

# BENEFIT REQUEST TO QUOTE

AVAILABLE TO GROUPS WITH 2-19 ELIGIBLE EMPLOYEES

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Producer:

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Producer Code (if applicable):

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Group Office:

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Current Date:

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Phone number:

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Fax number:

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Producer Email Address:

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# REQUEST TO QUOTE

For groups with 2-3 lives, a minimum of 2 optional benefits must be elected (excluding AssistNow EAP)

## 1. POLICYOWNER/GROUP INFORMATION

1.1 Name of Employer

Location of Employer (street, city, province, postal code)

Proposed effective date

What is the nature of this company's business? Please describe in full:

1.2 How many years has the current employer owned the business?

Owner's Name:

1.3 a) Number of employees under age 75 working at least 20 hours per week on a permanent basis: \_\_\_\_\_

b) Number of employees under age 75 working at least 20 hours per week on a permanent basis as of this time last year: \_\_\_\_\_

c) Number of employees employed on a contract, consultant, sub-contractor, or seasonal basis applying for coverage under this plan: \_\_\_\_\_

1.4 a) how many of the individuals included in the request to quote are applying for LTD coverage? \_\_\_\_\_

b) how many of the individuals included in 1.4a) are related to one another (i.e., spouse, parent, child, sibling)? \_\_\_\_\_

1.5 How many employees applying for coverage under this plan are covered by provincial workplace safety legislation (WSIB/WCB/CSST)? \_\_\_\_\_

1.6 a) Does the employer currently have group insurance? ☐ Yes ☐ No

If yes, name of Carrier

Effective date (dd/mmm/yy)

b) has the employer had any prior carriers during the past 5 years? ☐ Yes ☐ No

If yes, name of Carrier

Effective date (dd/mmm/yy)

Termination date (dd/mmm/yy)

1.7 Does the business operate from a location which is totally separate from the owner's residence (will allow a home based business providing there is a physical separation from living area)? ☐ Yes ☐ No

1.8 Is any employee currently absent due to disability, or has any employee been absent due to disability for 14 consecutive days in the past 12 months, or, has any employee been absent from work on 6 or more occasions over the past 12 months? ☐ Yes ☐ No

If yes, list the employee(s) and indicate date of birth, date of disability, expected return to work date. Also indicate if the employee has been approved for EI, WSIB/WCB/CSST, Weekly Indemnity, Long Term Disability, and/or Life Waiver of Premium.

1.9 How many of the individuals included in this request to quote are compensated at least partially on a commissioned basis? \_\_\_\_\_

1.10 Percentage of Employer contribution of overall premium (must be a minimum of 25%). \_\_\_\_\_%

Percentage of Employer contribution to WI premium \_\_\_\_\_ (0% for non-taxable)

Percentage of Employer contribution to LTD premium \_\_\_\_\_ (0% for non-taxable)

## 2. SCHEDULE

### 2.1 ☐ Base Plan ☐ Alternative Plan

A minimum of 3 Insured Lives is required for 2 classes. A minimum of 2 Optional benefits must be elected. If more than one class is required, please complete a separate request to quote for each class.

### 2.2 Basic Life and AD&D (Mandatory)

Coverage Amount	<input type="radio"/> Flat Amount <input type="radio"/> \$30,000 (minimum) <input type="radio"/> \$15,000 Life and AD&D/\$15,000 Critical Illness* (minimum 3 lives) <input type="radio"/> 1x 2x 3x Annual Salary
Maximum Coverage	\$ _____
No Evidence Limit	\$ _____
Reduction Clause	Reduces to \$30,000 at age 65 and further reduces to \$15,000 at age 70. *no reduction
* The minimum coverage is \$30,000 or \$15,000 with \$15,000 Traditional or Enhanced Critical Illness. Minimum 3 lives. Overall combined maximum (basic and Optional) will apply.	
Employee Accidental Death & Dismemberment Rate, all ages (per \$1,000 of insured volume): \$ .05	

