



**Accerta Master Application  
AccertaChoice/ Accerta HCSA**

**GROUP INFORMATION**

<b>Group ID:</b>	00300		
<b>Group Name:</b>			
<b>Group Address:</b>			
<b>City:</b>			
<b>Province:</b>	ON	<b>Postal Code:</b>	

**SUBSIDIARY COMPANIES**


**CONTACT INFORMATION**

<b>Plan Sponsor Contact Name:</b>			
<b>Contact Position:</b>			
<b>Telephone Number:</b>		<b>Fax #:</b>	
<b>E-mail:</b>			

**SALES INFORMATION**

<b>Accerta Account Executive:</b>			
<b>Brokerage Company:</b>			
<b>Plan Advisor:</b>			
<b>Telephone #:</b>		<b>Fax #:</b>	
<b>E-mail:</b>			
<b>Plan Advisor:</b>			
<b>Telephone #:</b>		<b>Fax #:</b>	
<b>E-mail:</b>			
<b>Plan Advisor Ass't:</b>			
<b>Telephone #:</b>		<b>Fax #:</b>	
<b>E-mail:</b>			

**DATES**

<b>Start Date:</b>	01-MON-20YY
<b>Benefit Period:</b>	01-MON-20YY



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**ACCERTAWORX INFORMATION**

<b>Plan Sponsor Access</b>	<input checked="" type="checkbox"/> Plan Sponsor
<b>Plan Sponsor Name:</b>	Same as Page 1
<b>E-mail:</b>	Same as Page 1
<b>Plan Sponsor Name:</b>	
<b>E-mail:</b>	
<b>Plan Sponsor Name:</b>	
<b>E-mail:</b>	
<b>Plan Advisor Access:</b>	<input checked="" type="checkbox"/> Plan Advisor <input type="checkbox"/> Plan Sponsor
<b>Plan Advisor Name:</b>	Same as Plan Advisor Page 1
<b>E-mail:</b>	Same as Plan Advisor Page 1
<b>Plan Advisor Name:</b>	
<b>E-mail:</b>	
<b>Plan Advisor Name:</b>	Same as Plan Advisor Ass't Page 1
<b>E-mail:</b>	Same as Plan Advisor Ass't Page 1

**WELCOME PACKAGE**

<b>Ship Welcome Package To:</b>	Plan Advisor
<b>Name:</b>	Same as Page 1
<b>Address:</b>	
<b>City:</b>	
<b>Postal Code:</b>	
<b>Telephone Number:</b>	Same as Page 1

**MEMBERS**

<b>Single:</b>	
<b>Family:</b>	
<b>Waived:</b>	
<b>Total:</b>	

**CO-ORDINATION OF BENEFITS**

	<b>With Private Groups</b>	<b>With Public Plans</b>
COB Option	CLHIA	Pay Balance with no Plan Details
Accumulate Towards Fiscal Rules	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Apply Fiscal Rules	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Special Instructions:</b>		



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DIVISIONS			
Code	Division Description	Code	Subdivision Description
001			
002			
003			
004			
005			

CLASSES	
Code	Class Description
A	
B	
C	
D	
E	
F	

BILLING OPTIONS		
<input checked="" type="checkbox"/> <b>Pay As You Go</b>		<b>PAP</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please attach a void cheque</i>
		<i>Sign in this box</i>

REPORTING OPTIONS (Needs to be Developed)			
<b>Standard Reports</b>	ACC Quarterly Report Package		
<b>Other Reports</b>	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
	<input type="checkbox"/>	Monthly	<input type="checkbox"/>



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**RUN OFF PERIODS FOR TERMINATIONS**

<b>Group:</b>	60 Days
<b>Member:</b>	60 Days

**BENEFITS**

Benefit Requested			Fees Sold
<input type="checkbox"/>	OOB <i>(Complete Out of Country Section)</i>	<b>Single</b>	\$0.00
		<b>Family</b>	\$0.00
<input type="checkbox"/>	Stop Loss <i>(Complete Stop Loss)</i>	<b>Single</b>	\$0.00
		<b>Family</b>	\$0.00
		<b>Or Percentage</b>	00.0%
<input type="checkbox"/>	AccertaChoice <i>(Complete AccertaChoice Section)</i>		00.0%
<input type="checkbox"/>	Accerta HCSA <i>(Complete Accerta HCSA Section)</i>		00.0%
<input type="checkbox"/>	Critical Illness		\$0.00
<input type="checkbox"/>	Cost Plus		00.0%
<input type="checkbox"/>			\$0.00

**Special Instructions:**

**ADDITIONAL SERVICES**

	Type of Service	Fee For Service
<input type="checkbox"/>	Claim History	\$0.00 <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Claim
<input type="checkbox"/>	Run-off Claims (Previous Carrier)	<i>Fee will be same as regular claims paid</i>
<input type="checkbox"/>	Same Day Delivery of Welcome Package	\$150.00
<input type="checkbox"/>	Other	\$0.00 <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Claim

