

GROUP EXTENDED HEALTH BENEFIT STOP-LOSS INSURANCE

SecurePak™ stop-loss insurance, offered by ClaimSecure Inc., is underwritten by Royal & Sun Alliance Insurance Company of Canada and administered by Expert Travel Financial Security (E.T.F.S.) Inc., a member of the ETFS Financial Group.

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In the event that the Insurer accepts the present group Stop-Loss application, the provisions of this application shall form part of the Stop-Loss policy issued by the Insurer and the applicant shall be named "Policyholder".

39 08 APP ECA 0505 000

SECTION A — PLAN INFORMATION

1.	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <div style="width: 25%; border-right: 1px solid black; padding-right: 5px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> Month Day Year </div> </div> <div style="width: 70%; padding-left: 5px;"> Effective Date Requested (12:01 a.m. on M/D/Y) </div> </div>	Do not use this area	Policy Number

It is understood and agreed that this contract is effective for a period of one (1) year, from its effective date with no automatic renewal.

SECTION B — CLIENT INFORMATION

2.	<div style="border-bottom: 1px solid black; height: 20px;"></div> Applicant (Full Corporate Name)	<div style="border-bottom: 1px solid black; height: 20px;"></div> Nature of business
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3.	<div style="border-bottom: 1px solid black; height: 20px;"></div> Address	<div style="border-bottom: 1px solid black; height: 20px;"></div> Street	<div style="border-bottom: 1px solid black; height: 20px;"></div> Suite
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<div style="border-bottom: 1px solid black; height: 20px;"></div> City	<div style="border-bottom: 1px solid black; height: 20px;"></div> Province	<div style="border-bottom: 1px solid black; height: 20px;"></div> Postal Code
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<div style="border-bottom: 1px solid black; height: 20px;"></div> Telephone No.	<div style="border-bottom: 1px solid black; height: 20px;"></div> Facsimile No.	<div style="border-bottom: 1px solid black; height: 20px;"></div> Website
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4. Subsidiary Companies to be included (Full Corporate Name)

Name of Subsidiary	Address	No. of Employees	Type of Business

5. Contacts - Please indicate whom to contact for administration details, premium remittance, etc...

ClaimSecure Inc.	Roxanne Cormier
Name of Company/Organization	Name of Plan Administrator

1 City Centre Drive, Suite 620	Mississauga	Ontario	L5B 1M2
Address	City	Province	Postal Code

(905) 949-3011	(905) 949-3029	r.cormier@claimsecure.com
Telephone No.	Facsimile No.	E-mail address

Language

Contract: English French Correspondence: English French

SECTION C — PERSONS TO BE INSURED

6. Employees and Dependents

All eligible active employees of the participating Policyholder, including employees on approved leave of absence or on disability, and their eligible dependents, provided all such persons are under seventy (70) years of age and are living in Canada and have current Provincial or Federal Government Health Insurance Plans in force.

Spouse: Legal spouse or common-law spouse with continuous cohabitation

Dependent Child: a) under _____ years of age; or b) under _____ years of age (26 maximum), if a full-time student at a recognized educational institution.
(State current extended health care plan age limits)

7. Participation/Class Description

Total number of employees on payroll: _____ Total number of eligible employees: _____ Total number of participating employees: _____

Class A	Class B	Class C
Description : _____ _____ _____	Description: _____ _____ _____	Description: _____ _____ _____
Participation <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary	Participation <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary	Participation <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary

- 100% of employees and their dependents who are currently covered under the applicant's basic group extended health care plan are required.
- If, at any time, the group falls below 75% of the initial enrolment, the Insurer reserves the right to either adjust the rates accordingly or terminate the policy.

SECTION D — PLAN BENEFITS

8.

