



APPLICATION FOR GROUP BENEFITS

For Businesses With 2 To 4 Employees

1. BUSINESS DETAILS

Full Legal Name of Business: _____
Operating As (if different than above): _____
Company Address: _____
City: _____ Province: _____ Postal Code: _____
Plan Administrator: _____
Email Address: _____
Phone: _____ Fax: _____

2. NATURE OF BUSINESS

_____ # of Years in Business: _____

3. PARTICIPATION

Do all eligible employees work a minimum of 25 hours per week? Yes _____ No _____
Number of Eligible Full-Time Employees: _____ Number of Employees applying: _____

4. INACTIVE/DISABLED EMPLOYEES

Are all eligible employees actively at work? Yes _____ No _____

5. BENEFITS ARE TO BE IN ACCORDANCE WITH THE FOLLOWING:

Please indicate which package you have chosen to enroll your employees in: _____
If you have selected Packages A, B, C, D or I, would you like to switch to the Life & Disability Option 2 benefits?
Yes _____ No _____

6. PERCENTAGE OF PREMIUMS PAID BY EMPLOYER

_____ %

7. DO YOU CURRENTLY HAVE GROUP COVERAGE

Yes _____ No _____

Effective Date of current coverage: _____ Name of Insurance Co.: _____

Please indicate which benefits you currently have: Health: ___ Vision: ___ Dental: ___ LTD: ___ Life: ___

8. WAITING PERIOD

Coverage for eligible employees actively at work on the Policy effective date will be effective immediately. Coverage for employees hired after the effective date will be effective upon the 1st of the month following completion of a 3 month waiting period

9. EFFECTIVE DATE OF SMARTCHOICE BENEFITS

Month _____ Day _____ Year _____

The Effective Date of the Coverage will be the first day of the month following receipt of signed Application, a cheque for the first month's premium and enrolment forms. The original signed forms must be at SmartChoice Benefits Inc. at least one week prior to the Effective Date. A cheque payable to SmartChoice Benefits Inc. in the SUM of \$ _____ has been paid with this Application to be applied to the first premium payment. Premiums are payable on the first of each month commencing on the Effective Date.

AUTHORIZED SIGNATURE NAME & TITLE DATE

BROKER'S SIGNATURE BROKER'S NAME/LICENSE # DATE