

Selectpac

Great-West Life
your Benefits Solutions People

Master Application

for groups with 3 to 35 plan members

THE
Great-West Life
ASSURANCE  COMPANY

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GROUP APPLICANT INFORMATION

Group Applicant's Name: *(Full Legal Name)* _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: (____) _____ Fax: (____) _____
Contact Person: _____ Title: _____
Email Address: _____
Language: English French New Group Amendment Policy No. _____

GROUP POLICY INFORMATION

Total number of lives to be insured: _____ Requested Effective Date: _____
Please list any employees excluded from coverage under this policy, including reasons for exclusion:

BILLING DIVISION INFORMATION
(Complete if more than one division)

Division No.: _____ Division Name: _____
Description: _____
Billing/Administration address: Same as policy address Other (please specify below)
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: (____) _____ Fax: (____) _____
Contact Person: _____ Title: _____
Email Address: _____

SUBSIDIARY/AFFILIATED FIRM INFORMATION

Please list subsidiaries/affiliated firms to be insured under and identified in the policy.

1. _____
2. _____
3. _____

POLICY INFORMATION

Previous Carrier (if transfer group): _____
Number of Years In-force: _____ Previous Policy Number: _____
Termination Date (of Previous Carrier): _____

If transferring from another carrier:

- attach/arrange for a list of employees who have satisfied their deductibles for this calendar year.
- If there was LTD coverage with the prior carrier and LTD is included with this group, it is important that the client keep a copy of the LTD contract from their most recent carrier, as it may be used to assess the pre-existing limitation on any claims.

ADMINISTRATION INFORMATION

Hours normally worked per week: 40 37.5 35 Other, please specify: _____

The minimum number of weekly hours an employee must work in order to be eligible for coverage is:
 24 hours Other (greater than 24 hours), please specify: _____

Are seasonal employees to be insured for coverage on the effective date of this plan? Yes No

NOTE: Seasonal employees must work 9 out of 12 months to be eligible for coverage.

Are independent contractors to be insured for coverage on the effective date of this plan? Yes No

NOTE: Certain restrictions in coverage to independent contractors will apply.

Are blue collar employees eligible for STD and/or LTD coverage on this plan? Yes No

If Yes, are all of those blue collar employees covered by a Worker's Compensation or similar plan? Yes No

Are regular overtime and bonuses to be included as earnings? Yes No

Waiting Period For:	All Existing Employees	All Employees Hired After Effective Date
	<input type="checkbox"/> no waiting period	<input type="checkbox"/> no waiting period
	<input type="checkbox"/> months _____*	<input type="checkbox"/> months _____*

**NOTE: Waiting periods are applied to an employee's date of full time employment (see form #M5544).*

Would you like Great-West Life to maintain the employee's dependant information on file? Yes No

If Yes, Great-West Life will pay claims **ONLY** for dependants for whom there is a record.

Note: This is **REQUIRED** if there is a pay-direct drug card with COB on the plan.

On the effective date of this plan, will any employees be age 65 or over and working and residing in the Province of Quebec? Yes No

NOTE: Employees age 65 or over that live and work in the province of Quebec are eligible for RAMQ drug coverage. If these employees waive RAMQ coverage, they must be specifically identified and set up in a separate class in order to allow for proper drug claims adjudication.

SPECIAL HANDLING OF SPECIFIED EMPLOYEES

Are there any employees expected to be absent from work because of injury, sickness or leave of absence on the Requested Effective Date? Yes No

If yes, complete the following:

Employee's Name	Date Sickness began or Injuries Occurred	Nature of Absence
_____	_____	_____
_____	_____	_____
_____	_____	_____

SELECTPAC MASTER APPLICATION

MEDICAL REIMBURSEMENT PLAN APPLICATION

We apply to Great-West Life for Medical Reimbursement Plan (MRP) as described below. (*Note:* only provide address and contact information if it differs from page one of this application):

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Contact person to whom routine correspondence is directed: _____

Title: _____

Eligibility

Employees eligible for MRP are classified as: _____

Eligibility for MRP is determined by the Group Contractholder. All participants must be identified. List eligible participants below.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ELIGIBILITY FOR MRP IS DETERMINED BY THE GROUP POLICYHOLDER.

Per person annual maximum:

\$ _____ (Increments of \$100 to a maximum of \$1,000)

\$ _____ (Increments of \$1,000 to a maximum of \$50,000)

Healthcare Covered Expenses (including Visioncare Services and Supplies)

Healthcare Covered Expenses (excluding Visioncare Services and Supplies)

Dentalcare Covered Expenses

SELECTPAC MASTER APPLICATION

PRE-AUTHORIZED BUSINESS DEBIT AUTHORIZATION

1. To instruct your financial institution to make payments directly from your account, please complete all sections on this Authorization AND include a blank cheque marked "VOID".
2. We agree that direct payment may be drawn on our account on the first day of each month or at such other frequency as may be agreed by us and Great-West Life beginning _____ Year _____ in respect of Policy Number _____ and Division Number(s) _____.
3. Name & Titles of signing officers _____

