

Monthly Premium Comparison

Client No.:

Benefit	Coverage/Class	Volume	Current Monthly Premium		December 2012 Monthly Premium	
			Rates	Premium	Rates	Premium
Basic Life	A	\$ 441,000	\$ 0.110 / \$ 1,000	\$ 48.51	\$ 0.110 / \$ 1,000	\$ 48.51
Basic AD&D	A	\$ 441,000	\$ 0.041 / \$ 1,000	\$ 18.08	\$ 0.041 / \$ 1,000	\$ 18.08
Optional Life		\$ 200,000	Age-Banded	\$ 9.10	Age-Banded	\$ 9.10
Optional AD&D	Single	\$ 150,000	\$ 0.032 / \$ 1,000		\$ 0.032 / \$ 1,000	
	Family	\$ 150,000	\$ 0.049 / \$ 1,000	\$ 5.66	\$ 0.049 / \$ 1,000	\$ 5.66
Dependent Life	A	7	\$ 2.23 / Unit	\$ 15.61	\$ 2.23 / Unit	\$ 15.61
Long Term Disability	A	\$ 23,668	\$ 1.16 / \$ 100	\$ 274.55	\$ 1.19 / \$ 100	\$ 281.65
Extended Health Care	Single A	4	\$ 40.85		\$ 40.85	
	Family A	7	\$ 99.41	\$ 859.27	\$ 99.41	\$ 859.27
Emergency Travel Assistance	Single A	4	\$ 2.24		\$ 2.46	
	Family A	7	\$ 4.45	\$ 40.11	\$ 4.90	\$ 44.14
Dental Care	Single A	4	\$ 42.58		\$ 38.32	
	Family A	7	\$ 116.36	\$ 984.84	\$ 104.72	\$ 886.32
Sub-Total				\$ 2,255.73		\$ 2,168.34
Grand Total				\$ 2,255.73		\$ 2,168.34

*Current monthly premium costs are based on volumes in force on the September 2012 invoice.

*Your new rates will be effective December 1, 2012 and will be automatically implemented on your December 2012 invoice.

Schedule of Benefits

Client Number:

Plan Effective Date: September 1, 2007

Waiting Period: Benefits effective 3 month(s) from date of hire

Benefit	Details
Basic Life and AD&D	<ul style="list-style-type: none"> • 1 times your annual earnings, to a maximum benefit of \$500,000 • Non-evidence maximum of \$150,000 • Benefit reduces by 50% at age 65; terminates at age 70
Dependent Life	<ul style="list-style-type: none"> • Spouse: \$10,000, Child: \$5,000 • Benefit terminates at age 70
Optional Life & Spousal Optional Life	<ul style="list-style-type: none"> • Available in units of \$10,000 to a maximum of \$250,000 • Benefit terminates at age 65
Optional AD&D	<ul style="list-style-type: none"> • Available in units of \$25,000 to a maximum of \$250,000 • Benefit terminates at age 70
Long Term Disability	<ul style="list-style-type: none"> • 66 2/3% of salary • Maximum benefit of \$4,000/month • Non-evidence maximum of \$2,000 • 17 week elimination period • 2 year "own occupation" definition of disability • Benefits are non-taxable • Benefit terminates at age 65
Extended Health Care	<ul style="list-style-type: none"> • 100% Semi-Private Hospital • 100% Out-of-Country Emergency Medical coverage • Other Services <ul style="list-style-type: none"> ◦ 80% reimbursement on Prescription Drugs - generic , pay direct drug card included, no annual maximum ◦ 100% reimbursement on all other eligible expenses ◦ Deductible - nil ◦ Unlimited maximum - certain inner limits apply ◦ Vision Care - 100% reimbursement, \$150/24 months ◦ Paramedical Practitioners - \$500/practitioner/year ◦ Emergency Travel Assistance Plan - 60 day duration ◦ Employee Assistance Program ◦ Second Medical Opinion Service ◦ Benefit terminates at age 70
Dental Care	<ul style="list-style-type: none"> • 80% Basic Services • 50% Major Restorative Services <ul style="list-style-type: none"> ◦ \$2,000 combined Basic and Major annual maximum per person • 50% Orthodontia <ul style="list-style-type: none"> ◦ \$1,500 lifetime maximum for dependent children • Deductible - nil • Recall examinations every nine months • Current Provincial Fee Guide for General Practitioners • Benefit terminates at age 70

For a detailed explanation of your coverage, refer to your Benefits Booklet.



