



GMS Group Advantage[®]

Benefit Plan for Small Business

Effective January 1, 2017



Generations of Canadians have counted on us. You can, too.

In 1949, well over a decade before Saskatchewan would introduce the world to Medicare, a determined group of friends and neighbours joined an equally determined group of doctors in one common pursuit: quality, affordable health insurance.

Everyone would contribute a small sum each month to make sure that, in the event of unexpected illness or injury, they and their loved ones would be well taken care of – and so would the bill.

Group Medical Services was born.

Today, GMS endures as a preferred provider of health and travel insurance, covering a vast range of costs government and other private benefit plans do not. And we've been extending our trademark combination of service, choice and value across Canada since 2003 – to enthusiastic and continually growing response.

Much has changed in over 65 years, but here's what never will:
Our commitment to protecting you.

GMS Group Advantage® for Small Business (with 3 – 10 employees)

As a business owner, your time is valuable. To simplify the selection and reduce the cost of your group benefits package, we've created GMS Group Advantage, a health and dental plan specifically designed and attractively priced for small businesses with 3 – 10 employees.

Your coverage can be as comprehensive and affordable as you'd like – simply choose the health and/or dental options that best suit your needs and calculate your monthly premium. No need to wait for a quote!

GMS Group Advantage Health Plans

- Silver** *Health, vision and prescription drug coverage at the lowest possible cost.*
- Gold** *Higher health, vision and prescription drug maximums with \$5 million in out-of-province/country emergency medical travel coverage.*
- Platinum** *Generous health and vision maximums with \$5,000 in prescription drug coverage, and \$5 million in out-of-province/country emergency medical travel coverage.*

GMS Group Advantage Dental Plans

Available with the purchase of a Group Advantage Health Plan

- Silver** *Covers preventative care and routine basic procedures like fillings, x-rays and denture repair.*
- Gold** *Includes preventative and basic services and major procedures including crowns, dentures and veneers.*
- Platinum** *Coverage for preventative and basic services, major procedures and orthodontic services.*

Dental plans include employer choice of \$500, \$1,000, \$1,500 or \$2,000 combined annual coverage maximum for basic and major services per person, per year.

Life & Disability Products

Make sure you and your employees are fully covered by adding life and disability insurance to your benefit plan.

GMS Group Advantage®

Health Plan Benefits at a Glance

Health Benefits	Silver (3+ employees)	Gold (3+ employees)	Platinum (6+ employees)
Extended Health (coverage per person)			
Eye Exams, Glasses, Contact Lenses & Surgery	\$60 per 2 years (eye exams only)	\$150 per 2 years	\$300 per 2 years
Health Practitioners	n/a	\$300 combined	\$300 per specialist per year
Hearing Aids	n/a	\$500 per 5 years	\$500 per 3 years
Diabetic Supplies & Equipment	\$300	\$300	\$500
Oxygen Equipment	\$500	\$500	\$500
Blood Pressure Monitors	n/a	n/a	1 per policy per 5 years
Custom Made Foot Orthotics	1 pair per 5 years (adult) 1 pair per year (children under 16)	1 pair per 5 years (adult) 1 pair per year (children under 16)	1 pair per 5 years (adult) 1 pair per year (children under 16)
Therapeutic Shoes	n/a	\$200	\$200
Ostomy Supplies	\$300	\$300	\$300
Out-of-Province Referral (within Canada)	n/a	\$50,000 lifetime	\$50,000 lifetime
Ambulance	\$1,500	Unlimited	Unlimited
Air Ambulance	Unlimited	Unlimited	Unlimited
Casts & Crutches	Unlimited	Unlimited	Unlimited
Preferred Hospital Rooms	Unlimited	Unlimited	Unlimited
Private Duty Nursing	\$2,500	\$2,500	\$5,000
Accidental Injury to Natural Teeth	\$2,000 per injury	\$2,000 per injury	\$2,000 per injury
Wheelchairs, Motorized Scooters & Adjustable Beds	\$500 per policy per 5 years	\$500 per policy per 5 years	\$500 per policy per 5 years
Artificial Limbs, Eyes & Larynx	\$10,000 lifetime	\$10,000 lifetime	\$10,000 lifetime
Patient Walkers	\$200 per policy per 3 years	\$200 per policy per 3 years	\$200 per policy per 3 years
Breast Prosthesis	1 if lateral/2 if bilateral per 2 years	1 if lateral/2 if bilateral per 2 years	1 if lateral/2 if bilateral per 2 years
Health Supplies & Equipment (wigs, splints, compressors, braces with metal parts, trusses, rib belts, sacroiliac corsets, embolic stockings, aero chambers and more)	\$500 combined	\$500 combined	\$500 combined
Travel Medical Emergency			
30 days (unlimited number of trips)	n/a	\$5 million total coverage	\$5 million total coverage
Prescription Drugs (coverage per person per policy year)			
Coverage (Pay-direct card included with each option)	70% of cost up to \$500 Formulary Drugs Only Vaccines/Immunizations	80% of cost up to \$1,500 Formulary & Non-Formulary Drugs Vaccines/Immunizations	100% of cost up to \$5,000 Formulary & Non-Formulary Drugs Vaccines/Immunizations

