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Commissions Schedule

Green Shield Canada's Prism® Health and Dental Commissions

Green Shield Canada's Prism® Health and Dental Commissions will be paid directly to you as outlined below. Special Benefits Insurance Services (MGA) will track every application that is approved starting from your first sale.

First Year Service Fees – 10%

First year commissions will be paid equal to 10% of your clients' monthly premiums for the first policy year. You will be credited with commission from your first sale.

Commissions will be paid to you on a monthly basis once the first year's commission cheque reaches \$100.00 per month. Amounts under \$100.00 will be paid on a semi-annual basis until such time as the earned commission reaches \$100.00 per month.

Bonus – 2½% Ongoing

The ongoing bonus will be paid equal to 2½% of your client's monthly premium provided you have written and maintained a total book of business with a minimum monthly premium of \$7,500.00. If your book of business falls below \$7,500.00 of monthly premium, the bonus commission will cease until the monthly premium for your book of business exceeds \$7,500.00.

Renewal Service Fees – 5% Ongoing

The ongoing renewal commission will be paid equal to 5% of your client's monthly premium provided you have written and continue to maintain a total book of business with a minimum monthly premium of \$2,000.00. If your book of business falls below \$2,000.00 of monthly premium, the renewal commissions will cease until the monthly premium of your book of business reaches \$2,000.00.

FAQ's About Commission and Reports



Do I Need to Complete a Commission Form?

NO. There is no commission form to complete. Just ensure your Agent Identification Number is on the application so we can identify you and credit you for the sale (front page of the application upper right hand corner).

Will I be Notified if my Client's Coverage is Terminated?

YES. You will receive a letter informing you when your client's coverage has been terminated.

When Do I Receive a Commission Cheque?

A commission cheque will be generated on a semi-annual basis from your first sale.

Your client's pre-authorized monthly premiums are withdrawn thirty (30) days in advance however, the commissions are paid a month behind to coincide with your client's actual month of coverage.

i.e. A commission cheque for business in effect for the month of September, will be generated in March of the following year. Business in effect for October, is generated in April, etc.

First Year Commissions will be paid to you equal to 10% of your client's monthly premiums for the first policy year only. Please refer to the Commission Schedule for full details regarding renewal fees.

When do I Sign an Agreement to Receive Commission?

A formal Commission Agreement will automatically be sent to you once you have sold your first piece of business. The agreement will request your signature and current license(s) for the province(s) in which you have sold and a copy of your Errors and Omissions (E & O) certificate.

What are New Business Reports?

New Business Reports consist of your new client(s) name, address, plan, premium and effective date of coverage.

The reports are generated monthly and sent to you mid month after the client(s) effective date of coverage.

A commission cheque is not produced at this time.

All new business is tracked and will be included on your next commission cheque.



Medical Underwriting

Underwriting Plans

Applications are reviewed by the Medical Underwriting Department and based on the information provided in the Prescription Drug Information (Part G), Statement of Health (Part H) and Physician & Dental Information (Part I); they will be approved, declined or provided with a counter offer.

Clients Currently on Medication

Do not lead them to believe they will be covered, especially if the cost for their medication is \$20.00 or more per month.

However, individual(s) applying for the Prism Spectra® Plans S2 or S3 which cover prescription drugs, may be approved if they are presently on repeat medication (maintenance drugs). Depending on the information provided on their Statement of Health, they may be approved, offered a specific exclusion or the option of enrolling in a Prism Precision® Plan or Prism Continuum® Plan, if applicable.

Individual(s) applying for the Prism Spectra® Plan S1 which covers prescription drugs **will be declined** if they are presently on **any** repeat medication (maintenance drugs) **or** have any pre-existing condition(s). However, they may be given the option of enrolling in the Prism Spectra® Plan S2 or S3 with an exclusion, Prism Precision® or Prism Continuum® Plans, if applicable.

Counter Offer

A counter offer may consist of one or more specific drug category exclusions for one or more family members, or full drug exclusion(s) on a specific person(s).

Please see the next page for the Drug Category Exclusion List that we are now able to offer. These exclusions apply to **the Prism Spectra® Plans S2 and S3** only.

If there is a counter offer, it will be returned to you (the writing agent) for presentation to your client.

