Small Business Plans – Quote Request Form

Note about eligibility: *Member companies may participate in the program by insuring all full-time management employees who are eligible, without any waiting period. Member companies may also choose to insure all full-time management and full-time employees who have completed six months service. Management and employees must work an average of 25 hours per week to become eligible.*

Please fill in the form below in it's entirety and submit it when you are finished.

COMPANY NAME:_____

ADDRESS:_____

CONTACT NAME:_____

TELEPHONE:_____ FAX:_____

TYPE OF BUSINESS:_____ # OF EMPLOYEES:_____

YEARS IN BUSINESS (minimum is 2 years):_____

ASSOCIATION MEMBERSHIP:_____

CHECK THE FOLLOWING BENEFITS CURRENTLY IN PLACE:

EIC___ CPP___ WCB---

ARE YOU CURRENTLY PROVIDING A BENEFIT PLAN? Yes___ No___

ARE YOU CURRENTLY PROVIDING GROUP RRSP? Yes___ No___

If you have answered yes to any of the above please complete the following information:

NAME OF INSURANCE COMPANY:_____

RENEWAL DATE:_____

Plan Design Options

LIFE and ACCIDENTAL DEATH AND DISMEMBERMENT

- ☐ **Option 1** – Flat $25,000
- ☐ **Option 2** – Flat $55,000 (single life only)
- ☐ **Option 3** – 1X Annual Salary to a maximum of $300,000
- ☐ **Option 4** – 2X Annual Salary to a maximum of $300,000

Reduce by 50% at age 65
Termination earlier retirement or age 70

DEPENDENT LIFE

- ☐ **Option 1** – Spouse $10,000 / Child $5,000
- ☐ **Option 2** – Spouse $5,000 / Child $2,500

No spousal conversion
Terminates earlier retirement or age 70

LONG TERM DISABILITY (AVAILABLE TO MANAGEMENT ONLY)

- ☐ **Option 1** – 2 Year Benefit
- ☐ **Option 2** – Benefit to age 65

Elimination Period	119 days
Definition of Disability	2 year own occupation
Maximum	$3,500/month (2 lives)
% of Salary	$2,000/month (1 life)
Termination	66.67%
	Age 65

EXTENDED HEALTH CARE

- ☐ **Option 1** – $0 / $0 / 100%
- ☐ **Option 2** – $0 / $0 / 80%
- ☐ **Option 3** - $25 / $50 / 100%
- ☐ **Option 4** - $25 / $50 / 80%

Note: If no current coverage, group is limited to Option 2 or 4 for first 12 months.

Semi-private and Convalescent, Vision and Out-of- Country not subject to deductibles

Semi-Private Hospital
$100/24 month Visioncare
2-year survivor benefit
Paramedical - $500/year
Nursing Care – $5,000/year
Hearing Aids - $400/60 months
Prescription Drug
Emergency travel up to 90 days
Termination earlier retirement or age 70

DENTAL COVERAGE

- ☐ **Option 1** – $0 / $0 / 100%
- ☐ **Option 2** – $0 / $0 / 80%
- ☐ **Option 3** - $25 / $50 / 100%
- ☐ **Option 4** - $25 / $50 / 80%

Current Fee Guide
Dental definition:
  Level 1 – Basic and Routine
  Level 2 – Endodontics &Periodontics
$1,000 combined maximum
2 year survivor benefit
Termination earlier retirement or age 70

Note: If no current coverage, group is limited to Option 2 or 4 for first 12 months.

Company Data

Name of employee: _____

Salary: _____

Salary type: _____

Sex: M__ F__

Dependent status: S__ F__

Date of birth (dd/mm/yy): _____

Province: _____

Job title: _____

Class: _____

EHC: S__ F__ N/A__

Dental: S__ F__ N/A__

Employment date (dd/mm/yy):

Currently disabled: Y__ N__