

Company Profile

Company Name _____

Address _____

Phone Number _____ **Fax Number** _____

Email Address _____

Contact Person _____

SECTION A

What is the nature of your business? _____

How many years has your company been in business? _____

Are there any subsidiaries or affiliates to be covered? _____

Would all eligible employees be participating in this plan? _____

At the current time, are any employees absent from work due to disability, maternity leave or other leaves of absence?

YES NO If YES, please explain _____

Do all employees work at least 24 hours per week? _____

Are all your employees covered by WCB? _____

Are any of your employees seasonal? _____

What percentages of your employees are related? _____

Are there any independent contractors seeking coverage?

YES NO If YES please indicate on Data Listing.

Are any employees regularly working or travelling outside Canada? _____

What percentage of the plan costs will be paid by the employee? _____

SECTION B

What is the most important aspect of a group benefits plan to you? _____

Have you had a group benefits plan in the past?

YES NO If YES, please note insurance company _____

