REQUEST FOR GROUP QUOTATION

Please send all RTQs to quotes@matrixontario.com

matrix
b e n e f i t   s e r v i c e s

Name of Business _____ Location of Business _____

Legal Status – Corporation □   Partnership □   Sole Proprietorship □   Union □   Association □   Other □

Nature of Business (goods or services provided) _____

How long in operation? _____ years Is there a union? Yes □   No □   Number of employees _____

		Yes	No
1.	Do any Owners, Partners, Shareholders or other employees not actively working at the business full-time require benefits?	□	□
2.	Are there any employees that are seasonal or work on a contract basis?	□	□
	Seasonal (must work minimum of 9 months per year) – number of employees_____	□	□
	Contract – please provide duration of contract and number of employees_____	□	□
	Independent Contractors – please provide details_____	□	□
3.	Have any employees been disabled within the past 3 years? *If yes, how many?* _____	□	□
4.	Anyone currently absent from work due to disability, maternity leave or other leaves of absence? *If yes, please explain and indicate how many employees* _____	□	□
	Has the insurer waived premium for Life/LTD?	□	□
5.	Anyone not covered by Worker's Compensation? *If yes, please list who is not covered* _____	□	□
6.	Anyone not covered by Employment Insurance? *If yes, please list who is not covered* _____	□	□
7.	Are more than 50% of employees related to one another? *If yes, please state number and relationships* _____	□	□
8.	Has there been a significant change in # of employees in last 2 years?	□	□
9.	Does the company receive outside funding? *If yes, from where and what %?* _____	□	□
10.	Does the business operate from a location, which is totally separate from the owner's residence?	□	□

Premiums– Employer pays the following % for each benefit: **Proposed Effective Date**

Life/AD & D	_____ %	Long Term Disability	_____ %
Dependent Life	_____ %	Extended Health	_____ %
Weekly Indemnity	_____ %	Dental	_____ %

_____

Existing Plan Profile (please attach Plan Design, Rates, Premium & Claims Experience for last 3 years)

Name of current carrier _____

How long with current carrier? _____ years   Number of carriers in last 5 years? _____

Why is group being marketed? _____

Broker Profile:
Name of Company _____   Broker Name: _____

EMPLOYEE DATA SHEET

Company Name _____

Employee ID	Salary	Salary Type*	Gender	Date of Birth (MMM/DD/YYYY)	Prov	Job Title	Class	EHC (S,F,W)	Dental (S,F,W)	Employment Date (MMM/DD/YYYY)	Currently Not Actively at Work (Mat leave, disabled, etc.)

*Salary Type: H = Hourly W = Weekly B = Biweekly Y = Yearly