This is only a summary of benefits. Please refer to the policy booklet for complete details.

GMS Group Advantage®

Dental Plan Benefits at a Glance

Dental Benefits	Silver (3+ employees)	Gold (3+ employees)	Platinum (3+ employees)
Dental Services (coverage per person, per policy year)			
Preventative Services	80%	100%	100%
Basic Services	80%	100%	100%
Major Services	n/a	50%	80%
Orthodontic Services (for dependants under 18 years of age)	n/a	n/a	50% (\$1,500 lifetime maximum)

This is only a summary of benefits. Please refer to the policy booklet for complete details.

Dental plans are available with the purchase of a health plan. They include employer choice of a \$500, \$1,000, \$1,500, or \$2,000 combined annual coverage maximum for preventative, basic and major services, per person, per year.

Preventative Services

- cleaning, scaling and polishing (6 month recall)
- topical fluoride treatment
- pit and fissure sealants
- occlusal adjustment and equilibration
- interproximal diskling of teeth
- bruxism appliances

Basic Services

- examinations and dental x-rays
- routine extractions and fillings
- basic oral surgery performed by dentist, including anaesthesia
- root canal therapy
- denture repairs, relining and rebasing
- surgical and non-surgical periodontal treatment

Major Services

- full or partial upper and lower dentures
- inlays, onlays, crowns and veneers
- denture adjustments

Orthodontic Services

(for dependants under 18 years of age)

- diagnosis and treatment for the correction of malocclusion or malposed teeth

Your Business Benefits with GMS

One of the largest business investments you'll make is in your employees. By providing health and dental benefits, your company gains a competitive edge, helping attract quality candidates and retain employees.

- ✓ **Attract and Retain Employees**
- ✓ **Increase Productivity, Reduce Sick Time**
- ✓ **Premiums are Tax Deductible for Employers**
- ✓ **Benefits are Tax-Free for Employees**
- ✓ **Enhance Your Corporate Image**

Protect your employees with GMS Group Advantage

Simply complete the application form and forward it to your insurance broker or directly to GMS, along with enrolment forms for each employee and payment for the first month of premium. Getting GMS coverage is fast and easy!

Assumption Life

Life & Disability Products

Our Life & Disability benefits partner, Assumption Life, has over 100 years of experience protecting Canadians. They offer a full line of life and disability products that can protect you and your employees.

Life Insurance is an important part of a responsible financial plan. It can provide many benefits to employees, as well as their loved ones in the event of their death. This product offers you the flexibility to provide your employee's with either a flat coverage, or multiples of up to three times an employee's salary.

AD&D Insurance (Accidental Death and Dismemberment) provides added financial assistance if an employee dies, suffers the loss of a limb, sight, hearing or speech, or becomes paralyzed as the result of an accident.

