



## NOTES:

The Small Group Master Application kit contains the following:

### **1. Small Group Benefits – Master Application Form**

- Section A: General Information
- Section B: Administration
- Section C: Eligibility
- Section D: Financial Arrangements
- Section E: Benefit Coverage Summary

### **2. Appendix I: Subsidiary and/or Affiliated Companies Form**

Complete this form if there are any affiliated, associated or subsidiary companies that fall under a common Master Application.

### **3. Appendix II: Ontario Retail Sales Tax – Remittance Election Form**

Groups with employees residing in Ontario should complete this form if they wish to remit the Ontario Retail Sales Tax directly to the Ministry.

### **4. Appendix III: Pre-Authorized Bank Deduction Form**

Groups who wish to pay their monthly billings by Pre-Authorized Bank Deduction must complete this form and include a blank cheque marked "VOID".

### **5. Appendix IV: Commission Agreement**

- In order for commissions to be paid, we require a copy of the Agent of Record letter, designating the Agent to receive commission.
- The form must be completed and signed in duplicate; after installation, Green Shield will return 1 signed copy to the Agent.



## SMALL GROUP BENEFITS - MASTER APPLICATION FORM

### SECTION A: GENERAL INFORMATION

Applicant [Full Legal Name of Group]			
Business Address			
	City	Province	Postal Code
Tel. No.	Ext.	Alternate Tel. No.	
Fax No.		Web Address	
Group Contact		E-mail Address	
Billing Contact [if different]		E-mail Address	
Nature of Business			
Legal Status	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> Other [please specify]
Subsidiary and/or Affiliated Companies [Complete Appendix I for each company]			
Employer Premium Contribution [Minimum 50%]	Health: _____ %	Dental: _____ %	
Does this coverage replace an existing plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, name of current carrier:		
Agent of Record [Please attach a copy of the Agent of Record letter designating the Agent to receive applicable commission]			

Application is hereby made to Green Shield Canada for a Group Benefits Plan in accordance with the specifications described in the application. It is understood that the agreement will not provide benefit coverage prior to being approved and accepted by Green Shield Canada. Any existing coverage should not be cancelled until this application is approved.

**Effective Date:** This agreement shall be effective for 12 months from 12:01 a.m. from the 1<sup>st</sup> day of \_\_\_\_\_, 20\_\_\_\_, provided the application has been accepted by Green Shield Canada. This agreement may be renewed thereafter in accordance with the terms of the agreement.

**Deposit:** A deposit of \$ \_\_\_\_\_, equal to approximately 1 (one) month's revenue is enclosed with this application.

\_\_\_\_\_  
Name of Authorized Officer                      Title                      Signature                      Date

\_\_\_\_\_  
Name of Witness                      Title                      Signature                      Date

Signed at: \_\_\_\_\_



**SECTION B: ADMINISTRATION**

TPA Contact [if applicable]		Title	
Billing Contact		Title	
Address [if different from Business Address in Section A]			
	City	Province	Postal Code
Tel. No.	Ext.	Alternate Tel. No.	
Fax No.		E-mail Address	

<b>EMPLOYEE SET UP</b>	<b>Single or Family</b>	Single: Employee only Family: Employee plus 1 or more eligible dependents
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<b>MONTHLY BILLING STATEMENTS</b>	<b>Sort monthly billing entries by:</b>	<input type="checkbox"/> <b>Last Name [standard]</b>	<input type="checkbox"/> Green Shield ID Number
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<b>GREEN SHIELD IDENTIFICATION CARDS</b>	<b>What would you like to appear on the card?</b>		
	<input type="checkbox"/> Client Name	<input type="checkbox"/> Division Name	<input type="checkbox"/> Client Name + Division Name
	<input type="checkbox"/> Other:		

<b>EMPLOYEE BENEFIT BOOKLETS</b>	<input type="checkbox"/> <b>Green Shield booklet [standard]</b>	<input type="checkbox"/> Other:
	Are booklets required in French? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify number required	

**NUMBER OF DIVISIONS REQUIRED**

If benefits are not the same for all divisions, please complete separate sheet **SECTION E - BENEFIT COVERAGE SUMMARY** for each different plan. Note: we require a minimum of 5 employees per division.

