



GMS Group Advantage[®]

Benefit Plan for Small Business

Effective January 1, 2016



Generations of Canadians have counted on us. You can, too.

In 1949, well over a decade before Saskatchewan would introduce the world to Medicare, a determined group of friends and neighbours joined an equally determined group of doctors in one common pursuit: quality, affordable health insurance.

Everyone would contribute a small sum each month to make sure that, in the event of unexpected illness or injury, they and their loved ones would be well taken care of – and so would the bill.

Group Medical Services was born.

Today, GMS endures as a preferred provider of health and travel insurance, covering a vast range of costs government and other private benefit plans do not. And we've been extending our trademark combination of service, choice and value across Canada since 2003 – to enthusiastic and continually growing response.

Much has changed in over 65 years, but here's what never will:
Our commitment to protecting you.

GMS Group Advantage® for Small Business (with 3 – 25 employees)

As a business owner, your time is valuable. To simplify the selection and reduce the cost of your group benefits package, we've created GMS Group Advantage, a health and dental plan specifically designed and attractively priced for small businesses with 3 – 25 employees.

Your coverage can be as comprehensive and affordable as you'd like – simply choose the health and/or dental options that best suit your needs and calculate your monthly premium. No need to wait for a quote!

GMS Group Advantage Health Plans

- Silver** *Health, vision and prescription drug coverage at the lowest possible cost.*
- Gold** *Higher health, vision and prescription drug maximums with \$5 million in out-of-province and out-of-country emergency medical travel coverage.*
- Platinum** *Generous health and vision maximums with \$5,000 in prescription drug coverage, and \$5 million in out-of-province/country emergency medical travel coverage.*

GMS Group Advantage Dental Plans

- Silver** *Covers preventative care and routine basic procedures like fillings, x-rays and denture repair.*
- Gold** *Includes preventative and basic services and major procedures including crowns, dentures and veneers.*
- Platinum** *Coverage for preventative and basic services, major procedures and orthodontic services.*

Dental plans include employer choice of \$500, \$1,000, \$1,500 or \$2,000 combined annual coverage maximum for basic and major services per person, per year.

Ask Your GMS Insurance Broker About:

- Adding life and disability insurance and an Employee Assistance Program to your benefit plan
- Covering additional expenses through our Cost Plus Service

GMS Group Advantage®

Health Plan Benefits at a Glance

Health Benefits	Silver (3+ employees)	Gold (3+ employees)	Platinum (6+ employees)
Extended Health (coverage per person)			
Eye Exams, Glasses, Contact Lenses & Surgery	\$60 per 2 years (eye exams only)	\$150 per 2 years	\$300 per 2 years
Health Practitioners	n/a	\$300 combined	\$300 per specialist per year
Hearing Aids	n/a	\$500 per 5 years	\$500 per 3 years
Diabetic Supplies & Equipment	\$300	\$300	\$500
Oxygen Equipment	\$500	\$500	\$500
Blood Pressure Monitors	n/a	n/a	1 per policy per 5 years
Custom Made Foot Orthotics	1 pair per 5 years (adult) 1 pair per year (children under 16)	1 pair per 5 years (adult) 1 pair per year (children under 16)	1 pair per 5 years (adult) 1 pair per year (children under 16)
Therapeutic Shoes	n/a	\$200	\$200
Ostomy Supplies	\$300	\$300	\$300
Out-of-Province Referral (within Canada)	n/a	\$50,000 lifetime	\$50,000 lifetime
Ambulance	\$1,500	Unlimited	Unlimited
Air Ambulance	Unlimited	Unlimited	Unlimited
Casts & Crutches	Unlimited	Unlimited	Unlimited
Preferred Hospital Rooms	Unlimited	Unlimited	Unlimited
Private Duty Nursing	\$2,500	\$2,500	\$5,000
Accidental Injury to Natural Teeth	\$2,000 per injury	\$2,000 per injury	\$2,000 per injury
Wheelchairs, Motorized Scooters & Adjustable Beds	\$500 per policy per 5 years	\$500 per policy per 5 years	\$500 per policy per 5 years
Artificial Limbs, Eyes & Larynx	\$10,000 lifetime	\$10,000 lifetime	\$10,000 lifetime
Patient Walkers	\$200 per policy per 3 years	\$200 per policy per 3 years	\$200 per policy per 3 years
Breast Prosthesis	1 if lateral/2 if bilateral per 2 years	1 if lateral/2 if bilateral per 2 years	1 if lateral/2 if bilateral per 2 years
Health Supplies & Equipment (wigs, splints, compressors, braces with metal parts, trusses, rib belts, sacroiliac corsets, embolic stockings, aero chambers and more)	\$500 combined	\$500 combined	\$500 combined
Travel Medical Emergency			
30 days (unlimited number of trips)	n/a	\$5 million total coverage	\$5 million total coverage
Prescription Drugs (coverage per person per policy year)			
Coverage (Pay-direct card included with each option)	70% of cost up to \$500 Formulary Drugs Only Vaccines/Immunizations	80% of cost up to \$1,500 Formulary & Non-Formulary Drugs Vaccines/Immunizations	100% of cost up to \$5,000 Formulary & Non-Formulary Drugs Vaccines/Immunizations

