

Group Life and Health Insurance

Please complete this form to request a quote:

Company Name:

Mailing Address:

Province:

Postal Code:

Phone:

Fax:

Email:

Contact Name:

Preferred Method of Contact:

Choose your provincial landscape association:

Group Life Insurance

Proprietors, Officers & Supervisory Staff (Class A):	2 x annual earnings up to a maximum of \$850,000 (Evidence of insurability required for amounts in excess of \$600,000)
All Other Employees (Class B):	1 x annual earnings up to a maximum of \$25,000

Dependent Group Life

Spouse	\$5,000
Child(ren)	Birth to 13 days - \$500 14 days to age 21 - \$2,500

Long Term Disability

Waiting Period:	<input type="checkbox"/> 90 days	<input type="checkbox"/> 120 days
Benefit Period:	Payable to age 65	

Own Occupation Definition

Proprietary, Officers & Supervisory Staff (Class A):	3 years
All Other Employees (Class B):	2 years
Monthly Benefits:	70% of monthly earnings to a maximum of \$8,000

Extended Health Care

Yearly Deductible:	\$25 single / \$50 family
Hospital:	Semi-private room rate
	Plan pays 100% of Covered Medical Expenses over the deductible amount in any one calendar year.

Drug Card

Annual Deductible:	Nil
Managed Health Care Drugs:	80%, 90% or 100% Co-insurance
Prescription Drugs:	80%, 90% or 100% Co-insurance

Optional Benefits

<input type="checkbox"/> Dental Care
<input type="checkbox"/> Vision Care
<input type="checkbox"/> Short Term Disability

***EMPLOYEE DATA REQUIRED FOR COSTING (all fields mandatory)**

Employee Name	Smoker	Sex	Marital Status	D.O.B dd/mm/yy	Annual Earn.	Occ. Class
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	

RATES ARE SUBJECT TO REVIEW ANNUALLY (AUGUST 1)

Send completed forms to martinagroome@investmentguild.com