

## APPLICATION FORM

Fill in the application form if you are a business with 50 employees or less. For businesses with more than 50 employees please contact us directly for more information.

Download form to your computer & fill in using [Adobe Acrobat Reader](#).

Company name

Administrative Contact

Address line 1

Address line 2

City

Province

Postal code

Phone

Email

Nature of the company's business?

Business Type

Number of years company has been in business

Number of employees working over 20 hours per week

Are any Contract workers to be covered under this plan?

 YES  NO

If yes, are they working exclusively for your company?

 YES  NO

Are any Seasonal employees to be covered under this plan?

 YES  NO

If yes, are they working a minimum of 9 months per year?

 YES  NO

Does this group have WCB coverage?

 YES  NO

Are any employees not at work due to a disability or injury?

 YES  NO

If yes, please provide details (Prognosis, Est. RTW date)

Are any employees not at work due to a LOA or WCB Claim?

YES  NO

If yes, please provide details (Prognosis, Est. RTW date)

Are any employees involved in hazardous occupations?

YES  NO

Does a union represent any eligible employees?

YES  NO

Do all employees and their dependents reside and work in Canada?

YES  NO

Do they have current benefits?

YES  NO

If yes, We will also require booklets and renewal packages with rates and experience for the last 3 years. Select Choose File(s) below to upload files via the link below in a pdf, MS Word or Google Doc file format.

Choose File(s)

Click the arrow to the left in Acrobat Reader and select the paper clip icon to view uploaded files. [Reference on page 4.](#)

