



Benepac[®]

Underwriting Guidelines



Groups With 3 - 9 Employees

General Provisions

All plans require 100% participation of eligible employees and a minimum of 3 employees must be insured for all quoted benefits. Minimum monthly premium required is \$100.
(Health and Dental can be a minimum of 2 lives participating)

Note: Extended Health plans can be sold on a stand-alone basis.
Dental cannot be sold stand-alone.

Extended Health & Dental plans can be quoted on a stand-alone basis.

Employees Eligible

Those employees working a minimum of 20 hours per week.

All employees listed in the census data must have CPP and EI deducted at source. If this is not the case, please advise so that we may review our position.

Family Content Regulations

Groups with more than 50%, but less than 100% of employees from the same family may be subject to medical evidence of insurability.

Length of Time in Business

In order to be eligible, groups must have been in business for a minimum of 1 year.

Life Insurance / AD/D&D

Benefit Schedules The Co-operators

Flat Benefit

Minimum benefit..... \$10,000
Maximum benefit..... \$600,000

Multiple of Earnings

Any multiple up to 4 times annual earnings
Minimum benefit..... \$25,000
Maximum benefit..... \$600,000

Non-Evidence Maximums

Groups with 3-5 employees..... \$75,000
Groups with 6-9 employees..... \$100,000

Dependent Life

Benefit Schedules The Co-operators

Option 1

Spouse..... \$5,000
Each Child..... \$2,500

Option 2

Spouse..... \$10,000
Each Child..... \$5,000

Option 3

Spouse..... \$20,000
Each Child..... \$10,000

Short Term Disability

Benefit Percentages The Co-operators

50%, 60%, 66 2/3% of weekly earnings, or 70% of weekly earnings (taxable plans only)
*75% taxable plans available with special approval

Plan Maximums

Employment Insurance (EI) Maximum

Maximum changes automatically in accordance with EI regulations

Selected Maximum

Any amount up to \$800 per week

Plan Designs

<u>Accident</u>	<u>Sickness</u>	<u>Duration</u>
1 st day.....	8 th day.....	17 weeks
15 th day.....	15 th day.....	17 weeks

1 st day.....	8 th day.....	26 weeks
15 th day.....	15 th day.....	26 weeks

Options

1st day Hospital

Long Term Disability

Benefit Percentages The Co-operators

Option 1
50%, 60%, 66 2/3% of monthly earnings, or 70% of monthly earnings (taxable plans only)
*75% taxable plans available with special approval

Option 2

66 2/3% of the 1st \$3,000 of monthly earnings, plus 50% of the balance

Maximum Benefit

Up to \$8,000 per month

Non-Evidence Maximum

Groups with 3-6 employees...\$1,500 per month
Groups with 7-9 employees...\$2,000 per month

Elimination Periods

119 days, 180 days

Benefit Periods

To age 65, 5 years, 2 years

Options

Cost of Living Adjustment (COLA)
- up to the lesser of the percentage selected (3%, 4%, 5% or 6%) or the CPI
- the first increase takes place after completion of the elimination period, plus the number of years selected (2, 3 or 5 years)

Critical Illness

Benefit Schedules Industrial Alliance Pacific

Guaranteed Issue

Groups with 3 - 9 employees.....\$25,000
(\$10,000 minimum)

Extended Health Care (EHC)

Benefit Deductibles Green Shield Canada

EHC/Drug Deductible: Nil Deductible
\$25/\$50 \$50/\$100
\$100/\$200 \$500/\$1,000
\$1,000/\$1,000
\$2, \$3 or \$5 per script
Equal to Dispensing Fee
\$5 or \$7 Dispensing Fee Cap

Benefit Co-Insurance

EHC Co-insurance: 50%, 60%, 70%, 80%, 90%, 100%
Pay-Direct Drugs: 50%, 60%, 70%, 80%, 90%, 100%
Note: Deductible and coinsurance provisions are not applicable to Hospital, Vision Care or Travel benefits.

Paramedicals

\$500, \$350, \$300, \$0 per practitioner per year or \$300 and \$500 combined parameds

Hospital

Semi-Private or None

Base Plan Provisions

Drug Card: Included
Eye Exams: included - 1 every 24 mos.
Audio: \$500 every 5 years
Out-of-Country: Included
Overall Maximum: Unlimited
Survivor Benefits: 24 months

Options

Generic Drug Coverage
 Deductible to apply to EHS only - \$25/\$50 or \$50/\$100 per calendar year
 Individual Drug Limits: \$1,000, \$2,500, \$5,000 or \$10,000 per person per year
 Vision Care: \$100, \$150, \$200, \$250, \$300, \$350 per person every 24 months
 Cost-Plus

Dental Care

Benefit Deductibles Green Shield Canada

Deductible: Nil Deductible
\$25/\$50 \$50/\$100 \$100/\$200

Benefit Co-Insurance

Basic: 50%, 60%, 70%, 80%, 90% or 100%

Note: Basic includes Endodontics/Periodontics

Maximum \$1,000 or \$1,500 per calendar year

Recall Exams 6 months, 9 months or 12 months

Base Plan Provisions

Fee Guide: Current
Specialists: Covered at Fee Guide +10%
Survivor Benefits: 24 months

Options

50% Major Restorative
- requires a minimum of 5 insured lives
- combined maximum with Basic
 Tiered Dental Maximum- 1/2 of the calendar year maximum for the first 12 months of coverage and the entire maximum thereafter.
 Cost-Plus



Groups With 10 or More Employees

General Provisions

All plans require a minimum of 3 employees insured for all quoted benefits.

Note: Extended Health & Dental plans can be quoted on a stand-alone basis.

Employees Eligible

Those employees working a minimum of 20 hours per week.

