THE MSME ALLAINCE GROUP HEALTH INSURANCE

IN PARTNERSHIP WITH FRASER FONTAINE & KONG LTD.

February 1, 2016.

THE MSME ALLIANCE GROUP HEALTH PLAN

Affordable Health Insurance Options for Micro, Small and Medium size Enterprises.

CONCEPTUALISED BY : MSME Alliance President Donovan Wignal
ADMINISTERED BY : FRASER FONTAINE & KONG LTD.
UNDERWRTTEN BY : GUARDIAN LIFE LTD.

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Who We Are

The Micro, Small and Medium Sized Enterprises (Alliance) formally known as The Jamaica Small Enterprises Alliance (JSBA) was formally registered in January 2007.

The MSME Alliance is a nonprofit umbrella organization which lobbies on behalf of its members. The sectors in the Alliance are: Agriculture, Fishing & Forestry, Manufacturing, Transportation & Distribution Trade Services, Construction and Mining, Tourism & Entertainment, Cultural Industries, Information, communication & Technology

Mission Statement

To foster collaboration and engage in capacity building programmes and non-partisan activities that can enhance the global competitiveness of Jamaica MSMEs.

Vision Statement

To become a strong voice and source of effective support for MSMEs by improving the business literacy of MSMEs in Jamaica by ensuring and enabling public policy environment for sustainable development and growth of MSMEs in Jamaica.

Membership Benefits

- Representation by the MSME Alliance on issues affecting your business
- Networking opportunities with members, partners and services provided
- Partnership building with stakeholders in the sector
- Representation at the highest level on issues affecting the association/businesses
- Mentoring/Mentorship opportunities available
- Access to the MSME Alliance social site, Facebook and Website
- Access to venues for meetings and events at discounted prices

The MSME Alliance : Shop 7 Seabed Arcade King Street Kingston, Jamaica;

Email: msmealliance@gmail.com or msmealliance@yahoo.com ; office: 610-9371

Fraser Fontaine & Kong (FFK) was established forty two years ago and has always provided both General Insurance and Employee Benefits advice to clients. G. Richard Fontaine was the former cofounder and Chairman of the firm, until his passing in April 2012. He was succeeded by his son Gerard Fontaine with effect from April 2012.

Gerard Fontaine has continued to carry the principles created by his father especially as it relates to the care and welfare of the staff. He has also started to chart an aggressive development map, in order o grow the company despite the economic challenges.

The Company's values are based on service, professionalism and integrity, resulting in:

- Loyal and satisfied clients who have kept us in business; our highly trained and dedicated employees who have contributed to the growth and stability of the company; and insurance companies and other business partners who have supported and applauded our efforts.
- The foresight, fortitude and conservative financial attitude of the Executive Management Team to ensure that FFK developed a strong path and kept abreast of technological developments and other environmental changes.
- A unified and harmonious Board of Directors with one mission: - to ensure that FFK honors its commitments to its clients while maintaining financial viability and success.

The range of insurance coverage that we offer includes: Property, Motor, Liability, Pecuniary Loss,

Marine Transport & Aviation, Professional Indemnity and other Specialized Risks, and Employee

Benefits Programmes.

FRASER FONTAINE & KONG LIMITED
HEALTH FIRST PREMIER MEMBERSHIP CARD

Fraser Fontaine & Kong Limited is the pioneer of this programme aimed at assisting our Clients with controlling the following:

i. Reduction of claim costs for the Company, Employees and Dependents
ii. Improved service due to closed group provider network
iii. Fraud Mitigation as we chose only the best providers and keep an eye for any misuse.
iv. Create a Value Added system for our existing and prospective corporates which is not present.

PROVIDER NETWORK

Fontaine & Kong Ltd. has created a closed network that will allow our Clients to access medical services at preferred prices at locations under our VAS programme.

FFK has partnered with Medical, Dental, Pharmacies, Laboratories, Specialists, General Practitioners etc. with over 150 outlets island wide. Preferred pricing has been pre-approved by these service providers.