This is only a summary of benefits. Please refer to the policy booklet for complete details.

GMS Group Advantage® Dental Plan Benefits at a Glance

Dental Benefits	Silver (3+ employees)	Gold (3+ employees)	Platinum (3+ employees)
Dental Services (coverage per person, per policy year)			
Preventative Services	80%	100%	100%
Basic Services	80%	100%	100%
Major Services	n/a	50%	80%
Orthodontic Services (for dependants under 18 years of age)	n/a	n/a	50%

This is only a summary of benefits. Please refer to the policy booklet for complete details.

Dental plans include employer choice of a \$500, \$1,000, \$1,500, or \$2,000 combined annual coverage maximum for preventative, basic and major services, per person, per year.

Preventative Services

- cleaning, scaling and polishing (6 month recall)
- topical fluoride treatment
- pit and fissure sealants
- occlusal adjustment and equilibration
- interproximal diskling of teeth
- bruxism appliances

Basic Services

- examinations and dental x-rays
- routine extractions and fillings
- basic oral surgery performed by dentist, including anaesthesia
- root canal therapy
- denture repairs, relining and rebasing
- surgical and non-surgical periodontal treatment

Major Services

- full or partial upper and lower dentures
- inlays, onlays, crowns and veneers
- denture adjustments

Orthodontic Services

(for dependants under 18 years of age)

- diagnosis and treatment for the correction of malocclusion or malposed teeth

Your Business Benefits with GMS

One of the largest business investments you'll make is in your employees. By providing health and dental benefits, your company gains a competitive edge, helping attract quality candidates and retain employees.

- ✓ **Attract and Retain Employees**
- ✓ **Increase Productivity, Reduce Sick Time**
- ✓ **Premiums are Tax Deductible for Employers**
- ✓ **Benefits are Tax-Free for Employees**
- ✓ **Enhance Your Corporate Image**

Protect your employees with GMS Group Advantage

Simply complete the application form and forward it to your insurance broker or directly to GMS, along with enrolment forms for each employee and payment for the first month of premium. Obtaining GMS coverage is fast and easy!

GMS Group Advantage® Calculate Your Monthly Premium

To determine the total monthly premium of a **GMS Group Advantage** plan for your business, list the number of your employees who are single and those with spouses and/or children (considered a family).

Select the monthly rate per single or family employee for your province and selected plan options. Multiply the quantities by the rates, then add the subtotals together for your total monthly premium.

GMS Group Advantage premium rates can be found online at www.gms.ca or by referring to the enclosed rate card.

Health

Single _____ x Rate _____ = \$ _____

Family _____ x Rate _____ = \$ _____

Dental

Single _____ x Rate _____ = \$ _____

Family _____ x Rate _____ = \$ _____

Total Monthly Premium* = \$ _____

** Provincial sales tax applicable in the province of Ontario.*

Complete Your Application Today

It's easy to apply, just complete the attached **GMS Group Advantage** Application and send it to your insurance broker or directly to **GMS**.

