

Small Employer Group Benefits Plan

Gathering Background Information

ASSOCIUM Benefits has established an employee group benefits plan for members employing fewer than 10 people. Please see the attached documents for plan details and sample costs. If you are interested in having a benefit plan for you and your employees, please complete the following forms so that we might arrange a quote for your organization.

We will need to provide our insurance partners with information about your organization and those employees whom you would like to include in the plan. However, if you currently have coverage and wish to be included in the quote or you employ 10 or more employees, please contact ASSOCIUM (as below) for the appropriate forms.

Please complete the following forms and return by either attaching to an email addressed to John Macriatathis at jmacriatathis@associum.com or faxing to 416-867-9139. Contact John at 416-867- 9350 x 320 if you require assistance.

Page 1- Organizational Background This page asks you for:

- description of your organization including contact information;
- details regarding any employees who are currently or have recently been away due to injury or illness;
- indicate whether any employees currently suffer a condition such as epilepsy or heart disease (that you are aware of). It is to your advantage to respond as future claims can be disallowed when a known condition is not disclosed in advance.

1. **Page 2 - Plan Profile** This page asks you to:

- indicate plan choices for quoting.

Page 3 – Employee Profile This is demographic information primarily for rating life and disability insurance. Please provide data on covered employees including:

- gender
- family status (single or family)
- dates of birth
- job titles/descriptions please provide as much information as possible
- employment start dates
- and coverage type for health and dental (family or single).

The information requested is confidential; please see privacy statement attached at the end of the document.

Small Employer Quoting Package

One Concorde Gate, Suite 802 | Toronto | Ontario | M3C 3N6



Background Information

The following will be used, confidentially, to develop a profile of your organization. Combined with the employee information sheet that follows, we will be able to present a rate schedule for the selection of plans we have made available to small non-profits.

Please answer all questions and provide additional information, if required.

Employer Profile			
Name of Organization: (legal name)			
Address:			
Phone:		Fax:	
Email:		Web:	
Contact Name:			
Legal Status: <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> Other:			
Nature of Organization:			
Year established	Unionized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Covered Employees Full time: _____ Part time: _____	How many hours do part-time employees work ? _____ (Only include those who are eligible for the benefits plan)
Employee profile: Please complete the following. For "yes", please provide details in the blank space below or attach a separate page. For questions 1 to 5 list the employees, indicate date of disability, age, cause of disability, and expected date of return to work. For questions 6 to 9 list employees.			
1. Are any employees currently receiving disability benefits under a group plan, WSIB or any other source?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Anyone currently absent from work due to sickness or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Has anyone been absent from work due to any one injury or illness for 14 consecutive days in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Has anyone been absent from work on 6 or more occasions over the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Does anyone have a serious health impairment? (arthritis, cancer, heart disease, cystic fibrosis, back problems, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Anyone not covered by Worker's Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Anyone not covered by Employment Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Are any employees related to one another (i.e., spouse, parent, child, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Anyone paid in full or in part by commission?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Has there been any significant change in the number of employees in the past 3 years? If yes, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Does the organization receive outside funding? If yes, from where and what percentage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PLAN SELECTION

Please indicate plan options to be quoted

Health and Dental

PLAN	EMPLOYEES WITH SINGLE COVERAGE	EMPLOYEES WITH FAMILY COVERAGE	SPOUSAL WAIVERS
Basic			
Traditional			
Enhanced			

Life and Disability (Insured) Benefits

LIFE (Mandatory) Flat \$25,000

The employer may opt to offer (all) staff one of the following plan options:

- 1 x annual salary to a maximum of \$300,000
- 2 x annual salary to a maximum of \$300,000
- 3 x annual salary to a maximum of \$300,000

To be eligible for coverage above \$75,000, employees must submit evidence of good health. Employees may be grandfathered to existing levels if currently covered. ¹–

Benefit Reduces by 50% at age 65, maximum \$50,000. Termination age 70.

Accidental Death, Disease and Dismemberment (Mandatory)

Equal to Life Benefit

- Dependent Life**
- Spouse \$10,000 / Child \$5,000 – *Option 1*
 - Spouse \$5,000 / Child \$2,500 – *Option 2*

Coverage from birth (includes pre-natal benefit). Termination employees age 70.

Long Term Disability (optional)

- 66.67% of monthly salary, 119 day elimination, duration to age 65, duration, maximum \$5,000 – *Option 1*
- 66.67% of the first \$2,500 of monthly salary, 50% of the next \$3,500 and 40% of the balance 119 day elimination, two or five year benefit maximum \$5,000 non-taxable to claimant– *Option 2*

Two year own occupation.

Primary Offsets

Termination age 65

This benefit includes POSACTION Plus, an absentee management and employee-counseling program.

¹ Please note: groups of two or fewer employees must provide evidence of good health to be eligible for any insured products.

Employee Profile

- Please list all employees who will be included in the plan. (They must work at least 20 hours per week to qualify)
Please fill in all columns for each employee.
- Provide as much job information as possible. Insurance companies tend to assess a higher risk when they are unsure of roles responsibilities and activities. Please include academic and professional qualifications if applicable.
- Indicate for each employee whether Health and Dental will be single, family or waived, if covered already by a spouse or partner.

Name of Employee (optional)	Salary	Sex (M/F)	Dependent Status (S/F)	Date of Birth (mm/dd/yy)	Job Title and Description (Please use separate sheet if necessary)	Health Coverage (S,F or waived)	Dental Coverage (S,F or waived)	Date of Hire (dd/mm/yy)	Currently Disabled (Y/N)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

-In order to provide an accurate employee group benefits quotation for your organization, the Co-operators requires information on employees that is private and confidential. This includes their salaries, age, marital/dependent status, job description and length of service with your organization.

The information is used to identify risk factors for each employee. The insurance company will set a rate for each employee (based on age, gender, job etc.) from which a composite rate is calculated. The composite is the rate your organization would pay for the insurance coverage. The information is used for no other purpose.

Some employers feel reluctant to divulge such information. In addition, the new privacy legislation, Bill C6, regulates how such information can be used or disseminated for commercial purposes without an employee's permission.

Therefore, when completing the forms, do not identify the employee by name but rather by an initial or number (1,2,3,4 etc.). This will allow us to provide you with accurate information without identifying any individuals.

While it is not necessary at this stage that the insurance company know who the employees are, it is important that you as the employer are able to verify that the information provided is correct.

ASSOCIUM warrants that the information provided will not be sold or used for any other purpose than quotation preparation.