



GENERAL INFORMATION

* Please answer all questions in order to avoid any delays or rejection of the request for a quote.

- 1. Name of Firm: _____
- 2. Name of Employer: _____
- 3. Address: _____
- 4. Number of years in business: _____
- 5. Detailed description of business: _____

6. Are you a member of an association offering group insurance? YES NO If yes, please give the association's name: _____

7. Number of full-time employees: _____

8. Number of past insurers in the last five (5) years: _____

9. Present insurer: _____ Renewal date: _____

Present benefits: Life Short-Term Disability Long-Term Disability 5 years
Health Dental 65 years

Reason for requesting a quote at this time: _____

10. Does the business operate from the owner's residence? YES NO

11. Does the company receive outside funding? YES NO

12. Are all employees covered by Worker's Compensation? YES NO

Please attach the list of employees not covered.

13. Is the business seasonal? YES NO

14. Indicate the number of employees paid as follows: Salary only _____

Commissions only _____ Salary and Commissions _____ Fees or Contract _____

15. How many employees are related to the owner? _____

16. Do all employees work full-time, a minimum of 20 hours per week every week, on a year-round basis?

YES NO If not, specify: _____

17. Are any employees **currently absent from work** due to sickness or accident, or receiving benefits from short-term disability insurance, long-term disability insurance, Worker's Compensation or income from other sources? YES NO If yes, please specify:

Name	Age	Sex	Starting date of disability	Amount paid	Nature of disability	Waiver of premium	
						Yes / No	
						LIFE	LTD

18. Has anyone been absent from work because of any injury or illness for a period of two consecutive weeks or longer during the last year? YES NO If so, please specify: _____

19. Has there been a significant turnover in staff during the past year? YES NO If yes, give reason: _____

20. As part of their work, are any of the employees involved in hazardous activities such as handling of dangerous chemicals or explosives, flying or other? YES NO If yes, please specify: _____

21. Current Rates:

Life Insurance	_____	Health	Single	_____ /month
Accidental Death and Dismemberment	_____		Family	_____ /month
Dependent Life	_____	Dental	Single	_____ /month
Weekly Indemnity	_____		Family	_____ /month
Long-Term Disability	_____			

22. Employer's contribution _____ %

23. Preauthorized Debit Plan? YES NO

24. Correspondence English French

If the following information is available for groups of 3 to 24 employees, please include:

- premium amounts + claims experience for the past three years;
- billing, present insurance contract or employee's booklets;
- rates for the past three years.

Please note that this information is **mandatory for groups of 25 employees or more.**

REPRESENTATIVE IDENTIFICATION

Representative code _____ I do not have an Assumption Life representative's contract

Name of representative or brokerage office _____

Representative's complete address _____

Telephone no. _____ Fax no. _____

Representative's comments: _____

Signature _____ Date _____

PLAN STRUCTURE

Econo-3 +

Employee classes Class 1: _____
 Class 2: _____
 Class 3: _____
 Class 4: _____

Life Insurance and AD & D

Optional Life Insurance

Life insurance- dependant (spouse / children)

Weekly Indemnity / Short-Term Disability

Benefits (hospitalization, accident, sickness; benefit duration)

Class	Present plan	Class	Requested plan																
	Fixed insurance amount \$ _____ <input type="checkbox"/> 1 time annual salary <input type="checkbox"/> 2 times annual salary <input type="checkbox"/> 3 times annual salary Other _____ Minimum coverage: \$ _____ Maximum \$ _____		Fixed insurance amount \$ _____ <input type="checkbox"/> 1 time annual salary <input type="checkbox"/> 2 times annual salary <input type="checkbox"/> 3 times annual salary Other _____ Minimum coverage: \$ <u>20,000</u> Maximum \$ _____																
	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no																
	<input type="checkbox"/> no <input type="checkbox"/> \$5,000 / \$2,500 <input type="checkbox"/> \$10,000 / \$5,000 <input type="checkbox"/> _____		<input type="checkbox"/> no <input type="checkbox"/> \$5,000 / \$2,500 <input type="checkbox"/> \$10,000 / \$5,000 <input type="checkbox"/> _____																
	<input type="checkbox"/> no		<input type="checkbox"/> no																
	<input type="checkbox"/> 1-8-15 <input type="checkbox"/> 1-8-17 <input type="checkbox"/> 1-8-26 <input type="checkbox"/> 15-15-15 <input type="checkbox"/> _____		<input type="checkbox"/> 1-8-15 <input type="checkbox"/> 1-8-17 <input type="checkbox"/> 1-8-26 <input type="checkbox"/> 15-15-15 <input type="checkbox"/> _____ (25 lives and over)																
	<table border="0"> <tr> <td>Taxable</td> <td>Non Taxable</td> </tr> <tr> <td><input type="checkbox"/> 60%</td> <td><input type="checkbox"/> 50%</td> </tr> <tr> <td><input type="checkbox"/> 66.67%</td> <td><input type="checkbox"/> 60%</td> </tr> <tr> <td><input type="checkbox"/> 70%</td> <td><input type="checkbox"/> 66.67%</td> </tr> </table>	Taxable	Non Taxable	<input type="checkbox"/> 60%	<input type="checkbox"/> 50%	<input type="checkbox"/> 66.67%	<input type="checkbox"/> 60%	<input type="checkbox"/> 70%	<input type="checkbox"/> 66.67%		<table border="0"> <tr> <td>Taxable</td> <td>Non Taxable</td> </tr> <tr> <td><input type="checkbox"/> 60%</td> <td><input type="checkbox"/> 50%</td> </tr> <tr> <td><input type="checkbox"/> 66.67%</td> <td><input type="checkbox"/> 60%</td> </tr> <tr> <td><input type="checkbox"/> 70%</td> <td><input type="checkbox"/> 66.67%</td> </tr> </table>	Taxable	Non Taxable	<input type="checkbox"/> 60%	<input type="checkbox"/> 50%	<input type="checkbox"/> 66.67%	<input type="checkbox"/> 60%	<input type="checkbox"/> 70%	<input type="checkbox"/> 66.67%
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	weekly maximum \$ _____		weekly maximum \$ _____																