4. Signatures of signing officers

_____ Date _____

_____ Date _____

PRE-AUTHORIZED BUSINESS DEBIT AUTHORIZATION TERMS AND CONDITIONS

1. In this Authorization "we" and "our" refer to the Group Client (premium payor).
2. We agree to participate in this direct payment plan for paying variable amount of premiums and other amounts due from us to Great-West Life, and we authorize Great-West Life to draw a debit in paper, electronic or other form on our Account and Financial Institution branch indicated on the voided cheque.
3. We may revoke this Authorization at any time by delivering a written notice of revocation to Great-West Life (with a copy to our Financial Institution). Notice of revocation will be effective 10 days after receipt by Great-West Life. This Authorization applies only to the method of payment. We agree that revocation of this Authorization does not terminate any contract that exists between us and Great-West Life.
4. Great-West Life may revoke this Authorization at any time by delivering a written notice of revocation to us. Such notice will be effective 10 days after mailing. The previous payment method (cheque) will then be in effect.
5. We acknowledge that in the absence of a waiver we are, under the Canadian Payments Association Rules, entitled to at least 10 calendar days notice of the amount of a withdrawal and hereby waive the requirement for the giving of such notice.
6. We may claim for a reimbursement from our Financial Institution (with prior notice to Great-West Life) for up to 10 business days after it was posted for the following reasons:
 - ◆ this Authorization was never provided to Great-West Life
 - ◆ the pre-authorized debit was not drawn in accordance with this Authorization
 - ◆ this Authorization was revoked
 - ◆ the debit was posted to the wrong account due to invalid or incorrect account information supplied by us.
7. We agree that the Financial Institution is not required to verify that any payment has been drawn, in accordance with this Authorization, including the amount, frequency and fulfillment of purpose of any payment.
8. We agree that delivery of this Authorization to Great-West Life constitutes delivery by us to the Financial Institution. We agree that Great-West Life may deliver this Authorization to our Financial Institution.
9. We certify that all information provided with respect to our Account is accurate and we agree to inform Great-West Life, in writing, of any change in our Account information provided in this Authorization, at least 10 business days prior to the next due date for payment.
10. We warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this master application.
11. We understand and agree to the terms and conditions set out above, and we acknowledge receipt of a copy of this Authorization. We consent to the collection, use and disclosure of any personal information required to facilitate the pre-authorized debit.
12. We agree to comply with the Canadian Payments Association Rules, or any other rules or regulations which may affect the services described above, as may be introduced in the future or are currently in effect and we agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described above.

If you have any questions, please contact your local Great-West Life representative.

To apply for Group Insurance:

We, the previously mentioned Group Applicant, apply to THE GREAT-WEST LIFE ASSURANCE COMPANY for the group coverage described in this application.

We acknowledge and agree that the attached quotation forms a part of this application.

We agree that no insurance will take effect until all of the following conditions have been met:

- 1. This application must be accepted and the effective date approved by Great-West Life at its Head Office;
- 2. A binder premium must be paid; and
- 3. The minimum participation requirements must be met.

WE DECLARE that all statements, representations and answers made in this application are consideration for and a basis of the contract(s) of insurance between us and Great-West Life. We declare these statements, representations and answers to be true, full and complete. We agree that no other statement, representation or information will be binding upon or affect the rights of Great-West Life. We agree to give Great-West Life, on request, full information on each employee insured or eligible for insurance, including information required for assessment of claims.

Please complete the date and signature section below.

To amend your Group Insurance:

We, the previously mentioned Group Applicant, apply to THE GREAT-WEST LIFE ASSURANCE COMPANY for amendment of our Group Policy Number _____ . We request that the amendment be effective:

_____ .

We acknowledge and agree that the attached quotation forms a part of this application.

WE AGREE that:

- 1. Increases in benefits only take effect when an employee is actively at work. If a dependant is confined in hospital on the date an increase would otherwise take effect, it will not take effect until the date of discharge from hospital.
- 2. A policy amendment is valid and takes effect as of the effective date approved by Great-West Life ONLY IF:
 - a) It is made according to the application; and
 - b) It is signed by an executive officer of Great-West Life and by or for the actuary of Great-West Life.

WE DECLARE that all statements, representations and answers made in this application are a consideration for and a basis of the requested amendment(s). We declare these statements, representations and answers to be true, full and complete. We agree that no other statement, representation or information will be binding upon or affect the rights of Great-West Life. We agree to give Great-West Life, on request, full information on each employee insured or eligible for insurance, including information required for assessment of claims.

Please complete the date and signature section below.

Dated at _____ this _____ day of _____ Year _____

Group Applicant _____
(PRINT NAME & TITLE)

(ADVISOR'S SIGNATURE)

(GROUP APPLICANT'S SIGNATURE)

CLIENT USER ACCESS FORM

For each GroupNet Client User, Please complete and sign this form and forward it to your local Great-West contact. A facsimile of this authorization is as valid as the original.