Critical Illness Insurance provides financial assistance to employees who are diagnosed with a covered critical illness. This benefit covers up to 25 illnesses. Options are available for spousal and dependant coverage.

Long Term & Short Term Disability Insurance helps prevent or minimize the time your employees are away from work and their income if they have an accident. It's also an essential source of income during the time they can't work. Long Term and Short Term Disability benefits can be purchased together or as two separate benefits.

Ask a GMS Representative about adding Assumption Life products to your plan.



GMS Group Advantage®

Frequently Asked Questions

Why choose GMS Group Advantage?

GMS Group Advantage plans are designed to offer the best mix of benefits with the simplicity of up-front, off-the-shelf pricing. As an employer (and plan sponsor), you choose the plan design so you'll always know the exact cost of your benefit plan, whether adding employees or changing their coverage. You design your plan to meet the specific needs of your business.

What are the enrolment requirements?

Health plans require a minimum of three employees for Silver and Gold, and six employees for Platinum. Dental plans are available when you purchase a health plan. They require a minimum of three employees for Silver, Gold or Platinum. Married couples working for the same employer are considered to be one family enrolment. All employees must participate in the same health and dental plan. Employees must be actively at work, work 20 hours per week, and under 70 years of age. Opting out is not permitted unless the employee offers evidence of their coverage under their spouse's plan.

What are my options?

All GMS Group Advantage health plans include health, vision, and prescription drug benefits. Gold and Platinum plans feature increased benefit maximums and include travel emergency medical coverage. If you'd like to add dental coverage to your Group Advantage Health Plan, Silver includes routine, preventative care, Gold adds major procedures and Platinum includes orthodontics for children under 18. Mix and match health and dental plans to create the benefit plan right for you.

What are the tax advantages?

Any health and dental premiums you pay on behalf of your employees may be a tax deductible expense. Additional benefits claimed under Cost Plus may also be tax deductible. See your tax advisor for how this applies to your specific business.

How do I apply for GMS Group Advantage®?

Simply complete the enclosed application and have each of your employees complete an employee enrolment form. Forward these, along with your first monthly premium payment, and your team is covered! You'll receive a plan administration kit along with employee benefit booklets and pay-direct cards. Additional forms can be downloaded from www.gms.ca.

How will my employees learn the details of what's covered in the plan?

You and your employees will receive a complete benefit booklet detailing the program definitions, maximum benefit limits and specific eligibilities. As the plan administrator, you also receive an administration manual outlining everything you'll need to assist your employees with their plan.

How long do claims take to be paid?

GMS Group Advantage includes a pay-direct card for prescription drug and dental expenses at participating providers, and the claim is paid on the spot. For other claims, our goal is to process them within three business days from the date received. When submitting a claim, mail us a claim form along with your receipts. Or, sign up for a My GMS Account on www.gms.ca to submit claims online and select a bank account for all of your claim payments to be directly deposited.

Does GMS cover health practitioner services?

Gold and Platinum health plans cover services provided by health practitioners; podiatrists, chiropractors, massage therapists, acupuncturists, clinical psychologists, and others.

What is available for retiring employees?

Employees leaving your group plan are eligible for automatic acceptance into a GMS individual health plan and can maintain benefit coverage without interruption.

How do I apply for Life and Disability benefits?

We'll need basic employee information like date of birth, sex, occupation and each employee's salary. If you already have coverage with another provider, we'll need a claims and rate history, along with a schedule of benefits. Simply complete the Request for Quote form on www.gms.ca. You can forward it, along with your GMS Group Advantage information, to us and we'll give you a quote.

For More Information

Contact your GMS Insurance Broker, call 1.800.667.3699 or send an email to info@gms.ca.

Visit www.gms.ca to find plan details as well as the rates and forms you'll need to complete your GMS Group Advantage® purchase.



Also available from GMS



Individual Health Insurance

Supplemental health coverage plans with prescription drug, dental care, hospital cash and travel medical emergency options.



