Request for quotation

SunAdvantage™

Sun Life Financial

SunAdvantage is a trade mark of Sun Life Assurance Company of Canada, a member of the Sun Life group of companies.

Please PRINT clearly.

1 Company information

Name of business		
Address (street number and name)		Apartment or suite
City	Province	Postal code
Nature of Business		
Length of time in business	Total number of employees	Is the company funded by a government agency? ☐ No ☐ Yes If yes, %
Are there any employees not actively at work? ☐ No ☐ Yes If yes, please provide details:		
Are there any commissioned employees? ☐ No ☐ Yes If yes, please provide details:		
Are any employees being excluded from coverage? ☐ No ☐ Yes	Are there any independent contractors to be insured? ☐ No ☐ Yes*	
Is everyone covered by WSIB/CSST (Workers' Compensation)? ☐ No ☐ Yes Exceptions:		
Are there any seasonal employees to be covered? ☐ No ☐ Yes If yes, please provide details:		
What is the percentage of employees living in the same household? %	Employer contribution (minimum of 50% is required) %	
Please indicate any other information relevant to underwriting this group.		

* A separate questionnaire must be completed to determine eligibility.

2 Advisor information

Advisor's last name		First name
Business name		
Telephone number – –	Fax number – –	Email
Advisor status for this client: ☐ Agent of record ☐ Written authorization to obtain quotes only ☐ Verbal authorization to obtain quotes only		

3 Existing group coverage

Please include a premium and claims experience summary and rate history for the most recent 2 policy years. This is essential information and we will not issue a quote without it.

Does the client currently have a group benefits plan? ☐ No ☐ Yes If yes, insurer:	Effective date of insurance with the above mentioned insurer (dd-mm-yyyy) – –
How long has the current plan been in-force?	Has there been a different insurer in the past 5 years? ☐ No ☐ Yes

4 Plan design

Life, AD&D and Dependent Life are mandatory benefits. In addition to these products, at least one other product must be selected as well to make the plan valid.

In Quebec, the Drug portion of the EHC benefit is mandatory.

The following plan details describe coverage currently in effect for this group: ☐ No ☐ Yes ☐ N/A Please provide details of any difference.

Benefit differences by class of employees (list differences as well as class descriptions):

Life Insurance

☐ Flat Amount * $ _____ ☐ Multiple of salary _____ * Minimum $25,000

Overall Maximum: ☐ $300,000 ☐ Other _____

Accidental Death and Dismemberment Insurance

☐ Same as Life Insurance ☐ Other _____

Dependent Life Insurance

☐ Spousal amount $ _____ (Child amount is 1/2 of Spousal amount)

Long-Term Disability Insurance (LTD)

☐ Flat formula _____ ☐ Graded formula _____

☐ Highest maximum monthly benefit available ☐ Other _____

☐ Taxable ☐ Non-Taxable

☐ Cost of Living Adjustment (COLA): ☐ 3% ☐ 4% ☐ 5%

☐ Primary CPP/QPP Offset ☐ Other _____

Elimination period: ☐ 120 days ☐ 180 days

Duration: ☐ Age 65 ☐ Earlier of 5 years and age 65

Extended Health Care (EHC)

Annual Deductible (Single/Family)

☐ None ☐ $25/$25 ☐ $25/$50 ☐ $50/$50 ☐ $50/$100 ☐ $100/$100

Overall Reimbursement Percentage (Excluding drugs, hospital and vision)

Coinsurance: ☐ 100% ☐ 80% ☐ Other _____

Prescription Drugs: ☐ **Drug Card** ☐ **Reimbursement**

Coinsurance: ☐ 100% ☐ 80% ☐ Other _____

Drug Card Dispensing Fee Maximum:

☐ $5 ☐ $6 ☐ $7 ☐ $8 ☐ $9 ☐ $10 ☐ Other _____

Drug Card per Prescription Deductible:

☐ $0 ☐ $2 ☐ $5 ☐ $10 ☐ Equal to dispensing fee ☐ Other _____

Paramedical Practioners (i.e. Physiotherapist, Chiropractor, Masseur, etc.)

Annual Maximum: ☐ $300 ☐ $500 ☐ $750 ☐ Other _____

4 Plan design (continued)

Hospital Room & Board: ☐ **Private** ☐ **Semi-private**

Coinsurance: ☐ 100% ☐ 80% ☐ Other _____

Vision Care (always reimbursed at 100%)

☐ $100/2 years ☐ $150/2 years ☐ $200/2 years ☐ Other _____

Dental Insurance

Annual Deductible (Single/Family)

☐ None ☐ $25/$25 ☐ $25/$50 ☐ $50/$50 ☐ $50/$100 ☐ $100/$100

Basic Reimbursement

☐ 100% ☐ 80% ☐ Other _____

Annual Maximum: ☐ $1,000 ☐ $1,500 ☐ $2,000 ☐ $2,500 ☐ Other _____

Recall Frequency: ☐ 5 months ☐ 6 months ☐ 9 months ☐ 12 months

Major Reimbursement*

☐ 50% ☐ 80% ☐ Other _____

Annual Maximum: ☐ $1,000 ☐ $1,500 ☐ $2,000 ☐ $2,500 ☐ Other _____

Combined with Basic Maximum? ☐ Yes ☐ No

Orthodontics Reimbursement**

Reimbursement: ☐ 50% ☐ 60%

Lifetime Maximum: ☐ $1,000 ☐ $1,500 ☐ $2,000 ☐ Other _____

*Minimum of 5 participants

**Minimum of 10 participants

Short-Term Disability Insurance (STD)

☐ Flat formula _____ ☐ Graded formula _____

☐ Highest maximum weekly benefit available ☐ Other _____

☐ Taxable ☐ Non-Taxable

Plan: ☐ 1-8-17; ☐ 1-8-26; ☐ 1-4-17; ☐ 1-4-26; ☐ 15-15-15 ☐ Other _____

☐ First day of coverage for illness if employee is hospitalized

Employee Assistance Plan (EAP) ☐

Critical Illness Insurance (CII) ☐ Amount of coverage $ _____

Plan Design Alternatives (options)

Additional forms available at: www.smallbusiness.sunlife.ca