

## Plan Design “All Benefits”

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Life Insurance	Flat \$25,000 of benefit Maximum of \$25,000 Non-evidence maximum of \$25,000 Reduces by 50% at age 65 and terminates at age 70
Accidental Death & Dismemberment	Flat \$25,000 of benefit Maximum of \$25,000 Non-evidence maximum of \$25,000 Reduces by 50% at age 65 and terminates at age 70
Dependent Life Insurance	\$5,000 for spouse \$2,500 for each dependent child
Short Term Disability	66.67% of gross weekly earnings Maximum of \$600 per week Pays immediately if disabled due to accident or hospitalization Pays after seven calendar days if disabled due to illness Payable for 17-weeks Non-taxable disability income Terminates at the earlier of retirement or age 65
Long Term Disability	66.67% of gross monthly earnings Maximum of \$4,000 per month Non-evidence maximum of \$1,500 Begins after 17-weeks of continuous disability Payable to recovery or age 65 Two-year own occupation disability definition <i>For the first 24-months following the waiting period, members are considered to be disabled if they can not perform the essential duties of their OWN OCCUPATION</i> <i>After the initial 24-months, benefits will continue if the member's disability prevents them from being gainfully employed in ANY OCCUPATION that provides the member with an income of at least 50% of the indexed pre-disability monthly earnings</i> Full CPP offset Non-taxable disability income Terminates at the earlier of retirement or age 65

# Plan Design “All Benefits”

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## Drug Plan

No deductible  
80% reimbursement for prescription drug expenses  
Excluding smoking cessation & fertility drug products

## Extended Health Care

No deductible  
100% coverage for all eligible expenses, subject to certain maximums  
Coverage includes:  
Hospital  
\$300 paramedical maximum  
Ambulance services  
Out of Canada emergency services and Travel Assistance  
Terminates earlier of retirement or age 70

## Dental Care

No deductible  
80% coverage of basic expenses  
50% coverage of major restorative services  
\$1,500 combined annual maximum per family member for basic and major restorative  
Pays according to the current provincial fee guide  
Recall examinations are eligible every six-months

## Survivor benefits

In the event of death to an employee, the health, vision, and dental benefits continue for the surviving family members for a period of 24-months at no charge

## Cost Plus plan

Tax-effective alternative to allow for the payment of non-insured health, dental and/or vision expenses for owners and/or key employees

*\* This plan summary in no way represents a contract.  
Please refer exclusively to your group benefit contract for details of your group benefits plan.*



## Cost Illustration “All Benefits”

<b>Edmonton Senior's Organizations</b>				
<b>Average' Cost Summary May - 2009</b>				
BENEFIT	Current Volume/Lives	Great-West Life	Manulife Financial	SunLife Financial
Basic Life	\$862,500 36	0.300 \$258.75	0.324 \$279.45	0.350 \$301.88
AD&D	\$862,500 36	0.050 \$43.13	0.048 \$41.40	0.040 \$34.50
Dependent Life	25	2.80 \$70.00	2.93 \$73.13	3.03 \$75.75
Long Term Disability	\$83,153	2.680 \$2,228.50	3.321 \$2,761.51	
<b>POOLED PREMIUM</b>		<b>\$2,600.38</b>	<b>\$3,155.49</b>	<b>\$412.13</b>
Extended Health Care				
Single	10	59.96	87.57	57.44
Family	25	112.44	115.09	122.12
		\$3,410.60	\$3,752.95	\$3,627.40
Vision Care				
Single	10	1.10		
Family	25	2.08		
		\$63.00		
Dental Care				
Single	10	39.34	44.15	38.30
Family	25	88.84	103.98	87.80
		\$2,614.40	\$3,041.00	\$2,578.00
<b>EXPERIENCE PREMIUM</b>		<b>\$6,088.00</b>	<b>\$6,793.95</b>	<b>\$6,205.40</b>
<b>TOTAL NEW PREMIUM (Monthly)</b>		<b>\$8,688.38</b>	<b>\$9,949.44</b>	<b>\$6,617.53</b>
<b>TOTAL NEW PREMIUM (Yearly)</b>		<b>\$104,260.56</b>	<b>\$119,393.28</b>	<b>\$79,410.36</b>
<b>MONTHLY DIFFERENCE</b>			\$1,261.06	-\$2,070.85
<b>% DIFFERENCE</b>			14.5%	-23.8%

# Plan Design “All Benefits, with Health Spending Account”

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Life Insurance	Flat \$25,000 of benefit Maximum of \$25,000 Non-evidence maximum of \$25,000 Reduces by 50% at age 65 and terminates at age 70
Accidental Death & Dismemberment	Flat \$25,000 of benefit Maximum of \$25,000 Non-evidence maximum of \$25,000 Reduces by 50% at age 65 and terminates at age 70
Dependent Life Insurance	\$5,000 for spouse \$2,500 for each dependent child
Long Term Disability	66.67% of gross monthly earnings Maximum of \$4,000 per month Non-evidence maximum of \$1,500 Begins after 17-weeks of continuous disability Payable to recovery or age 65 Two-year own occupation disability definition <i>For the first 24-months following the waiting period, members are considered to be disabled if they can not perform the essential duties of their OWN OCCUPATION</i> <i>After the initial 24-months, benefits will continue if the member's disability prevents them from being gainfully employed in ANY OCCUPATION that provides the member with an income of at least 50% of the indexed pre-disability monthly earnings</i> Full CPP offset Non-taxable disability income Terminates at the earlier of retirement or age 65

# Plan Design “All Benefits, with Health Spending Account”

Health Spending Account through Quikcard Solutions Inc.

