General Provisions

Who is eligible?

All Royal LePage Franchise owners and Royal LePage Corporate Brokerage Managers; plus, Full-Time Support Staff working a minimum of 20 hours per week. Sales staff are not eligible to join this program.

For more information, contact: carla.kennedy@corporatebenefits.ca

When can I join?

For current employees, there is no waiting period. Newly hired employees must wait 90 days before they are eligible.

Is participation mandatory?

Yes. All eligible members of a participating franchise must enroll.

Are all benefits mandatory?

Yes. Except Health and Dental benefits, which can be waived if you are currently covered by your spouse/partner. (1-year co-habitation period for common-law spouse/partner)

Who pays the premium?

Long-Term Disability must be 100% Employee paid. All other benefits must be a minimum of 50% Employer paid. (Employer contribution as determined by the Franchise Owner/Broker)

Highlights

Large Group Benefits for Small Group clients.



100% Guaranteed Acceptance No medical questions to answer.



No pre-existing medical exclusions for Health and Dental benefits.



Higher benefit limits, broader coverages, get more for your dollar.



Take advantage of large group pricing.



Flexibility means choice. Choose the Health and Dental option that is best for you and your family.



Corporate Benefits Consultants Ltd.

1450 Hopkins Street, Suite 107 Whitby, Ontario L1N 2C3

Phone: 905-943-4450 Toll-Free: 1-866-802-3884

Fax: 905-943-7601

For more information:

Email: carla.kennedy@corporatebenefits.ca Web: corporatebenefits.ca/royallepage



Independently owned and operated



Group Insurance Program for

Broker/Owners & Full-Time Support Staff



Core Benefits

AD&D Insurance underwritten by CHUBB Insurance. All other Benefits Underwritten by Equitable life of Canada

Life and AD&D Insurance

1× Earnings up to maximum of \$250,000

Dependent Life Insurance

\$10,000 for spouse & \$5,000 per dependent child

Long-Term Disability Insurance

Your long-term income replacement coverage.

- Receive up to \$7,000 of tax-free monthly benefit (depending on your salary).
- Benefits are payable after four months of continuous and total disability.

Voluntary Life Insurance**

Employee up to \$500,000 Spouse up to \$250,000 Child up to \$10,000

**subject to medical underwriting

Employee and Family Assistance Program

WorkPlace Options: This service offers you and your family support with any work or personal issue, including short-term professional counseling and connecting you to local resources to help you manage emotional, practical or physical needs.

Optional Benefits

Each eligible participant must enroll in all Core Benefits PLUS A, or B, or C below for a minimum of two years. Changes in coverage (one Plan level up or down) may be elected once the lock-in period has expired.



EXTENDED HEALTH CARE & DENTAL CARE

| Benefits | Plan A | Plan B | Plan C |
|---|--|--|---|
| Deductible (Not applicable to Hospital, Drugs, or Vision Care) | NIL | NIL | NIL |
| Reimbursement Levels | 80% | 80% | 100% |
| Drug Deductible | NIL | NIL | NIL |
| Hospital | Semi-private | Semi-private | Semi-private |
| Private-Duty Nursing | \$10,000 per year* | \$10,000 per year* | \$10,000 per year |
| Professional Services** | \$300 per practitioner per person per year* | \$500 per practitioner per person per year* | \$750 per practitioner per person per year* |
| Travel Insurance with Manuassist | No deductible 100% reimbursement | No deductible 100% reimbursement | No deductible 100% reimbursement |
| Vision Care | None | \$300 every 2 years* | \$400 every 2 years* |
| Orthopedic Shoes | \$200 every 2 years* | \$200 every 2 years* | \$300 every 2 years* |
| Hearing Aids | \$400 every 4 years* | \$400 every 4 years* | \$400 every 4 years* |
| Overall Maximum | \$1,000,000 Lifetime | \$1,000,000 Lifetime | \$1,000,000 Lifetime |
| Dental Coverage Deductible per year | NIL | NIL | NIL |
| Basic Services Maximum | 80% \$1,000 per year* | 80% \$1,000 per year* | 100% Unlimited |
| Major Services Maximum | None N/A | 50% \$2,000 per year* | 50% \$2,000 per year* |
| Recall Exams | Every 6 months | Every 6 months | Every 6 months |
| Dental Fee Guide | Current | Current | Current |

^{*}In every case "year(s)" refers to calendar year(s)"

^{**} Acupuncturist, Audiologist, Chiropractor, Dietician, Massage Therapist, Naturopath,
Osteopath, Occupational Therapist, Podiatrist/Chiropodist, Physiotherapist, Psychologist/
Social Worker, & Speech Therapist.