

THE EDGE MULTI-LIFE HEALTH & DENTAL PLAN

The Edge Benefits may be able to offer Health & Dental Coverage for a company on a Guaranteed Issue basis in certain Multi-Life situations.

ELIGIBILITY

The following minimum criteria must be met:

- Must be an Employer/Employee relationship with 3+ Employee lives
- Coverage must be mandatory for everyone, i.e. Employer and Employees from inception of plan (spousal waivers only)
- Employer is paying a minimum of 50% of the premiums on behalf of all Employees
- Employer is submitting all premiums under one billing
- The EDGE Multi-Life is an individual health and dental plan and does not provide qualifying RAMQ equivalent drug coverage. Quebec residents will still need qualifying RAMQ base drug coverage if the RAMQ Top Up is selected.

THE PROCESS

If you have a potential company that you would like assessed for Guaranteed Issue, please complete the following forms: Request for Multi Life Health & Dental, plus the Multi Life Employee Census Data Form and submit them to hdcustomerservice@edgebenefits.com. Please indicate if they will be applying for Health and Dental as well as other coverages (such as Disability, Critical Illness, etc.) or Health and Dental standalone. *Please ensure when requesting a quote that you provide all the information outlined on the reverse.*

APPROVED FOR GUARANTEED ISSUE COVERAGE

Once your Multi-Life request has been approved for Guaranteed Issue coverage, we will assign the case an identification number, and provide you with a master application along with enrollment forms for all employees to be completed. If the drug upgrade option is chosen, a minimum of 3 lives must be enrolled to waive underwriting of medications.

Once the Master Application and a deposit for the 1st month's premium is received, along with all enrollment forms for all current employees to be covered, coverage will become effective on the later of the 1st of the month following, or the date indicated by the Plan Sponsor on the master application.

Each employee will receive a policy booklet with ID card, directly from The Edge Benefits Inc. We will forward a policy booklet to the Plan Sponsor as well for their records.

**Spouses and/or dependent children do not count as employee lives.*

The EDGE reserves the right to terminate coverage should participation levels fall below the minimum number of lives required.

SECTION 1 – ADVISOR/CONSULTANT INFORMATION

ADVISOR NAME _____ COMPANY NAME _____

EMAIL ADDRESS _____

TELEPHONE _____ ADVISOR CODE _____

EDGE SALES CONSULTANT _____ MGA _____

SECTION 2 - CLIENT INFORMATION

FULL LEGAL NAME OF GROUP _____

ADDRESS _____

TELEPHONE _____ EXT _____ FAX _____

EMAIL ADDRESS _____

WEB ADDRESS _____

1. What is the nature of the business? _____
2. How many years has the company been in business? _____
3. What portion of the premium is paid for by the employer? _____ (minimum 50% required to be eligible for the EDGE Multi-Life Plan)
4. Has this client had coverage through Green Shield Canada in the past? YES NO

SECTION 3 - CURRENT BENEFITS Complete only if group benefits currently exist.

Who is the current carrier for Health and Dental benefits? _____

When did coverage with the current carrier begin? _____

Have they been with any other carriers in the past 5 years? YES NO

If "Yes" please provide name of carrier and length of time insured by each in the past 5 years:

Name of Carrier	Insured From	Insured To

SECTION 4 - PLAN DESIGN REQUESTED

- Health & Dental
- Health Upgrade
- Dental Upgrade
- Drug Upgrade

RAMQ TOP-UP
(Quebec residents only. You may only qualify for RAMQ Top Up if you currently have RAMQ. Quebec residents will still need qualifying RAMQ base drug coverage from another source.)

EDGE Head Office Use

Target effective date: _____

Is a monthly billing statement required? YES NO

Note:

1. Provide complete employee data, including date of birth, gender and single/family status.
2. If the group has existing coverage through another carrier, and there are 10+ lives, we require claims experience and/or current rates.

Name of Company: _____

Company Postal Code: _____

Please submit this form attached to the Multi-Life Request form. Employee names are not required.

	Employee # (Indicate "Owner" for Business Owner)	Occupation	Date of Birth (YYYY/MM/DD)	Age	Gender (M/F)	Status (Single/Couple/Family)	Income*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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25							

Advisor Name: _____ Advisor EDGE Code: _____ Advisor Postal Code: _____

Advisor Telephone: _____ Advisor Email: _____

*Income only required if applying for Loss of Income Coverage. If the group has existing coverage through another carrier, we require claims experience and/or current rates.