Please remember to include payment for your first month's premium with your application. You can pay by cheque or you can set up a monthly pre-authorized debit where your premium is automatically debited from a bank account of your choice. To set up your monthly pre-authorized debit, simply complete a **GMS Pre-Authorized Debit Agreement**.

GMS Group Advantage® Frequently Asked Questions

Why choose **GMS Group Advantage**?

GMS Group Advantage plans are designed to offer the best mix of benefits with the simplicity of up-front, off-the-shelf pricing. As an employer (and plan sponsor), you choose the plan design so you'll always know the exact cost of your benefit plan, whether adding employees or changing their coverage. You design your plan to meet the specific needs of your business.

What are the enrolment requirements?

Health plans require a minimum of three employees for Silver and Gold, and six employees for Platinum. Dental plans require a minimum of three employees for Silver, Gold or Platinum. Married couples working for the same employer are considered to be one family enrolment. All employees must participate in the same health and dental plan. Employees must be actively at work, work 20 hours per week, and under 70 years of age. Opting out is not permitted unless the employee offers evidence of their coverage under their spouse's plan.

What are my options?

All **GMS Group Advantage** health plans include health, vision, and prescription drug benefits. Gold and Platinum plans feature increased benefit maximums and include travel emergency medical coverage. If you'd like to add dental coverage to your employee benefit plan, Silver includes routine, preventative care, Gold adds major procedures and Platinum includes orthodontics for children under 18. Mix and match health and dental plans to create the benefit plan right for you.

What are the tax advantages?

Any health and dental premiums you pay on behalf of your employees may be a tax deductible expense. Additional benefits claimed under **Cost Plus** may also be tax deductible. See your tax advisor for how this applies to your specific business.

How do I apply for GMS Group Advantage®?

Simply complete the enclosed application and have each of your employees complete an employee enrolment form. Forward these along with your first monthly premium payment and your team is covered! You'll receive a plan administration kit along with employee benefit booklets and pay-direct cards. Additional forms can be downloaded from the GMS website at www.gms.ca.

How will my employees learn the details of what's covered in the plan?

You and your employees will receive a complete benefit booklet detailing the program definitions, maximum benefit limits and specific eligibilities. As the plan administrator, you also receive an administration manual outlining everything you'll need to assist your employees with their plan.

How long do claims take to be paid?

GMS Group Advantage includes a pay-direct card for prescription drug and dental expenses. Simply present the card at a participating provider and the claim is paid on the spot – no need to submit a claim form. For other claims, our experienced team of assessors will process your claim quickly – often within three business days from the date received. Submitting a claim is easy. Just mail us a claim form along with your receipts. Or, sign up for a My GMS Account on www.gms.ca where you can submit claims online and select a bank account for all of your claim payments to be directly deposited.

Does GMS cover health practitioner services?

GMS Group Advantage Gold and Platinum health plans cover services provided by health practitioners including podiatrists, chiropractors, massage therapists, acupuncturists, clinical psychologists and others.

What is available for retiring employees?

Employees leaving your group plan are eligible for automatic acceptance into a GMS individual health plan and can maintain benefit coverage without interruption.

How do I find out more about GMS Group Advantage?

Contact your local GMS Insurance Broker or call 1.800.667.3699. One of our friendly and knowledgeable Customer Care Representatives will be happy to assist you. You can also visit our website at www.gms.ca.

For More Information

Contact your GMS insurance broker, call 1.800.667.3699 or send an email to info@gms.ca.

Visit our website at www.gms.ca to find plan details as well as the rates and forms you'll need to complete your GMS Group Advantage® purchase.



Also available from GMS



Individual Health Insurance

Supplemental health coverage plans with prescription drug, dental care, hospital cash and travel medical emergency options.



TravelStar® Travel Insurance

- Single-Trip Emergency Medical Insurance
- Multi-Trip Annual Emergency Medical Insurance
- Trip Cancellation & Interruption Insurance
- Baggage Loss, Damage & Delay Insurance
- Coverage for Sports & Computer Equipment



Immigrants & Visitors to Canada

Emergency medical insurance for new arrivals or visitors to Canada – includes helpful assistance to coordinate treatment and care.



