



RWAM INSURANCE
ADMINISTRATORS INC.

MASTER APPLICATION GRADUATING STUDENT GROUP PLAN

UNDER THE RWAM TRUST

CHECKLIST

- Application for Group Coverage**
 - Ensure that application is complete, signed by the client and witness their signature
 - Any changes and/or corrections should be initialed by the applicant as this document forms part of their agreement
- Individual Enrolment Forms**
 - Complete all forms in full and ensure that comparable coverage and opt-out sections are correct and signed
 - Designate a beneficiary (and a trustee if the beneficiary is under 18 years of age)
- Evidence of Insurability**
 - If applying more than 60 days after graduation, you must submit Medical Evidence for you and your dependents
- Binder/Deposit Cheque**
 - PAC is mandatory for this plan
 - Binder cheque should equal one month of estimated premium using quoted rates, currently dated and payable to:

APPLICANT

Full Legal Name	Contact Person
No. and Street	Telephone
City, Province	Postal Code
	Fax
	E-mail

PRESENT BENEFITS

Current Student Plan	Date Present Coverage is to be Terminated
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POLICY EFFECTIVE DATE

Day Month Year

To avoid a period without coverage, do not terminate any existing coverage until notice has been given that RWAM Insurance Administrators Inc. has approved the coverage being applied for.

DESCRIPTION OF BENEFITS

ALL BENEFITS TERMINATE AT AGE 70, WITH THE LIFE INSURANCE REDUCING BY 50% AT AGE 65.

LIFE	A.D.& D.	DEPENDENT LIFE
Flat \$25,000	2 times Life Amount	Spouse \$5,000 Child \$2,500

EXTENDED HEALTH CARE

Benefit	Co-Ins.	Maximum
Pay Direct Prescription Drugs	80%	\$1,500/yr./person
Anti-Smoking Drugs/Treatment (Nicotine Patch)	--	Excluded
Fertility Drugs/Treatment	--	Excluded
Private Duty Nursing	80%	\$10,000-lifetime max.
Paramedical Practitioners	80%	\$400/yr./practitioner Chiropractor - \$20/visit
Orthopaedic Shoes	80%	\$250/yr.
Orthotics	80%	\$250/yr.
Hearing Aids	80%	\$400 every 5 yrs.
Eye Examinations	80%	1 exam/24 months \$50/exam
Accidental Dental	80%	\$2,000 – lifetime max.
Medical Supplies &/or Emergency Ambulance	80%	Unlimited
Semi-Private Hospital	--	Excluded
Out-of-Canada (60 day Emergency Only)	100%	\$1,000,000

DENTAL CARE (Optional)

Group Dental Plan Participation Yes No

This plan will pay 80% of basic covered expenses. Benefit payment is based on the current Provincial Fee Schedule to a maximum of \$1,000.00 per calendar year, per individual.

- Oral exams, cleaning & fluoride applications (not more than once every 9 months)
- X-rays
- Fillings
- Anesthesia
- Endodontics (root canal therapy)
- Periodontics (treatment of gums & other tissue of the mouth)
- Repairs, relining & rebasing of dentures



PRE-AUTHORIZED CHEQUE PLAN

The first month's premium and a void cheque are required. The P.A.C. withdrawal will be processed the first day of each month.

RWAM Insurance Administrators Inc. is authorized to draw cheques or issue directions each month for the purpose of paying premiums for the benefits referred to herein. The applicant hereby authorizes any banking institution with whom it has an account to deal with such cheques or directions as though they were authorized by itself.

_____ Date _____ Authorization Signature

PREMIUM SUMMARY

Single Coverage	Family Coverage	Exempt Coverage
\$ _____	\$ _____	\$ _____

- Premiums subject to PST, if applicable
- \$10.00 per month Standard Group Administration Fee, subject to GST
- Rates are reviewed annually with adjustments being effective January 1st regardless of the effective date.

APPLICATION TO PARTICIPATE IN THE RWAM TRUST

WHEREAS:

- The Applicant desires to obtain the benefits requested in this Application for its eligible employees and their eligible dependents, and hereby applies to become a Participating Member under the Retailers, Wholesalers and Manufacturers Group Insurance Trust (the "RWAM Trust");
- The agreement governing the RWAM Trust (the "RWAM Trust Agreement") provides that the trustees of the said trust, or their authorized agents, shall have the right and discretion to accept or reject applications from qualified persons to become Participating Members in the said trust from time to time;
- Benefits provided by licensed insurers under group insurance contracts issued to the Trustees of the RWAM Trust (the "Trustees") include: Extended Health Care, Dental, Out-of-Province/Out-of-Canada coverage, group Life Insurance, Accidental Death, Disease & Dismemberment benefits, long term disability benefits or monthly transitional benefits, weekly indemnity benefits, and other optional group insurance products;
- RWAM Insurance Administrators Inc. ("RWAM") is the authorized agent of the Trustees of the RWAM Trust, and has been appointed as administrator of the RWAM Trust.