Drug Category Exclusion List



We are now able to exclude the following drug categories

- *Migraine Medications*
Treatment of Migraine Headaches
- *Anti-Depressant Medications*
Treatment of depression
- *Gastrointestinal Medications*
Treatment of gastro-intestinal disorders such as reflux and ulcers
- *Estrogen Patch and/or Oral Estrogen and Progestin*
Hormone replacement therapy
- *Hypotensive/Cardiac Medications*
Treatment of high blood pressure and/or heart conditions
- *Topical and Oral Acne Medications Including Diane-35*
Treatment of acne, Diane-35 can be used for both birth control and/or acne
- *Systemic Anti-Diabetic Medications Including Insulin and Supplies*
Treatment of diabetes and related supplies
- *Non-Steroidal Anti-Inflammatory (NSAID's) Medications*
Treatment of back and joint disorders and/or arthritis
- *Anxiety Disorder and Insomnia Medications Including Anxiolytics, Sedatives, Hypnotics and Antimanic Medications*
Treatment of anxiety and sleep disorders
- *Cholesterol Management Medications*
Treatment of high cholesterol
- *Osteoporosis Medications*
Treatment of bone density loss and osteoporosis
- *Seizure Therapy Including Anti-Convulsant Medications*
Treatment of epilepsy and seizure disorders
- *Asthma Medications*
Treatment of asthma, allergies and other upper respiratory conditions
- *Psychotherapeutic Medications*
Treatment of psychiatric disorders

NOTE: Drug exclusions are for the Prism Spectra® Plans S2 and S3 only. There are other pre-existing conditions that can be excluded, however, they will be determined on a case by case basis.



Enrollment Information

Age Limit

Once enrolled, your client's coverage will not terminate when they reach age 75. The coverage will continue provided the monthly premiums are paid when due.*

Note: You may not switch plans after age 75.

Dependent Children

All unmarried, natural, step, common law or legally adopted children under 21 years of age.

Children who do not qualify as a dependent will be classified as an adult and must apply for a separate plan using the single rate.

Client's Plan Contract and Identification Card

A subscriber's kit will be mailed to your client directly (within 15 business days from the effective date of their coverage) with their Benefit Plan Contract and Identification Card(s).

Effective Date of Coverage

All plans are effective the first day of the next month following approval, provided we have received your client's application by the 20th of the month and it has been approved. Do not make any promises as to when a client's benefits will begin. Missing or incorrect information will delay the processing of your client's application. In addition, all applications are reviewed by our medical underwriting department prior to being approved.

*Travel benefits end at age 65.

Application Approval

An "Application Approval Letter" will be sent to you and your client confirming the effective date of their coverage once the processing of their application has been completed.

Eligibility

Available to all Canadian residents between the ages of 16 and 74 who are currently covered by a Provincial Government Health Care Plan.

Exception: For those who qualify for Continuum there is no upper age limit.

NOTE: Prism Spectra® Plans S1, S2, S3 and Prism Precision® Plan P2 are not available in Quebec.

Family Definition

Your client, their spouse/partner and **all** their unmarried, unemployed, dependent children (students) under the age of 21 constitute a family.

Switching from Another Program to Green Shield Canada

If your client has existing coverage and is switching to Green Shield Canada, once their application has been approved we will try and coordinate the effective date of their policy so there is no lapse in coverage i.e. The last day of coverage is December 14th, the client has an option of either starting the coverage on December 1st, provided we have the application and premium in our office before November 20th (they will have double coverage for 14 days), or they can choose to have an effective date of January 1st (which means they will have a lapse in coverage for 17 days).

Completing the Application



Initial Payment

Initial payment covers the first two months premium.

Rate Calculation

The rate for a couple or family is based on the applicant's age.

Completing the Application

The application must be completed in full for the plan selected.

Examples that will Delay Processing of an Application

- No Void Cheque
- No Initial Payment
- A Post-Dated Cheque
- Application Not Signed
- Out-of-date Application
- Incorrect Premium
- Applications that are not Currently Dated
- Insufficient Medical Details
- Illegible Handwriting
- A Void Cheque from a Line of Credit or Credit Card Cheques

Policy Fee

No policy fee or administration fee is charged.

Method of Payment

Pre-authorized cheque (PAC). Premiums are withdrawn on or about the first day of each month.