## Drug Plan

*because the drugs are administered electronically, through a drug card, there has to be a limit put on the electronic card ... if more is needed, it can be taken from the other portion of the spending account*

**Maximum Benefit \$500 – Single**

**Maximum Benefit \$1,000 – Family**

No deductible

100% Pay Direct Drug Card for prescription drug expenses

Mandatory generic drug definition

Excluding smoking cessation & fertility drug products

*Stop Loss, catastrophic drug care is available up to \$25,000 per person per year if needed through the Alberta Non-Group Plan ~ family cost \$492/year*

## Extended Health Care

**Combined Maximum [all services]:**

**Single Benefit \$1,000**

**Family Benefit \$2,500**

No deductible

100% coverage for all eligible expenses

Coverage includes, but is not limited to:

Semi-Private hospital

Paramedical services: Psychology, Audiology, Acupuncture, Chiropractic, Massage, Naturopath, etc.

Ambulance services

Terminates earlier of retirement or age 70

## Vision Care

No deductible

100% coverage

Eye Exams

Eye Glasses, Contact Lens, Clinical, Optical Supplements, etc.

## Dental Care

No deductible

100% coverage of basic expenses

Diagnostic, Radiographs, Preventative, Endodontic, Periodontal, Surgical

100% coverage of major restorative

Dentures, Crowns, In-lays – On-lays, Bridgework

100% coverage of orthodontic

Removable & Fixed Appliances

Pays according to the current provincial fee guide

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*Please refer exclusively to your group benefit contract for details of your group benefits plan*

## Pricing Illustration

<b>Edmonton Senior's Organizations</b>			
<b>Average' Cost Summary May - 2009</b>			
<b>BENEFIT</b>	<b>Current Volume/Lives</b>	<b>Great-West Life</b>	<b>Manulife Financial</b>
Basic Life	\$862,500 36	0.310 \$267.38	0.400 \$345.00
AD&D	\$862,500 36	0.050 \$43.13	0.068 \$58.65
Dependent Life	25	3.10 \$77.50	3.20 \$80.00
Long Term Disability	\$83,153	2.900 \$2,411.44	3.700 \$3,076.66
<b>POOLED PREMIUM</b>		<b>\$2,799.45</b>	<b>\$3,560.31</b>
Health Spending Account			
Single	10	133.33	133.33
Family	25	200.00	200.00
		\$6,333.30	\$6,333.30
<b>EXPERIENCE PREMIUM</b>		<b>\$6,333.30</b>	<b>\$6,333.30</b>
<b>TOTAL NEW PREMIUM (Monthly)</b>		<b>\$9,132.75</b>	<b>\$9,893.61</b>
<b>TOTAL NEW PREMIUM (Yearly)</b>		<b>\$109,593.00</b>	<b>\$118,723.32</b>
<b>MONTHLY DIFFERENCE</b>			\$760.86
<b>% DIFFERENCE</b>			8.3%

All rates are subject to sales taxes where applicable.

All quotations are valid for a period of 60 days from date quote released by carrier.

The insurance carrier reserves the right to revise the rates based on changes to the insured demographics at time of issue.

Apr. 20, 09



# Payroll Deductions of Employee Benefits

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Canada Revenue Agency  
Agence du revenu  
du Canada

Canada



Canada Revenue Agency  
[www.cra.gc.ca](http://www.cra.gc.ca)

[Skip to content](#) | [Skip to institutional links](#)

If you make contributions to a private health services plans (such as medical or dental plans) for employees, there is **no** taxable benefit to the employees.

## Note

Employee-paid premiums to a private health services plan are considered qualifying medical expenses and can be claimed by the employee on his or her individual return.

Include this amount on a T4 slip in the "Other information" area under code **85**. Use of code **85** is optional. If you do not enter code **85**, we may ask you to provide supporting documents.

## Payroll deductions

Do **not** deduct CPP contributions, EI premiums, or income tax from benefits you provide to employees under private health services plans.

## Reporting the benefit

Premiums under a private health services plan are **not** taxable, do **not** report this benefit on a T4 slip.