### 2.3 Dependant Life (Mandatory) ☐ \$10,000 spouse / \$5,000 child ☐ \$20,000 Spouse/\$10,000 child

### 2.4 Employee Optional Life and A.D.&D. ☐ Yes ☐ No Units of \$25,000 available to each eligible person

Optional Life Rates (per \$1,000 of insured volume):

Age of Employee	Male smoker	Male non-smoker	Female smoker	Female non-smoker
<30	\$ .12	\$ .07	\$ .06	\$ .04
30-34	.12	.07	.08	.05
35-39	.17	.09	.11	.07
40-44	.27	.15	.19	.11
45-49	.45	.23	.29	.16
50-54	.71	.37	.42	.24
55-59	1.19	.64	.64	.38
60-64	1.79	.97	.96	.58

Employee Optional Accidental Death & Dismemberment Rate, all ages (per \$1,000 of insured volume): \$ .04

## SCHEDULE OF BENEFITS - OPTIONAL BENEFITS

### 2.5 GROUP CRITICAL ILLNESS (minimum of 3 Critical Illness Lives. Plan can vary by class.)

**Vital Assist CI** – Core Coverage (4 conditions) **(VACI)**

**Traditional CI** – Complete Coverage (31 conditions) **(TCI)**

**Enhanced CI** – Multiple Event Coverage (31 conditions, 6 partial conditions) **(ECI)**

	<b>Employee CI</b> <input type="radio"/> Yes <input type="radio"/> No Available for groups with a minimum of 3 Critical Illness lives. Can vary by class.	<b>Spousal CI</b> <input type="radio"/> Yes <input type="radio"/> No Only available if Employee CI selected – and must select the same type of coverage within each class	<b>Dependant CI</b> <input type="radio"/> Yes <input type="radio"/> No Only available if Employee CI selected
<b>Type of Coverage</b>	<input type="radio"/> VACI <input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> Complete Traditional (15 conditions) <input type="radio"/> None
<b>Benefit Amounts</b>	\$ _____ \$10,000-\$250,000	\$ _____ \$10,000-\$25,000 (3-4 lives - \$10,000 max)	\$5,000 per child
<b>Reduction Schedule</b>	VACI – None TCI/ECI – 50% at age 65	50% at age 65	N/A
<b>No Evidence Limit</b>	VACI –N/A TCI/ECI - \$ _____	No medical underwriting required	
<b>Waiver of Premium</b>	VACI – Not included TCI/ECI - Included	Included	
<b>Pre-existing Condition Exclusion Period</b>	VACI – N/A TCI/ECI – 24/24 (employee choice also applies to Spouse and Dependant Coverage)		

### 2.6 OPTIONAL GROUP CRITICAL ILLNESS (Must have Employee CI to have Optional CI)

	<b>Employee Optional CI</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Spousal Optional CI</b> <input type="radio"/> Yes <input type="radio"/> No Only available if Optional Employee CI selected – must select the same type of coverage within each class.	<b>Dependant Optional CI</b> <input type="radio"/> Yes <input type="radio"/> No Only available if Optional Employee CI selected.
<b>Type of Coverage</b>	<input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> TCI <input type="radio"/> ECI <input type="radio"/> None	<input type="radio"/> Complete Traditional (15 conditions) <input type="radio"/> None
<b>Benefit Amounts</b>	\$10,000- \$250,000 (Units of \$1,000)	\$10,000-\$25,000 (3-4 lives- \$10,000 max)	\$5,000 - \$25,000 per child
<b>Reduction Schedule</b>	N/A	50% AT AGE 65	N/A
<b>No Evidence Limit</b>	Full medical underwriting required		No medical underwriting required. Pre-existing exclusion applies.
<b>Waiver of Premium</b>	Included		

## SCHEDULE OF BENEFITS - OPTIONAL BENEFITS (cont'd)

### 2.7 WEEKLY INDEMNITY (SHORT TERM DISABILITY) ☐ Yes ☐ No

Percentage of earnings:	<input type="radio"/> 60% <input type="radio"/> 66.7% <input type="radio"/> 70%* <input type="radio"/> 75%*
Maximum Weekly Benefit	\$ _____ (EI Max to \$2,800)
Elimination Period	_____ Injury (days) _____ Sickness (days)
Maximum Benefit Period	_____ (weeks)
1 <sup>st</sup> Day Hospital/ Outpatient Surgery	<input type="radio"/> Yes <input type="radio"/> No
No Evidence Limit	\$ _____
Termination Age	70 or prior retirement

\* Plans with 70% or 75% benefit must be taxable. All covered classes must have the same schedule and 1st Day Hospital/Outpatient Surgery option.

