icba | Benefit Services Ltd.
LIFE HEALTH DENTAL

REIN
Real Estate Investment Network™

REIN Health & Dental Plan Application

Company Name ____________________

Contact Person ____________________

Address ____________________

Phone # ____________________ Nature of Business ____________________

Association Membership with ____________________

CORE BENEFITS

Group Life: Flat $25,000

Accidental Death & Dismemberment: (Same as group Life schedule)

Dependent Life: Spouse - $10,000/Each Dependent - $5,000
(**mandatory if** FAMILY coverage selected) **( ) Yes ( ) No**

Extended Health:
Bronze. ( ) - $250 deductible, 70% Coinsurance for Drugs ($2000/year/Individual drug Max), Parameds, and Medical Equipment. 100% all other, Vision care max: $100/24 months
Silver. ( ) - $100 deductible, 80% Coinsurance for Drugs ($2000/year/Individual drug Max), Parameds, and Medical Equipment. 100% all other, Vision care max: $100/24 months
Gold. ( ) - $Nil deductible, 90% Coinsurance for Drugs ($2000/year/Individual drug Max), Parameds, and Medical Equipment. 100% all other, Vision care max: $100/24 months

OPTIONAL BENEFITS

Dental Plans:
Bronze. ( ) - 80% Basic Services only (includes Periodontics / Endodontics)
Silver. ( ) - 80% Basic, 50% Major, 50% Orthodontic services (Dependent Children only)
Gold. ( ) - 100% Basic, 50% Major, 50% Orthodontic services (Dependent Children only)

Wage Indemnity (WI): **( )** - 2/3 weekly earnings to a maximum benefit of $750 per week Elimination period: 15-day illness/15-day accident elimination

Long Term Disability (LTD): **( )** - 2/3 monthly earnings to a maximum benefit of $4000 per month

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We hereby apply for participation in the **ICBA Employee Benefits Program**, underwritten by The Co-operators Life in accordance with the terms and conditions of the Master Policy # 7727.

Our Cost-sharing instructions are:

Long Term Disability:	Employer % _______	Employee % ________
Other Benefits:	Employer % _______	Employee % ________
W.I. Benefits:	Employer % _______	Employee % ________

Our Authorization for Pre-Authorized Cheque Withdrawal is Attached.

Authorized Signature ____________________ Date ____________________

Name & Title ____________________

Writing Agent ____________________