SecurePak Specific™	SecurePak Specific Plus™	SecurePak Aggregate™
Maximum benefit: \$1,000,000 per annum Sets annual attachment levels for individuals with claims experience exceeding, or trending beyond, seventy-five percent (75%) of the group attachment level.	Maximum benefit: \$1,000,000 per lifetime Sets attachment levels, at inception and first renewal, for individuals with claims experience exceeding, or trending beyond, seventy-five percent (75%) of the group attachment level.	Maximum benefit: \$1,000,000 per annum Sets an aggregate attachment level for the total claims of the group. Limiting liability for catastrophic or higher than expected claiming.
Stop-Loss Attachment Levels		Aggregate Stop-Loss Levels
Drug & Extended Health or Drug Only: \$5,000, \$7,500, \$10,000, \$15,000, \$20,000, \$25,000 Extended Health excluding Drugs: \$6,900, \$13,800		110%*, 115%*, 120%, 125%, 150% of expected claims
<input type="checkbox"/> Drug & Extended Health <input type="checkbox"/> Drug Only Stop-Loss Attachment Level: \$ _____ per insured person	<input type="checkbox"/> Drug & Extended Health <input type="checkbox"/> Drug Only Stop-Loss Attachment Level: \$ _____ per insured person	<input type="checkbox"/> Drug & Extended Health <input type="checkbox"/> Drug Only Aggregate Attachment Level: _____ % of expected claims
<input type="checkbox"/> Extended Health excluding Drugs (Quebec only - For groups of less than 125 employees) Stop-Loss Attachment Level: \$ _____ per certificate	<input type="checkbox"/> Extended Health excluding Drugs (Quebec only - For groups of less than 125 employees) Stop-Loss Attachment Level: \$ _____ per certificate	
CONSIDERATONS: <ul style="list-style-type: none"> • Minimum group size - twenty-five (25) primary lives • An individual claims listing per family member for the most recent twelve (12) months • For individuals within the group whose current claims experience in the most recent twelve (12) months is in excess of, or trending beyond, seventy-five percent (75%) of the attachment level being applied for, an adjusted attachment level will be set. • If the individual claims information is unavailable, then the following applies: <ol style="list-style-type: none"> 1. two (2) full years of aggregate claims information including number of insured members per year must be provided; 2. a minimum stop-loss level of \$10,000 for Drug and Extended Health Care and \$7,500 for Drug Only is available; and 3. new levels may be available one (1) year after application (subject to review of experience). • Health Service Spending Account (HSSA) & Cost Plus claims are excluded from coverage 		CONSIDERATONS: <ul style="list-style-type: none"> • Minimum group size - twenty-five (25) primary lives • A minimum of three (3) years of paid claims experience by benefit line • Single and Family volumes that correspond to each year of experience • Determination of the Stop-Loss Determinant Factor by the Insurer's authorized representative • Health Service Spending Account (HSSA) & Cost Plus claims are excluded from coverage • Available with or without SecurePak Specific™ or SecurePak Specific Plus™ <p>* Only available to groups of 100 or more primary lives.</p>

SECTION G — DECLARATIONS AND SIGNATURES

12. (Original signatures are required)

The applicant hereby requests that Expert Travel Financial Security (E.T.F.S.) Inc. issue a non-participating Group Extended Health Benefit Stop-Loss Insurance policy based on the statements and representations stated herein. Furthermore, the applicant hereby declares that, to the best of the applicant's knowledge, the statements and answers contained herein are complete and true as of the date hereof and agrees that such statements and answers shall constitute the application for and form part of the contract and that the insurance shall become effective in accordance with and subject to the terms and conditions of the policy to be issued to the applicant but in no case shall it become effective until the application has been approved by the Insurer. The applicant further agrees that no statement in this application shall be binding upon Expert Travel Financial Security (E.T.F.S.) Inc. nor modify the aforesaid company's rights.

In case of errors or omissions discovered by the Insurer in this application, the Insurer is hereby authorized to amend this application by noting the changes in the section entitled CORRECTIONS and MODIFICATIONS and acceptance by the applicant of the policy accompanied by a copy of this application so amended, shall constitute a ratification of such CORRECTIONS and MODIFICATIONS.

The applicant agrees that the insurance will become effective only when the following conditions have been satisfied:

1. Expert Travel Financial Security (E.T.F.S.) Inc. has approved, at its head office, this application and the Effective Date of the contract;
2. the applicant has paid the initial invoice (negotiation of the payment will not, in itself, constitute approval of the application).

*** Current coverage should not be cancelled until this application has been approved by ETFS.**

The Applicant consents to any changes being made to the Group Extended Health Benefit Stop-Loss Insurance policy, as required under the applicable laws, regulations and/or guidelines.

Signed at _____ on this _____ day of _____, 200_____.

Name of Applicant (Full Corporate Name)

Print Name of Applicant's Signing Officer

Title

Signature of Applicant's Signing Officer

Signature of Witness

SECTION H — PRODUCER INFORMATION

13.

Name (PLEASE PRINT)

Company Name

Address

Signature

Month Day Year

For Head Office Use Only

Corrections and Modifications

Policy Number	Effective Date: (Month / Day / Year)	Authorized by	Date: (Month / Day / Year)