### 2.8 LONG TERM DISABILITY ☐ Yes ☐ No

Percentage of earnings:	<input type="radio"/> 60% <input type="radio"/> 66.7% <input type="radio"/> 70%* <input type="radio"/> 75%* <b>OR</b> Graded: <input type="radio"/> 66.67% of the first \$2,250, 50% of the next \$3,500, 44% of the balance (default) <input type="radio"/> _____% of the first \$ _____; _____% of the next \$ _____, and _____% of the excess
Maximum Monthly Benefit	\$ _____ (\$5,000 to \$10,000)
Elimination Period (weeks)	<input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 26
Maximum Benefit Period	<input type="radio"/> 2 years <input type="radio"/> 5 years <input type="radio"/> to age 65 (less elimination period)
No Evidence Limit	\$ _____
Survivor Benefit	<input type="radio"/> None <input type="radio"/> 3 months <input type="radio"/> 6 months
Termination Age	65, less elimination period

\*Plans with 70% or 75% benefit must be taxable.

### 2.9 EXTENDED HEALTHCARE ☐ Yes ☐ No

If there are two classes, both must be insured for the same Drug and Major Medical benefits. Some options can differ by deductible, coinsurance, or maximum.

Benefit Period	<input type="radio"/> Benefit Year (effective date of policy 1st of the month following 12 month period) <input type="radio"/> Calendar Year (Jan-Dec)
Termination Age* (also applies to Dental)	<input type="radio"/> 60 <input type="radio"/> 65 <input type="radio"/> 70 <input type="radio"/> 75 <input type="radio"/> 80 <input type="radio"/> 85
Survivor Benefits	Included for 2 years
Healthcare Pooling	<input type="radio"/> \$10,000 per insured (per benefit year for all EHB benefits, excluding Emergency Travel Assistance Program) <input type="radio"/> \$7,500 per insured (Drug only, per benefit year) Empire Life participates in the drug pooling agreement offered by the Canadian Drug Insurance Pooling Corporation (CDIPC). The CDIPC requires fully insured drug benefit plans to include pooling protection, called an EP3. Some claims may be ineligible for EP3 and, if so, Empire Life will provide a Large Amount Pooling (LAP) arrangement.

## SCHEDULE OF BENEFITS - OPTIONAL BENEFITS (cont'd)

### 2.9a) Drug Plan

If there are two classes, both must be insured. Some options can differ by deductible, coinsurance, or maximum.  
Includes Pay Direct Drug Card, Specialty Drug Program, and Prior Authorization Drug Program (not available in Quebec).  
**Choose:**

#### OPTION 1: STANDARD DRUG PLAN OR

#### OPTION 2: MAINTENANCE DRUG PROGRAM (Not available in Quebec)

To receive the higher level of reimbursement for maintenance drugs, they must be purchased through the Express Scripts Canada (ESC) Pharmacy. If purchased through a retail pharmacy, they will still be covered, but reimbursed 20% less than if purchased through the ESC Pharmacy. Eligible drugs not available through the ESC Pharmacy, will be reimbursed at the higher level.