StudentPlan

Emergency medical and travel coverage perfect for post-secondary students studying away from home, within Canada or abroad.

Group Medical Services

2055 Albert Street, PO Box 1949
Regina, SK S4P 0E3

toll-free 1.800.667.3699 fax 306.525.6360
email info@gms.ca www.gms.ca



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Underwritten by Group Medical Services. Life, disability, accidental death & dismemberment, and critical illness insurance underwritten by a third party provider.



GMS GROUP ADVANTAGE® – RATE SCHEDULE

Monthly Rates Per Employee/Enrollee

Effective January 1, 2016

Province		BC/YT		AB/NT		SK		MB/NU		ON		NS		PE		NL	
Plan Type		Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Health																	
Silver		\$32.61	\$68.38	\$39.46	\$82.76	\$35.13	\$73.68	\$30.78	\$64.56	\$49.60	\$104.07	\$45.83	\$96.14	\$51.91	\$108.90	\$51.29	\$107.60
Gold		\$54.35	\$114.44	\$60.88	\$128.26	\$54.29	\$114.33	\$47.74	\$100.58	\$68.28	\$143.97	\$64.55	\$135.99	\$72.83	\$153.17	\$72.04	\$151.47
Platinum		\$103.56	\$217.41	\$107.16	\$225.11	\$99.27	\$208.68	\$91.19	\$191.62	\$129.92	\$273.03	\$125.11	\$262.85	\$130.31	\$273.68	\$128.86	\$270.63
Dental																	
Silver	\$500 maximum	\$52.88	\$132.18	\$51.30	\$128.25	\$32.37	\$80.91	\$39.27	\$98.15	\$54.52	\$136.28	\$35.27	\$88.18	\$38.33	\$95.82	\$39.95	\$99.89
	\$1,000 maximum	\$59.01	\$147.55	\$57.26	\$143.18	\$36.13	\$90.29	\$43.82	\$109.55	\$60.85	\$152.12	\$39.37	\$98.44	\$42.78	\$106.95	\$44.61	\$111.51
	\$1,500 maximum	\$61.49	\$153.70	\$59.66	\$149.13	\$37.63	\$94.08	\$45.64	\$114.13	\$63.39	\$158.46	\$41.02	\$102.54	\$45.87	\$114.64	\$47.80	\$119.51
	\$2,000 maximum	\$65.80	\$164.46	\$63.83	\$159.59	\$40.27	\$100.67	\$48.84	\$122.10	\$67.83	\$169.55	\$43.90	\$109.72	\$49.08	\$122.68	\$51.16	\$127.87
Gold	\$500 maximum	\$63.64	\$159.11	\$64.02	\$160.01	\$37.73	\$94.30	\$47.14	\$117.85	\$60.15	\$150.38	\$36.13	\$90.33	\$50.57	\$126.42	\$52.73	\$131.79
	\$1,000 maximum	\$69.94	\$174.84	\$70.34	\$175.81	\$41.44	\$103.62	\$51.79	\$129.63	\$65.95	\$164.85	\$39.71	\$99.27	\$55.57	\$138.91	\$57.93	\$144.83
	\$1,500 maximum	\$73.31	\$183.25	\$73.90	\$184.77	\$43.86	\$109.68	\$54.70	\$136.75	\$69.09	\$172.74	\$41.94	\$104.85	\$58.69	\$146.72	\$61.18	\$152.96
	\$2,000 maximum	\$79.18	\$197.92	\$79.81	\$199.55	\$47.38	\$118.44	\$59.09	\$147.71	\$74.62	\$186.56	\$45.28	\$113.23	\$63.39	\$158.46	\$66.07	\$165.20
Platinum	\$500 maximum	\$79.23	\$213.11	\$70.19	\$188.79	\$46.20	\$124.25	\$59.42	\$159.84	\$69.11	\$185.92	\$47.30	\$127.23	\$59.73	\$149.34	\$62.27	\$155.70
	\$1,000 maximum	\$85.70	\$230.52	\$75.90	\$204.16	\$50.39	\$135.57	\$64.67	\$173.94	\$74.76	\$201.13	\$51.59	\$138.80	\$65.32	\$163.27	\$68.09	\$170.22
	\$1,500 maximum	\$89.75	\$241.39	\$79.47	\$213.76	\$53.13	\$142.90	\$67.58	\$181.81	\$78.31	\$210.63	\$54.29	\$146.04	\$68.80	\$171.99	\$71.72	\$179.29
	\$2,000 maximum	\$98.72	\$265.53	\$87.41	\$235.13	\$58.46	\$157.19	\$74.34	\$199.99	\$86.13	\$231.70	\$59.72	\$160.64	\$75.68	\$189.19	\$78.89	\$197.22

