



# INDIVIDUAL BENEFITS PROGRAM

NO HEALTH QUESTIONS, GUARANTEED ACCEPTANCE  
NO PRE-EXISTING CONDITIONS CLAUSES

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[WWW.CLEARBENEFITS.CA](http://WWW.CLEARBENEFITS.CA)

**Presented By:** \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## Benefits for Individuals

Our optional plan offers direct billing to employees, eliminating hassle for both employers and staff.

**No cost or administrative burden on employers - we've simplified implementation.**

Designed for today's diverse workforce, our inclusive plan requires no minimum work hours. Perfect for part-time, seasonal, casual, or shift workers, it ensures everyone has access to top-tier healthcare. Plus, employees can retain the plan post-employment, ensuring their coverage continues.

1

### **New Employment**

Just like group benefits, you must apply within 90 days of starting your job to qualify.

2

### **Open Enrollment**

Newly aware businesses will be provided an open enrollment period for all existing staff regardless of their employment start date.

3

### **Top-Up Existing Coverage**

If you already have group benefits, you may apply anytime as a top-up to your existing group benefit coverage.

## The Advantage of a Hybrid Plan

### Typical Group Benefit Plan



No health questions, and we cover your pre-existing conditions with guaranteed acceptance.



Employer controls the outcome of coverage, if any. All employees must take the coverage to qualify.



You are not able to take your benefits with you if you leave your employment.

### ClearBenefit's Individual Plan



No health questions, and we cover your pre-existing conditions with guaranteed acceptance.



No employer inputs required and there are no minimum participation requirements among staff.



You are able to take your benefits with you, regardless of future employment.

### Traditional Health Plan



Health questions are required and all pre-existing conditions will be excluded from coverage, if you are accepted.



No employer inputs required and there are no minimum participation requirements among staff.



You are able to take your benefits with you, regardless of future employment.

## Why Choose ClearBenefit's Individual Group Benefit Plan?

### Universal Pricing, No Age-Based Premiums

At ClearBenefits, we believe in simplicity. That's why our plan is priced uniformly for everyone, irrespective of age. We don't increase premiums based on your age, ensuring fairness and consistency for all our members. While our Benefit Plans face similar cost pressures such as inflation, rising healthcare expenses, administrative requirements, and insurance claims, we ensure there are no premium spikes due to age banding.

### Adventure Coverage

ClearBenefits' Individual Benefits Plans offer extensive coverage, including a 60-day trip limit with up to five million dollars in out-of-province and country travel coverage. Whether you're an occasional traveler or a seasoned adventurer, our plans have you covered! There are no restrictions on the number of trips you take, and for those planning longer journeys, we provide travel top-up options to extend your coverage.

### Flexible Plan Designs

Understanding that health insurance needs evolve over time, our plans come with built-in flexibility. Every two years while on the plan, you have the option to switch to another plan design. This way, you're not locked into the same plan for life, adapting as your needs change.

### Continued Benefits Beyond Employment

Once enrolled with ClearBenefits, your benefits are no longer tied to your employment status. Whether you change jobs, retire, quit, or stop working for any reason, your benefits remain intact. We bill individuals directly, allowing you to retain your benefits for as long as you desire, up to age 70.

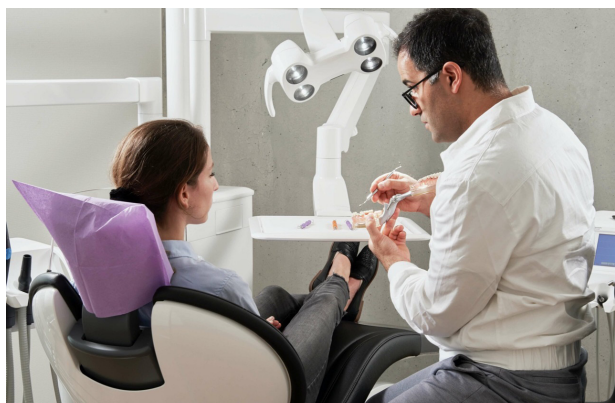
### Tax Deduction Benefits

All premiums paid towards ClearBenefits plans qualify as a tax deduction for you, the employee, offering an additional financial advantage.



