



500 – 2755 Lougheed Highway
Port Coquitlam, BC V3B 5Y9

Quote Request Confidential Employee Data

- Bronze
 Silver
 Gold

Name of Current Insurer:						Name of Employer								
Are there any eligible employees who are not participating? <input type="checkbox"/> Yes <input type="checkbox"/> No						Do all employees work a minimum of 20 hrs per week? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are all employees covered by WCB? <input type="checkbox"/> Yes <input type="checkbox"/> No		What percentage of employees are related? (by blood or marriage) _____ %			
Are any eligible employees currently absent from work? If yes, please provide details <input type="checkbox"/> Yes <input type="checkbox"/> No						Are any eligible employees presently disabled? If yes, please provide details including date of disability, nature of disability, prognosis, if Life Waiver was approved? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Employee	Sex	Marital Status	Coverage Code	Birthdate DD/MM/YY	Age	Salary	Salary Frequency	Hours per week	Independent Contractor Y/N	Seasonal Employee Y/N	Occupation	Hire Date DD/MM/YY	Prov. of Res.	
1														
2														
3														
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11														

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EHC/Dental Coverage Codes
S – Single Coverage (coverage for Employee only)
F – Family Coverage (coverage for Employee and Eligible Dependents)
W – Waiver for Extended Health and/or Dental Coverage
 (to be eligible for waiver, employee must be covered by another group plan)

I authorize BBD to exchange information detailed in this application for the purpose of soliciting quotes from insurers. I understand that the original document is the property of BBD and will be used for the purpose of benefit quotation and administration only.

Employer Signature

Date

Agent Signature

Date

Witness Signature

Date

Please fax the completed form to BBD at: (888)-272-0414