

THE EDGE SMALL BUSINESS BENEFITS HEALTH & DENTAL PLAN

The Edge Benefits may be able to offer Health & Dental Coverage for a company on a Guaranteed Issue basis in certain Small Business Benefits situations.

ELIGIBILITY

The following minimum criteria must be met:

- Must be an Employer/Employee relationship with 3+ enrolled lives (does not include spouses)
- Coverage must be mandatory for everyone from inception of plan (spousal waivers only)
- Employer is paying a minimum of 50% of the Health and Dental premiums on behalf of all employees
- Employer is remitting all premiums once a month via pre-authorized withdrawal, and will receive one monthly Billing Statement

THE PROCESS

If you have a potential company that you would like assessed for the Small Business Benefits H&D Plan, please complete and submit the following forms to your Sales Director: Request for Small Business Benefits Health & Dental, plus the Small Business Benefits [Employee Census Data Form](#). Please ensure when requesting a quote that you provide all the information outlined on the reverse.

APPROVED FOR SMALL BUSINESS BENEFIT H&D PLAN

Once your Small Business Benefits request has been approved, we will assign the case an identification number and provide you with a Master Application along with enrollment forms for all employees to complete. If the Drug Upgrade and/or Premier Package are chosen, a minimum of 3 lives must be enrolled in the upgrade to waive the medication underwriting requirement.

Once the Master Application and Pre-Authorized PAD Agreement are received, along with all enrollment forms for all current employees, coverage will become effective on the latter of the 1st of the month following receipt, or the date indicated by the Plan Sponsor on the Master Application; whichever is later.

If the initial premium is not submitted with the Master Application, the first and second months' premiums will be taken together on the 1st of the following month. The EDGE Small Business Benefits Unit will appoint a Case Consultant who will look after ongoing administration for this client. You will receive an email introduction and confirmation of receipt within 1-3 days after submission.

The employee will receive a policy package within a few weeks, accessible on the employee online portal for all electronic applications submitted or sent via email for any paper applications submitted. It will contain the following:

- Welcome Letter
- Schedule of Benefits from EDGE showing plan chosen/premium/etc.
- Schedule of Benefits outlining coverage details for the applicable Green Shield Canada Insurance Plan Policy Booklet
- GreenShield Electronic ID Card
- Copy of Application

The employer will receive a welcome email containing portal access for their monthly billing statement, along with administrative information, once the first billing becomes available. **The Plan Administrator will also receive a call from a Sales Support Specialist to answer any questions and review important information.**

Request for Small Business Benefits Health & Dental

SECTION 1 – ADVISOR INFORMATION

ADVISOR NAME _____ COMPANY NAME _____
 EMAIL ADDRESS _____
 TELEPHONE _____ ADVISOR CODE _____
 EDGE SALES DIRECTOR _____ MGA _____

SECTION 2 – MEMBER ORGANIZATION & PLAN ADMINISTRATOR

FULL LEGAL NAME OF ORGANIZATION _____
 ADDRESS _____
 TELEPHONE _____ EXT _____ FAX _____
 EMAIL ADDRESS _____
 WEB ADDRESS _____

1. What is the nature of the business? _____
2. How many years has the company been in business? _____
3. What portion of the premium will be paid for by the employer? _____ (minimum 50% required)
4. Has this client had coverage through Green Shield Canada Insurance in the past? YES NO

PLAN ADMINISTRATOR: FIRST NAME _____ LAST NAME _____
 ADDRESS (If different from Member Organization) _____
 TELEPHONE _____ EXT _____ EMAIL ADDRESS _____
 DATE OF BIRTH (MM/DD/YYYY) _____ LANGUAGE PREFERENCE ENGLISH FRENCH

SECTION 3 - CURRENT BENEFITS Complete only if group benefits currently exist.

Who is the current carrier for Health and Dental benefits? _____
 When did coverage with the current carrier begin? _____
 Have they been with any other carriers in the past 5 years? YES NO

If "Yes" please provide name of carrier and length of time insured by each in the past 5 years. Please note we may require details of claims experience and/or current rates.

| Name of Carrier | Insured From | Insured To |
|-----------------|--------------|------------|
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SECTION 4 – REQUESTED PLAN DESIGN

HEALTH & DENTAL PLAN DESIGN: Health and Dental
UPGRADE OPTIONS: Health Upgrade Drug Upgrade Dental Upgrade Premier Package (Health, Drug, and Dental Premier Upgrades)
 Requested/planned effective date (must be the 1st of the month): _____

SECTION 5 - EMPLOYEE CENSUS DATA

Use EDGE's [fillable census template](#) to provide the census data for all full-time employees and contract personnel. Required fields, such as date of birth, gender, family status, province of residence and residency status are identified with an asterisk. Employee names are not required.

[Download Fillable Census Template](#)