

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), ASO plans, and hybrid options — ClearPeak will design a plan that fits both your needs and your budget.

1 COMPANY INFORMATION

Name of Business			
Street Address	City	Province	Postal Code
Contact Person	Phone Number	Email Address	
Nature of Business	Length of Time in Business	Total Number of Employees	
Is the company funded by a government agency? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are there any employees not actively working? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are there any commissioned employees? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Any employees excluded from coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes		Independent contractors to be insured? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is everyone covered by WSIB/CCST? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are there any seasonal employees? <input type="checkbox"/> No <input type="checkbox"/> Yes	
% of Employees Living in Same Household		Employer Contribution (minimum 50% required)	
Any other information relevant to underwriting this group:			

2 ADVISOR INFORMATION

Advisor Name	Brokerage / MGA	Phone
Email Address	Requested Effective Date	

3 EXISTING COVERAGE

Current Carrier	Policy Number	Renewal Date

The following plan details describe coverage currently in effect for this group: No Yes N/A

Benefit Differences by Class of Employees (list differences and class descriptions):

4 PLAN DESIGN

Life, AD&D and Dependent Life are mandatory benefits.

In addition, at least one other product must be selected. In Quebec, the Drug portion of EHC is mandatory.

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:

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 benefit Other

Taxable Non-Taxable COLA: 3% 4% 5%

Primary CPP/QPP Offset Elimination Period: 120 days 180 days

Duration: Age 65 Earlier of 5 yrs and age 65

Extended Health Care (EHC)

Annual Deductible	<input type="checkbox"/> None <input type="checkbox"/> \$25/\$25 <input type="checkbox"/> \$25/\$50 <input type="checkbox"/> \$50/\$50 <input type="checkbox"/> \$50/\$100 <input type="checkbox"/> \$100/\$100
Coinsurance	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> Other
Prescription Drugs	<input type="checkbox"/> Drug Card : Reimbursement Coinsurance <input type="checkbox"/> 100% <input type="checkbox"/> 80%
Dispensing Fee Max	<input type="checkbox"/> \$5 <input type="checkbox"/> \$6 <input type="checkbox"/> \$7 <input type="checkbox"/> \$8 <input type="checkbox"/> \$9 <input type="checkbox"/> \$10
Per Rx Deductible	<input type="checkbox"/> \$0 <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Equal to dispensing fee
Paramedical	Annual Max: <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> Other
Hospital Room & Board	<input type="checkbox"/> Private <input type="checkbox"/> Semi-private Coinsurance: <input type="checkbox"/> 100% <input type="checkbox"/> 80%
Vision Care (100%)	<input type="checkbox"/> \$100/2 yrs <input type="checkbox"/> \$150/2 yrs <input type="checkbox"/> \$200/2 yrs <input type="checkbox"/> Other

Dental Insurance

Annual Deductible	<input type="checkbox"/> None <input type="checkbox"/> \$25/\$25 <input type="checkbox"/> \$25/\$50 <input type="checkbox"/> \$50/\$50 <input type="checkbox"/> \$50/\$100 <input type="checkbox"/> \$100/\$100
Basic Reimbursement	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> Other Annual Max: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500
Recall Frequency	<input type="checkbox"/> 5 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months
Major Reimbursement*	<input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> Other Annual Max: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500
Combined w/ Basic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orthodontic	Reimbursement: <input type="checkbox"/> 50% <input type="checkbox"/> 60% Lifetime Max: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500

Short-Term Disability Insurance (STD)

<input type="checkbox"/> Flat Formula <input type="checkbox"/> Graded Formula <input type="checkbox"/> Other			
<input type="checkbox"/> Highest maximum weekly benefit <input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable			
Plan: <input type="checkbox"/> 1-8-17 <input type="checkbox"/> 1-8-26 <input type="checkbox"/> 1-4-17 <input type="checkbox"/> 1-4-26 <input type="checkbox"/> 15-15-15 <input type="checkbox"/> Other			
Employee Assistance Plan (EAP)	<input type="checkbox"/> Include	Critical Illness Insurance (CI)	<input type="checkbox"/> Include
Critical Illness Amount of Coverage: \$ <input type="text"/>			

Plan Design Alternatives (Options)

Employee Data Sheet

Company Name

#	Employee Name	Occupation	Class	Sex	EHC	Dental	Date of Birth (mm-dd-yyyy)	Salary	Sal. Freq.	Province	Date of Hire (mm-dd-yyyy)
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Coverage Status (EHC & Dental)	S = Single F = Family W = Waiving (already have coverage elsewhere)	Salary Frequency	A = Annual M = Monthly BW = Bi-weekly W = Weekly H = Hourly (indicate hrs/wk)
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