TravelStar® Travel Insurance

- Single-Trip Emergency Medical Insurance
- Multi-Trip Annual Emergency Medical Insurance
- Trip Cancellation & Interruption Insurance
- Baggage Loss, Damage & Delay Insurance
- Coverage for Sports & Computer Equipment



Immigrants & Visitors to Canada

Emergency medical insurance for new arrivals or visitors to Canada – includes helpful assistance to coordinate treatment and care.



StudentPlan

Emergency medical and travel coverage perfect for post-secondary students studying away from home, within Canada or abroad.

Group Medical Services

2055 Albert Street, PO Box 1949
Regina, SK S4P 0E3

toll-free 1.800.667.3699 fax 306.525.6360
email info@gms.ca www.gms.ca



Effective January 1, 2017 • 0101CA17

GROUP MEDICAL SERVICES Copyright © 2017. All Rights Reserved. Group Medical Services is the operating name for GMS Insurance Inc. in provinces outside of Saskatchewan. Products not offered in Quebec and New Brunswick.

® GMS Group Advantage, TravelStar and the GMS logo are registered trademarks of Group Medical Services.

Underwritten by Group Medical Services. Life, disability, accidental death & dismemberment, and critical illness insurance underwritten by Assumption Life.



GMS GROUP ADVANTAGE® – RATE SCHEDULE

Monthly Rates Per Employee/Enrollee

Effective January 1, 2017

Province		BC/YT		AB/NT		SK		MB/NU		ON		NS		PE		NL	
Plan Type		Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Health																	
Silver		\$31.79	\$66.67	\$38.47	\$80.69	\$34.25	\$71.84	\$30.01	\$62.95	\$48.36	\$101.47	\$44.68	\$93.74	\$50.61	\$106.18	\$50.01	\$104.91
Gold		\$52.99	\$111.58	\$59.36	\$125.05	\$52.93	\$111.47	\$46.55	\$98.07	\$66.57	\$140.37	\$62.94	\$132.59	\$71.01	\$149.34	\$70.24	\$147.68
Platinum		\$100.97	\$211.97	\$104.48	\$219.48	\$96.79	\$203.46	\$88.91	\$186.83	\$126.67	\$266.20	\$121.98	\$256.28	\$127.05	\$266.84	\$125.64	\$263.86
Dental																	
Silver	\$500 maximum	\$51.56	\$128.88	\$50.02	\$125.04	\$31.56	\$78.89	\$38.29	\$95.70	\$53.16	\$132.87	\$34.39	\$85.98	\$37.37	\$93.42	\$38.95	\$97.39
	\$1,000 maximum	\$57.53	\$143.86	\$55.83	\$139.60	\$35.23	\$88.03	\$42.72	\$106.81	\$59.33	\$148.32	\$38.39	\$95.98	\$41.71	\$104.28	\$43.49	\$108.72
	\$1,500 maximum	\$59.95	\$149.86	\$58.17	\$145.40	\$36.69	\$91.73	\$44.50	\$111.28	\$61.81	\$154.50	\$39.99	\$99.98	\$44.72	\$111.77	\$46.61	\$116.52
	\$2,000 maximum	\$64.16	\$160.35	\$62.23	\$155.60	\$39.26	\$98.15	\$47.62	\$119.05	\$66.13	\$165.31	\$42.80	\$106.98	\$47.85	\$119.61	\$49.88	\$124.67
Gold	\$500 maximum	\$62.05	\$155.13	\$62.42	\$156.01	\$36.79	\$91.94	\$45.96	\$114.90	\$58.65	\$146.62	\$35.23	\$88.07	\$49.31	\$123.26	\$51.41	\$128.50
	\$1,000 maximum	\$68.19	\$170.47	\$68.58	\$171.41	\$40.40	\$101.03	\$50.50	\$126.39	\$64.30	\$160.73	\$38.72	\$96.79	\$54.18	\$135.44	\$56.48	\$141.21
	\$1,500 maximum	\$71.48	\$178.67	\$72.05	\$180.15	\$42.76	\$106.94	\$53.33	\$133.33	\$67.36	\$168.42	\$40.89	\$102.23	\$57.22	\$143.05	\$59.65	\$149.14
	\$2,000 maximum	\$77.20	\$192.97	\$77.81	\$194.56	\$46.20	\$115.48	\$57.61	\$144.02	\$72.75	\$181.90	\$44.15	\$110.40	\$61.81	\$154.50	\$64.42	\$161.07
Platinum	\$500 maximum	\$77.25	\$207.78	\$68.44	\$184.07	\$45.05	\$121.14	\$57.93	\$155.84	\$67.38	\$181.27	\$46.12	\$124.05	\$58.24	\$145.61	\$60.71	\$151.81
	\$1,000 maximum	\$83.56	\$224.76	\$74.00	\$199.06	\$49.13	\$132.18	\$63.05	\$169.59	\$72.89	\$196.10	\$50.30	\$135.33	\$63.69	\$159.19	\$66.39	\$165.96
	\$1,500 maximum	\$87.51	\$235.36	\$77.48	\$208.42	\$51.80	\$139.33	\$65.89	\$177.26	\$76.35	\$205.36	\$52.93	\$142.39	\$67.08	\$167.69	\$69.93	\$174.81
	\$2,000 maximum	\$96.25	\$258.89	\$85.22	\$229.25	\$57.00	\$153.26	\$72.48	\$194.99	\$83.98	\$225.91	\$58.23	\$156.62	\$73.79	\$184.46	\$76.92	\$192.29

