



Request for Quotation

Your business is one of a kind and your benefits plan should be tailored to reflect your unique goals and values. With a full spectrum of benefit plan options - including traditional underwritten plans, Health Spending Accounts (HSA), Administrative Services Only (ASO) plans, as well as hybrid options - ClearPeak will be sure to design a plan that fits both your needs and your budget.

Request for quotation



1 Company information

Name of business		
Address (street number and name)		Apartment or suite
City	Province	Postal code
Nature of Business		
Length of time in business	Total number of employees	Is the company funded by a government agency? No Yes If yes, %
Are there any employees not actively working? No Yes Exceptions:		
Are there any commissioned employees? No Yes If yes, please provide details:		
Are any employees being excluded from coverage? No Yes		Are there any independent contractors to be insured? No Yes*
Is everyone covered by WSIB/CCST (Workers 'Compensation)? No Yes Exceptions:		
Are there any seasonal employees to be covered? No Yes If yes, please provide details:		
What is the percentage of employees living in the same household? %		Employer contribution (minimum of 50% is required) %
Please indicate any other information relevant to underwriting this group.		

* A separate questionnaire must be completed to determine eligibility.

2 Advisor information

Advisor's last name		Advisor's first name
Business name		
Telephone number	Fax number	Email
Advisor's status for this client: Agent of record Written authorization to obtain quotes only Verbal authorization to obtain quotes only		

3 Existing group coverage

Does the client currently have a group benefits plan? No Yes if yes, insurer:	Effective date of insurance with the mentioned insurer (mm-dd-yyy)
How long has the current plan been in-force?	Has there been a different insurer in the past 5 years? No Yes
Please include a premium and claims experience summary along with rate history for the most recent 2 policy years. This is essential information and we will not issue a quote without it.	

The following plan details describe coverage currently in effect for this group: No Yes N/A please provide details of any differences
Benefit differences by class of employees (list differences as well as class description)
Life, Ad&D and Dependent Life are mandatory benefits. In addition to these products, at least one other product must be selected as well to make the plan valid. In Quebec, the Drug portion of the EHC benefit is mandatory.

Life Insurance

Flat Amount * \$ _____ Multiple of salary _____ * Minimum \$25,000
 Overall Maximum: \$300,000 Other _____

Accidental Death and Dismemberment Insurance

Same as Life Insurance Other _____

Dependent Life Insurance

Spousal amount \$ _____ (Child amount is 1/2 of Spousal amount)

Long-Term Disability Insurance (LTD)

Flat Formula _____ Graded formula _____
 Highest maximum monthly benefits available: Other _____
 Taxable Non-Taxable
 Cost of Living Adjustment (COLA): 3% 4% 5%
 Primary CPP / QPP Offset Other _____
 Elimination period: 120 days 180 days
 Duration: Age 65 Earlier of 5 years and age 65

Extended Health Care (EHC)

Annual Deductible (Single / Family)

None \$25/\$25 \$25/\$50 \$50/50 \$50/100 \$100/100

Overall Reimbursement Percentage (Excluding drugs, hospital and vision)

Coinsurance: 100% 80% Other _____

Prescription Drugs: Drug Card Reimbursement

Coinsurance: 100% 80% Other _____

Drug Card Dispensing Fee Maximum:

\$5 \$6 \$7 \$8 \$9 \$10 Other _____

Drug Card per Prescription Deductible:

\$0 \$2 \$5 \$10 Equal to dispensing fee Other _____

Paramedical Practitioners (i.e. Physiotherapist, Chiropractor, Masseuse, etc.)

Annual Maximum: \$300 \$500 \$750 Other _____

Hospital Room & Board: Private Semi-private

Coinsurance: 100% 80% Other _____

Vision Care (always reimbursed at 100%)

\$100/2 years \$150/2 years \$200/2 years Other _____

Dental Insurance

Annual Deductible (Single/Family)

None \$25/\$25 \$25/\$50 \$50/50 \$50/100 \$100/100

Basic Reimbursement

100% 80% Other _____
 Annual Maximum: \$1,000 \$1,500 \$2,000 \$2,500 Other _____
 Recall Frequency: 5 months 6 months 9 months 12 months

Major Reimbursement*

50% 80% Other _____
 Annual Maximum: \$1,000 \$1,500 \$2,000 \$2,500 Other _____
 Combined with Basic Minimum? Yes No

Orthodontic Reimbursement**

Reimbursement: 50% 60%
 Lifetime Maximum: \$1,000 \$1,500 \$2,000 \$2,500 Other _____

*Minimum of 5 participants

** Minimum of 10 participants

Short-Term Disability Insurance (STD)

Flat Formula _____ Graded Formula _____
 Highest maximum weekly benefit available Other _____
 Taxable Non-Taxable
 Plan: 1-8-17; 1-8-26; 1-4-17; 1-4-26; 15-15-15 Other _____

Employee Assistance Plan (EAP)

Critical Illness Insurance (CII) Amount of Coverage \$ _____

Plan Design Alternatives (options)

Employee Data Sheet

Company Name

	Employee name	Occupation	Class	Sex	EHC	Dental	Date of birth (mm-dd-yyyy)	Salary	Salary frequency	Hours per week worked	Province of residence	Date of hire (mm-dd-yyyy)
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												

Coverage Status

(S) Single - means you have no dependent or spouse

(F) Family - coverage for your spouse and / or children will be provided

(W) Waiving - means you are waiving coverage for all other benefits because you already have coverage for these benefits elsewhere (personal plan coverage) through your spouse's employer). You will still be covered for all other benefits under the plan. Example - Life Insurance

Salary Frequency: **A** - Annual **M** - Monthly **BW** - Bi-weekly **W** - Weekly **H** - Hourly

Note: For any salaries indicated as payable Hourly, please indicate the number of hours worked per week

