




## RESTAURANT FRANCHISEE Group *Benefits* Plan

AS A RESTAURANT FRANCHISE OWNER YOU CAN HAVE A BENEFITS PLAN THAT'S RIGHT FOR YOU, YOUR FAMILY, AND YOUR EMPLOYEES.

NO MEDICAL EVIDENCE REQUIRED.



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Franchise owners often think that  
they're too small to qualify for  
employee benefits.

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The Restaurant Franchisee  
Benefits Plan allows you to set  
up a plan for just you or  
a few people –  
**with no medical evidence**

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# ABOUT THE PLAN

## The Challenge

The employee benefits marketplace in Ontario has gone through significant changes in the past decade. Simply put, employee benefit costs are rising at a rate significantly greater than the provincial inflation rate, the number of employee benefit suppliers is decreasing, and the Ontario market size is increasing. Much of this change is to the disadvantage of your franchise owners.

The employee benefits marketplace for the majority of employers with less than 100 employees has commoditized. Restaurant franchise owners who buy employee benefits plans have limited choice with very little flexibility and are paying an increasing premium for a mediocre solution.

## The Opportunity

This exclusive plan will only be available to restaurant franchisees. It takes advantage of group buying power, it's creative, and a value-added advantage of being a Franchise Owner. The benefits included and imbedded in this plan are exclusive and will not be available to others.

## Plan Advantages

- Enjoy group purchasing power for all insurance products resulting in lower premiums.
- Includes Life Insurance, Accidental Death and Dismemberment Insurance, Dependent Life, Out of Canada Emergency Medical Insurance, plus coverage for routine health and dental claims.
- Plan design flexibility for both the franchise owner and full-time employees by choosing Gold, Silver, or Bronze Extended Health Care and Dental Coverage levels.
- Franchise owners also have the option of adding a Health Care Spending Account to their plan.
- Get Free access to ConnectsUs HR (Human Resource Support)
  - Collection of 200+ premium HR templates
  - Employee handbooks & orientation manuals
  - HR kits to create HR processes
  - Manager guides & resources
  - Resource center & support



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## Administration

Members of the Restaurant Franchisee Benefits Plan will have the advantage of lower administrative fees, based on volume of the total group. Each franchise will also receive direct communication with a Senior Employee Benefit Consultant and customized billing will be prepared for each individual franchise by The Benefits Trust.

## Frequently Asked Questions

### **You own the franchise. Set up a benefits plan that works for you.**

1. This plan can cover all your eligible expenses without any limits, deductions, or maximums.
2. If you have employees, you shouldn't have to worry about claims making your plan unaffordable. We have you covered there too.
3. Every dollar you pay into the plan is a fully tax-deductible business expense.

### **Aren't I too small to have a group benefits plan?**

No. We created this plan for franchisees like you, with one to a handful of employees.

### **Am I eligible?**

Yes, if you own and operate a profitable restaurant franchise in Canada.

### **What are the advantages of setting up a benefits plan for my franchise?**

You already pay for medical and dental expenses for you and your family, so doesn't it make sense to pay them through your business in the most tax-effective way possible?

All your health and dental care expenses can be covered when administered through a benefits plan and 100% of the cost of the plan is a tax-deductible business expense. It's a no-brainer. You'll save money and gain protection for your family and employees.

### **What if I have multiple partners or franchises?**

No problem. Our plan can accommodate all partners and your individual locations. You have the option to set an equal annual amount for each partner and separate accounts for each location if you choose. We will work with you to find what works best for you.

# COVERAGE INFORMATION

The Restaurant Franchisee Benefit Plan provides you with the best value for your benefit dollar.

## Mandatory Coverage

BENEFITS	
Life Insurance	<ul style="list-style-type: none"> <li>• Flat \$25,000.</li> <li>• 50% reduction at age 65, termination at age 70, or earlier retirement.</li> </ul>
Accidental Death & Dismemberment	<ul style="list-style-type: none"> <li>• Flat \$25,000.</li> <li>• 50% reduction at age 65, termination at age 70, or earlier retirement.</li> </ul>
Dependent Life	<ul style="list-style-type: none"> <li>• Spouse amount \$10,000, Child amount \$5,000.</li> <li>• Termination at age 70, or earlier retirement.</li> </ul>
EXTENDED HEALTH CARE	
<b>Gold:</b> 80% coverage   <b>Silver:</b> 70% coverage   <b>Bronze:</b> 50% coverage Termination age 70, or earlier retirement	
Prescription Drug Benefit	<ul style="list-style-type: none"> <li>• Pay-direct prescription drug card, Generic Substitution</li> <li>• \$1,000 annual maximum; coverage includes vaccines. No coverage for fertility treatments, sexual dysfunction, smoking cessation or anti-obesity treatment.</li> </ul>
Paramedical Care	<ul style="list-style-type: none"> <li>• Maximum \$300 per discipline per covered person per benefit year.</li> <li>• The services of a licensed Acupuncturist, Chiropractor / Podiatrist, Chiropractor, Dietician, Registered Massage Therapist, Naturopath, Osteopath, Physiotherapist, Clinical Psychologist / Social Worker, or Speech Therapist.</li> </ul>
Vision Care	<ul style="list-style-type: none"> <li>• Maximum \$150 glasses per 24 consecutive months for eyeglasses, contact lenses, laser eye surgery or eye examinations.</li> </ul>