All employees listed in the census data must have CPP and EI deducted at source. If this is not the case, please advise so that we may review our position.

Participation Requirements

For non-contributory or compulsory plans, 100% participation of eligible employees is required. Minimum monthly premium required is \$100.

For contributory plans, at least 75% participation of eligible employees is required.

Family Content Regulations

Groups with more than 50%, but less than 100% of employees from the same family may be subject to medical evidence of insurability.

Length of Time in Business

In order to be eligible, groups must have been in business for a minimum of 1 year.

Life Insurance / AD/D&D

Benefit Schedules

The Co-operators

Flat Benefit

Minimum benefit.....\$10,000
Maximum benefit.....\$600,000 - \$750,000,
Based on number of insured employees

Multiple of Earnings

Any multiple up to 4 times annual earnings
Minimum benefit.....\$25,000
Maximum benefit.....\$600,000 - \$750,000,
Based on number of insured employees

Non-Evidence Maximums

Groups with 10-24 employees..\$150,000 minimum*
Groups with 25+ employees.....\$200,000 minimum*
* based on average certificate insured

Dependent Life

Benefit Schedules

The Co-operators

Option 1

Spouse.....\$5,000
Each Child.....\$2,500

Option 2

Spouse.....\$10,000
Each Child.....\$5,000

Option 3

Spouse.....\$20,000
Each Child.....\$10,000

Short Term Disability

Benefit Percentages

50%, 60%, 66 2/3% of weekly earnings, or 70% of weekly earnings (taxable plans only)
*75% taxable plans available with special approval

The Co-operators

Plan Maximums

Employment Insurance (EI) Maximum

Maximum changes automatically in accordance with EI regulations

Selected Maximum

Any amount up to \$1,200 per week

Plan Designs

Accident	Sickness	Duration
1 st day	8 th day.....	17 weeks
15 th day.....	15 th day.....	17 weeks
1 st day	8 th day.....	26 weeks
15 th day.....	15 th day.....	26 weeks

Options

1st day Hospital

Long Term Disability

Benefit Percentages

50%, 60%, 66 2/3% of monthly earnings, or 70% of monthly earnings (taxable plans only)
*75% taxable plans available with special approval

The Co-operators

Option 1

50%, 60%, 66 2/3% of monthly earnings, or 70% of monthly earnings (taxable plans only)
*75% taxable plans available with special approval

Option 2

66 2/3% of the 1st \$3,000 of monthly earnings, plus 50% of the balance

Maximum Benefit

Up to \$8,000 per month (\$10,000 for 40 - 49 lives)

Non-Evidence Maximums

Groups with 10-14 employees\$2,500 minimum*
Groups with 15-24 employees\$3,200 minimum*
Groups with 25-39 employees\$3,900 minimum*
Groups with 40-49 employees ...\$4,300 minimum*
* Based on average certificate insured

Elimination Periods

119 days, 180 days

Benefit Periods

To age 65, 5 years, 2 years

Options

- Cost of Living Adjustment (COLA)
- up to the lesser of the percentage selected (3%, 4%, 5% or 6%) or the CPI
 - the first increase takes place after completion of the elimination period, plus the number of years selected (2, 3 or 5 years)

Critical Illness

Benefit Schedules

Industrial Alliance Pacific

Groups with 10-24 employees\$50,000
Groups with 25-49 employees\$100,000
Groups with 50+ employees.....\$150,000
 Spouse and Dependent Child options available
 Waiver of Premium option available

Extended Health Care (EHC)

Benefit Deductibles

EHC/Drug Deductible: Nil Deductible

Green Shield Canada

\$25/\$50 \$50/\$100
\$100/\$200 \$500/\$1,000
\$1,000/\$1,000
\$2, \$3 or \$5 per script
Equal to Dispensing Fee
\$5 or \$7 Dispensing Fee Cap

Benefit Co-Insurance

EHC Co-insurance:50%, 60%, 70%, 80%, 90% or 100%
Pay-Direct Drugs: 50%, 60%,70%, 80%, 90% or 100%
Note: Deductible and coinsurance provisions are not applicable to Hospital, Vision Care or Travel benefits.

Paramedicals

\$500, \$350, \$300, \$0 per practitioner per year or \$300 and \$500 combined parameds

Hospital

Private, Semi-Private or None

Base Plan Provisions

Drug Card: Included
Eye Exams: included - 1 every 24 mos.
Audio: \$500 every 5 years
Out-of-Country: Included
Overall Maximum: Unlimited
Survivor Benefits: 24 months

Options

- Generic Drug Coverage
 Deductible to apply to EHS only - \$25/\$50 or \$50/\$100 per calendar year
 Individual Drug Limits: \$1,000, \$2,500, \$5,000 or \$10,000 per person per year
 Vision Care: \$100, \$150, \$200, \$250, \$300, \$350 per person every 24 months
 Cost-Plus

Dental Care

Benefit Deductibles

Deductible: Nil Deductible
\$25/\$50 \$50/\$100
\$100/\$200

Green Shield Canada

Benefit Co-Insurance

Basic: 50%, 60%, 70%, 80%, 90% or 100%

Note: Basic includes Endodontics/Periodontics

Maximum \$1,000, \$1,500 or \$2,000 per calendar year

Recall Exams

6 months, 9 months or 12 months

Base Plan Provisions

Fee Guide: Current
Specialists: Covered at Fee Guide +10%
Survivor Benefits: 24 months

Options

- 50% Major Restorative - combined max w/Basic
 50% Orthodontia- lifetime max is the same dollar amount as the Basic and/or Major
 Tiered Dental Maximum- 1/2 of the calendar year maximum for the first 12 months of coverage and the entire maximum thereafter.
 Cost-Plus