

STANDARDS for ALL GROUPS

Amounts granted with the SME form declaration to SME employees

85% participation minimum

BENEFITS	Maximum amount 3 to 4 employees and/or owners	Maximum amount 5 to 10 employees and/or owners	Maximum amount 11 employees or more and/or owners
Disability due to accident*	n/a	\$1,300	\$1,500
Disability due to illness*	n/a	\$1,300	\$1,500
Monthly indemnity due to accident*	n/a	\$1,300	\$1,500
Monthly indemnity due to illness*	n/a	\$1,300	\$1,500
Overhead expenses	\$500	\$500	None
Term life 65*	n/a	\$30,000	\$40,000
Employees Spouse		\$10,000	\$10,000
Extended health benefit without drug coverage	Primary Insured, Single-parent, Couple or Family		
Extended health benefit with regular coverage			
Extended health benefit with enhanced coverage			
Basic drug coverage Maximum overall reimbursement \$1,500			
Dental care			

If the employees and/or owners of the SME select the **DISABILITY DUE TO ILLNESS / MONTHLY INDEMNITY DUE TO ILLNESS** benefit, they must also enrol in the **DISABILITY DUE TO ACCIDENT / MONTHLY INDEMNITY DUE TO ACCIDENT** benefit.

*If an employee and/or owner of the SME selects this benefit, all employees and/or owners must also enrol.

STANDARDS for ALL GROUPS

Amounts granted with the SME form declaration to SME employees who have disability insurance

If an employee and/or owner is covered under a disability insurance contract with another insurer, Ontario Blue Cross® will grant, with the SME form declaration (in replacement of current insurance), the same amounts without exceeding the maximum amounts indicated below:

BENEFITS	Maximum amount 5 to 10 employees and/or owners	Maximum amount 11 employees or more and/or owners
Disability due to accident*	\$2,000	\$3,000
Disability due to illness*	\$2,000	\$3,000
Monthly indemnity due to accident*	\$2,000	\$2,000
Monthly indemnity due to illness*	\$2,000	\$2,000

The company must provide proof of the insured amounts for every employee of the SME.

If the employees and/or owners of the SME select the **DISABILITY DUE TO ILLNESS / MONTHLY INDEMNITY DUE TO ILLNESS** benefit, they must also enrol in the **DISABILITY DUE TO ACCIDENT / MONTHLY INDEMNITY DUE TO ACCIDENT** benefit.

* If an employee and/or owner of the SME selects this benefit, all employees and/or owners must also enrol.

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1. The advisor must complete and submit the SME Pre-authorization form to: smerequest@ont.bluecross.ca.
2. The employees and/or owners of the SME must all work for the same company or corporate name.
3. The Insurer is entitled to refuse the amounts granted with a shortened declaration to the employees and/or owners of a SME based on the nature of activities of the organization or the company.
4. A person to be insured who already had an insurance application or a reinstatement of insurance that was declined, suspended, withdrawn or accepted with special conditions may not be entitled to the same amounts with a shortened declaration (clause applicable only for SMEs' employees without disability insurance in force).
5. The exclusion for pre-existing conditions is applicable for the TERM LIFE 65, MONTHLY INDEMNITY DUE TO ACCIDENT AND ILLNESS, DISABILITY DUE TO ACCIDENT AND ILLNESS and the OVERHEAD EXPENSES benefits. However, if a person to be insured has completed a health statement and has been accepted by the Insurer, the Insurer agrees not to apply the exclusion for pre-existing conditions.
6. An employee can choose benefits from the SME or Express Plans if the minimum yearly premium of \$100 is reached.
7. If the employees and/or owners of the SME select the DISABILITY DUE TO ILLNESS benefit, they must also enrol in the DISABILITY DUE TO ACCIDENT benefit.
8. If the employees and/or owners of the SME select the MONTHLY INDEMNITY DUE TO ILLNESS benefit, they must also enrol in the MONTHLY INDEMNITY DUE TO ACCIDENT benefit.
9. If an employee and/or owner of the SME enrolls in one or more DISABILITY DUE TO ACCIDENT or MONTHLY INDEMNITY DUE TO ACCIDENT benefits with the insurer, then these benefits are treated like a single benefit regarding the amounts offered with a shortened declaration.
10. If an employee and/or owner of the SME enrolls in one or more DISABILITY DUE TO ILLNESS or MONTHLY INDEMNITY DUE TO ILLNESS benefits with the insurer, then these benefits are treated like a single benefit regarding the amounts offered with a shortened declaration.
11. If the employees and/or owners of the SME select the DRUG BENEFIT, they must also enrol in the EXTENDED HEALTH BENEFIT, REGULAR OR ENHANCED coverage.
12. For each employee's/owner's policy, the monthly or yearly premiums can be paid for either by the employer or employee, but not a combination of both.
13. If a group has been accepted, new employees and/or owners of the SME are entitled to the same amounts without a health statement, provided they enrol within 120 days of the date they are hired or the date of their permanence with the company or corporate name.
14. The health statement should not be completed if the amounts insured are equal to or less than those granted with a shortened declaration.