Out of Country Medical Coverage	<ul style="list-style-type: none"> <li>• Coverage for sudden, unexpected illness or injury.</li> <li>• 60 day per trip maximum.</li> <li>• Maximum \$5,000,000.</li> <li>• Must work a minimum of 24 hours a week average.</li> </ul>
<b>DENTAL CARE</b> <b>Gold:</b> 80% coverage   <b>Silver:</b> 70% coverage   <b>Bronze:</b> 50% coverage	
Level I	<ul style="list-style-type: none"> <li>• Basic and Preventative Services: Preventative, Diagnostic, Emergency, Palliative, Restorative or Minor Surgical services, including Denture repair, Reline, and Rebase</li> </ul>
Level II	<ul style="list-style-type: none"> <li>• Endodontic or Periodontic Services</li> </ul>
Other Details	<ul style="list-style-type: none"> <li>• Current Dental Association Fee Guide for General Practitioners</li> <li>• Recall visits every 9 months</li> <li>• Overall annual maximum of \$1,000</li> </ul>

## OPTIONAL BENEFITS

- Long Term Disability (Minimum 3 full-time people)
- Health Care Spending Account
- Employee Assistance Program
- TELUS Health Virtual Care

Please contact Adam C. Lewis at 1-888-357-1179 ext. 701 or by email at [adam@multicarebenefits.com](mailto:adam@multicarebenefits.com) for costing of additional benefits or any other inquiries about this plan.

## SECTION 03

# CALCULATE YOUR PLAN'S COST

## Monthly Costs

Life Insurance, Accidental Death & Dismemberment, Dependent Life

Benefit	Coverage	Rate
Life Insurance	\$25,000	\$11.25
Accidental Death & Dismemberment	\$25,000	\$1.25
Dependent Life	\$5,000/\$10,000	\$3.45

Extended Health Care	Coverage Level	Single	Family
	Gold	\$68.24	\$155.66
	Silver	\$60.05	\$136.97
	Bronze	\$47.77	\$108.96

Dental Care	Coverage Level	Single	Family
	Gold	\$43.74	\$118.09
	Silver	\$38.49	\$103.94
	Bronze	\$30.61	\$82.66

Total monthly plan costs for "ALL" benefits	Coverage Level	Single	Family
	Gold	\$124.48	\$289.70
	Silver	\$111.04	\$256.84
	Bronze	\$90.88	\$204.12

Monthly costs do not include applicable taxes.

Family is defined as two or more eligible people in a household.

Download the pricing worksheet (Excel) at [www.franchiseebenefits.ca](http://www.franchiseebenefits.ca).

# PLAN DETAILS (THE FINE PRINT...)

## CATASTROPHIC PLAN COVERAGE DETAILS

You (and eligible employees, if any) must work a minimum of 24 hours per week in order to be eligible for this coverage. Part-time employees may be offered standalone Healthcare Spending Account (HSA) if you choose.

### Out of Country Emergency Medical Care

- Insurance coverage for reasonable and customary charges in the area where the emergency occurred, in the event of a sudden, unexpected illness or injury during the first 60 days of travel for business or pleasure. This plan includes hospital care, physician's services, and other appropriate standard medical treatment.
- Maximum \$5,000,000 per covered person in their lifetime.
- Supplementary Travel Assist Services are provided for personal or medical emergencies.
- Terminates at age 70.

### Life Insurance, AD&D, and Dependent Life

- Life Insurance: A tax-free payment to the employee's beneficiary. No medical evidence is required. 50% Reduction at age 65. Termination at age 70.
- Accidental Death & Dismemberment (AD&D): A tax-free payment to the employee's beneficiary if the employee's death is the result of an accident (in addition to the Life Insurance payment, if included). 50% Reduction at age 65. Termination at age 70.
- Dependent Life: A tax-free payment to the employee in the event that a covered dependent dies. This amount is traditionally used to cover funeral expenses.

## HEALTHCARE SPENDING ACCOUNTS (HSA)

The HSA option is a pre-determined amount of money provided to owners or employees at the beginning of each benefit year for coverage of their medical and dental expenses. Eligible expenses are paid at 100% up to the total dollar amount available in the HSA. At the beginning of each benefit year, you decide the amount of HSA dollars available for you and your employees. Healthcare Spending Accounts ensure controlled benefit costs for the employer and complete claim flexibility for the employees.