NOW THEREFORE, subject to the Applicant being accepted as a Participating Member in the RWAM Trust, THE APPLICANT ACKNOWLEDGES, UNDERTAKES AND AGREES:

- To be bound by all the terms, provisions, conditions and limitations of the RWAM Trust Agreement and any and all insurance contracts issued to the Trustees and all lawful amendments thereto;
- To pay, or cause to be paid, all contributions and premiums necessary to provide the benefits applied for herein, or subsequently requested, as and when required by the Trustees pursuant to the terms thereof;
- That the only benefits provided shall be in accordance with this Application as submitted. Any changes desired by the Applicant must be requested in writing and are subject to the approval of the Trustees or their authorized agent, and shall only be effective as of the date of such approval.
- To hold open for inspection any records in its possession or under its control relating to this Application and the benefits hereby applied for or provided hereunder, and to co-operate fully with the Trustees, RWAM and their agents in all matters regarding the benefits applied for or provided.
- At all times, to enroll only actively working, eligible permanent employees and their eligible dependents for benefit coverage.
- To immediately inform RWAM in writing of any changes to the Contributory or Non-Contributory status of its employees' premiums or contributions, including any changes affecting the status, for tax purposes, of any benefits provided for under this Application.
- To provide immediate written notification to RWAM of any employee who ceases to be actively at work between the date this Application is signed and the date of acceptance of this Application.

The Applicant hereby appoints RWAM Insurance Administrators Inc. to act as its agent under the RWAM Trust Agreement, to act on the Applicant's behalf for the purposes of the said trust agreement, including, without limitation, any notice provisions or amendments thereto, save and except for any notice of default as to contributions or premiums, or any notice of termination as a Participating Employer.

The Applicant hereby declares that, to the best of the Applicant's knowledge, the statements and answers contained in this Application are full, complete and true as of the date hereof.

Subject to this Application being approved, the effective date of coverage in respect of the benefits hereby applied for shall be the Policy Effective Date indicated in this Application.

In the event any errors or omissions are discovered in this Application, RWAM is hereby authorized to amend this Application by noting the required change(s) on this Application. A copy of this amended Application shall be sent forthwith to the Applicant, and such action shall constitute acceptance of such change(s), unless the Applicant provides immediate written notice to the contrary.

An initial Premium Deposit of \$ _____ (as per cost summary) is included with the Application.

Dated at _____ this _____ day of _____ 20____
(location) (day) (month) (year)

Applicant (Full Legal Name) _____ Witness _____

Agent and Agency _____

RWAM INSURANCE ADMINISTRATORS INC.

49 Industrial Drive, Elmira, Ontario N3B 3B1 Tel: (519) 669-1632 Fax: (519) 669-1923 Our Compliments: 1-877-888-RWAM(7926)



Graduating Student Plan ENROLMENT FORM

Certificate # _____

PLEASE PRINT AND COMPLETE EACH SECTION CLEARLY IN INK REMIT SIGNED ORIGINAL TO RWAM

GRADUATION DATA

School You Graduated From _____

Date of Graduation _____ (yy/mm/dd) Degree Obtained _____

(If applying for coverage more than 60 days after graduation you must submit medical evidence for you and any of your dependents)

GRADUATING STUDENT'S STATEMENT

You and your dependents must be insured through your Provincial Benefit Plan in order to participate in RWAM's group insurance plan.

Surname _____ First Name _____

Date of Birth _____ Sex Female Male Address _____

Marital Status Single Married Common-law* Divorced Separated Widowed _____

* If Common-law, indicate date co-habitation began _____ (yy/mm/dd)

SINGLE, Extended Health Care SINGLE, Dental

If you are eligible for family coverage your dependents must have coverage* through your spouse

Spouse's Employer _____

Spouse's Group Insurance Carrier _____

FAMILY, Extended Health Care FAMILY, Dental

Please indicate if you have coverage* through your spouse

E.H.C. No Yes

Dental No Yes

If "yes" – Spouse's Group Insurance Carrier _____

Claims must be submitted to the primary carrier, indicated above, first. Any portion of the claim not reimbursed by the primary carrier should be sent to the spouse's insurance company for consideration. The children's claims will be reimbursed under the parent whose date of birth falls first in the calendar year.

* If comparable coverage ceases, please advise RWAM within 31 days or you will be subject to medical evidence (at your expense) and a one year dental restriction.

ELIGIBLE DEPENDENTS

BENEFICIARY DESIGNATION

Name (list surname if different than graduate's)	Relationship to Graduate	Date of Birth (yy/mm/dd)
Spouse _____	_____	_____
Children _____	_____	_____
_____	_____	_____
_____	_____	_____

Full Legal Name of Beneficiary _____
First Name _____ Surname _____

Relationship To Insured _____

Trustee (If Beneficiary is under 18) _____

* Students over 21 and under 25 are only eligible if they submit proof of full-time registration. Children of common-law spouses must reside with the employee in order to be eligible.

Application to remove trustee must be made once the Beneficiary turns 18 years of age. All changes/corrections must be initiated by the applicant.

AUTHORIZATION

I understand the information I provide on this form will be used by RWAM Insurance Administrators Inc.(RWAM) and the insurer for the purposes of determining eligibility for group insurance coverage and benefits; and to administer benefits under this coverage. I hereby authorize my employer/plan administrator, the authorized group agent/broker, and the insurer to exchange any relevant and necessary information for such purposes. If I am applying for coverage for my eligible dependents, I confirm I am authorized to act on their behalf for such purposes. I declare that the statements made on this form are complete and true. I understand that if any statement is incomplete or false, any coverage granted may be voided. This authorization will remain valid for as long as I am claiming benefits or service, or revoked by myself.

Graduate's Signature X _____

Date _____ (yy/mm/dd)

OFFICE USE ONLY

Effective Date	Life Volume <input type="checkbox"/> GF	Extended Health Care <input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Nil	Dental <input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Nil
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