Employee and Dependents presenting their Health First Premier Cards will be able to access preferred prices.

This service is only applicable to clients of Fraser Fontaine & Kong Limited which automatically qualifies our Clients' Employees and their dependents to be under Value Added Programme (VAS).

USE YOUR CARD TO ACCESS PREFERRED PRICES FROM OUR PREFERRED PROVIDER NETWORK (PPN). THIS INCLUDES:

· General Practitioners
· Specialists
· Dentists
· Pharmacies
· Hospitals
· Laboratories
· Opticians
· Gym/Spa (non-swipe facilities)

WHAT DOES THE FFK HEALTH PLUS PREMIERE CLUB CARD COVER?

FFK HEALTH FIRST PREMIER CARD is a health care discount card issued to our Corporate Clientele. The card gives access to discounts when used for medical services from our Preferred Provider Network (PPN). This PPN is under contractual obligation to provide best services to the employee's at a discounted price.

HOW DOES IT WORK?

At a participating provider present your Health Premier Card and a valid Photo I.D. The provider will swipe your Health First Premier card to apply the discount, followed by your insurance health card.

IS THIS AN INSURANCE PROGRAMME?

No it is not an insurance programme. It is a supplementary card that is used along with your insurance health card. The Health First Premier Card is swiped first followed by your Insurance Company health card.

DO WE NEED TO PAY A FEE?

No it comes free to all the Corporate clients whose Health Insurance program FFK manages.

WHEN MY BENEFITS ARE MAXED OUT CAN I STILL GET A DISCOUNT?

Yes your discount is still applied however your FFK Premier card will not be swiped.

CHECK OUR PROVIDER LIST ON-LINE AS EAST AS 1-2-3!

Step 1: Visit our website at www.ffkja.com

Step 2: Click the FFK HEALTH FIRST LINK

Step 3: Enter you **"Health First Member ID"** and click "Log In" to access the list

It is rewarding to be a Fraser Fontaine & Kong Health First Premier Member.

Start the FFK Health First Premier journey today!

For queries please contact us at

ffk-healthfirst@ffkja.com

Tel: (876) 926-1140-4

To speak with a Service Representative.

MSME
• ALLIANCE •

The MSME Discount Card

Partnering to re-build TRUST & entrepreneurship;
making the next 50 years even better

The Micro, Small & Medium Sized Enterprise (THE MSME ALLIANCE)

The MSME Alliance is a network of business organizations representing more than 300,000 Micro, Small and Medium-Sized Enterprises (MSMEs) in Jamaica. We are committed to creating strategic alliances and meaningful partnerships that can empower MSMEs.

WHAT IS THE MSME DISCOUNT CARD?

The MSME Discount Card will allow individuals to receive discounts on goods and/or services across the island.

BENEFITS OF BECOMING A DISCOUNT PROVIDER

- Tap into over 300,000 MSMEs.
- Online presence on the MSME Alliance website for the year.
- Presence in all our publications relating to the Discount Card for the year.
- Special discounted rates from members and other participating organizations that trade in goods and services.
- Build Consumer and Brand awareness

BENEFITS OF BECOMING A CARDHOLDER

Receive GREAT SAVINGS ON:

- Accommodations – Stay for less!!!
- Entertainment – Party in style!!!
- Relaxation & Wellness & Spas – Be pampered by the finest!!
- Restaurants – Cut your food bill!!!
- Sea Fun – Meet the Dolphins!!
- Land Fun – Be Adventurous!!

Services – Best for less!!

- Automotive
- Accounting/Legal
- Courier
- Educational – Expand your knowledge!!
- Optometry – Seeing is believing!!!
- Pharmacies!!!

PLUS MUCH MORE!!!