Name of Division	Description	Billing Contact	FOR INTERNAL USE ONLY BILLING DIVISION #

**For Green Shield Internal Use Only**

<b>ACCOUNT REP</b>		<b>CLIENT REFERENCE CODE</b>	
<b>SERVICE REP</b>		<b>RATE ANALYST</b>	



## SECTION C: ELIGIBILITY

Eligible Classes of Employees	Included	Total No. of Eligible Employees	No. of Employees to be covered		No. of hours worked per week Minimum required is 20	Note
			Single	Family		
Permanent full-time	<input type="checkbox"/> Yes <input type="checkbox"/> No					Participation is required by not less than 5 employees and 100% of all eligible employees (excluding spousal waivers).
Permanent part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No					

### NEW EMPLOYEES are eligible for benefits on the following date:

- I. The first of the month following \_\_\_\_ months of continuous active employment.
- II. The first of the month following the date of hire.
- III. The first day following \_\_\_\_ months of continuous active employment.
- IV. The first day of active employment.
- V. Other:

NOTE: A full month's premium will be charged if an employee is added between the 1<sup>st</sup> and 15<sup>th</sup> of the month; no charge applies for additions from the 16<sup>th</sup> to the 31<sup>st</sup> of the month.

### TERMINATION DATE

Coverage will end on the earlier of the following dates:

- date employment ends or the Employee retires
- date the Employee is no longer actively working
- first of the month coincident with or following the Employee attaining age 70

NOTE: A full month's premium will be charged if an employee is terminated between the 16<sup>th</sup> and 31<sup>st</sup> of the month; no charge applies for terminations from the 1<sup>st</sup> to the 15<sup>th</sup> of the month. Retroactive terminations will only be processed to provide a maximum credit of 2 months, provided no claims have been paid or processed.

### DEPENDENT ELIGIBILITY

- I. **Common law spouse / same sex spouse** is eligible for coverage when living together in a conjugal relationship with the employee continuously for a period of **not less than 1 year**.
- II. **Dependent children** are eligible for coverage up to **the end of the year following their 21<sup>st</sup> birthday or to the end of the year following their 25<sup>th</sup> birthday if enrolled and in full-time attendance at an accredited college, university or educational institute.**
- III. **Disabled dependent children** - children who become totally disabled while eligible under the above definition and have been continuously so disabled (regardless of age) since that time also qualify as a dependent.

### SURVIVOR BENEFITS EXTENSION

In the case of the Employee's death while covered by this plan, coverage can be extended to the eligible dependents on a premium-paying basis until the earlier of the following dates:

- 24 months after the date of death
- date the person would no longer be considered a dependent under the plan if the Employee was still alive
- date the benefit provision under which the dependent is covered terminates

### CO-ORDINATION OF BENEFITS

If an Employee is covered for Health and Dental benefits under this and another plan, our benefits will be co-ordinated with the other plan following industry standards such that the total amount payable does not exceed 100% of the eligible expense incurred under the policy.

**While Green Shield collects this eligibility information, it is the responsibility of the plan administrator to notify Green Shield of any enrollment changes, additions, terminations etc. We also assume that the minimum provisions of provincial law are met in situations of layoff and leaves of absence.**



## SECTION D: FINANCIAL ARRANGEMENTS

<b>Funding Arrangement</b>	Pooled, provided annual revenue is less than \$35,000
<b>Renewal Basis</b>	Renewal will take place 12 months after the effective date
<b>Sales Tax [Ontario &amp; Quebec Only]</b>	<input type="checkbox"/> Green Shield to include RST on monthly bill and to remit for client <input type="checkbox"/> Green Shield to exclude RST on monthly bill and client will assume responsibility for remitting applicable tax [See Appendix II: RST Remittance Election Form]
<b>Payment Method</b>	<input type="checkbox"/> PABD – Pre-Authorized Banking Deduction [see Appendix III] <input type="checkbox"/> EFT – Electronic Funds Transfer <input type="checkbox"/> Pay when billed



