WesCan Insurance

Group Benefits Plan

Design Guide

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WesCan
Insurance Brokers

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SILVER BENEFITS PLAN

Flexible Options

Build a plan that fits your organization. Full Plan customization available

Cost Containment

Find solutions to help manage cost

Secure Online Tools

Save time with online enrollment, management, and billing

- Life Insurance $10,000
- Accidental Death & Dismemberment (AD&D) $10,000
- Extended Health Care (EHC)
  - Prescription Drugs – Annual Max $3,000 at 80%
  - Eye Exam – Every 24 months – Reasonable & Customary Paramedical Practitioners – $300 per practitioner at 80% Physiotherapist, Chiropractor & Psychologist.
  - Out-of-Country Travel - $3,000,000 with 60 days trip stipulation
  - Medical Services and Equipment – 80% coinsurance. Plan includes coverage for:
    - Ambulance services, emergency dental services as a result of an accident, diabetic supplies, oxygen, and specific medical supplies and equipment
    - Private duty nurse – maximum of $10,000 per benefit year
    - Hearing aids – maximum of $500 over 5 benefit years
    - Orthotic inserts – maximum of $400 over 3 benefit years
    - Orthopaedic shoes – maximum of $150 per benefit year
    - Glucometers – lifetime maximum of $700
- Virtual health care services where insureds can connect with a nurse, doctor or other health professional about their family member's physical or mental health, receive a diagnosis or prescription
- Best Doctors – for insureds diagnosed with serious medical condition including consultation treatment plans, locating specialists and customized guidance, support and advice.

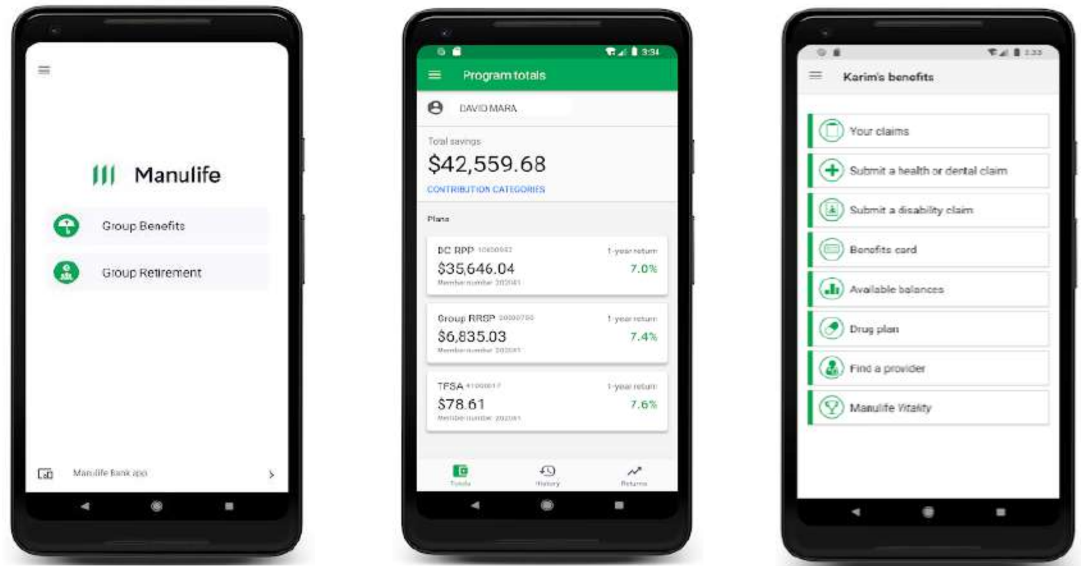
MOBILE APP

Submit claims, check coverage, manage workplace savings and view your investments and insurance anytime, anywhere.

- Dental Care
  - Basic & Supplementary Coverage only
  - Annual Maximum $1,000 at 80%
  - Missing tooth limitation – applies.
  - Recall every 12 months
  - Scaling – 6 units
  - Current Fee Guide

Manage your group benefits plan anytime anywhere.

Save time and get your money back faster with the Mobile app – built for both group benefits and/or group retirement plans.



