

Advisor	Matthew Green
Phone Number	780-983-8656
Date	
Client	



Matthew J. Green
Financial

Group Benefits Quote Request

Company Profile		
Full legal business name		
Street address		Province
		Postcode
Plan Owner		
Email		
Phone		
Plan Administrator		
Email		
Phone		
SIC/Business description		
Length of time in business (Minimum of 6 months)		
Current number of employees	Number of employees a year ago	Number of employees related to owner
Any employees involved in hazardous occupations	If "Yes" Please describe role.	
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
Any employees not actively at work	If Yes please give details	
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
Are all employees covered by "Workers Compensation"	If No, who is not covered	
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
Are all or any employees unionized?	If No, who is not covered, or write N/A if not union	
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		

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Current Benefits

Who Is the Current Carrier for Health and Dental Benefits

When did Coverage Start With Current Insurance provider

Day	Month	Year
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Have you Been with Any other carriers in the last 5 years

Yes No

If Yes please provide name of carrier and length of time insured in the past 5 year

Name of carrier	Insured From DD/MM/YEAR	Insured To DD/MM/Year

Notes.. .

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Plan	
Proposed plan Effective date	If "other" please write answer here
<input type="text"/> 12 Months <input type="text"/> 18 Months <input type="text"/> Other	
Employee Termination age	
<input type="text"/> 65 <input type="text"/> 65/85 <input type="text"/> 70 <input type="text"/> 70/85	
Percentage to be paid by employer	
<i>Minimum of 50%</i>	
Class A description	
Class B Description (if applicable)	

Notes...

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Specifics

Please tick services you would like provided

Health	<input type="checkbox"/>	Dental	<input type="checkbox"/>
Spending Account	<input type="checkbox"/>	Vision	<input type="checkbox"/>
Disability	<input type="checkbox"/>	Life insurance	<input type="checkbox"/>
Group Pension	<input type="checkbox"/>	Critical Illness	<input type="checkbox"/>
Monthly Billing Statement Required	<input type="checkbox"/>		

**Once Complete Please email for to Admin@mjg.life
or fax to 780-968-4168**

For Matthew J. Green Financial office use only

Date received

	Group benefit company initial contact	Sent via	Contact, email and phone number
1			
2			
3			
4			
5			
6			
7			