Any item that qualifies for the CRA Individual Medical Tax Credit is eligible for coverage through an HSA. This definition of eligible expenses allows for the broadest coverage of any benefits plan in Canada. [See the full list.](#)



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## HSA CARRY FORWARD OPTIONS

Employers can customize their HSA plan to best meet their business goals. These plans can be structured in one of three ways:

### 1. BALANCE CARRY FORWARD

Balance carry forward is the most popular structure for HSA plans. With this plan design, any remaining balance an employee has at the end of year one will be carried forward and added to their balance for year two.

If the employee has carry-forward funds from year one remaining at the end of year two, the remaining carry-forward amount is returned to the employer. However, if an employee exhausts their full HSA balance, additional expenses cannot be carried forward to the next year under Income Tax Act guidelines.

This type of plan allows the employee to plan and budget for large expenditures, such as orthodontic expenses, over a two year period by saving some funds from the previous year. Balance carry forward plans are a great option for employers looking to empower employees to make their own decisions about their benefits dollars, and to allow employees the longest time period to make use of their HSA funds.

### 2. EXPENSE CARRY FORWARD

Expense carry forward plans allow expenses that remain unclaimed at the end of the benefit year to be carried forward and reimbursed from the next year's funds. However, if the employee does not use their HSA funds within the benefit year, the funds are returned to the employer and may not be carried forward.

Entrepreneurs or small business owners may appreciate the flexibility in budgeting that an expense carry forward plan allows. If they incur an unanticipated expense during the benefit year which is too large for the current HSA funding to cover, that expense can be carried forward and paid from the following year's funds.

### 3. NO CARRY FORWARD

Plans with no carry forward operate on a “use it or lose it” principle. Employees have 12 months to use their HSA funds, after which any unspent funds are returned to the employer. Neither funds nor expenses can be carried forward to the next benefit year.



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## TAXATION DETAILS

- 100% of the deposits into the Benefits Plan, Healthcare Spending Account, and insurance, including administration and applicable taxes, are tax deductible business expenses.
- All benefits received are non-taxable to the individual.
- Billed taxes (Ontario): 2% premium tax charged on Healthcare Spending Account contributions and Health & Dental contributions. 8% provincial insurance tax charged on Healthcare Spending Account contributions, Health & Dental contributions and insurance premiums. 13% HST charged on administration fee and premium tax.
- Please contact our office with any questions about applicable taxes in other provinces.

## SECTION 05

# GETTING STARTED

For inquiries about the plan, contact Adam C. Lewis at 1-888-357-1179 ext. 701 or by email at [adam@multicarebenefits.com](mailto:adam@multicarebenefits.com).

To apply:

1. Complete the pricing worksheet which can be found at [www.franchiseebenefits.ca](http://www.franchiseebenefits.ca).
2. Download the Enrollment Forms at [www.franchiseebenefits.ca](http://www.franchiseebenefits.ca) and send completed forms to Adam C. Lewis at [adam@multicarebenefits.com](mailto:adam@multicarebenefits.com).



Plan Administered by  
The Benefits Trust

the  
benefits trust

We help successful business owners build a better benefits plan than they can get anywhere else.

For over 25 years, The Benefits Trust has provided Third Party Administration Services for employer groups for one or more, exclusively through our insurance advisor distribution network. We are an independent and privately owned firm with long-standing business relationships with more than 20 insurance companies and service providers.

Our process helps employers gain complete control over employee benefit costs; maximizes plan design flexibility; and enhances tax advantage benefit opportunities for key executives and highly compensated employees.

We are fast, friendly and we effectively communicate regularly with plan sponsors, employees and their families.

[www.thebenefitstrust.com](http://www.thebenefitstrust.com)



We Do The 5% **Extremely** Well

It's time to change your expectations



## There is a Better Way for Benefits

The Canadian employee benefits industry is dominated by a handful of major providers – just like our Canadian telecom providers, banks, and airlines. They generally do a good job selling and delivering products and services. That's the 95% of the job you expect them to get right.

### So what's the other 5%?

The other 5% is that part of your relationship with a company that causes all the frustration. It's spending hours on the phone trying to resolve a simple issue, confusing automated attendants trying to draw you away from a live agent, speaking to a new person each time, and having to explain yourself again to every single department. Sound familiar?

### The Better Way

Imagine a benefits company that picks up the phone and resolves your concerns. People you know by name and who know you by name. People who can solve problems and answer your questions, or who will get back to you with the answer like they promised to.

We do the 95% as well as or better than the big guys – but we've also been doing the 5% exceptionally well – at no extra cost to you – for over 25 years. You don't have to tolerate the status quo. It's time to change your expectations. There is a better way.



No automated attendant. A real person answers the phone.



We assign a dedicated representative for your plan administrator.



We're flexible. Design a benefits plan uniquely suited for your company.



We're problem solvers who get you answers quickly.