LONG-TERM DISABILITY

Benefits

Waiting period

Coverage period

Indexed / Cost of Living Increase

HEALTH INSURANCE

Basic coverage:

Hospitalization

Convalescence home (Quebec, Ontario)

Extended Health Care

deductible (Single / Family)

Class	Present plan	
	<input type="checkbox"/> no	
	Taxable	Non Taxable
	<input type="checkbox"/> 60%	<input type="checkbox"/> 50%
	<input type="checkbox"/> 66.67%	<input type="checkbox"/> 60%
	<input type="checkbox"/> 70%	<input type="checkbox"/> 66.67%
	<input type="checkbox"/> 66.67% of the first \$2,500, 50% of the next \$4,000 + 40%	<input type="checkbox"/> 66.67% of the first \$2,500, 50% of the next \$4,000 + 40%
	monthly maximum \$ _____	
	<input type="checkbox"/> 120 days	
	<input type="checkbox"/> 180 days	
	<input type="checkbox"/> 365 days	
	<input type="checkbox"/> _____	
	<input type="checkbox"/> 2 years	
	<input type="checkbox"/> 5 years	
	<input type="checkbox"/> to age 65	<input type="checkbox"/> own occupation 24 months <input type="checkbox"/> any occupation
	<input type="checkbox"/> 0%	<input type="checkbox"/> 3% <input type="checkbox"/> 5%
	<input type="checkbox"/> semi-private room <input type="checkbox"/> private room	
	<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> 80%	
	<input type="checkbox"/> 90%	
	<input type="checkbox"/> 100%	
	<input type="checkbox"/> \$0 / \$0	
	<input type="checkbox"/> \$25 / \$25	
	<input type="checkbox"/> \$25 / \$50	
	<input type="checkbox"/> \$50 / \$50	
	<input type="checkbox"/> \$50 / \$100	
	<input type="checkbox"/> _____	

Class	Requested plan	
	<input type="checkbox"/> no	
	Taxable	Non Taxable
	<input type="checkbox"/> 60%	<input type="checkbox"/> 50%
	<input type="checkbox"/> 66.67%	<input type="checkbox"/> 60%
	<input type="checkbox"/> 70%	<input type="checkbox"/> 66.67%
	<input type="checkbox"/> 66.67% of the first \$2,500, 50% of the next \$4,000 + 40%	<input type="checkbox"/> 66.67% of the first \$2,500, 50% of the next \$4,000 + 40%
	monthly maximum \$ _____	
	<input type="checkbox"/> 120 days	
	<input type="checkbox"/> 180 days	
	<input type="checkbox"/> 365 days	
	<input type="checkbox"/> _____ (25 lives and over)	
	<input type="checkbox"/> 2 years	
	<input type="checkbox"/> 5 years	
	<input type="checkbox"/> to age 65	<input type="checkbox"/> own occupation 24 months <input type="checkbox"/> any occupation
	<input type="checkbox"/> 0%	<input type="checkbox"/> 3% <input type="checkbox"/> 5%
	<input type="checkbox"/> semi-private room <input type="checkbox"/> private room	
	<input type="checkbox"/> yes <input type="checkbox"/> no	
	<input type="checkbox"/> 80%	
	<input type="checkbox"/> 90%	
	<input type="checkbox"/> 100%	
	<input type="checkbox"/> \$0 / \$0	
	<input type="checkbox"/> \$25 / \$25	
	<input type="checkbox"/> \$25 / \$50	
	<input type="checkbox"/> \$50 / \$50	
	<input type="checkbox"/> \$50 / \$100	
	<input type="checkbox"/> _____ 25 lives and over	

HEALTH INSURANCE

continued...

