



APPLICATION FOR GROUP BENEFITS

APPLICANT INFORMATION

Effective Date:		Note: The first renewal date for this plan is 12 months from the Effective Date indicated.	
Full Legal Name of Applicant:		Nature of Business:	
Principal Address:		Length of Time in Business:	
City:	Province:	Postal Code:	
Phone Number:	Fax Number:	Web Site Address	

CORRESPONDENCE & SIGNING AUTHORITY

Key Contact Name:		Title:	
Phone Number:	Fax Number:	Web Site Address:	
Plan Administrator's Name:		Title:	
Phone Number:	Fax Number:	Web Site Address:	

Subsidiary, Associated or Related Companies to be Insured

Company Name:	Contact Name:
Address:	
Company Name:	Contact Name:
Address:	
Company Name:	Contact Name:
Address:	
Company Name:	Contact Name:
Address:	

Billing Division Structure / Information

Division	Class	Division Name / Class Description	Division – Nature of Industry

PARTICIPATION

Number of Participating Employees:	Number of Eligible Employees:	Participation Percentage:
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ELIGIBLE CLASSES

Class 1 Name:	Class 2 Name:	Class 3 Name:
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EMPLOYEE ELIGIBILITY

	Class 1	Class 2	Class 3
Minimum No. of Hours for Full Time Employees:			
Waiting Period:			
Waive Waiting Period for Employees Hired Prior to the Waiting Period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Client's Initials	
Agent's Initials	



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EMPLOYER / EMPLOYEE PREMIUM CONTRIBUTION SPLIT						
Options	Class 1		Class 2		Class 3	
Overall Premium Sharing:	Employer Portion: _____%	Employee Portion: _____%	Employer Portion: _____%	Employee Portion: _____%	Employer Portion: _____%	Employee Portion: _____%
Short Term Disability (STD) Benefit:	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable
Long Term Disability (LTD) Benefit:	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable	<input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable
Other Premium Sharing: Please provide details.						

In order for STD and LTD benefits to be received by the employee on a non-taxable basis, all employees in the class must pay 100% of the premium for these benefits. For non-taxable plans, the Employee's portion of the premium sharing will be applied firstly to 100% of the STD and LTD benefits (as applicable).

Are all employees actively at work on the effective date of the plan, or on the date of this application if earlier? Yes No

If No, please provide a list below of those employees who are not actively at work.

Employee	Occupation	Date of Last Day Worked	Nature of Absence	Expected Date of Return to Work

Will any of the benefits under this application replace similar benefits under another plan? Yes No

If Yes, please provide the following information for each insurer/benefit provider.

Name(s) of Insurer(s)	Policy No(s)	Termination Date(s)	Check Benefits 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
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Pre-Authorized Debit Agreement Authorization (Please attach a sample of your cheque from your Financial Institution marked "VOID")			
Branch Transit Number	Institution	Account Number	
Name of Financial Institution		Branch	
Branch Address		City, Province	Postal Code
The Applicant issues this authorization for a Pre-Authorized Debit to be taken monthly in variable amounts. The Applicant confirms whether this authorization is limited by a set maximum amount or no maximum amount.			
<input type="checkbox"/> No Maximum Monthly Amount <input type="checkbox"/> Maximum Monthly Amount of: \$ _____, _____. ____			
The Applicant may extend this authorization to include adjustments that would be processed subsequent to the monthly amount. In the event that Unistar Special Risks Inc. submits pre-authorized debits for adjustment amounts, the Applicant would be notified in writing of any such adjustments, including the reason for any such adjustment, within 48 hours.			
<input type="checkbox"/> Adjustments Allowed <input type="checkbox"/> No Adjustments Allowed			
I (We) understand and agree to the Pre-Authorized Debit Agreement Terms and Conditions (the "PAD Terms & Conditions") provided with this Application. I (We) agree to comply with the Rules of the Canadian Payment Association (the CPA), or any other rules or regulations which may affect the services described in the PAD Terms and Conditions, as may be introduced in the future, or are currently in effect and I (we) agree to execute any further documentation which may be prescribed from time to time by the CPA in respect of these services. I (We) agree that all future premiums will be paid according to the PAD Terms and Conditions by signing below. I (We) agree to the terms and conditions of this Pre-Authorized Debit Agreement.			
Full Legal Name of Applicant:			
Name(s) and Title(s) of person(s) authorized to sign for the Applicant		Authorized Signature(s)	Date Signed

Client's Initials	
Agent's Initials	



APPLICATION FOR GROUP BENEFITS

Application for Group Benefits – Legal Authorization

The person(s) signing this application on behalf of the Applicant agree(s) that the statements recorded in this application are true and complete, to the best of their knowledge and belief, and along with the Master Application Benefit Schedule shall form the basis of the Group Benefits Contract. As required by the insurers, in order to bind the coverage as applied for, a deposit cheque in the amount indicated herein has been submitted with this application payable to Unistar Special Risks Inc., the Plan Administrator, to be applied against the billed amount of the first monthly premium.		Deposit Amount Payable to Unistar Special Risks Inc. \$ _____
Name(s) and Title(s) of person(s) authorized to sign for the Applicant	Authorized Signature(s)	Date Signed
Name of Witness	Signature of Witness	Date Signed

IMPORTANT – PLEASE READ AND INITIAL

As a licensed agent, I represent my client and in respect of this Application for Group Benefits, I am working for you. Like all agents, I have access to, and have placed accounts with, a number of insurers. I recommend insurers based on their response to my request for quotations and their record of service with you and with other clients. Like all agents, my compensation is arranged between the insurance company and me and is an element of your rate calculation. Arrangements can vary depending upon the service you require. All agents are from time to time eligible for additional compensation, such as bonuses or profit-sharing, or non-monetary benefits, such as conferences or merchandise based on qualification requirements set by insurers. I have a duty to disclose any conflict of interest that might be created by any such additional compensation. I confirm that there is no conflict of interest and my recommendation is based on my analysis of needs.	Client Initial	
	Agent Initial	

AGENT OF RECORD DECLARATION

The undersigned Agent of Record declares that this Application For Group Benefits, plus the Employee Benefits Proposal, shall form the MASTER APPLICATION for Group Benefits for the Client named herein, and accurately represents the plan details and unit rates presented to and purchased by the Client.	
Agent of Record Name:	Agent of Record Corporate Name:
Address:	
Agent of Record Signature:	Date Signed:

Client's Initials	
Agent's Initials	