



**PLAN SPONSOR (APPLICANT)**

Full Legal/Corporate Name						
Head Office Address	#, Street	City, Prov.			PC	
Plan Administrator Name				Plan Administrator Title		
Plan Administrator's Confidential Email				Phone		
Business/Organization is	Corporation	Partnership	Sole Proprietorship	Other	Detail 'Other'	
Nature of Business					Number of Years in Business	
Subsidiary/Affiliated Company(s)						
Coverage Effective Date			Number of Lives to be Insured	1	2	3
				4	5	

*All eligible employees Actively at Work on the Coverage Effective Date are covered immediately, unless otherwise stated.*

Does the applicant have existing group benefits coverage?	Yes	No
If 'Yes', Carrier Name		
	Number of Lives Currently Insured	

*Existing coverage should not be terminated until you have received written notice that RWAM has issued final approval of this proposed replacement coverage and the attached application to participate.*

Waiting Period for New Employees	3 mos.	6 mos.	(Minimum Waiting Period is 3 months of continuous employment)
Premium Contributions	Non-Contributory - Employer pays 100% of all premiums Contributory - Employees pay a portion of premiums.		

**Eligibility Requirements**

- Only **permanent** employees, non-seasonal, who are regularly and Actively Working in minimum of 24 hours per week are eligible
- **100% participation** of all employees is required
- Applicant's business must be established and active for a **minimum one year**
- For groups less than 2 lives, all benefits are subject to medical underwriting and all employees must complete a **Medical Questionnaire**. If an employee is declined coverage, the entire group application may be declined.

**MANDATORY BENEFITS** ALL BENEFITS ARE SUBJECT TO PROVISIONS OF THE GROUP INSURANCE POLICY/BENEFIT PLAN

Benefit	Maximum	Term. Age*	Benefit	Maximum	Term. Age*
Life **	\$25,000, NEM = max.	70	Extended Health Care	80% coins. Single or Family coverage, 6-month Survivor Benefit	75
AD&D **	\$50,000, NEM = max.	70	Out-of-Canada/Province	100% coins. / 60 days / \$5 million max., Emergency Only	75
Dependent Life	Spouse \$5,000 Child \$2,500	70	Critical Illness	\$3,000 flat coverage for critical medical conditions listed	65
* Termination age is the earlier of retirement or age noted if Actively Working ** Life and AD&D volumes reduce by 50% at age 65			Virtual Care	100% coverage Doctor on Demand Services	75
			WorldCare	100% coverage Second Medical Opinion Services	75

Extended Health Care Benefits			
Benefit	Maximum	Benefit	Maximum
Prescription Drug Plan - Mandatory Generic	80%, \$2,500 / yr. / person, \$8 dispensing fee cap	Eye Exams	\$75 1 exam / 24 mos.
Erectile Dysfunction Drugs	\$600 / yr., 50% coins.	Orthotics / Orthopedic Shoes	\$250 / yr.
Practitioners	\$400 / yr. / practitioner	Medical Equipment / Supplies	Unlimited (subject to Usual & Customary)
Private Duty Nursing	\$10,000 lifetime maximum	Ambulance	Unlimited (subject to Usual & Customary)
Hearing Aids	\$400 / 5 yrs.	Cardiac Rehabilitation	\$500 / yr.
Dental Accident	\$2,000 lifetime maximum	Prosthetics	\$10,000 lifetime maximum
Extended Health Care Exclusions	Hospital benefit (semi or private), Fertility, Smoking Cessation, Obesity Drugs/Treatment, and Preventative Vaccines		

*Life Insurance, Dependent Life, Extended Health Care and Dental Benefits are underwritten and insured by La Capitale. Accidental Death & Dismemberment and Critical Illness are insured by Chubb Life Insurance Company of Canada. Allianz Global Assistance provides the Out-of-Canada/Province Benefit. EQ Care provides Virtual Medical Care Services, WorldCare provides Second Opinion Consult Services.*

**DENTAL BENEFIT** (OPTIONAL - REQUIRES 100% PARTICIPATION)

Basic & Preventative Dental Care      Yes      No

- 80% coinsurance, based on the current year's Dental Fee Guide for employee's province of residence
- \$1,000 maximum per calendar year, per person
- Recall not more than once every 9 months
- Includes routine oral examinations, bitewing x-rays, scaling, polishing, fluoride applications, fillings, space maintainers, extractions, denture repairs, endodontics, and periodontics (periodontal scaling/root planing 8 units per calendar year)
- Survivor Benefit – 6 months
- Termination Age 75

**PREMIUM SUMMARY** COST PER MONTH

Mandatory Benefits Life, AD&D, Dependent Life, Out-of-Province/Canada, EHC, CI	Single EHC	Family EHC
	\$	\$
Dental Benefit - Optional	Single Dental	Family Dental
	\$	\$

The initial month's premium payment of \$ \_\_\_\_\_ as per Premium Summary  
*Premiums are subject to PST where applicable and are reviewed annually with adjustments implemented every Jan. 1st, regardless of Coverage Effective Date. \$10 per month Admin Fee + HST/GST applies.*

**APPLICATION TO PARTICIPATE IN THE RWAM TRUST**

The Applicant (hereinafter, "you") hereby:

- Applies to become a Participating Employer in the RWAM Group Insurance Trust (the "Trust"), appoints RWAM Insurance Administrators Inc. ("RWAM") as agent to administer your plan and receive notices from the Trust (other than default, plan suspension or termination notices). You agree to abide by the applicable provisions of the Trust (of which RWAM is the appointed administrator) and the applicable insurance contracts the Trust may hold to provide insured benefits under your plan.
- Agrees to enrol only actively working, eligible employees and their eligible dependents under the Plan and agree that you, RWAM and the applicable insurers will exchange information of insured individuals and their dependents.
- Promises to pay (or cause to be paid) to RWAM as due all premiums, contributions, ASO remittances and applicable taxes ("Payments") required in relation to your plan. **Payments are due in full on the 1<sup>st</sup> day of each month.** You agree to be liable for any affiliate/division's non-payment and all invoices will be sent only to you unless otherwise agreed. RWAM may suspend claim payments to insureds and/or terminate the Plan for non-payment.
- Agrees to notify RWAM immediately in writing (including by e-mail) of any individual who ceases to be Actively at Work between now and the Coverage Effective Date, and at any time thereafter. You shall also immediately notify RWAM in writing of any change to the Contributory/Non-Contributory status of employees' premiums/contributions and of any change affecting the status, for tax purposes, of any benefits provided under this Plan.
- Agrees to always cooperate fully with, and if requested allow RWAM access to records in your possession or within your control insofar as the same relate to your plan, its administration, or any insured person.

**Application is not complete until RWAM receives this completed, signed Application, a binder payment for one month's premium, and completed employee enrolment forms. Only those specific benefits and features requested herein and approved by RWAM will be provided under your plan.** If your Application and requested benefits are approved, benefits will commence as of the last requested Coverage Effective Date. Applicant change requests (to add/remove optional benefits) to the plan in future require a signed amendment and RWAM's approval. **RWAM will send you a copy of the final approved Application (with any agreed upon changes), which document shall (together with any post-issue amendments) constitute our agreement and form part of the contract(s) of insurance.**

A photocopy or scanned copy of this document shall be as valid as the signed original.

Either party may cancel this contract on at least 30 days' prior written notice. RWAM may charge the full month's premium or a 15% late notice fee if 30 days' notice is not given.

**AUTHORIZATION:**

**Authorized Signatory must initial all insertions/changes in this document prior to submission.**

**By signing below,** I confirm that I have read this document in its entirety, understand and agree with its terms and conditions, and confirm that the information/answers/statements in it are complete, current and accurate and will notify RWAM of any errors or omissions. I have authority to bind the Applicant and request RWAM to arrange for the benefits as specified herein.

Advisor		Agency	
Applicant's Full Legal/Corporate Name			
_____ Signature (Authorized Signatory for Applicant)		Name	
		Title	
		Date	

RWAM Insurance Administrators Inc. is committed to protecting the privacy, confidentiality, accuracy, and security of personal information it collects, uses, retains or exchanges in the necessary conduct of our business. For full details view [www.rwam.com/privacy.pdf](http://www.rwam.com/privacy.pdf).



**BILLING/PREMIUM PAYMENT**

RWAM's invoices are emailed, addressed to the authorized PA's designated confidential email address (section 1. Group Applicant Data).

If different, please provide alternate email	
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**Monthly Premium**

Remittances are paid to RWAM by Pre-Authorized Debit (PAD)

First month's premium payment options:

- Pre-Authorized Debit (PAD)
- Binder cheque enclosed

**MANDATORY PRE-AUTHORIZED DEBIT (PAD)**

Name of Group/Employer					
Name of Financial Institution					
Address of Financial Institution	Street#		City, Prov.		
	5 Digits	Financial Institution No.	3 Digits	Account No.	
Branch Transit No.					

**PAD Authorization – PAD Type: Business**

By signing below, the Applicant ("Payor") confirms it holds the account identified above (or on the attached VOID cheque) and authorizes RWAM Insurance Administrators Inc. ("RWAM") to make monthly, variable debits from the account (or any subsequent substituted account) to pay all premiums, contributions, ASO remittances and applicable taxes related to this group benefits plan. Debits will be processed on or about the **1<sup>st</sup> business day** of each month.

Your authorization will remain in effect unless RWAM receives written notice from you of its cancellation. Notice of cancellation (or account changes) must be received by RWAM no less than 10 business days prior to the date of the next scheduled PAD. To obtain a sample PAD cancellation form, or more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.payments.ca](http://www.payments.ca). Cancellation of this PAD agreement will not affect your group plan contract so long as payment is provided by an alternate method.

**Payor waives its right to notice before any withdrawal is made and its right to notice of any change in the amount of the PAD withdrawal.**

If a PAD is dishonored for any reason (including, but not limited to, insufficient funds) RWAM is authorized to re-submit the payment and may add any charges it incurs to the next PAD.

You have certain rights of recourse if a debit does not comply with the terms of this agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD agreement. For more information on your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

PAD Signatory(s) must be person(s) with signing authority on the Account.

_____ Authorized Signature	Date
_____ Authorized Signature (if required)	Date