The complete application package and first month's premium must be received at GMS head office five to seven business days prior to the requested effective date of this plan.

A. Applicant Information

Employer/Group Name				<input type="checkbox"/> New Application <input type="checkbox"/> Revision to Present Plan
Mailing Address	City	Province	Postal Code	
Business Location	City	Province	Postal Code	
Phone ()	Fax ()			
Nature of Employer's Business	Date Established (DD/MM/YYYY)	Legal Status <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		

Group Administrator(s)

Primary	First Name	Last Name	Title
	Phone ()	Fax ()	Email
Secondary	First Name	Last Name	Title
	Phone ()	Fax ()	Email

B. Waiting Period & Number of Employees

Waiting period for new employees hired after effective date of insurance: 3 months Other (please specify) _____

<input type="checkbox"/> Permanent Full-time # _____	<input type="checkbox"/> Permanent Part-time # _____	<input type="checkbox"/> Contract or Seasonal # _____	<input type="checkbox"/> Other # _____
---	---	--	---

C. Selection of Coverage (GMS Group Advantage Dental Plans must be purchased with a Group Advantage Health Plan)

Premium Contributions:

	Employer %	Employee %	Employer %	Employee %
Extended Health Care			Dental Care	

Premium Calculation: (for GMS Group Advantage Health and Dental rates, please refer to the supplied Monthly Rates Per Employee Schedule)

Health Coverage			Dental Coverage		
<input type="checkbox"/> Silver	# of Single _____ X Rate _____	\$ _____	<input type="checkbox"/> Silver	# of Single _____ X Rate _____	\$ _____
<input type="checkbox"/> Gold	# of Family _____ X Rate _____	\$ _____	<input type="checkbox"/> Gold	# of Family _____ X Rate _____	\$ _____
<input type="checkbox"/> Platinum			<input type="checkbox"/> Platinum		
			Dental Coverage Maximum <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000		
Total Health			Total Dental		
\$ _____			\$ _____		

Office Use Only: Date Received: DD / MM / YYYY BDC: _____ Agent #1: _____ Agent #2: _____ Split: A1% / A2%

D. Optional Life & Disability Coverage

For Life & Disability rates, please see your GMS insurance broker or Regional Sales Leader for a quotation.
If you choose to add Life & Disability coverage, please attach a copy of the accepted quote to this application.