**SECTION E: BENEFIT COVERAGE SUMMARY**

Name of Division \_\_\_\_\_

<b>HEALTH PLAN</b>			
<b>Prescription Drugs</b>	Co-payment =	<input type="checkbox"/> Nil [Groups with 20+ employees only] <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> \$2.00 per prescription <input type="checkbox"/> \$5.00 per prescription	<ul style="list-style-type: none"> <li>• Prescription required by law.</li> <li>• Excludes medication for the treatment of obesity, smoking cessation, erectile dysfunction or fertility.</li> </ul>
<b>Extended Health Services</b>	Co-insurance =	<input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%	<ul style="list-style-type: none"> <li>• Accidental dental maximum of \$10,000 per accident</li> <li>• Hearing aid maximum \$500 every 5 years</li> <li>• Home support services maximum of \$10,000 per calendar year</li> </ul>
	Paramedical Services	Maximum per calendar year <input type="checkbox"/> \$300 <input type="checkbox"/> \$500	Acupuncturist, Chiropractor, Footcare Professionals, Naturopath, Osteopath, Physiotherapist, Psychologist, Registered Massage Therapist, Speech Therapist
<b>Travel Benefits</b>	<ul style="list-style-type: none"> <li>• Travel expenses are covered at 100% co-insurance with no deductible; includes Green Shield Deluxe Travel Assistance and a 60 day per trip limit.</li> <li>• \$1,000,000 per calendar year for emergency services</li> <li>• \$50,000 per calendar year for referral service</li> </ul>		
<b>Legal Referral Services</b>	<ul style="list-style-type: none"> <li>• Access to a practicing lawyer for summary legal telephone advice on most matters and lawyer referral (if necessary) at preferred rates.</li> <li>• Available through LAWLINE Legal Assistance, a telephone legal advisory service, available 24 hours a day, 7 days a week.</li> </ul>		

<b>OPTIONAL RIDERS TO HEALTH PLAN</b>		
<input type="checkbox"/> <b>Hospital Accommodation</b>	Include Semi-Private hospital accommodation <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>Vision Benefits</b>	<input type="checkbox"/> Include \$150 every 24 months <input type="checkbox"/> Include \$200 every 24 months	<ul style="list-style-type: none"> <li>• Eyeglasses</li> <li>• Contact lenses</li> <li>• Laser eye surgery</li> </ul>

<b>DENTAL PLAN</b>				
<b>Basic Services</b>	<b>Co-insurance</b> <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%	<b>Recall Examinations</b> <input type="checkbox"/> once every 9 months <input type="checkbox"/> once every 6 months	<b>Calendar Year Maximum</b> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500	<input checked="" type="checkbox"/> Current Fee Guide <input checked="" type="checkbox"/> Assignment of Benefits applies

<b>OPTIONAL RIDERS TO DENTAL PLAN</b> [Groups with 20+ employees only]		
<input type="checkbox"/> <b>Major Services</b>	<input type="checkbox"/> Include Major services at 50%	<input checked="" type="checkbox"/> Maximum selected above applies to Basic and Major services combined
<input type="checkbox"/> <b>Orthodontic Services</b> [Major services must also be selected]	<input type="checkbox"/> Include Orthodontic services at 50% for children 18 years of age and under	<input checked="" type="checkbox"/> \$2,000 per person lifetime maximum

**Please provide a copy of the current Employee Benefit Booklet.**



**APPENDIX I: SUBSIDIARY AND/OR AFFILIATED COMPANIES**

<b>Name of Applicant</b>		<b>Client Reference Code</b>	
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Are separate billings required for each Subsidiary/Affiliate Company?  Yes  No