#### OPTION 1: STANDARD DRUG PLAN ☐ Yes ☐ No

<b>Drug Plan Type</b>	<input type="radio"/> Mandatory Generic Substitution <input type="radio"/> Generic <input type="radio"/> Provincial Formulary* <input type="radio"/> Brand Name *If Provincial Formulary is chosen, the two tier coinsurance will be 100% Formulary Drugs and 80% Non Formulary Drugs. Maximum is unlimited.
<b>Coinsurance</b>	
<input type="radio"/> Flat, <b>OR</b>	<input type="radio"/> 60% <input type="radio"/> 70% <input type="radio"/> 75% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%
<input type="radio"/> Graded, <b>OR</b>	_____ % (70%, 80% or 90%) of the first \$ _____ (\$1,000 or \$5,000), 100% thereafter
<input type="radio"/> Tiered: Generic/Brand	<input type="radio"/> 100%/80% <input type="radio"/> 90%/70% <input type="radio"/> 80%/60%
<b>Deductible</b>	
None	<input type="radio"/> Yes <input type="radio"/> No
Annual (single/family), <b>OR</b>	<input type="radio"/> \$25/\$50 <input type="radio"/> \$50/\$100 <input type="radio"/> \$100/\$200 <input type="radio"/> \$250/\$500
Per Prescription, <b>OR</b>	<input type="radio"/> Dispensing Fee or \$ _____ (\$1 to \$20)
Dispensing Fee Maximum	<input type="radio"/> Empire Life R&C or \$ _____ (\$1 to \$20)
<b>Maximum</b>	<input type="radio"/> Unlimited, or <input type="radio"/> \$ _____ (\$500-\$10,000*) <input type="radio"/> Per Insured <input type="radio"/> Per Certificate <b>*Applicable to all drug except:</b> Smoking Cessation - \$300 lifetime maximum Sexual Dysfunction - <input type="radio"/> Yes (\$1,000 annual max) <input type="radio"/> No Fertility - <input type="radio"/> Yes (50% coinsurance, \$4,000 lifetime max) <input type="radio"/> No

#### OPTION 2: MAINTENANCE DRUG PROGRAM (not available in Quebec) ☐ Yes ☐ No

<b>Drug Formulary</b>	<input type="radio"/> Mandatory Generic Substitution <input type="radio"/> Generic	
	<b>Maintenance Drugs - ESC Pharmacy/Retail</b>	<b>Other Drugs* - Retail</b>
<b>Coinsurance</b>		
<input type="radio"/> Flat, <b>OR</b>	<input type="radio"/> 80%/60% <input type="radio"/> 90%/70% <input type="radio"/> 100%/80%	<input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%
<input type="radio"/> Graded	ESC Pharmacy _____ % of the first \$ _____, 100% thereafter <b>OR</b> Retail _____ % of the first \$ _____, 80% thereafter	_____ % of the first \$ _____, 100% thereafter
<b>Deductible</b>	ESC Pharmacy - Plan will pay the ESC Pharmacy Dispensing Fee Retail Pharmacy - Plan will pay the Provincial Reasonable and Customary Dispensing Fee and employee will pay the balance *Other drugs that are not available through ESC Pharmacy may be purchased through a Retail Pharmacy and be eligible under the plan.	Plan will pay the Provincial Reasonable and Customary Dispensing Fee and employee will pay the balance
<b>Maximum</b>	<input type="radio"/> Unlimited <input type="radio"/> Other \$ _____ (\$500 to \$10,000) <input type="radio"/> Per Insured <input type="radio"/> Per Certificate <b>Applicable to all drugs except:</b> Smoking Cessation (\$300 lifetime max) Sexual Dysfunction (\$1,000 annual max) <input type="radio"/> Yes <input type="radio"/> No Fertility (50% coinsurance, \$4,000 lifetime maximum) <input type="radio"/> Yes <input type="radio"/> No	

## SCHEDULE OF BENEFITS - OPTIONAL BENEFITS (cont'd)

### 2.9b) MAJOR MEDICAL

Choose:

#### OPTION 1: HEALTHCARE ESSENTIALS (both classes are covered)

Includes prescription drugs, medical supplies, private duty nursing, a survivor benefit, and emergency travel assistance.

You have the option to include a Major Medical benefit - semi-private hospital coverage, paramedical services, vision care. **OR**

#### OPTION 2: STANDARD EXTENDED HEALTHCARE

Both classes must be insured for the same coverage, but options can differ by deductible, coinsurance, or maximum.

