ClearBenefits.ca

ClearOne
BENEFITS PROGRAM

NO HEALTH QUESTIONS,

GUARANTEED ACCEPTANCE

(subject to eligibility requirements)

WWW.CLEARBENEFITS.CA

Underwritten by The Empire Life Insurance Company

Presented By: Gold Capital Financial Services

Advisor Name: Leonard Lamarsh

Phone: 780-905-2580

Email Leonard@goldcapitalfs.com

ClearOne Benefits Program

This program is available to ClearSales Association members
(self employed entrepreneurs or professionals) and their employees hired on a
full-time, part-time, contract or seasonal basis providing access to healthcare insurance coverage.

No administrative burden on employers - we've simplified implementation.

Designed for our members' diverse workforce, our inclusive plan requires no minimum work hours.

The ClearOne Benefits program is underwritten by The Empire Life Insurance Company and is available exclusively to members of the ClearSales.ca Business Association, where we deliver a marketplace of solutions for the new economy.

1

New Business

Available to association members just starting-up

2

No Waiting Period

Your coverage starts on the 1st of the month after you elect to join the plan

3

Hassle-Free Enrollment

No medical forms, tests or, personal health questions

Association Member Benefits
Can Include:

Prescription Drugs

Vision Care

Registered Therapists

Emergency Medical Travel Coverage

Dental Care
(options 2 & 3 only)

Life Insurance

Accidental Death & Dismemberment

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Advantages of the ClearOne Association Plan

Typical Group Benefit Plan	ClearBenefits.ca ClearOne Plan	Individual Health Plan
✓ No health questions Some coverages may be subject to health evidence maximums and pre-existing conditions limitations	✓ No health questions, and guaranteed acceptance (subject to eligibility requirements)	✗ Health questions are required and all pre-existing conditions will be excluded from coverage, if you are accepted.
✗ Employer controls the outcome of coverage, if any. All employees must take the coverage to qualify.	✓ No minimum participation requirements among staff.	✓ No minimum participation requirements among staff.
✗ You are not able to take your benefits with you if you leave your employment.	✓ Voluntary participation. Access valuable benefits	✓ You are able to take your benefits with you, regardless of future employment.

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Why Choose ClearOne Benefits Program?

3 Age-Based Rate Categories (under 40; 40 to 50 and 50+)

At ClearBenefits.ca, we believe in simplicity. That's why our plan is priced competitively for each age category. Our objective is well priced, quality coverage, ensuring fairness and consistency for all our members.

Adventure Coverage

ClearOne Benefits plans offer extensive coverage, including either 15-day or 30-day trip limits with up to one million dollars in out-of-country travel coverage. There are no restrictions on the number of trips you take.

* Coverage is limited to the travel duration and includes various limits and exclusions.
* Please consult for government travel advisories prior to travelling.

Flexible Plan Designs

Understanding that health insurance needs evolve over time, our plans come with built-in flexibility. Every two years while on the plan, members have the option to switch to another plan design.

*Certain life events can create additional eligibility, in which case the 24 month period resets if the plan member switched options.

Tax Deduction Benefits

Some premiums paid towards ClearOne Benefits plans may qualify as a tax deduction, depending on your business structure, potentially offering an additional financial advantage.

* Please consult with your tax advisor for more information.

Exclusive to Members

The ClearOne Benefits program is available exclusively to members of the ClearSales Business Association, where we deliver a marketplace of solutions for the new economy.

ClearOne Benefits Program

Rate Schedule

Monthly Rates	Valid from July 1, 2025 to December 31, 2025		
Option 1	**Less than 40**	**40-50**	**50+**
Single	$89.09	$127.80	$166.53
Couple	$160.36	$230.04	$299.75
Family	$213.82	$306.72	$379.98
Option 2	**Less than 40**	**40-50**	**50+**
Single	$95.81	$140.74	$158.32
Couple	$172.46	$253.34	$284.98
Family	$229.94	$337.79	$399.67
Option 3	**Less than 40**	**40-50**	**50+**
Single	$131.78	$194.49	$211.79
Couple	$237.21	$350.08	$381.22
Family	$316.28	$466.78	$508.29

Disclaimers: This is a summary of coverage options and rates as of July 1, 2025 and is intended as an informational aid only for agents and brokers. The coverage options and rates are subject to change and update at any time without notice, as determined by Empire Life. This is not an offer of insurance. To obtain group insurance coverage, Empire Life requires that a completed application be submitted to and approved by Empire Life. The terms of the group insurance policy govern. Empire Life assumes no responsibility for any reliance made on or misuse or omissions of information contained in this document.