If "Yes", billings are to be mailed to the address of:  the Applicant  each Subsidiary/Affiliate

If "Yes", cheques will be submitted as follows:  one cheque from the Applicant to cover all companies  
OR  
 separate cheque from each Subsidiary/Affiliate

<b>Full Legal Name</b>				<input type="checkbox"/> Subsidiary <input type="checkbox"/> Affiliate
Address				
	City	Province	Postal Code	
Tel. No.	Ext.	Alternate Tel. No.		
Fax No.		E-mail Address		
Legal and Financial Connection to Applicant (% owned)				
Nature of Business:		Administrator:		
Total Number of Employees:		Number of Employees eligible for coverage:		

**APPLICANT'S ACCEPTANCE OF RESPONSIBILITY**

Each Subsidiary/Affiliated company named above is to be included as an eligible firm under the Group Policy issued to the Applicant named above as of Effective Date: \_\_\_\_\_

It is agreed that:

1. The Applicant will be responsible for payment of all premiums and administration requirements for the Subsidiary/Affiliated companies.
2. The claims experience or other characteristics of any of the companies covered under the policy may be used in the determination of the rates for any of the other companies.
3. Green Shield Canada is not responsible in any way for any error or omission that may occur with respect to the group benefits coverage for employees of the Subsidiary/Affiliated companies as a result of this arrangement.
4. Should premiums not be paid for the Applicant or for any Subsidiary/Affiliated company, the Group Policy may be terminated and all coverage may cease for the employees of the Applicant and/or the Subsidiary/Affiliated companies.

\_\_\_\_\_  
Name of Authorized Officer                      Title                      Signature                      Date

\_\_\_\_\_  
Name of Witness                      Title                      Signature                      Date

Signed at:



**APPENDIX II: ONTARIO RETAIL SALES TAX – REMITTANCE ELECTION**

1. Do your Ontario employees pay a portion of their group health benefits?  
 Yes                                       No

If YES, please continue.  
 If NO, please sign and return this form to Green Shield Canada.

2. Do you wish to remit the RST collected on employee contributions to Green Shield Canada?  
 Yes                                       No

If YES, please complete and sign the form below and return to Green Shield Canada.  
 If NO, please return the form.

**NOTE:** If you do not make the election, you must certify to Green Shield Canada on a monthly basis, the amount of RST you remit directly to the Ministry.

<b>Election to Remit Ontario Retail Sales Tax to Green Shield Canada</b>	
Name of Group	<b>CLIENT REFERENCE CODE</b> [INTERNAL USE ONLY]
Vendor Registration	INCLUDES ALL BILLING DIVISION NUMBERS UNLESS SPECIFICALLY NOTED

The above group, pursuant to regulations made under the Ontario Retail Sales Act elects to remit to Green Shield Canada all amounts of Retail Sales Tax that may be collected on employee plan member contributions under the billing divisions indicated above. The election applies for the duration of the contract as specified by Regulation.

\_\_\_\_\_  
 Name of Authorized Officer                                      Title                                      Signature                                      Date





### APPENDIX III: PRE-AUTHORIZED BANK DEDUCTION

You can pre-authorize Green Shield Canada to debit your bank account each month with the amount due on your current group billing. The amount of this billing would be debited from your account on the 8<sup>th</sup> of the billing month (or the banking day immediately following); so, if the payment due date is September 1<sup>st</sup>, we will debit your account on September 8<sup>th</sup>. Your current billing would be paid in full and any adjustments would be reflected in your following month's billing.

This payment plan is governed by Rule H4 of the Canadian Payments Association.

Review the terms of this pre-authorization plan as outlined on the form, complete the sections indicated, and have this form signed by the owner, or by any two officers of the firm with signing authority.

Please include a specimen cheque marked "VOID".

### PAYOR'S AUTHORIZATION FOR PRE-AUTHORIZED DEBITS FOR BUSINESS PURPOSES

1. Payor's Name and Address – Please print.

- We warrant and represent that the following information is accurate.

