

HELP US CREATE THE BEST PACKAGE TO SUIT YOUR NEEDS BY COMPLETING THIS FORM.

HERE IS YOUR CORE PACKAGE - NOW YOU CHOOSE THE BENEFITS YOU WANT

Check your desired benefits

Life Insurance/AD&D

Dependent Life Insurance

Extended Health Care



Phone (705) 734-6279 Fax (705) 734-9725
Toll Free (866) 529-2988

Plan design is very flexible. Get started with a simple plan and build on it.



OPTIONS

Optional Life Insurance

Short Term Disability

Long Term Disability

Vision Care

Dental Care

Health Spending Account

Employee Family Assistance Program

Group Registered Retirement Savings Plan

Name of Company: _____

Nature of Business: _____

Years in business: _____ Number of Employees: _____

Address: _____

Mailing Address (if different from above): _____

Contact Information:

Name: _____ Phone: _____ Fax: _____

E-mail: _____

Do you currently have a benefit plan? YES NO

Are you interested in a full-service plan or a starter package

Comments: In this section you can include information that you think might help us design your group plan or fax or e-mail us with more information.

