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Certified Financial Planner

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Description automatically generated

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|  |
| Business Name |
|  |
| Business Address |
|  |

Telephone Number Email Address

Does the employer currently have group benefits ? Existing benefits coverage:

LIFE: YES NO

WI / STD YES NO

LTD: YES NO

EHC: YES NO

#### DENTAL: YES NO

CRITICAL ILLNESS: YES NO

Business Registration Status: Sole Proprietor Partnership Incorporated

1. What is the nature of this company's business? Please describe in full:
2. How many years has the current employer owned the business ?

3) Number of employees working at least 20 hours a week ?

4.(a) How many of the individuals included in this quote are applying for LTD coverage ?

4.(b) How many of the individuals included in 4(a) are related to one another ?

(e.g. spouse, parent, child, or sibling) ?

Please specify:

1. Is any employee currently absent from work due to disability, or has any employee been absent due to disability for 14 consecutive days in the past 12 months ?

Please specify:

1. Does the business operate from a location which is totally separate from the owner's residence?

Please specify:

1. Are any employees *not* covered by WCB ? YES NO
2. Do any employees receive commissions or bonuses ? YES NO
3. If non-profit what is the percentage of funding from an outside agency ?

Please specify: