



Please fully complete all sections, including employee data

Contact Name: _____ Broker: PCSI Inc.

Company Name: _____

Phone #: _____ Email: _____

Nature of Business: _____

Address: _____

How long has the company been in operation?: _____

Does the owner/sole proprietor work a minimum of 1,500 hours per year? Yes No

For owners/sole proprietors, is the operational income in excess of \$60,000 per year? Yes No

If applying for salary based benefits (1x life/AD&D or LTD) are you able to provide the following as proof of income?

- 2 calendar years of the company's financial statements Yes No
- Personal T1 General returns for 2 calendar years Yes No
- Form T2125 - the "Statement of Business or Professional Activities" for 2 calendar years Yes No

Employee Information

Do all employees work a minimum of 20 hours per week? Yes No

Are all employees covered under the Provincial government health plan? If no, explain: _____ Yes No

Are any employees currently absent from work & receiving benefits from WCB, EI or any other source?: If yes, details (Date of disability, DOB, disability cause, expected return to work date, benefit amount): _____ Yes No

Is anyone not covered by Workers' compensation or Employment Insurance?: If yes, details: _____ Yes No

Are any employees paid by commission?: Yes No

Are any employees related to one another?: Yes No
If yes, please state details: _____

You personalized quote will include pricing on all the following options:

OPTION A:

Life/AD&D - 1x salary, Dependent Life, STD, LTD, Extended Health, Dental, Optional Life, EAP, Best Doctors

OPTION B:

Same benefits as Option A, excluding STD

OPTION C:

Same benefits as Option A, excluding STD & LTD

OPTION D:

Life/AD&D - flat \$50,000, Extended Health & Dental (no financial information required, however the same income qualifications apply)

Please see the Overview document for benefit details

****Please note that all benefits require the completion of a short evidence form****

Employee Data - Confidential								
Employee Identifier (first name, initials, etc)	Occupation Title	Date of Hire mm/dd/yyyy	Date of Birth mm/dd/yyyy	M/F	Coverage* (S/F/W)	Hrs Worked (per week)	Annual Earnings	Province of Res

*Coverage (for Health & Dental):

F = Family (coverage for owner/employee & eligible dependents)

S = Single (coverage for owner/employee only)

W = Waive (no health or dental coverage - covered under spousal plan)

Quote turnaround time approximately 2 - 3 business days

To submit for a quote, please click on the Email link below, then click yes or okay

Or email completed form to ccst@morneaushepell.com

Email

Business. Needs. People.