

Employer Group Benefit Plan Application

Section A-Employer Information

| | | | |
|-------------------------------------|----------------|-----------------------------------|-------------|
| Plan Sponsor | Contact Person | Contact Person's Title/Occupation | |
| Address (number,street,apt. number) | City | Province | Postal Code |
| Email Address | Phone Number | Fax Number | |

Section B - Optional Program

In addition to the Group Benefit Program selected above will you be establishing a **Health Care Spending Account**?

- YES - Please send me an Employer Enrolment Application for the Health Care Spending Account.
- NO

Section C - Payment Mode Selection:

- Pre-Authorized Debit** – Complete the attached Pre-Authorized Debit form.
- Payment by Cheque** – \$5.00 monthly Load Administration Charge.

Section D - Policy Holder Signature

We hereby request all eligible members be insured for benefits. If the Insurer accepts this application, the coverage will become effective on the date indicated. We understand that a policy will be issued and will contain, among other items, the Insurers' usual clauses, to the extent that they do not conflict with the Insurer's submission and any subsequent agreements. We acknowledge and understand that our policy will be administered through Kechnie Benefits. We confirm that the information contained in the Application for Group Insurance and the subsequent employee application form(s) is true and agree that any false declaration on our part or antiselection against the insurer constitutes grounds for the cancellation of the contract. We agree to submit, without delay, any request for insurance from an eligible person, to provide all necessary information for the sound administration of the policy and to pay the premium calculated using the approved rates in a timely manner.

| | |
|-----------------------------|--------------------------|
| Name (Please Print Clearly) | Title |
| Signature | Date Signed (dd/mm/yyyy) |

For Kechnie Office Use Only:

Date Received: _____ Date Processed: _____ Administrator Initials: _____