Chambers of Commerce
Group Insurance Plan®

GROUP INSURANCE BENEFIT CHANGE FORM

If you are not a member of a participating Chamber of Commerce or Board of Trade, your application cannot be processed until we receive confirmation that you have joined one.

COMPANY INFORMATION

Has any of the following information changed? Yes ❑ No ❑

Firm # ______

Company Name ______

Phone ______

Full Mailing Address ______

Fax ______

______

Postal Code ______

Contact Name ______

Language Preference ❑ English ❑ French

Member of ______ Chamber or Board

Date Joined Chamber ______

COVERAGE REQUESTED

Effective ______ please amend our current benefits as follows:

Please change benefits from 1-4 to 5 or more enrolled employee Yes ❑ No ❑

Please "cap" our benefits at the following benefit level Life/AD&D ______ W.I. ______ L.T.D. ______

Rates are to be Blended ❑ Not Blended ❑

Add or change our current coverage to the following:

	Firms with 1-4 Enrolled Employees		Firms with 5 or more Enrolled Employees	
Basic Life Insurance / Accidental Death & Dismemberment	❑ 1X	1 times annual salary	❑ 1X	1 times annual salary
	❑ 2X	2 times annual salary	❑ 2X	2 times annual salary
	❑ LVA	$25,000 benefit	❑ 3X	3 times annual salary
			❑ LVA	$25,000 benefit
			❑ LEV	$35,000 benefit for managers/ $20,000 for employees
Dependents Group Life	❑ D1	Spouse $5,000 plus $2,500 / child	❑ D1	Spouse $5,000 plus $2,500 / child
	❑ D2	Spouse $10,000 plus $5,000 / child	❑ D2	Spouse $10,000 plus $5,000 / child
	❑ D3	Spouse $15,000 plus $7,500 / child	❑ D3	Spouse $15,000 plus $7,500 / child
Weekly Indemnity	❑ W1	Benefits for up to 15 weeks	❑ W1	Benefits for up to 15 weeks
*LTD is not available with W6	❑ W2	Benefits for up to 13 weeks	❑ W4	Benefits for up to 17 weeks
	❑ W3	Benefits for up to 9 weeks	❑ W6*	Benefits for up to 26 weeks
❑ Owners Only	❑ W4	Benefits for up to 17 weeks		
	❑ W6*	Benefits for up to 26 weeks		
Long Term Disability	*With 24-month "own occupation" definition of disability*			
Benefits are	❑ L1	Benefits for up to 2 years	❑ L1	Benefits for up to 2 years
❑ Taxable	❑ L2	Benefits for up to 5 years	❑ L2	Benefits for up to 5 years
❑ Non Taxable	❑ L3	Benefits up to age 65	❑ L3	Benefits up to age 65
	With "any occupation" definition of disability			
	❑ L4	Benefits for up to 5 years	❑ L4	Benefits for up to 5 years
	❑ L5	Benefits up to age 65	❑ L5	Benefits up to age 65
Posaction	❑ A1	Employee Assistance Benefits	❑ A1	Employee Assistance Benefits
Business Overhead	$ ______	of monthly benefit (units of $100 up to $2,000)		

COVERAGE REQUESTED (CONT'D)

Add or change our current coverage to the following:

	Firms with 1-4 Enrolled Employees	Firms with 5 or more Enrolled Employees
Critical Illness	❑ CI1 $25,000 / employee	❑ CI1 $25,000 / employee
Health Care	*Basic Extended Health Benefits / Medical Emergency Assistance / Travel Health Benefits / Health Access Line*	
	❑ E00 $0 deductible, all benefits paid at 100%	❑ E00 $0 deductible, all benefits paid at 100%
	Add prescription drug and diabetic supply coverage	
Paper Claim Options:	❑ E1 $25/$50, 80% RX, 100% all other benefits	❑ E1 $25/$50, 80% RX, 100% all other benefits
	❑ E10 $0, 80% RX, 100% all other benefits	❑ E10 $0, 80% RX, 100% all other benefits
	❑ E35 $250/$500, 100% hospital, 80% all other benefits	❑ E35 $250/$500, 100% hospital, 80% all other benefits
	❑ E37 $500/$1000, 100% hospital, 80% all other benefits	❑ E37 $500/$1000, 100% hospital, 80% all other benefits
Drug Card Options:	❑ E11 $0, 80% RX, 100% all other benefits	❑ E11 $0, 80% RX, 100% all other benefits
	❑ E13 $0, 70% RX, 100% all other benefits	❑ E13 $0, 70% RX, 100% all other benefits
	❑ E21 $50/$100 on RX, 80% all benefits	❑ E21 $50/$100 on RX, 80% all benefits
	Assure National Formulary drug coverage (non-formulary prescriptions paid at 50%)	
	❑ E17 $0, 80% / 50% RX, 100% all other benefits	❑ E17 $0, 80% / 50% RX, 100% all other benefits
	❑ E19 $0, 70% / 50% RX, 100% all other benefits	❑ E19 $0, 70% / 50% RX, 100% all other benefits
	"Other benefits" may have limitations	
	❑ E40 $0, 80% / 50% RX, 100% Out-of-Country, 80% all other benefits	❑ E40 $0, 80% / 50% RX, 100% Out-of-Country, 80% all other benefits
Vision Care	❑ $100 every 24 months (Atlantic provinces only)	❑ $200 every 24 months
Dental Care	*Basic Services include Endodontic and Periodontal Procedures*	
	❑ D1 $25 / $50, 100% Basic (require 3 or 4 insureds)	❑ D1 $25 / $50, 100% Basic
	❑ D8 $25 / $50, 80% Basic	❑ D2 $0, 100% Basic
		❑ D5 $0, 80% Basic
		❑ D8 $25 / $50, 80% Basic
	Add 50% coverage of Major Services	
		❑ D3 $0, 100% Basic/ 50% Major
		❑ D6 $0, 80% Basic/ 50% Major
	Add 50% coverage of Orthodontic Services (firms with 10+ participating employees only)	
		❑ D4 $0, 100% Basic/ 50% Major/ 50% Ortho.
		❑ D7 $0, 80% Basic/ 50% Major/ 50% Ortho.
	Basic Services EXCLUDE Endodontic and Periodontal Procedures	
	❑ D9 $25 / $50, 100% Basic (require 3 or 4 insureds)	❑ D9 $25 / $50, 100% Basic
	❑ D13 $25 / $50, 80% Basic	❑ D10 $0, 100% Basic
	❑ D14 $0, 80% Basic	❑ D11 $0, 100% Basic/ 50% Major
		❑ D12 $0, 100% Basic/ 50% Major/ 50% Ortho.
		❑ D13 $25 / $50, 80% Basic
		❑ D14 $0, 80% Basic
		❑ D15 $0, 80% Basic/ 50% Major
		❑ D16 $0, 80% Basic/ 50% Major/ 50% Ortho.

Delete the following benefits entirely:

❑ Dependent Life ❑ Weekly Indemnity ❑ Long Term Disability ❑ Posaction ❑ Business Overhead ❑ Critical Illness ❑ Health Care ❑ Dental Care

All statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

Signed at ______________________ this __________ day of ______________ 20 ____

Official ______________________ ______________________
(Signature) (Please print your Name and Title)

Witness ______________________ Agent ______________________
(Signature) (Number and Name)

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Insuring Companies:
Desjardins Financial Security, RBC Insurance and Federated Life are the primary insurers for the Plan.