

Selectpac

*Benefits Proposal for groups
with 3 to 35 plan members*



P r o p o s a l

Great-West Life

your Benefits Solutions People



SELECTPAC PROPOSAL

Advisor Name _____
Advisor Company _____ Advisor Email _____
Advisor Phone Number _____ Advisor Fax Number _____
Advisor Address _____
Client Name _____ Client Postal Code _____

Section A

1. What is the exact nature of your business? _____
2. How many years has your company been in business? _____
3. Are there any subsidiaries or affiliates to be covered? Yes No
If "Yes", provide name(s): _____
4. Are all eligible employees participating in this plan? Yes No
If "No", please explain: _____
5. At the present time, are any employees absent from work due to disability, maternity leave or other leaves of absence?
 Yes No If "Yes", please explain: _____
6. Have there been any employees on disability in the last five years? Yes No
If "Yes", please explain: _____
7. Do all employees work at least 24 hours per week? Yes No
8. Are your employees covered by Workers' Compensation? Yes No
9. Are any of your employees seasonal? Yes No (A seasonal employee must work at least nine full months over a 12 month period. If "Yes", indicate on the Employee Data sheet.)
10. What percentage of your employees are related? _____% (If applicable, indicate on the Employee Data sheet.)
11. Are there any independent contractors seeking coverage? Yes No (If "Yes", indicate on the Employee Data sheet.)
12. Are any employees regularly working or travelling outside Canada? Yes No
13. Are you, the employer, willing to contribute at least 25% toward the cost of this plan? Yes No
14. Have you been insured by Great-West in the past? Yes No
15. Will this plan include coverage for partners or sole proprietors? Yes No
16. Are you interested in hearing about Great-West's Internet plan administration capabilities (GroupNet)? Yes No

Section B

What is the most important aspect of a group benefit plan to you?

- Price Service Financial stability of insurance company

What areas of protection are most significant to you and your employees?

- Death Disability Healthcare Dentalcare Confidential counselling

Section C (complete only if group benefits currently exist)

Who is your current insurance carrier?* _____

When did your coverage begin with your current insurance carrier? _____

Have you been with any other insurance carriers in the last five years? _____

What is the primary reason for requesting a proposal? _____

**If available, please include benefit plan booklet, rate history and claims experience.*

PLAN DESIGN (Refer to the back cover)

Proposal Design 1: _____

Term Life Insurance

Flat Amount: _____ 1 - 5 x salary _____

AD & D Yes No

Optional life Yes No

Dependant term life (child 1/2 amount)

\$ 5,000 \$10,000 \$15,000

\$20,000 \$25,000

Child coverage from: Birth 15th day

Short-term disability

Non-taxable (55% or 60 - 66.67%): _____ %

Taxable (66.67 - 75%): _____ %

Benefit period: 15 weeks 17 weeks 26 weeks

First Day hospital: Yes No

Overall maximum: _____

Long-term disability

“Own job” period: 6 months 24 months

Taxable: Flat 66.67 - 75%: _____ %

Non-taxable: Flat 60 - 66.67%: _____ %

Graded: Yes No

Waiting period: 105 days 120 days 180 days

Benefit period: 2 years 5 years to age 65

Inflation protection: 0% 2% 3% 4% 5%

Overall maximum: _____

Healthcare

Deductible (single/family):

0/0 25/25 25/50

50/50 50/100 100/100

100/200 250/250 250/500

Is the healthcare deductible combined with the dentalcare deductible? Yes No

Reimbursement (overall) (50 - 100%): _____ %

Drug plan type:

Traditional reimbursement

Assure Card point-of-sale reimbursement

Assure Card deferred reimbursement

Drugs:

Prescribed Prescription by law Formulary

Reimbursement (50 - 100%): _____ %

Is coverage for Erectile Dysfunction drugs included under this plan? Yes No

Paramedical maximum: \$150 \$200 \$250

\$300 \$350 \$400

\$500 \$750 \$1000

Per visit maximum: \$10 \$20 \$25

\$30 \$35 Usual & customary

Visioncare maximum: \$100 \$150 \$200
 \$250 \$300

Hospital type: semi-private private ward

Dentalcare

Prior year fee guide coverage? Yes No

Deductible (single/family):

0/0 25/25 25/50

50/50 50/100 100/100

100/200 250/250 250/500

Basic reimbursement (50 - 100%): _____ %

Maximum: \$1,000 \$1,500

\$2,000 \$2,500 Unlimited

Scaling time units: 6 10 14

Recall exams: 2 every 12 months

1 every 9 months

1 every 12 months

Major (when five or more plan members have this coverage)