Group Benefits solutions for small businesses with 3 to 100 employees

Most Popular Plan

GOLD PLAN

Flexible Options

Build a plan that fits your organization. Full Plan customization available

Cost Containment

Find solutions to help manage cost

Secure Online Tools

Save time with online enrollment, management, and billing

- Life Insurance $25,000
- Accidental Death & Dismemberment (AD&D) $25,000
- Extended Health Care (EHC)
    - Prescription Drugs – Annual Max $5,000 at 80%
    - Paramedical Practitioners – $500 per practitioner at 80% Physiotherapist , Chiropractor , Psychologist, Dietician, Massage Therapist, Acupuncturist, Speech Therapist, Osteopath, Naturopath etc.
    - Out-of-Country Travel - $3,000,000 with 60 days trip stipulation
    - Medical Services and Equipment – 80% coinsurance. Plan includes coverage for:
        - Ambulance services, emergency dental services as a result of an accident, diabetic supplies, oxygen, and specific medical supplies and equipment
        - Private duty nurse – maximum of $10,000 per benefit year
        - Hearing aids – maximum of $500 over 5 benefit years
        - Orthotic inserts – maximum of $400 over 3 benefit years
        - Orthopaedic shoes – maximum of $150 per benefit year Glucometers – lifetime maximum of $700
- Vision Care – 100% without a deductible
    - Eyeglasses, contact lenses or laser eye correction surgery - Maximum of $200 in any 24 month period
    - Eye exams – 1 exam over 2 benefit years.
- Virtual Health Care – Virtual health care services where insureds can connect with a nurse, doctor or other health professional about their family member's physical or mental health, receive a diagnosis or prescription
- Best Doctors – for insureds diagnosed with serious medical condition including consultation treatment plans, locating specialists and customized guidance, support and advice.

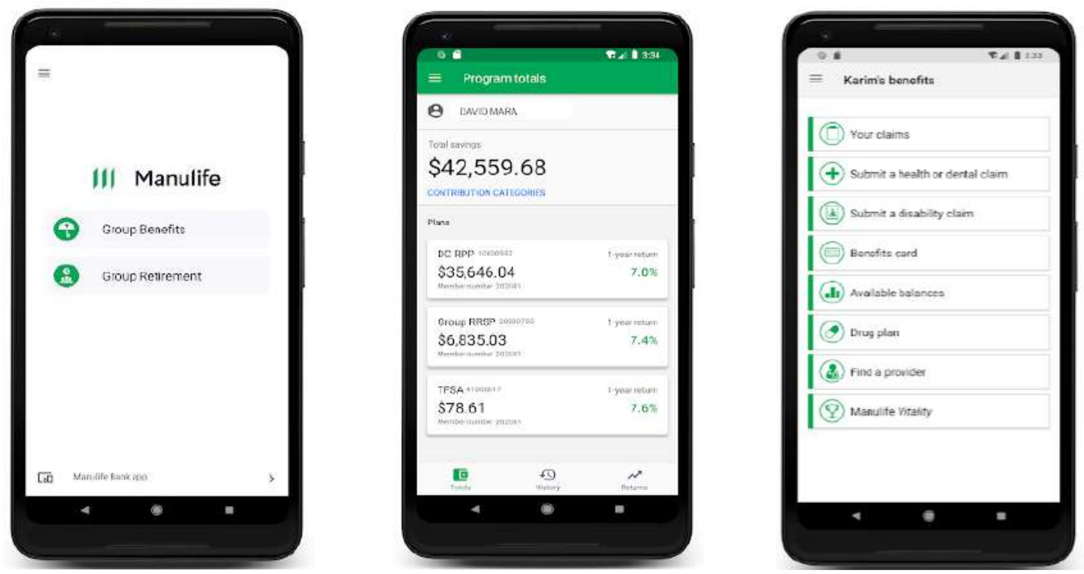
MOBILE APP

Submit claims, check coverage, manage workplace savings and view your investments and insurance anytime, anywhere.

- Dental Care
  - Plan design – Recall frequency – 9 months
  - Scaling – 8 units
  - Preventive Procedures – 80% Exams, x-rays, lab tests, cleanings, scaling, root planning, fluoride and disking (under age 19), oral hygiene instruction and space maintainers.
  - Basic Procedures – 80% fillings, extractions, pit and fissure sealants (under age 19), root canals, local anaesthesia, treatment of gum and bone disease, relining and rebasing of dentures.
  - Major Procedures – 50% crowns, veneers, fixed bridges, dentures, inlays, onlays and gold foil restorations.
  - Missing tooth limitation – applies.
  - Combined Annual Maximum – $1,500 per person.
  - Fee Guide – current fee guide

Manage your group benefits plan anytime anywhere.

Save time and get your money back faster with the Mobile app – built for both group benefits and/or group retirement plans.



Group Benefits solutions for small businesses with 3 to 100 employees

Platinum Benefits Plan

Flexible Options

Build a plan that fits your organization. Full Plan customization available

Cost Containment

Find solutions to help manage cost

Secure Online Tools

Save time with online enrollment, management, and billing

- Life Insurance $50,000
- Accidental Death & Dismemberment (AD&D) $50,000
- Extended Health Care (EHC)
  - Prescription Drugs – Annual Max $10,000 at 80%
  - Paramedical Practitioners – $750 per practitioner at 80% Physiotherapist , Chiropractor , Psychologist, Dietician, Massage Therapist, Acupuncturist, Speech Therapist, Osteopath, Naturopath etc.
  - Out-of-Country Travel - $3,000,000 with 60 days trip stipulation
  - Medical Services and Equipment – 80% coinsurance. Plan includes coverage for:
    - Ambulance services, emergency dental services as a result of an accident, diabetic supplies, oxygen, and specific medical supplies and equipment
    - Private duty nurse – maximum of $10,000 per benefit year
    - Hearing aids – maximum of $500 over 5 benefit years
    - Orthotic inserts – maximum of $400 over 3 benefit years
    - Orthopaedic shoes – maximum of $150 per benefit year
    - Glucometers – lifetime maximum of $700
- Vision Care – 100% without a deductible
  - Eyeglasses, contact lenses or laser eye correction surgery - Maximum of $350 in any 24 month period
  - Eye exams – 1 exam over 2 benefit years.
- Lumino Health Virtual Care – Virtual health care services where insureds can connect with a nurse, doctor or other health professional about their family member's physical or mental health, receive a diagnosis or prescription
- Best Doctors – for insureds diagnosed with serious medical condition including consultation treatment plans, locating specialists and customized guidance, support and advice.

