



Request to Quote for Coverage

Return 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: _____

Are you a permanent resident of Canada? Yes No

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 and 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 <i>(First name, Last name)</i>	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. Any amounts over \$25,000 is subject to medical underwriting. Overall maximum amount \$150,000.</i>	
<i>Life Insurance</i>	<i>Guaranteed Issue in units of \$5,000 to a maximum of \$25,000. Any amounts over \$25,000 is subject to medical underwriting. Overall maximum amount \$150,000.</i>	

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