The ClearSales.ca Association group insurance policy ("Plan") is a Plan available exclusively to members of the ClearSales.ca Association and their employees who meet the Plan's eligibility requirements. Applicants must be covered under a Government Health Insurance Plan and be a resident of Canada (excluding the provinces of Quebec, New Brunswick and the Nunavut territory).

The purpose of this document is to provide a summary description of the Plan. It is believed to be accurate as of the date of publication and is subject to change. It is not intended to describe all provisions, exclusions and limitations applicable to a benefit or the Plan. For a complete description of the provisions, exclusions and limitations that apply, please refer to the Plan contract.

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Plan Member Application

Underwritten by The Empire Life Insurance Company

ClearBenefits.ca Application for Group Insurance

Application for members of ClearSales.ca association and their employees

To be eligible for this group insurance coverage

Applicants must:

- be a member of the ClearSales.ca association and in good standing or
- be an employee of a member of the ClearSales.ca association

Applicants and dependants must:

- be covered under a Government Health Insurance Plan and
- be a resident of Canada

* meet other eligibility requirements must:

Throughout this form, “Empire Life” means The Empire Life Insurance Company.

Section 1 General Information	
First name	Last name
Company Name/Employer (if applicable)	
Province (Quebec, New Brunswick and Nunavut residents are not eligible)	
Phone Number	Email Address
Date of Birth (DD/MMM/YYYY)	Gender ☐ Male ☐ Female ☐ X
Occupation (Pilots, armed guards, firefighters, police are not eligible)	
Provincial Health Coverage (OHIP etc.) Provincial Health coverage is required to be eligible under the plan ☐ Y/N ☐	
The Applicant is currently working (must be working to be eligible) ☐ Y/N ☐	
Requested Coverage Effective Date for all coverage is 12:01am EST (DD/MMM/YYYY)*	
*Coverage effective date is the first day of the month following your completed enrolment.	

Section 2
Benefit Options

Benefits	Option 1	Option 2	Option 3
Life and AD&D Insurance			
Schedule	Flat $30,000	Flat $30,000	Flat $30,000
Reduction	Reduces to 50% age 65	Reduces to 50% age 65	Reduces to 50% age 65
Termination	Age 70	Age 70	Age 70
Extended Health Care			
Drug			
Deductible	Nil	Nil	Nil
Reimbursement	80% Reimbursement	70% Reimbursement	80% Reimbursement
Maximum	$3,000/Calendar Year	$1,500/Calendar Year	$3,000/Calendar Year
Drug Definition	Mandatory Generic Substitution	Mandatory Generic Substitution	Mandatory Generic Substitution
Travel			
	$1,000,000 per person, per lifetime @ 100%- 30 day trip duration; terminates at age 70	$1,000,000 per person, per lifetime @ 100%- 15 day trip duration; terminates at age 70	$1,000,000 per person, per lifetime @ 100%- 30 day trip duration; terminates at age 70
Hospital			
Accommodation	100% - Semi-Private	100% - Semi-Private	100% - Semi-Private
All Other Major Medical	See below detail	See below detail	See below detail
Eye Exams	$100 for adults every 24 months, 12 months for children	$100 for adults every 24 months, 12 months for children	$100 for adults every 24 months, 12 months for children
Vision Care	$300 for adults every 24 months, 12 for children	$200 for adults every 24 months, 12 for children	$300 for adults every 24 months, 12 for children
Accidental Dental	$2,000 per year	$2,000 per year	$2,000 per year
Paramedicals			
Acupuncturist	80% Reimbursement $350 per practitioner/person/year	70% Reimbursement $250 per practitioner/person/year	80% Reimbursement $350 per practitioner/person/year
Physiotherapist			
Chiropractor			
Naturopath/Homeopath			
Podiatrist/Chiropodist			
Audiologist			
Occupational Therapist			
Registered Dietician			
Osteopath			
Massage Therapist			
Social Worker			
Psychologist			
Speech Therapist			
Termination	Age 70	Age 70	Age 70
Survivor Benefits	12 months of EHC coverage for surviving eligible dependants	12 months of EHC coverage for surviving eligible dependants	12 months of EHC coverage for surviving eligible dependants

Dental			
Annual Deductible	N/A	Nil	Nil
Basic Reimbursement		70% Reimbursement	80% Reimbursement
Maximum		$500	$750
Units of Scaling per calendar year		10	10
Recall Frequency		Once every 9 months	Once every 9 months
Termination	Age 70	Age 70	Age 70
Survivor Benefits	N/A	12 months of DEN coverage for surviving eligible dependants	12 months of DEN coverage for surviving eligible dependants

