

RitePartner.com - Client Info & Group Request Form

Name of Firm: _____ Contact Person: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

Nature of Business: _____

Years in Business: _____ Do all employees work minimum 20 hrs/week? _____

Any seasonal employees? _____ Are all employees actively at work? _____

Any independent contractors seeking coverage? _____ If yes, # _____

Do you have a plan, now? Yes / No _____ If yes, how many years? _____

Agent: _____ Current Carrier: _____

Anniversary Date: _____ Date of Last Market Tender: _____

Employer Contributions: Life _____% ADD _____% Dependent _____%
Weekly Indemnity _____% Long Term Disability _____%
Dental _____% Extended Health Care _____%

Please indicate the most important aspect of a group benefit plan and provider to you:

Coverage Service Price On-line Changes Financial Stability

What areas of protection are considered the most significant to you and your employees?

Death Disability: STD / LTD Healthcare Drugs Vision Dental

Required Information

- Confidential Employee Data
- Agent of Record Letter – copied on letterhead, current date and appropriate signature
- Copy of the employee booklet or contract
- Claims experience for the last three years if available
- Copy of the most recent invoice and two previous years rate history
- Copy of the “Benefits” portion of the Collective Agreement if a union is involved

NOTE: Completed Employee Data & Agent of Record forms required for all quotations. Other information required for existing groups to ensure comparable coverage and best possible rates. For further information, please contact: Ken MacCoy, RHU – Your Strategic Financial Partner. Tel: 604-702-0063 Fax: 604-703-0063