The complete application package and first month's premium must be received at GMS head office five to seven business days prior to the requested effective date of this plan.

A. Applicant Information

Employer/Group Name				<input type="checkbox"/> New Application <input type="checkbox"/> Revision to Present Plan	
Mailing Address		City	Province	Postal Code	
Business Location		City	Province	Postal Code	
Phone ()		Fax ()			
Nature of Employer's Business		Date Established (DD/MM/YYYY)	Legal Status <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		

Group Administrator(s)

Primary	First Name		Last Name		Title
	Phone ()		Fax ()		Email
Secondary	First Name		Last Name		Title
	Phone ()		Fax ()		Email

B. Waiting Period & Number of Employees

Waiting period for new employees hired after effective date of insurance: 3 months Other (please specify) _____

<input type="checkbox"/> Permanent Full-time # _____	<input type="checkbox"/> Permanent Part-time # _____	<input type="checkbox"/> Contract or Seasonal # _____	<input type="checkbox"/> Other # _____
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C. Selection of Coverage

Premium Contributions:

	Employer %	Employee %	Employer %	Employee %
Extended Health Care			Dental Care	

Premium Calculation: (For GMS Group Advantage Health and Dental rates, please refer to the supplied Monthly Rates Pre Employee Schedule.)

Health Coverage			Dental Coverage		
<input type="checkbox"/> Silver	# of Single _____ X Rate _____	\$ _____	<input type="checkbox"/> Silver	# of Single _____ X Rate _____	\$ _____
<input type="checkbox"/> Gold			<input type="checkbox"/> Gold		
<input type="checkbox"/> Platinum	# of Family _____ X Rate _____	\$ _____	<input type="checkbox"/> Platinum	# of Family _____ X Rate _____	\$ _____
			Dental Coverage Maximum <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000		
Total Health			Total Dental		
\$ _____			\$ _____		

Office Use Only: Date Received: DD / MM / YYYY BDC: _____ Agent #1: _____ Agent #2: _____ Split: A1% / A2%

D. Optional Life & Disability Coverage

For Life & Disability rates, please see your GMS insurance broker or Regional Sales Leader for a quotation.
If you choose to add Life & Disability coverage, please attach a copy of the accepted quote to this application.

Premium Contributions:

	Employer %	Employee %		Employer %	Employee %		Employer %	Employee %
Life/AD&D			Weekly Indemnity			Employee Assistance Program		
Dependant Life			Long Term Disability			Critical Illness		

Life & Disability Coverage

Life (monthly Cost per \$1,000)	\$	Long-Term Disability (monthly Cost per \$100)	\$
AD&D (monthly Cost per \$1,000)	\$	Employee Assistance Program (monthly cost per employee)	\$
Dependant Life (monthly Cost per Family)	\$	Critical Illness (monthly cost per \$1,000)	\$
Weekly Indemnity (monthly Cost per \$10)	\$		

E. Payment

Total Monthly Premium

Health \$ _____ + Dental \$ _____ + Life & Disability \$ _____ + PST (Ontario Only) \$ _____ = \$ _____
Total Monthly Premium

Choose one of the following payment options

Pre-authorized Debit (please attach a Pre-Authorized Debit Agreement and the first month's premium) Cheque

Requested Effective Date of this Plan:

1st day of _____, 20_____

The complete application package and first month premium must be received at
GMS Head Office 5 to 7 business days prior to the Requested Effective Date of this Plan.