Premium Contributions:

	Employer %	Employee %		Employer %	Employee %		Employer %	Employee %
Life/AD&D			Long Term Disability			Critical Illness		
Dependant Life			Short Term Disability					

Life & Disability Coverage

Life (monthly cost per \$1,000)	\$	Long Term Disability (monthly cost per \$100)	\$
AD&D (monthly cost per \$1,000)	\$	Short Term Disability (monthly cost per \$10)	\$
Dependant Life (monthly cost per family)	\$	Critical Illness (monthly cost per \$1,000)	\$

E. Payment

Total Monthly Premium

Health \$ _____ + Dental \$ _____ + Life & Disability \$ _____ + PST (Ontario Only) \$ _____ = \$ _____
Total Monthly Premium

Choose one of the following payment options

Pre-authorized Debit (please attach a Pre-Authorized Debit Agreement and the first month's premium) Cheque

Requested Effective Date of this Plan:

1st day of _____, 20_____

The complete application package and first month premium must be received at
GMS Head Office 5 to 7 business days prior to the Requested Effective Date of this Plan.

F. Additional Information

Are any individuals currently receiving disability benefits under a group plan, Workers Compensation Board, or any other source?

Yes No

Is this plan intended to replace any existing coverage?

Yes No If Yes, please complete the following section.

Benefit <i>check all that apply</i>	Name of Current Carrier	Effective Date of Present Coverage
<input type="checkbox"/> Extended Health Care <input type="checkbox"/> Dental Care <input type="checkbox"/> Life <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Critical Illness <input type="checkbox"/> AD&D <input type="checkbox"/> Dependant Life		

G. Declaration

The applicant hereby declares that the statements and answers contained herein are full, complete and true as of the date hereof and expressly agrees that: (1) such statements and answers shall constitute the application for the contract and form part of the contract, and (2) the coverage shall become effective in accordance with and subject to the policy to be issued to the applicant but in no case shall it become effective until this application has been approved by Group Medical Services (GMS). GMS will not be liable to the applicant or any of the applicant's employees until the application is approved. The applicant understands that Life, AD&D, Dependant Life, Long Term Disability, Short Term Disability and Critical Illness are provided by Assumption Life and that GMS acts only as the administrative agent for Assumption Life in placing and administering such coverage. Assumption Life and not GMS has the authority and responsibility for assessing and approving your application for such coverage and any claims made thereunder. As such, any policy providing such coverage, if approved by Assumption Life, will be a contract with Assumption Life and the information you have supplied in this application will be provided to and relied on by Assumption Life and included as part of that contract. The undersigned declares that he/she has authority to sign on behalf of the applicant and understands that, whether before or after the date of application, any misrepresentation, incorrect or concealed information or failure to fully complete all sections of the application may void coverage.

Do not terminate any existing coverage until notice has been given in writing that the coverage being applied for is approved by GMS.

Dated at _____ this _____ day of _____, _____.

by _____
Applicant Signature

Please print name and title

Please be sure to complete all sections of this form, then return it to your Plan Administrator.

A. General Information (to be completed by Plan Administrator)			
<input type="checkbox"/> New Employee/Member <input type="checkbox"/> Re-hire <input type="checkbox"/> Termination <input type="checkbox"/> Changing Information If changing information, reason for change:			
Company			
Employee/Member Occupation	Class	Regular Hrs/Wk	Annual Earnings
Permanent Full-Time Hire Date (DD/MM/YYYY)		Coverage/Change/Termination Effective Date (DD/MM/YYYY)	
Re-hire (If re-hire is within six months, coverage will be effective as of the re-hire date; otherwise the waiting period must be served.)			
Date Previous Employment Ended (DD/MM/YYYY)		Re-hire Date (DD/MM/YYYY)	
Signature of Plan Administrator X			Date (DD/MM/YYYY)

B. Employee/Member Information - Initial Application or Changing Information (to be completed by the employee/member)			
First Name	Last Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (DD/MM/YYYY)
Address	City	Province	Postal Code
Phone ()	Email	Provincial Health Care Coverage in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Family Information - Initial Application or Changing Information (to be completed by the employee/member)						
	First Name	Last (if different from yours)	Sex	Date of Birth (DD/MM/YYYY)	Provincial Health Care Coverage in Place?	Dependant age 21 or over? ²
Spouse ¹			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Dependant			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependant			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependant			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ If your spouse is common-law, please complete the following:
I have been living with and representing the above as my spouse since
_____ DD/MM/YYYY

My common-law spouse and I are financially responsible for all our dependants claimed for insurance purposes.

