



Selectpac

Quote for a new group

Company Information	
Company name:	
Company postal code:	
What does this company do?:	
Does this company have current group benefits coverage?	
Does anyone on this plan work less than 12 months a year?	
Is anyone currently off work (excluding vacation)?	
Is anyone on a contract with the company, and not a permanent employee?	

Please note:

Our underwriting department requires all full time employees and their dependents to participate in the plan



"Waive" coverage is only an option for employees who currently are covered by their spouse's plan

Choosing "Waive" indicates this employee will not participate in Health and Dental benefits on this plan, but will still participate in Life, AD&D and DI as applicable

	Employee Name (Numbers or empty is OK)	Date of Birth Or Age	Hours Worked Per Week	Gender	Province	Type of Coverage	Job Title
						Single / Family / Waive	
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