CPA INSURANCE PLANS WEST

Plans designed exclusively for CPAs.

GROUP BENEFIT PLAN
FIRM APPLICATION

Firm Name: _____

Street: _____

City or Town: _____ Prov.: _____ Postal Code: _____

Contact Person: _____ Phone: _____

Email: _____

Number of Eligible Individuals: _____ Effective Date: _____

1. Group Term Life
   ❑ 1 x annual salary ❑ 2 x annual salary ❑ 3 x annual salary
   Note: If AD&D benefit is elected, amount will equal the amount of Term Life benefit.

2. Long Term Disability
   ❑ 60% of monthly salary (benefit is non-taxable if the employee pays 100% of premium)
   ❑ 75% of monthly salary (premiums must be fully or partially paid by the employer -taxable)
   ❑ no LTD

   Waiting Period:
   i) Partners and Proprietors who are members ❑ 30 days ❑ 90 days
   ii) Employees ❑ 120 days ❑ 180 days

3. Dependent Life ❑ Yes ❑ No

4. ADD ❑ Yes ❑ No

5. Critical Illness ❑ Yes ❑ No

6. Extended Healthcare ❑ Yes ❑ No

7. Prescription Drugs ❑ 80% ❑ 100%

8. Vision ❑ $350 ❑ $200 ❑ No

9.. Dental Care ❑ Yes ❑ No
   ❑ Basic Services (five or more participants)
   ❑ 80% ❑ 100%
   ❑ Major Restorative (ten or more participants)
   ❑ Orthodontics (fifteen or more participants)

The Applicant Firm hereby applies to join the CPAIPW Benefit Plan as of the Effective Date and agrees that the insurance, once in force, will be subject to the master contracts issued by the Insurers. In addition, we understand that, once the application has been approved and the insurance is in force, we will be responsible for ensuring that the administrative requirements such as prompt enrollment and notification to CPAIPW of termination and salary changes are met and that participation levels are met.

Authorized Signature: _____ Date Signed: _____