

## Hospitality Plans – Quote Request Form

**Note about eligibility:** Member companies may participate in the program by insuring all full-time management employees who are eligible, without any waiting period. Member companies may also choose to insure all full-time management and full-time employees who have completed six months service. Management and employees must work an average of 25 hours per week to become eligible.

Please fill in the form below in it's entirety and submit it when you are finished.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_

YEARS IN BUSINESS (minimum is 2 years): \_\_\_\_\_

ASSOCIATION MEMBERSHIP: \_\_\_\_\_

CHECK THE FOLLOWING BENEFITS CURRENTLY IN PLACE:

EIC\_\_\_ CPP\_\_\_ WCB---

ARE YOU CURRENTLY PROVIDING A BENEFIT PLAN? Yes\_\_\_ No\_\_\_

ARE YOU CURRENTLY PROVIDING GROUP RRSP? Yes\_\_\_ No\_\_\_

**If you have answered yes to any of the above please complete the following information:**

NAME OF INSURANCE COMPANY: \_\_\_\_\_

RENEWAL DATE: \_\_\_\_\_

## Plan Design Options

### LIFE and ACCIDENTAL DEATH AND DISMEMBERMENT

<input type="checkbox"/>	<b>Option 1</b> – Flat \$25,000
<input type="checkbox"/>	<b>Option 2</b> – 1X Annual Salary to a maximum of \$300,000
<input type="checkbox"/>	<b>Option 3</b> – 2X Annual Salary to a maximum of \$300,000

Reduce by 50% at age 65 Termination earlier retirement or age 70
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### DEPENDENT LIFE

<input type="checkbox"/>	<b>Option 1</b> – Spouse \$10,000 / Child \$5,000
<input type="checkbox"/>	<b>Option 2</b> – Spouse \$5,000 / Child \$2,500

No spousal conversion Terminates earlier retirement or age 70
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### LONG TERM DISABILITY (AVAILABLE TO MANAGEMENT ONLY)

<input type="checkbox"/>	<b>Option 1</b> – 2 Year Benefit
<input type="checkbox"/>	<b>Option 2</b> – Benefit to age 65

Elimination Period	119 days
Definition of Disability	2 year own occupation
Maximum	\$3,500/month
% of Salary	66.67%
Termination	Age 65

### EXTENDED HEALTH CARE

<input type="checkbox"/>	<b>Option 1</b> – \$0 / \$0 / 100%
<input type="checkbox"/>	<b>Option 2</b> – \$0 / \$0 / 80%
<input type="checkbox"/>	<b>Option 3</b> - \$25 / \$50 / 100%
<input type="checkbox"/>	<b>Option 4</b> - \$25 / \$50 / 80%

Note: If no current coverage, group is limited to Option 2 or 4 for first 12 months.

Semi-private and Convalescent, Vision and Out-of- Country not subject to deductibles

Semi-Private Hospital \$100/24 month Visioncare 2-year survivor benefit Paramedical - \$500/year Nursing Care – \$5,000/year Hearing Aids - \$400/60 months Prescription Drug Emergency travel up to 90 days Termination earlier retirement or age 70
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### DENTAL COVERAGE

<input type="checkbox"/>	<b>Option 1</b> – \$0 / \$0 / 100%
<input type="checkbox"/>	<b>Option 2</b> – \$0 / \$0 / 80%
<input type="checkbox"/>	<b>Option 3</b> - \$25 / \$50 / 100%
<input type="checkbox"/>	<b>Option 4</b> - \$25 / \$50 / 80%

Note: If no current coverage, group is limited to Option 2 or 4 for first 12 months.

Current Fee Guide Dental definition: Level 1 – Basic and Routine Level 2 – Endodontics & Periodontics \$1,000 combined maximum 2 year survivor benefit Termination earlier retirement or age 70
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## Company Data

Name of employee: \_\_\_\_\_

Salary: \_\_\_\_\_

Salary type: \_\_\_\_\_

Sex: M\_\_ F\_\_

Dependent status: S\_\_ F\_\_

Date of birth (dd/mm/yy): \_\_\_\_\_

Province: \_\_\_\_\_

Job title: \_\_\_\_\_

Class: \_\_\_\_\_

EHC: S\_\_ F\_\_ N/A\_\_

Dental: S\_\_ F\_\_ N/A\_\_

Employment date (dd/mm/yy): \_\_\_\_\_

Currently disabled: Y\_\_ N\_\_