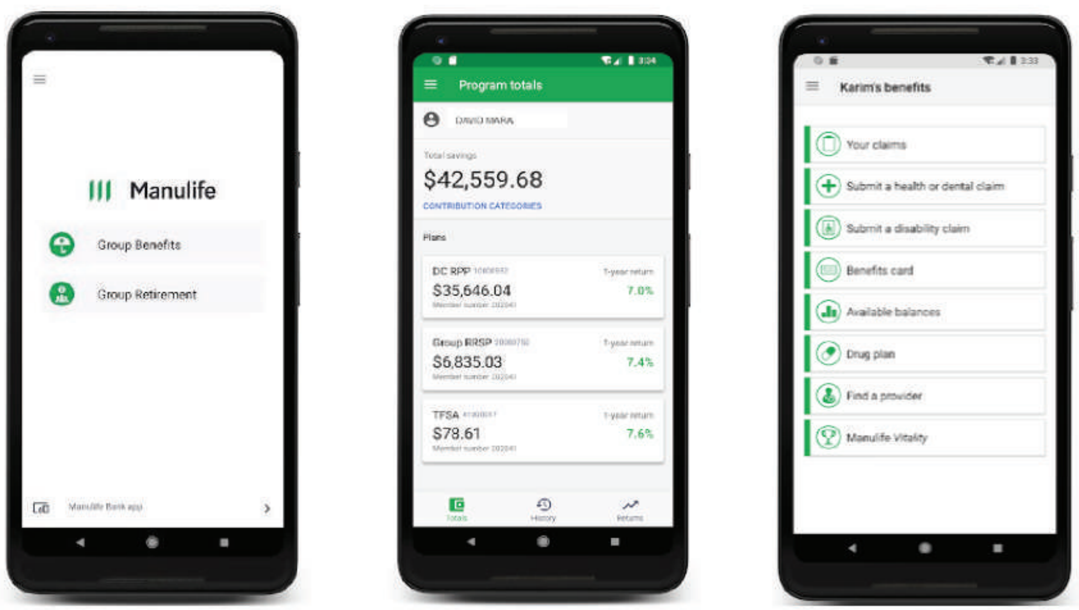
MOBILE APP

Submit claims, check coverage, manage workplace savings and view your investments and insurance anytime, anywhere.

- Dental Care
  - Plan design – Recall frequency – 9 months
  - Scaling – 10 units
  - Preventive Procedures – 80% Exams, x-rays, lab tests, cleanings, scaling, root planning, fluoride and disking (under age 19), oral hygiene instruction and space maintainers.
  - Basic Procedures – 80% fillings, extractions, pit and fissure sealants (under age 19), root canals, local anaesthesia, treatment of gum and bone disease, relining and rebasing of dentures.
  - Major Procedures – 50% crowns, veneers, fixed bridges, dentures, inlays, onlays and gold foil restorations.
  - Missing tooth limitation – applies.
  - Combined Annual Maximum – $2,000 per person.
  - Fee Guide – current fee guide

Manage your group benefits plan anytime anywhere.

Save time and get your money back faster with the Mobile app – built for both group benefits and/or group retirement plans.



Group Benefits solutions for small businesses with 3 to 100 employees

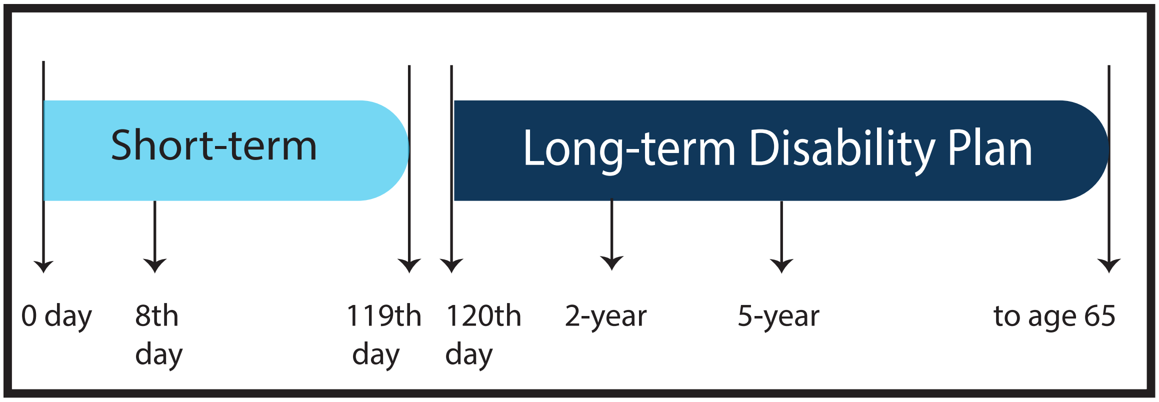
Alberta Blue Cross · canada life · Equitable Life of Canada · Empire Life · Manulife · myFlex Benefits · RBC Insurance · Sun Life Financial

