



500- 2755 Lougheed Highway
Port Coquitlam, BC V3B 5Y9

Benepac®

Employer Application for Group Insurance

Name of Employer

Employer Information

Address		Postal Code	Phone	Fax
Web Site Address	Administrative Contact / E-mail Address		Executive Contact / E-mail Address	
Nature of Business	Length of Time in Business	Subsidiaries or Affiliates to be Included		
Name of Sponsoring Association (if applicable)			Plan Effective Date Requested	

Previous Insurance Coverage (if applicable)

Name(s) of Previous Insurer(s)	Policy Number(s)	Termination Date(s)	Check Benefits in Force with Previous Insurer(s)	
			<input type="checkbox"/> Life	<input type="checkbox"/> AD&D
			<input type="checkbox"/> Dep Life	<input type="checkbox"/> STD
			<input type="checkbox"/> LTD	<input type="checkbox"/> EHC
			<input type="checkbox"/> Dental	<input type="checkbox"/> Other _____

Employee Eligibility / Waiting Period / Participation

Eligibility

- All employees who work for the employer for the minimum number of hours indicated, are eligible for coverage (Minimum hours: 20/week) _____ Hours per Week
- Number of employees eligible for this plan **1** _____ Employees

Waiting Period

- The Waiting Period is the number of continuous months of employment with the employer indicated (Approval required for less than 3 mos) _____ Months
- Does the waiting period apply to those employees employed at the Plan Effective Date? (check one ✓) Yes No

Participation

- Is this plan Contributory or Non-Contributory? (check one ✓) Contributory Non-Contributory
Note: • Contributory plans are those where the employees are required to pay a portion of the total premium.
• Non-contributory plans are those where the employer pays 100% of the premium.
- Participation percentage required under this plan _____ %
Note: • 100% of eligible employees must participate for groups with less than 10 employees.
- Number of employees participating in this plan **2** _____ Employees
- Participation percentage for this plan **2** ÷ **1** _____ %

Premium Contributions (check benefits insured and indicate percentages paid by Employee and Employer)

Benefit (check if insured ✓)	Paid by Employee	Paid by Employer	Benefit (check if insured ✓)	Paid by Employee	Paid by Employer
<input type="checkbox"/> Life Insurance	_____ %	_____ %	<input type="checkbox"/> Long Term Disability	_____ %	_____ %
<input type="checkbox"/> AD/D&D	_____ %	_____ %	<input type="checkbox"/> Extended Health Care	_____ %	_____ %
<input type="checkbox"/> Dependent Life Insurance	_____ %	_____ %	<input type="checkbox"/> Dental Care	_____ %	_____ %
<input type="checkbox"/> Short Term Disability	_____ %	_____ %	<input type="checkbox"/> Critical Illness	_____ %	_____ %

Note: The Employer must pay at least **50% OF THE TOTAL PREMIUM** for this plan — not necessarily 50% of the premium for each benefit. In order for Short Term Disability or Long Term Disability benefits to be received by the Employees on a Non-Taxable basis, all Employees must pay 100% of the premium for these benefits.



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Pre-authorized Payment Plan

Want to pay your bills on time and
save even more time and money?

Pay your bills the hassle-free way

With our Pre-authorized Payment Plan, your payment is made automatically on the payment due date and you don't even have to sign the cheque.

*** Save Money**

Forget about buying stamps, incurring late payment charges, and reduce your bank charges for bill payment.

*** Save Time**

Forget about writing cheques or making trips to the bank or post office to pay your bills.

*** Save Worry**

Forget about cheques that get delayed in the mail or about missing your payment due date.

How do I join?

- Complete and sign the authorization form below.
- Attach your company cheque marked "void".
- Mail or deliver the authorization form and void cheque to our office, along with this month's payment.

Pre-authorized Payment Authorization (RETURN TO BENEFITS BY DESIGN INC.)

Company Name _____

Address _____ Phone _____

Bank Name _____

Branch Address _____ Account Number _____

Benefits by Design Inc. is hereby authorized to process a debit, in paper, electronic or other form as follows:

- ▶ Variable amount: "\$X.xx" with "variable payment amount \$X.xx" being stated on a statement mailed to the company prior to the debit date.
- ▶ To be drawn on the above account on the **1st day of each month** commencing _____

I (we) acknowledge that I (we) have read, understand, and agree to all the provisions contained in the terms and conditions of the Pre-authorized Payment Plan and that I (we) have received a copy of such terms and conditions.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____



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Pre-authorized Payment Plan Terms and Conditions

TO BE RETAINED BY PAYOR

"I (We) acknowledge that this Authorization is provided for the benefit of the Payee and The Royal Bank and is provided in consideration of The Royal Bank agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association."

"I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement."

"I (We) hereby authorize Benefits by Design Inc. to draw on the Payor's account number according to the Pre-authorized Payment Authorization."

"This Authorization may be cancelled at any time upon notice by the Payor. I (We) acknowledge that, in order to revoke this Authorization, I (We) must provide notice or revocation to Benefits by Design Inc."

"I (We) acknowledge that provision and delivery of this Authorization to Benefits by Design Inc. constitutes delivery by the Payor to The Royal Bank. Any delivery of this Authorization to you constitutes delivery by the Payor."

"I (We) undertake to inform Benefits by Design Inc., in writing, of any change in the account information provided in this Authorization 10 working days prior to the next due date of the Pre-Authorized Debit (PAD)."

"I (We) acknowledge that The Royal Bank is not required to verify that a PAD has been issued in accordance with the particulars of the Payor's Authorization including, but not limited to, the amount."

"I (We) acknowledge that The Royal Bank is not required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Benefits by Design Inc. as a condition to honouring a PAD issued or caused to be issued by Benefits by Design Inc. on the Payor's account."

"Revocation of this Authorization does not terminate any contract for goods or services that exists between the Payor and Benefits by Design Inc. The Payor's Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged."

"A PAD may be disputed by a payor under the following conditions:

- 1) the PAD was not drawn in accordance with the Payor's Authorization; or
- 2) the Authorization was revoked; or
- 3) pre-notification was not received."

"The Payor, in order to be reimbursed, acknowledges that a declaration to the effect that either (1), (2) or (3) took place, must be completed and presented to the branch of the Processing Institution holding the Payor's account up to and including 90 calendar days in the case of a personal household PAD (or up to and including 10 business days in the case of a business PAD), after the date on which the PAD in dispute was posted to the Payor's account."

"The Payor acknowledges that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and the Payor when disputing a PAD after 90 calendar days in the case of a personal/household PAD (or 10 business days in the case of a business PAD)."