	Option 1	Option 2	Option 3
All Other Major Medical	**80% Reinsbursement**	**70% Reimbursement**	**80% Reimbursement**
Hearing Aids Maximum over a 48 month period	$700	$700	$700
Artificial Eye/Limb: Initial prosthesis; 1 per lifetime	$10,000	$10,000	$10,000
Apnea Machine Maximum; 1 per 60 consecutive months	$2,000	$2,000	$2,000
Insulin Pump Maximum per 5 calendar years	$5,000	$5,000	$5,000
Blood Pressure Monitor Lifetime Maximum	$100	$100	$100
Compression Stockings Maximum	$100	$100	$100
Insulin Pump Supplies Maximum	$3,500	$3,500	$3,500
Artificial Eye/Limb Repair/Replacement Maximum	$1,000	$1,000	$1,000
Glucose Monitoring Equipment and Supplies Maximum	$4,000	$4,000	$4,000
TENS Machine Lifetime Maximum	$3,500	$3,500	$3,500
Visco supplementation Maximum	$600	$600	$600
Wheelchair - Manual Lifetime Maximum	$1,000	$1,000	$1,000
Wheelchair - Electric Lifetime Maximum	$3,000	$3,000	$3,000
Wigs Lifetime Maximum	$500	$500	$500
Cardiac Rehabilitation Maximum	$500	$500	$500
Foot Orthotics Maximum	$300	$300	$300
Orthopedic Shoes Maximum	$300	$300	$300
Private Duty Nursing Maximum	$3,000	$2,000	$4,000

Select ONE of the benefit options:

- ☐ Option 1
- ☐ Option 2
- ☐ Option 3

Select coverage option:

- ☐ Single
- ☐ Couple (2 adults or 1 adult and 1 child** dependant)*
- ☐ Family*

*If Couple or Family selected, dependant details will be collected during digital enrolment.

** Dependent Child: under age 22 or age 26 if eligible full-time student

Section 3
Premium Payment Information

Payor's Name
Payments will be made by Pre-Authorized Debit (PAD) monthly. Submit a void cheque to be used by Empire Life to debit your premiums.
Initial premium payment - will be withdrawn on the coverage effective date*.
Monthly withdrawal date - premium payments will be withdrawn on the 10th of the month. *
* The premium payment withdrawal from your bank account may occur up to two business days after this date

Section 4
Declaration, Agreement and Authorization

I declare that

- I am applying for insurance to Empire Life;
- I am a full-time resident of Canada and covered under GHIP;
- I am a member of the ClearSales.ca association or employee of such member;
- I am actively at work and engaged in a gainful occupation that represents my primary source of income

I understand and agree that

- the answers given and the information in this Application and in other documents supporting this Application for benefits are true, full, and complete;
- any errors or misrepresentation of information may invalidate my coverage;
- the insurance will become effective in accordance with the terms and conditions of the group insurance policy that is issued to the Clearsales.ca association (Group Policy) but in no case shall it become effective until this Application has been approved by Empire Life and I complete the required digital enrolment and is actively at work.

Banking Authorization

I authorize Empire Life to withdraw monthly premium payments, as required as indicated in section 3. I authorize my financial institution to honour any withdrawal (debit) from my account under the PAD agreement.

PAD Agreement

- The Pre-authorized Debit (PAD) applies to regular scheduled premiums;
- The PAD Agreement can be terminated, upon written notification, at any time on ten days notice, by either the Applicant or Empire Life;
- Cancellation of the (PAD) agreement does not constitute cancellation of service by Empire Life and the Applicant shall be liable for any past, present or future amounts owing;
- For the purposes of the PAD agreement, all debits from the Applicant's account will be treated as personal; and
- To obtain a sample cancellation form or for more information on the right to cancel a PAD arrangement the Applicant may contact their financial institution or visit www.payments.ca

The Applicant waives the right to notice before any withdrawal is made and also the right to notice of any change in the amount of automatic withdrawal.

Be aware that certain recourse rights exist in the event a debit does not comply with this agreement. You have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, please contact your financial institution or visit www.payments.ca

For inquiries regarding your Pre-authorized Debit, contact:

The Empire Life Insurance Company
259 King Street East, Kingston ON K7L 3A8
Phone: 1 800 267-0215
group.accounting@empire.ca

I confirm the appointment of the Advisor identified in Section 6 of this Application to assist with this Application and enrolment under the Group Policy. I authorize the Advisor to:

- Collect, use and disclose any information that may be required to administer this plan. Information released will not include detailed claims information; and
- receive any commissions in respect to any existing or future benefit plans. This appointment will remain in effect until revoked by me in writing.