[www.cra-arc.gc.ca/tax/business/topics/payroll/benefits/health/private-e.html](http://www.cra-arc.gc.ca/tax/business/topics/payroll/benefits/health/private-e.html)



# Privacy of Information Act

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On January 1<sup>st</sup>, 2004, Federal legislation governing how commercial companies collect, use and disclose an individual's personal information took effect. The federal rules will apply in those provinces where provincial legislation of a "substantially similar nature" does not exist. All private sector companies in Canada, including insurance companies and consultants, are governed by the Act or by similar provincial legislation.

Bill C-6, also known as PIPEDA, is the *Personal Information Protection and Electronic Documents Act*. It stipulates that consent must be given for the collection, use or disclosure of an individual's personal information. The individual has the right to access personal information held by an organization, and to challenge its accuracy. Personal information can only be used for the purposes for which it was collected; if it is to be used for another purpose, consent must be obtained again.

PIPEDA will impact the type of information that can be given by insurers to employers, to consultants / brokers or, the type of information that can be required by insurers and the methods of physical protection and retention of personal information. The means for establishing identity needs to be enhanced (i.e.: PIN or password when requesting information over the telephone). All files with personal information (both paper and electronic) must be sealed, locked up or encrypted.

Member consent should be obtained before or at the time of collection of personal information such as:

- When an employee enrolls for benefits or submits a claim form
- When a transaction or relationship is initiated (when a member dependent accepts a drug card to use for direct transactions).

Most insurers have updated their enrollment forms to include the existing authorization and a new confidentiality section above the employee's signature. These forms should be used and can generally be downloaded from the insurer's website. For existing plan members, the insurer can use "implied consent" and can disclose appropriate information.

Traditionally, insurers have provided employers with detailed reports on everything from health & dental claim activities, drug utilization, incidence of disability, etc. Under PIPEDA, these reports can no longer include any identifying information about specific employees. Information will be limited to aggregated, non-identifying data. For small groups, this could be even more limited, as identification is often possible with deductive reasoning. Therefore employers will get less information to manage their disability, health or dental plan.

Generally, an employer has to justify the need to obtain any medical or personal information from a third party, such as a hospital, medical clinic, and insurer. The need has to be evaluated within the context of the purpose of the request. It is an accepted fact that the medical diagnosis of an employee is not considered information that an employer needs to effectively manage human resources, barring special circumstances such as reasonable grounds to suspect fraud or abuse. Most health specialists are bound by a code of ethics for their profession. Consequently, these specialists will not provide any information without obtaining the informed consent of the patient regarding transmission of medical data to the patient's employer. Also the quantity and nature of information may be restricted.

## Disclosure Statement

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In keeping with the practice standards of the Joint Forum of Financial Market Regulators, please note, *the interest of our clients takes priority over the interest of Quikcard Benefits Consulting Inc. or the suppliers.* Many of the suppliers we work with recognize the level of service we extend to our clients through sales incentive programs or contingent commissions. Payments may depend on profitability, the total portfolio of business with a particular company, as well as retention of business. We operate from the philosophy of a “standard crown commission scale” used by our suppliers wherever possible. Details of any specific arrangement are available upon request.

No insurer holds an ownership interest in *Quikcard Benefits Consulting Inc.*, nor does *Quikcard Benefits Consulting Inc.* hold any significant interest in any insurance company or supplier.

When you purchase a benefit package, *Quikcard Benefits Consulting Inc.* will be paid by the company that offers that product through a sales commission at the time of the sale and *may* receive a renewal (or service) commission when the policy is retained. For service products, *Quikcard Benefits Consulting Inc.* may receive a referral fee.

*Quikcard Benefits Consulting Inc.* may also be eligible for additional compensation, such as bonuses and non-monetary benefits, such as travel incentives. This compensation depends on various factors such as the volume or retention of the business placed with a particular company during a given time period.

*Quikcard Benefits Consulting Inc.* takes the potential of a conflict of interest seriously and will notify our clients if there is a conflict of interest when and if they become aware of a conflict of interest between *Quikcard Benefits Consulting Inc.* and the client with regards to any recommendation made to the client. Any recommendation made by *Quikcard Benefits Consulting Inc.* will be based on an overall needs analysis, which is considered to be in the best interest of the client.

*This statement has been prepared by Lori Power, President, Quikcard Benefits Consulting Inc. and Lori Power alone is responsible for its accuracy.*

## Strategic Alliances

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Lori Power is the President of Quikcard Benefits Consulting Inc., which is contracted with London Life Insurance Company, through Freedom 55 Financial, a division of London Life Insurance Company. Quikcard Benefits Consulting Inc. is licensed to sell life and health insurance in the province of Alberta through the Alberta Insurance Council. We are also licensed to sell mutual funds in Alberta.

Although contracted with London Life, Quikcard benefits Consulting Inc. holds no strict alliance to any one insurance company, including London Life for Employee Group Benefits, since London Life does not provide these insurance products. Instead, we choose to optimize the value of many insurance companies to our clients. Quikcard Benefits Consulting Inc. has selected companies to help us deliver on our commitment to you, *the best benefit package available, at the best market price.*