



## Request to Quote for Coverage

**IMPORTANT: Please Complete, Print or Save this form and email completed form to: royallepageinfo@corporatebenefits.ca**

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I. (mm/dd/yyyy)

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City Prov. Postal Code

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation.: \_\_\_\_\_ Male  Female   
(mm/dd/yyyy)

Annual Income: \_\_\_\_\_ Yes No

Are you a permanent resident of Canada?

Are you a Smoker? Yes  No

RLP Office : \_\_\_\_\_

**Please complete the Sections below for the Coverage you would like quoted:**

### SECTION 1: CORE PLAN

Coverage available from ages 18 to 69 who are covered by a provincial health plan. Rates are aged-banded by province and will increase in accordance with age-bands during the lifetime of the policy. Rates may also be adjusted annually for the entire group each October. The plan includes the benefits listed on the coverage detail page including **\$100,000 AD&D Insurance, Health, Drugs, Vision, Dental.**

#### CORE Plan

Single

Couple

Family

**Dependent/Spousal Information Only required if:** Couple or Family coverage is selected above. Please provide details below: (Dependent children are covered up to age 21, or 25 if enrolled as a full-time student).

NAME (First name, Last name)	RELATIONSHIP TO APPLICANT	GENDER (M/F)	DATE OF BIRTH (mm/dd/yyyy)	IF DEPENDENT OVER 21 – FULL TIME STUDENT (Y or N)

**SECTION 2: ADD-ON OPTIONS COVERAGE**

**NOTE:** Can only be quoted in addition to the CORE Plan.

**Optional Coverage that DOES NOT require medical evidence.**

<i>Benefit</i>	<i>Amount</i>	<i>Choose amount</i>
<i>Critical Illness</i>	<i>Guaranteed Issue in units of \$5,000 to a maximum of \$25,000</i>	
<i>Life Insurance</i>	<i>Guaranteed Issue in units of \$5000 to a maximum of \$25,000</i>	

Return completed request to: [royalpageinfo@corporatebenefits.ca](mailto:royalpageinfo@corporatebenefits.ca)