WHAT ARE LONG-TERM & SHORT-TERM DISABILITY BENEFITS?

If you become disabled and are unable to work over a long period of time, safeguarding your income becomes critical. Long-Term Disability (LTD) coverage helps protect your finances in the event of a long-term absence from work due toillness or injury.

- **Security, protection, peace of mind.**
  LTD coverage helps provide you with the security of replacement income while you focus on your recovery and return to work. Long-term disability can bring uncertainty, but imagine the comfort of knowing that although you are unable to work, you can help pay the bills and support your family through your LTD benefits payments.
- **How are benefits calculated?**
  LTD benefits payments are based on a specific percentage of your monthly earnings at the time you become totally disabled.
- **When do benefits start?**
  Once your claim is approved, payments will be paid from the date the elimination period is completed.
- **How long will I receive my disability payments?**
  You will continue to receive LTD disability payments as long as you are totally disabled. This could be up to the age of 65 or until your retirement, as long as you remain eligible.

WHAT ARE SHORT-TERM & LONG-TERM DISABILITY BENEFITS?



The short-term disability benefits plan starts from day 1 of disability until the 119th day; the long-term disability benefits plan starts on the 120th day of recurring disability and continues up to age 65 for the plan member.

PROTECT YOUR MOST VALUABLE ASSET

Your ability to earn an income over a 30- or 40- year career, is your most valuable asset. Here's an idea of what you could earn over the rest of your working life based on your age and current salary. This chart assumes a 2.5% raise every year and that you're working to age 65.

DO YOU KNOW HOW MUCH YOU WILL EARN BY AGE 65?

	Age 30	Age 40	Age 50
$70,000	$3, 844 ,975	$2,391,043	$1, 255, 235
$90,000	$ 4 ,943,539	$3,074,199	$1,613,873
$120,000	$6 ,591, 385	$ 4 ,098 ,932	$2,151,831
$150,000	$8 , 239, 231	$5,123,665	$2,689,789
$200,000	$10,985,641	$6,831,553	$3,586,385
$250,000	$13,732,051	$8,539,441	$ 4,482,981

There are disability insurance policies tailored for those in specific professions, including medical professionals, as well as for those who are self-employed. Those who work for an employer may get disability insurance through their workplace, though in most cases the disability premiums are employee-paid which allows to maximize on the net benefit payout after taxation; but the key is to check to see if it would be enough if something happened.

WHY YOU NEED DISABILITY INSURANCE?

While most people are familiar with **life insurance** and may already have this type of coverage to provide for their families in the event of their death, many aren't aware of the financial distress that could occur if they experience an injury or illness that renders them either temporarily or permanently disabled.

45% — 45% of Canadians believe that disability occurs infrequently[1]

1/7 — However, 1 in 7 Canadians are currently disabled in some capacity[1]

50% — 50% of Canadians don't have an employer sponsored group benefit plan[1]

33% — 33% of Canadians who experience a disability are affected longer than 90 days with the average duration being 37 months[1]

1/2 — 1 in 2 Canadians will experience a disability during their career[1]

[1] Statistics Canada: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410002701

DISABILITY IS MORE PREVALENT THAN YOU MAY THINK

In the event an injury or illness leaves you unable to work, how will you make up for lost wages, cover medical costs and pay your living expenses such as your mortgage, utilities, and groceries? Unfortunately, almost half of all working Canadians don't believe they have enough funds to cover expenses if they are unable to work.

While the government compensates employees with disabilities through the Canadian Pension Plan (CPP), you must contribute to the plan and meet strict eligibility requirements. If you're employed, this means paying half of the contributions, but if you are one of the more than 33% of self-employed Canadians you're expected to make the full contribution and self-fund your disability insurance. Personal disability insurance from EDGE ensures you receive the protection you need - no matter if you're self-employed or receive benefits from an employer - without having to jump through hoops to receive your benefits when it's needed the most.

500,000+ Canadians become self-employed each year and will need to self-fund their disability insurance.

Disability coverage can insure against the loss of income due to injury or illness that prevents you from working by providing you with a monthly income replacement that can be used for anything you need - from paying medical bills to ensuring your family is still able to make car payments.