Paramedical services:
 chiropractor,
 physiotherapist
 psychologist, naturopath,
 podiatrist, osteopath,
 masseur*, acupuncturist,
 speech therapist,
 occupational therapist,
 dietitian*) (* with
 prescription only)

Payment per visit

Maximum per
 practitioner per year

Physician care per
 4-month period
 for children :
 2-month period
 (including exam)

Travel Insurance
 maximum \$1,000,000

PRESCRIPTION DRUGS

Assumption Life's
 prescription drug plan
 offered with a
 direct payment card

Maximum amount

Type of coverage

Co-payable per
 prescription

Class	Present plan	Class	Requested plan
	<input type="checkbox"/> no		<input type="checkbox"/> no
	<input type="checkbox"/> \$0		<input type="checkbox"/> \$0
	<input type="checkbox"/> \$25		<input type="checkbox"/> \$25
	<input type="checkbox"/> \$40		<input type="checkbox"/> \$40
	<input type="checkbox"/> \$350		<input type="checkbox"/> \$350
	<input type="checkbox"/> \$500		<input type="checkbox"/> \$500
	<input type="checkbox"/> \$100		<input type="checkbox"/> \$100
	<input type="checkbox"/> \$125		<input type="checkbox"/> \$125
	<input type="checkbox"/> \$150		<input type="checkbox"/> \$150
	<input type="checkbox"/> \$175		<input type="checkbox"/> \$175
	<input type="checkbox"/> \$200		<input type="checkbox"/> \$200
	<input type="checkbox"/> unlimited <input type="checkbox"/> \$750 (Quebec only)		<input type="checkbox"/> unlimited <input type="checkbox"/> \$750 (Quebec only)
	<input type="checkbox"/> AG (generic prescription drugs)		<input type="checkbox"/> AG (generic prescription drugs)
	<input type="checkbox"/> BG (generic prescribed drugs)		<input type="checkbox"/> BG (generic prescribed drugs)
	<input type="checkbox"/> \$0 <input type="checkbox"/> \$1 <input type="checkbox"/> \$2		<input type="checkbox"/> \$0 <input type="checkbox"/> \$1 <input type="checkbox"/> \$2
	<input type="checkbox"/> \$5 <input type="checkbox"/> 20% <input type="checkbox"/> 20% max. \$5		<input type="checkbox"/> \$5 <input type="checkbox"/> 20% <input type="checkbox"/> 20% max. \$5
	<input type="checkbox"/> 25% <input type="checkbox"/> 30% <input type="checkbox"/> 30% max. \$10		<input type="checkbox"/> 25% <input type="checkbox"/> 30% <input type="checkbox"/> 30% max. \$10

DENTAL INSURANCE

**in progressive order)
Basic including
periodontics and
endodontics**

I Major Restoration

II Prosthesis

**V Orthodontics
50% for life**

**Combined maximums
per calendar year
(I, II and III)**

**to previous dental
coverage**

**lifetime maximum
for orthodontics**

**eductible
(Single / Family)**

Class	Present plan
	<input type="checkbox"/> no
	<input type="checkbox"/> 70%
	<input type="checkbox"/> 80%
	<input type="checkbox"/> 90%
	<input type="checkbox"/> 100%
	<input type="checkbox"/> no
	<input type="checkbox"/> 50%
	<input type="checkbox"/> 60%
	<input type="checkbox"/> 70%
	<input type="checkbox"/> 80%
	<input type="checkbox"/> no
	<input type="checkbox"/> 50%
	<input type="checkbox"/> 60%
	<input type="checkbox"/> 70%
	<input type="checkbox"/> 80%
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$1,500
	<input type="checkbox"/> \$2,000 (10 lives and over)
	<input type="checkbox"/> \$500 (1st year), \$750 (2nd year), \$1,000 (3rd year)
	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$1,500
	<input type="checkbox"/> \$0 / \$0
	<input type="checkbox"/> \$25 / \$25
	<input type="checkbox"/> \$25 / \$50
	<input type="checkbox"/> \$50 / \$50
	<input type="checkbox"/> \$50 / \$100
	<input type="checkbox"/> _____

Class	Requested plan
	<input type="checkbox"/> no
	<input type="checkbox"/> 70%
	<input type="checkbox"/> 80%
	<input type="checkbox"/> 90%
	<input type="checkbox"/> 100%
	<input type="checkbox"/> no
	<input type="checkbox"/> 50%
	<input type="checkbox"/> 60%
	<input type="checkbox"/> 70%
	<input type="checkbox"/> 80%
	<input type="checkbox"/> no
	<input type="checkbox"/> 50%
	<input type="checkbox"/> 60%
	<input type="checkbox"/> 70%
	<input type="checkbox"/> 80%
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$1,500
	<input type="checkbox"/> \$2,000 (10 lives and over)
	<input type="checkbox"/> \$500 (1st year), \$750 (2nd year), \$1,000 (3rd year)
	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$1,500
	<input type="checkbox"/> \$0 / \$0
	<input type="checkbox"/> \$25 / \$25
	<input type="checkbox"/> \$25 / \$50
	<input type="checkbox"/> \$50 / \$50
	<input type="checkbox"/> \$50 / \$100
	<input type="checkbox"/> _____ 25 lives and over