# Our Plan Options

## **Plan Option 1:** **Life, AD&D and** **Extended Health**



## **Plan Option 2:** **Life, AD&D and** **Dental**

## **Plan Option 3:** **Life, AD&D and** **Extended Health** **+ Dental**



	Option 1	Option 2	Option 3
Life and AD&D Insurance			
Schedule	Flat \$10,000	Flat \$10,000	Flat \$10,000
Reduction	Reduces to 50% age 65	Reduces to 50% age 65	Reduces to 50% age 65
Termination	Age 70	Age 70	Age 70
Extended Health Care			
Drug			
Deductible	Nil	N/A	Nil
Reimbursement	80% Reimbursement		80% Reimbursement
Maximum	\$5,000/Calendar Year		\$5,000/Calendar Year
Drug Definition	Mandatory Generic Substitution		Mandatory Generic Substitution
Travel	\$5,000,000 per person, per trip @ 100%- 60 day trip duration at age 70		\$5,000,000 per person, per trip @ 100%- 60 day trip duration at age 70
Hospital	100% - Semi-Private		100% - Semi-Private
All Other Major Medical	80% Reimbursement		80% Reimbursement
Eye Exams	R&C for adults every 24 months, 12 months for children		R&C for adults every 24 months, 12 months for children
Vision Care	\$300 for adults every 24 months, 12 for children		\$300 for adults every 24 months, 12 for children
Paramedicals			
Acupuncturist	80% Reimbursement \$350 per practitioner/person/year	N/A	80% Reimbursement \$350 per practitioner/person/year
Physiotherapist			
Chiropractor			
Naturopath/Homeopath			
Podiatrist/Chiropodist			
Audiologist			
Occupational Therapist			
Registered Dietician			
Social Worker			
Osteopath			
Massage Therapist			
Psychologist			
Speech Therapist			
Termination	Age 70	Age 70	
Survivor Benefits	24 months of EHC coverage for surviving eligible dependents	24 months of EHC coverage for surviving eligible dependents	
Dental			
Annual Deductible	N/A	Nil	Nil
Basic Reimbursement		80% Reimbursement	80% Reimbursement
Maximum		\$1,000	\$1,000
Units of Scaling per calendar year		10	10
Recall Frequency		Once every 9 months	Once every 9 months
Termination		Age 70	Age 70
Survivor Benefits		24 months of DEN coverage for surviving eligible dependents	24 months of DEN coverage for surviving eligible dependents





## The Easiest Way to Get Comprehensive Health Coverage

!Get comprehensive coverage that fits your budget  
!Choose from 3 plan options with varying levels of protection

!Keep your own doctors and healthcare providers

!Get prescriptions, dental, vision, and more covered

!Have emergency medical coverage anywhere you travel

At ClearBenefits.ca, we make it simple to get the health and dental insurance you need. Our individual plans come with guaranteed acceptance – no medical questionnaire required.

That means we won't deny you coverage or charge you more due to any pre-existing conditions. We believe healthcare should be accessible to everyone.

## Get Started

### Effortless Individual Health Insurance

!Zero day waiting period. Immediate coverage

!Been declined as a late applicant with your

!employers Group plan? Guaranteed issue, no medical questions \*certain enrollment conditions apply



## FOR CLIENTS WANTING STABLE, PREDICTABLE RATES

put your benefits plan in a superior position, with rate stability normally only available to larger employers

	Option 1	Option 2	Option 3
Solo	\$67.62	\$69.78	\$135.12
Duo	\$125.99	\$134.02	\$257.81
Family	\$144.89	\$180.79	\$323.40



# Plan Member Application





# ClearBenefits.ca Individual Benefits Plan Member Application Form

## About You

Applicant's Legal Name (Please Print) (First,Last): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other

Marital Status: \_\_\_\_\_ Never Married \_\_\_\_\_ Married \_\_\_\_\_ Common-Law \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated

## Employer Details

Employer Name: \_\_\_\_\_ Employer Email Address: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ Average Hours / Week: \_\_\_\_\_

Topping up existing group benefits? (Y/N): \_\_\_\_\_ Replacing Group Benefit Coverage?(Y/N): \_\_\_\_\_ If Yes, Last Day of Coverage): \_\_\_\_\_

## Choose your Coverage

Requested Start Date: \_\_\_\_\_ Individual/Dependents: \_\_\_\_\_ Solo Coverage: \_\_\_\_\_ Duo Coverage: \_\_\_\_\_ Family Coverage (3 or more): \_\_\_\_\_

Choose your plan: Health Plan: \_\_\_\_\_ Dental Plan: \_\_\_\_\_ Health & Dental Plan: \_\_\_\_\_

To be eligible, you must apply within 90 days of the start of your employment unless you are applying during an open enrollment period or if you are applying as a top-up to an existing group benefit plan. Before proceeding, please review our plan designs, policy wording, and pricing as it pertains to your province of residence.

We are a paperless company, so we do not mail out physical booklets. All Booklet information is available on your phone app or desktop.

## Your Dependents

Name of Spouse or Partner (Common-Law) (First, Last): \_\_\_\_\_ Add to Plan?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_ Disabled \_\_\_\_\_ Full-Time Student

If "No", Please provide proof of coverage elsewhere: Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Child (First, Last): \_\_\_\_\_ Add to Plan?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_ Disabled \_\_\_\_\_ Full-Time Student

Name of Child (First, Last): \_\_\_\_\_ Add to Plan?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other. \_\_\_\_\_ Disabled \_\_\_\_\_ Full-Time Student

## Premium Payment Information, Authorization, and Claim Payments

I Authorize ClearBenefits.ca Inc and insuring partners to withdraw premiums monthly from my bank account and deposit benefit claim payments directly into my bank account.