CALL US TO BECOME A PARTNER:

The MSME Alliance Secretariat:
5 Oxford Park Avenue
Kingston 10

Tel: (876) 610-9371 (O)
(876) 610-9767 (L)
(876) 289-9807 (D)

Email: msmealliance@gmail.com

Website: www.themsmealliance.org

Guidelines for Enrollment into the MSME Plan

1. Case size – The **minimum** size for a group to be covered will be **5 employees**
2. There will be one group called MSME with different divisions, ie one policy number with each company representing an account of that policy number.
3. There will be **different contracts** for each company
4. There will be one **common renewal date**
5. **Dental &Optical benefits** will be **prorated** based on month of enrolment
6. Groups between **5 and 9 employees** will be required to **pay half yearly premium**
7. After **60 days non-payment** of premium groups will be **suspended**
8. After **90 days** non-payment of premium group will be **terminated**
9. Groups will be required to select from the options designed for this plan
10. Changes between predesigned plans will only be accommodated at renewal
11. Groups with less than 10 employees will be medically underwritten. No rating will be applied. Underwriting is only for the purpose of determining acceptability
12. Retroactive termination of employees will not be accommodated beyond 3 months
13. Late entrants will be subject to medical underwriting
14. **You must be a member of the MSME Alliance**

The MSME Health Plan

Benefits	Option 1	Option 2	Option 3	Option 4
Office Visit	$1000.00	$1200.00	$1500.00	$1800.00
Specialist	$2000.00	$2000.00	$2500.00	$3000.00
Lab & X-ray, Ultrasound	$80% of cost up to $5000.00 + MM	$80% of cost up to $7,000.00 + MM	$80% of cost up to $8000.00 + MM	$80% of cost up to $10,000.00 + MM
Prescription Drugs	n/a	80% of cost up to $8,000.00 +MM	80% of cost up to $10,000.00 +MM	80% of cost up to $12,500.00 +MM
Maternity Normal C-Section Miscarriage	n/a	 $25,000.00 $50,000.00 $12,500.00	 $35,000.00 $70,000.00 $17,500.00	 $50,000.00 $100,000.00 $25,000.00
Dental	n/a	80% of cost up to $7000.00	80% of cost up to $8000.00	80% of cost up to $12,500.00 combined
Optical	n/a	80% of cost up to $7000.00	80% of cost up to $8000.00	
Major Medical	$3,000,000	$5,000,000	$8,000,000	$10,000,000

A synopsis of The MSME Health Insurance cover provided is set out above.

For further details contact NaGina Newman 818-9000 or Stacy-Ann Russell 376-1938

Shop 7, Seabed Arcade, King Street, Kingston
Tel: 610-9371, 289-9807, 774-2978. Email: msmealliance@yahoo.com;msmealliance@gmail.com

APPLICATION FORM

NAME OF APPLICANT: _____

BUSINESS TRN#: _____

_____ **I confirm that the above named Business seeking membership is either a micro, small or medium sized enterprise.**

I have enclosed the following required items with this membership application:

_____ **Payment of membership fees**
_____ **Completed Application Form**
_____ **Completed Business Background Information Form(s)**
_____ **Evidence of legal registration of Business (*e.g. copy of Articles/Memo*)**

_____ **I have received the BYE-LAWS of THE MSME Alliance with my membership application**

I, the undersigned applicant, understand and agree that submission of this application does not ensure membership and that my application must first be approved by the Board of Directors, at its discretion. A written notice of approval or rejection will be provided. Where approved, I will provide written acceptance of approval, including the name(s) of the individual(s) appointed to represent the Applicant in meetings and other activities of The MSME Alliance within ONE month of approval.

