



Protection for the Canadian Horse Industry

## GROUP BENEFITS PLAN FOR INDIVIDUAL MEMBERS OF EQUUSURE

**INTRODUCTION:** Equusure is pleased to announce the introduction of the Group Benefits Program for Association members. The program is available for individual members. The plan is arranged and marketed by Unigroup Inc and administered by Canadian Benefit Administrators, both of whom are experienced in the Association group market.

**GROUP BENEFITS PROVIDED:** Benefits provided through the Equusure program include the following coverage and insurers:

**Benefits:** Basic Employee Life (Western Life) Accidental Death & Dismemberment (Western Life)  
Critical Illness (Western Life)

**Monthly Costs:** Age banded as indicated on the following Application

**ELIGIBILITY:** If you elect to participate, you must work at least 24 hours per week, and must work at least nine months per year (not necessarily nine consecutive months).

**GROUP BENEFIT PLAN SUMMARY:** The following summary outlines the benefits provided by this plan. Additional benefits provisions are outlined in complete detail in the benefit booklet that you receive upon enrollment in the plan.

BENEFIT	COVERAGE SUMMARY
Basic Employee Life Insurance	<ul style="list-style-type: none"> <li>Flat \$50,000</li> <li>Waiver of Premium included if you are considered totally disabled following the 182 day qualifying period</li> <li>Benefit reduces by 50% at age 65 and terminates at age 70 or retirement, whichever is earlier</li> </ul>
Accidental Death & Dismemberment Insurance	<ul style="list-style-type: none"> <li>Same as life</li> <li>Waiver of Premium included if you are considered totally disabled following the 182 day qualifying period</li> <li>Benefit reduces by 50% at age 65 and terminates at age 70 or retirement, whichever is earlier</li> </ul>
Critical Illness Insurance	<ul style="list-style-type: none"> <li>Included 21 diseases such as Cancer, Stroke, Heart Attack, MS, Major Organ Transplant.</li> <li>Terminates at age 70</li> <li>\$50,000 benefit and enrolment is automatic with no medical requirements</li> </ul>

**MONTHLY COST:**

THESE COSTS ARE GUARANTEED UNTIL OCTOBER 1, 2012 AT WHICH TIME THE PLAN WILL RENEW.

**PLAN ENROLMENT:** To enrol in this plan, you are required to complete the attached enrolment form. We will also require a Void cheque for the account from which you want deductions to be withdrawn. Your monthly premium will be deducted on the 5<sup>th</sup> of each month.

[www.unigroup.ca/equusure](http://www.unigroup.ca/equusure)

**Questions:** Call toll free at 1-877-900-0250  
Or fax to 403-269-3939

*This package is provided solely for the purpose of outlining the Alberta Standardbred Horse Association Group Insurance Plan. All rights with respect to your benefits as a member of this plan will be governed by the Group Insurance Policy issued to the Alberta Standardbred Horse Associations.*

# equusure

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## GROUP BENEFITS PLAN FOR INDIVIDUAL MEMBERS OF EQUUSURE

### APPLICATION FOR GROUP COVERAGE

Please complete and return to Unigroup Inc.

#### 1. Member Information (PLEASE PRINT)

First Name(s)		Last Name	
Company Name			
Your Address (Including Apartment/Unit Number)			
City/Town	Province/Territory	Postal Code	Phone No.: ( ) -
Date of Birth (MM/DD/YY) ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Annual Earnings \$ _____	

#### 2. Current Age & Premium:

Age Band	<input type="checkbox"/> Under 40	<input type="checkbox"/> Age 40 – 49	<input type="checkbox"/> Age 50 – 59	<input type="checkbox"/> Age 60 – 69
Monthly Premium	\$21.00	\$45.00	\$101.50	\$310.00

#### 3. Plan Information

Plan Benefits:	Basic Life Insurance \$50,000	Accidental Death & Dismemberment Insurance \$50,000	Critical Illness Insurance \$50,000
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#### 4. Beneficiary Designation: To be completed to designate a beneficiary for your Life & Accidental Death benefits. The original copy of this form will be required for a Death claim. PLEASE PRINT CLEARLY IN INK AND INITIAL ANY SCRATCH OUTS OR WHITE-OUTS.

Beneficiary's Name(s)	DOB (YYYY/MM/DD)	% Allocated	Relationship to Member
_____ (last name) (first name) (initial)	_____	_____	_____
Trustee Name (Required if beneficiary is a minor under age 18)	_____	_____	_____ (Relationship)
I hereby make the above beneficiary designation	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable	

#### 5. Monthly Premiums Payment — I would like to pay my monthly premiums via:

Automatic Bank Withdrawal (Please include a blank personal cheque marked "VOID")

#### 6. Consent and Signature

I hereby apply for coverage under the Equisure Plan. I further authorize the deduction and remittance of premiums from my bank account by Canadian Benefit Administrators Ltd., as I have indicated above, for my contribution toward the cost of these benefits. I further consent to disclosure, collection, and use of any information required to administer the plan.

**X** \_\_\_\_\_  
Signature of Applicant Date

**X** \_\_\_\_\_  
Signature of Spouse (If couple or family coverage selected) Date

Arranged by:



850 – 10655 Southport Road  
SW  
Calgary AB T2W 4Y1



**Canadian Benefit Administrators Ltd.**

**For TPA Administration purposes only.**

**Client #:** \_\_\_\_\_

**Location #:** \_\_\_\_\_

**Request for Pre-authorized Withdrawal for** \_\_\_\_\_  
(Company Name here)

**Authorization Agreement**

I hereby authorize **Canadian Benefit Administrators Ltd.** to make automatic withdrawals for my insurance premiums, from my account at the financial institution named below.

I understand that premiums will be withdrawn on the first Thursday of each month.

Further, I understand that **Canadian Benefit Administrators Ltd.** will terminate my pre-authorized payment plan if any withdrawal is reversed by my financial institution.

This will authorize **Canadian Benefit Administrators Ltd.** to charge a fee for any pre-authorized payments not honoured by my financial institution.

This agreement will remain in effect until **Canadian Benefit Administrators Ltd.** receives a written notice of cancellation from me, or until I submit a pre-authorized withdrawal form.

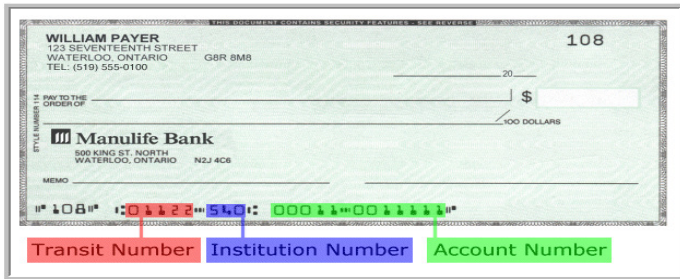
**Account Information**

*Transit number:*

*Institution number:*

*Account number:*

*Where can I find my banking information?*



***Please attach a copy of a void cheque.***

**Signature**

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_