

Extended Health Care

Deductible (single/family)

- \$0 / \$0 \$25 / \$50 \$50 / \$100 Other

If Other, please specify: _____

Reimbursement (overall) (50%-100%): _____

Reimbursement (drugs) (50%-100%): _____

Preferred Hospital Wards

- Private Semi-Private

Prescription Drugs

- Reimbursement Pay-Direct Drug Card
- Formulary Only Formulary & Non-Formulary
- Benefit Max: \$500 \$1,000 \$1,500 \$5,000

Health Practitioners

- Basic Basic & Additional Practitioners

Indicate Additional _____

- Benefit Max: \$300 \$400 \$500

Vision Care

- Eye exams Glasses & Contact Lenses Both
- Benefit Maximum: \$50 \$100 \$200 \$300

Out-of-Country Travel

- 30 days 60 days

Dental Care

Deductible (single/family)

- \$0/\$0 \$25/\$50 \$50/\$100 Other

If Other, please specify: _____

Basic Reimbursement (50%-100%): _____

Major Reimbursement (50%-80%): _____

Combined Basic & Major Benefit Max:

- \$500 \$1,000 \$1,500 \$2,000

- Ortho Reimbursement (50%): Yes No

Ortho lifetime maximum per person = \$1,500.
For dependants 18 years of age and under.

Survivor Benefits for Health & Dental

- 12 months 24 months None

Basic Life Insurance

- Flat Amount - Specify _____

- 1 – 5 x Salary _____ Max Amount _____

Accidental Death & Dismemberment Insurance

100% of Basic Life Insurance

Dependant Life Insurance

- \$5,000 Spouse / \$2,500 Child
- \$10,000 Spouse / \$5,000 Child

Optional Life Insurance

- Incremental Units \$10,000 \$25,000

Max Amount _____

Please supply list of insured members if an existing plan

Weekly Income Benefit (STD)

Percentage of Employee Weekly Salary

- 66.67% Other _____

Benefit Period 17 Weeks 26 Weeks

1st Day Accident Yes No

1st Day Hospital Yes No

8th Day Sickness Yes No

Other _____

- Taxable Non-Taxable (EE pays 100% of premium)

24-Hour Coverage Yes No

Long Term Disability (LTD)

Percentage of Employee Monthly Salary

- 66.67% Other _____

Max Monthly Benefit \$ _____

Elimination Period

- 119 Days 180 Days Other _____

Benefit Duration: to age 65. Disability Definition: 24 months own occupation.

- Taxable Non-Taxable (EE pays 100% of premium)

CPP Offset Yes (85% Cap) No

24-Hour Coverage Yes No

COLA Yes No

Adjustment Percentage _____%

Critical Illness Benefit

- Yes No