**Special Instructions** *All additional services must be approved by the Manager of Claims and Administration:*

**IMPLEMENTATION PACKAGE REVIEW**

<b>Sales Reviewer:</b>	
<b>Date Reviewed:</b>	DD-MON-20YY
<b>Group Administration Date Received:</b>	DD-MON-20YY
<b>Date Approved:</b>	DD-MON-20YY



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**SALES COMMENTS**

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**GROUP ADMINISTRATION COMMENTS**

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**SIGN OFF**

<b>Title</b>	<b>Signature</b>	<b>Date</b>
<b>Director Sales:</b>		<b>DD-MON-20YY</b>
<b>Plan Sponsor:</b>		<b>DD-MON-20YY</b>
<b>Plan Advisor:</b>		<b>DD-MON-20YY</b>



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STOP LOSS				
Class		A	B	C
<input type="checkbox"/> <b>ETFS</b>	<i>Type</i>	Initial Review	Initial Review	Initial Review
	<i>Attachment Point</i>	\$5,000	\$5,000	\$5,000
	<i>Maximum</i>	\$1,000,000	\$1,000,000	\$1,000,000
<input type="checkbox"/> <b>Echelon</b>	<i>Attachment Point</i>	\$5,000	\$5,000	\$5,000
	<i>Maximum</i>	\$00.00	\$00.00	\$00.00
<b>Special Instructions:</b>				

OUT OF COUNTRY			
Class	A	B	C
<input type="checkbox"/> <b>ETFS Travel</b>	60 Days	60 Days	60 Days
<input type="checkbox"/> <b>ETFS Advantage Travel</b>	60 Days	60 Days	60 Days
<b>Special Instructions:</b>			



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<b>ACCERTA HCSA</b>			
<b>Class</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Accumulation Period</b>	Benefit Year	Benefit Year	Benefit Year
<b>HCSA Annual Maximum</b>	\$0.00	\$0.00	\$0.00
<b>Risk Method</b>	No Carry Foward	No Carry Foward	No Carry Foward
<b>Special Instructions</b> <i>(all claims must be submitted and paid within 90 days from the end of the annual accumulation period):</i>			



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<b>ACCERTACHOICE MAXIMUMS</b>									
<b>Class</b>	<b>A</b>			<b>B</b>			<b>C</b>		
<input type="checkbox"/> Maximums	Benefit Year			Benefit Year			Benefit Year		
	\$0.00	/ Person		\$0.00	/ Person		\$0.00	/ Person	
	\$0.00	/ Family		\$0.00	/ Family		\$0.00	/ Family	
<b>ACCERTACHOICE DEDUCTIBLES</b>									
<b>Class</b>	<b>A</b>			<b>B</b>			<b>C</b>		
<input type="checkbox"/> Deductible	Benefit Year			Benefit Year			Benefit Year		
	\$0.00	/ Person		\$0.00	/ Person		\$0.00	/ Person	
	\$0.00	/ Family		\$0.00	/ Family		\$0.00	/ Family	
	\$0.00	/ Family		\$0.00	/ Family		\$0.00	/ Family	
	\$0.00	/ Person		\$0.00	/ Person		\$0.00	/ Person	
<b>ACCERTACHOICE COINSURANCE</b>									
<b>Class</b>	<b>A</b>			<b>B</b>			<b>C</b>		
<input type="checkbox"/> Simple Coinsurance	00%			00%			00%		
<input type="checkbox"/> Tiered Coinsurance	Benefit Year			Benefit Year			Benefit Year		
	00%	Up To	\$0.00	00%	Up To	\$0.00	00%	Up To	\$0.00
	00%	Up To	\$0.00	00%	Up To	\$0.00	00%	Up To	\$0.00
	00%	Up To	\$0.00	00%	Up To	\$0.00	00%	Up To	\$0.00
<b>ACCERTACHOICE COPAYMENT</b>									
<b>Class</b>	<b>A</b>			<b>B</b>			<b>C</b>		
<input type="checkbox"/> Simple Copayment	\$0.00			\$0.00			\$0.00		
<input type="checkbox"/> Tiered Copayment	Benefit Year			Benefit Year			Benefit Year		
	\$0.00	Up To	\$0.00	\$0.00	Up To	\$0.00	\$0.00	Up To	\$0.00
	\$0.00	Up To	\$0.00	\$0.00	Up To	\$0.00	\$0.00	Up To	\$0.00
	\$0.00	Up To	\$0.00	\$0.00	Up To	\$0.00	\$0.00	Up To	\$0.00
<b>Special Instructions</b> <i>(all claims must be submitted and paid within 12 month from the date of services):</i>									