

Worksheet Request Form for Optional Life Insurance and/or Optional Employee Long Term Disability Income (only applies to Plan 1)

Please fill out this worksheet and submit with your application and appropriate Health forms when applying for any optional benefit coverage under Plan 1. (see over for monthly unit rates)

Name: _____ Hospital: _____

Home Phone Number: (____) _____

Smoker (Y/N) _____ Male/Female (M/F) _____ Date of Birth (dd/mm/yyyy) _____

Optional Life Insurance for employee and spouse can be purchased in units of \$10,000 to a maximum of \$500,000. Optional child insurance can be purchased in units of \$5,000 up to a maximum of \$50,000

PLEASE COMPLETE (example below - unit rates see over page)

Optional Life Insurance

Name	Unit Rate (see over)	# of Units	Monthly Premium
Employee _____	_____	_____	\$ _____
Spouse _____	_____	_____	\$ _____
Child 1 _____	_____	_____	\$ _____
Child 2 _____	_____	_____	\$ _____
			\$ _____ (A)

Optional Employee Long Term Disability

Name	Unit Rate (see over)	# of Units	Monthly Premium
Employee _____	_____	_____	\$ _____ (B)
			Total (A+B) \$ _____
			Tax (8%) \$ _____
			Total \$ _____

Example

Optional Life Insurance

Name	Unit Rate	# of Units	Monthly Premium
Employee (F 42 NS)	1.10 x	10 Units (\$10,000 each)	\$11.00
Spouse (M 45 NS)	2.50 x	5 Units (\$10,000 each)	\$12.50
Child 1	0.70 x	2 Units (\$5,000 each)	\$ 1.40
			\$24.90 (A)

Optional Employee Long Term Disability

Name	Unit Rate	# of Units	Monthly Premium
Employee (F 42)	2.90 x	5 Units (\$100 each)	\$14.50 (B)
			Sub Total (A+B) \$39.40
			Tax (8%) \$ 3.15
			*Total \$42.55



Health Care Providers Group Insurance Plan™

RATE PAGE

Monthly Unit Rates for Optional Insurance and Employee Long Term Disability Income

Unit rates are reviewed annually on November 1st and are subject to change. Last rate change November 2004

Evidence of Good Health is required for all optional Benefit Coverage – health forms in your enrollment package

Optional Life Insurance (Employee - Form 3 and Spouse - Form 5)

- Monthly rates per unit of \$10,000

Age	Smoker		Non-Smoker	
	Male	Female	Male	Female
Under age 30	1.20	1.00	1.00	.80
30-39	1.80	1.50	1.20	1.00
40-44	3.00	2.00	1.40	1.10
45-49	5.50	3.80	2.50	1.80
50-54	8.80	5.80	4.50	2.80
55-59	13.30	8.20	6.40	4.00
60-64	18.00	11.40	9.90	7.00

Optional Child Life Insurance (Form 6)

- Monthly rate per unit of \$5,000 is \$ 0.70

Optional Employee Long Term Disability Income (Form 3)

- Monthly rates per unit of \$100.00 of Optional Employee Long Term Disability Income

Age

Under age 35	1.19
35-39	2.16
40-44	2.90
45-49	4.03
50-54	5.45
55-59	6.68
60-64	6.56

Optional employee long term disability can be purchased for up to 65% of your salary to a maximum benefit of \$5,000 (ie: \$4,000 in addition to the \$1,000 base benefit you have under Plan 1)

IMPORTANT

When applying for the above optional coverage please note

- Complete the Worksheet on the other side of this page and submit all applicable forms with your application
- DO NOT INCLUDE** the monthly premium that you calculate for your optional coverage with your application. This additional monthly amount will be withdrawn automatically from your bank account once approval has been given



Health Care Providers Group Insurance Plan™