² For each dependant age 21 and over:

- in the case of a student dependant under age 25, please complete the over-age dependant questionnaire available at www.gms.ca.
- in the case of a dependant due to a developmental or physical disability, please attach or enclose a doctor's note or copy of an equivalent document as evidence.

D. Other Insurance Coverage (only include personal or group plans that will continue to be in effect at the same time as the GMS health plan)					
Do any listed Applicants have additional coverage with another insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes", please complete the section below.</i>					
Insurance Company Name	Name of Insured Person	Policy/Certificate #	Persons Covered under Plan	Coverage (check all that apply) <input type="checkbox"/> Personal Plan <input type="checkbox"/> Group Plan	
			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant	<input type="checkbox"/> Health <input type="checkbox"/> Drug <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Travel	
			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant	<input type="checkbox"/> Health <input type="checkbox"/> Drug <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Travel	

Office Use Only: GMS ID#	<input type="text"/>	Group #	<input type="text"/>	Coverage Effective Date	<input type="text"/>
---------------------------------	----------------------	---------	----------------------	-------------------------	----------------------

E. Waiving Benefits (complete this section if you wish to waive your benefits due to coverage under your spouses plan)

I have been given the opportunity to apply for coverage but do not wish to participate as I have coverage under my spouse's plan.

Waive Health Waive Dental Waive Both Health and Dental

Employee Signature

Date (DD/MM/YYYY)

X

NOTE: If you lose coverage under your spouse's plan, you can enrol in this plan. To enrol, you must complete and submit an enrolment form within 31 days of losing coverage.

F. Life Insurance Beneficiary Designation (complete this section if this group benefit plan includes coverage for Life Insurance)

Beneficiary First Name	Beneficiary Last Name	Relationship	% Share

If the designated beneficiary is a minor, I appoint the following person as Trustee:

**Your beneficiary designation will not be revoked or changed automatically by any future marriage or divorce.
If you wish to change your beneficiary, you will have to make a new designation below.**

Life Beneficiary Change (the effective date of the Beneficiary change will be the date this form is signed)

Change of Name Only Relationship to Plan Member Name of Beneficiary (last, first, middle initial)

Change of Beneficiary

Signature of Previous Revocable Beneficiary

X

I appoint the following person as Trustee to receive any amount due to any beneficiary under the age of 18:

Coverage for Life, AD&D, Dependant Life, Critical Illness, Short Term Disability and Long Term Disability is provided by Assumption Life.

G. Declaration

I/We ("I") declare the statements made herein are true and complete and shall form part of my application for coverage. I hereby authorize any physician, health care provider, other person, hospital or institution to release to Group Medical Services and/or their designated travel assistance representative(s) (collectively "GMS") any information covering my medical history, symptoms, treatment, examination, diagnosis and/or services rendered to myself or any of my dependants herein listed.

GMS may, for the purposes of administering any benefits, products or services to be provided pursuant to this policy, for the purposes set out in the GMS privacy statement and for the purposes of determining eligibility for benefits: (a) collect, store and use any personal information about you, which you have provided to GMS, or any personal information which GMS has obtained pursuant to clause (b); and/or (b) obtain personal information about you from, or disclose such personal information to: my government health plan; the operator of any hospital, clinic, or other health facility; a physician or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required for the purposes described in (a) above.

I understand that, whether before or after my application, any misrepresentation, incorrect or concealed information or failure to fully complete all sections of the application may void my coverage. I declare that, if I am signing on behalf of any person(s), I have the authority to sign on behalf of such person(s) and confirm that each of the above declarations and authorizations are also provided on behalf of such person(s).

