

Application for Businesses of: 1 to 4 Employees 5 or More Employees

1. BUSINESS DETAILS:

Full Legal Name of Business: _____
 Operating As (if different from above): _____
 Business Address: _____
 City: _____ Province: _____ Postal Code: _____
 Contact Name: _____ Title: _____
 Telephone: _____ Fax: _____ E-Mail Address: _____

2. NATURE OF BUSINESS:

Describe Fully: _____
 Number of Years in Business: _____

3. PARTICIPATION:

Do all Eligible Full-time Employees work a minimum of 25 hours per week? YES NO
 Are all Eligible Full-time Employees actively at work? YES NO
 Number of Full-time Employees: _____ Number of Full-Time Employees eligible to enrol: _____

4. BENEFITS ARE TO BE IN ACCORDANCE WITH THE FOLLOWING OPTIONS:

CLASS	CLASS DESCRIPTION	COVERAGE AMOUNT Select One Amount Per Class
Class #1		\$ _____
Class #2		\$ _____
Class #3		\$ _____
Dependent Coverage (Please Indicate)		<input type="checkbox"/> Yes <input type="checkbox"/> No

CI COVERAGE AMOUNT OPTIONS	No. of COVERED EMPLOYEES			
	1 - 4 *	5 - 9	10 - 49	50 PLUS
\$15,000	✓	✓	✓	✓
\$25,000	✓	✓	✓	✓
\$50,000	✓		✓	✓
\$75,000				✓
\$100,000				✓
*Submission & Approval of a Critical Illness Statement of Health Required for 1 - 4 Covered Employees				

5. 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 _____ month waiting period.

6. EFFECTIVE DATE OF SMARTCHOICE BENEFITS INC. C.I. GROUP BENEFIT PLAN:

Year _____ Month _____ Day _____ The Effective Date of Coverage will be the first day of the following month after **SmartChoice Benefits Inc.** receives the 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/Licence #	Date