SIGNATURE: _____ **DATE:** _____

NAME OF SIGNATORY: _____

CONTACT INFORMATION: TEL _____ EMAIL: _____

Shop 7, Seabed Arcade, King Street, Kingston
Tel: 610-9371, 289-9807, 774-2978. Email: msmealliance@yahoo.com;msmealliance@gmail.com

BUSINESS INFORMATION FORM

NAME OF BUSINESS: _____

NAME OF PRESIDENT: _____ TEL NOS: _____

EMAIL ADDRESS: _____

BUSINESS ADDRESS/MAILING ADDRESS: _____

_____

_____

TEL: _____ FAX: _____

EMAIL: _____ WWW: _____

DATE BUSINESS WAS ESTABLISHED: _____

IS BUSINESS LEGALLY REGISTERED: _____YES_____NO

IF YES, TYPE OF REGISTRATION & NUMBER: _____

NUMBER OF EMPLOYEES IN BUSINESS: _____ Full Time _____ Part time

SECTOR TO WHICH YOUR MEMBERS BELONG: (Please Tick one if applicable)

□ Agriculture Forestry & Fishing	□Mining/Quarrying and Construction	□ Manufacture	□ Distributive Trade
□ Professional Services	□ Tourism, Entertainment & Cultural Services	□ Information Technology & Communication	□ Transport

Guardian Group
Guardian Life Limited

MEMBER ENROLLMENT FORM & HEALTH HISTORY QUESTIONNAIRE
EB 187

12 Trafalgar Road, Kingston 5, Jamaica, W. I.
Tel: (876) 978-4475 Fax: (876) 927-4732
Toll Free: 1-888-MEDEQUS Website: www.medequs.com
Mede HEALTH

FOR EMPLOYER USE

POLICY No. | Div. No.

EMPLOYER/COMPANY NAME: THE MSME ALLIANCE

LOCATION | EMPLOYMENT DATE | EFFECTIVE DATE* | NEW HIRE (Y / N)

REMARKS

MEMBER NAME (First) [3] | MI [3] | (Last) [3]

MEMBER No. [1] | OCCUPATION

DATE OF BIRTH | PROOF OF AGE ☐ Birth Certificate attached ☐ Other | GENDER (M / F) | MARITAL STATUS* (Ma / Si / Di / Wi / Se / Co)

*Ma – Married, Si – Single, Di – Divorced, Wi – Widowed, Se – Separated, Co – Common law

TRN [2] | Home Tel. No. ( )— — | Work Tel. No. ( )— — | Cellular No. ( )— —

HOME ADDRESS

E-mail Address

GROUP HEALTH ONLY

DEPENDENTS

SURNAME	FIRST NAME	MI	SEX	RELATIONSHIP	DATE OF BIRTH	TRN

GROUP LIFE & PENSION ONLY

SALARY P.A.

PENSION CONTRIBUTION: BASIC (5% of pensionable salary) % VOLUNTARY %

TRUSTEE – If the designated beneficiary is a minor, it is strongly recommended that you appoint a trustee who will manage the insurance proceeds on behalf of the minor. The trustee may be any competent adult or institution.

BENEFICIARY NAME	RELATIONSHIP	LIFE (%)	PENSION (%)	DATE OF BIRTH	SEX	TRN
TRUSTEE NAME:						
TRUSTEE NAME:						
TRUSTEE NAME:						
TRUSTEE NAME:						
TRUSTEE NAME:						

As provided under my Employer's Group Contract with Guardian Life Limited, I elect coverage on behalf of myself and my eligible dependent(s) as listed above (where applicable) and authorize my employer to deduct from my earnings the contributions required (if any) for the coverage.

I authorize Guardian Life Limited to have access to, and copies of, all medical, hospital or other institution/agency records relating to the diagnosis, treatment or services provided to me or a covered dependent.

SIGNATURE OF EMPLOYEE _____ DATE _____

NAME OF AUTHORIZED OFFICER OF EMPLOYER _____ SIGNATURE OF AUTHORIZED OFFICER OF EMPLOYER _____ POSITION OF AUTHORIZED OFFICER OF EMPLOYER _____

COMPANY STAMP _____ DATE _____

(If employee is applying for coverage outside of eligibilityperiod, please complete the Health History Questionnaire on the overleaf)

HEALTH HISTORY QUESTIONNAIRE

All informationcontained in this questionnaire is strictly confidential.

