ClearBenefits.ca

Quote Request Form

Submit to start a Group Benefits quote

quotes@clearbenefits.ca
Fax toll free: 1.888.692.0113
submit_on-line

Pooled Group Benefits Programs

Advisor Name		**Effective Date**	
Company Name			
Business Address			
City / Province / Postal Code			
Phone	Fax	Email	
Nature of business:	**Current Employee Benefit plan?** ____ Yes ____ No		

Employee Name	Occupation	Birth Date	Gender	Province of Residence	Weekly Hours	Wage / Salary	Date Employed	S/C/F	Class

Payroll Frequency: ___ Weekly ___ Bi-weekly ___ Semi-monthly ___ Monthly

S = Single C=Couple F = Family W = Waiving EHC & Dental I/C = Independent Contractor

ClearBenefits.ca