What you need to know about ...

disability insurance

What would you say is your biggest asset? You might think it's your car, home or maybe your investment portfolio. In reality, it's likely your ability to work and earn an income. So, what would happen if due to an illness or injury you were unable to work? How long would you be OK before financial difficulties set in? That's where disability insurance comes in. It provides you with a portion of your income if an illness or injury prevents you from working and earning a living. Remember, everyday expenses like mortgage or rent payments, utility bills, credit card bills and more don't stop even if you can't work. And medical bills from an illness or injury can often make a bad situation even worse. Disability insurance can help cover this and more.

How much disability insurance do I need?

In general, you'd need enough disability insurance to cover your monthly expenses, unless you plan on tapping your savings, in the event you couldn't work. But there are other factors you'll want to consider, such as a partner's financial contribution, so using an online Disability Insurance Needs Calculator like the one at lifehappens.org/dicalc can be a smart move.

Disability insurance saves a family - twice

Valerie King

*Valerie King says she was "born to be a doctor," but a chronic illness ended her career. Her disability insurance policy helped this single mom raise her three daughters without financial worries...

Please click on the play button to watch the video

*The above content is replicated from Life Happens, a nonprofit organization dedicated to helping consumers make smart insurance decisions to safeguard their families' financial futures.

What are the types of disability insurance?

There are two main types of disability insurance. Short-term disability insurance covers lost income for about three months, while long-term disability insurance typically pays a portion of your lost income for anywhere from one year to your entire working life. Often, people opt to have both types of coverage.

How much does disability insurance cost?

It depends on several factors including your benefit amount, benefit period, occupation, health status, age and terms of the policy. As a general rule of thumb, however, the cost of an individual long-term disability insurance policy is about 1% to 3% of your annual salary.

How do I get disability insurance?

You may have disability insurance through your employer. This is a nice benefit to have, but it may not be enough. And remember, the coverage ends if your employment there does. Talk with your benefits administrator to find out what kind of coverage you have and the duration.

Having an individual policy that you purchase and own is typically the most flexible and reliable way to get disability insurance coverage. An insurance professional can help you navigate all the options available, from length and amount of coverage to get a policy that covers your occupation, to making sure it is budget friendly.

Long road back: Michael Sizemore

Please click on the play button to watch the video

"At just 26, Michael Sizemore was struck by a drunk driver and almost died from his injuries. His disability insurance has endured that he is OK financially, as he is unable to work.

Myths about disability insurance

- I can rely on Workers' disability Comp if I get sick or injured and can't work.
- I don't need insurance because I have it through work.
- I'm young and healthy. I don't need disability insurance.
- I don't need it because I don't work in a dangerous profession.

Don't let these myths stop you from getting this important coverage. An insurance professional can help you navigate these and more!

*The above content is replicated from Life Happens, a nonprofit organization dedicated to helping consumers make smart insurance decisions to safeguard their families' financial futures.

REAL LIFE STORIES

Please click on the play button to watch the video

Scott and Kelly Rider

A Life Changed, a Lifestyle Remains

*For Scott Rider, it wouldn't be a stretch to say that running was his life. In college, he was a three-time Big Ten Champion, two-time All American, and later competed in the Olympic trials. His running sustained him as he charted out his career in financial services. It was also a constant as he and his high-school sweetheart, Kelly, married and raised their three children.

Running is also how he found out his life was changed forever. It began subtly when Scott's toes didn't "work as they should." It eventually interfered with his running, and after several years of being misdiagnosed, he learned he had Parkinson's disease. "I remember the day I found out. As I stood outside the doctor's office, on the sidewalk on a warm fall day, I knew my life—and my family's—was changed forever," says Scott.

The Life They Knew ...

His day-to-day routines have changed drastically since being diagnosed at 47. Cognitive and physical limitations mean he had to give up the profession he loved. And he now relies on Kelly to help him with tasks most people take for granted, like tying his shoes.

One thing in his life has not changed, however. He and his family have been able to maintain their lifestyle, thanks to the disability insurance he purchased. He got it when he was just starting out in his career and added to it as his salary grew.

His disability insurance now replaces a significant portion of the income he once earned. It has allowed Kelly to remain a stay-at-home mom and now be a caregiver. Plus it helps them meet Scott's growing medical needs.

In addition, the couple has been able to put their three children through college and give their daughter the wedding of her dreams. They've even reached a retirement goal of moving to a warmer climate. All of this was made possible by Scott's disability insurance.

