EMPLOYEE BENEFIT PACKAGE QUOTE REQUEST

Please circle the benefits you would like us to quote.

				Quote:	
Life Insurance	Flat:	$25,000 benefit		YES	NO
	or a multiple of earnings i.e.	1x annual salary		YES	NO
		2x annual salary		YES	NO
AD&D (accidental death& dismemberment)	Insured amount same as life insurance coverage				
Dependent Life Insurance	Typically a flat benefit of $10,000 spouse and $5,000 dependent			YES	NO
Long Term Disability	Begins after 120 days of disability 66.66% of earnings (Relatively inexpensive benefit)			YES	NO
Short Term Disability	Begins 1st day accident 7th day sickness 66.66% of earnings (Typically a relatively expensive benefit. Often, EI benefits are utilized as an alternative to short term disability coverage. Disabled employees are eligible for EI disability benefit after two weeks of disability. If employer implements a short term disability package, employer can apply for a reduction in EI premiums paid.)			YES	NO
Extended Health Benefits	Prescription drugs, paramedical practitioners (Chiropractors, Physiotherapists, massage therapists etc.)		80%	YES	NO
			100%	YES	NO
Out of Province Coverage	100% (automatically included)				
	Deductibles on Health Benefits reduce cost Typical deductibles are $25 single $50 family			YES	NO
Visioncare	$150 every two years (glasses or contact lenses)			YES	NO
	$200 every two years (glasses or contact lenses)			YES	NO
Dental Coverage	Basic dental	80% Coverage		YES	NO
		or 100% Coverage		YES	NO
	Restorative	50% Coverage		YES	NO
	Orthodontic	50% Coverage		YES	NO
	Deductibles on Dental Benefits reduce cost Typical deductibles are $25 single $50 family			YES	NO

EMPLOYEE DATA INFORMATION

Employer	Address	Postal Code	Phone No.	Renewal Date(s)

Contact Person / Title	Nature of Business	Name(s) of Present Insurance Carriers	Date Established

Coverage Codes: S = single coverage (coverage for employee only)
F = family coverage (coverage for employee and eligible dependents)
X = exempt from Extended Health & Dental Coverage - covered under spousal plan

	Surname Last Name First Name	Date of Birth M / D / Y	Coverage S , F , X	Occupation	Sex	Salary H / M / Y	Hrs. Worked Per Week	Date of Hire	Prov.
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Consultant: Alan Papic
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