

# APPLICATION FOR GROUP HEALTH BENEFITS FOR MEMBERS OF THE INNOVATIVE BUSINESS CLUB [IBC]

## SECTION A: GENERAL INFORMATION

### MASTER POLICYHOLDER

**Innovative Business Club**  
676 Monarch Avenue, Unit 13  
Ajax, On L1S 4S2

**E-mail address: ibcmail@rogers.com**  
**Phone: 905-686-3320**  
**Alt. Phone: 1-800-267-7781**  
**Fax: 905-683-6982**

Name of Division Full Legal Name			
Business Address			
	City	Province	Postal Code
Telephone No.		Alternate Tel. No.	
Fax No.		Web address	
Employer Premium Contribution	Health: _____% (Minimum 50%)		
<b>Effective Date of Coverage:</b>			

<b><u>Type of Business</u></b>			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
1. What is the nature of the business?			
2. How long has the company been in business?			
3. How many full-time employees?			
4. What is the number of working hours per week for an employee?			
5. Are there any employees who work less than 30 hours per week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Is anyone currently disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Is the group currently insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what is the name of the carrier?			
8. Is your firm in active operation 12 months a year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Are all your employees covered by Worker's Compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Are all your employees covered by a Provincial Health Care Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Briefly describe your business:			

### **PREMIUMS PAYABLE**

Monthly Premium \$ \_\_\_\_\_

We request and authorize the Innovative Business Club Group Insurance Plan to arrange automatic deductions from the following account on the 1<sup>st</sup> of the month.

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

**MEMBERSHIP**

Your application cannot be processed unless you are a member of the Innovative Business Club. To keep your policy in force, you must continue to be a member of the Innovative Business Club.

**Also:**

1. Employees in any size person firm: Coverage for each employee is only effective the first of the month following written approval by the company of the evidence of insurability. However, coverage will not be in effect for any applicant until Medical Underwriting has been completed for applicants who were required to submit evidence of insurability.
2. Medical Underwriting means the premium charged and/or benefits offered could be subject to adjustment or modification of coverage based on your or your family's medical background. This will be determined after an evaluation of the information provided on the medical questionnaire.
3. An employee who is not actively at work on a full-time basis full pay basis on the effective date of coverage: coverage for that employee will be effective on the first of the month following the date the employee returns to work on a full-time, full –pay basis subject to any evidence of insurability requirements.
4. A dependent who is confined to hospital: coverage for that dependent will be effective on the first of the month following the date the dependent is discharged from the hospital.

**ADMINISTRATION OF PLAN**

All statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

Signed at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

President/Owner \_\_\_\_\_

Witness \_\_\_\_\_

Broker \_\_\_\_\_

Underwritten by: **GREEN SHIELD CANADA**

**PLAN ADMINISTRATORS**

Countrywide Benefit Administrators  
676 Monarch Ave, Unit 13  
Ajax, ON L1S 4S2

**NOTICE OF PRIVACY AND CONFIDENTIALITY**

The Innovative Business Club and Countrywide Administrators will collect, use and disclose the personal information which you give for the purpose of providing you with insurance services. To protect its confidentiality, access to this information will be restricted to those administrators who are responsible for administration of services, underwriting, marketing, and for the processing, facilitating and investigation of claims. When necessary, this information may be shared with others such as, but not limited to, medical facilities, insurance companies, organizations, and to any other person you authorize or that is authorized by law. This acknowledges that information may be transmitted by facsimile (fax), e-mail, postal service, courier service or telephone, and we cannot guarantee the security or privacy of the information that is transmitted through these channels. Call us at 905-686-3320 for a copy of our Privacy Statement.

Name of Authorized Officer	Title	Signature	Date
Name of Witness	Title	Signature	Date

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

## SECTION B: ADMINISTRATION

Innovative Business Club [IBC]

E-mail address: [ibcmail@rogers.com](mailto:ibcmail@rogers.com)

Phone: 905-686-3320 or 1-800-267-7781

Fax: 905-683-6982

**EMPLOYEE SET UP:** Single (employee only);  
 Couple (employee + any one dependent);  
 Family (employee plus 2 or more eligible dependents)

**EMPLOYEE IDENTIFICATION NUMBERS:** Assigned by Green Shield Canada [standard]

**EMPLOYEE BENEFIT BOOKLETS:** Green Shield booklet [standard]

## SECTION C: ELIGIBILITY

NUMBER OF EMPLOYEES TO BE COVERED:

Single		Couple		Family	
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Note: Employees must work a minimum of 20 hours per week

<b>NEW EMPLOYEES</b>
<input type="checkbox"/> New Employees are eligible for health benefits with no wait period on the first of the month following the date of hire.
<input type="checkbox"/> New Employees are eligible for health benefits after a 90-day wait period. [Wait period may be waived upon written request.]
<b>CO-ORDINATION OF BENEFITS</b>
If an Employee is covered for Health and Dental benefits under this and another plan, our benefits will be coordinated 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.

## SECTION D: BENEFIT COVERAGE SUMMARY

PLEASE SELECT ONE OF THE FOLLOWING PLANS:

	<input type="checkbox"/> PLAN 1 [PKG P2]	<input type="checkbox"/> PLAN 2 [PKG 05]	<input type="checkbox"/> PLAN 3 [PKG 07]	<input type="checkbox"/> PLAN 4 [PKG 06]	<input type="checkbox"/> PLAN 5 [PKG 08]
<b>Drug</b>	Generic + Brand	Generic + Brand	Generic + Brand	Generic + Brand	Generic + Brand
<b>Drug Maximum</b>	\$15,000 per participant, per calendar year	\$15,000 per participant, per calendar year	\$1,500 per participant, per calendar year	\$15,000 per participant, per calendar year	\$15,000 per participant, per calendar year
<b>EHS</b>	Included	Included	Included	Included	Included
<b>Vision</b>	Not a benefit	Not a benefit	Not a benefit	Not a benefit	\$300/24 months
<b>Semi-private</b>	Not a benefit	Not a benefit	Not a benefit	Not a benefit	Included
<b>Dental Maximum</b>	\$800 per benefit year	\$1,000 per benefit year	\$800 per benefit year	Not a benefit	\$1,000 per benefit year
<b>Travel</b>	Included	Included	Included	Included	Included
<b>Legal</b>	Included	Included	Included	Included	Included

<b>DRUG CO-PAY</b>	20%
<b>DENTAL</b>	80% Basic Services
<b>TRAVEL BENEFITS</b>	Green Shield Plan Q2 - 30 day per trip maximum Emergency services: \$1,000,000 per calendar year Referral services: \$50,000 per calendar year

## ADMINISTRATIVE GUIDELINES

TERMINATION DATE
Coverage terminates at the earlier of the first of the month coincident with or following the Employee attaining age 70.

**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.

DEPENDENT ELIGIBILITY	
i.	<b>Common law spouse / same sex spouse</b> is eligible for coverage when living together in a conjugal relationship with the employee continuously for a period of not less than 1 year [standard]
ii.	<b>Dependent children</b> 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 [standard]
iii.	<b>Disabled dependent children</b> 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 without a time limit.	