

# Employer Sponsored Group Health and Dental Benefit Plan

## Request for Quote



### Attention Business Owners!

Interested in an Employee Benefit Plan? We can customize a plan just for you and your full time employees!

For a **FREE, no-obligation quote**, please complete and return the attached form.

#### COMPANY PROFILE

Full Legal Business Name

City/Town/Province

Postal Code

Contact Name/Phone Number

Business Description

Length of Time in Business (minimum 6 months)

Current Carrier

Length of Time with Current Carrier

Current Number of Full Time Employees

Number of Full Time Employees a year ago

Number of employees are related to the Owner

Are there any seasonal or contract employees to be covered?

Is the company funded by a government agency?

Are there any employees involved in a hazardous occupation?

Are all employees actively at work?

If not, provide details:

Yes  No

Are all employees covered by Worker's Compensation?

If no, who is not covered?

Yes  No

#### PROPOSED PLAN

When would you like the plan to start?

What percentage of the premium would you like to pay?

50%  75%  Other \_\_\_\_\_ (minimum 50%)

#### PLAN ADVISOR PROFILE



INSUFIN INC.  
7368 Yonge Street, Suite 102  
Thornhill, ON  
L4J 8H9  
905-370-0011  
info@insufin.com



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### PLAN OPTIONS

#### Basic Life and AD&D

Flat \$25,000       Multiple of Earnings: \_\_\_\_\_ times salary (1x, 2x, 3x) to max \$ \_\_\_\_\_

No medical requirements under \$100,000!

#### Dependent Life (Optional)

Yes     No

Spouse \$10,000 / Child \$5,000; Child coverage from birth to age 21 (age 25 if full time student)

#### Long Term Disability (Optional)

66.7% of monthly earnings to a maximum of \$5,000  
Non Taxable, 2 year own occupation definition of disability  
119 day elimination period. Benefit to age 65.

Yes     No

No medical requirements under \$1,200!

#### Short Term Disability (Optional)

66.7% of weekly earnings to a maximum of \$1,000  
Elimination period of 0/7 (days accident/days sickness)  
Benefit period of 17 weeks. Benefit to age 65.

Yes     No

First day hospital coverage     Yes     No

#### Extended Health Care

Option 1

**80%** Drugs with Pay Direct Drug Card  
**80%** Professional Services, up to **\$350** per practitioner per year  
**80%** Medical Supplies and Services  
**100%** Private Duty Nursing and Out of Country Emergency Travel Assistance  
Includes Vision at **\$100/2** years, and Semi Private Hospital

Option 2

**100%** Drugs with Pay Direct Drug Card  
**100%** Professional Services, up to **\$500** per practitioner per year  
**100%** Medical Supplies and Services  
**100%** Private Duty Nursing and Out of Country Emergency Travel Assistance  
Includes Vision at **\$100/2** years, and Semi Private Hospital

#### Dental Care (Optional)

Option 1

Yes     No

**80%** Basic and Supplementary Services  
**\$1,500** maximum per year  
1 recall period per 9 months

Option 2

**100%** Basic and Supplementary Services  
**50%** Major Restorative  
**\$2,000** maximum per year for Basic and Major Services **combined**.  
2 recall periods per year

#### Critical Illness (Optional)

Yes     No

Other plan options are available. Please check here if we should contact you regarding other plan options.

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### Plan Options - Custom

**Basic Life and AD&D**

**Dependent Life** (Optional)

**Long Term Disability** (Optional)

**Short Term Disability** (Optional)

**Extended Health Care**

**Dental Care** (Optional)

**Critical Illness** (Optional)

**General Comments**

# Employer Sponsored Group Health and Dental Benefit Plan

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### EMPLOYEE DATA

	Gender	Date of Birth	Date of Hire	Occupation	Coverage *	Salary	Province	Class
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								

\* **Coverage Information** (Single, Family, Waive – Health or dental may only be waived if employee is already covered under a spousal plan)