"Without it, I don't know where we'd be," says Scott. "I feel fortunate that I understood early on that my income was my most valuable asset, and that I needed to insure it." Scott and Kelly Rider

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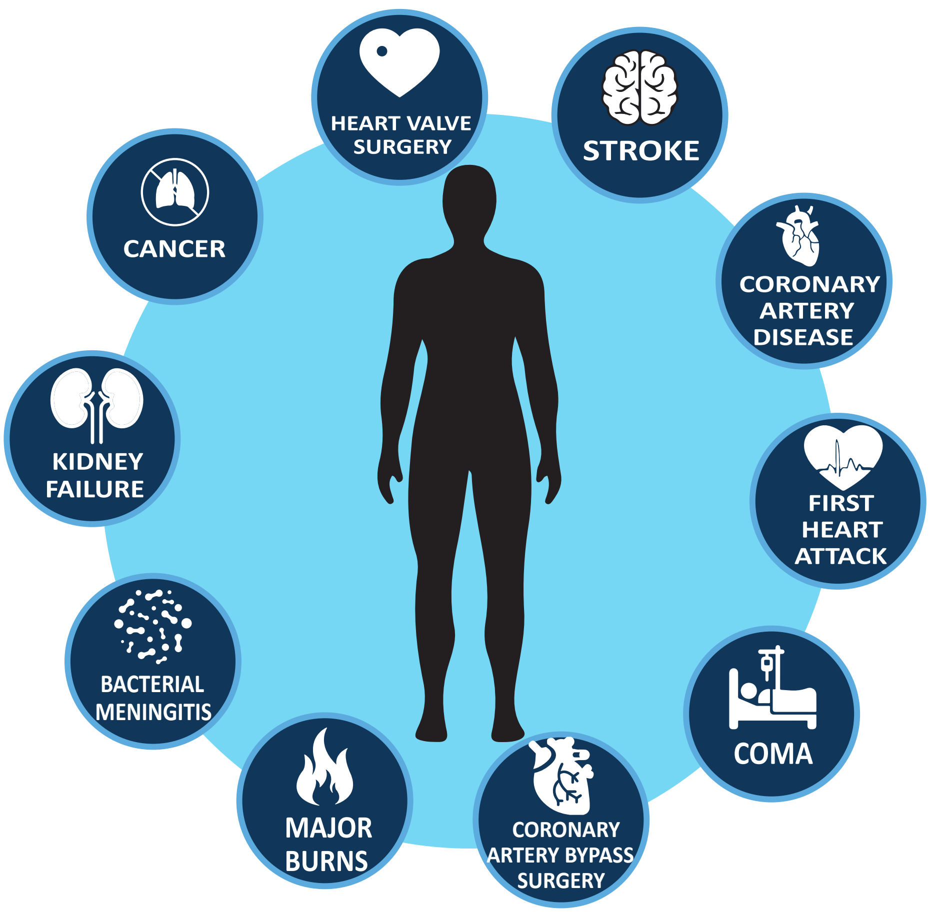
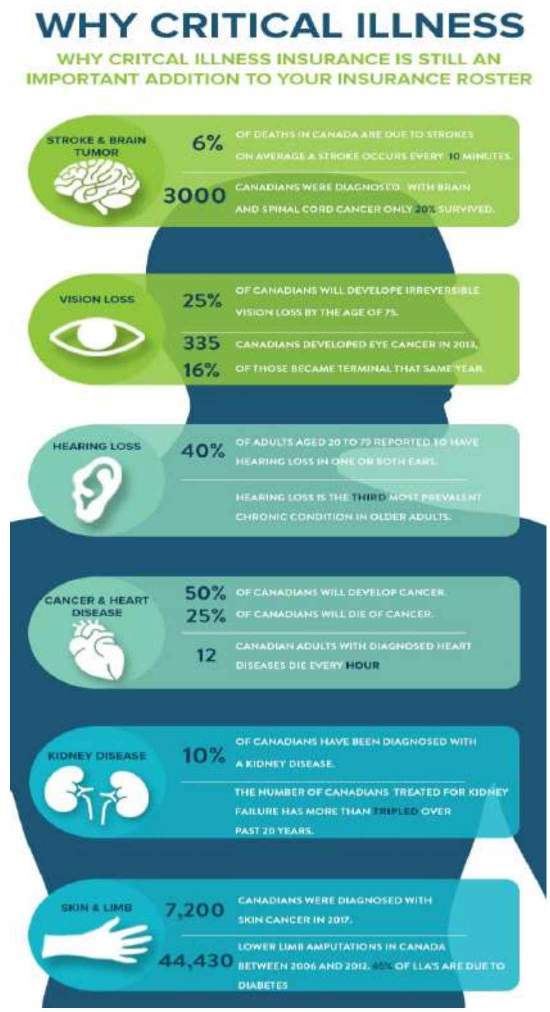
GROUP CRITICAL ILLNESS

PREPARING TO BRIDGE THE GAP

WesCan Insurance Brokers





Advantages

- Cancer Recurrence Benefit.
- A non-taxable lump sum benefit is paid to an insured in addition to any other insurance and can be used at their own discretion.
- Employees are not required to be unable to work in order to claim.
- Expertise; we have been issuing group critical illness policies and paying claims since 1998 - being one of the first insurers to introduce critical illness coverage into the group market.
- Flexible administration and billing options.
- One of the few insurers that provide partial payment benefits that do not reduce the principal sum insured.

Critical illness Benefit

If an Insured is diagnosed with or meets the definition of a covered condition or a partial payment benefit condition, after the effective date or latest reinstatement date of coverage, and survives a period of 30 days following the date of diagnosis (not applicable to Deluxe Plan Option) the Company will pay the applicable benefit.