Reimbursement (50 - 80%): _____ %

Maximum: \$750 \$1,000 \$1,500

\$2,000 \$2,500 Unlimited

Combined basic & major max: Yes No

Orthodontic (when 10 or more plan members have this coverage)

Reimbursement (50 - 60%): _____ %

Maximum: \$1,000 \$1,500 \$2,000 \$2,500

GroupNet

Great-West's free Internet plan administration tool:

Yes No

Medical Reimbursement Plan

Great-West's cost-plus arrangement: Yes No

CONTACT

Great-West's employee and family assistance program:

Yes No

BASIC CRITICAL ILLNESS

Type of Plan:

Standard Enhanced

Multiple of Salary (1,2,3,4, or 5 times salary to a maximum of \$250,000) _____

Flat Amount (to a maximum of \$250,000) _____

Dependent? Yes No (Spouse \$10,000; Child \$5,000)

OPTIONAL CRITICAL ILLNESS

Yes No

SOLACE

Yes No Basic Optional

PLAN DESIGN (Refer to the back cover)

Proposal Design 2: _____

Term Life Insurance

Flat Amount: _____ 1 - 5 x salary _____

AD & D Yes No

Optional life Yes No

Dependant term life (child 1/2 amount)

\$ 5,000 \$10,000 \$15,000

\$20,000 \$25,000

Child coverage from: Birth 15th day

Short-term disability

Non-taxable (55% or 60 - 66.67%): _____ %

Taxable (66.67 - 75%): _____ %

Benefit period: 15 weeks 17 weeks 26 weeks

First Day hospital: Yes No

Overall maximum: _____

Long-term disability

"Own job" period: 6 months 24 months

Taxable: Flat 66.67 - 75%: _____ %

Non-taxable: Flat 60 - 66.67%: _____ %

Graded: Yes No

Waiting period: 105 days 120 days 180 days

Benefit period: 2 years 5 years to age 65

Inflation protection: 0% 2% 3% 4% 5%

Overall maximum: _____

Healthcare

Deductible (single/family):

0/0 25/25 25/50

50/50 50/100 100/100

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Is the healthcare deductible combined with the dentalcare deductible? Yes No

Reimbursement (overall) (50 - 100%): _____ %

Drug plan type:

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Assure Card deferred reimbursement

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Prior year fee guide coverage? Yes No

Deductible (single/family):

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\$2,000 \$2,500 Unlimited

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Reimbursement (50 - 80%): _____ %

Maximum: \$750 \$1,000 \$1,500

\$2,000 \$2,500 Unlimited

Combined basic & major max: Yes No

Orthodontic (when 10 or more plan members have this coverage)

Reimbursement (50 - 60%): _____ %

Maximum: \$1,000 \$1,500 \$2,000 \$2,500

GroupNet

Great-West's free Internet plan administration tool:

Yes No

Medical Reimbursement Plan

Great-West's cost-plus arrangement: Yes No

CONTACT

Great-West's employee and family assistance program:

Yes No

BASIC CRITICAL ILLNESS

Type of Plan:

Standard Enhanced

Multiple of Salary (1,2,3,4, or 5 times salary to a maximum of \$250,000) _____

Flat Amount (to a maximum of \$250,000) _____

Dependent? Yes No (Spouse \$10,000; Child \$5,000)

OPTIONAL CRITICAL ILLNESS

Yes No

SOLACE

Yes No Basic Optional

Employee Data (Please indicate related employees, seasonal employees and independent contractors.)

Employee Name	Occupation	Birth Date			Sex	Prov. of res.	Salary			Date Employed			Coverage Type		Waive H&D*	
		Y	M	D			Annual	Monthly	Bi-weekly	Y	M	D	S	F	Y/N	

* Only employees with duplicate coverage may waive health and or dental coverage.

PLAN DESIGN

Plans for **three or four** plan members must include:

- Employee Life
- Accidental Death and Dismemberment (AD&D)
- At least one of the following:
 - Short-term Disability (STD)
 - Long-term Disability (LTD)
 - Dentalcare
 - Healthcare

Plans for **five to 35** plan members must include:

- Employee Life
 - At least one of the following:
 - Short-term Disability (STD)
 - Long-term Disability (LTD)
 - Dentalcare
 - Healthcare
-

Great-West is a leading provider of group benefits. Our clients deserve high performance and value – which we consistently provide through innovative product and technology-based solutions.

*We are **your Benefits Solutions People.***



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