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15. To be eligible for the SME, there must be a minimum of 5 employees/owners. For SME's of 3 and 4 lives please refer to additional standards below.
16. An SME Plan can be created for the fifth employee if there are four Global or Express Plans for the existing employees/owners.
17. If an existing SME Plan decreases to three policies, the fourth employee will need to complete a full health statement for SME benefits.
18. Foreign workers on a temporary work permit with OHIP coverage are eligible to participate provided the work contract is not less than 2 years. The number of foreign workers in an SME may not exceed 15% of the total number of employees.
19. A new born child may be added to an existing coverage without medical underwriting provided a notice is given to Blue Cross within 30 days from the date of birth.
20. An employee (and their spouse and dependents) may be allowed to re-enroll into the plan with the SME declaration if they were laid off from their employer.
21. The 85% participation rule is net of spousal waivers. For example, if a group of 20 lives has 4 spousal waivers, we would require 14 employees to participate to meet the 85% participation rule (i.e. $20 \text{ employees} - 4 \text{ spousal waivers} = 16 \times 85\%$). If the case drops under 5 lives but not lower than 3 lives, the rules for groups of 3 to 4 lives will apply.
22. An employee who has lost spousal coverage, and currently has a waiver on the SME plan, can join the SME plan (within 90 days of termination of the spousal coverage) with proof of previous coverage. In this case we only require completion of the SME declaration form. If proof of previous coverage is not provided, full medical underwriting is required.
23. Once a year, the SME must confirm that the mandatory participation is maintained.
24. Employees must work a minimum of 8 months per year and 20 hours a week to be eligible.
25. A new spouse must be added within 90 days of cohabitation.
26. For disability, monthly indemnity of life, please complete the application booklet (long application).
27. The SME privilege is only available to the employee once.

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Additional SME Standards for groups of 3 or 4 lives only

1. Only eligible for extended Health Care, Prescription Drug benefits, Dental benefits or the Children's Critical Illness package benefit.
2. Disability and Life insurance are not available.
3. For a family enterprise, there must be at least 1 full time employee working a minimum of 20 hours per week who is not part of the immediate family.
4. All employees must enrol in the same benefit package.
5. The business must be in existence and registered for at least one year.
6. Should the employment numbers drop below 3 lives, the new employees will be subjected to full medical underwriting.
7. Premium must be paid by the employer.
8. Please use the shortened health and dental application for an SME of 3 or 4 lives and sign declaration 3A&B.
9. SMEs of 3 or 4 lives must answer the supplemental medical questions on the SME application form.

List submitted with applications

Name of company or corporate name:

Nature and description of the activities of the company:

Number of employees and/or owner(s): Participation: %

#	Last name and first name	Application No.	Date of hiring	Occupation
1				
2				
3				
4				
5				
6				
7				
8				
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25				

I hereby declare that the information above is true and accurately reflects the company's current situation.

Signature of owner of the company

Date

Signature of representative