The Principal Sum for each Employee and the Spouse (if applicable) is the amount outlined in the schedule of benefits.

Except as provided by the Second Event Benefit, Cancer Recurrence, or Partial Payment Benefits, the Company will only be obligated to pay the Principal Sum once notwithstanding that an Insured may be diagnosed with, suffer, or undergo more than one of the covered conditions.

List of Covered Conditions

Alzheimer's Disease
Aorta Surgery
Benign Brain Tumour
Blindness
Cancer
Cancer Recurrence
Coma
Coronary Artery Bypass
Surgery

Deafness
Dismemberment
Heart Attack
Heart Valve
Replacement Loss of
Speech
Loss of Independence S
Major Organ Failure
Major Organ Transplant

Motor Neuron Disease
Multiple Sclerosis
Occupational HIV
Infection Paralysis
Parkinson's Disease
Severe Burns
Stroke

List of Covered Conditions

In addition to the listed covered conditions above, the following additional benefits are covered at a percentage of the principal sum amount.

These additional partial payment benefits are not deemed to be covered conditions, nor do they fall under the category of covered conditions for the purposes of the Second Event Benefit. Payment of a Partial Payment Benefit does not reduce eligible payment of a principal sum payment. Each partial payment benefit is payable only once.

Ductal Carcinoma in Situ (DCIS) Benefit

If the insured is diagnosed with DCIS, and survives 30 days (not applicable to Deluxe Plan Option), the DCIS benefit pays 20% of the principal sum up to a maximum of $20,000. Early Stage Prostate Cancer (T1a or T1b) Treatment The

Early Stage Prostate Treatment benefit pays 20% of the principal sum up to a maximum of $20,000 if the insured is diagnosed with Early Stage Prostate Cancer and survives 30days (not applicable to Deluxe Plan Option), and under goes anyone of the following treatments:

- Prostate Surgery
- Radiation Therapy
- Chemotherapy
- Hormone Therapy

Hip or Knee Replacement Surgery

The Hip or Knee Replacement Surgery benefit will pay 10% of the Principal Sum up to a maximum of $10,000 if the insured has undergone surgery to replace either the hip or the entire knee through the procedures set out below.

- Hip replacement qualifies if the femoral stem is replaced. This procedure is performed in both total arthroplasty and hemiarthroplasty (both monopolar and bipolar).
- Knee replacement qualifies if all three compartments of the knee (medial, lateral, and patellofemoral compartments) are replaced. This procedure is also known as total knee replacement.

Second Event Benefit

Categories of Covered Conditions

- **Category 1** Cancer
- **Category 2** Heart Attack, Stroke, Coronary Artery Bypass, undergoes Aorta Surgery or Heart Valve Replacement Aorta Surgery

If an insured person is diagnosed with cancer for which the principal sum has been paid and then has been actively at work for at least 90 days, a second event benefit can be paid for a diagnosis of any other condition.

OR

If an insured person is diagnosed with one of the category 2 covered conditions and the principal sum has been paid and then has been actively at work for at least 90 days, a second event benefit can be paid for a diagnosis of any other condition (other than another cardiovascular illness).

In order to be considered an eligible Second Event condition, the first event and the second event cannot fall into the same Category of Conditions, except as provided for under Cancer Recurrence benefit.

The Second Event Benefit is payable only once. Payment of the Second Event Benefit will represent the full and final discharge of all claims under the Second Event Benefit. Following Payment of the Second Event Benefit, coverage will terminate.

Critical Care Expense Allowance Benefit (applicable only when Deluxe Plan selected)

If the Insured is diagnosed with or meets the definition of an Insured Condition, Partial Payment Benefit, or Second Event Benefit, after the effective date or latest reinstatement date of coverage, which results in the Insured incurring any of the following expenses directly related to the diagnosis of an Insured Condition, the Company will reimburse such expenses, subject to all policy terms and conditions, up to an overall policy maximum of $1,000.00.

1. Services from a registered graduate nurse who is not a family member of the Insured.
2. Transportation costs including; ambulatory fees, taxi, and public transportation to any medical treatments, Physician appointments, and post-diagnostic testing appointments.
3. Rental costs of a wheelchair or other approved durable equipment for temporary therapeutic treatment.
4. Drugs or medicines dispensed by a licensed pharmacist, which requires the prescription from the attending Physician, including deductible amounts under other benefit plans.
5. Meals, in hospital, for Insured, plus 1 attending caregiver, on days where the hospital visit duration is 3 hours or more.
6. Parking costs at medical facilities such as; hospitals, physician's offices, diagnostic testing facilities.
7. Daycare costs for children at a licensed and registered daycare facility.
8. Pet care costs include day boarding, in-home or dog walking, provided by a registered pet care operator.

The Company may require proof of payment (original receipts) up to 1 year from the date of submission. Where a portion of reimbursement may be covered under another group health benefits plan an Explanation of Benefits (EOB) must be submitted with the claim.