F. Additional Information

Are any individuals currently receiving disability benefits under a group plan, Workers Compensation Board, or any other source?

Yes No

Is this plan intended to replace any existing coverage?

Yes No If Yes, please complete the following section.

Benefit <i>check all that apply</i>	Name of Current Carrier	Effective Date of Present Coverage
<input type="checkbox"/> Extended Health Care <input type="checkbox"/> Dental Care <input type="checkbox"/> Life <input type="checkbox"/> Weekly Indemnity <input type="checkbox"/> Long-Term Disability <input type="checkbox"/> Critical Illness <input type="checkbox"/> AD&D <input type="checkbox"/> Dependant Life <input type="checkbox"/> Employee Assistance Program		

G. Declaration

The applicant hereby declares that the statements and answers contained herein are full, complete and true as of the date hereof and expressly agrees that: (1) such statements and answers shall constitute the application for the contract and form part of the contract, and (2) the coverage shall become effective in accordance with and subject to the policy to be issued to the applicant but in no case shall it become effective until this application has been approved by Group Medical Services (GMS). GMS will not be liable to the applicant or any of the applicant's employees until the application is approved. The applicant understands that Life, AD&D, Dependant Life, Weekly Indemnity, Long Term Disability, Employee Assistance Program and Critical Illness are provided by The Co-operators Life Insurance Company ("The Co-operators") and that GMS acts only as the administrative agent for The Co-operators in placing and administering such coverage. The Co-operators and not GMS has the authority and responsibility for assessing and approving your application for such coverage and any claims made thereunder. As such, any policy providing such coverage, if approved by The Co-operators, will be a contract with The Co-operators and the information you have supplied in this application will be provided to and relied on by The Co-operators and included as part of that contract. The undersigned declares that he/she has authority to sign on behalf of the applicant and understands that, whether before or after the date of application, any misrepresentation, incorrect or concealed information or failure to fully complete all sections of the application may void coverage.

Do not terminate any existing coverage until notice has been given in writing that the coverage being applied for is approved by GMS.

Dated at _____ this _____ day of _____, _____.

by _____
Applicant Signature

Please print name and title

Please be sure to complete all sections of this form, then return it to your Plan Administrator.

A. General Information (to be completed by Plan Administrator)

New Employee Re-hire Termination Changing Information

If changing information, reason for change:

Company

Employee/Member Occupation	Class	Regular Hrs/Wk	Annual Earnings
Permanent Full-Time Hire Date (DD/MM/YYYY)		Coverage/Change/Termination Effective Date (DD/MM/YYYY)	
Re-hire (If re-hire is within six months, coverage will be effective as of the re-hire date; otherwise the waiting period must be served.)			
Date Previous Employment Ended (DD/MM/YYYY)		Re-hire Date (DD/MM/YYYY)	
Signature of Plan Administrator X			Date (DD/MM/YYYY)

B. Employee/Member Information - Initial Application or Changing Information (to be completed by the employee/member)

First Name	Last Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (DD/MM/YYYY)
Address		City	Province Postal Code
Phone ()	Email		Provincial Health Care Coverage in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. Family Information - Initial Application or Changing Information (to be completed by the employee/member)

	First Name	Last (if different from yours)	Sex	Date of Birth (DD/MM/YYYY)	Provincial Health Care Coverage in Place?	Dependant age 21 or over? ²
Spouse ¹			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Dependant			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependant			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependant			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ If your spouse is common-law, please complete the following:
I have been living with and representing the above as my spouse since
DD/MM/YYYY

My common-law spouse and I are financially responsible for all our dependants claimed for insurance purposes. I further verify that I am not obligated to provide coverage for my legal spouse.

² For each dependant age 21 and over:

- in the case of a student dependant under age 25, please indicate the educational institution where the child is receiving full-time training:
- in the case of a dependant due to a developmental or physical disability, please attach or enclose a doctor's note or copy of an equivalent document as evidence.

D. Other Insurance Coverage (only include personal or group plans that will continue to be in effect at the same time as the GMS health plan)

Do any listed Applicants have additional coverage with another insurer? Yes No If "Yes", please complete the section below.