#### OPTION 1: HEALTHCARE ESSENTIALS ☐ Yes ☐ No

##### MANDATORY BENEFITS

Private Duty Nursing	Included at 100% Coinsurance, \$10,000 maximum
Medical Supplies	Included at 100% Coinsurance - all standard limits apply
Drug Plan	Options selected under Drugs will apply. Excludes Sexual Dysfunction and Fertility Drugs
Emergency Travel Assistance Program	100% Coinsurance, \$5,000,000 Lifetime Maximum, Per Insured
Trip Duration, Continuous Coverage	<input type="radio"/> 60 days <input type="radio"/> 90 days <input type="radio"/> 120 days

##### OPTIONAL BENEFITS (includes Mandatory Benefits)

Combined Maximum, Per Certificate (100% Coinsurance)	<input type="radio"/> \$500 <input type="radio"/> \$1,000 <input type="radio"/> Exclude
Included	Semi-Private Hospital, Paramedical Services, Vision, Eye Exams

#### OPTION 2: STANDARD EXTENDED HEALTHCARE ☐ Yes ☐ No

<b>Coinurance</b> Applicable to Major Medical <b>EXCEPT</b> , Paramedical, Semi-Private Hospital, Eye Exams, Vision Care and Emergency Travel Assistance	<input type="radio"/> 60% <input type="radio"/> 70% <input type="radio"/> 75% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%		
<b>Deductible</b>	\$0/\$0		
	<b>Included</b>	<b>Coinurance (70%-100%)</b>	<b>Maximum</b>
<b>Hospital, Semi- Private</b>	<input type="radio"/> Yes <input type="radio"/> No	_____ %	See contract
<b>Convalescent Hospital</b>	Included	Matches Major Medical	\$20/day and 120 day duration maximum, per insured
<b>Specialized Treatment Facility</b>	Included	50%	\$4,000, per insured, lifetime maximum
<b>Eye Exams</b>	<input type="radio"/> Yes <input type="radio"/> No	_____ %	\$ _____ (\$75-\$200) Dep Child - 12 months Adult - 24 months
<b>Vision Care</b> (minimum 2 lives) Every 12 months for dependent child/ 24 months for adult.	<input type="radio"/> Yes <input type="radio"/> No	_____ %	\$ _____ (\$100-\$500)
<b>Orthopaedic Supplies</b>	Inserts, <b>OR</b>	Matches Major Medical	\$ _____ (\$200-\$500)
	Shoes, <b>OR</b>		\$ _____ (\$200-\$500)
	Combined Inserts/Shoes		\$ _____ (\$300-\$1,000)
<b>Private Duty Nursing</b>	Included		\$ _____ (\$5,000-\$25,000)
<b>Diagnostic Lab Procedures</b>	Included		\$ _____ (\$500-\$1,500)
<b>Emergency Travel Assistance Program</b>	Included	Emergency Travel - 100% Out of Province Referral - Matches Major Medical	Lifetime \$5,000,000 per insured Out-of-Province Referral - \$15,000 (combined), per Insured  <input type="radio"/> 60 <input type="radio"/> 90 <input type="radio"/> 120 (Trip Duration, days Continuous Coverage

## SCHEDULE OF BENEFITS - OPTIONAL BENEFITS (cont'd)

### 19c) PARAMEDICAL SERVICES ☐ Yes ☐ No

Choose:

**OPTION 1: TRADITIONAL** - coverage options grouped by type of practitioner. Choose which practitioners to include. **OR**

**OPTION 2: BUNDLED** - coverage for all practitioners, bundled together with different combined maximums.  
Choose a per bundle maximum amount.

Can also add an Incidental Health Expense (IHE) or a Healthcare Spending Account (HCSA) to options above.