Benefit Limitations:

Benefits are subject to the following limitations and may not be covered under this Critical Care Expense Allowance Benefit;

1. Expenses are covered by any government health insurance plan in the Insured's province or territory of residence.
2. Expenses covered under any other group health benefits plan; and
3. Expenses must be solely and directly as a result of the diagnosed Insured Condition. All expenses must occur within 365 days of the date of diagnosis.

Summary of Policy Provisions

Waiver of Premium

When an employee is totally disabled for an extended period of time the insurer will waive premiums due during that eligible period of disability.

Continuance of Coverage:

Extension of coverage can be arranged for up to a 24 month period in the event of being laid-off, short-term disability; or leave of absence.

Conversion:

Insureds may convert to an individual plan when eligibility circumstances change. If coverage is converted within 31 days from the date of group benefits terminating the Company will grandfather any pre-existing limitation period already exhausted under the group plan for Guaranteed Issue coverage.

Limitations & Exclusions

In addition to any exclusions listed within the definitions of covered conditions, the policy also does not provide benefits for any claim caused directly or indirectly by or resulting from any of the following:

- intentionally self-inflicted injury, suicide, or any attempt thereof
- declared or undeclared war or any act thereof;
- for injury or sickness, other than one of the specified coverages, even though such injury or sickness may have been complicated by one of the specified coverages;
- a complication of Human Immunodeficiency Virus (HIV) infection or any variance thereof including AIDS and AIDS-Related Complex;
- the use, existence, or escape of nuclear weapons, material or ionizing radiation from or contamination by radioactivity from any nuclear fuel or waste from the combustion of nuclear fuel;
- the commission or attempted to commission by the insured person of any act which if adjudicated by a court would be an illegal act under the laws of the jurisdiction where the act was committed;
- the misuse of medication or the abuse of drugs or intoxicants;
- any pre-existing medical condition
- this insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

90 Day Elimination Period for Cancer

Any Cancer, including, DCIS or Early Stage Prostate Cancer (T1a or T1b) Treatment, diagnosed in the first 90 days of the effective date, or latest reinstatement date of coverage is not covered. A Cancer diagnosed within the 90 Day Cancer Exclusion period does not void coverage under this policy however no benefits will be payable at any time for the diagnosed Cancer.

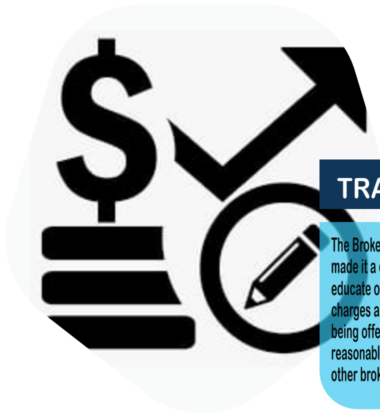
Pre-Existing Condition Provision

Chubb will not pay for a critical condition diagnosed within the first 2 years of coverage, if that diagnosis was directly or indirectly caused by an injury or sickness for which the insured received any treatment, advice, or a diagnosis, in the 2 years just prior to your effective date of coverage.

Why Should You Hire WesCan Insurance Brokers for Your Group Benefits?

GROUP BENEFIT SPECIALIST

Wescan Insurance Brokers specializes in Group Benefits only. We do not deal in any other types of insurance like individual Life, Segregated Funds, Home & Auto insurance. Our Benefits specialists are trained to deal with your day-to-day plan administration issues, negotiate annual renewals & a better TLR (Target Loss Ratios) with the carrier and provide an alternative if the current renewal is not priced right by the incumbent carrier



TRANSPARENT COMMISSIONS

The Broker commissions are embedded into the premium client pays, so we have made it a company policy to disclose the broker commissions to our clients. We educate our clients on how the Target Loss Ratios (TLR), Carrier administrative charges and broker commissions work, so they are confident that the best value is being offered to them in the marketplace. Our commission structure is very reasonable & competitive, so your premiums in most cases will be lower than what other brokers are charging.

INDUSTRY RELATIONSHIPS

We work with 6 to 7 carriers and TPAs (Third Party Administrators) and have access to 14 to 15 carriers in Canada. Due to these industry relationships, we have the unique ability to offer competitive market analysis and offer you the best value in the marketplace.

CLIENT DRIVEN FOCUS

Our business philosophy has always been Client driven and we believe our Client is the Boss. We work for our client's best interest and that's why we have invested in the back end processes like semi-annual annual reports; outlining transparent commission structure, Employee Benefits guides and other periodic group benefits related information materials.

QUARTERLY, SEMI–ANNUAL & ANNUAL CLAIMS EXPERIENCE REPORT

We provide a quarterly, semi-annual and annual experience report, as we have built an extensive back-office support infrastructure. This report allows the business owners to see if the claims are too high and make the plan design changes accordingly so that the renewal price is sustainable.

WesCan
Insurance Brokers

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