

**Extended Health Care:**

Co-insurance Options:

Drugs

☐ 100%

☐ 90%

☐ 80%

☐ 70%

Major Medical

☐ 100%

☐ 90%

☐ 80%

☐ 70%

Deductible Options:

☐ Nil

\_\_\_\_\_ / Family

\_\_\_\_\_ / Single

Maximums:

Paramedical \_\_\_\_\_

Audio \_\_\_\_\_

PDN \_\_\_\_\_

Other: \_\_\_\_\_

Co-payment \$ \_\_\_\_\_

 Vision Care: ☐ \$100/ 2years

☐ \$150 / 2 years

☐ \$200 / 2 years

☐ \$250 / 2 years

 Hospital Expenses: ☐ Semi-Private Room

☐ Private Room

 Prescription Drug Expenses: ☐ Reimbursement Plan

☐ Pay Direct Drug Plan

 Survivor Benefit: ☐ 2 years

☐ 5 years

 Benefits terminate at age: ☐ 65

☐ 70

**Dental Care:**
**Coverages:**
**Co-insurance**
**Annual Maximum**
☐ Basic Service:

☐ Endodontic & Periodontal:

☐ Major Restorative:

☐ Orthodontia:

 Deductible: ☐ Nil \_\_\_\_\_/single \_\_\_\_\_/family

☐ Current Fee Guide

☐ Fixed Fee guide year \_\_\_\_\_

 Survivor benefit: ☐ 2 years

☐ 5 years

 Benefits terminating at age: ☐ 65

☐ 70

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

 Funding: ☐ Rated

☐ ASO

☐ Retention

Comm. Flat \_\_\_\_\_ Scaled \_\_\_\_\_

Demographic Count

Notes:

S

F

Div \_\_\_\_\_

Div \_\_\_\_\_

Div \_\_\_\_\_