If my GMS Group Advantage® plan includes coverage for Life, AD&D, Dependant Life, Short Term Disability, Long Term Disability, and Critical Illness, I understand that these benefits are provided by Assumption Life and that GMS acts only as the administrative agent for Assumption Life in placing and administering such coverage. Assumption Life and not GMS has the authority and responsibility for assessing and approving your application for such coverage and any claims made thereunder. As such, any policy providing such coverage, if approved by Assumption Life will be a contract with Assumption Life and the information you have supplied in this application will be provided to and relied on by Assumption Life and included as part of that contract.

I warrant that neither I nor any person herein listed have any additional coverage through any insurer other than the information listed herein. Should I or any person herein listed subsequently obtain additional coverage through any insurer, while covered under this contract, I will immediately advise GMS in writing. I hereby authorize GMS to co-ordinate any eligible expenses with any additional insurer that I or any person herein listed may have coverage under.

Employee/Member Signature

Date (DD/MM/YYYY)

X

To avoid delays in processing, make sure all sections of this form are completed in full. When completed, return to your Plan Administrator.

Please complete this PAD Agreement and return it, along with payment for the first month's premium, to: Administration at Group Medical Services, 2055 Albert Street PO Box 1949 Regina, SK S4P 0E3. The original signed form is required for pre-authorized debits to be authorized.

A. General Information		
GMS ID No. (if applicable)	Group Plan No. (if applicable)	Date (DD/MM/YYYY)
Please indicate what type of use this PAD Agreement is for:		
<input type="checkbox"/> Business (I am an employer paying my employee's premium.)		
Employer Name		
<input type="checkbox"/> Personal (I am an individual paying my own premium.)		
First Name	Last Name	Date of Birth (DD/MM/YYYY)
B. Account Information (please include a void cheque with this agreement)		
Financial Institution Name		Address
City	Province	Postal Code
Financial Institution ID Number □ □ □	Branch Transit Number □ □ □ □ □	Account Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Type of Account (only Canadian accounts are acceptable) <input type="checkbox"/> Savings <input type="checkbox"/> Chequing		Is this a change to your PAD Agreement information? If "Yes", please describe the reason for change. <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Declaration		
<p>I/We ("I") authorize Group Medical Services (GMS), and the financial institution designated to begin deductions as per my/our ("my") instructions for monthly regular recurring payments, and/or one-time payments from time to time, for payment of all charges arising under my GMS account(s). Regular monthly payments for the full amount of services delivered will be debited from my account on the 1st <input type="checkbox"/> or 15th <input type="checkbox"/> (choose one date only).</p> <p>I waive my right to receive pre-notification of the amount of the PAD and agree that I do not require advance notice of the amount of PADs before the debit is processed.</p> <p>This PAD Agreement may be cancelled at any time provided notice is received, in writing, at the address provided above at least 10 business days before the next debit is scheduled to be processed. Please contact our office or visit our website to obtain a cancellation form.</p> <p>I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.</p>		
Signature of Authorized Account Holder*		Signature of Authorized Account Holder*
X		X
Name (please print)		Name (please print)

*Where Account Holder's account agreement requires the signature of two or more signing authorities, the signatures of all such persons are required for the purposes of this Pre-Authorized Debit Agreement.

Please remember the following when using Pre-Authorized Debit:

- Payment for the first month's premium amount must be included with this application.
- You may be subject to an administration charge for each monthly withdrawal.
- Non-Sufficient Funds (NSF) withdrawals will be handled in accordance with GMS' standard NSF policy and in accordance with the rules laid out by The Canadian Payments Association (CPA).
- Information on the administration charge and GMS' standard NSF policy can be found on gms.ca.
- Withdrawal payments will continue until such time as written notice to the contrary is given, in accordance to the right of termination of this PAD Agreement.
- Any change to the information provided under this PAD Agreement or to the product or service for which this PAD Agreement is attached will require that a new PAD Agreement be completed, signed and submitted to GMS Head Office along with a void cheque. We require receipt of this new PAD Agreement at least 10 business days before the next debit is scheduled to be processed.