### **OPTION 1: TRADITIONAL** ☐ Yes ☐ No

**Included Practitioners:**

**Basic** - Chiropractor, Physiotherapist, Psychologist/Social worker (combined)

**Standard** - All Basic + Acupuncture, Registered Dietician, Occupational Therapist, Audiologist, Speech Therapist

**Plus** - All Standard + Massage Therapist, Podiatrist/Chiropodist (combined) Naturopath, Osteopath

Choose one of three options

- ☐ **Basic**  
☐ **Standard** (includes Basic)  
☐ **Plus** (includes Basic and Standard)

Coinsurance

- ☐ 70% ☐ 75% ☐ 80% ☐ 90% ☐ 100%

Annual Maximum

- ☐ \$300 ☐ \$400 ☐ \$500 ☐ \$750 ☐ \$1,000 (Combined, Plus Only)  
☐ Per Insured, **Per Practitioner, OR**  
☐ Per Certificate, **Per Practitioner, OR**  
☐ Per Insured, All Practitioners **Combined, OR**  
☐ Per Certificate, All Practitioners **Combined**

Per visit Maximum

- ☐ Yes \$ \_\_\_\_\_ (\$25-\$75) ☐ No

### **OPTION 2: BUNDLED** ☐ Yes ☐ No

**Included Practitioners** (cannot select between bundles):

**Bundle 1** - Physiotherapist, Psychologist, Social Worker, Registered Dietician, Occupational Therapist, Audiologist, Speech Therapist

**Bundle 2** - Chiropractor, Massage Therapist, Podiatrist, Chiropodist

**Bundle 3** - Acupuncture, Naturopath, Osteopath

Coinsurance

- ☐ 70% ☐ 75% ☐ 80% ☐ 90% ☐ 100%

Maximum basis

- ☐ Per Certificate ☐ Per Insured

Annual Maximum, per bundle

Bundle 1	Bundle 2	Bundle 3
a) <input type="radio"/> \$500	\$300	\$200
b) <input type="radio"/> \$750	\$500	\$300

Per Visit Maximum

- ☐ Yes \$ \_\_\_\_\_ (\$25-\$75) ☐ No



## SCHEDULE OF BENEFITS - OPTIONAL BENEFITS (cont'd)

### 2.10 HEALTHCARE SPENDING ACCOUNT

Choose:

**OPTION 1: INCIDENTAL HEALTH EXPENSE (IHE) (INSURED)** - If included, part of the Extended Health Benefit **AND/OR**

**OPTION 2: HEALTHCARE SPENDING ACCOUNT (HCSA) (ASO)**

**OPTION 1: INCIDENTAL HEALTH EXPENSE (IHE) (INSURED)** ☐ Yes ☐ No Rate included in EHB rate

Benefit Period	Matches EHB
Maximum	
Annual Single (\$100-\$5,000)	\$ _____
Annual Family (\$100-\$5,000)	\$ _____

**OPTION 2: HEALTHCARE SPENDING ACCOUNT (HCSA)** ☐ Yes ☐ No

Coverage does not have to apply to all classes, but must apply to all insured employees within a class.  
Standard Funding Option: Monthly reconciliation

Benefit Period	<input type="radio"/> Calendar year <input type="radio"/> Benefit year
Grace Period	<input type="radio"/> 90 day <input type="radio"/> 180 day
Accounting Method	<input type="radio"/> Balance Carry Forward <input type="radio"/> No Balance Carry Forward
Prorate allocation amounts for new employees	<input type="radio"/> Yes <input type="radio"/> No
Coordination with EHB and Dental	<input type="radio"/> Yes (recommended) <input type="radio"/> No
Amount	<p>Single \$ _____ Family \$ _____ (\$100 to \$10,000 annually)</p> <p><b>OR</b></p> <p>For Balance Carry Forward option <b>ONLY</b>, choose</p> <p><input type="radio"/> Semi Annual \$ _____ (\$50 to \$2,500), or</p> <p><input type="radio"/> Quarterly \$ _____ (\$50 to \$2,500)</p>

## SCHEDULE OF BENEFITS - OPTIONAL BENEFITS (cont'd)

### 2.11 DENTAL BENEFITS (minimum 2 lives)

Choose:

**OPTION 1: DENTAL - FLEX** (Combined maximum for Basic Restorative, Periodontic-Endodontic, Major Restorative, and Orthodontic. Orthodontic for dependent children up to and including age 19) **OR**

**OPTION 2: DENTAL - STANDARD**

**OPTION 1: DENTAL - FLEX** ☐ Yes ☐ No - if yes: ☐ Insured ☐ Administrative Services Only (must be the same for both classes)

<b>Annual Combined Maximum</b>	<input type="radio"/> Per Insured <input type="radio"/> Per Certificate \$ _____ (\$500-\$3,000)
<b>Coinsurance</b>	<input type="radio"/> 80% <input type="radio"/> 100%
<b>Recall (months)</b>	<input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12
<b>Scaling Units</b> (1 unit = 15 mins)	<input type="radio"/> 6 (standard) <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> Other ____ (6-16)
<b>Fee Guide - General Practitioner</b>	<input type="radio"/> Standard (Default) <input type="radio"/> Deluxe (+ 25%) <input type="radio"/> Current or <input type="radio"/> Fixed Year ____ (year) <input type="radio"/> Employee's province of residence (Default) <input type="radio"/> Policyowner's province of primary business location
<b>Benefit Period</b>	Matches EHB benefit period
<b>Survivor Benefit</b>	Included for 2 years
<b>Deductible</b>	\$0

**OPTION 2: DENTAL - STANDARD** ☐ Yes ☐ No - if yes: ☐ Insured ☐ Administrative Services Only (must be the same for both classes)

	<b>Basic Restorative and Periodontic-Endodontic</b>	<b>Major Restorative</b> <input type="radio"/> Yes <input type="radio"/> No Minimum 4 insured lives	<b>Orthodontics</b> <input type="radio"/> Yes <input type="radio"/> No Minimum 5 insured lives and Major Dental must be selected. For dependent children up to and including age 19.
<b>Deductible</b>	<input type="radio"/> \$0/\$0 <input type="radio"/> \$25/\$50 <input type="radio"/> \$50/\$100	Per Basic	\$0
<b>Coinsurance</b>	<input type="radio"/> 60% <input type="radio"/> 70% <input type="radio"/> 80% <input type="radio"/> 90% <input type="radio"/> 100%	50%	50%
<b>Maximum</b>	\$ _____ (\$500-\$5,000) <input type="radio"/> Per Insured <input type="radio"/> Per Certificate	\$ _____ (\$500-\$5,000) Combined Basic and Major? <input type="radio"/> Yes <input type="radio"/> No	\$ _____ (\$1,000 - \$2,500) Per Insured
<b>Scaling Units</b> (6-16) (1=15 mins)	<input type="radio"/> 6 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> Other ____ (6-16)	N/A	N/A
<b>Recall (months)</b>	<input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12		
<b>Benefit Period</b>	Matches EHB benefit period		
<b>Survivor Benefit</b>	Included for 2 years		
<b>Fee Guide - General Practitioner</b>	<input type="radio"/> Standard (Default) <input type="radio"/> Deluxe (additional 25%)		
<b>Year</b>	<input type="radio"/> Current Year <input type="radio"/> Fixed Year ____ (year)		
<b>Province</b>	<input type="radio"/> Employee province of residence (Default) <input type="radio"/> Province of Policyowner's primary business location		

### 2.12 AssistNow Employee Assistance Plan (EAP) ☐ Yes ☐ No

### 2.13 General Information

Waiting Period ☐ 1 month ☐ 3 months ☐ 6 months ☐ 12 months

Cost Plus is included in all contracts.

If more than one class is chosen, a separate waiting period is allowed for each class. Quoted rates are an illustration only. Actual rates will be determined based on enrolment dates.

2.14 Employee Data (20 hours or more per week) Exclude part time.

	Employee	Sex M or F	Age	Salary	Frequency A, W, H, M Bi-wkly	Occupation	Contract Employee Y or N	Ext. Health S or F	Dental S or F	Spousal Opt. outs	Prov.	Marital Status	Date of Hire
1													
2													
3													
4													
5													
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