

GROUP BENEFITS – ELIGIBILITY RULES



Completed forms can be returned to: Your Friend With Benefits Inc. / quote@yourfbw.ca

General Information – Plan Sponsor

Full legal name of the Plan Sponsor (company name): _____

Business Address: _____ Business number _____

Plan administrator name: _____ Telephone number: _____

Number of Classes: _____ Class name (complete separate forms for multiple Classes): _____

Eligibility Rules

Eligible Employees						
Eligible Employees	Full-Time	Part-Time	Contract	Retirees	Seasonal	Other
Included: Yes or No						
Minimum Hours to Qualify:						

Probation - New Plan Members are eligible for benefits on the following date:		
<input type="checkbox"/>	The first of the month following _____ months of continuous employment	All benefits
<input type="checkbox"/>	The first day following _____ months of continuous active employment	All benefits
<input type="checkbox"/>	The first of the month following the date of hire	All benefits
<input type="checkbox"/>	The first day of active employment	All benefits
<input type="checkbox"/>	Other (specify) _____	All benefits

Dependent Eligibility
Common Law Spouse / Same Sex Spouse becomes eligible for coverage when living together in a conjugal relationship with the Plan Member continuously for a period of 12 months.

Ownership & Termination

- The Plan Member will be the owner of their own plan. Upon termination of employment, the Plan Member will be responsible for their own payment.
- The Plan Sponsor will be the owner of the plan. Upon termination, the Plan Sponsor may transfer the ownership of the plan to the plan member.

Group coverage for active Plan Members may end on the earlier of the following dates:

- Date employment ends
- Date the Plan Member is no longer actively working

Premium Sharing Explanation

Premium Sharing Explanation – How much does the EMPLOYER pay

Life & AD/D	Dependent Life	Short-Term Disability	Long-Term Disability	Critical Illness	Extended Health Care	Dental

Additional Notes

Plan Administrator Signature and Date:

Print name of authorized officer Title Signature Date

Signed at (City / Province / Country): -----

Agent of Record Signature and Date: (To be completed by your advisor)

Print name of Agent of Record Title Signature Date

Signed at (City / Province / Country): -----