individual Plan



No health questions, and we cover your pre-existing conditions with guaranteed acceptance.



No employer inputs required and there are no minimum participation requirements among staff.



You are able to take your benefits with you, regardless of future employment.

Traditional Health Plan



Health questions are required and all pre-existing conditions will be excluded from coverage, if you are accepted.



No employer inputs required and there are no minimum participation requirements among staff.



You are able to take your benefits with you, regardless of future employment.

Why Choose ClearBenefit's Individual Group Benefit Plan?

Universal Pricing, No Age-Based Premiums

At ClearBenefits, we believe in simplicity. That's why our plan is priced uniformly for everyone, irrespective of age. We don't increase premiums based on your age, ensuring fairness and consistency for all our members. While our Benefit Plans face similar cost pressures such as inflation, rising healthcare expenses, administrative requirements, and insurance claims, we ensure there are no premium spikes due to age banding.

Adventure Coverage

ClearBenefits' Individual Benefits Plans offer extensive coverage, including a 60-day trip limit with up to five million dollars in out-of-province and country travel coverage. Whether you're an occasional traveler or a seasoned adventurer, our plans have you covered! There are no restrictions on the number of trips you take, and for those planning longer journeys, we provide travel top-up options to extend your coverage.

Flexible Plan Designs

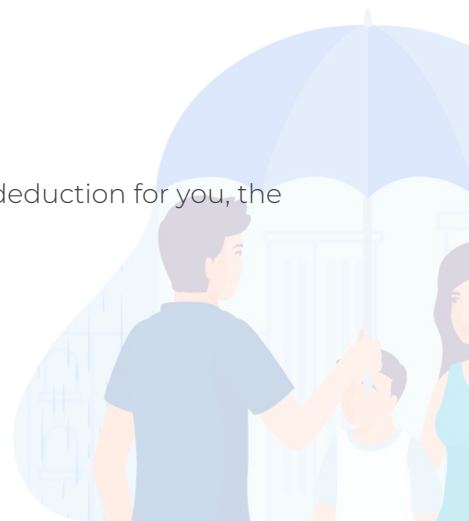
Understanding that health insurance needs evolve over time, our plans come with built-in flexibility. Every two years while on the plan, you have the option to switch to another plan design. This way, you're not locked into the same plan for life, adapting as your needs change.

Continued Benefits Beyond Employment

Once enrolled with ClearBenefits, your benefits are no longer tied to your employment status. Whether you change jobs, retire, quit, or stop working for any reason, your benefits remain intact. We bill individuals directly, allowing you to retain your benefits for as long as you desire, up to age 70.

Tax Deduction Benefits

All premiums paid towards ClearBenefits plans qualify as a tax deduction for you, the employee, offering an additional financial advantage.





Plan Member Application



ClearBenefits.ca Individual Benefits Plan Member Application Form

About You

Applicant's Legal Name (Please Print) (First, Last): _____

Home Address: _____ City: _____ Province: _____ Postal Code: _____

Phone Number: _____ P.O. Box: _____ Email Address: _____

Date of Birth (MM/DD/YYYY): _____ Gender: _____ Male _____ Female _____ Other

Marital Status: _____ Never Married _____ Married _____ Common-Law _____ Divorced _____ Widowed _____ Separated

Employer Details

Employer Name: _____ Employer Email Address: _____

Start Date of Employment: _____ Average Hours / Week: _____

Topping up existing group benefits? (Y/N): _____ Replacing Group Benefit Coverage?(Y/N): _____ If Yes, Last Day of Coverage): _____

Choose your Coverage

Requested Start Date: _____ Individual/Dependents: _____ Solo Coverage: _____ Duo Coverage: _____ Family Coverage (3 or more): _____

Choose your plan: Health Plan: _____ Dental Plan: _____ Health & Dental Plan: _____

To be eligible, you must apply within 90 days of the start of your employment unless you are applying during an open enrollment period or if you are applying as a top-up to an existing group benefit plan. Before proceeding, please review our plan designs, policy wording, and pricing as it pertains to your province of residence.

We are a paperless company, so we do not mail out physical booklets. All Booklet information is available on your phone app or desktop.

Your Dependents

Name of Spouse or Partner (Common-Law) (First, Last): _____ Add to Plan?: _____ Yes _____ No

Date of Birth (MM/DD/YYYY): _____ _____ Male _____ Female _____ Other. _____ Disabled _____ Full-Time Student

If "No", Please provide proof of coverage elsewhere: Insurance Company _____ Policy Number: _____

Name of Child (First, Last): _____ Add to Plan?: _____ Yes _____ No

Date of Birth (MM/DD/YYYY): _____ _____ Male _____ Female _____ Other. _____ Disabled _____ Full-Time Student

Name of Child (First, Last): _____ Add to Plan?: _____ Yes _____ No

Date of Birth (MM/DD/YYYY): _____ _____ Male _____ Female _____ Other. _____ Disabled _____ Full-Time Student

Premium Payment Information, Authorization, and Claim Payments

I Authorize ClearBenefits.ca Inc and insuring partners to withdraw premiums monthly from my bank account and deposit benefit claim payments directly into my bank account.

