ClearBenefits.ca

Quote Request Form
Submit to start a Group Benefits

connect@clearbenefits.ca

submit_on-line

Pooled Benefits Programs
Page ___

Advisor Name		**Effective Date**	
Company Name			
Business Address			
City / Province / Postal Code			
Phone / Email			
Nature of business:			
Current Employee Benefit plan?			

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