AUTOMOTIVE RETAILERS ASSOCIATION
Group Benefits

This Plan is administered by:
Automotive Retailers Association
#1 - 8980 Fraserwood Court
Burnaby, B.C. V5J 5H7
Phone: (604) 419-3629 Fax: (604) 419-0299

CONFIDENTIAL EMPLOYEE DATA SHEET

Name of Company: _____ **Address:** _____

Contact Person: _____ **Email:** _____

Phone: _____ **Fax :** _____

Nature of Business: _____

	EMPLOYEE NAME	GENDER	SINGLE COUPLE FAMILY	SALARY OR EARNINGS	DATE OF BIRTH DD/MM/YY	OCCUPATION
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Employee Group Life and AD & D Benefit

A ☐ ($25,000) D ☐ ($75,000 / $30,000) E ☐ ($50,000)
B ☐ (1X annual earnings to $250,000 NEM $100,000)
C ☐ (2X annual earnings to $250,000 NEM $100,000)

Dependent Life and AD & D Benefit

A ☐ ($5,000/$2,500) B ☐ ($10,000/$5,000)

Weekly Indemnity Taxable ☐ Non Taxable ☐

Plan ☐ (EI Max) ☐ ($800 Max) ☐ ($1,000 max)
Option **1** ☐ (1/1/8/26) **2** ☐ (1/1/8/17) **3** ☐ (15/15/15)

Long Term Disability Benefits

☐ 60% to $4,000 ☐ 66.67% of 1st $2,500, plus 50% to $4,000 ☐ 17 week elim ☐ 26 week elim
Taxable ☐ Non Taxable ☐
NEM ☐ 3 – 9 $1,500 ☐ 10 - 19 $3,000

Extended Health Benefits (EHB)

☐ **Plan 1** Nil Deductible, 80% of 1st $1,000, 100% of balance for prescriptions, 100% of all other benefits
☐ **Plan 2** $25/$50 deductible, 100% reimbursement – all benefits
☐ **Plan 3** $50/$100 deductible, 100% reimbursement – all benefits
☐ **Plan 4** 80% all eligible benefits
Drug Card **A** ☐ Nil deductible **B** ☐ Dispensing fee deductible
Vision Care Yes ☐ ($200 / 24 months) No ☐

Dental Benefits

☐ **1** (80% Basic Only)
☐ **2** (80% Basic / 50% Major)
☐ **3** (80% Basic /50% Major / 50% Ortho for children)
☐ **4** (100% Basic /50% Major)
☐ **5** (100% Basic/50% Major /50% Ortho for children)
☐ **6** (100% Basic Services Only

I/we hereby authorize the Automotive Retailers Association and their agents to collect and store personal information with regard to myself and/or my employees (including, but not limited to: S.I.N. numbers, family information, salary or earnings, dates of birth, home addresses and telephone information, and any further information which may be required) for use in a strictly controlled environment for Group Benefit Plan Purposes only. This authorization shall remain in effect until rescinded in writing by me and/or an individual employee with regard to his/her personal information.

On behalf of: (Company Name) _____

Date: _____ Signature: _____