Provincial Drug Coverage (Required for drug coverage)

BC: Fair Pharmacare

Please send your response letter from the government showing the level of benefit you receive to service@clearbenefits.ca.

*If you have lost your response letter, you can call 604-683-7151 and they will be able to send you out a new one.

* If you have not applied for this, please register online at <https://my.gov.bc.ca/ahdc/msp-eligibility>. Once you have received your

response letter in the mail, please forward to service@clearbenefits.ca for processing

Pre-Authorized Debt (PAD) for the First and Subsequent Premium Payments

ClearBenefits.ca Inc., SimplyBenefits, and my financial institution are directed and authorized to process withdrawals from my bank account for the initial premium payment and for each subsequent premium payment, on a monthly basis, subject to the conditions below, following the effective date of coverage. In the event of non-payment due to insufficient funds, a double payment will be withdrawn on the first of the following month. You are responsible for any NSF charges incurred by your financial institution.

I waive the right to receive pre-notification of the first withdrawal, any increases in the fixed amount of the withdrawal or a change in the date of the withdrawal. All PAD withdrawals will be treated as personal withdrawals of insurance premium, as defined by the Canadian Payments Association in Rule H1 at www.payments.ca.

Contact your financial institution about your rights regarding cancellation. I have the right to cancel this PAD at any time. This PAD shall remain in effect until I notify ClearBenefits.ca Inc. of cancellation. Note: To ensure cancellation of the next withdrawal, notice by way of email, telephone or letter must be received at ClearBenefits.ca Inc's Head Office 10 days prior to the next withdrawal. Any cancellation of this PAD will not affect the policy contract so long as payment is provided by an alternate method within the period specified in your policy contract.

All claim payments will be deposited to the above account.

Terms and Conditions

The personal information willingly provided by me to ClearBenefits.ca Inc. collected on this Application and held in their files, will be used by ClearBenefits.ca Inc. and all associated insurers for the purposes of underwriting, servicing, administration, claims processing and adjudication related to this Application, the ClearBenefits.ca Policy and all benefits under the Policy, and any supplementary documents.

I understand and authorize that for the above purposes the personal information on file is accessible to, and may be exchanged with, authorized employees of, and relevant third parties retained by ClearBenefits.ca Inc., participating insurer(s) / reinsurer(s), other insurance companies, Third Party Payers, investigative organizations, health care providers, including, but not limited to pharmacies, physicians and dentists and any other person or party whom I authorize. If applying for my spouse and/or Dependents, I confirm that I am authorized to act on their behalf and therefore this consent and authorization also applies to the collection, use and communication of their personal information for the same purposes.

I consent to my Current or former employer/association/organization and the current or former Group Benefits Plan provider providing confirmation of insurance coverage under the current or former Group Benefits Plan for myself, and dependents.

I understand that all claims made under the ClearBenefits.ca Policy are submitted through me as the policy owner. I therefore authorize ClearBenefits.ca Inc. and all associated insurers to exchange information about these claims with me or any person acting on my behalf, including a spouse or dependent, as deemed necessary for the purposes of confirming eligibility and assessing and managing the claim. I understand that all claims payments will be deposited to the bank account provided in this Application.

I understand that by providing an email address, I am giving ClearBenefits.ca Inc. and all associated insurers and third party payers permission to communicate with me through email.

I understand that coverage under a policy will not become effective until all forms are processed and payment is received by ClearBenefits.ca Inc.

I confirm that the person(s) listed on this Application is/are authorized to make withdrawals from the above account, and all terms and conditions in this Application are understood and agreed to. All facts, statements, information and answers given on this Application are true, correct and complete. Any misrepresentation or misstatement of any facts, statements, information or answers given and contained in this Application shall render any insurance issued in connection with this application voidable by ClearBenefits.ca Inc. and all associated insurers and all third party payers. Prescription drugs, paramedical and dental benefits for the ClearBenefits.ca Individual Benefits Program is underwritten by SimplyBenefits. Travel Insurance for the ClearBenefits.ca Individual Benefits Program is underwritten by AIG Travel Guard.

I confirm and acknowledge with the above:

Signature: _____ Date: _____

Where did you hear from us?

☐ Employer ☐ Internet Search ☐ Advisor ☐ YouTube Commercial ☐ On-Demand
☐ Word of Mouth ☐ Online Advertisement ☐ Facebook Ad ☐ Instagram Ad. ☐ Tiktok Ad ☐ Advisor

Broker Section (Office & Advisor use only)

Broker: _____ Broker Code: _____

Advisor: _____ Signature: _____ Date: _____