

Employer questionnaire — group plan

This information is used to obtain accurate, comparable quotes. Answer to the best of your knowledge: an approximate answer is better than an empty box. Attach the employee list (Excel file provided) without full names or social insurance numbers.

A. The company

Legal name

NEQ

Industry (NAICS code if known)

Address

Years in business

Locations outside Quebec?

Full-time employees

Part-time employees

Unionized employees

Seasonal employees

B. Contacts

Contact person (name)

Title

Email

Phone

Final decision-maker (name and title)

C. Current situation

☐ No plan

☐ Group insurance

☐ VRSP

☐ Group RRSP or TFSA

☐ DPSP

☐ RPP

Current insurer or administrator

Contract number

Renewal date

Current total monthly premium

Share paid by employer (%)

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Why review the plan now? (premium increase, service, benefits, new VRSP obligation...)

D. Desired eligibility

Minimum hours per week

Waiting period (probation)

Employee classes (management, employees, others)

E. Desired insurance benefits

- | | |
|---|--|
| ☐ Basic life insurance (flat amount or multiple of salary) | ☐ Accidental death and dismemberment (AD&D) |
| ☐ Dependent life | ☐ Short-term disability |
| ☐ Long-term disability | ☐ Critical illness |
| ☐ Prescription drugs | ☐ Paramedical and hospital care |
| ☐ Dental care | ☐ Emergency travel insurance |
| ☐ Employee assistance program (EAP) | ☐ Telemedicine |
| ☐ Health spending account (HSA) | ☐ To be recommended by the representative |

F. Retirement

- | | | |
|-------------------------------|---|--|
| ☐ VRSP | ☐ Group RRSP | ☐ Group TFSA |
| ☐ DPSP | ☐ Defined contribution RPP | ☐ To be recommended |

Desired employer contribution (% of salary or \$)

Matching (e.g. \$1 for \$1 up to 4%)

G. Budget and timeline

Target monthly budget per employee

Desired cost sharing (employer / employees)

Desired effective date

Best time for a meeting

Priorities, concerns or special situations (employees on disability, retirees, employees outside Quebec...)

H. Documents to attach (if a plan is in place)

- | | |
|--|--|
| ☐ Contract and employee booklet | ☐ Latest renewal notice |
|--|--|

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- | | |
|---|---|
| ☐ Experience reports for the last 2 or 3 years | ☐ Latest premium invoice |
| ☐ Employee list (Excel file provided) | ☐ List of current disability claims (no diagnosis) |

I. Attestation

Completed by (name and title)

- ☐ I certify that the information provided is accurate to the best of my knowledge.

Signature

Date

CONFIDENTIALITY

This information is used only to prepare quotes and is protected under Law 25. Do not send any medical diagnosis, full employee names or social insurance numbers.