Application for Soloplus – Good Plan

Available in all provinces except Quebec & Territories

Applicants must apply prior to their 75th birthday

APPLICANT INFORMATION

Applicant First Name	Applicant Last Name	Sex
		☐ Male ☐ Female

Date of Birth (DD/MM/YYYY)	Marital Status
	☐ Married ☐ Single ☐ Common Law ☐ Other: _____

Principal Street Address		

City	Province	Postal Code

Home Telephone	Workplace Telephone	Provincial Health Care No.

Email Address

Name of Employer/Former Employer	Last Date of Employment

COVERAGE SELECTION

Please indicate your level of coverage:
The oldest person on the application determines the age band and rate
Applicant must be under age 75

☐ Single ☐ Couple ☐ Family

DEPENDENT INFORMATION

	LAST NAME	FIRST NAME	GENDER	BIRTH DATE (DD/MM/YYYY)
SPOUSE:				
CHILD:				
CHILD:				
CHILD:				
CHILD:				
CHILD:				

Spouse's Employer (or Name of the Other Plan)	Other Health Care Plan Policy Number	Insurance Company Name

Monthly Rates Across the Country - For the Good Plan

SINGLE	ON	BC	ATLANTIC	NB	AB	MB	SK
Age 20-44	$197.93	$162.41	$171.29	$180.20	$153.55	$162.44	$135.80
Age 45-54	$242.34	$197.99	$209.03	$220.15	$186.85	$197.99	$164.68
Age 55-59	$249.79	$203.91	$215.40	$226.88	$192.48	$203.91	$169.51
Age 60-64	$262.96	$214.43	$226.57	$238.71	$202.32	$214.43	$178.06
Age 65-69	$238.72	$195.06	$205.99	$216.90	$184.13	$195.06	$162.32
Age 70-79	$293.23	$238.67	$252.29	$265.92	$225.03	$238.66	$197.74
Age 80-89	$361.52	$293.32	$310.35	$327.43	$276.25	$293.32	$242.15
COUPLE	**ON**	**BC**	**ATLANTIC**	**NB**	**AB**	**MB**	**SK**
Age 20-44	$339.93	$276.04	$291.99	$307.98	$260.06	$276.04	$228.13
Age 45-54	$419.86	$339.98	$359.94	$379.92	$319.99	$339.98	$280.06
Age 55-59	$433.36	$350.74	$371.45	$392.05	$330.16	$350.74	$288.85
Age 60-64	$457.01	$369.72	$391.59	$413.36	$347.89	$369.72	$304.23
Age 65-69	$413.37	$334.77	$354.45	$374.09	$315.13	$334.78	$275.85
Age 70-79	$511.53	$413.29	$437.87	$462.41	$388.73	$413.31	$339.67
Age 80-89	$634.33	$511.55	$542.22	$572.95	$480.83	$511.55	$419.48
CHILDREN (PER CHILD)	**ON**	**BC**	**ATLANTIC**	**NB**	**AB**	**MB**	**SK**
Families w/ 1-2 children	$87.71	$70.18	$74.55	$78.94	$65.79	$70.18	$57.01
Families w/ 3-4 children	$78.94	$63.17	$67.10	$71.04	$59.20	$63.17	$51.32

*Rates subject to change

EXTENDED HEALTH CARE	NO MEDICAL QUESTIONS REQUIRED
Lifetime Maximum	$100,000
Reimbursement	80%
Prescription Drugs	
Annual Maximums	$500 per policy year; generic drugs
Dispensing Fee Cap	$7.50 per prescription
Pay-direct Card	Yes
Vision Care	No waiting period for Good Plan
Eye Exams	$50 per 24 months
Paramedical Services	$300 combined maximum per calendar year; $45 maximum per visit
MEDICAL APPLIANCES & SUPPORT	
Orthopaedic Footwear or Orthotics	Custom Orthotics to $225 per 24 months as part of above maximum
Hearing Aids	$300 per 4 calendar years
Out-of-Country Travel Insurance Coverage continues until age 80	100% up to a maximum of $2M for trips of up to 45 days plus emergency travel assistance services
DENTAL	
Dental	No waiting period for Good Plan
Preventative and Basic Restorative Services	Co-insurance 80%, 6 units scaling, 9 months recall, basic dental services only
Maximum	$500 per calendar year

PRIVACY STATEMENT

We strictly protect our customers' confidential information. A combination of industry legislated, and our own corporate privacy and confidentiality requirements govern the level of details shared about any plan member and his or her dependent's benefits. In terms of telephone inquiries to GroupHEALTH Benefit Solutions, the information provided varies based on the relationship of the person making the inquiry to the insured (plan member or dependent). After the caller has been authenticated, only information pertaining to the specific claim or treatment in question is shared.

PRIVACY ACKNOWLEDGMENT

I understand that to be eligible for the insurance for which I am applying, I must at all times be covered under my provincial government health plan and be a Canadian resident.

I agree that the statements and answers in the declaration, on any medical examination and in any written statements or answers furnished as evidence of my insurability shall form the basis of any insurance granted under the terms of the policy issued to me. I understand that GroupHEALTH, or their service providers reserve the right to verify the answers provided to the questions contained in this Personal Health Declaration at the time of any claim for benefits under the policy issued to me. I declare that all statements and answers recorded in this declaration are as given by me and are true and complete.

For additional information on privacy please visit: https://www.grouphealth.ca/privacy-and-legal/

I hereby authorize the Insurer or service providers, for underwriting and administration of insurance and claims paying purposes only:

a) To gather only that information necessary for the objective of the Health & Dental Benefits or Disability Benefits file from any person or organization that has personal information relating to me, including other insurers, physicians and medical institutions, investigations, and all persons or organizations likely to have personal information relevant to the objective of this file;
b) To disclose only the necessary personal information, it has relating to me to these same persons and organizations, or as required by law;
c) To request a personal investigation report relating to me.

An electronic version of this authorization shall be as valid as the original.

Please send the completed document:
Email soloplus.specialist@grouphealth.ca | **Fax** 1.877.542.4112 | **Mail** GroupHEALTH Benefit Solutions 15315 31st Avenue, Surrey, BC, V3Z 6X2

Applicant's Signature	**Date**
Signature of Spouse (if dependent coverage applied for)	**Date**
Signature of Dependent(s) – (if above age of majority)	**Date**

PARTNER INFORMATION (if applicable)

Broker Name:
Company Name:
Email Address: