



# EMPLOYER APPLICATION FORM

(All groups except Division 13)

**Employer Section:**

**Effective Date:** \_\_\_\_\_

New Application       Amendment

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Name of administrative contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-mail address :** \_\_\_\_\_

**I would like to receive my invoice via email:**    Yes    No

**Coverage Detail Section:**

**Waiting Period for Benefit Coverage for New Employees:**

Option 1: None       Option 2: 3 months from date of hire

**Mandatory Benefits:**

**Life Insurance and AD&D:**

Flat \$25,000       Flat \$60,000       2 x Annual earnings       3 x Annual earnings

**Long Term Disability:**

- 66 2/3% of monthly earnings (**taxable benefit**) employer pays all or a portion of the premium.
- 60% of monthly earnings (**non-taxable benefit**) employee must pay 100% of premium

**Extended Health Care:**

**Extended Health Code (TPA use only):** \_\_\_\_\_

100% drug plan       80% drug plan (80% of first \$2,000 of paid claims, 90% on next \$8,000)

**Optional Benefits:**

**Dental Care:**

**Dental Code (TPA use only):** \_\_\_\_\_

- Option A:  Basic coverage at 100% reimbursement, \$1,250 annual maximum. (D02)
- Option B:  Basic coverage at 80% reimbursement, \$1,000 annual maximum. (D04)
- Option C:  Basic coverage at 100% reimbursement, major restorative at 50% reimbursement, \$1,500 annual maximum. (D06)
- Option D:  Basic coverage at 80% reimbursement, major restorative at 50% reimbursement, \$1,250 annual maximum. (D07)
- Option E:  Basic coverage at 100% reimbursement, major restorative at 50% reimbursement, \$1,750 annual maximum orthodontic at 50% reimbursement, \$1,500 lifetime maximum. (D08)
- Option F:  Basic coverage at 80% reimbursement, major restorative at 50% reimbursement, \$1,500 annual maximum, orthodontic at 50% reimbursement, \$1,500 lifetime maximum. (D10)
- Option G:  No coverage



CANADIAN COUNCIL of CHRISTIAN CHARITIES



Canadian Benefit Administrators Ltd.

**Short Term Disability:**

70% of weekly earnings  No Coverage

*If the employee pays 100% of the premium for this benefit, it will be considered a non-taxable benefit.*

**Include Semi-Private Hospital:**

Yes  No

**Vision Care:**

\$175 every 24 months  \$250 every 24 months  No Coverage

**Employer Premium Contribution:**

Indicate the amount of premium the **employer** is contributing for each benefit.

|  |         |  |         |
|--|---------|--|---------|
| Life Insurance                           | _____ % | Employee Assistance Program              | _____ % |
| AD&D                                     | _____ % | Extended Health Care                     | _____ % |
| Dependent Life Insurance                 | _____ % | Vision Care (Optional Benefit)           | _____ % |
| Short Term Disability (Optional benefit) | _____ % | Semi-Private Hospital (Optional Benefit) | _____ % |
| Long Term Disability                     | _____ % | Dental Care (Optional Benefit)           | _____ % |

**Agreement to conditions/provisions:**

Only full-time (FT) employees are eligible for full benefits. Each employer defines the hours required to be FT. Minimum is 20 hours per week; 15 hours in Saskatchewan (annual average). Those working fewer hours are part-time and not eligible.

Only Canadian citizens and landed immigrants are eligible for long term disability benefits. Individuals in Canada on work permits are eligible for all benefits except long term disability.

All participants must have valid provincial government health plan coverage.

75% of eligible employees whose employment date is prior to the effective date must participate and all eligible employees hired after the effective date must participate as a condition of employment. An employee who has health and dental benefits through a spouse's plan may waive these benefits only, but must be covered for life insurance, AD&D and disability benefits.

Employees must be actively at work on the date that their benefit coverage is to start. For employees not actively at work on their coverage effective date, coverage will commence on the day they return to regular full-time employment.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Once completed, submit to:**

BGC Canada  
#205, 15824 131 Ave  
Edmonton, AB T5V 1J4