Name of Group			
Business Address			
City	Province	Postal Code	
Tel. No.	Ext.	Alternate Tel. No.	Fax No.

Name of Payor's Financial Institution [the "Processing Institution"]		
Address		
City	Province	Postal Code
Account No.		

- We have attached a specimen cheque marked "VOID" to this payor authorization (the "Authorization").
- We will inform the Payee, in writing, of any change in the information provided in this section of the Authorization prior to the next due date of the PAD.

2. Payee's Name and Address: **Green Shield Canada**  
**P. O. Box 1606**  
**Windsor, Ontario**  
**N9A 6W1**  
**519-255-1133**

3. We acknowledge that the Authorization is provided for the benefit of Green Shield Canada and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association.

4. We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization and that all persons signing this Authorization are our authorized signing officers and are empowered to enter into this agreement.





**APPENDIX IV: COMMISSION AGREEMENT [to be completed and signed in duplicate]**

Note: We require a completed Commission Agreement for each Agent that is eligible to receive commissions.

<b>Company Name</b>		Green Shield Agent Code	
Agent Name [Complete only if cheque is to be made payable to the Agent]			
Business Address			
	City	Province	Postal Code
Tel. No.	Ext.	Alternate Tel. No.	
Fax No.		E-mail Address	

**IT IS HEREBY AGREED BY AND BETWEEN:**

GREEN SHIELD CANADA (hereinafter called GREEN SHIELD)  
and

Company Name/Agent Name (as identified above), (hereinafter called the AGENT)

THAT, subject to the terms of this Commission Agreement, commissions, in accordance with the Commission Fee Schedule selected below, shall be paid to the AGENT named by the Group on the amount of subscriber revenue paid by the Group which appears on the records of GREEN SHIELD to be attributable to benefit coverage under the following Group from the effective date shown below:

Name of Group/Client:	CLIENT REFERENCE CODE & BILLING DIVISION # [INTERNAL USE ONLY]
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Effective Date of Commission Agreement:	ANNIVERSARY DATE OF COMMISSION AGREEMENT:
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If, after this effective date or any subsequent anniversary date of the Group Agreement, there is an extension of benefits by amendments to the said Group Agreement the commissions attributable to the increase in subscriber revenue resulting from said amendment shall be determined based on the period of time elapsing between the effective date of the amendment and the next anniversary date of the Group Agreement.

The amount of subscriber fees used as the basis for determining the commissions under this Commission Agreement shall be the amount attributable to the above Group or to a rider and/or amendment to the said agreement.

No commission shall be paid to any AGENT under this Commission Agreement unless the Group has previously designated him/her in writing, on a form satisfactory to GREEN SHIELD, as the AGENT to receive such commission and such designation remains in effect and unrevoked.

The AGENT hereby agrees that any overpayment of commissions as a result of the subscriber revenue during the Agreement period being less than the estimated amount established at the beginning of the Agreement period will be refunded by him upon written request of GREEN SHIELD. It is further agreed that any commissions advanced on subscriber revenue received after the Group informs GREEN SHIELD in writing that the Group no longer recognizes the AGENT as Agent of Record and entitled to commissions will be refunded by the AGENT upon the written request of GREEN SHIELD.

GREEN SHIELD may withhold and retain from any commission payment to the AGENT a sum sufficient to discharge any debt due or hereafter due from the AGENT to GREEN SHIELD.



The AGENT shall at all times act in full accordance with applicable legislation.

The AGENT hereby agrees that fraud, misappropriation, or withholding of funds on his part shall automatically terminate this Commission Agreement and thereupon all right to commissions shall immediately cease.

No commissions shall be payable under this Commission Agreement on subscriber fees attributable to benefits pertaining to subscribers located where the law prohibits the payment of such commissions.

