

Group Benefits Request for Quotation

Date (dd/mmm/yyyy)

Company Profile

Full legal business name			
Address (number, street, suite)			
City/Town	Province	Postal code	
Business description			
Length of time in business (minimum 6 months)	Current number of full time employees	Number of contract employees	Number of employees related to owner
Any employees not actively at work? <input type="radio"/> Yes <input type="radio"/> No	If yes, provide details		
Are all employees covered by Workers' Compensation? <input type="radio"/> Yes <input type="radio"/> No	If no, who is not covered		
Is the group currently covered by an EP3? <input type="radio"/> Yes <input type="radio"/> No	If yes, is a copy of the prior carrier EP3 statement included?		
Are there any certificates excluded under the EP3 statement? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> TBD			

Advisor Profile

Plan Advisor name	Email address	
Business Address (number, street, suite)		
City/Town	Province	Postal code
Phone	Cell	
Commission schedule <input type="radio"/> Flat _____ % <input type="radio"/> Graded (scale 001) <input type="radio"/> 15-10 graded <input type="radio"/> Other (please attach)		

Existing Group Coverage

Does the group currently have coverage? <input type="radio"/> Yes <input type="radio"/> No	If yes, name of carrier	Number of years with current carrier
If yes, please provide up to the most recent 3 years of Premium, Claims, and Rate history		

Proposed Plan

Proposed effective date (dd/mmm/yyyy)	First renewal <input type="radio"/> 12 month or <input type="radio"/> 16 month
Percentage of premium paid by employer (minimum of 50%)	Termination age <input type="radio"/> 65 <input type="radio"/> 70 <input type="radio"/> 65/75 <input type="radio"/> 70/75
Class A description	Class B description (if applicable)

Plan Design – Class A

Life/AD&D (minimum \$10,000)

Flat \$

OR Multiple of salary

Maximum \$

Dependent Life

Spouse \$

Child \$

(½ of spousal amount)

Child eligibility Birth 14 days

Long Term Disability

Benefit

Flat

%

OR

Graded

Maximum \$

Elimination period

105 days 112 days 119 days 182 days

Benefit period

2 years 5 years to age 65

Definition of disability

Any occ 2 year own occ

Taxability

Taxable Non-taxable

COLA %

None 3% 4% 5%

Short Term Disability

EI Top Up

Yes No

Benefit

%

Maximum

\$

Elimination period
(accident/sickness)

0/3 days 0/7 days

Benefit period

15 weeks 16 weeks 17 weeks 26 weeks

Occupational coverage

Yes No

Taxability

Taxable Non-taxable

1st day hospital

Yes No

Extended Health Care

EHC deductible
(excluding drug card)

0/0 25/25 25/50 50/50 50/100 Other _____

EHC coinsurance
(excluding drugs, hospital and vision)

80% 90% 100% Other _____ %

Drug Coverage

Reimbursement Drug card - Pay direct drugs Deferred drugs

Drug coinsurance

80% 90% 100% Other _____ %

Drug card/Deferred drugs

Per prescription deductible \$ _____ Deductible equals dispensing fee
 Dispensing fee cap \$ _____

Drug options

Prescription Prescription with exclusions

Drug plan basis

Mandatory generic Generic Brand

Drug maximum

\$3000 \$5000 \$10,000 Unlimited

Paramedical Coverage

Basic Standard Standard Plus Enhanced Enhanced Plus*

* Provider e-submit is not applicable

Type of maximum

Per practitioner Combined

Calendar year maximum

\$200 \$300 \$350 \$400 \$450 \$500 \$750 \$1000

Per visit maximum

\$

Plan Design – Class A

EHC – Other Services

- Hospital Semi-private
- Vision \$ _____ Maximum (every 2 calendar years) **OR** Eye exam only
- Surgical stockings Orthopaedic shoes and orthotics

Dental Care

- Deductible 0/0 25/25 25/50 50/50 50/100 Other _____
- Basic**
- Coinsurance 80% 90% 100% Other _____ %
- Maximum \$500 \$1000 \$1500 \$2000 \$3000 Unlimited Combined with major
- Recall exam 2 year 6 months 9 months 12 months
- Flouride treatment Child only Adult and child
- Major Restorative** (*minimum 3 lives*)
- Coinsurance 50% 60% 70% 80%
- Maximum \$500 \$1000 \$1500 \$2000 \$3000 Combined with basic
- Orthodontia** (*minimum 3 family lives*)
- Coinsurance 50% Maximum (lifetime) \$1000 \$1500 \$3000
- Fee guide Current Current – 1 year Current – 2 years Specialist fees Yes No

Additional Services

- Health Care Spending Account (HCSA) HCSA commission _____ %
- Personal benefits (member-billed Life Insurance and/or Critical Illness)
- CostPlus Optional Life

Deviations for Class B

Additional Plan Design Options/Notes