

BENEFIT INFORMATION

LIFE / ADD:	<input type="checkbox"/> Fixed amount: \$ _____	<input type="checkbox"/> _____ X annual salary
Optional Life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependant Life	<input type="checkbox"/> Spouse \$5,000 / Children \$2,500	<input type="checkbox"/> Spouse \$10,000 / Children \$5,000
LTD	_____ % of the first \$ _____ _____ % exc. Max. \$ _____	<input type="checkbox"/> Taxable benefit <input type="checkbox"/> Non taxable benefit <input type="checkbox"/> Cost-of-living adjustment
STD	_____ % of the first \$ _____ _____ % exc. Max. \$ _____	<input type="checkbox"/> Taxable benefit <input type="checkbox"/> Non taxable benefit <input type="checkbox"/> Plan Integrated to Employment Insurance

BENEFIT INFORMATION

Health	Deductible: \$ _____ Individual \$ _____ Family \$ _____ _____	Coinsurance: <input type="checkbox"/> 70 % <input type="checkbox"/> 75 % <input type="checkbox"/> 80 % <input type="checkbox"/> 90 % <input type="checkbox"/> 100 %	Professionals: <input type="checkbox"/> \$20 / visit, \$300 per speciality <input type="checkbox"/> Eligible max. \$300 per speciality <input type="checkbox"/> Eligible max. \$500 per speciality <input type="checkbox"/> Eligible max. \$400, global	<input type="checkbox"/> Vision Care, \$150 / 2 years <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Direct Automated Payment
Dental Care	Deductible: \$ _____ Individual \$ _____ Family \$ _____ _____	Coinsurance: <input type="checkbox"/> 75 % <input type="checkbox"/> 80 % <input type="checkbox"/> 90 % <input type="checkbox"/> 100 %	<input type="checkbox"/> Preventive and basic services \$1,000 <input type="checkbox"/> Preventive and basic services \$2,500 (\$1,000 first year) <input type="checkbox"/> Restorative and prosthodontic services (Major) \$1,000 (50%) <input type="checkbox"/> Orthodontic services \$1,000 Lifetime <input type="checkbox"/> Direct Reimbursement	

RATES HISTORY				RISK HISTORY		
Benefits	20	20	20	20	Premiums Paid	Claims Paid
Life				STD	\$	\$
				Health Care	\$	\$
ADD				Dental Care	\$	\$
				Mutualised claims?		\$
Dependant Life						
LTD				STD	\$	\$
				Health Care	\$	\$
STD				Dental Care	\$	\$
				Mutualised claims?		\$
Health Care	Individual					
	Family					
Dental Care	Individual			Health Care	\$	\$
	Family			Dental Care	\$	\$
				Mutualised claims?		\$

EMPLOYEE INFORMATION					
Name	Sex	DOB	Status *	Salary	Occupation
1 -					
2 -					
3 -					
4 -					
5 -					
6 -					
7 -					
8 -					
9 -					
10 -					
11 -					
12 -					
13 -					
14 -					
15 -					
16 -					
17 -					
18 -					
19 -					
20 -					
21 -					
22 -					
23 -					
24 -					
25 -					

* **Status: I = Individual, F = Family and W = Waiver**

If you do not have sufficient space to enter all employees, please attach a separate list or make another copy of this sheet.