

SME Pre-authorization Form

SME 3-4 LIVES GUIDELINES

- 1. Minimum one full time non related employee working a minimum of 20 hours per week.
- 2. Benefits offered include Extended Health Benefit, Drugs, Dental, Express Plan Benefits and the Children's Critical Illness benefit package only.
- 3. All employees must have the same benefits selection.
- 4. Premiums must be paid by employer.
- 5. Please include signed employee list.
- 6. Disability and Life Insurance are not available.
- Family content cannot be 100%. There must be at least one (1) full-time employee working a minimum of twenty (20) hours per week, who is not part of the immediate family.

- 8. Business must be in existence and registered for at least one (1) year.
- Should employment numbers drop below 3 lives, the new employees will be subject to full medical underwriting.
- 10. SME of 3 or 4 lives must answer the supplemental medical questions on the SME application form.

Please e-mail your request to: smerequest@ont.bluecross.ca

SMEPlan

Complete this se		
Company name/Operating name		
Address		
Type of business		
Has the business been in existence for at least one year? If yes, please state year business began operations.	☐ Yes ☐ No	
Number of employees	Business registration number	
Business Website	Benefits offered	
Blue Cross internal use only		
Decision		
Actuarial		Dated (Day/Month/Year)
Signature		
Underwriting Director		Dated (Day/Month/Year)
Signature		

Complete this section for all SMF





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