Insurance Company Name	Name of Insured Person	Policy/Certificate #	Persons Covered under Plan	Coverage (check all that apply) <input type="checkbox"/> Personal Plan <input type="checkbox"/> Group Plan
			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant	<input type="checkbox"/> Health <input type="checkbox"/> Drug <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Travel
			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant	<input type="checkbox"/> Health <input type="checkbox"/> Drug <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Travel

Office Use Only: GMS ID# Group # Coverage Effective Date

E. Refusal of Benefits (complete this section if you wish to refuse enrolment in this group benefit plan)

I have been given the opportunity to apply for coverage but do not wish to participate as I have coverage under my spouse's plan.
I understand that I will not be able to enrol in these plans at a later date without the mutual consent of my employer and Group Medical Services.

Waive Health Waive Dental Waive Both Health and Dental

Employee Signature

Date (DD/MM/YYYY)

X**F. Life Insurance Beneficiary Designation** (complete this section if this group benefit plan includes coverage for Life Insurance)

Beneficiary First Name	Beneficiary Last Name	Relationship	% Share

If the designated beneficiary is a minor, I appoint the following person as Trustee:

**Your beneficiary designation will not be revoked or changed automatically by any future marriage or divorce.
If you wish to change your beneficiary, you will have to make a new designation below.**

Life Beneficiary Change (the effective date of the Beneficiary change will be the date this form is signed)

Change of Name Only Relationship to Plan Member Name of Beneficiary (last, first, middle initial)
 Change of Beneficiary

Signature of Previous Irrevocable Beneficiary

X

I appoint the following person as Trustee to receive any amount due to any beneficiary under the age of 18:

Coverage for Life, AD&D, Dependant Life, Weekly Indemnity, Employee Assistance Program, Critical Illness and Long Term Disability is provided by The Co-operators Life Insurance Company

G. Declaration

I/We ("I") declare the statements made herein are true and complete and shall form part of my application for coverage. I hereby authorize any physician, health care provider, other person, hospital or institution to release to Group Medical Services and/or their designated travel assistance representative(s) (collectively "GMS") any information covering my medical history, symptoms, treatment, examination, diagnosis and/or services rendered to myself or any of my dependants herein listed.

GMS may, for the purposes of administering any benefits, products or services to be provided pursuant to this policy, for the purposes set out in GMS privacy statement and for the purposes of determining eligibility for benefits: (a) collect, store and use any personal information about you, which you have provided to GMS, or any personal information which GMS has obtained pursuant to clause (b); and/or (b) obtain personal information about you from, or disclose such personal information to: any Government Plan; the operator of any hospital, clinic, or other health facility; a physician or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required for the purposes described in (a) above.

I understand that, whether before or after my application, any misrepresentation, incorrect or concealed information or failure to fully complete all sections of the application may void my coverage. I declare that, if I am signing on behalf of any person(s), I have the authority to sign on behalf of such person(s) and confirm that each of the above declarations and authorizations are also provided on behalf of such person(s).

If my GMS Group Advantage® plan includes coverage for Life, AD&D, Dependant Life, Weekly Indemnity, Long Term Disability, Employee Assistance Program and Critical Illness, I understand that these benefits are provided by The Co-operators Life Insurance Company ("The Co-operators") and that GMS acts only as the administrative agent for The Co-operators in placing and administering such coverage. The Co-operators and not GMS has the authority and responsibility for assessing and approving your application for such coverage and any claims made thereunder. As such, any policy providing such coverage, if approved by The Co-operators, will be a contract with The Co-operators and the information you have supplied in this application will be provided to and relied on by The Co-operators and included as part of that contract.

I warrant that neither I nor any person herein listed have any additional coverage through any insurer other than the information listed herein. Should I or any person herein listed subsequently obtain additional coverage through any insurer, while covered under this contract, I will immediately advise GMS in writing. I hereby authorize GMS to co-ordinate any eligible expenses with any additional insurer that I or any person herein listed may have coverage under.

Employee/Member Signature

Date (DD/MM/YYYY)

X

To avoid delays in processing, ensure all sections of this form are completed in full. When completed, return to your Plan Administrator.