First Bank Withdrawal

Subsequent payments will be withdrawn thirty (30) days in advance of the month for which coverage is to be provided. (i.e. Coverage is effective January 1st – Initial Payment covers January & February – First bank withdrawal will be February 1st for the benefit month of March).

Cheque Made Payable To

Cheque is to be made payable to "Green Shield Canada" covering the first two (2) months' premium for the plan they are applying for.

"Void" Cheque

Enclose one of your client's personal blank cheques marked "VOID" across the front or a completed Pre-Authorized Debit form (PAD) from your client's Canadian Financial Institution.

We cannot accept line of credit or credit card cheques for pre-authorized payments.

NOTE: Cheques must be imprinted with client's name and address to be accepted.

Privacy

To request a copy of our Privacy Policy send an email to general@sbis.ca.



General Information

Conversion Privilege

This privilege allows former participant(s) of a group plan access to the Prism® Continuum Plan on an individual basis.

The Prism Continuum® plan guarantees former group plan participant(s) coverage regardless of their health or medical conditions – provided the completed application, premium and a void cheque are received within sixty (60) days of termination from their active group benefits plan.

Re-Applying for Coverage

If the Agreement has been terminated, a period of at least thirty-six (36) months must elapse before another application for coverage will be considered under any Green Shield Canada Prism® Health and Dental Program.

Already Enrolled - Age Band Changes

When the client turns age 45, 55, or 65 the monthly premium will be adjusted at the end of that year. They will receive written notification of the new premiums during the month of October. The new amount will be automatically withdrawn from the bank or financial institution account on or about the first day of December to cover January's benefits.

Already Enrolled and Turning 21 Years of Age

When a dependent reaches the age of 21, they will remain under their parent(s) plan until January 1st of the next year. In October of their 21st birthday year, they will receive notification and a partially completed application from our office, requesting that if they wish to remain on the plan, they must sign the application and submit a "Void" cheque. Once we receive the requested information, they will be transferred to their own individual plan and they will receive their own subscriber number. If they choose not to proceed, they will be cancelled as of January 1st of the next year.

When a dependent reaches the age of 21 and they are transferred to their own plan as a single person, they do not lose their level of status.

Termination of Policy

The Agreement between the Subscriber and Green Shield Canada shall remain in force from month to month provided that the required premiums are paid when due. Coverage shall terminate at the end of the last month for which premium payment was made to and accepted by Green Shield Canada. The Agreement may be terminated by Green Shield Canada, the subscriber or the Account Holder for any other reason upon giving written notice at least ten (10) business days prior to the next pre-authorized debit due date.

Note: Benefits are paid thirty (30) days in advance; therefore they will continue to the end of the following month for which Green Shield Canada received premium.



Changes in Rates or Benefits

The program is reviewed on an ongoing basis. If there are any changes in premiums and/or benefit adjustments your client's will be notified at least sixty (60) days in advance of the effective date of the change.

i.e. An adjustment that will be effective September 1st, your client will be notified in writing by July 1st.

You will also be notified of any changes in your client(s) rates or benefits.

It may be beneficial to remind clients in the event they are under the impression that rates are not guaranteed for a year.

Additional Material

You can order online by visiting our "Agents & Brokers" section of our website at www.sbis.ca or email us at general@sbis.ca

Agent's Responsibility

- to have the current rates and literature available for presentation to your client
- to ensure the client fully understands the plan they have chosen and are approved for or counter offered with
- the application is completed in **full**
- the correct premium and "Void" cheque is enclosed
- your Agent ID Number is indicated on the upper right corner of the application

Additional Questions & Answers

Additional questions commonly asked about Prism® Plans are listed in the General Information Booklet.



Contact Information

Moving

Please send change of address via e-mail, mail or fax to Special Benefits Insurance Services.

If in Doubt – Shout!

If you have any additional questions, please do not hesitate to contact one of our Customer Service Representatives

How To Contact Us

Mail/Courier: Special Benefits Insurance Services
366 Bay St., 7th Floor
Toronto, Ontario M5H 4B2

Phone: 416-601-0429
1-800-667-0429

Business Hours: Monday to Friday
9:00 a.m. - 5:00 p.m. ET

Fax: 416-601-0308

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Website: www.sbis.ca