

Log Harvesting Sector Benefits Plan

Application for Group Insurance



**Interior
Logging Association**



**North West
Loggers Association**

Member of (please check appropriate Association):

- Interior Logging Association
 North West Loggers Association

Plan Arranged by:
Mercer (Canada) Limited
Suite 900, Bentall 5
550 Burrard Street
Vancouver, BC V6C 3S8

Plan Administered by:
The ENCON Group Inc.

Underwritten by:
Great-West Life Assurance Company
ACE INA Insurance

February 2009

Part 1 - Member Firm Information

Name of Member Firm	Effective Date (1 st of the month following date of this application)
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Name of Plan Administrator	Title
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Street Address

City	Province	Postal Code
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Telephone	Fax
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Waiting period for New Employees – 1st day of the month coincident with or next following 1 month of employment

Number of eligible full-time, permanent employees:

Are all employees actively at work? Yes No (please complete the information below)

Employee Name	Reason for Absence	Last Day Worked	Expected Return Date

Part 2 - Benefit Selection

Economy Plan Enhanced Plan Deluxe Plan
 Basic Plan Owners & Managers Plan

Part 3 - Employer / Employee Premium Contributions

<i>Benefit</i>	<i>Employer Pays</i>	<i>Employee Pays</i>
Life Insurance	_____ %	_____ %
Accidental Death & Dismemberment	_____ %	_____ %
Critical Illness Insurance (mandatory plan)	_____ %	_____ %
Short Term Disability	_____ %	_____ %
Long Term Disability	_____ %	_____ %
Extended Health Care	_____ %	_____ %
Dental Care	_____ %	_____ %

Taxability Statement (Short Term Disability and Long Term Disability Benefits)

Short Term Disability and Long Term Disability Benefits received by an employee under a plan where there are employer contributions are taxable under both Federal and Quebec Income Tax Acts.

The applicant hereby certifies that all benefit payments under Short Term Disability and/or Long Term Disability are:

Taxable Non-Taxable (entire cost of the disability benefit is paid for by employee contributions)

Please note that the insurer must be advised of any future changes in the taxable status of your policy and that, unless we receive written notification of the change, we will assume continuation of the taxable status indicated.

Dated at _____ this _____ day of _____ 20 _____

Witness _____ Employer's Signature / Title _____

Part 4 - Conditions of Agreement

IT IS AGREED THAT

- a) The effective date of the group will be the first day of the month following receipt of all required documentation by Mercer (Canada) Limited and/or The ENCON Group Inc. (Third Party Administrator).
- b) The conditions of eligibility for insurance, the conditions under which insurance will be payable and other contractual terms shall be in accordance with the master policy.
- c) This program renews annually on March 1st, coincident with the renewal date as stated in the master policy. This may not necessarily occur 12 months from the effective date of this application; therefore, the initial rates may not be guaranteed for a full 12 months. Rates are guaranteed until the renewal date next following plan implementation.
- d) The policyholder will continue to pay The ENCON Group Inc. the required premiums to ensure coverage remains in force.

Please attach a deposit premium cheque for the first month's premium. \$_____

Dated at _____ this _____ day of _____ 20_____

Witness _____ Employer's Signature / Title _____

Part 5 – General Underwriting Guidelines

Participation Requirements – all employees must participate in basic life, AD&D, critical illness (mandatory plan), short and long term disability benefits. Employees who are covered under a spouse's plan for health and dental benefits may elect to waive these benefits.

Employer – means the Member Company who enrolls in the program and who maintains a membership with the Association.

Insured Person – means a person employed by the Employer on a permanent, non-seasonal and full-time basis, who works at his or her place of employment for a minimum of 20 hours per week, who lives in Canada and is covered under a provincial health care plan and who is insured under this policy.

Insured Dependent – means a spouse and/or unmarried child except for:

- A person who is in the military or like forces anywhere
- A person who is eligible under this plan as an Insured Person
- A child who is between 21 and 25 years of age and is not a registered student in full-time attendance at an accredited college or university
- A child who is 25 years of age or older

Spouse – means a person with whom the Insured Person is lawfully married or with whom the Insured Person has been cohabiting and who has been publicly presented as the Insured Person's spouse.

Child - means a natural child, a legally adopted child or a stepchild who is supported solely by and permanently resides in the home of the Insured Person.

Termination of coverage – coverage for basic and optional life, critical illness (mandatory plan) and long term disability terminates at age 65; all other benefits terminate at the employee's retirement

Termination of Group Insurance Program – The ENCON Group Inc. requires 31 days advance written notice of termination.

Part 6 - Authorization for Automatic Bank Debit

****REQUIRED****

Monthly payments will be made through automatic bank debit. (A void cheque must accompany this application.)

Withdrawals from your account will be made on the first banking day of each month. In advance of the first actual withdrawal, you will receive a statement detailing individual benefit premiums and totals by Insured Person.

We authorize the financial institution indicated on the sample cheque to honour all debts issued by The ENCON Group Inc. against this account.

Name(s) of Depositor(s) _____

Date _____ Signature(s) of Depositor(s) _____

E&O Excepted – This application and plan description outlines the benefits of the plan but does not create or confer any contractual rights. In cases of conflict, the group insurance policy shall prevail.