

GROUP INSURANCE REQUEST TO QUOTE



Full Legal Name:

Location Address:

Length of Time in Business:

Number of Eligible Employees to be Insured:

Nature of Business:

Contact Name:

Phone Number:

Email Address:

Are you incorporated:

- Please define your priorities and objectives for employee benefits - What's working, What's not?
 - Do you have existing coverage?
 - If you have coverage, please provide us with you Group Carrier booklet and if available 3 years of claims history. Review your existing coverage and employee utilization to help create a new plan
 - Are any Employees on disability:
-

BENEFIT SCHEDULE

Basic Life and Accidental Death & Dismemberment Insurance are a foundational benefit. Please select benefits from the list below to be including in your quote.

Dependent Life Insurance	
Short term Disability (WI)	
LONG TERM DISABILITY (LTD)	
Critical Illness (CI)	
Extended Health Care	
Dental Care	
Health Spending Account	
Employee Assistance	
Integrated Payroll & Benefit Technology	
Payroll business RRSP program	
Group Retirement Solutions	
Business Assistance	
Teledoc	

OBJECTIVES



- Prescription Drugs:** Exclude prescription drugs
 Coverage up to \$50,000 per calendar year per person

Extended Health Care:

- **Paramedical Practitioner Services**

Chamber Plan Health options cover many paramedical practitioner services at the usual and customary rates, with maximums ranging up to \$600 per person per type of service in a calendar year.

Audiologists / Chiropractors / Podiatrists and Chiropodists / Massage Therapist - Registered Kinesiotherapists (RKT) – Kinesiologists / Acupuncturists / Physiotherapists / Licensed Speech Therapists / Licence Clinical Psychologists / Naturopaths / Osteopaths / Clinical Dieticians

- **Medical Equipment and Supplies**

- Up to \$25,000 per person toward home nursing care
- Emergency ground or air ambulance to the nearest hospital
- Up to \$700 per person toward the purchase and installation of a hearing aid

- **Emergency Travel Insurance**

Emergency travel insurance for employees and their dependents is included in every Chambers Plan Health option. Travel Insurance includes coverage for eligible expenses resulting from a medical emergency outside an employee's province of residence and includes services such as:

Telephone translation services / Emergency medical funding and evacuation / After-hospital care and nursing / Returning dependent children to their home / Trip interruption / Return of vehicle

- **Vision Care (Glasses, Contacts, Eye Surgery)**

The Chambers Plan offers up to \$200 of Vision Care benefits per individual.

Dental:

- **Basic Dental coverage can include:**

- Check-ups and complete dental exams
- Fluoride, polishing and scaling
- Dental x-rays, periapical films and panoramic films
- Pit and fissure sealants
- Oral surgery -removal of erupted or impacted teeth or residual roots and associated anesthesia

- **Endodontic and Periodontal procedures include:**

- Root Canal therapeutics
- Gum treatment

- **Major Dental coverage can include:**

- Crowns and onlays, dentures and bridges
- Denture relining and rebasing, repair of dentures and bridgework

Annual Maximum: \$700 / \$1000 / \$1500 / \$2000 per person per calendar year

EMPLOYEE INFORMATION



- To be eligible for coverage employees must work a minimum of 20 hrs a week.
- Are any employees Waiving coverage because they are covered under a spouse’s benefits plan?

Name	Marital Status *	Coverage code **	Age	Salary	Salary Frequency	Hours per week	Occupation	Hired date

*Marital status: Single, Couple, Single Parent or Family.

**Coverage codes for Extended Health and Dental:

- S= Single
- C = Couple (Please note single parents are classed as couples)
- F = Family
- W = Waived (To be eligible to waive the employee must be covered by another Group Plan)