**✓ FLAT COMMISSION FEE SCHEDULE**  
**Annual Level of Commission of 10% on Annual Subscriber Revenue for all Benefits**

Such commission is to be payable at **90%** of the annual rate upon receipt of payment of the first month's group billing in any commission year with the remainder held to the anniversary date for any adjustments.

In witness thereof, the parties hereto have signed this Commission Agreement in duplicate:

Authorized Person [Company Name/Agent]	Title	Signature	Date
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Authorized Person [Green Shield Canada]	Title	Signature	Date
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**APPENDIX IV: COMMISSION AGREEMENT [to be completed and signed in duplicate]**

Note: We require a completed Commission Agreement for each Agent that is eligible to receive commissions.

<b>Company Name</b>		Green Shield Agent Code	
Agent Name [Complete only if cheque is to be made payable to the Agent]			
Business Address			
	City	Province	Postal Code
Tel. No.	Ext.	Alternate Tel. No.	
Fax No.		E-mail Address	

**IT IS HEREBY AGREED BY AND BETWEEN:**

GREEN SHIELD CANADA (hereinafter called GREEN SHIELD)  
and

Company Name/Agent Name (as identified above), (hereinafter called the AGENT)

THAT, subject to the terms of this Commission Agreement, commissions, in accordance with the Commission Fee Schedule selected below, shall be paid to the AGENT named by the Group on the amount of subscriber revenue paid by the Group which appears on the records of GREEN SHIELD to be attributable to benefit coverage under the following Group from the effective date shown below:

Name of Group/Client:	CLIENT REFERENCE CODE & BILLING DIVISION # [INTERNAL USE ONLY]
-----------------------	--

Effective Date of Commission Agreement:	ANNIVERSARY DATE OF COMMISSION AGREEMENT:
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If, after this effective date or any subsequent anniversary date of the Group Agreement, there is an extension of benefits by amendments to the said Group Agreement the commissions attributable to the increase in subscriber revenue resulting from said amendment shall be determined based on the period of time elapsing between the effective date of the amendment and the next anniversary date of the Group Agreement.

The amount of subscriber fees used as the basis for determining the commissions under this Commission Agreement shall be the amount attributable to the above Group or to a rider and/or amendment to the said agreement.

No commission shall be paid to any AGENT under this Commission Agreement unless the Group has previously designated him/her in writing, on a form satisfactory to GREEN SHIELD, as the AGENT to receive such commission and such designation remains in effect and unrevoked.

The AGENT hereby agrees that any overpayment of commissions as a result of the subscriber revenue during the Agreement period being less than the estimated amount established at the beginning of the Agreement period will be refunded by him upon written request of GREEN SHIELD. It is further agreed that any commissions advanced on subscriber revenue received after the Group informs GREEN SHIELD in writing that the Group no longer recognizes the AGENT as Agent of Record and entitled to commissions will be refunded by the AGENT upon the written request of GREEN SHIELD.

GREEN SHIELD may withhold and retain from any commission payment to the AGENT a sum sufficient to discharge any debt due or hereafter due from the AGENT to GREEN SHIELD.



The AGENT shall at all times act in full accordance with applicable legislation.

The AGENT hereby agrees that fraud, misappropriation, or withholding of funds on his part shall automatically terminate this Commission Agreement and thereupon all right to commissions shall immediately cease.

No commissions shall be payable under this Commission Agreement on subscriber fees attributable to benefits pertaining to subscribers located where the law prohibits the payment of such commissions.

**✓ FLAT COMMISSION FEE SCHEDULE**  
**Annual Level of Commission of 10% on Annual Subscriber Revenue for all Benefits**

Such commission is to be payable at **90%** of the annual rate upon receipt of payment of the first month's group billing in any commission year with the remainder held to the anniversary date for any adjustments.

In witness thereof, the parties hereto have signed this Commission Agreement in duplicate:

\_\_\_\_\_  
Authorized Person [Company Name/Agent]      Title      Signature      Date

\_\_\_\_\_  
Authorized Person [Green Shield Canada]      Title      Signature      Date