## Provincial Drug Coverage (Required for drug coverage)

### BC: Fair Pharmacare

Please send your response letter from the government showing the level of benefit you receive to [service@clearbenefits.ca](mailto:service@clearbenefits.ca).

\*If you have lost your response letter, you can call 604-683-7151 and they will be able to send you out a new one.

\* If you have not applied for this, please register online at <https://my.gov.bc.ca/ahdc/msp-eligibility>. Once you have received your

response letter in the mail, please forward to [service@clearbenefits.ca](mailto:service@clearbenefits.ca) for processing

## Pre-Authorized Debt (PAD) for the First and Subsequent Premium Payments

ClearBenefits.ca Inc., SimplyBenefits, and my financial institution are directed and authorized to process withdrawals from my bank account for the initial premium payment and for each subsequent premium payment, on a monthly basis, subject to the conditions below, following the effective date of coverage. In the event of non-payment due to insufficient funds, a double payment will be withdrawn on the first of the following month. You are responsible for any NSF charges incurred by your financial institution.

**I waive the right to receive pre-notification of the first withdrawal, any increases in the fixed amount of the withdrawal or a change in the date of the withdrawal. All PAD withdrawals will be treated as personal withdrawals of insurance premium, as defined by the Canadian Payments Association in Rule H1 at [www.payments.ca](http://www.payments.ca).**

Contact your financial institution about your rights regarding cancellation. I have the right to cancel this PAD at any time. This PAD shall remain in effect until I notify ClearBenefits.ca Inc. of cancellation. Note: To ensure cancellation of the next withdrawal, notice by way of email, telephone or letter must be received at ClearBenefits.ca Inc's Head Office 10 days prior to the next withdrawal. Any cancellation of this PAD will not affect the policy contract so long as payment is provided by an alternate method within the period specified in your policy contract.

**All claim payments will be deposited to the above account.**

## Terms and Conditions

The personal information willingly provided by me to ClearBenefits.ca Inc. collected on this Application and held in their files, will be used by ClearBenefits.ca Inc. and all associated insurers for the purposes of underwriting, servicing, administration, claims processing and adjudication related to this Application, the ClearBenefits.ca Policy and all benefits under the Policy, and any supplementary documents.

I understand and authorize that for the above purposes the personal information on file is accessible to, and may be exchanged with, authorized employees of, and relevant third parties retained by ClearBenefits.ca Inc., participating insurer(s) / reinsurer(s), other insurance companies, Third Party Payers, investigative organizations, health care providers, including, but not limited to pharmacies, physicians and dentists and any other person or party whom I authorize. If applying for my spouse and/or Dependents, I confirm that I am authorized to act on their behalf and therefore this consent and authorization also applies to the collection, use and communication of their personal information for the same purposes.

I consent to my Current or former employer/association/organization and the current or former Group Benefits Plan provider providing confirmation of insurance coverage under the current or former Group Benefits Plan for myself, and dependents.

I understand that all claims made under the ClearBenefits.ca Policy are submitted through me as the policy owner. I therefore authorize ClearBenefits.ca Inc. and all associated insurers to exchange information about these claims with me or any person acting on my behalf, including a spouse or dependent, as deemed necessary for the purposes of confirming eligibility and assessing and managing the claim. I understand that all claims payments will be deposited to the bank account provided in this Application.

I understand that by providing an email address, I am giving ClearBenefits.ca Inc. and all associated insurers and third party payers permission to communicate with me through email.

I understand that coverage under a policy will not become effective until all forms are processed and payment is received by ClearBenefits.ca Inc.

I confirm that the person(s) listed on this Application is/are authorized to make withdrawals from the above account, and all terms and conditions in this Application are understood and agreed to. All facts, statements, information and answers given on this Application are true, correct and complete. Any misrepresentation or misstatement of any facts, statements, information or answers given and contained in this Application shall render any insurance issued in connection with this application voidable by ClearBenefits.ca Inc. and all associated insurers and all third party payers. Prescription drugs, paramedical and dental benefits for the ClearBenefits.ca Individual Benefits Program is underwritten by SimplyBenefits. Travel Insurance for the Ecotone Industry plan is underwritten by AIG Travel Guard.

I confirm and acknowledge with the above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Where did you hear from us?

☐ Employer      ☐ Internet Search      ☐ Advisor      ☐ YouTube Commercial      ☐ On-Demand  
☐ Word of Mouth      ☐ Online Advertisement      ☐ Facebook Ad      ☐ Instagram Ad.      ☐ Tiktok Ad      ☐ Advisor

Broker Section (Office & Advisor use only)

Broker: \_\_\_\_\_ Broker Code: \_\_\_\_\_

Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_