Forms will not be accepted unless authorized by the Group Policyholder and a Great-West contact. If you need help completing these forms, please call the GroupNet Help Desk at 1-800-665-2648 or your Great-West contact

Please allow the GroupNet Help Desk 8 business days for processing

Please Print

_____ Group Policyholder Name

Delete User	
_____ Name	_____ Existing GroupNet User Name/ID:

Add User	
_____ Name (include middle initial)	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> _____	
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> French Existing GroupNet User Name/ID (if any): _____	
Internet Email Address: _____	

Check the GroupNet Functions Required									
Policy Number(s)	Division(s) 'All' or specify	Experience & Claims Information	Billing Information	Enrollment Information 'All' functions	OR Specify Enrollment Functions				
					Add	Terminate	Revise	Great-West Assisted Changes	Inquire
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Change information for Existing GroupNet User	
_____ Name	_____ Existing GroupNet User Name/ID:
_____ Internet Email Address:	

Add	Delete	Policy Number(s)	Division(s) 'All' or specify	Experience & Claims Information	Billing Information	Enrollment Information 'All' functions	OR Specify Enrollment Functions				
							Add	Terminate	Revise	Great-West Assisted Changes	Inquire
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For Internal Use Only - Advisor Information (for access to Experience and Claims only; otherwise complete the advisor User Access Form - Enrollment and/or Billing).	
_____ Advisor Name	_____ Existing GroupNet User Name/ID:

Authorized by Group Policyholder: _____ Date: _____

Authorized by Local GW Contact: _____ Date: _____

Group Office/Resource Centre: _____

Not to the local GW contact: Submit completed forms to: GroupNet and ClientEL Administration, 1W:

In consideration of The Great-West Life Assurance Company ("Great-West") granting

Group Policyholder

access to and use of Great-West's GroupNet™ for Plan Administration website ("GroupNet")

The Group Policyholder hereby agrees as follows:

1. This Agreement applies to all group policies in effect as at the date of acceptance of this Agreement by Great-West and to any group policy issued to the Group Policyholder by Great-West while this Agreement remains in effect.
2. The Group Policyholder will provide Great-West with a list of its employees and agents which may include without limitation producers, consultants and third party administrators, if applicable who require access to GroupNet for the purposes of plan administration and whom the Group Policyholder has authorized in writing to access GroupNet (the "User"). The Group Policyholder will keep such list current and indicate for each User whether any access restrictions are to apply in respect to GroupNet's Enrollment, Billing or Experience/Claims functions. The Group Policyholder agrees that its authorization shall be deemed to have been given to Great-West to provide the Group Policyholder's broker/consultant with access to GroupNet's Experience/Claims functions as a User. The Group Policyholder further agrees to notify Great-West immediately by sending written notice to its local Great-West office in the event that a User's access to GroupNet is to be terminated or restricted.
3. The Group Policyholder and Users are granted access to GroupNet only for the purpose of administering the Group Policy and will not use information obtained through GroupNet for any other purpose. The Group Policyholder is responsible for keeping and causing the Users to keep the information obtained through GroupNet confidential and is responsible for any misuse or unauthorized disclosure by the Group Policyholder or its Users.
4. The Group Policyholder authorizes Great-West to act upon any instructions and enter any information that may be provided by Users relating to the Group Policy. Great-West reserves the right to refuse a User access to GroupNet.
5. The Group Policyholder accepts responsibility and agrees that Great-West will have no liability for any and all access to and use of GroupNet by the Users, including without limitation any unauthorized access and use after the User's access has been terminated and any access to and use of GroupNet by any other person using a User's name and/or password.
6. The Group Policyholder will indemnify and hold Great-West harmless for and from any claims, losses, costs and damages arising out of or resulting from any access or use by the Group Policyholder, Users or by any other person using the User's name and/or password.
7. The Group Policyholder agrees to be bound by the terms and conditions set out in the GroupNet Legal, Copyright and Trademark information section contained on the GroupNet website (www.groupnet.gwl.ca), as amended from time to time, and agrees that such terms and conditions shall apply to all use of GroupNet by Users. The Group Policyholder shall be responsible for any breach of such terms and conditions by it or any User or any other person using a User's name and/or password.
8. The Group Policyholder and Users may not assign this Agreement. Great-West reserves the right to terminate the Group Policyholder's or any User's right to access and use GroupNet at any time. This Agreement shall survive the termination of the Group Policyholder's and the User's right to access and use GroupNet and shall survive the expiry or termination of the Group Policy.
9. The Group Policyholder agrees that it will and will cause Users to comply with all applicable laws, including any laws governing the use of personal information.
10. The terms "Group Policy" and "Group Policyholder" in this Agreement may be interpreted as "group contract(s)", "Group Contract" and "Group Contractholder" respectively where this Agreement is used in connection with an Administrative Services Only (ASO) plan.
11. This Agreement may be executed by one or more of the parties by facsimile transmitted signature and the parties agree that the reproduction of the signatures by way of facsimile device will be treated as though such reproductions were executed originals.

Accepted and Agreed to by:

(Name of Group Policyholder)

Per: _____

Name (printed)

Date

**Accepted and Agreed to by
The Great-West Life Assurance Company:**

Per: _____

Name (printed)

Date