This Health History Questionnaire is being completed for: EMPLOYEE ONLY ☐ EMPLOYEE &DEPENDENTS ☐ DEPENDENTS ONLY ☐

NAME	RELATIONSHIP	HEIGHT	WEIGHT	DATE OF BIRTH	SEX	TRN

PERSONAL HEALTH HISTORY

(NOTE: IF QUESTIONNAIRE IS BEING COMPLETED FOR NEW DEPENDENTS, GIVE DETAILS ONLY FOR DEPENDENTS.)

	YES	NO
FOR THE EMPLOYEE		
1. Are you employed by the employer named on this form for more than 30 hours every week?	☐	☐
FOR THE EMPLOYEE AND/OR DEPENDENTS KINDLY RESPOND 'YES' OR 'NO' TO THE FOLLOWING QUESTIONS.		
2. During the last 5 years, have you or any of your dependents consulted, been examined or treated by a Doctor, or been advised to have any diagnostic tests (e.g. blood tests, X-Rays, CAT Scan, MRI) etc.?	☐	☐
3. During the last 5 years, have you or any of your dependents undergone a surgical operation, or been treated in any hospital or other institution?	☐	☐
4. Have you or any of your dependents been treated for, or been told that you have Heart Trouble, Blood Disease, High Blood Pressure, Kidney Disorder, Diabetes, Tuberculosis, Cancer, Tumor, Ulcer, Asthma, Epilepsy, Alcoholism, Mental Disorder, or any other disease not listed anywhere on this application? (If 'Yes' underline/state disease.) _____	☐	☐
5. Have you or any of your dependents been diagnosed with, or treated for HIV, AIDS, or ARC (AIDS related complications) (If 'Yes; underline disease.)	☐	☐
6. Are you or any of your dependents now receiving, contemplating, or been advised to seek any medical attention or surgical treatment, or taking any medication?	☐	☐
7. Do you or any of your dependents have any disorder of the female organs or breast?	☐	☐
8. Are you or any of your dependents now pregnant?	☐	☐
9. Do you or any of your dependents have any physical impairments?	☐	☐
10. Do you or any of your dependents have any prior or existing history of alcoholism or drug abuse?	☐	☐
11. Have you or any of your dependents ever had an application for Life or Health Insurance declined, postponed, rated or modified in any way?	☐	☐

IF THE RESPONSE TO ANY OF QUESTIONS 2-11 IS 'YES', GIVE COMPLETE DETAILS BELOW (CONTINUE ON ANOTHER SHEET, IF NECESSARY)

QUESTION NO.	FULL NAME OF PERSON TREATED	NATURE OF AILMENT	DEGREE OF RECOVERY: (FULL, PARTIAL OR CONTINUING)	NAME AND ADDRESS OF ATTENDING PHYSICIAN OR DENTIST

I declare that all the statements on this form are full, true and complete, and I understand that they form the basis upon which any insurance will be made effective. I authorize the physician, hospital or other medically related facility to disclose to **Guardian Life Limited** information about my health, habits or medical history, as well as that of any dependents listed above. It is further understood that **Guardian Life limited** reserves the right to request an examination by a Physician of their choice to aid its decision.

Signature of Employee _____ Date _____

TO BE COMPLETED BY THE EMPLOYER (When the questions relate to the employee)

	YES	NO	If YES give details
1. Is the employee absent from work and unable to perform his/her duties?	☐	☐	
2. Has the employee been absent from work for more than 1 week due to sickness or injury during the past 6 months?	☐	☐	
3. Do you know of any prior or existing serious physical impairment, history of drug abuse or alcoholism?	☐	☐	

NAME OF AUTHORIZED OFFICER OF EMPLOYER _____ SIGNATURE OF AUTHORIZED OFFICER OF EMPLOYER _____ POSITION OF AUTHORIZED OFFICER OF EMPLOYER _____

DATE _____

For Official Use Only: Index Member No., TRN & Name of Member