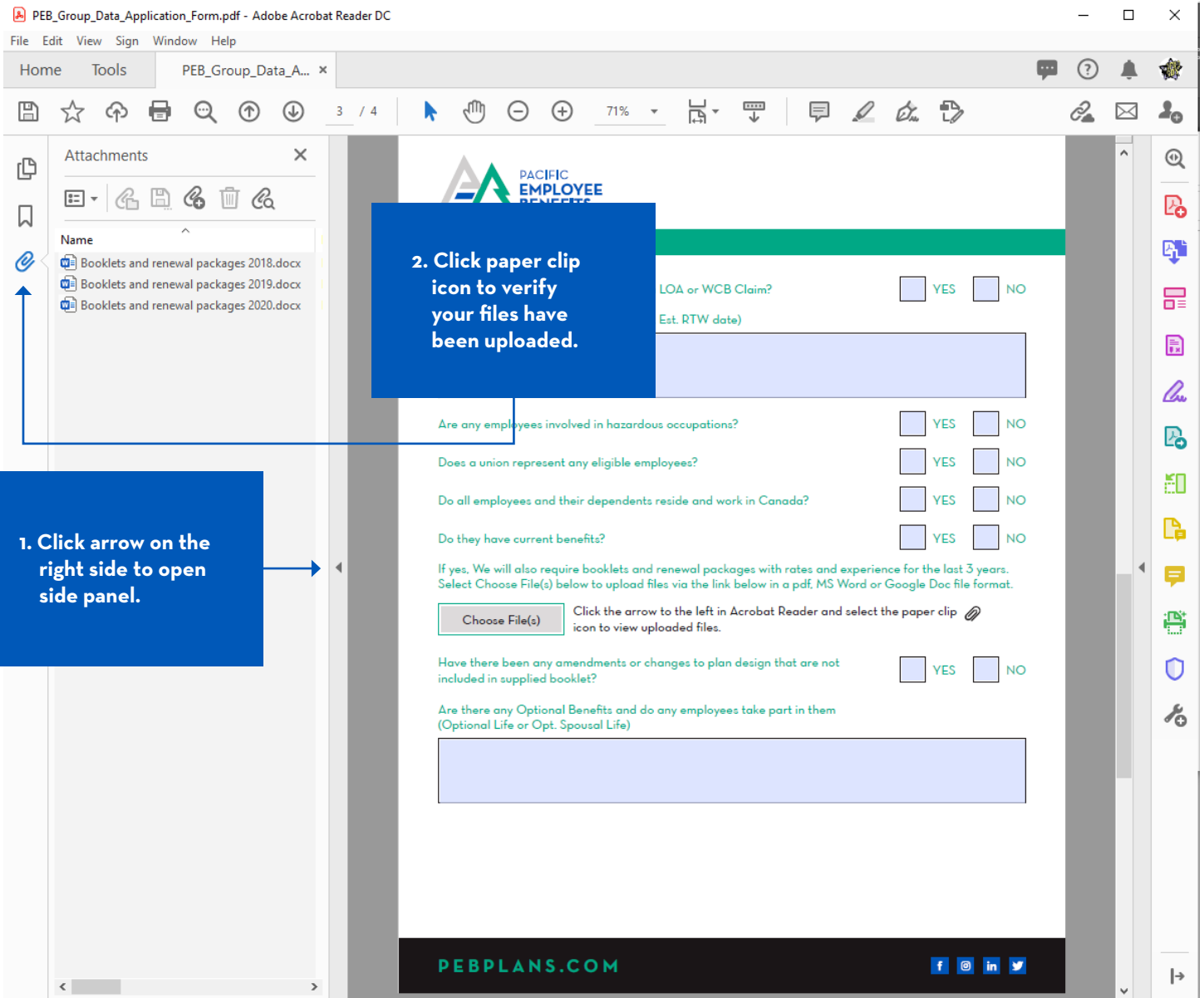


Have there been any amendments or changes to plan design that are not included in supplied booklet?

YES  NO

Are there any Optional Benefits and do any employees take part in them (Optional Life or Opt. Spousal Life)

## HOW TO VERIFY YOUR FILES HAVE UPLOADED TO THE DOCUMENT



The screenshot shows the Adobe Acrobat Reader DC interface with a PDF document titled "PEB\_Group\_Data\_Application\_Form.pdf". The document contains a form with several questions and checkboxes. Two blue callout boxes provide instructions:

- 1. Click arrow on the right side to open side panel.** (An arrow points to the right edge of the document area.)
- 2. Click paper clip icon to verify your files have been uploaded.** (An arrow points to the paper clip icon in the "Choose File(s)" button.)

The form includes the following questions and options:

- LOA or WCB Claim?  YES  NO
- Est. RTW date) [Text input field]
- Are any employees involved in hazardous occupations?  YES  NO
- Does a union represent any eligible employees?  YES  NO
- Do all employees and their dependents reside and work in Canada?  YES  NO
- Do they have current benefits?  YES  NO
- If yes, We will also require booklets and renewal packages with rates and experience for the last 3 years. Select Choose File(s) below to upload files via the link below in a pdf, MS Word or Google Doc file format.
- Choose File(s) [Button] Click the arrow to the left in Acrobat Reader and select the paper clip icon to view uploaded files.
- Have there been any amendments or changes to plan design that are not included in supplied booklet?  YES  NO
- Are there any Optional Benefits and do any employees take part in them (Optional Life or Opt. Spousal Life) [Text input field]

The footer of the document displays "PEBPLANS.COM" and social media icons for Facebook, Instagram, LinkedIn, and Twitter.

You can also email your documents to [service@pebplans.com](mailto:service@pebplans.com) or fax them to 1 888 787 0727.

We Work Hard To Keep Things Simple

## EMPLOYEE INFORMATION

Name or ID

Occupation

Date of Hire

Seasonal / Contract Workers / Full Time / Part Time

Salary

Hrs/Week

Salary Type

Gender

Birthdate

Dependent Life Coverage

Health Coverage

Dental Coverage

Province

Waiving coverage (Health and Dental coverage can only be waived if you have comparable coverage through your spouse's plan)

Click the **Save Form** button when finished filling out the form. Save the file to your computer and email it to [service@pebplans.com](mailto:service@pebplans.com) or print and fax it to 1 888 787 0727. Call us at 1 877 822 4209 if you require assistance.

 Add Another Employee

**SAVE FORM**