

CHOICES VOLUNTARY BENEFITS

Cost Calculator for Practice Purposes

Enter your personal information in the yellow highlighted fields. Then select the Voluntary Benefits and coverage amounts you would like. Please refer to the Enrolment Guide for benefit costs. The calculator will automatically calculate the annual cost of your selections.

STEP 1: EMPLOYEE INFORMATION

First Name:		Last Name:	
Birth Date: (DD/MMM/YY)		Age:	
Gender:		Smoking Status:	

STEP 2: SPOUSE'S INFORMATION (IF APPLICABLE)

First Name:		Last Name:	
Birth Date: (DD/MMM/YY)		Age:	
Gender:		Smoking Status:	

STEP 3: SELECT EMPLOYEE OPTIONAL LIFE BENEFIT

Available in units of \$10,000 to a maximum of \$200,000. Coverage terminates the earlier of employee's age 65 or retirement. All amounts require medical evidence of good health approved by the insurance company.

Coverage applied for:		My Annual Cost:	
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STEP 4: SELECT SPOUSAL OPTIONAL LIFE BENEFIT

Available in units of \$10,000 to a maximum of \$200,000. Coverage terminates the earlier of spouse's age 65, employee's age 65, or employee's retirement. All amounts require medical evidence of good health approved by the insurance company.

Coverage applied for:		My Annual Cost:	
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STEP 5: SELECT VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

Employee or Family coverage available in units of \$25,000 to a maximum of \$250,000. Coverage terminates the earlier of employee's age 70 or employee's retirement. Medical evidence is not required.

Coverage amount applied for:

Coverage choice applied for:

My Annual Cost:

STEP 6: SELECT EMPLOYEE VOLUNTARY CRITICAL ILLNESS

Available in units of \$10,000 to a maximum of \$150,000. Coverage terminates the earlier of employee's age 70 or retirement. \$10,000 is guaranteed without medical evidence of good health. All amounts greater than \$10,000 require medical evidence of good health approved by the insurance company.

Coverage applied for:

My Annual Cost:

STEP 7: SELECT SPOUSAL VOLUNTARY CRITICAL ILLNESS

Note: You can only apply for this benefit if you have also applied for the Employee Voluntary Critical Illness benefit.

Available in units of \$10,000 to a maximum of \$150,000. Coverage terminates the earlier of spouse's age 70, employee's age 70 or employee's retirement. \$10,000 is guaranteed without medical evidence of good health. All amounts greater than \$10,000 require medical evidence of good health approved by the insurance company.

Coverage applied for:

My Annual Cost:

STEP 8: SELECT CHILD VOLUNTARY CHILD CRITICAL ILLNESS

Note: You can only apply for this benefit if you have also applied for the Employee Voluntary Critical Illness benefit. \$5,000 per Dependent Child is available. Coverage terminates the earlier of employee's age 70, employee's retirement or when the child no longer qualifies as a Dependent. Medical evidence is not required.

Coverage applied for:

My Annual Cost:

STEP 9: PAYROLL DEDUCTION SUMMARY

Employee Voluntary Benefits Total (adds Steps 3, 5, 6):

Spouse Voluntary Benefits Total (adds Steps 4 & 7):

Child Voluntary Benefits Total (Step 8)

Total Annual Cost of Voluntary Benefits (adds Steps 3 to 8):

Bi-weekly Payroll Deduction based on 24 pays per year:
(Deductions will be made on the first 2 pays of each month)

Please note this worksheet is intended to be used only as a guide. Worksheet calculations may differ from actual volume and cost amounts calculated by the insurance company based on current contract provisions and premium rates. Applicable taxes have not been included in this illustration. If there are any discrepancies between the group contracts and the information on this worksheet, the group contract will take priority. Flex Credits and premium rates are reviewed annually and are subject to change. You will be notified in advance of any changes.