

Legal Company Name

Advisor/Rep Name

Address

City/Town

Province

Postal Code

PLAN INFORMATION

All benefits will be assumed to be mandatory, unless otherwise noted. If Non-Mandatory, identify specific benefits:

INDIVIDUAL LARGE AMOUNT POOLING (FOR GROUPS WITH CURRENT COVERAGE)

a) Has there been a funding change in your plan since June 7, 2011 (e.g., 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 Large Amount Pooling (LAP)/Individual Stop Loss (ISL) pooling level/threshold? _____

e) In any of the experience periods provided, has any plan member claimed over the current threshold? Yes No

Please indicate the claims dollars in excess of the threshold in the *current* period: _____

Was any of this amount for out-of-country (OOC) claims? Yes No

If yes, what amount was for OOC claims within the current period? _____

Please indicate the claims dollars in excess of the threshold in the *prior year's* period: _____

Was any of this amount for out-of-country (OOC) claims? Yes No

If yes, what amount was for OOC claims within the current period? _____

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. a) Number of years in business: _____ b) Number of employees: _____

c) Is the head office located within Saskatchewan? Yes No

d) 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?

5. Are any employees:

Seasonal

Part-time (All part-time employees must work a minimum of 20 hours to meet eligibility requirements)

Temporary

Paid on a commission basis

Paid on a dividend basis

6. Are any individuals included in the plan who are employed through a contract arrangement? Yes No

If yes, please identify if a formal contract is in place, the duration of the contract, and if the Contractor has the ability to sub-contract their work:

GROUP INFORMATION (continued)

7. What is the overall employer contribution (%)?

8. Are there any employees compensated outside a T4 arrangement? Yes No
 If yes, please specify details: _____

9. Are union members covered under this plan? Yes No

10. Name of current carrier, including length of time with carrier? Provide rates, premium and claims experience:

11. 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:

12. Are more than 50% of the employees related (by blood or marriage) to the primary decision-maker? Yes No
 If yes, please identify employees:

13. 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 the **Aviation Questionnaire**): Yes No
 If yes, please identify employees:

14. Are all employees covered by Workers' Compensation? Yes No
 If no, identify any employee(s) not covered:

15. Do you have any employees who reside outside Saskatchewan? Yes No
 If yes, please identify employees:

16. Are all employees residents of Canada? Yes No
 If no, identify any employee(s) not residents of Canada:

17. Has any employee been absent from work in the last 3 years for more than 5 days duration due to illness, injury, leave of absence, maternity, paternity, etc.? Yes No
 If yes, please complete chart below.

Employee Name or Number	Birth Date (YYYY-MM-DD)	Date of Disability (YYYY-MM-DD)	Current Status / Return-to-Work Date (YYYY-MM-DD)	Approved for Life & LTD Waiver (Check if yes)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

18. Are any of the employees listed above 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:

Advisor/Saskatchewan Blue Cross Representative

Date (YYYY-MM-DD)