



5715 McAdam Road, Mississauga, Ontario L4Z 1N9
Tel: 905-272-3060 Mario ext 245 Lisa ext 225 Fax: 905-272-5472

REQUEST FOR GROUP INSURANCE QUOTATION

Please complete all applicable sections of the form. Return the specifications to GroupQuest Benefits Resources Inc. by fax (905) 272-5472

Client Information

Company Name: _____
Street: _____
City, Province: _____
Number of Employees: _____
Website: _____
Date of Request: _____

Advisor Information

Advisor Name: _____
Company Name: _____
Street: _____
City, Province: _____
Telephone Number: _____
Cell Number: _____
Fax Number: _____
E-mail Address: _____
Commission Schedule _____

Advisor Requirements

A. Plan Design **B. Census Data** **C. Claims Experience*** **D. Rate History***

*A minimum of 2 (preferably 3) years of rates and experience is required if the client has current insurance coverage.

REQUEST FOR QUOTATION

Please provide any information about your client. Any important details will assist in the underwriting process.

Client Questions

Please complete the following questions:

1. Nature of business; please provide specific details: _____

2. Number of years in business: _____
3. Are there any seasonal or contract employees? Yes No
If yes, please specify: _____
4. Are 50% or more of the employees from the same family? Yes No
If yes, please indicate relationship and if they reside in the same household. _____

5. Are all employees and owners covered by Workers Compensation (WSIB)? Yes No
6. Premium contribution basis: Employer Pays _____ % Employee Pays _____ %
(The employer is required to pay a minimum of 50%)
7. Are there any disabled employees? Yes No
If yes, please complete the following chart in full (the notes area at the end may also be used):

Employee Name	Occupation	Date of Disability	Nature of Disability	Prognosis	Life Waiver Approved ?

8. Are they currently insured? Yes No If yes please indicate the following:
Current Carrier: _____ **# of years with carrier** _____ (max 2 insurers in the past 5 years) **Renewal Date:** _____
9. Are benefits being quoted the same as their current plan? Yes No If not, explain why:

10. Experience and rates provided? Yes No Please include the most current month and a minimum of two years (preferably three).

Plan Design

Plan Design:

Class A: _____

Life

Flat Amount: \$25,000 \$50,000
 \$100,000 other \$ _____

Multiple of Salary: 1X 2X other \$ _____

Maximum: highest other \$ _____

Optional Life

Yes No

Dependent Life

Yes No

Spousal Amount: \$5,000 \$10,000
 \$20,000 other \$ _____

Child amount: 50% of spouse

AD&D

Yes No

Amount: Same as Life other \$ _____

Short Term Disability:

Yes No

Benefit Amount:

Non taxable: (100% employee paid)
 50 60 66.66%

Taxable: (100% employer paid)
 50 60 66.66%
 70 75%

Flat amount: \$ _____

Maximum: highest other \$ _____

Accident waiting period: 1 4 8 15 Days

Sickness waiting period: 4 8 15 Days

First day hospital: Yes No

Benefit period: 15 17 26 weeks

Long Term Disability

Yes No

Benefit Amount:

Non taxable: (100% employee paid)
 50 60 66.66%

Taxable: (100% employer paid)
 50 60 66.66%
 70 75%

Graded formula: _____% of 1st \$ _____,
_____ % of next \$ _____,
_____ % of balance

Maximum: \$ _____

Disability definition 2 yr own occ. any occupation

Waiting period 90 120 180 days

Benefit period: 2 yrs 5 years to age 65

Benefit offset primary full

Include:

Cola: 0% 2% 3% 4%

Residual Definition Yes No

Spousal Disability Yes No

Conversion Yes No

Alternate or Class B: _____

Life

Flat Amount: \$25,000 \$50,000
 \$100,000 other \$ _____

Multiple of Salary: 1X 2X other \$ _____

Maximum: highest other \$ _____

Optional Life

Yes No

Dependent Life

Yes No

Spousal Amount: \$5,000 \$10,000
 \$20,000 other \$ _____

Child amount: 50% of spouse

AD&D

Yes No

Amount: Same as Life other \$ _____

Short Term Disability

Yes No

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Non taxable: (100% employee paid)
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 70 75%

Flat amount: \$ _____

Maximum: highest other \$ _____

Accident waiting period: 1 4 8 15 Days

Sickness waiting period: 4 8 15 Days

First day hospital: Yes No

Benefit period: 15 17 26 weeks

Long Term Disability

Yes No

Benefit Amount:

Non taxable: (100% employee paid)
 50 60 66.66%

Taxable: (100% employer paid)
 50 60 66.66%
 70 75%

Graded formula: 60% of 1st \$2,500, 50% of next

Maximum: \$ _____

Disability definition 2 yr own occ. any occupation

Waiting period 90 120 180 days

Benefit period: 2 yrs to age 65

Benefit offset primary full

Include:

Cola: 0% 2% 3% 4%

Residual Definition Yes No

Spousal Disability Yes No

Conversion Yes No

Plan Design

Plan Design:

Class A: _____

EXTENDED HEALTH CARE Yes No

Drugs:

- Drug card: Yes No
Prescription deductible: \$0 \$2.00 \$5.00 \$10.00
 dispensing fee other \$ _____
Dispensing fee cap: \$0 \$5.00 \$7.00
 \$10.00 other \$ _____
Reimbursement: 70% 80% 90%
 100% other _____%
Per person maximum: unlimited other \$ _____

Include:

- Smoking cessation Yes No
Fertility Yes No
Erectile Dysfunction Yes No
Vaccines Yes No

Major Medical:

- Annual deductible \$: none 25/25 25/50
 50/50 50/100 100/200
Reimbursement: 70% 80% 90%
 100% other _____%
Paramedical maximum: \$300 \$500 \$750
 other \$ _____ combined max.
Paramedical coinsurance: 70% 80% 100%
Hospital room: semi-private private
Hospital reimbursement: 70% 80% 100%

Other options:

- Vision care none \$100 \$200
(per 2 years- 100%) \$300 other \$ _____
Include Eye Exams Yes No

DENTAL Yes No

- Annual deductible \$: none 25/25 25/50
 50/50 50/100 100/200

Basic & Preventative:

- Reimbursement: 70% 80% 90%
 100% other _____%
Recall: 5 6 9 12 months
Annual maximum: \$750 \$1,000 \$1,500
 \$2,000 other \$ _____

Major: Yes No (5 employee min)

- Reimbursement: 50% 80% other _____%
Annual maximum: \$1,000 \$1,500 \$2,000
 \$2,500 other \$ _____
 combined max with basic & prev.

Orthodontics: Yes No (10 employee min)

- Benefit children only
 children and adult
Reimbursement: 50% 60% other _____%

Alternate or Class B: _____

EXTENDED HEALTH CARE Yes No

Drugs:

- Drug card: Yes No
Prescription deductible: \$0 \$2.00 \$5.00 \$10.00
 dispensing fee other \$ _____
Dispensing fee cap: \$0 \$5.00 \$7.00
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