Vancouver, BC \



Paid Loss Ratio - Extended Health Care

Client No.: (

For the Period September 1, 2011 to August 31, 2012

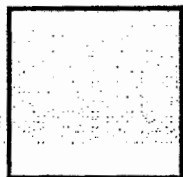
	Premium	Claims Paid	Number of Claims Submitted	Average Cost Per Claim	Loss Ratio
C ()	\$6,954.47	\$4,469.93	77	\$58.05	64%

For the Period September 1, 2010 to August 31, 2011

	Premium	Claims Paid	Number of Claims Submitted	Average Cost Per Claim	Loss Ratio
D ()	\$2,932.50	\$4,212.93	55	\$76.60	144%



Vancouver, BC V



Paid Loss Ratio - Dental Care

Client No.: (

For the Period September 1, 2011 to August 31, 2012

Premium	Claims Paid	Number of Claims Submitted	Average Cost Per Claim	Loss Ratio
\$9,431.56	\$4,395.20	71	\$61.90	47%

For the Period September 1, 2010 to August 31, 2011

Premium	Claims Paid	Number of Claims Submitted	Average Cost Per Claim	Loss Ratio
\$8,499.83	\$4,824.44	82	\$58.83	57%

Experience Report

Benefit	Period Covered		Billed Premium	Incurred Claims	Loss Ratio	Target Loss Ratio
	From	To				
Extended Health	September 1, 2011	August 31, 2012	6,954	4,470	64.3%	70.5%
	September 1, 2010	August 31, 2011	2,933	4,213	143.7%	
	September 1, 2009	August 31, 2010	1,546	227	14.7%	
Dental	September 1, 2011	August 31, 2012	9,432	4,395	46.6%	71.0%
	September 1, 2010	August 31, 2011	8,500	4,824	56.8%	
	September 1, 2009	August 31, 2010	4,432	1,176	26.5%	

Date: 04-Oct-12

Prepared by:

E.&O.E.

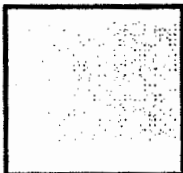
Group Insurance Rate Comparisons

Benefits	Insurance Volume	Encon						% Change by Benefit
		01-Dec-10		01-Dec-11		01-Dec-12		
		Benefit Rate	Total Premium	Benefit Rate	Total Premium	Benefit Rate	Total Premium	
Life Insurance	441,000	0.110	48.51	0.110	48.51	0.110	48.51	
A.D.& D.	441,000	0.041	18.08	0.041	18.08	0.041	18.08	
Optional Life	200,000	0.046	9.10	0.046	9.10	0.046	9.10	
Optional A.D.&D.								
-Single	100,000	0.032	3.20	0.032	3.20	0.032	3.20	
-Family	50,000	0.049	2.45	0.049	2.45	0.049	2.45	
Dependent Life	7	2.23	15.61	2.23	15.61	2.23	15.61	
Long Term Disability	23,668	1.06	250.88	1.16	274.55	1.19	281.65	2.6%
Health Care								
- Single	4	20.12	80.48	43.09	172.36	43.31	173.24	0.5%
- Family	7	46.48	325.36	103.86	727.02	104.31	730.17	0.4%
Dental								
- Single	4	44.82	179.28	42.58	170.32	38.32	153.28	-10.0%
- Family	7	122.48	857.36	116.36	814.52	104.72	733.04	-10.0%
Total Monthly Cost		1,790.31		2,255.72		2,168.33		
Percentage Increase				26.0%		(3.9%)		
Monthly Increase				465.41		(87.39)		
Annual Increase				5,584.90		(1,048.68)		

Note:	Current monthly premium costs are based on volumes from the December 2012 renewal
Premium rates:	Health, Dental & Dependent Life per employee; Life & A.D.& D. per \$1,000; Long Term Disability per \$100; Weekly Indemnity per \$10
Prepared by:	
On:	04-Oct-12 E. & O. E.



Vancouver, BC \



Employee Census Report

Client No.:

Certificate	Name	Gender	DOB (yyyy/mm/dd)	Annual Salary	Class	Div.	Res.	Life	AD&D	Dep. Life	CI	WI	LTD	EHC/ETA	Dental	Opt. Life	Vol. AD&D	Spousal Vol. AD&D	Opt. Spousal AD&D Life
		M	1983/ 11/ 10	45,000	A		BC	45,000	45,000	Yes	-	-	2501	F	F	100000	50000	-	100000
		M	1981/ 12/ 03	40,000	A		BC	40,000	40,000	No	-	-	2223	S	S	-	-	-	-
		M	1982/ 08/ 11	34,560	A		BC	35,000	35,000	Yes	-	-	1921	F	F	-	-	-	-
		M	1983/ 10/ 22	50,000	A		BC	50,000	50,000	Yes	-	-	2778	F	F	-	-	-	-
		M	1984/ 06/ 05	45,000	A		BC	45,000	45,000	No	-	-	2000	S	S	-	-	-	-
		M	1984/ 01/ 15	30,000	A		BC	30,000	30,000	Yes	-	-	1667	F	F	-	-	-	-
		F	1988/ 11/ 13	44,000	A		BC	44,000	44,000	No	-	-	2446	S	S	-	-	-	-
		M	1993/ 09/ 10	35,360	A		BC	36,000	36,000	No	-	-	1965	S	S	-	-	-	-
		M	1983/ 04/ 17	40,500	A		BC	41,000	41,000	Yes	-	-	2000	F	F	-	-	-	-
		M	1982/ 05/ 25	33,000	A		BC	33,000	33,000	Yes	-	-	1834	F	F	-	100000	-	-
		M	1975/ 02/ 03	42,000	A		BC	42,000	42,000	Yes	-	-	2334	F	F	-	-	-	-

LEGEND

• For EHC (Extended Health Care) and Dental: S- Single F- Family W- Waived

* Census data based on the September 2012 invoice.

Corrections/Changes

Please send any changes or corrections to
paper.

If you require additional space, please attach a sheet of