



RWAM INSURANCE ADMINISTRATORS INC.



MASTER APPLICATION "1two3" GROUP INSURANCE PLAN

UNDER THE RWAM TRUST

AVAILABLE FOR 1-5 EMPLOYEES – Please print and complete each section in full

APPLICANT

Full Legal Name _____

Contact Person _____

No. and Street _____

Telephone _____

City, Province _____

Postal Code _____

Fax _____

E-mail _____

Nature of Business (describe fully) _____

Years in Business _____

PRESENT BENEFITS

DO NOT TERMINATE CURRENT COVERAGE UNTIL APPROVAL IS CONFIRMED

Will the insurance applied for replace similar insurance coverage? _____

No

Yes – If 'Yes', complete the following:

Name of Carrier(s) _____

Date Present Coverage is to be Terminated – detail if dates differ for each applicable benefit _____

POLICY EFFECTIVE DATE

Day

Month

Year

To avoid a period without coverage, do not terminate any existing coverage until notice has been given that RWAM Insurance Administrators Inc. has approved the coverage being applied for.

WAITING PERIOD

Length of time Employees must be employed in order to be eligible for coverage

New employees (employed after the effective date) are eligible after three months _____ months of continuous full-time employment (min. 3 months)
All present employees working full-time (at least 24 hours/week) are covered on the effective date, unless stated otherwise.

COVERAGE

Contributory - Employees pay part of the premium Non-Contributory - Company pays 100% of the premium.

100% PARTICIPATION IS REQUIRED – permanent, full-time employees working at least 24 hrs./week

DESCRIPTION OF BENEFITS

ALL BENEFITS TERMINATE AT AGE 70, WITH THE LIFE INSURANCE REDUCING BY 50% AT AGE 65 AND LONG TERM DISABILITY WHICH TERMINATES AT AGE 65

	LIFE	A.D. & D.	DEPENDENT LIFE
All Eligible Employees	Flat \$25,000	2 times Life Amount	Spouse \$5,000 Child \$2,500

EXTENDED HEALTH CARE

Benefit	Co-Ins.	Maximum
Pay Direct Prescription Drugs	80%	\$1,500/yr./person
Anti-Smoking Drugs/Treatment (Nicotine Patch)	--	Excluded
Fertility Drugs/Treatment	--	Excluded
Private Duty Nursing	80%	\$10,000-lifetime max.
Paramedical Practitioners	80%	\$400/yr./practitioner Chiropractor - \$20/visit
Orthopaedic Shoes	80%	\$250/yr.
Orthotics	80%	\$250/yr.
Hearing Aids	80%	\$400 every 5 yrs.
Eye Examinations	80%	1 exam/24 months \$50/exam
Accidental Dental	80%	\$2,000 – lifetime max.
Medical Supplies &/or Emergency Ambulance	80%	Unlimited
Semi-Private Hospital	--	Excluded
Out-of-Canada (60 day Emergency Only)	100%	\$1,000,000

DENTAL CARE (Optional)

Group Dental Plan Participation Yes No

This plan will pay 80% of basic covered expenses. Benefit payment is based on the current Provincial Fee Schedule to a maximum of \$1,000.00 per calendar year, per individual.

- Oral exams, cleaning & fluoride applications (not more than once every 9 months)
- X-rays
- Fillings
- Anesthesia
- Endodontics (root canal therapy)
- Periodontics (treatment of gums & other tissue of the mouth)
- Repairs, relining & rebasing of dentures

LONG TERM DISABILITY (Optional)

Group Long Term Disability Participation Yes No Taxable Non-Taxable (employee must pay 100% of LTD premium and applicable taxes)
Pays the insured 60% of gross monthly earnings up to \$1,500 per month. Benefit payment begins after 4 months of total disability and continues to age 65 at which time the benefits terminate.

Definition: w One Year Own-Occupation w Primary CPP integration Offset w 85% All-Source Maximum w Inflation protection

The employee must actively participate in the early intervention program. For those who do not participate, transitional benefits could be reduced by 50% for up to 4 months. Failure to submit the Monthly Transitional Benefit (LTD) application form within 14 days of the first day the employee is absent from work could also result in a benefit reduction.

