

Legal Company Name _____ Broker/Rep Name _____

Address _____ City/Town _____ Province _____ Postal Code _____

PLAN INFORMATION

Will Life and/or IR benefits be mandatory: ☐ Yes ☐ No Will Health and/or Dental benefits be mandatory: ☐ Yes ☐ No

Will Spousal Waivers be allowed: ☐ Yes ☐ No

INDIVIDUAL LARGE AMOUNT POOLING (FOR GROUPS WITH CURRENT COVERAGE)

a) Has there been a funding change in your plan since June 7, 2011 (i.e.: from ASO to insured)? ☐ Yes ☐ No

b) Do you have an EP3 Certificate? ☐ Yes ☐ No If yes, please provide a copy.

c) Does your EP3 certificate include any restrictions? ☐ Yes ☐ No

d) What is your current Health / Prescription Drug pooling level/threshold? _____

e) In the most recent experience period, has anyone claimed over the current threshold? ☐ Yes ☐ No
 Please indicate the claim dollars over and above the threshold. _____

f) Are the claims in (e) included in the claims provided with the quote? ☐ Yes ☐ No

GROUP INFORMATION

1. What is the primary reason for requesting a quote? _____

2. Describe the nature of the business and the working environment. _____

3. Is this a non-profit, franchise, or association? ☐ Non-Profit ☐ Franchise ☐ Association
 If non-profit, please describe source of funding: _____

4. Number of years in business: _____ 5. Number of employees: _____ 6. Is the Head Office located within Saskatchewan? ☐ Yes ☐ No

7. How many employees have been hired in the past 2 years? _____ Were they hired as a result of growth or turnover? _____
 If turnover, what caused it? _____

8. Based on enrollment requirements, have the employees applying for coverage been continuously employed for 26 weeks and have they worked at least 390 hours in that period? ☐ Yes ☐ No
 Indicate employees who are seasonal, part-time, temporary, contract EEs, or paid on a commission or dividend basis: _____

9. Are any individuals included in the plan who are employed through a Contract arrangement*? ☐ Yes ☐ No
 *If yes, complete **Contract Employee Questionnaire**.

10. Are there any employees compensated outside a T4 arrangement? ☐ Yes ☐ No 11. Are union members covered under this plan? ☐ Yes ☐ No
 If yes, please specify details: _____

12. What is the overall employer contribution? _____ %

13. Name of previous carriers in the past 5 years and length of time with each. Provide rates, premium and claims experience.
 * If current coverage, please provide EP3 Certificate, if applicable, as well as minimum 2 years of rate, premium, and claims history.

a) _____

b) _____

c) _____

d) _____

e) _____

GROUP INFORMATION (continued)

14. Are there any Affiliated or Subsidiary companies to be included?

☐ Yes ☐ No

If yes, list the legal name and indicate if the company is an affiliate or subsidiary. List the nature of business for each:

15. Are more than 50% of the employees related (by blood or marriage) to the primary decision-maker?

☐ Yes ☐ No

If yes, please identify employees:

16. Indicate any employees who, as part of their work, are involved in hazardous activities such as flying, off-shore activities, handling dangerous chemicals, etc. (if involved in flying, please complete **Aviation Questionnaire**):

☐ Yes ☐ No

If yes, please identify employees:

17. Are all employees covered by Workers' Compensation?

☐ Yes ☐ No

If no, identify any employee(s) not covered:

18. Do you have any employees who reside outside Saskatchewan?

☐ Yes ☐ No

If yes, please identify employees:

19. Are all employees residents of Canada?

☐ Yes ☐ No

If no, identify any employee(s) not residents of Canada:

20. Has any employee been declined from group coverage?

☐ Yes ☐ No

If yes, please specify employees in the chart below.

21. Were any employees absent from work within the past three years for more than a 5-day duration due to illness, injury, leave of absence, etc?

☐ Yes ☐ No

If yes, please indicate employees in the chart below.

22. Are any employees on maternity/paternity leave?

☐ Yes ☐ No

If yes, please indicate employees in the chart below.

23. Are any of the below employees on, or awaiting approval for, waiver of premium benefits for Group Life?

☐ Yes ☐ No

If yes, please specify details:

24. Are any of the employees listed below currently receiving disability benefits (including CPP, WCB, EI, Group Insurance, other?)

☐ Yes ☐ No

If yes, please specify details, including date of application for waiver of premium:

Gender (M/F)	Birth Date (DD/MM/YYYY)	Date of Disability (DD/MM/YYYY)	Current Status / Return-to-Work Date (DD/MM/YYYY)

LICENSE INFORMATION (IF APPLICABLE)

Is the associated broker currently Life Licensed and is the license in good standing?

☐ Yes ☐ No

If no, please explain:

Is the associated broker currently licensed for Accident & Sickness and is it in good standing?

☐ Yes ☐ No

If no, please explain:

Broker/Saskatchewan Blue Cross Representative

Date (DD/MM/YYYY)