



YOUR BENEFITS. SOLVED.

Group insurance quotation form

To receive a quotation, please fill out the form below and return to Morneau Shepell.

| Mail to: 895 Don Mills Road, Suite 700 Toronto, Ontario M3C 1W3 | | Or scan and email to businesssolutions@mor | Or fax to: 1.877.624.9490 | | |
|--|-------|---|-------------------------------------|-------------|--|
| Your name | | _Title | | | |
| Address | | | | | |
| City | | | | Postal code | |
| Phone | _ Fax | | Email | | |

Affiliate association ____

Please provide information about yourself and all eligible staff to be insured.

| Name | | | noker or Single or Annual earnings | Annual earnings | LTD volume | Province of residence | |
|------|--|--|------------------------------------|--------------------|---------------|-----------------------|--|
| | | | | | | | |

*Non smoker discount is available for employees who have not smoked/used tobacco products in the past 12 months. All applicants must be medically approved.

| Dov | iou alroady | have a | aroun | insurance | nlan? | | Yes | | No |
|-----|-------------|-------------|-------|-----------|-------|-----|-----|--|-----|
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You will receive your Group Insurance quotation along with all the material you need to apply within 48 hours.

For further inquiries, please call 1.800.267.0097

Thank you for your request.