

APPLICATION FOR BEST DOCTORS® GROUP MEMBERSHIP – minimum group size: 25

Complete the interactive application form below; print, sign and send by mail or courier to:

Best Doctors Canada **One Queen Street East, Suite 2000**
Toronto, Ontario M5C 2W5

APPLICANT INFORMATION

Company Name (Operating Name)

Affiliates & Subsidiaries

Nature of Business

Street Address

City

Province

Postal Code

Telephone

Fax

Contact Name for Administrative Purposes

Email

Billing Preference

Self-billed

Electronic Invoice

Language Preference for Administration

English

French

COVERED CONDITIONS: AIDS, Alzheimer's disease, blindness, benign brain tumour, cancer, cardiovascular conditions, coma, deafness, kidney failure, loss of speech, multiple sclerosis, major organ transplant, major trauma, motor neuron disease, Parkinson's disease, paralysis, severe burns, stroke

PLAN INFORMATION

Plan Effective Date (ddmmyy)

Number of Eligible Employees*

Number of English Welcome Kits

Number of French Welcome Kits

PAYMENT INFORMATION

1. Payment Rate (per Member per Month)

2. Payment Amount (Rate per Member per Month x Number of Members) = \$

3. Payment Mode Monthly Quarterly Semi-Annual Annual (For Groups fewer than 50 members, payment must be made annually.)

4. Payment Cheque made payable to Best Doctors Canada Inc. **SUBTOTAL** _____ + **GST/HST†** _____ = **TOTAL \$** _____

THIS SECTION MUST BE SIGNED AND DATED Please read carefully

Membership Terms/Pre-existing Conditions: If the Member has been diagnosed with, or there is a suspicion of any of the listed Medical Condition(s) during the twenty four (24) months prior to the effective date of the Best Doctors Group Membership, services will not be available for the same Medical Condition(s) for twelve (12) months following the effective date of the Group Membership (not applicable to Groups with over 50 members). Also, if the Member has received treatment or medical care relating to any of the listed Medical Condition(s) during the twenty four (24) months prior to the effective date of the Best Doctors Group Membership, services will not be available for the same Medical Condition(s) for twelve (12) months following the effective date of the Group Membership (not applicable to Groups with over 50 members).

The Applicant Acknowledges, Undertakes and Agrees:

- At all times, to enroll only actively working, eligible permanent employees and their eligible dependents. The employer is obligated to provide Best Doctors with updated census data as it changes (sample census data form attached).
- To pay, or cause to be paid, all fees necessary to provide the services applied for herein.
- To the best of the Applicant's knowledge, the statements and answers contained in this Application are full, complete and true as of the date hereof.

Authorized Signature

Title

Date (mmddyy)

Agent Name

Best Doctors Agent Code

Agent Company

Agent Telephone

Company Affiliated With

Agent Email

* Eligibility 18th - 65th birthday

Family coverage includes spouse and unmarried children to age 18 or age 25 if they are full time students.

† Residents of AB, SK, MB, NT, YU, NU, QC, PEI add 5% GST; Residents of BC add 12% HST; Residents of ON, NB, NL add 13% HST; Residents of NS add 15% HST