

## STANDARDS

Amounts granted with the SME form declaration to SME employees

No mandatory participation minimum regarding the total number of employees

**IMPORTANT:** To apply as an SME, a minimum of 3 employees must meet the criteria of the SME declaration form. The policies will only be issued if the criteria are met in full.

BENEFITS	Maximum amount 3 to 10 submitted applications	Maximum amount 11 submitted applications or more
Disability due to accident*	\$1,600	\$1,800
Disability due to illness*	\$1,600	\$1,800
Monthly indemnity due to accident*	\$1,600	\$1,800
Monthly indemnity due to illness*	\$1,600	\$1,800
Overhead expenses	\$500	None
Term life 65*	\$30,000	\$40,000
Employees	\$10,000	\$10,000
Spouse		
Extended health benefit without drug coverage	Primary Insured, Single-parent, Couple or Family	Primary Insured, Single-parent, Couple or Family
Dental care	Primary Insured, Single-parent, Couple or Family	Primary Insured, Single-parent, Couple or Family

If the employees and/or owners of the SME select the **DISABILITY DUE TO ILLNESS / MONTHLY INDEMNITY DUE TO ILLNESS** benefit, they must also enrol in the **DISABILITY DUE TO ACCIDENT / MONTHLY INDEMNITY DUE TO ACCIDENT** benefit.

\* If an employee and/or owner of the SME selects this benefit, all employees and/or owners must also enrol.

## STANDARDS

Amounts granted with the SME form declaration to SME employees who have disability insurance

If an employee and/or owner is covered under a disability insurance contract with another insurer, Québec Blue Cross® will grant, with the SME form declaration (in replacement of current insurance), the same amounts without exceeding the maximum amounts indicated below:

<b>BENEFITS</b>	<b>Maximum amount 3 to 10 submitted applications</b>	<b>Maximum amount 11 submitted applications or more</b>
Disability due to accident*	\$2,000	\$3,000
Disability due to illness*	\$2,000	\$3,000
Monthly indemnity due to accident*	\$2,000	\$2,000
Monthly indemnity due to illness*	\$2,000	\$2,000

The company must provide proof of the insured amounts for every employee of the SME.

If the employees and/or owners of the SME select the **DISABILITY DUE TO ILLNESS / MONTHLY INDEMNITY DUE TO ILLNESS** benefit, they must also enrol in the **DISABILITY DUE TO ACCIDENT / MONTHLY INDEMNITY DUE TO ACCIDENT** benefit.

\* If an employee and/or owner of the SME selects this benefit, all employees and/or owners must also enrol.

## STANDARDS

- The employees and/or owners of an SME must all work for the same company or corporate name.
- Family businesses must have at least one non-relative employee working a minimum of 20 hours per week.
- The advisor must complete and submit the SME Pre-authorization form to [PMEapprobation@qc.croixbleue.ca](mailto:PMEapprobation@qc.croixbleue.ca)
- The Insurer is entitled to refuse the amounts granted with the SME form declaration to the employees and/or owners of an SME based on the nature of activities of the organization or the company.
- If a group has been accepted, new employees and/or owners of the SME are entitled to the same amounts with the SME form declaration, provided they enrol within 120 days of the date they are hired by the company or corporate name.
- The health statement should not be completed if the amounts insured are equal to or less than those granted with the SME form declaration.
- The exclusion for pre-existing conditions is applicable for the **TERM LIFE 65, MONTHLY INDEMNITY DUE TO ACCIDENT AND ILLNESS, DISABILITY DUE TO ACCIDENT AND ILLNESS** and the **OVERHEAD EXPENSES** benefits. However, if a person to be insured has completed a health statement and has been accepted by the Insurer, the Insurer agrees not to apply the exclusion for pre-existing conditions.

The exclusion for pre-existing conditions does not apply if the SME has been insured for at least 2 years with the same Insurer.

## List submitted with applications

Name of company or corporate name:

Nature and description of the activities of the company:

Number of employees and/or owner(s):

#	Last name and first name	Application No.	Date of hiring	Occupation
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
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19				
20				
21				
22				
23				
24				
25				

I hereby declare that the information above is true and accurately reflects the company's current situation.

\_\_\_\_\_  
Signature of owner of the company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of representative