I hereby apply for benefits with Empire Life and understand I must complete a digital enrolment to complete my Application. An initial premium in the sum of $_____ will be withdrawn on the coverage effective date or up to two business days later.

Completed and signed at (city and province)	Date (dd/mmm/yyyy)
Applicant signature	Name (please print)
Witness signature	Name (please print)

If the monthly PAD is using a corporate account or the account of someone who is not the Applicant the owner of the account must sign below. By signing below, I confirm I have read, understood and agree to the statements in the Banking Authorization and PAD Agreement.

Signature
Signing authority name

Section 5
Privacy Consent
Collection, Use and Access to My Personal Information

I understand that Empire Life and ClearBenefits.ca (“the Administrator”), need personal information about me, my spouse and my children (collectively “Dependants”), if applicable, relevant to this Application and/or administration of this group insurance (“Personal Information”). I confirm I am authorized by my Dependants to disclose and receive the Personal Information, and to consent to this authorization on their behalf in relation to their Personal Information.

Collection
I authorize Empire Life and the Administrator to collect Personal Information from any person or organization that has information relevant to this Application and/or this group insurance coverage, including but not limited to: my employer, health professionals and practitioners; plan administrators; advisors; reinsurers; government agencies; other insurance companies; and third party service providers. For the current list of third party service providers Empire Life may share Personal Information with, visit www.empire.ca/third-party-categories.

Use
I authorize Empire Life and the Administrator to keep the Personal Information on file and use it for the purposes of administrating this group insurance.

Access / Disclosure
I understand that my Personal Information will be kept on file by Empire Life. Access to my file is restricted to Empire Life employees, agents, representatives, third party service providers and other persons who require it to perform their duties, and to persons to whom I have granted access. Empire Life may store my personal information outside my province of residence but within Canada. Empire Life may also disclose my personal information to organizations outside my province of residence or outside Canada who process or store my personal information as part of their duties. Therefore, my personal information may be subject to the laws of other jurisdictions, which may allow disclosure to courts, law enforcement, or other government authorities of those jurisdictions under certain circumstances.

My Privacy Rights
I am, or a person authorized by me is, entitled to access my Personal Information and, when applicable, to have my Personal Information corrected. I am also authorized to request information about how my Personal Information is processed and about service providers located outside of Canada that Empire Life has shared my Personal Information with. To do any of these things, or to ask questions or raise a concern about the collection of my Personal Information, write to Empire Life at: Chief Privacy Officer, The Empire Life Insurance Company, 259 King St East, Kingston ON K7L 3A8, privacy@empire.ca

To access a copy of Empire Life's most recent privacy notice, visit our website at www.empire.ca.

Duration of Consent
I confirm the consent provided above is valid for the duration of the application process, and with respect to any questions or complaints about the application, and, if this application is approved and group insurance coverage takes effect as a result, for the duration of the group insurance coverage and any claim processed under the group insurance coverage or complaint concerning the group insurance coverage. It is also valid as long as required for Empire Life and the Administrator to meet their contractual, legal and/or regulatory obligations and requirements.

Withdrawal of Consent
I understand that if I withdraw the consent provided above, Empire Life and the Administrator may be unable to assess this application, administer any group insurance coverage that takes effect as a result of this application being approved or assess a claim for benefits under the group insurance coverage and therefore may close this application or terminate the group insurance coverage in their sole discretion. If this occurs, no benefit will be payable, and neither I nor my estate will be able to exercise any rights under the group insurance coverage. If I withdraw this consent, I agree Empire Life and the Administrator may retain my Personal Information as long as required for its contractual, legal and/or regulatory obligations and requirements.

☐ I confirm that I have read, understood and agree to the statements above and consent to the collection, use, maintenance and disclosure of my personal information as described.

Section 6

Signature of the Advisor

I confirm that I have a current and valid license and E&O insurance coverage, as required by applicable law.
I have advised the Applicant not to terminate any existing coverage until notice has been received that this Application is accepted by Empire Life.
I have read and understand this Application and to the best of my knowledge and belief all statements in this Application are true and complete.
I am not aware of any additional information material to the acceptance of this Application for group insurance coverage.

Company Name: Gold Capital Financial Services			
Address – Street/Suite: 202-18311 105 Ave NW			
City: Edmonton	Province: AB	Postal Code: T5S 2K9	Telephone: 780-905-2580
Email Address: Leonard@goldcapitalfs.com			
Name of Advisor – Print name in full: Leonard Lamarsh			
Signature of Advisor **X**			**Date**
Advisor Code			

Advisor Reminders:

- Please attach a copy of banking or a void cheque
- Please ensure the client has an active membership in the ClearSales.ca Business Association
- Please submit the completed application to: jana@clearbenefits.ca