Ken MacCoy, RHU

Request for Group Benefits Quotation

… Your Strategic Financial Partner

Name of Employer			Address		
Nature of Business			Time in Business	Phone	Fax
Present Insurer	How Long	Renewal Date	Previous Insurer (if < 3 years with present)	How Long	Reason for Change
Name of Broker: Ken MacCoy		Date Submitted	Proposed Effective Date	Type of Proposal ☐ Full Proposal ☐ Rates Only	

Yes	No	Benefit	Schedule
		Employee Classes	Class 1 _____ Class 2 _____
☑	☐	Life Insurance / AD&D • minimum benefit amount is $25,000	Benefit Amount _____ Maximum Benefit _____
☐	☐	Dependent Life	☐ Spouse $5,000 / Each Child $2,500 ☐ Spouse $10,000 / Each child $5,000
☐	☐	Short Term Disability	Benefit Amount _____ % Maximum $ _____ per week Benefit Commencement/Duration _____ day Accident _____ day Sickness _____ weeks 1st Day Hospitalization (check one ✓) ☐ Yes ☐ No Taxability of Benefits (check one ✓) ☐ Taxable ☐ Non-Taxable
☐	☐	Long Term Disability	Benefit Amount (check one ✓) ☐ _____ % of monthly salary ☐ _____ % of the 1st $ _____ + 50% of the balance Maximum Benefit $ _____ per month Elimination/Benefit Period EP _____ days BP _____ Cost of Living Adjustment (optional) _____ % commencing after _____ years Taxability of Benefits (check one ✓) ☐ Taxable ☐ Non-Taxable
☐	☐	Extended Health Care	Option 1 / Option 2 Deductible $ _____ single/family / $ _____ single/family Percentage Payment _____ % Drugs / _____ % Drugs _____ % All Other Expenses / _____ % All Other Expenses Prescription Drug Plan (check one ✓) ☐ Reimbursement ☐ PBC*net* Direct Pay / ☐ Reimbursement ☐ PBC*net* Direct Pay Viagra Included ☐ Yes ☐ No (Available for Groups of 10 or more only) Visioncare (optional) $ _____ per 24 months / $ _____ per 24 months
☐	☐	Dental Care • all plans have no deductible	Option 1 / Option 2 Percentage Payment _____ % Basic / _____ % Basic _____ % Major Restorative / _____ % Major Restorative _____ % Orthodontics / _____ % Orthodontics

Remarks

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